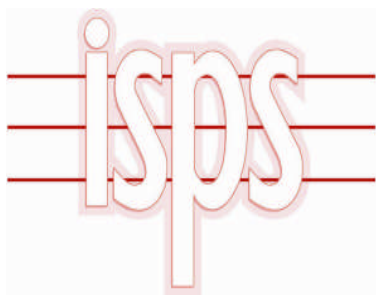


ISPS-US
P.O. Box 491
Narberth, PA 19072
contact@isps-us.org
www.isps-us.org
(610) 308-4744



THE INTERNATIONAL SOCIETY
FOR THE PSYCHOLOGICAL TREATMENTS
OF THE SCHIZOPHRENIAS AND OTHER PSYCHOSES

UNITED STATES CHAPTER

Reflections on the History of ISPS-US

Brian Koehler
President@isps-us.org

This is my first column as the newly elected president of ISPS-US. I thought it best to write some personal reflections on ISPS, ISPS-US and my involvement with them, partly to introduce myself to our community and partly to formulate my thinking and vision concerning our group.

I am a psychologist-psychoanalyst with a strong background in affective (e.g., neuroendocrinological effects of stress and fear) and social neuroscience. I have worked for the past 30 years in hospital, outpatient clinic and private practice settings. I see a good number of persons in my private practice who bear diagnoses of schizophrenia, bipolar disorder or borderline personality disorder. I have received training in CBT within a hospital setting. Previously, I was a professor of psychiatry at the New York College of Osteopathic Medicine. Currently, I am an adjunct assistant professor at New York University, Long Island University, and the City University of New York. I also teach and supervise at various psychoanalytic institutes in New York City.

I participated in ISPS prior to there being an ISPS-US. Thanks to Ann-Louise Silver and David Feinsilver of Chestnut Lodge, my wife Julie Kipp and I found a home of like-minded individuals who cared about providing psychotherapeutic relationships to persons with serious mental disorders. Julie and I would attend the annual symposia at the Lodge. David invited me to speak at the ISPS international conference in Washington in 1994 and Ann facilitated my involvement by her presence and clinical sensibilities. We were warmly received into the group. Julie Kipp, who served as secretary and first treasurer of ISPS-US as well as co-editor of our newsletter, and I began participating in the international meetings in 1997. We attended the first official meeting of ISPS-US in the library of Chestnut

Lodge Hospital in Rockville, Maryland. David was still alive then and he and Ann set the dynamic pace for our group. Many dear colleagues attended this meeting, including a number from New York City.

In 1997, prior to the formation of ISPS-US, a group started meeting monthly in Manhattan at Paul Carroll's apartment. As our group grew, we sought international sponsorship from New

York University since many of us were affiliated with the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. We used our meetings to discuss our work, support each other (sometimes getting into heated, competitive discussions a la Bion's basic assumption groups), and invite speakers to present their work or research. We continued meeting monthly and have done so for about 12 years. We invite speakers from the NYC region, the US and the international ISPS communities to present and stimulate thoughtful discussion and bonding of our scattered communities. The NYC Branch hosted and organized our last annual ISPS-US conference, "Recovery from Psychosis: Healing Through Relationship" which was held at New York University.

Over the years, I have seen our group grow; I have made many friends and colleagues and feel an enormous appreciation

(Continued on page 3)



Brian Koehler, newly elected president of ISPS-US (left) and Ann-Louise Silver, outgoing ISPS-US president

President's Farewell

Ann-Louise Silver
DC@isps-us.org

This is my final message as president of ISPS-US, a thank-you note for all the support you all have given from the time we began as a group of 13 in 1998. We now are thirty times as large, with a real

and official structure and with a fantastic executive director. Karen Stern is a key player in making our leadership transition essentially seamless, and this with a simultaneous transition to a new secretary and a new

treasurer. I have thanked Karen repeatedly for helping me with stepping down, something I had thought would be much easier than it proved to be. It feels a lot like becoming an empty nester again, even though I will continue to be very active in ISPS-US.

ISPS-US has hosted superb annual meetings and continues to host a vibrant listserve. As a result, we have given real support, both intellectual and emotional to many mental health students and clinicians, and their gratitude is paying off in

(Continued on page 6)

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

Harold F. Searles (1979)

From the Editors

Warren Schwartz
Ayme Turnbull Lilly
(Newsletter@isps-us.org)

It is gratifying to present this collection of varied, thoughtful, interesting and fundamentally humane presentation abstracts from the 9th-annual ISPS-US meeting and to reflect on those days in March during which ISPS-US members from across the country came together in New York City to share a common passion for advancing psychological treat-

ments for the schizophrenias and other psychoses. For those of you who were unable to attend this year's meeting, we hope that these abstracts give you a glimpse of what was presented (and that they perhaps even inspire you to attend next year's annual meeting in Rockville, Maryland).

We would like to remind you that future newsletters will feature, as our last issue did, artwork by individuals with profound psychological disturbance. We will also begin profiling ISPS-US members in our next issue. Please feel free to submit information on your recent achievements

(including publications) and/or to suggest an ISPS-US member you would like to see featured in a future issue. As an ISPS-US community, we hope that it will be inspiring to read about the various achievements of our group, both collectively and as individuals.

Finally, if there is a specific topic that you would like us to focus on in a future issue, we welcome your suggestions. It is truly our hope that this newsletter remains and evolves as a forum for the development and dissemination of new ideas and fresh perspectives.

Getting to Ordinary: The Therapeutic Relationship Leads the Patient Back to the Real World

Ronald Abramson
(rona976@aol.com)

People become psychotic because living in the real ordinary world has become unbearable to them. Their psychotic world, bizarre and frightening as it may be, is still less terrifying than the annihilation and loss of self threatened by living in the conditions they have experienced in their ordinary lives. How can we help them get back?

Given their traumatizing experiences, it is understandable that psychotic people do not easily trust their therapist. The first necessity is the establishment of a safe and trusting atmosphere within which patients can find words to meaningfully explain their predicament. As patients gain trust, the therapeutic relationship becomes more meaningful to them. In the safety of the therapeutic relationship, the patients become increasingly able to leave their psychotic world and live in the "ordinary."

Three patients will be presented to illustrate different aspects of this process. Patient 1 utilized the safety of the therapeutic relationship to soothe her fears and stay out of the hospital. Patient 2 gained trust and real world functionality rather quickly as the therapist and she exchanged views of religion. Patient 3 was able to leave her "cold lonely glacier" behind as her intensive therapeutic relationship became a conduit back to the real world which she had hated.

Theoretical considerations from Kohut, (transmuting internalization), Robbins, (validation), and Lacan, (*jouissance*) will be discussed.

Table of Contents

Regular Features: Officer Reports and Membership Application

<i>Reflections on the History of ISPS-US</i>	1
<i>President's Farewell</i>	1
<i>From the Editors</i>	2
<i>ISPS and ISPS-US membership application</i>	15

Special Features: ISPS-US 2008 Meeting Presentation Abstracts

<i>Getting to Ordinary: The Therapeutic Relationship Leads the Patient Back to the Real World</i>	2
<i>I and Thou: Self-Other Permanence Struggles within the Therapeutic Relationship</i>	3
<i>Paranoid Paradoxes</i>	3
<i>Documentary: Take These Broken Wings</i>	4
<i>Psychotherapy for Schizophrenia: A Therapist and Patient Discuss Their Work</i>	4
<i>Ethics, Authority, and 'Standards of Care': Meetings at the Edge</i>	5
<i>Mutual Healing Through Relationships in Psychodynamic Therapy</i>	5
<i>Essential Precursors to Transference Interpretations with Psychotic Clients</i>	5
<i>Successful Psychotherapy of Schizophrenia: What Went Right: A Dialogue with the Patient and Her Therapist</i>	6
<i>The Human Affective Environment and the Role of Psychoanalysis and Psychosis</i>	6
<i>Hallucinations and Delusions: The Experience and the Meaning</i>	6
<i>Relationship Factors in the Recovery of Borderline Patients at the Psychotic Edge</i>	8
<i>Healing Through Relationships: A Theory of Psychological Investment</i>	8
<i>Annihilation Anxiety, Dissociative Identity Disorder, and the Trauma Crucible</i>	8
<i>"It Takes a Village" to Cause and Cure Madness: A Report from Norman Rockwell's Town</i>	9
<i>Entropy of Mind and Negative Entropy: A Cognitive and Complex Approach to Schizophrenia and Its Therapy</i>	9
<i>Downside Up and Outside In</i>	11
<i>The Future of a Delusion: The Denial of Death in Psychosis and Its Treatment</i>	12
<i>Beyond Countertransference: The Therapist's Experience in Relationship with a Schizophrenic Patient</i>	12
<i>The Psychoanalytic Treatment of Psychotic Depression: The Role of the Creative Process</i>	13
<i>Psychosis and Moral Conflict</i>	13
<i>Deciphering Psychotic Communications</i>	14

I and Thou: Addressing Self-Other Permanence Struggles within the Therapeutic Relationship

Alexandra L. Adame and Larry Leitner
(adameal@muohio.edu)

Experiential personal construct psychotherapy (EPCP) (Leitner, 1985, 1988) holds that meaning is co-constructed in our dialogical relationships with others. More specifically, EPCP focuses on intimate relationships in which each person comes to understand the other's processes of construing the world. This relational stance is similar to Martin Buber's (1958) notion of an I-Thou encounter in which one person opens his or her heart to another, and both stand in reverence of the profound gift it is to both give and receive

one's core sense of being. However, by engaging on such an intimate level also means that one's core sense of self could be profoundly disconfirmed by the other person. When a child's core construal processes are disconfirmed at an early age, he or she may not develop reliable constructions of self and other to engage the world. From the perspective of EPCP the phenomena associated with psychosis or schizophrenia such as hearing voices may be conceptualized as profound struggles in the permanence of self and others. We

contend that these types of experiences, though often painful and disturbing, are important communications to the person about their lives and may be safely explored within the context of the therapeutic relationship (Leitner, 1999). In this paper, we will explore the concept of healing through meeting from the perspectives of EPCP and the philosophy of Buber. We will use clinical case material to illustrate therapeutic interventions in our work with people who struggle with self-other permanence.

Reflections on ISPS-US History, cont.

(Continued from page 1)

for the creativity, passion, thoughtfulness and humor of our individual members. I count myself fortunate to be part of this community and, as President, I will try to lend myself to our group in ways that will help us positively affect persons with serious mental disorders as well as nurture ourselves collectively and increase our active membership. Perhaps we can serve as a "secure base" or even a sanctuary for each other as we continue to engage in very difficult work, especially since it goes against the reductionistic grain of contemporary psychiatry. However, I and many others see signs of positive change in the mental health culture with its increasing emphasis on more complex models (gene-environment interaction, the biopsychosocial or psychosociobiological model, etc.), inclusion of first-person perspectives and involvement of patients themselves in determining how they are treated (e.g., peer advocacy programs), as well as an increasing emphasis on more sophisticated models of recovery processes.

I would like to propose some goals for our group within the dual objectives of increasing our membership and our influence on how mental health services are organized and delivered to persons with mental disorders. I think it is very important that we increase our local branches throughout the US. This would require outreach to local professional societies, universities, individuals, etc. Individual members of ISPS-US could help circulate our journal, *Psychosis: Psychological, Social and*

Integrative Perspectives, by telling others about it and informing universities and/or research agencies about it so that they subscribe. Ann-Louise Silver is encouraging the formation of small process groups (not group psychotherapy) which would meet weekly so that we could provide each other with supervision, support, and information. The groups could be led by more senior members of the community. ISPS-US could create closer working relationships with like-minded groups, e.g., the Hearing Voices Network (www.hvn-usa.org), the National Empowerment Center (www.power2u.org), Gifric and "388" (www.gifric.com). I would like to see the formation of a vibrant, creative and productive research group. Dag Söderström, president of our ISPS Swiss chapter, has proposed collaborating with other chapters on an international research project. I would also like to see the formation of ISPS chapters in Canada and Mexico. In addition, it would be good to present podcasts of our conference presentations on our website.

I am very interested in hearing from our individual members about worthwhile short- and long-term goals for ISPS-US. Please consider lending your creativity and energy to our monthly teleconferences held from 10:30 to 11:30 a.m. on the first Sunday of the month. Contact Karen Stern at contact@isps-us.org for details. Also, please stay current with our activities in the national and international communities by periodically checking our websites: www.isps-us.org and www.isps.org.

Paranoid Paradoxes

Danielle Knafo
(dknafo@liu.edu)

This paper will describe the analytic treatment of a man who began therapy as a "paranoid schizophrenic" (his label). Over a period of five years, George became more and more aware of his paranoid defenses. A very bright man, he developed a keen interest in his paranoid mechanisms, both experientially and theoretically. I would like to describe George's incredible transition from being a man on

"In spite of its many deleterious effects, paranoia meant never having to be alone."

the verge of suicide, convinced that he had no one and could trust no one, to someone who could face his lifelong paranoia head on, primarily because he learned to trust me and the therapeutic process. I will use his words to convey the incredible insights he arrived at regarding his paranoia, insights that demonstrated both positive and negative elements. Among these insights is the realization that his paranoia kept him attached to the world to counter his schizophrenic detachment, yet it maintained an optimal distance from others who could hurt him or discover his true nature. In spite of its many deleterious effects, paranoia meant never having to be alone.

If you know an artist who is experiencing or has experienced profound psychological disturbance, please encourage him or her to submit artwork for upcoming issues of the ISPS-US Newsletter to:

Newsletter@isps-us.org



Brian Koehler, newly elected ISPS-US president, presenting a plaque to Julie Kipp, former ISPS-US secretary, at the 2008 ISPS-US annual meeting.

Documentary: *Take These Broken Wings*

Daniel Mackler
(dmackler58@aol.com)

Take These Broken Wings, a full-length documentary, shows that it is possible to recover fully from schizophrenia (that is, become completely symptom-free) and live without psychotropic medication. The film documents the lives of two ISPS-US

“*Take These Broken Wings*, a full-length documentary, shows that it is possible to recover fully from schizophrenia (that is, become completely symptom-free) and live without psychotropic medication.”

members: Joanne Greenberg, whose best-selling autobiographical novel *I Never Promised You A Rose Garden* chronicles her recovery from schizophrenia through her therapy with Frieda Fromm-Reichmann; and Catherine Penney, whose story of recovery from schizophrenia has been told in *Dante's Cure* by her therapist, Daniel Dorman, M.D., also an ISPS-US member.

Through in-depth interviews with Greenberg and Penney, and with various people close to them (i.e., Daniel Dorman,

MD; Joanne Greenberg's husband; Catherine Penney's boyfriend; various friends and acquaintances), the film shows not only that both women were in fact once schizophrenic and no longer are, but highlights the process by which they recovered. Additionally, the film explores, vis-à-vis their recovery process, the pros and cons of the various psychiatric medications and treatments they received, as well as the potential universality of their recovery, that is, the degree to which their stories might apply to others with schizophrenia.

The film also interweaves footage of a variety of top therapists, psychiatrists, and mental health lawyers and advocates, most of whom are ISPS-US members, including Bert Karon, PhD (author of *Psychotherapy of Schizophrenia*), Ann Silver, M.D. (*Psychoanalysis and Psychosis*), Robert Whitaker (*Mad In America*), Peter Breggin, M.D. (*Toxic Psychiatry*), Grace Jackson, M.D. (*Rethinking Psychiatric Drugs*), Jim Gottstein, JD (of psychrights.org), and David Oaks (director of MindFreedom).

Psychotherapy for Schizophrenia: A Therapist and Patient Discuss Their Work

Monica Carsky
(carskym@aol.com)

In this talk, a patient with schizoaffective disorder and her therapist describe and discuss their 21 years of working together. During that time the patient returned to college and graduated with a double major, was employed full time for 15 years, and completed a master's degree in information systems. Nonetheless, she still has significant symptoms.

The patient will describe her subjective experience of psychosis and of psychotherapy, and the therapist will describe stages of the treatment and types of interventions used. A particular focus will be on the development of the therapeutic relationship, from lack of differentiation to individuation and healthy dependence with "object constancy," eventually making possible the interpretation of transference and marked improvement in the patient's relationships with her family, and mourning of the losses due to her illness.

Ethics, Authority, and ‘Standards of Care’: Meetings at the Edge

Marilyn Charles
(mcharles@msu.edu)

Psychoanalysis requires courage, as we move beyond the known onto an uncertain edge of experience. If we believe in the Subject as uniquely unknowable, then that edge is the point at which we can begin to find an other as Other, rather than as a caricature of what we believe we ‘know’. We yearn for simple solutions, but increasingly find ourselves in a world in which ‘standards of care’ do not necessarily reflect our own ideas regarding ‘best practice,’ and concerns over ‘risk management’ can obscure ethical considerations in ways that may not serve our patients or our profession. In this presentation, I would like to offer a case in which standards of care were at odds with the patient’s experienced needs. In working with an individual whose experience was of ‘losing her mind,’ I found myself invited to move into a space in which I might also lose my mind (thus offering hope that one can lose one’s mind and re-find it). In spite of theories that warn of the perils of fragmentation and splitting, however, there is a temptation to decline the patient’s invitation, turning a blind eye on our common humanity and designating the patient as a devalued ‘other’ in false reassurance regarding our own vulnerability. I hope to encourage a discussion that may enliven, enlighten, and support our struggles in our work with patients who demand entry into that shaky but essential territory of the unknown.



Newman the guinea pig makes a surprise appearance in the pages of the ISPS-US Newsletter, the result of one co-editor’s overly literal interpretations.

Mutual Healing Through Relationships in Psychodynamic Therapy

German Cheung
(german.psyd@gmail.com)

This paper will present a two-year-long psychotherapeutic encounter between an older Chinese-American chronically psychotic woman and a young Chinese male therapist who, at the start of this journey, had limited experience with the psychotic population. The discussion will highlight how in this unique therapeutic relationship healing in the therapist preceded and allowed for the transformational progress in the patient.

Initially, the therapist’s intense desire to understand the patient was met with pervasive psychotic defense against being understood. Her psychotically disorganized speech left the therapist unable to think during sessions and as well as to his suffering from stomach problems before and after them. Through supervision and readings, the therapist learned to empathize with her by tuning into his evoked feelings instead. This preserved his own mind and allowed him to become aware of his countertransference resistance against the “toxic” patient. Eventually, his symptoms ceased as he became able to accept

the patient’s delusions as an attempt to train him to become her idealized “doctor” with whom she could ally to fight the hallucinations. Subsequently, the patient’s speech became more organized and relational. Remarkably, she also became able to see the real nature – and irony – of this unique therapeutic relationship. Earlier in the treatment, the patient only made references to her therapist through her relentless delusional talk about his “thousand PhDs.” By contrast, in one of the recent sessions, the patient humorously likened him with a rather unlikely helper, the film character Ratatouille – a young, novice rattling who helps a hapless chef to succeed by staying inside of the chef’s hat and instructing him on his cooking.

This presentation will conclude with discussions of the mutual healing in treatment through Peter Goldberg’s and Harold Searles’ ideas on “actively seeking the holding environment” and “patient as therapist to his analyst.”

Essential Precursors to Transference Interpretations with Psychotic Clients

Martin Cosgro
(mcosgro@charter.net)

This presentation outlines several necessary precursors to effective transference interpretations while working with psychotic individuals. A sound therapeutic alliance, some semblance of self-integration, and evidence of the capacity for observing ego are all required before a transference interpretation is likely to be meaningfully utilized by clients in psychoanalytically informed treatment. Many clinicians struggle to engage a client with transference interpretations long before they are mentally ready to make use of the best formulations their therapist can offer. When proper attention is paid to when a client is actually mentally prepared to make use of these deep and meaningful interventions, the desired progress of insight and subsequent change is more likely to occur. If offered prematurely in treatment, the client is unable to effectively

integrate the transference based intervention and it may actually reinforce their

“When proper attention is paid to when a client is actually mentally prepared to make use of...deep and meaningful interventions, the desired progress of insight and subsequent change is more likely to occur.”

defensive posture with respect to threats to internal security/stability. By carefully monitoring a few basic constructs, as well as being patient, clinicians can develop more consistently effective strategies for offering transference interpretations.

Successful Psychotherapy of Schizophrenia: What Went Right: A Dialogue with the Patient and Her Therapist

Daniel Dorman and Catherine L. Penney
(ddorman@ucla.edu)

Catherine Penney, suffering from catatonic schizophrenia, was treated psychotherapeutically for eight years. No drugs were used. After Ms. Penney recovered, she met with her therapist, Dr. Dorman, to record her impressions of how the therapeutic relationship allowed her to develop a self. It was Ms. Penney's opinion that schizophrenia developed as a result of having no "central self."

Ms. Penney's treatment affirms Ludwig Binswanger's contention that selfhood emerges from mutual recognition. Binswanger emphasized "the importance of finding out what a patient means by a

symptom, or any other aspect of their expression. . . . The psychotherapist is never allowed to interpret anything in accordance with a pre-established system of meaning that is of the therapist's invention The underlying specific meaning is . . . explored and never guessed at" (Van Deuzen-Smith). Dr. Dorman and Ms. Penney will illustrate these ideas with examples from Ms. Penney's therapy.

We would like to provide examples of other issues that were central to Ms. Penney's recovery: schizophrenic symptoms as expression of self and creative adaptation to preserve the self (Julian Jaynes);

Buber's "I-Thou" as opposed to "I-It"; love in psychotherapy (H.S. Sullivan, Buber); pathological and healthy symbiosis (Searles, Benedetti); the reality of betweenness (Binswanger's Dasein, Buber); Buber's requirement of staying in the moment; the therapist as patient (Searles); Therapeutic intrusion; despair experienced by patient and therapist; and the therapist as reality representative.

Dr. Dorman and Ms. Penney welcome discussion about any aspect of their relationship.

The Human Affective Environment and the Role of Psychoanalysis and Psychosis

David Garfield
(dasg@aol.com)

The Natural Environment and The Human Environment sit at two ends of a continuum. The natural environment is defined by movement and the laws of nature govern that movement. The Human Environment is defined by emotion and the laws of affect govern that emotion. Change in the natural environment requires movement. Change in psychotherapy and psychoanalysis requires emotional reconfiguration and development. Distortions in time and space in the natural environment conform to the laws of relativity. Distortions in internal time and

space conform to the laws of subjectivity which are identical to the laws of affect. There is an interface between the subjective and objective worlds and much about a patient's internal emotional state is gleaned by his or her movements. At the same time, a patient's behavior is conversely predicted by an understanding of his emotional state. Culture bound, body based metaphor gives us important emotional information about our patients who are psychotic. This information helps us chart and track psychoanalytic recovery.

Hallucinations and Delusions: The Experience and the Meaning

Eric R. Marcus
(erm4@columbia.edu)

Hallucinations and delusions are more than just psycho-pathological signs of psychosis. They are human experiences and have compelling meaning. They are awake dreams and tell the story of the person and their experience of meaning in the context of their lives and their emotional adaptations and conflict. This talk will review the psychological structure of these phenomena and give case examples

with the goal of strengthening the therapist's ability to empathically connect and understand.

President's Farewell, cont.

(Continued from page 1)

ways we could never have imagined. Without ISPS-US, Daniel Mackler would have continued working alone in his new private practice and probably would not have dreamed of producing a documentary film. We've come a long way, and we are barely getting going. We have plans for grant applications, for organizing peer

"We have plans for grant applications, for organizing peer supervision groups scattered across the country...[and] for launching our own book series..."

supervision groups scattered around the country, for strong contributions at the next ISPS meeting in Copenhagen, for launching our own book series, and of course, for having fun together.

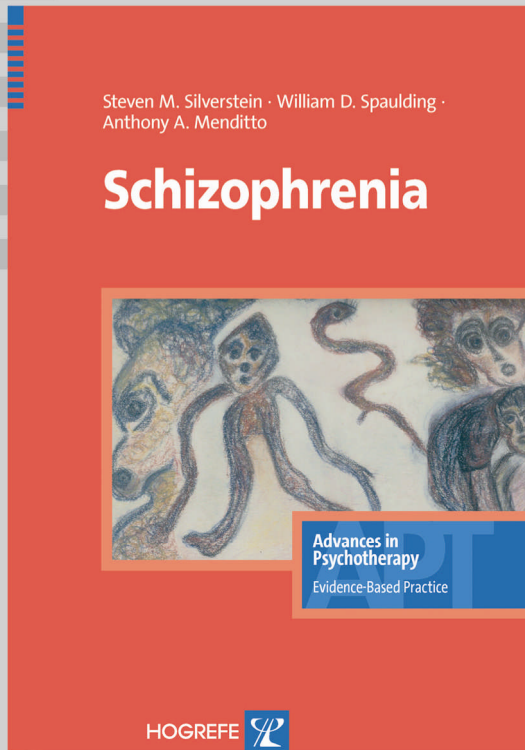
I know Brian Koehler will do a great job as our president. He has built ISPS-US-NY into a really formidable center for advanced learning, as he has made our listserv and website with his miraculous postings, and he will bring his scholarship and dedication with him as our new leader.

Steven M. Silverstein, William D. Spaulding, Anthony A. Menditto

Schizophrenia

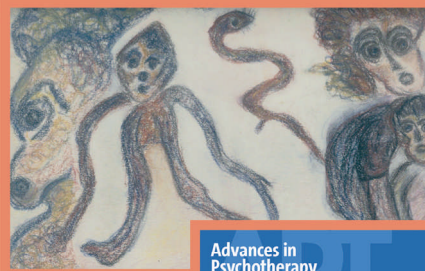
Advances in Psychotherapy – Evidence-Based Practice, Volume 5

Keep Up
with the Advances in
Psychotherapy!



Steven M. Silverstein · William D. Spaulding ·
Anthony A. Menditto

Schizophrenia



Advances in
Psychotherapy
Evidence-Based Practice

HOGREFE 

2006, 100 pages, softcover, 0-88937-315-9, US \$24.95

By series standing order: US \$19.95

Special rates for members of the Society of Clinical Psychology (APA D12)
(please supply APA membership # when ordering): US \$19.95

By series standing order: US \$17.95 per volume

This highly anticipated volume provides a concise, practical, and up-to-the-minute view of evidence-based treatment of schizophrenia. Well-designed outcome studies have demonstrated the effectiveness of specific psychological interventions for schizophrenia for over 40 years. Despite this, schizophrenia is still misperceived by many people to be treatable only by medication.

This book reviews currently available treatments for schizophrenia, and the evidence for their effectiveness.

Practical guidance on comprehensive treatment planning of the condition is provided, along with reviews of current theories of schizophrenia, long-term outcome studies and associated remission rates, different classes and types of assessment instruments relevant to psychiatric rehabilitation, and research on mechanisms of recovery. A number of important conceptual issues are interwoven within the discussion, including the relevance of different models for treatment of schizophrenia, and the importance of a recovery-oriented perspective.

A concise,
practical, and up-to-
the-minute view of evidence-
based treatment of
schizophrenia.

"...an authoritative, concise, and practical synthesis of the nature and treatment of schizophrenia. This outstanding, compact guide deserves a place on the bookshelf of every clinician who treats individuals with schizophrenia." Kim Mueser, PhD

"A long needed practical and clearly referenced guide...an indispensable handbook for students, supervisors and new and seasoned professionals alike." Paul Lysaker

"This outstanding work should stimulate a breakthrough in case formulation leading to comprehensive biopsychosocial approaches known to improve outcomes of people with schizophrenia. A clinical manual of this scope is long overdue." Richard H. Hunter, PhD, ABPP

"...very overdue in the field...THE definitive book on schizophrenia...a wonderful resource for clinicians, consumers, researchers, and students. The comprehensiveness of this text is unparalleled." David Penn, PhD

Table of Contents

1. **Description:** Terminology • Definition • Epidemiology • Course and Prognosis • Differential Diagnosis • Comorbidities
2. **Theories and Models of Schizophrenia** • Genetics • Theories Involving Viral or Immunopathology • Birth Complications • Neuroanatomy • Neurophysiology • Neurodevelopment • Environmental Factors • Substance Abuse • Cognitive Factors
3. **Diagnosis and Treatment Indications** • Assessment • Treatment Planning
4. **Treatment:** Methods of Treatment • Mechanisms of Action • Efficacy and Prognosis • Variations and Combinations of Methods • Problems in Carrying out the Treatment
5. **Case Vignette** • 6. **Further Readings** • 7. **References** • 8. **Appendices: Tools and Resources**

Order online at: www.hhpub.com or call toll-free (800) 228-3749

Hogrefe & Huber Publishers • 30 Amberwood Parkway • Ashland, OH 44805 • Tel: (800) 228-3749 • Fax: (419) 281-6883 • E-Mail: custserv@hogrefe.com
Hogrefe & Huber Publishers • Rohnsweg 25 • D-37085 Göttingen • Tel: +49 551 49 609-0 • Fax: +49 551 49 609-88 • E-Mail: custserv@hogrefe.com

please quote "isps2006" when ordering

HOGREFE



Relationship Factors in the Recovery of Borderline Patients at the Psychotic Edge

Marvin Hurvich
(marvin@hurvich.com)

Individuals who live at the brink of psychosis struggle with the terror and chaos of madness while being drawn to it. Many gravitate toward near-death experiences while harboring intense death anxiety. Their dread of being overwhelmed, merged, invaded, disintegrated, abandoned and destroyed, and of being re-traumatized, plays an important role in the need for safety, the dangers of loss of self/identity and the inability to function. They attempt to structure the therapeutic relationship in line with these central survival apprehensions. Efforts to deal with

intolerable affect states and unreliable controls against forbidden desires are associated with a range of problematic homeostatic/defensive attempts, and dependent/parasitic, hateful and erotic feelings challenge the counter-transference. Ways of dealing with these challenges in the relationship are discussed, as are dependent/erotic components, the extent to which aggression is ego-syntonic or alien and the narcissism is grandiose/derisive or self-devaluing, the impact of guilt and shame, and the status of dissociative tendencies and possession states.

Annihilation Anxiety, Dissociative Identity Disorder, and the Trauma Crucible

Dawn Brett
(traumaconsultants@comcast.net)

Annihilation Anxiety involves the disintegration of the ego and the self. DID is a disorder due to extreme early Trauma and one in which the most extreme forms of ego splitting and Annihilation Anxiety are experienced. The therapeutic relationship in which DID is treated becomes a Trauma crucible into which various aspects of the person seeking help are placed, to be examined and understood, but only if there is an experience of safety and trust. Past Traumas have led certain dissociated ego states to experience certain affects, cognitions, and behaviors when confronted with specific Trauma cues. The helper bears witness to the other person's unraveling, experience of annihilation, and reliving of unspeakable horrors. As most of these Traumas are interpersonal in nature, the therapeutic relationship becomes a process of mastery. The therapeutic relationship can be healing if the therapist is trained, aware of their personalized and Trauma-specific counter-transference, and can face their own Annihilation Anxiety. Since DID and Annihilation Anxiety are intertwined, the therapist may easily be overcome by witnessing dissociated ego states disappearing like smoke rings evaporating in the wind. It is important to be able to sit with horrific Traumatic material, inconsistencies, lack of control, and annihilation. The therapist is needed to ground and orient the person seeking help, while remaining human and compassionate with safe boundaries.

Healing Through Relationships: A Theory of Psychological Investment

Dorothea Leicher
(dleicher@dleicher.com)

This workshop translates psychodynamic concepts into a theory of psychological investment to explain healthy and pathological functioning. Responses to trauma (regression, splitting, repetition for mastery) are conceptualized in a "harm reduction model" (survival of the body factually or symbolically) from which psychiatric symptomatology and self-injurious behavior can be explained. Psychosis is understood as early form of PTSD, which gives it a function and highlights the potential for recovery.

Learning is a social process, which involves gambles (investments). Research with animals and humans shows the primacy of the need for affiliation (before hunger etc.). Conversely, a profound sense of personal isolation is the common denominator in all mental illness.

Healthy interpersonal relationships provide a universe of variable-ratio rein-

forcement schedules in response to our behaviors, which over time sharpen the discrimination between "not-yet-successful opportunities" which need to be pursued persistently and genuinely "bad deals" which should be abandoned. (Having a number of sustainable relationships is the psychological equivalent of a well-diversified investment portfolio - as protection against catastrophic loss).

The entraining of these skills occurs via primary process through mirroring and identification. The workshop hypothesizes that our capacity for art developed as a proto-linguistic tool to sharpen our ability to perceive the patterns and rhythms of these contingencies, symbolized in our experience of emotions, and to allow us to synchronize with social groups.

Therapy provides a process to (re-) establish these connections both intra- and inter-personally.

“It Takes a Village” to Cause and Cure Madness: A Report from Norman Rockwell’s Town

Paul Lippmann
(lippmannp@aol.com)

While recovery from psychosis can often occur within a psychotherapy relationship, this paper will explore the potential significance of other factors (e.g., the surrounding community) both in provoking and in healing severe psychological disturbance. A growing general consensus about the central value of the relationship in psychotherapy need not keep clinicians from considering critical aspects of the entire range of bio-psychological-social interactions involved in the mysteries of psychosis. Some of these factors, which reach far beyond contemporary two-person psychology, include interactions between (a) relations with the natural and non-human world, (b) relations between generations, including those between the living and the dead, and between the individual and the gods (i.e., the spiritual dimension), (c) relationship to history, to zeitgeist, to political-cultural conditions, and (d) relationship to one’s own biologic nature. In this paper, I will attend particularly to the impact of the social field on the causes and cures of psychosis. Mainly, I will discuss the experience of clinical work with severe psychological disturbance in a small New England town (Stockbridge, MA, the town that Norman Rockwell lived in and painted.) Aspects of the Interpersonal perspective (including the pioneering psychoanalytic work with psychosis of Fromm-Reichman and Sullivan) will be interwoven in these considerations. Many examples from the relationship between individual clinical work and community will be discussed.

Entropy of Mind and Negative Entropy: A Cognitive and Complex Approach to Schizophrenia and Its Therapy

Tullio Scrimali
(tscrima@tin.it)

Schizophrenia is the main issue in terms of the clinical, psychopathological, rehabilitative and therapeutic aspects of psychiatry. Schizophrenia is a privilege of homo sapiens; it does not affect any other creature living in our planet. For this reason, understanding schizophrenia means understanding something more of the human mind, too!

The presentation is focused on the development of a theory of mind (Coalitional Mind as a process of a Modu-

lar Brain), a model of schizophrenia (Entropy of Mind) and a protocol for therapy and rehabilitation for schizophrenic patients (Negative Entropy). These three topics were illustrated and discussed.

Negative Entropy is an integrated, multimodal and multicontextual protocol and strategic treatment which includes: crisis intervention, cognitive therapy, rehabilitation, cognitive remediation, family therapy, social and work intervention.

Please consider a submission
to the upcoming issue
of the ISPS-US quarterly newsletter.
We seek submissions on a variety of topics
related to the experience and treatment of psychosis.
For more information, e-mail the editors at:
Newsletter@isps-us.org

ISPS-US Executive Council

Officers

President: Brian Koehler, PhD
President@isps-us.org
Vice-President: Martin Cosgro, PhD
VP@isps-us.org
Secretary: Lori Kalman-McCartney, MSN, APRN,
BC, Secretary@isps-us.org
Treasurer: Kay Ellen Lowenthal, Esq
Treasurer@isps-us.org
Newsletter Editors: Warren Schwartz,
PsyD, and Ayme Turnbull Lilly, PsyD
Newsletter@isps-us.org
Website Editor: Martin Cosgro, PhD
Webeditor@isps-us.org
Book Series Editor: Ann-Louise S. Silver, MD
Book@isps-us.org
Listserv Moderator: Daniel Mackler, LCSW
List@isps-us.org
Research Chair: (open)
Membership Chair: Jessica Arenella, PhD
Member@isps-us.org
Founding President: Ann-Louise S. Silver, MD
U.S. Members, ISPS Executive Committee:
Brian Koehler, PhD
Ann-Louise S. Silver, MD

Heads of Local Branches

Baltimore-DC: Ann-Louise S. Silver, MD
DC@isps-us.org
Berkshires: Marilyn Charles, MD
Berkshires@isps-us.org
Chicago: Sheila Curren, PhD
Chicago@isps-us.org
Michigan: Patricia L. Gibbs, PhD
Michigan@isps-us.org
New England: Ronald Abramson, MD
NewEngland@isps-us.org
New York City: Brian Koehler, PhD
NYC@isps-us.org
Northern California: Matthew Morrissey
NoCal@isps-us.org
Southern California: Martin Cosgro, PhD,
and Mary Madrigal
SoCal@isps-us.org

Honorary Members

George Atwood, PhD; Gaetano Benedetti, MD;
Anni Bergman, PhD; Maurice Green, MD;
Joanne Greenberg, DHL; Leston Havens, MD;
Bertram P. Karon, PhD; Dori Laub, MD;
Harold F. Searles, MD; John Strauss, MD

Two meetings in 2009 you won't want to miss:

**16th International Symposium for the Psychological
Treatments of the Schizophrenias and Other Psychoses
(ISPS)**

Differentiation, Integration and Development

**June 15-19, 2009
Copenhagen**

**Bent Rosenbaum, President of the ISPS Congress
Susanne Harder, Chair of the Scientific Committee**

More information at: www.isps2009.ics.dk

**ISPS-US 10th Annual Meeting
*Interpersonal Approaches to Psychosis:
The Living Legacy of Chestnut Lodge***

**October 2-4, 2009
Rockville, Maryland**

Chair: Ann-Louise S. Silver, M.D.

More information at: www.isps-us.org

Call for papers and registration materials
will be sent to ISPS-US members

Downside Up and Outside In

Courtenay Harding
(charding@bu.edu)

After delivering a plenary paper in the Washington Meeting of ISPS, someone in the audience stood up and asked if Dr. Harding was “from a different planet?” The presentation had revealed that, contrary to our expectations from the past 100 years, the accumulated evidence from across the world showed that persons with schizophrenia and other serious and persistent problems could and did reclaim their lives through significant improvement and even full recovery. Now, national, state and program initiatives use the word “recovery” but interventions often appear to be “old wine in new bottles.” She will express appreciation for all the theoretical and treatment contributions made by various schools of thought but will suggest that while everyone has a “piece of the pie,” no one has the whole pie as is often thought. Working for nearly 3 decades trying to puzzle out what are some of the other ingredients involved, Dr. Harding has participated in several short and very long-term studies and clinical work asking questions. Over time, she has proposed aspects such as: resilience,



Courtenay Harding making her presentation at the 2008 ISPS-US annual meeting.

neuroplasticity, and collaboration as well as the role of temperament, persistence, a home, a job, friends, and even luck. In this presentation, Prof. Harding will challenge our preconceptions about the timing and efficaciousness of current treatment strategies which ironically often appear to inadvertently promote more chronicity and

other unfortunate iatrogenic effects (e.g. the Metabolic Syndrome and untimely deaths). She will present further clinical and research evidence which will change our interventions by 180 degrees and may actually remap the brain and help reclaim lives before more years go by.

Associated Psychological Health Services

2808 Kohler Memorial Dr.
Sheboygan, WI 53081
Hours by Appt: Mon.-Sat. 9am-8pm



We are a [community-based psychological treatment center](#) offering a broad range of psychological services including a comprehensive three hour per day and five hour per day enhanced group treatment program, featuring traditional and innovative individual and group therapies. [Our specialized program offers an alternative to de-humanizing and coercive institutions that are ineffective in eliminating problems over the lifespan.](#) Associated Psychological Health Services is one of the only treatment centers supporting a patient’s choice to lower and eliminate their use of and or need for drugs.

To find out more about APHS, please visit our website at www.abcmadsfree.com or call Dr. Toby Tyler Watson, Psy.D. at 920-457-9192. Dr. Watson can also be reached by email at: tobytylerwatson@charter.net



Members of the ISPS-US New York Conference Committee (l to r): Brian Koehler, newly elected ISPS-US president, Lori Kalman-McCartney, newly elected ISPS-US secretary, and Jessica Arenella.

Beyond Countertransference: The Therapist's Experience in Relationship with a Schizophrenic Patient

Jessica Brooke Radder
(jbradder@yahoo.com)

Literature on the analyst's positive countertransference with a schizophrenic patient is scarce. This study aims at shedding light on the analyst's experience in the therapeutic relationship with a schizophrenic patient, specifically the integrative or transformative properties of such an experience for the analyst. This study proposes that while in a therapeutic relationship with a schizophrenic patient, an analyst may find insight into himself or herself. This may be due to several components specific to the schizophrenic patient: certain interpersonal mechanisms, an unfiltered access to (collective) unconscious operations, and/or their unique social position. The study draws on phenomenological interview data collected from five psychoanalytic clinicians across the United States who were asked detailed questions about a therapeutic relationship they've had with a schizophrenic patients. The clinician's experience is addressed through the context of countertransference, which refers to the entirety of a therapist's reaction to the therapeutic process, holding the possibility of this experience as positive for the therapist. Analysis of the results reveals both transformational and learning experiences of psychoanalytic psychotherapists who have worked with schizophrenic patients on a long-term basis. Further interpretation of the findings of this study point to a schizophrenic patient's ability to illuminate the human condition.

The Future of a Delusion: The Denial of Death in Psychosis and Its Treatment

Warren E. Schwartz
(wrrnschwrt@aol.com)

What I am concerned with here is how, or if, the traumatized psychotic patient and the practitioner can share a universal human pain - specifically, the helplessness and anxiety associated with the knowledge that we will someday die and that this death may be, despite what our myths tell us, the absolute end of existence. I am interested in how the two parties deal with this very possible truth and the illusions or delusions they employ to defend against it. It is understood here that the evolution of popular treatment paradigms for seriously disturbed individuals, which are characteristically distancing and destructive, are motivated by a human tendency to seek out the comfort of such explanatory systems when faced with reminders of mortality. The traumatized psychotic patient poses as a mortality reminder of great force, not only because of his history of terrifying trauma and a tendency to repeat them, but for two other reasons: 1. His development did not permit the maturity of sufficient defenses to manage the universal human terror associated with the awareness of the possibility of finitude. This terror seeps through the cracks of his permeable and fragile symbolic buffer system. 2. He does not

follow the rules of our deeply held death-denying symbolic order, thus reminding us of its arbitrariness and potential invalidity.

Just as broad cultural meaning systems have evolved to mitigate death terror in the human animal (Becker, 1973, 1962/1971, 1975), our more local mental health system worldview has adapted to its constituents' 'job hazard' of annihilation anxiety (as transmitted and evoked by the patient) by providing them with a worldview that encourages maximal psychological distance from the patient. We rely on neuroreductionistic etiological explanations for severe psychopathology and on related treatment paradigms which provide the practitioner with psychological equanimity in the face of the patient's terrified and terrifying subjective state.

These claims will be examined from the perspective of Terror management theory (for a comprehensive review, see Pyszczynski, Solomon, and Greenberg, 2002), a strongly empirically-supported theory of human behavior based on the works of psychologist/ anthropologist Ernest Becker (1973, 1962/1971, 1975). This paper will serve as a theoretical basis for future Terror management experimental research.

The Psychoanalytic Treatment of Psychotic Depression: The Role of the Creative Process

Patricia L. Gibbs
(patricialgibbs@aol.com)

The analyst's wording and interpretation of the patient's hallucinations, delusions, and dreams will be examined, with an attempt to specify the details of such work. The therapeutic value of creativity will be emphasized in terms of containing unconscious murderous hate within the symbiotically-organized transference/countertransference. Material from a patient engaged in artwork during sessions and a writer patient will be presented.

Anita was often non-verbal in her first years of therapy. Clinical material pre-

sented will include long periods of silence, my attempts to put into words her experience of her inner life, and her condemning and hateful "voices" and her "visions."

Dissociative features were pronounced in Mr. C., who recalled traumatic memories of abuse, only minutes later to say: "I can't remember what I just said . . . did you say something?" Dissociative aspects of Mr. C.'s depression will be compared to the hallucinations, delusions, and dissociation seen in Anita's treatment. Three of Mr. C.'s dreams will be the basis of under-

standing Mr. C.'s unconscious murderousness, symbiotic identity, and mourning associated with termination.

Death of one of the symbiotic partners in the transference will be discussed as the work of mourning associated with patients emerging from psychosis. Slides of art done by patients in outpatient and inpatient settings will be used to illustrate psychotic depression and its treatment. The patients' experience of the creative process will be discussed as facilitating the resolution of psychotic depression.

Psychosis and Moral Conflict

Andrew Lotterman
(andy11978@aol.com)

This talk will explore how psychotic religious certainties are connected to the course of psychotic illness. Psychosis is characterized by the experience of a shattered self, and patients experience themselves as bystanders in a social world which has no meaning, thereby intensifying their loss of identity and self-esteem.

The conviction of having a personal relationship with God helps one adapt to the losses caused by psychosis. Feeling profoundly alone and not understood in everyday life, now God personally accompanies them everywhere and appreciates their every thought and deed. Unable to muster a coherent set of personal goals to guide action, now God tells them what to think and how to act. Experiencing devastating guilt about their intense aggression, now they arrive at a safe moral harbor where God's approval reassures them against an often brutal conscience.

I will also trace connections between fantasies of being the Messiah, the developmental experience of guilt about being born, and debt concerning the gift of life. In normal development, one can feel guilty for not repaying the debt of having been created, which may lead to a need to repay one's parents and to a pernicious form of guilt if this is felt to be unsuccessful. In psychotic patients, this may be the basis for Messianic delusions.

The Contact Work Primer

Edited by Pete Sanders

with contributions from Dion Van Werde, Marlis Pörtner,
Penny Dodds and Catherine Clarke

A new book for
psychology and psychiatry students,
nurses and support workers, introducing

Pre-Therapy and the work of Garry Prouty

*'I am very satisfied that the Pre-Therapy International
Network has produced writings of such
high quality and relevance'*

Garry Prouty

Order online

www.pccs-books.co.uk

or call 44 1989 763900 (9am–5pm GMT)



Brian Koehler, newly elected ISPS-US president, presenting a plaque to Julie Wolter, former ISPS-US treasurer, at the 2008 ISPS-US annual meeting.

Deciphering Psychotic Communications

Mirel Goldstein
(mkrasner2002@yahoo.com)

This presentation will discuss the ways in which psychotic symptoms and “nonsensical” language, can be understood as metaphors and meaningful communications, and related to for their communicative intent. Psychotic communications will be discussed in terms of the defense mechanisms they may be representing, possible metaphorical meanings, and as communications of affect. The predominance of subconscious functioning in these communications will be discussed. Clinical vignettes will illustrate various ways to relate to the communications posed by psychotic individuals.

ISPS-US would like to thank the following people for their generous donations (beyond dues) in Fall, 2007 and Summer, 2008:

Sharon Apfeldorf, LCSW
Roanne Barnett, PhD, *on behalf of Tess Forrest, Ph.D.,
in memory of Joseph Barnett, M.D.*
Susan Burland, PhD
Michael Eigen, PhD
Thomas E. Fink, PhD
Patricia L. Gibbs, PhD
Maurice Green, MD
Joanne Greenberg, DLH, *in memory of Frieda Fromm-
Reichmann*
Maurine Kelber Kelly, PhD
Dorothea Leicher, LCSW, NCPsyA, CCDP
Kay Ellen Lowenthal, Esq.
Susan Mull
Gertrude Pollitt, DPsa
Ann-Louise S. Silver, MD
Suzanne Tastad
Joe Vincent, *on behalf of all the persons that have
Schizophrenia*
Miltiades L. Zaphiropoulos, MD

Jessica Arenella, PhD, *in memory of Seung-Hui Cho
and Virginia Tech Students*
Kenneth Blatt, MD
Wendy Cameron, *on behalf of Julie Kipp & Michael Altshuler*
April Faidley, PhD
David Garfield, MD, *in memory of Milton Garfield
And a special thanks for another Garfield Challenge Grant
for film donations!*
Bertram P. Karon, PhD
Robert Kay, MD, *in memory of Victoria Conn*
Robert I. Kurtz, MD, *in memory of Wayne Fenton, MD*
Larry M. Leitner, PhD
Marilyn J. Meese, PhD
Catherine L. Penney, RN
Warren E. Schwartz, PsyD
Stuart B. Silver, MD
Judith Tax, MSW
Herbert J. Weiner, PhD, *in memory of Allen Wheelis, MD*
Julie B. Wolter, PsyD

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. Thanks so much!

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!

—ISPS-US is a 501(c)(3) nonprofit organization.—

Combined ISPS and ISPS-US Membership Application

Join / Renew your membership / Copy this for a colleague / Have your institution join

(Please note: local branches may assess additional dues)

Name, degree(s) (as should appear in listing): _____

Address: _____

City: _____ State: _____ Zip: _____ Country (if not U.S.): _____

Preferred phone number: _____ work / home / cell Fax: _____

E-mail address: _____ Web address: _____

Institutional affiliation(s): _____

Professional interests: _____

Do you wish to join our e-mail discussion list? Yes / No

Do you wish to be listed in our member directory? Yes / No

Do you wish to be listed in our public web directory? Yes / No

Annual Dues:

Note: annual dues will increase in 2009 to include ISPS journal subscription

All professionals: \$75

Institutional (Please include contact name and a 100-word description of organization): \$125

All others (including full-time students): \$40

Lifetime individual membership: \$1,000

Additional tax-deductible contribution:

\$10 / \$25 / \$50 / \$100 / \$250 / \$500 / \$1,000 / Other: \$ _____

On behalf of / in memory of: _____

May we thank you for your contribution in our publications? Yes / No

(Optional) I'd like to earmark my donation for:

A scholarship for consumers, students and mental health workers to attend our meetings

Sponsorship for a low-income member

Upgrade our website to include video clips

Launching ISPS-US into self-publishing

Other: _____

Additional tax-deductible donation for the production of Daniel Mackler's film, *Take These Broken Wings*.

Note: This donation does not support general operating expenses for ISPS-US.

\$10 / \$25 / \$50 / \$100 / \$250 / \$500 / \$1,000 / Other: \$ _____

On behalf of / in memory of: _____

May we thank you for your contribution in our publications? Yes / No

Total amount enclosed: \$ _____

Please make check payable to ISPS-US.

Send to: ISPS-US
P.O. Box 491
Narberth, PA 19072

Or join / donate on the Web at www.isps-us.org
E-mail: contact@isps-us.org
Voicemail: 610-308-4744

ISPS-US is a 501(c)(3) nonprofit organization.

Place Your Ad in the ISPS-US Newsletter

Advertise your organization, private practice, conference,
book or journal in the quarterly ISPS-US Newsletter

Your ad will reach 300+ like-minded colleagues
for one year (four issues)

Rates: \$250 (full page), \$150 (half page horizontal), \$100 (two-column)

Deadline: Rolling

When your ad and payment are received,
your ad will be placed in the subsequent four issues
of the ISPS-US Newsletter

*For advertising rates and specifications, please e-mail Karen Stern
at contact@isps-us.org or call her at (610) 308-4744*

ISPS-US
P.O. Box 491
Narberth, PA 19072

NONPROFIT ORG
U.S. POSTAGE
PAID
NARBERTH, PA
PERMIT NO. 5