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International Society for the Psychological treatments of the Schizophrenias and other psychoses

United States chapter

ISPS-US Report from the President

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The U.S. Chapter of ISPS continues to grow in number, now over 300 members. We are growing in strength as well, building on our past experiences. Gratifyingly, we are attracting more young professionals and students who are eager to join us as we strive to place relational treatments at the center of approaches to psychosis. They come to us saying that they have been discouraged by the dearth of humanistic approaches in their training programs. Attending our meetings, they have found a professional home.

Mary Madrigal has organized the Southern California Branch which she and Martin Cosgro lead. She is also heading our membership recruitment committee and is a key member of the program committee for our next annual meeting. Matthew Morrissey has taken up leadership of the Northern California Branch of ISPS-US and has volunteered to edit a book of Otto Will's papers.

Our two California branches are busy crafting an exciting meeting on the theme of "Trauma and Psychosis," to be held in Santa Monica, October 6 through 8, 2006. Mark your calendars! Dori Laub, M.D. will be our keynote speaker.

Born in Czernowitz, Romania in 1937, Dr. Laub was deported with his parents to Transnistria in 1942. His father disappeared during a German raid prior to liberation by the Soviets, and he and his mother were reunited with his grandparents who had survived in Czernowitz. He immigrated to Israel in 1950 where he attended medical school. Dr. Laub became a psychiatrist and psychoanalyst and settled in New Haven where he is affiliated with the Yale Medical School. Together with Laurel Vlock he began videotaping survivor testimony in 1979 which led to the founding of the Holocaust Survivors Film Project and eventually the Fortunoff Video Archive for Holocaust Testimonies. He has participated in 127 taping sessions, has actively trained interviewers in affiliate projects, and has written extensively about survivor testimony. He is currently a practicing psychoanalyst in New Haven, Connecticut, working primarily with victims of massive psychic trauma and with their children. Dr. Laub has published on the topic of psychic trauma, its knowing and representation in a variety of psychoanalytic journals and has co-authored a book entitled Testimony-Crisis of Witnessing in Literature, Psychoanalysis, and History with Professor Shoshana Felman.

As our organization grows, it is no surprise that each task takes longer and grows more ambitious. Since we do not apply for or accept grants from the pharmaceutical industry, we need to monitor our cash flow very tightly. We will apply for foundation grants and develop a business plan as well as grant applications.

The executive board, which holds monthly conference calls, is planning its first retreat for late June. (We each will pay our own expenses.) The project we hope to launch will build on a book David Garfield is editing, the chapters being written by ISPS-US members, on how one conducts psychodynamic treatment of psychosis. This book will play a key role in our hoped-for research project. We plan to study the effect of seminars about psychodynamics, held at treatment centers, on the satisfaction of and improvement in the centers' clients and on the satisfaction and employment longevity of the seminar participants. The board will be meeting shortly after our return from the ISPS Madrid conference at which many of our members will be presenting. I hope that several ISPS-US members will attend; we will have an ISPS-US meeting there also.

Our Boston meeting was invigorating and very informative. We are grateful to Ron Abramson and his group for their great efforts. We hope to have a DVD available for sale soon that should entice people to attend our future meetings, and many of the recorded talks will be useful in training program classes.

We are grateful, too, to Marty Cosgro for his able editorship of our website, www.isps-us.org. Other recent advances involve our publications. Warren Schwartz is now our newsletter editor, with Ayme Turnbull doing layout. The newsletter will be smaller but more frequent than those produced by Brian Koehler and includes pictures. Meanwhile, Brian will launch our ISPS-US Bulletin, scheduled as a twice-yearly small journal. This will be available to ISPS-US members electronically at no charge. Those who would like to receive traditional printed and bound issues will be able to obtain these at an additional cost, to be determined. Brian is accepting papers for consideration:
brian_koehler@psychoanalysis.net.

> "Innate among man's most powerful strivings toward his fellow men… is an essentially therapeutic striving."
>
> *Harold F. Searles (1979)*

From the Executive Director

Karen Stern
(contact@isps-us.org)

"We are getting an unbelievable education and are in awe of the dedication of all," wrote a member to me as she was renewing her membership. Her comment eloquently captures what ISPS-US is all about. Members join (and stay) in order to learn from one another, to challenge their thinking, and to find community in a world where the humanity of people suffering from psychosis is often neglected in the treatment equation.

As the sole employee of ISPS-US, I continue to be amazed at the tireless devotion and care that members have shown for this organization, and for its mission. We could not exist without the incredible, hard work of our board, branch leaders and other members, whether it's handing out flyers to their colleagues, taking the time to explain a treatment option or some esoteric aspect of neuroscience to folks on the list serve, or speaking about battling and overcoming the demons of psychosis.

There is so much brain power and devotion to giving people with psychosis hope that sometimes members do not realize the practical realities of our organization. I think they imagine a well-paid staff of 50 waiting to take their credit card number over the phone or planning a lavish annual meeting. In fact, there is just my part-time position, a webmaster, a shoe-string budget and a whole lot of volunteers.

We do not accept any funding from pharmaceutical companies, and thus members are free to say whatever they think about the use of medication (and there is quite a variety of opinions). What this means for our financial picture is that we rely entirely on dues (which remain very low compared to similar organizations) and generous donations to continue our existence.

At the end of June we will be holding a retreat for ISPS-US leaders to develop a business plan and short-term and long-term goals, to clarify our vision, and to deepen our relationships with one another. This is the first step to our applying for grants for research and outreach projects. We have another inspiring annual meeting in the works ("Trauma and Psychosis," October 6-8, 2006, Santa Monica, California). We are in the beginning stages of launching a peer-reviewed journal. And we continue to grow our local branches to develop member networks and educate one another.

So, I am asking each member: if you think that ISPS-US is important, then encourage another person to join, or send some extra cash our way, or convince your institution to become an institutional member. If you've attended our annual meeting and gotten something out of it that you think is great, tell other folks about it, and bring them along to Santa Monica. And if you want to do more, we are looking for a few good membership recruiters (under the leadership of Mary Madrigal) and fundraisers. Contact Mary or me and we'll put you to work! And as always, thanks for everything that you do.

Erratum: Catherine Penney says: "Just an e-mail to let folks know that the poem 'Leaving The Monastery' in the recent ISPS newsletter, although extremely beautiful, I did not write."

New Editors' Column

Warren Schwartz
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Ayme Turnbull
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As we take on co-editorship of the ISPS-US newsletter, we would like to express our gratitude to Brian Koehler for his dedication to editing such high quality issues all these years. He has done a tremendous job in selecting, editing, and writing stimulating, moving pieces that have inspired us in our work. His Mind/Brain column is an extremely valuable resource that we are pleased to continue. He has shown us, in a very clear and scholarly fashion, the profound transformative impacts therapeutic relationships can have on meaning and biology (for both participants). Brian's scholasticism is unmatched and we are honored to have him as an ISPS-US member and as editor of our future journal. We are also greatly appreciative of the work of Julie Kipp for originally formatting and designing the newsletter and to her clients for helping with assemblage. We are equally indebted

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Regular Features

Special Features

(l. to r.) Bertram Karon and Max Day at the ISPS Boston '05 conference. *Photograph by K. Ellen Lowenthal, Esq.*

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to Karen Stern, Executive Director of ISPS-US, who took over formatting and design a few years ago.

We hope to continue in the tradition Brian, Julie and Karen established by producing issues that members will find helpful in their work and in their understanding of experiential extremes. We will continue to utilize the newsletter to update members on ISPS-US happenings across the country. The new format (in future issues) will be shorter than prior issues. Pictures will be included, as they are in this issue. We hope to publish quarterly and establish a good rhythm. We are quite open to feedback about the newsletter, so please don't hesitate to contact Warren Schwartz or Ayme Turnbull if you have any comments.

We are currently inviting submissions for future issues. If you have something you'd like to see in the newsletter, please send it to Warren Schwartz. We prefer shorter pieces, but longer pieces will continue to be printed in parts over a series of issues. We are open to considering *anything* that relates to psychosis. We encourage theoretical and clinical material (case material should emerge from an ethically sound process that involves, among other things, a strong respect for privacy), book and movie reviews, poetry, visual art, and anything else that is relevant and can be formatted into the newsletter.

Editor's Column

Brian Koehler
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It is with some sadness that I am stepping down as editor of the ISPS-US Newsletter after proposing the idea for a newsletter and a journal at our ISPS meeting in Washington DC in 1994. I started the first issue in the summer of 1999 with the able assistance of my wife Julie Kipp, secretary of ISPS-US. Julie will continue her secretary's column and I will continue with my Mind/Brain column or pieces on psychoanalytic/psychotherapeutic approaches to psychosis. Julie's formatting and design of the newsletter was taken over by another very competent person, Karen Stern, executive director of ISPS-US a few years ago. The editorship is being passed on to Warren Schwartz, PsyD with assistance from Ayme Turnbull, PsyD. I am certain that the newsletter is in very good hands, and in fact, will probably be published more regularly than when I was editing it.

Long-Term Follow-Up Studies of Schizophrenia

In my last column as ISPS-US Newsletter editor, I thought it would be helpful to summarize the actual data on long-term follow-up studies in schizophrenia since there are still so many myths surrounding this area. I am still amazed to hear graduate students in various mental health disciplines speak of the "incurability" of severe mental illness. I derived the following information primarily from "Beyond dementia praecox: findings from long-term follow-up studies of schizophrenia" by Joseph Calabrese and Patrick Corrigan, published in "Recovery in Mental Illness: Broadening Our Understanding of Wellness" edited by Ruth O. Ralph and Patrick W. Corrigan in 2005 for the American Psychological Association.

The Burghölzli Hospital Study (Switzerland)

Manfred Bleuler, son of Eugen Bleuler who was director of the Burghölzli clinic in Zurich and gave us the name schizophrenia, followed a cohort of 208 patients for an average of 23 years. This cohort included both first admissions and readmissions to the hospital during 1942 and 1943. The diagnostic criteria emphasized psychotic symptomatology. The results indicated that 53% of the group participants overall and 66% of the first admission participants were judged to have recovered or be significantly improved. Fully recovered participants comprised 23% of the first-admission group and 20% of all research participants.

The Iowa 500 Study (United States)

In the Iowa 500 study, 186 persons with schizophrenia were followed for an average of 35 years. The researchers also included a group with affective disorder and a control group of 160 surgical patients. Compared to people from the other psychiatric groups (i.e., with a diagnosis of affective or schizoaffective disorder), 46% of those people with schizophrenia had improved or recovered.

The Bonn Hospital Study (Germany)

This study followed 502 persons with schizophrenia for an average of 22.4 years. The results were that 22% of the research participants had complete remission of symptoms, 43% had noncharacteristic types of remission (defined as involving nonpsychotic symptomatology, such as cognitive disturbances, lack of energy, sleep disturbances, hypersensitivity—in regard to the latter, some patients have described this state as a type of "skinlessness"), and 35% experienced characteristic schizophrenia residual syndromes. Therefore, 65% had a more favorable outcome than would have been expected from clinical experience. In regard to social functioning, 56% of all participants were judged to be "fully recovered," defined in this study as full-time employment. At the last follow-up, 13.3% were permanently hospitalized.

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The Lausanne Study (Switzerland)

This study reported the longest term follow-up of the major long-term studies. The researchers, who included Luc Ciompi, followed 289 participants for an average of 37 years and up to a total of 64 years. The results indicated that 27% reached a stabilized 5-year end state of recovery, 22% reached an end state described as "mild," 24% were described as "moderately severe," and 18% were judged to have a "severe" end state. There was a 14% rate of continuous hospitalization.

The Chestnut Lodge Hospital (United States)

In this study, 446 (72%) of the persons treated between 1950 and 1975 at Chestnut Lodge psychiatric hospital in Rockville, Maryland, were followed for an average of 15 years. This site specialized in psychoanalytically-oriented long-term residential treatment. The research population consisted of persons with chronic and treatment-resistant mental illness. The researchers used a highly restrictive definition of recovery: full time employment, absence of symptomatology and need for treatment, meaningful engagement in family and social activities. The results were that two thirds (64%) of the persons with schizophrenia were judged to be chronically ill or marginally functional. One third (36%) were recovered or functioning adequately. The investigators reported that there were recoveries that included persons who had been viewed as hopeless chronic cases.

The Japanese Long-Term Study (Japan)

This study took place at Gumma University Hospital in Japan. One hundred and five persons with schizophrenia discharged between 1958 and 1962 were followed for a period of 21 to 27 years. Thirty one percent of the participants were judged to be recovered, 46% improved, and 23% unimproved. Results on social outcome indicated that 47% were fully or partially self-supportive and 31% were hospitalized.

The Vermont Longitudinal Research Project (United States)

This study, conducted by ISPS member Courtney Harding and colleagues, followed 269 persons for an average of 32 years. The participants had been ill for an average of 16 years and were hospitalized on the back wards of Vermont State Hospital for 6 years. This study is unique in that the participants were involved in an innovative rehabilitation program and were released with community supports already in place. DSM-III criteria were used. At follow-up, one half to two thirds of all participants were considered to have improved or recovered. Of the living participants with schizophrenia, 68% did not display further symptoms or signs of schizophrenia at follow-up. Almost half (45%) of the participants displayed no psychiatric symptoms at all. More than two thirds (68%) of the participants were assessed as having good functioning on the Global Assessment Scale, which provides a global measure of social and psychological functioning.

The Main-Vermont Comparison Study (United States)

This study compared the outcomes of 269 persons with schizophrenia in Maine with the outcomes of the 269 persons in the Vermont Longitudinal Study. The average follow-up period for the Maine participants was 36 years and 32 years for the Vermont participants. The persons in the Vermont study were exposed to a model rehabilitative program organized around the goal of self-sufficiency, immediate residential and vocational placements in the community, and long-term continuity of care. The Maine participants received standard psychiatric care. Results of this study showed that the Vermont participants at follow-up were more productive, had fewer symptoms, better community adjustment, and global functioning than the Maine participants. Approximately one half (49%) of the Maine participants were rated as having good functioning on the Global Assessment Scale, the primary global measure used for both the Maine and Vermont participants. The authors suggested that it was the provision of the model rehabilitative program.

The Cologne Long-Term Study (Germany)

This study followed 148 persons with a DSM-III diagnosis of schizophrenia and 101 persons with schizoaffective disorder for an average of 25 years. The results showed that 6.8% of persons with schizophrenia had full psychopathological remission and 51.4% had noncharacteristic residua. Therefore, 58.2% had a more favorable outcome than would have been expected with schizophrenia.

The World Health Organization International Study of Schizophrenia

The WHO Study of Schizophrenia is a long-term follow-up study of 14 culturally diverse, treated incidence cohorts and 4 prevalence cohorts comprising 1,633 persons diagnosed with schizophrenia and other psychotic illnesses. Global outcomes at 15 and 25 years were assessed to be favorable for greater than 50% of all participants. The researchers observed that 56% of the incidence cohort and 60% of the prevalence cohort were judged to be recovered. Those participants with a specific diagnosis of schizophrenia had a recovery rate which was close to 50%. Geographic factors were significant in terms of both symptoms and social disability. Certain research locations were associated with greater chance of recovery even in those participants with unfavorable early-

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onset illness courses. The course and outcome for persons diagnosed with schizophrenia were far better in the "developing countries" than for such persons in the "developed" world of Western Europe and America.

The first of the WHO studies, the International Pilot Study of Schizophrenia (IPSS), assessed 1,202 persons diagnosed with schizophrenia in nine countries. The results showed that persons with schizophrenia in the "developing" world (e.g., Columbia, India, Nigeria) had better outcomes than persons in the developed" countries (e.g., Moscow, London, Washington, Prague, Aarhus, Denmark). Overall, 52% of persons in the developing countries were assessed to be in the "best" category of outcome (defined in this study as an initial episode only, followed by full or partial recovery) compared with 39% in the developed countries. This finding was also reported in a five-year follow-up research study. In this study, 73% of those participants from the developing world were in the best outcome group compared with 52% in the developed world. A second study called the Determinants of Outcome of Severe Mental Disorder (DOSMD) used more rigorous criteria and followed more than 1,300 patients in 10 countries and, similar to the IPSS, discovered that the highest rates of recovery occurred in the developing world. At a 2-year follow-up, 56% of those in the developing world were in the best outcome group compared to 39% of the participants from the developed countries. The finding of better outcome for persons in the developing countries applied whether the illness was either acute or gradual in onset.

These WHO findings have been critiqued on the basis of differences in follow-up, arbitrary grouping of centers into developed or developing, diagnostic ambiguities (e.g., narrow versus broad definition of schizophrenia), selective outcome measures, gender-related factors, as well as age. However, a recent reanalysis of the data by Kim Hopper and Wanderling (2000) convincingly demonstrates that none of these criticisms is sufficient to explain away the findings of differential course and outcome in schizophrenia favoring persons in developing countries. These are surprisingly robust findings.

The findings of the WHO studies demonstrating better courses and outcomes for people in the developing world have been attributed to the following factors: family environment and expressed emotion; social role expectations; stigma and discrimination, etc.

Harding, Zubin and Strauss (1987) noted that the development of chronic illness in persons with schizophrenia "may be viewed as having less to do with any inherent natural outcome of the disorder and more to do with a myriad of environmental and other psychosocial factors interacting with the person and the illness" (p. 483).

Regarding all of the follow-up studies, Calabrese and Corrigan (2005) concluded:

"Each of these studies found that, rather than having a progressively deteriorating course, schizophrenia has a heterogeneous range of courses from severe cases requiring repeated or continuous hospitalization to cases in which a single illness episode is followed by complete remission of symptoms. *The findings reported in these studies as a whole indicate that roughly half of the participants recovered or significantly improved over the long-term, suggesting that remission or recovery is much more common than originally thought"* (p.71).

The Role of Medication

Most clinicians would agree that judicious use of medications, including antipsychotic agents, plays a significant role in the treatment of acute psychotic disturbance. However, the question of maintenance treatment, proves to be more difficult to ascertain valid guidelines for many patients. Manfred Bleuler (1974), son of Eugen Bleuler, the clinician who gave us the term "schizophrenia," noted that of all his patients who maintained long-standing remissions or a stable recovery, not a single one had been on chronic neuroleptic medication. Instead, the patients were given medication during acute phases and never for longer than a few weeks after they had recovered from their acute episode. Harding and Zahniser (1994), in their assessment of the long-term follow-up literature, observed that at least 25% to 50% of participants were completely off medications, experienced no further symptoms of schizophrenia, and were functioning well.

We need to know a great deal more about the relationship between symptomatology, subjective suffering, cultural-environmental factors which are demonstrated to be neuroprotective or neurodisorganizing and gene expression/ neurochemistry in general and within each individual patient before we can validly assert the need for continued long-term use of antipsychotic medications. Most patients are prescribed medications with-

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out corroborating studies of saturation levels in different receptor systems (such as can be done in research studies with PET, MRS-but is not practical for everyday clinical settings) in neural pathways of import-for we know that there is not always an isomorphic relationship between neurotransmitter/neuromodulator levels and clinical symptomatology, e.g., serotonin levels and levels of depression. Symptoms such as delusions and hallucinations, as clinicians are well aware, do not always, or perhaps even often, respond to changing neurochemistry in the theoretically desired direction. The human brain is so incredibly complex, in addition to the dozens of identified neurotransmitters, there are over 60 neuropeptides identified, many of which such as the neurokinins (substance P, neurokinin A and B) and neurotensin (coexistence with dopamine and modulates DA-induced behaviors) have been suggested to play a role in psychosis. We must all remain humble in regard to the big questions in regard to psychosis therapy and in understanding the biological etiology/correlates of this group of disorders. However, despite our ignorance, many patients are able to significantly recover (or get better than they had been prior to the index episode) on their own or with the support of significant others and the myriad of treatments we have at our disposal to assist persons in their recovery process.

In regard to the above data, I ask myself: What kind of neurological illness or group of illnesses is schizophrenia? These disorders do not behave like traditional neurodegenerative disorders in which there is no significant degree of recovery or full remissions (some of which are seen in advanced age and cannot be fully attributed to a "burnout" process since the Maine-Vermont Comparison Study demonstrated the importance in this group of participants in Vermont of psychosocial interventions). The neuroscience research findings in schizophrenia are largely nonspecific and overlap with the neuroscience findings in profound and chronic stress/fear/anxiety and social isolation. I believe that what we call schizophrenia is a disorder of the self and the latter emerges biologically, intersubjectively and culturally within particular contexts. All of these levels are coactional, with significant feedforward and feedbackward processes operating in non-linear modes and interdigitated with random as well as subjective (agency, will, autonomy) processes.

(l. to r.) Ronald Abramson (head of New England Branch), Ann-Louise Silver (President of US Chapter), Joanne Greenberg (author of "I Never Promised You a Rose Garden"), and Joshua Kendall (Boston Globe reporter). *Photograph by K. Ellen Lowenthal, Esq.*

Fall Conference Update

Marty Cosgro
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Our fall conference, "Trauma and Psychosis," will be held October 6th - 8th, in Santa Monica, California at the Doubletree Hotel. The keynote speaker will be Dori Laub, M.D. who will present his psychoanalytic work with holocaust survivors, including videotaped portions of his interviews. We've already had a number of engaging proposals sent in and expect this to be another stimulating conference.

The Doubletree is a beautiful hotel located just four blocks from the Pacific ocean and two blocks from the 3rd Street Promenade, which features a variety of shopping and dining experiences that should fit just about anyone's taste! ISPS-US has reserved a limited number of hotel rooms for $150 so early reservations will lead to big savings! The rooms are mini suites with fold-out sofas, so those who may need to double up in rooms to cut costs will still be very comfortable.

This year we also intend to offer a few organized events to help attendees make the most of their Southern California experience (sunset at Santa Monica beach is something to see!). Further information on the culture and activities in Santa Monica is available via a web link on our home web page: www.ISPS-US.com.

Stay tuned to the list serve and web site for more updates about the conference. Anyone with interest in specific activities while attending the conference should contact Mary Madrigal, conference co-coordinator, at mmadrigal2@socal.rr.com. We hope to see you this Fall in Santa Monica.

p.s. For you 70's music fans, the Hotel California is just a few blocks away and looks just like the album cover!!!

ISPS-US Website

Marty Cosgro
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Our web site, www.ISPS-US.org, continues to be a source of valuable information for people around the globe. Recently, we've had 15% of our visits come from Argentina, 8% from the United Kingdom, and 3% from India. Other countries accessing us on the internet were: Nigeria, Germany, Hungary, Australia, Greece, New Zealand, France, Israel, and Paraguay. 77% of our visitors are first time visitors and in March we had 1,717 unique visitors, up from 1,395 in February. It's clear we are reaching more and more people who share our interest in this most important work.

We're in the process of re-organizing the book store to make it more user friendly. The new structure will be organized categorically. Please remember to go through the Amazon.com link on the home page to make any purchase from Amazon.com, as we have begun to count on this as a source of revenue to help us build ISPS-US. Our home page also features a donation button which allows anyone to easily make a donation to ISPS-US directly over the internet. As always, donations are tax deductible!

The home page also features links to our annual fall conference, to be held this year held in Santa Monica, California. There is an additional link for Santa Monica so you can discover the fun available to you and your family while attending the conference!

Thank you to the many members who have offered suggestions on how to improve the web site and have contributed additional information which has been made available to people around the world. Being editor of our web site has given me a wonderful opportunity to see just how vital our organization is to those around the globe who don't yet have local ISPS organizations to support them in the work they are engaged in. If you'd like to join me in a team effort to further develop the web site, please e-mail me.

ISPS-US would like to thank the following people for their generous donations (beyond dues) in 2005-2006:

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K. Ellen Lowenthal, JD

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Michael Raftery, RN, on behalf of psychosis sufferers on in-patient wards

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We count on your donations to continue our existence! 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!

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

Chicago Branch Report

Sheila C. Curren
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The Chicago Chapter continues to pursue the goals of meaningful study, expanding awareness of ISPS, and providing education on psychological treatments of psychosis.

Toward these ends, Chicago members have been treated to lectures and case presentations by: Dr. Gertrude Pollitt on the theory and techniques of the psychoanalytic treatment of borderline conditions, Dr. Garry Prouty on the theory and techniques of Pre-Therapy, and Dr. Charles Turk of the Chicago Circle Association on Lacanian approaches to the treatment of psychosis. Other speakers have included Drs. Lucia Villia Kracke, Waud Kracke, Judith Tritten, and Sheila Curren, Ms. Gail King, and Mr. Paul Shabaz.

The Chicago Circle Association unveiled its plans to replicate the highly successful Canadian adult day treatment program for psychotics, '388 Gifric'. The emphasis of their approach will be the establishment of a place for speech for the psychotic through psychoanalytic treatment, along with an emphasis on studio work and a personal projects to enable the re-integration of the psychotic into the social order. While the major thrust is psycho-social treatment, medications may be used judiciously. The Canadian program has enabled a great majority of its partakers to return to self support, jobs and independent community life. We foresee that the Chicago program, known as Austin Place, will be equally effective. Austin Place recruited people to work on developing its program and staffing it at ISPS meetings. Raising three years of operating expenses is all that stands in the way of opening its doors!

Dr. Garry Prouty handed the presidency over to Dr. Sheila Curren at the end of last year. Dorothy Meade continues to do a superb job as secretary and The Chicago Institute for Psychoanalysis generously continues to provide meeting space.

Enlarging membership remains a major challenge. With more members, more community education can be accomplished.

The psychotherapy research team in the Department of Psychology at The Catholic University of America (CUA) is conducting a survey study to examine the nature of treatments for schizophrenia as reported by practicing clinicians. If you have treated patients with schizophrenia in individual psychotherapy, you are invited to participate in our study. It is estimated that completing the survey will take about 30 minutes to an hour of time.

This is the same survey that was handed out at the ISPS-US Boston 7th Annual Meeting, and that has been posted on the listserv.

If you haven't already participated, you are welcome to do so. To participate in the study, please contact Michele Schottenbauer by e-mail at maschotten@aol.com to request a paper copy of the survey.

New England Branch Report

Ronald Abramson
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ISPS-US-New England closed out a very successful first year of existence by hosting our ISPS-US meeting last November. As we start 2006, our group is growing. We have enjoyed the addition of two new members who became acquainted with us through the meeting. Our first meeting of 2006 was held on January 7 at the home of Dr. Max day. Nine clinicians came and held a very interesting discussion of the psychotherapy of a man with paranoid schizophrenia.

Additional discussions took place about holding meetings with speakers and the participation of trainees. There was an exciting atmosphere about what the future might hold for our regional branch and we look forward to next month's meeting.

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

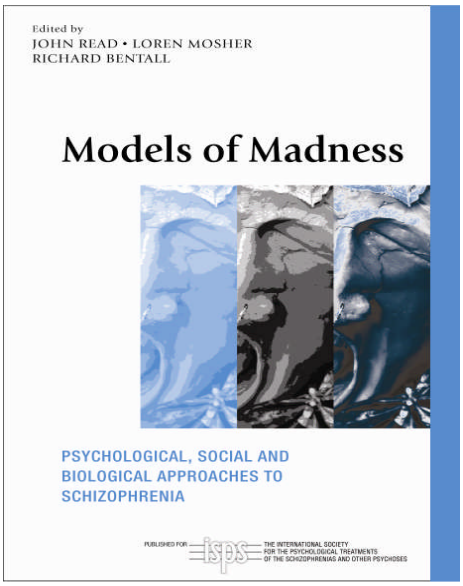
John Read, Loren Mosher & Richard Bentall, Eds.

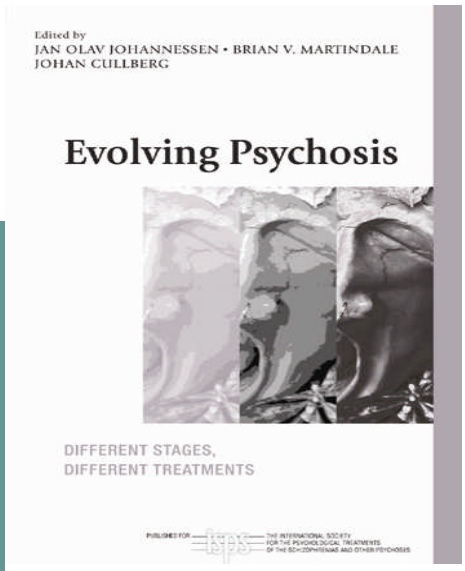
Models of Madness promotes a more humane and effective response to treating severely distressed people by showing how hallucinations and delusions are understandable reactions to life events and circumstances rather than symptoms of a supposed genetic predisposition or biological disturbance. International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

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

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

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





Evolving Psychosis: Different Stages, Different Treatments

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

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

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

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

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

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

New York City Branch Report

Brian Koehler
(brian_koehler@psychoanalysis.net)

The New York Branch of ISPS-US continues to meet on a monthly basis (except for August) and has been doing so since 1997. We are co-sponsored by the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis and meet in their conference room at 1 Washington Place (at the corner of Broadway), New York City on Saturday afternoons from 4:30-6:30pm. The group consists of clinicians and students from all of the mental health disciplines: clinical social work, psychiatry, psychiatric nursing, neuroscience, psychology and psychoanalysis.

At each meeting there is a range of participants from students and those just beginning their careers to very experienced senior clinicians.Our meetings lately have been drawing anywhere from 20 to 40 participants. Each presentation is accompanied by a lively and intellectually stimulating discussion. The topics range from psychodynamic theory and psychoanalytic clinical case presentations of persons with psychosis (schizophrenia and bipolar disorder) or autism to neuropsychoanalytic and phenomenological formulations of psychosis to cognitive-behavioral therapy of psychosis. Occasionally, we have had speakers from other countries (e.g., Francoise Davoine and Jean-Max Gaudilliere from Paris and John Read from New Zealand). In 2006, we have heard papers by Jean-Max Gaudilliere ("Memoir of a pipe"), Max Day, ("Elvin Semrad's Theories of Psychosis") and Elaine Schwager ("The Relationship between Empathy and Symbolic Communication as shown in the Therapeutic work with a young boy on the Autistic Spectrum").

The NY Branch of ISPS-US, co-sponsored with the William Alanson White Institute, hosted the annual conference of ISPS-US on November 16 and 17th, 2002. The title was "Psychosis: Psychoanalytic, Psychotherapeutic and Psychosocial Perspectives." We honored Bertram Karon PhD and the keynote speaker was Robert Whitaker.

All are welcome to attend. The meetings are free of cost. For further information on the NY Branch of ISPS-US contact Brian Koehler at 212.533.5687 or brian_koehler@psychoanalysis.net.

Southern California Branch Report

Mary Madrigal
(mmadrigal2@socal.rr.com)

The Southern California Chapter meets bimonthly in Los Angeles. Marty Cosgro, Ph.D. just completed a two-part presentation on, "Effective Interventions with Psychotic Clients." The presentation was very informative and valuable in the effective interventions with psychotic clients.

The Chapter has continued to grow over this past year. All of the members are actively involved in the community promoting the humane psychological treatment of schizophrenia and other psychosis.

The Chapter is busy planning the 2007 annual conference that will be held in Santa Monica. See the flyer for more information.

If you are planning on traveling to the Southern California area, please contact Mary mmadrigal2@socal.rr.com to schedule a presentation or meeting.

Northern California Branch Report

Matthew Morrissey
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The end of last year was a busy one for ISPS-US NorCal. We held two meetings: in September, Walter Stone presented on his long-term group work with the chronically mentally ill and, in December, Ira Steinman gave two case presentations of patients with chronic schizophrenia who recovered under his care.

We're starting off this year with Jay Joseph, who will be presenting his critique of the role of genetics in the etiology of schizophrenia in May. In June, Stuart Sovatsky will be speaking on the role of spirituality in psychosis.

Through active recruitment efforts we hope this year to increase both branch membership and the visibility of ISPS as an organization.

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

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

[Unless otherwise noted all bracketed page numbers refer to Gail Hornstein's book]

It is characteristic of biographers that they have difficulty identifying with the child and quite unconsciously minimize mistreatment by the parents.

Alice Miller
from *For Your Own Good*

Gail Hornstein's gift to the reader in To Redeem One Person Is To Redeem The World is that she provided the raw materials to understand the fascinating character and revolutionary work of Frieda Fromm-Reichmann. The book's weakness is that Hornstein did not sufficiently connect the dots of her own careful research to create a psychologically satisfying, three-dimensional portrait of her subject. Although Hornstein's biography cannot fail to move any open-minded person in this day and age of the near utter neglect of the psychotherapy of schizophrenics, all too often Hornstein herself neglected a careful enough study of Frieda's shadow side to allow the psychotherapeutic healers of this generation to build optimally on Frieda Fromm-Reichmann's shoulders, and not just walk in her footsteps.

In order to attain a cohesive point of reference for making sense of Frieda's shadow side, I will first examine her childhood history – and the degree of emotional pathology of her parents. Gail Hornstein noted that Klara Reichmann, the ninth of ten children in her own family of origin, had a devotion to her own mother "bordering on the compulsive." [p. 3] Hornstein provided as her example, care of the Reichmann family lore as passed down to one of Frieda's nieces, that after Klara's mother died, Klara wore only black on her body, even down to her necklaces and underwear, for the remaining decades of her life. I agree that this is compulsive – if not more downright pathological – and while it might seem like Klara was simply in terrible mourning, I suspect that she was more stuck than mournful, and was actually attempting to mourn something even greater: the repressed pain of her own history of childhood emotional neglect. I don't know if her own neglect was simply a function of having been one of ten children, or it if ran much deeper, but my primary evidence for its existence goes far beyond her seemingly bizarre wearing of black. It instead lies directly in her treatment of her own children: that she was an incredibly needy mother.

A mother who got her own emotional needs met as a child does not try to get them met from her children. And Frieda's childhood abounds with examples of Klara's pathological neediness, that is, narcissism. For the sake of clarity, I define narcissism as that part of the adult personality which holds the ancient emotional needs that were never met in childhood and which live on anachronistically – with the same ancient hunger for resolution. Klara, clearly unable to consciously enter the psychic space of her childhood and truly grieve – that is, get the healing she needed – instead had an external alternative: she created children of her own whom she could control, manipulate, and project onto in order to have them serve her narcissistic needs and artificially keep her life in balance.

Firstly, a non-narcissistic parent does not manipulate her child to the degree Klara Reichmann did. She does not impose the artificial primacy of primogeniture upon them forcing her oldest child, Frieda, to be always right and more powerful in her relationships with her younger sisters. Granted, Jewish culture at the time did find it acceptable to do this with eldest sons, but that does not take away from the damage committed on the children involved. Frieda herself later claimed, with guilt and shame, that she tried to prevent this. As Hornstein quoted Frieda as saying, "God! How I tried to hinder my mother to make me a favorite." [p. 6] Hornstein, however, added by way of commentary that Frieda clearly benefited from her advantaged status. Besides the extra privileges she was accorded, she also developed the confident sense of entitlement oldest children often gain from successfully outpacing their rivals. [p. 6]

But this fails the test of emotional logic. True confidence comes from being treated with great respect and honor, not from being forced to accept an artificial and at times cruel position of power in one's relationship over one's siblings. But more importantly, I don't see this or any entitlement as a consequence of privilege, much less the privilege of primogeniture. Entitlement results from emotional deprivation, and is a psychological compensation for not having gotten one's honest needs met. Entitlement is false confidence – though of course it can become quite a valued personal quality in a world such as Frieda's and ours that so often lauds the false self at the expense of the true self. Entitlement never feeds the soul. That is why a person who gets their deepest needs met never becomes entitled when offered special privileges. Instead he or she becomes humble, which is a sign of true confidence.

It is not surprising that Klara's manipulation of her children's power dynamics put Frieda at odds with her sisters – which Klara may well have unconsciously set up to deflect and displace some of her children's legitimate anger at Klara herself for her maternal neediness – to the degree that it brought out hatred in the second child, Grete, who was openly mocked by Klara at birth for being so ugly. (Incidentally, from her photos, Grete was not so ugly at all, and one wonders what effect the "decades" of retelling of the story of her early ugliness had on her self-esteem. Perhaps it contributed to her own lack of psychic independence, which gave Klara the opportunity to live under the care of this spinster-to-be daughter for decades.) Hornstein noted:

Grete had a single famous moment of rebellion, when seemingly, without provocation, she slapped Frieda hard, right across the face. When Klara and Adolf [Frieda's father] demanded to know why she had done such a thing, Grete said she was fed up with Frieda's always being so perfect. [p. 5]

And then the family accepted this answer – and so did Gail Hornstein. One wonders what Grete might have said if her deeper unconscious had been allowed to speak. I suspect her rage would have climbed a few rungs higher up the parental ladder beyond where Frieda stood. (It was

(Continued on page 11)

Psychoses: An Integrative Perspective

by Johan Cullberg

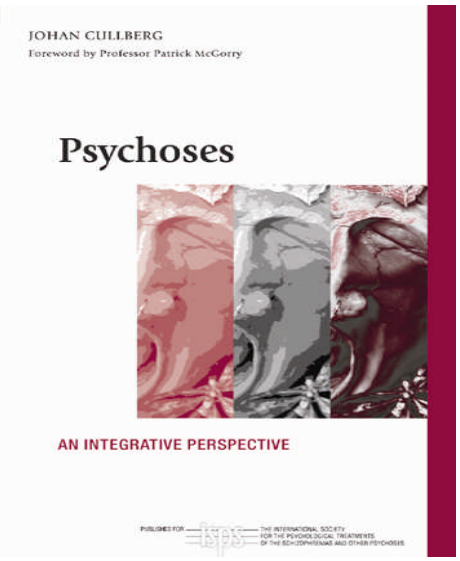
Psychoses provides a unique perspective on the challenges associated with understanding and treating psychoses, bringing together insights and developments from medicine and psychology to give a full and balanced overview of the subject.

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

This sensitive and humane perspective on the nature and treatment of psychoses will be of interest to all mental health professionals interested in increasing their understanding and awareness of this subject.

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

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



(Fromm-Reichmann, continued from page 10)

also reminiscent of the sporadic physical abuse Frieda tolerated self-blamingly from her patients later in life – in the name of healing them. Through replication she was still unconsciously appeasing her family system through being the masochistic point person all those decades later.) But in a family where speaking out honestly was a psychic crime, which I will explore next, this was an impossibility. After all, the family would not have retold Grete's tale so comfortably had her response instead hit the nail on the head of the deeper truth. Instead they would have silenced Grete and buried the incident.

Secondly, a non-narcissistic parent does not create an emotionally tyrannical family environment. Hornstein noted that "even the most minor misbehavior" – that is, anything which did not please Klara – "earned Klara's look of disapproval, a punishment far worse in this intense household than any beating would have been." [p. 10] This is an extreme statement, contradictory with the notion of a truly "doting" [p. 61] and "adoring" parent being at the root of "Frieda's appreciation of women's positive power" [p. 134] – unless you consider conditional love to be the same as unconditional love. Yet if what Hornstein wrote was true, and I have no reason to believe that it wasn't, this would have been an emotionally terrifying household for a child, to say the least – if, that is, the child wished (as every child does) to step out of the box and attempt to manifest her full, true self. The only emotional exploration that would be safe for a child in such a household would have been that which was ratified by the parent. And since Adolf Reichmann, Frieda's supposedly weak father, rarely stood up for his children, Frieda and her sisters were essentially left at the mercy of Klara's whims. Therefore, where Klara's whims were truly loving, the children were lucky and could grow unfettered. And where her whims were not, they were in for trouble and lived with the threat of rejection hanging over their heads, which is a horrifying emotional burden to bear. While Klara may have had their best interests consciously at heart – as do most, if not all, parents – unconsciously they were at the mercy of her own unresolved narcissism. And they suffered accordingly, in the same suffering of most children of the world – in silence, outside of the history books and biographies.

Thirdly, a non-narcissistic parent does not confide personal problems in his or her children. Yet in Frieda's case both parents confided strongly in her from the time she was three years old! Hornstein commented that "Klara and Adolf had both begun confiding in their sensitive eldest daughter almost as soon as she could speak, and Frieda could absorb conflicts swirling around her without even realizing what she was doing." [p. 13] Of course Frieda couldn't realize what she was doing, that is, realize the significance of these adult dynamics: she was only a toddler! I mark this as a serious boundary violation by her parents. When parents impose their needs on a child – and no parent confides their own personal secrets, let alone their marital difficulties, in his or her children, without some expectation of need resolution – it perverts the growth of the child. It sets up a dynamic in which the child cannot help but devote some, and sometimes more that some, of her psychic energy toward trying to heal her parents, because she knows that if her parents are emotionally in trouble, so too is she, because they will not be able to, or willing to, provide for her needs. The job of a child is not to play analyst for her parents, much less confessor or friend.

According to Gail Hornstein, this troubled dynamic was taken to the extreme in Frieda's case, and was of such significance that Hornstein used the following to close the chapter on Frieda's childhood: "Acutely sensitive to the feelings of others, Frieda became a person whose own needs were invisible and whose greatest desire was to heal." [p. 15] But to heal whom, and at what cost to her own healing?

So when Frieda in her sixties "laughingly" recalled this dynamic of having played analyst to her parents when she was three, and marked it as the "beginning" of her psychiatric career [p. 13], she (and Gail Hornstein to a milder degree) showed a lack of empathy with the dilemma faced by her own past little child. She was drafted into becoming her parents' psychiatrist, and this tragedy is revealed only more starkly by the fact that decades later she found this emotional horror humorous, which suggests that at some basic level she was still following the same template as an analyst. This does not speak well of her as a conscious psychiatrist, but rather as an unconscious psychiatrist. So when Gail Hornstein pointed out that the adult Frieda as an analyst herself "constantly blurred the boundaries of relationship," [p. 60] and Hornstein not

(Continued on page 12)

(Fromm-Reichmann, continued from page 11)

only failed to recognize this as an intensely negative attribute in a therapist (because she presented it in rather neutral terms), but entirely failed to question the origins of this behavior, I feel Frieda's unconscious "laughingly" provided her own answer.

The flip side, however, is that if Frieda did learn her basic analytic attitude or patterns in her family home as a toddler, it highlights the degree of unconscious emotional sophistication in her family and the complexity of her parents' emotional dynamics, because an unsophisticated and simple family could by no means have produced such an empathic genius as Frieda Fromm-Reichmann. Of course, this does not take into account her own inherent empathic gift, but certainly the complexity of her family dynamics gave whatever inherent gift she did have the perfect pressured environment in which to bloom and evolve.

Fourthly, a non-narcissistic parent does not overtly try to sabotage her child's healthy career development. Hornstein noted that Klara, stunted in her own ambitions, as she had "trained as a teacher but was too conventional to work after marriage," [p. 7] had incredibly high expectations for her children that ran counter to their own desires, talents and needs. (Adolf too was stunted in his ambitions and spent his life "mourning [his] lost opportunities," [p. 7] but did not appear to take it out on his children to the same degree of Klara. His mediocrity as a provider, however, was a longtime frustration and disappointment to Klara, who came from a much more prosperous childhood home.) For instance, when Frieda wanted to become a doctor, Klara "bitterly opposed it" [p. 16] because of her own competitive streak and did all within her power to destroy Frieda's potential for this path. It was the supposedly "weak" Adolf who had to defend her. Hornstein wrote:

Klara was furious for having failed to set the course for her daughter's future but knew she couldn't oppose her husband directly. So she enacted her resentment by insisting that Frieda use the six-month waiting period [before she was old enough to take the entrance exams] to master "domestic science." Sensing that this might be her last chance to turn Frieda into a proper young woman, Klara may also unconsciously have wanted her to suffer at least some of the indignities of her gender before escaping into the male world of medicine. [p.17]

(l. to r.) Maurice Green and Julie Wolter at the ISPS Boston '05 conference. ***Photograph by K. Ellen Lowenthal, Esq.***

So when Hornstein commented that Frieda felt that she owed "any success she had in life…to her mother's having arranged things 'so wonderfully' for her," [p. 18] we can all too plainly see the denial and idealization in Frieda's head – and also tie it into the bigger picture of her overall character.

Lastly, a non-narcissistic parent does not subtly – and sometimes not so subtly – humiliate her spouse's manhood in front of her children. (Of course, this works in the reverse, in cases where husbands demean their wives in front of the children, but Hornstein gave no evidence of this happening in Frieda's family of origin.) Hornstein noted:

In general, Adolf had such strong principles that Klara nicknamed him "Zip," short for Prinzip ("principle"). Years later, when Frieda was in analysis, she decided that "Zip" had really been Klara's (unconscious) abbreviation for Zipfel, slang for "little penis." [p. 14]

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

Look for part II of this article in the next ISPS-US newsletter.

SAVE THE DATE

ISPS-US Fall Conference:

"Trauma and Psychosis"

October 6-8

Santa Monica, CA

See www.isps-us.org
for more details
and for registration

—Mind and Brain—

Schizophrenia: Disorder of Consciousness

Brian Koehler
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Like Chris Frith, I believe that you cannot have a valid animal model of severe mental illness—delusions and hallucinations, as far as we know, are not relevant to non-humans. Similarly to Frith, I question the Jasperian hypothesis of schizophrenia as being 'not understandable.' As I have noted in previous postings, using the conceptual models of Bolton and Hill (Bolton, D. & Hill, J., 1996,. Mind, Meaning, and Mental Disorder: The Nature of Causal Explanation in Psychology and Psychiatry. NY: Oxford University Press), intentionality (beliefs, goal-directed plans, fears, etc.) pervades human biological systems 'downwards' to the level of gene expression and genetic structure, eg, as I noted in various papers: "psychogenic stress in rats (forced cold swims, inescapable foot shock, etc) led to chromosomal and DNA alterations (using sister chromatid exchanges, unscheduled DNA synthesis as dependent measures) in 2 body cells: leukocytes and bone marrow." Psychogenic stress can be genotoxic.

Biology includes human interaction, attachment, etc. Neural plasticity is experience dependent. Therefore psychology (study of intentionality for example) is part of human biology. Disrupted attachments, separations etc result in dysregulation of various biological systems (see the research of Myron Hofer), which because of various molecular biological changes, e.g., those mediating LTP (long-term potentiation) can last years. As Jeremy Holmes pointed out, attachment processes can be the 'biological' basis for psychotherapy. In addition, non-intentional causes (purely physico-chemical) are 'taken up' by intentionality, e.g., in panic disorder 'normal' bodily sensations can be catastrophically interpreted and result in increased autonomic arousal.

Daniel Freeman and Philippa Garety (2004) have recently outlined the psychological processes in persecutory delusions ("Paranoia: The Psychology of Persecutory Delusions" published in the UK by Psychology Press). Psychoanalysts, such as Harold Searles, Silvano Arieti, Gaetano Benedetti and Herbert Rosenfeld, among many others, have offered compelling psychological renderings of seemingly incomprehensible psychotic symptoms. Franco De Masi, in his new volume "Making Death thinkable" published in 2004 by Free Association Books, underscores the relation between psychosis and death anxiety and disintegration of the personality structure (identity). He quotes Abadi (1984): "Death, as a disintegration and dissolution of the personality, finds its expression in madness. Madness is a way of representing death to ourselves."

Psychoanalysts have long noted the problems with identity formation and sense of self in psychosis, e.g., as reflected in such 'bodily' boundary symptoms as transitivism and appersonation. One of my long-term patients experiences his body changing into a woman's body whenever he feels the persecutors are trying to humiliate him or steal his 'manly' body out of envy-these experiences are clearly related to actual past traumatic experiences he had with his father and other persons.

Chris Frith (2004), in his "Schizophrenia is a disorder of consciousness" published in "Schizophrenia: Challenging the Orthodox" edited by Colm McDonald et al for Taylor & Francis, and in numerous previous research and theoretical papers and books, has cogently analyzed one of the core Schneidarian first rank symptoms of schizophrenia, the delusion of external control. He and his colleagues have done the field a service by challenging reductionistic approaches through his linking mind, brain and body in the understanding of psychotic symptoms. I would also include crucial social factors in this attempt at integration.

Frith makes use of a series of very clever research studies, which examine normal awareness of motor control, to demonstrate the 'binding' process which grants individuals a sense of agency and control of actions (from a different perspective, such infant researchers as Colwyn Tevarthen and Dan Stern, have studied this emergent sense of agency from within an attachment and intersubjective paradigm).

Frith predicted that patients with delusions of control would not show a normal attenuation of sensations associated with self-produced movements, ie, they should be able to tickle themselves (experiencing it as externally caused and therefore responded to with laughter for example). On PET studies, patients with delusions of control evidenced overactivity in the right parietal cortex (this region is thought to be particularly involved in distinguishing actions by other people and actions caused by the self). With 'normals,' this area was aroused during passive movements of their hands and arms, while during self-generated movements activity in the parietal cortex was attenuated.

Frith concluded: "This mechanism of attenuation not only allows one to ignore irrelevant sensory events because they are caused by oneself and are not interesting [e.g., as in trying to tickle oneself], but also is critical for the experience of agency, i.e., the experience of being in control of self-produced actions" (p. 151).

Frith, rightfully so and to his credit, cautions that this area of the parietal cortex might not be structurally abnormal, rather that the overactivity in this area seems to be related to some of the core symptoms of schizophrenia. He speculates that the lack of attenuation in this area may result from the failure of top-down control from some other region, e.g., most likely the prefrontal cortex. He, as many contemporary neuroscience researchers in the field of schizophrenia, appeals to a model of functional neural connectivity in order to explain psychotic symptoms.

My own experience, unlike that of Frith, suggests, that these symptoms of external control, when explored with the patient over time, are significantly associated with relational contexts. Therefore, I would prefer to invoke an intersubjective model (from a neuroscience perspective, noting the significance of mirror neurons and limbic areas mediating fusion, empathy etc, and parietal and prefrontal regions mediating separation, differentiation of internal and external etc) of delusions of control. One in which the self of the patient can be metaphorically compared to an iron filament for example and the other as a magnet- the experience of self is

(Continued on page 14)

(Mind and Brain, continued from page 13)

dominated by and absorbed into the experience of the other (as we see when we do an in-depth psychodynamic study of OCD patients). Medard Boss described this as the Dasein of the patient as falling prey to that which it encounters; the Lacanians as the desire of the Other constituting the patient's sense of self; Edith Jacobson, Paul Federn, and many others described it as a failure of the establishment of ego boundaries; Fonagy described it as a failure of mentalization in his dialectical model of self-development; and Benedetti and Peciccia described it as a de-integration of separate and symbiotic selves, etc. Separation often seems intolerable and annihilating to the patient. Yet as an avoidance of the experience of feeling colonized, constituted and controlled by the other, the patient flees into autistic-like withdrawal and generates self resonance that she or he is psychically alive through such identity-maintaining processes as self-referential phenomena, hallucinations and delusions etc. However, the latter, which often reflect a 'negative' identity, reflects the patient's core difficulties in not being able to be alone or emotionally close to another without the fears of self-loss. Annihilation anxiety, as anxiety in panic patients, becomes part of a vicious cycle in which identity is further threatened and felt to be under siege, i.e., a fragile sense of self and identity both generates a quality of anxiety and panic one could reasonably call annihilation anxiety, and is further eroded by it. Patients are often ashamed of this anxiety and their lack of a cohesive and continuous sense of self, and often try to hide it through interpersonal withdrawal, and, in my experience, are often anxious that their anxiety and concomitant rage and anger, will be destructive to the other should one risk ongoing emotional closeness.

I agree with Frith that the schizophrenias are a disorder of consciousness (a one body model of consciousness). I would add the vital dimension of intersubjectivity (a more two- and three-body model which incorporates social factors). Human consciousness is relationally constituted along the fault lines of schizophrenic breakdown.

THE INTERNATIONAL SOCIETY FOR THE PSYCHOLOGICAL TREATMENTS OF THE SCHIZOPHRENIAS AND OTHER PSYCHOSES
UNITED STATES CHAPTER

ISPS-US Eighth Annual Symposium: "Trauma and Psychosis"

Santa Monica, California • October 6-8, 2006

Hosted by ISPS-US Southern California Branch

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ISPS-US, founded in 1998 by David Feinsilver, M.D., promotes the humane, comprehensive, and in-depth treatment of psychotic disorders. We reach across the boundaries of the mental health professions to integrate a psycho-bio-social approach promoting secure attachment. We oppose entities placing unfounded restrictions on insight-fostering therapies. We are the United States Chapter of ISPS, which was originally initiated in 1956.

This year, the eighth annual meeting of ISPS-US will explore the relationship between trauma and psychosis and how to effectively work with these issues in psychotherapy. We are honored to have as our keynote speaker renowned clinician, author and teacher, **Dori Laub, M.D.** Dr. Laub is a practicing psychoanalyst in New Haven, Connecticut, who works primarily with victims of massive psychic trauma and their children. He is an Associate Clinical Professor of Psychiatry at the Yale University School of Medicine and Education and has published on the topic of psychic trauma, its knowing and representation, in a variety of psychoanalytic journals. He has also co-authored *Testimony: Crisis of Witnessing in Literature, Psychoanalysis, and History* with Professor Shoshana Felman, and is an advisor to the Fortunoff Video Archive for Holocaust Testimonies. In addition, we are pleased to present invited speakers Françoise Davoine, Ph.D. and Jean-Max Gaudillière, Ph.D., authors of *History Beyond Trauma: Whereof One Cannot Speak, Thereof One Cannot Stay Silent.* Case presentations will also be featured.

Registration forms will be sent to all members or you may register at our website, www.isps-us.org. **Hotel reservations must be** made by September 15: ask for the special ISPS-US rate of $150/night. More information about the meeting and Santa Monica can be found at www.isps-us.org.

For more information: www.isps-us.org • contact@isps-us.org • (610) 308-4744
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