ISPS - US Newsletter

United States Chapter of the
International Society for the Psychological treatment of Schizophrenia and other psychoses

Volume #I Issue #1 Summer, 1999

From the Editor

Brian Koehler PhD

This is our first ISPS-US Newsletter which is to be published quarterly for our members. First, I would like to say something about how I became involved with ISPS, it's meaning for me, and my editorial vision for this newsletter.

I am a psychologist-psychoanalyst with an abiding interest in working with psychotic and seriously disturbed individuals, as well as a strong knowledge base in the neuroscience of schizophrenia and the neural effects of chronic and acute stress and anxiety. Currently, I am a psychotherapist in a state psychiatric center and in private practice in Manhattan. I learned of ISPS while working on a psychiatric inpatient service in the Bronx, NY. I had just given a paper dedicated to Herbert Rosenfeld, MD at the hospital rounds. I decided to submit it to the ISPS meeting to take place in Washington, DC in 1994. The paper was a selective overview of Kleinian and Post-Kleinian contributions to the understanding and treatment of psychotic patients. I received a note from David Feinsilver, MD, then president of ISPS, which was very encouraging. Since then, David and I have collaborated on many projects. We became colleagues and friends. In the next issue of our newsletter, I will present a series of interviews I did with David right up to his untimely death in the fall of 1998.

At the ISPS conference in Washington, DC, I was treated to a rich array of clinical and research papers. David Feinsilver's approach to the conference was integrative and inclusive. So there were many 'maps', as I like to call them, presented to us: psychoanalytic, cognitive-behavioral, neuroscience, and psychopharmacological maps. My own view is that no one map, including the molecular-biological one, is any more foundational than the next, although I prefer the psychoanalytic-developmental map. I think what hooked me and my dear friend who accompanied me to the conference, was the welcome and receptiveness we experienced. We met many clinicians whose work we read and admired, and we were quite impressed by their willingness to share their knowledge, experience, and in some cases, friendship: Ann-Louise Silver, Luc Ciompi, Yrjö Alanen, Murray Jackson, who was the discussant of my paper, and many others. I knew this was a group I could feel at home in and wish to contribute my energies to. Since then there has been a steady collaboration with various ISPS members.

I would now like to present my vision, plans and hope for this newsletter and ISPS-US. I would like the newsletter to be a meeting place for our current and future members; a place to

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Letter from the President

Ann-Louise Silver MD

ISPS-US was launched on October 10, 1998, at the urging of David Feinsilver, whose vision continues to illuminate this grand project. He saw the Saturday after Chestnut Lodge's yearly symposium as a logical time, the Lodge the logical place for the birth of our organization. David dedicated himself to making the International Symposium on the Psychotherapy of Schizophrenia into an ongoing society, with national and local branches, with publications, on-going study groups and seminars. Additionally, the group which assembled that day felt strongly that we should include anyone with an interest in psychotic processes, whether that person comes from a clinical professional orientation, is an academician, has suffered from psychosis, is a family member of someone so afflicted, or is an interested citizen.

Our mission is to promote psychodynamic insight-oriented work, and to debate with those who assert that "psychotherapy aimed at understanding unconscious drives or getting at the psychological roots of schizophrenia is never appropriate." We promote the full range of treatment approaches, including the rapidly improving psychopharmacotherapies, and patient-organized programs. We want to keep the dues low, to be as inclusive as possible, and to join forces with similar groups located throughout the US, networking to discover what works and what doesn't. We know that this is difficult work which is often

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share our knowledge, ideas, projects and anxieties in our daily work with psychotic patients. Our newsletter will include interviews and profiles of significant contributors to our field, clinical reports from our members, ongoing columns on philosophy and psychosis (James Ogilvie, PhD), the use of expressive art therapies in psychosis (Tina Olsen, CSW), neuroscience and schizophrenia (Brian Koehler, PhD), notice of relevant conferences, projects, research, books, articles, etc.

The executive board of ISPS-US and the New York Chapter of ISPS are planning some exciting initiatives for the future: a journal; our first annual conference to be held on Sat., October 2, 1999 at Chestnut Lodge (co-chaired by Allen Kirk,MD & Christine Lynn, MSW), the day following the annual Chestnut Lodge Symposium; a co-sponsored conference with the William Alanson White Institute; dialogues with various professional and consumer empowerment groups e.g., the National Empowerment Center, NAMI, etc.; a psychoanalytic training institute and treatment center.

Please write, call, or e-mail me should you have any interest in these initiatives, or concerning your ideas, experiences, research, and/or publications on the psychotherapeutic treatment of psychotic patients, so that our members can be informed and so that we and our work can become known to each other.

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From the Secretary-Treasurer

Julie Kipp CSW

I feel very privileged to be able to be in on the ground floor of creating this US Chapter of the international organization of ISPS. This is the first time I have ever participated in getting a national organization off the ground and there has been much to learn, but it has been a benefit of the job to be in touch with so many of you throughout the process.

One of the casualties of my learning process was the early version of our mailing list, saved as a data base file which the computer gods saw fit to corrupt. Many thanks to Sue von Baeyer (of Boyer House) and her friend Slava Wierzba in California for their hours of work trying to retrieve the data.

Letter from the President, cont.

deeply rewarding and beneficial to both patients and clinicians, but is work involving profound isolation. We all need strong safety nets.

Dr. Feinsilver has established a fund, the proceeds of which will fund a scholarship to the individual submitting the best paper on research on the psychotherapeutic treatment of the severely disturbed; that person will receive a grant to attend the next meeting of the ISPS. The person should be one who would not otherwise be able to afford attending the international meeting. In this case, the meeting will be held in early June in Stavanger, Norway.

To contribute to this fund, send contributions to:
CFNCR - Feinsilver Fund
(Community Foundation for the National Capital Region)
1112 16th Street NW, Suite 340
Washington, DC 20036

Entries for this competition should be sent both to Brian Koehler, Ph.D., 80 East 11th Street #339, New York, NY 10003 and to Ann-Louise S. Silver, M.D., Chestnut Lodge Hospital-CPC, 500 W. Montgomery Ave., Rockville, MD 20850. We are planning an ISPS-US journal, and hope that this journal would contain many of the contributions sent to us. We would hope that all entrants would be members of ISPS-US, membership in which includes membership in ISPS. Since we are just getting launched, we would deeply appreciate any help readers can give us in xeroxing and distributing this newsletter to potential members.

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We did retrieve most of the data but unfortunately information about dues status was lost. I was able to reconstruct some of it, but the bottom line is that we are on the honor system for this first year. If you haven't paid dues (extremely reasonable at $40/year, and includes membership in the International as well as the US chapter) please send them along. The information is on the page 9.

As any of you who have done organizing work are probably well aware, most of our money is going into xeroxing, mailing, and getting the word out that we are here. This newsletter will put us into the red, so (let me say it again) it is crucial that you all not only send money if you haven't yet, but also please xerox this newsletter and the enclosed flyer and show it around where you work and where you talk to colleagues. We have found that people are glad to hear about us, as there is a great need for the support and education that an organization like ours can offer.

And if anyone knows of possible donors who would like to help support our organization and this approach towards treatment of serious mental illness we would be very interested.

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ISPS-New York Chapter

Brian Koehler PhD

The NY Chapter has been meeting monthly on a regular basis since October, 1997. We are a group of about 20 members from the various mental health disciplines. At our meetings, we each take turns presenting case material, articles and papers we have published and/or presented at conferences, etc. Part of our meetings are devoted to administrative issues, in which we discuss plans and ideas for our organization. We struggle to maintain our individual and communal 'selves' at the same time bound together by our commitment to each other and our task to provide psychotherapeutic and humane treatment to the seriously mentally ill and psychotic patient.

New members are welcome.

Please contact me to let our members know of other local ISPS chapters and/or for assistance in establishing them.

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Book Review: Alanen's *Need Adapted Treatment*

Brian Koehler PhD

Schizophrenia: Its Origins and Need-Adapted Treatment by Yrjö O. Alanen (1997)
London: Karnac Books

This is one of the books, like Harold Searles (1965) *Collected Papers on Schizophrenia and Related Subjects* or Ann-Louise Silver's (1989) *Psychoanalysis and Psychosis*, that I recommend to all of my colleagues and students. It is highly informative, scholarly, integrative and personal. Stephen Fleck, in his forward to the book, noted, "Professor Alanen's work may be the most comprehensive treatise on schizophrenia in 25 years -that is, since Manfred Bleuler's *Die Schizophrenen Geistesstörungen*." Fleck pointed out that Alanen's "systems oriented approach encompassing the biopsychosocial gambit from genetics to environmental factors" is a healthy antidote to our current "neuro-reductionism." Murray Jackson, in his introductory comments to Alanen's book and treatment approach, remarked, "This work has been very successful; it has received wholesale support from the Finnish government and has generated a sophisticated level of psychobiological and psychoanalytical understanding and a comprehensive nation-wide approach to treatment that is both rational and humane."

Alanen's book includes case material from schizophrenic patients he has treated; descriptive, neurobiological, and epidemiological data; an integrative approach to understanding etiology and treatment; a description of the concepts and principles of his need-adapted treatment model and an account of the Finnish National Schizophrenia Project and Inter-Scandinavian NIPS Project. I particularly enjoyed the chapter on the origins of schizophrenia because of Alanen's capacity to integrate interactional-systemic concepts with psychoanalytic theories, particularly his use of the concept of selfobject relationships in schizophrenia. Most importantly, from my reading of Alanen's work, hearing him present at ISPS conferences, and some personal contacts with him at these meetings, I think he has what Donald Meltzer noted in a recent interview (in *The Klein-Lacan Dialogues*, Eds. B. Burgoyne & M. Sullivan, NY: Other Press, 1999), as an essential requirement for an analyst: kindness. This is definitely a book to get and re-read as I am currently doing.

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Freud and Schizophrenia

Revella Levin PhD

The conventional wisdom is that Freud thought schizophrenia could not be treated psychoanalytically. In fact, that idea is quite misleading as the following quotes from his work demonstrate.

"A dream then, is a psychosis, with all the absurdities, delusions and illusions of a psychosis. A psychosis of short duration, no doubt harmless, even entrusted with a useful function, introduced with the subject's consent and terminated by an act of his will. Nonetheless, it is a psychosis and we learn from it that even so deep-going an alteration of mental life as this *can be undone* (emphasis ours) and can give place to normal function. Is it too bold, then to hope that it must also be possible to submit the dreaded spontaneous illness of mental life to our influence and bring about their cure?" (S.E. XXIII, p. 172).

Even when Freud appears to dismiss the idea of treating schizophrenia, he leaves a loophole: "Thus we discover that we must renounce the idea of trying our plan of cure upon psychotics - renounce it perhaps forever or *perhaps only for the time being*, (emphasis ours) till we have found some other plan adapted for them" (S.E. XXIII, p. 173). Many workers, Fromm-Reichmann, Sullivan, Boyer, Benedetti, Rosen, Rosenfeld, and Arieti among them, have found a way to circumvent this problem.

In "Constructions in Analysis" (S.E. XXIII, p. 267), he offers a brilliant explanation of delusions and concludes, "It would probably be worthwhile to make an attempt to study cases of the disorder in question on the basis of the hypothesis that has been here put forward and also to *carry out their treatment on those same lines* (emphasis ours). The vain effort would be abandoned of convincing the patient of the error of his delusion and of its contradiction of reality: and, on the contrary, the recognition of its kernel of truth would afford common ground upon which the therapeutic work could develop".

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Obituary: David Baer Feinsilver MD November 11, 1939-February 23, 1999

Ann-Louise S. Silver MD

David Baer Feinsilver, M.D. suffered a long and truly heroic battle against colonic cancer. He presented his final paper, "The therapist as a person facing death: The hardest of external realities, and therapeutic action," as the 1997 Frieda Fromm-Reichmann Lecture of the Washington School of Psychiatry. It appears in the *International Journal of Psycho-analysis*, 79:1131-1150. David documented his deep respect for his patients, his trust in their capabilities to master their difficulties and to work with him during his ordeal. His paper "Counter-identification, comprehensive countertransference and therapeutic action" won the Gary O. Morris Research Prize of the Washington Psychoanalytic Society in 1997 and will appear in the *Psychoanalytic Quarterly*. David reached age 59, as did Ping-Nie Pao, Director of Psychotherapy at Chestnut Lodge, who died of the same disease. The book David edited, *Towards a Comprehensive Model for Schizophrenic Disorders*, honored Pao's memory, as did David's Chestnut Lodge conference from which this book developed.

David was fiercely, passionately committed to psychodynamic work with patients suffering from schizophrenia and other severe mental illnesses, and he loved to teach what he had learned, and to promote discussion. He continued to work at the Lodge until about two months before his death, when back pain made sitting intolerable. He then invited the members of his "small group" to come to his home for our meetings. Up to his final meeting, he kept focusing on Lodge issues and projects: what can we do to make things work better? ("Small groups" are a Lodge tradition dating back to the Fromm-Reichmann years, in which medical staff meet regularly for informal discussion of ongoing work.)

To the end, David displayed undying optimism. Over the years, whenever Dr. Bullard introduced the possibility of a programmatic change and sought feedback, he received the medical staff's eloquent, well-referenced and detailed resistance. At some point, David dependably said, "Let's give it a try. We can always go back to the old way if the new way isn't working."

David was born and raised in Worcester, Massachusetts, where he received a strong secular and religious education. He graduated from Brandeis University and received his M.D. from Tufts University Medical School. He was a medical intern at Mt. Zion Hospital in San Francisco, and a psychiatric resident at Yale. In 1969 he came to Washington, as a research grant coordinator at the NIMH Center for Studies of Schizophrenia. From 1970 to 1981, he established and coordinated the NIMH Psychotherapy of Schizophrenia Research Study Groups. Meanwhile he trained as a psychoanalyst at the Washington Psychoanalytic Institute and in 1971 arrived at Chestnut Lodge. He joined the faculty of the Advanced Psychotherapy Training Program of the Washington School of Psychiatry in 1978. In 1988 he became a board member, and later was president of The International Symposium for the Psychotherapy of Schizophrenia. He was an active member of the American Psychoanalytic Association and of the International Psychoanalytical Association and presented eloquently at their meetings, as well as in various places in the United States and Europe, even venturing to Croatia during the recent strife there.

He very often quoted a "Feinsilver maxim" assigning it some number, say, #362, until John Cameron commanded him to stop it. The maxims were enigmatic, like the Hassidic sayings of the Baal Shem Tov (Master of the Good Word). I could not find an example of David's maxims in my few transcripts of the conferences. But in looking for something in Martin Buber's writings that might capture their flavor, I found a quote that reminded me of David's individuality and autonomy. "The Baal Shem said: 'We say: 'God of Abraham, God of Isaac, and God of Jacob,' and not: 'God of Abraham, Isaac, and Jacob,' for Isaac and Jacob did not base their work on the searching and service of Abraham; they themselves searched for the unity of the Maker and his service" (*Tales of the Hasidim: Early Masters*, Schocken, 1947, p. 48). While David studied Sullivan, Fromm-Reichmann, Pao, Searles and others, and organized a wonderful conference here honoring Ping-Nie Pao, he didn't stand in awe of any of them, but worked on developing his own vision. I was astounded that at one symposium when he was introducing Harold Searles, he referred to his supervisory sessions with Searles as their "conversations." Conversations! How equal! Where did he get such courage?

David's office was directly below mine in the Lodge's Doctors' Office Building. Once, he dashed up the stairs and knocked forcefully on the door, asking, "Is everything all right?" He had heard some impressive thudding on his ceiling. Maybe he thought I had made a poorly timed interpretation and that someone was trying to pound some sense into me. Verbally, David and I often tried pounding sense into the other. We were both stubborn. My mother and I used to argue like that: "You always have to have the last word." "No, YOU do."

Our best fights were not about clinical issues, though, where we tended merely to push each other out of the way so we could each talk more. Harold Searles likes to describe the Lodge's Wednesday Conferences as letting staff members spout off like the volcanoes in the classic cartoon movie, "Fantasia,"

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Feinsilver, cont.

each volcano oblivious to its neighbors. David and the rest of us in the psychotherapy seminar were like that. But our best fights occurred as we planned symposia or other conferences such as the 1994 ISPS in Washington. We argued passionately because we both together felt we wanted to put on, what David always called, "the best symposium ever." We both saw these events as almost religious retreats, times for revitalization and rededication, for the Lodge staff and the larger mental health community. This work is enormously difficult, with long phases of frustration, despair, and feelings of profound inadequacy. But community spirit can keep us going. This vision inspired David's efforts to make ISPS an ongoing powerful society.

David and Mimi gave very many parties, celebrating all sorts of occasions over the course of their 35 years of marriage. They looked for reasons to bring the Lodge staff together, and to get us together with others in their lives. David and Mimi met through the medium of Jewish folk dances which Mimi taught. His bumper sticker that read "I'd rather be folk dancing" was accurate. David led the people at my daughter's wedding in folk dancing. At the Chestnut Lodge memorial service for David, I closed my tribute to David with a song played by Naftule Brandwein (from a Rounder CD, #1127, "King of the Klezmer Clarinet," Band 15: Dem Rebin's Chusid (The Rabbi's Disciple) http://www.rounder.com).

In all these institutions and settings and in his family life, David was a powerful presence. He enjoyed honoring each person' efforts. He loved skiing, tennis, biking, international travel, as well as Jewish folk dancing, and he loved bringing people together to enjoy these activities with him. His photographs are spectacular. He had strong opinions and was willing to take on very big projects. At the Lodge, he chaired the symposium committee for 13 years. Eight times, he gave his own symposium presentations. At ISPS, he chaired its 11th meeting, in Washington, in 1994. On his initiative, ISPS has become an international society, rather than just a triennial symposium. Before he died, David set up a charitable fund to support research on the psychotherapeutic treatment of the severely disturbed. (See my presidential remarks for details.) He was immeasurably grateful to Jon Frederickson for working with him in the production of David's own book, which Jon has assured me will reach publication.

Peter Schickele, at the February 6 Candlelight Concert in Columbia, MD, told his audience about the performers in great quartets. They could meld their souls as they performed, but off stage, they fought with opposite but equal passion. Often they flew from one city to the next getting seats as far from each other as possible, and staying at different hotels. David and I were never that polarized, but we had some fantastic fights. We worked together on Lodge symposia and on the International Symposium on the Psychotherapy of Schizophrenia. We were in discussion groups together, and seminars. Usually we were like my two young granddaughters, elbowing each other out of the way. We saw things extremely similarly and both advocated similar treatment approaches. We each described the other in a single word: stubborn. ISPS and Chestnut Lodge are both very empty without him.

Chestnut Lodge Symposium presentations:
1974 - A common clinical phenomenon in psychoanalytic work with psychotic patients
1978 - Cold wet sheet pack, transitional relatedness and containment
1981 - Reality, transitional relatedness and containment in the borderline
1984 - Towards a comprehensive model for schizophrenic disorders
1986 - The story of a beginning
1987 - The story of the middle
1990 - Extrafamilial and intrafamilial sexual abuse
1992 - Ambulatory care and the comprehensive model

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Edith Krohn PhD Retires

Allen Kirk MD

On June 3rd a celebration of retirement was held for Edith Krohn at Harrisburg State Hospital (HSH) in honor of her forty-two years of service at the hospital. Edith got her first taste of working with mentally ill persons as a psychology student at the University of Pennsylvania in 1935 working on the back wards of Harristown State Hospital. She founded the Lebanon County Mental Health Association forty-five years ago before coming to work at HSH as a psychologist in 1957.

Her enthusiasm has been relentless. her accomplishments have been legion. Soon after coming to HSH she conducted the hospital's first group therapy session, rejecting the dour predictions that such a thing could never be done on Male Ward Eight. In addition to her heavy clinical responsibilities, she instigated Intensive Rehabilitation Classes for HSH patients in 1971 and was the driving force behind the very successful Relationship Project with Dr. Joseph DiGiacomo in 1985. As head of continuing medical education at HSH for the past twenty-five years, she has been tireless in her efforts to bring outstanding speakers to the hospital's Teaching Conference series.

Edith is one in a million. She will be missed.

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Column: On Schizophrenia and Its Philosophies

James Ogilvie PhD

This is the inaugural column of what is envisioned to be a regularly appearing space for the exploration of the meeting of philosophical inquiry and schizophrenic existence. How might these two modes of being or activity bear upon one another? With the range of pursuits that we might designate "philo-sophical" and the complexity of human phenomena that we might consensually term "schizophrenic," any number of illuminating or facile link-ups between the two might be found. Why might this comparison matter? I aim to show that it can be significant for the insight it offers into the lives of many who wrestle with schizophrenic concerns, as well as in its bearing on our understanding of the relationship between metapsychological theory and clinical practice. My interest in the philosophy-schizophrenia link has grown out of the sense that the treatment of philosophical "illness" found in the work of Ludwig Wittgenstein is a clinical encounter with something uncannily akin to a schizophrenic state. As such, Wittgenstein can provide "signposts," to use his term, for movement within schizophrenic worlds.

The writings of Louis Sass offer a richly developed contemporary foray into the overlap of philosophical and schizophrenic worlds. In his *Madness and Modernism*, and more recent *Paradoxes of Delusion*, Sass too notes the relevance of Wittgenstein's work for the understanding of schizophrenia. He contends that a "comparison of these two intractable domains--the thought of Wittgenstein and the phenomenology of a schizophrenic world--may allow each to illuminate the other" (*PD*, p. 13). I want to highlight what I see as the value and limits of Sass' argument. My aim is to suggest an initial framework for further exploration of the philosophical implications of certain schizophrenic experiences, as well as the possible clinical bearing of Wittgenstein's approach.

Sass describes his "main purpose" as "an eminently Wittgensteinian one: to unravel...the self-deluding involutions of the schizophrenic 'form of life'--and thus to dissipate the atmosphere of unutterable mystery and profundity that surrounds such patients" (*PD*, p. 9). Schizophrenia, Sass argues, has tended to be misleadingly understood within psychoanalytic theory as the "overcoming of reason" by primordial passions. Rather it might better be regarded as a "self-deceiving condition... generated within rationality itself rather than by the loss of rationality." The schizophrenic mode is characterized by a "hyperreflexivity," a turning inward of attention in a way that leads to "an increasingly devitalized self" (*MM*, p. 226).

Sass would appear to be less than fair in his portrayal of psychoanalytic approaches to schizophrenia, failing, for example, to acknowledge the psychoanalytic understanding of the extent to which schizophrenic "hyperreflexivity" may be seen as a reaction to the terror of being overwhelmed by affect. From such a point of view, Sass' opposition of a "Dionysian" to a hyperreflexive picture of schizophrenia seems overly exclusive and insufficiently dynamic. What is exciting about Sass' argument lies elsewhere however.

Sass notes that schizophrenic hyperreflexivity may involve an objectification of "the implicit and transparent phenomena that would normally lie close to the subject-pole of the intentional arc of consciousness" (*MM*, p. 500). Here we can see Sass highlighting "framework" or "transcendental" (in a Kantian sense) aspects of schizophrenic experience. In discussing Natalija's famous "influencing machine" delusion, for example, he describes how such "phenomena function as something like symbols for subjectivity itself, for the self-as-subject, and thus...they are not objects within the world, whether real or delusional, so much as expressions of the felt, ongoing process of knowing or experiencing by which this world is constituted" (*MM*, 286).

Wittgenstein's work is deemed relevant to the understanding of schizophrenic experience given his concern with the existential contexts of philosophical dilemmas. He is taken to be arguing that the solipsistic quality of schizophrenic experience "arises" (*PD*, p. 34) out of an existential mode characterized by passivity, absence of activity, and staring. So, "the stance of passive concentration gave rise to a pervasive sense of subjectivization...to a feeling that, as Schreber puts it, 'everything that happens is in reference to me'" (*PD*, p. 40).

How then are we to understand Sass' attempt to "dissipate the attitude of unutterable mystery...that surrounds schizophrenics"? If we are offering a demystification which invokes passivity as bringing about a solipsistic stance, then what are we offering? To be more active? Can we see how it is just this, being more active, that is problematic within a schizophrenic mode? The mystery, we might say, arises precisely in the context of seeking/fearing agency. How are we to meet the schizophrenic engagement with the issue of active vs. passive?

Sass offers a diagnosis of schizophrenic confusion in terms of solipsism which seems to leave the clinical dimension undeveloped. We start with the frame disengagement/engagement, and account for aspects of schizophrenic experience in terms of it. But what if engagement, being "inside" or "out," is an in-life concern. How could it not be that one's "self-expression," if you will, wouldn't express such a fundamental dilemma as the extent to which one feels apart, as well as where, with all one's conflicts and ambivalences, one yearns to purely be. Yes, Sass is right regarding the impor-

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Column: Expressive Arts Therapy and Psychosis

Tina Olsen CSW

This series relates experiences working with people in psychotic states on the inpatient units of a New York state hospital, South Beach Psychiatric Center on Staten Island, NY. These are examples of using the creative arts as a medium for understanding 'incomprehensible' communication. They illustrate that countertransference is pivotal to meaning and healing processes. Readers are encouraged to share comments and related experiences.

These first stories show how a folk song works as a therapeutic medium. They demonstrate the power of non-verbal rhythms and sounds to connect empathically otherwise isolated individuals into a group, including the group leader (myself). Although the people and experiences are all real, the names are fictitious.

Ivan and Amazing Grace

Ivan had been on the inpatient unit for years. He had come here from Russia and was psychiatrically hospitalized because he had killed his mother in a psychotic rage. He walked stooped over with his head cocked to the side as if he were in perpetual hiding. Often when I came to his unit he would ask me to sing "Amazing Grace," the only song he ever requested. If I sang the song when he asked for it, the entire unit became very calm. I came to realize he was speaking for the whole group and asking for help - and this song provided the calming influence needed at that time. It articulated the words that *everyone* is forgiven. The rhythms and primal harmonies were the medium expressing calmness and forgiveness. This was particularly needed at the moment - and Ivan requested it.

I follow my intuitive sense of what to sing and how, as I feel myself becoming a collective voice. This song expresses hope that everyone is found equal and good. Singing this song is comforting and sane making. I sing it several times a week, always under different circumstances.

James and Amazing Grace

James was tied down in his bed in the quiet room, screaming racial slurs at the top of his voice. His bed was bouncing up and down. The other patients were frightened. I had the sense to sing Amazing Grace - very quietly. The other patients responded by joining me - very quietly. More and more patients came out of their rooms, coming to join in the singing as a sense of relief filled the unit. James continued to scream and shake; but the gentle singing absorbed his screams and made it bearable. The singing made it possible to absorb the man's anger with acceptance. Many others in the room had been in the same situation. They were able to comfort him, each other and themselves through the music. The atmosphere was peaceful and calming despite his furious ravings.

Reflecting on these experiences. I realize the uneasiness I often feel comes from my sense of being unforgivable. This song is common ground for the patients, myself and mankind.

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Philosophy, cont.

tance of the inside/outside, active/passive dimensions. But not as motivators.

The manifestation of such framework concerns within schizophrenic experience is not the *product* of, say, the adoption of a passive stance, not the product of the fixed stare. To see these modes of being as giving rise to a solipsistic stance is misleading. Rather than seeing the lack of movement as giving rise to a solipsistic position, we might say: *Movement is the issue here*. This is to suggest a distinction between, on the one hand, the life-situation that motivates the philosophical view and, on the other, what we might term the in-life instantiation of the view. It will be my contention in future installments that the latter perspective is truer to Wittgenstein's approach, that it allows a deeper meeting of schizophrenia, meeting it--and its philosophies--"from the inside."

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An Experience In The Treatment of Psychosis In Russia

Harold R. Stern, PhD

I first came to Russia in 1992 and gave some lectures at the famous Behkterev Institute in St. Petersburg. Since then I have returned at least once each year. In 1997 my wife and two daughters moved there to live and to teach for one year at the East European Psychoanalytic Institute, the only official psychoanalytic teaching institute in Eastern Europe.

For the past over 30 years I have treated and taught others some of the basic theories and techniques for the treatment of schizophrenia and other major mental disturbances. Psychoanalytically, we call these profound disturbances, the pre-oedipal disorders. My initial interest in becoming a therapist was to find ways of working these types of problems. My original interest and work was greatly enhanced by my training and work with Hyman Spotnitz, MD, who originated and developed most of the approaches I now use to treat these pre-oedipal disorders. During my professional career I have treated dozens of very disturbed people both in hospitals and later on in an out-patient setting; most of them successfully. In Russia I found professional people to be very eager to learn and use these approaches with their patients.

The economic, social, and political climate in Russia has required the professional people here to function in ways I find to be unique. For example, the drugs commonly used to treat psychosis and other severe problems are extremely expensive for the Russian pocketbook and therefore not used or used sparingly. Huge amounts of homeopathic medicines are prescribed because they are much less expensive. A psychiatrist working in a mental hospital, will earn, if lucky, perhaps about $80 per month, barely enough to live on. It still costs about 5 cents to ride on public transportation. Few people here can afford cars, etc. so, in general things are scaled down. The economics of the medical care system here are formidable. The most I can typically charge for a treatment hour in Russia is about $6 and most people could not afford this large sum.

Two years ago a physician came to see me because of her extreme feelings of anxiety and guilt. Fortunately, because she spoke excellent English and did not require the translator that I needed for most of my other Russian patients, we could communicate without difficulty. (I am learning Russian, but my speaking abilities are still very limited.) It soon became obvious that the major issue for this woman was her anxiety, concern, and guilt about her psychotic son who was then hospitalized and pronounced severely disturbed and incurable by some of the top professionals in the city. Her son, then 21, was on heavy doses of tranquilizers to stem his otherwise potential violent behavior. He had severely beaten his mother the previous summer and had again to be hospitalized. My patient, his mother could not accept the fatalistic pessimism of the hospital doctors and kept searching for some way to "save my son." He had been a brilliant student, an exceptional athletic and his almost sudden psychosis at age 15 was a severe tragedy for the entire family. Dr. G., my patient asked me if there were any special treatment methods in America that could help her son. Her son Alex kept telling his mother when she visited that he would die if he stayed in the hospital and of course this increased her fears and anxiety. Could I help her son? I suggested that I would be willing to meet with him when he was out of the hospital. She then began to request that the hospital doctors let her take her son out of the hospital. At first they refused saying he was too disturbed and his release could be very dangerous and that he needed the medication he was getting in the hospital. They finally capitulated and Alex was brought home. His mother brought him into see me and we began the treatment. Originally he came twice each week accompanied by his mother who translated for us. To describe the treatment would require too much detail. Suffice to say, he was kept on sufficient amounts of medication to control his otherwise abusive behavior towards his family to enable them to harbor him at home. Increasingly in his sessions with me he has been telling me his dreams and some childhood memories. Often, he wants me to tell him what I think about them. Gradually, his obsessive thought, "I am an idiot" has undergone some modification and lessening in that increasingly, he accepts that I too am an idiot. He finds this very humorous. He has formed an attachment to me that is very strong. His mother has tried to find other therapists in Russia to treat him when I am not there, but he refuses and insists that he will work only with me and will await my return. This makes me a bit uncomfortable, but to be honest, I too feel a strong attachment to Alex and always look forward to seeing him. A fascinating aspect of the treatment is that our meetings are a threesome with Dr. G., his own mother acting as translator. This was something I had never experienced before coming to Russia.

In a country where until about 1992, psychoanalytic psychotherapy was practically non-existent, much progress is being made. We need to keep in mind, however, that I was teaching and working in one of the more cultured and advanced cities in Eastern Europe, a city more connected with the West than any other part of Russia, except for Moscow. In other parts of the country, people still operate under the old Soviet medical system and there are few if any doctors who are trained as psychotherapists. Hypnosis and behavior therapies are now coming into practice, but the picture still remains somewhat dark. Hopefully, there will be a gradual increase in the level of trained people in Russia to treat a population badly in need of help.

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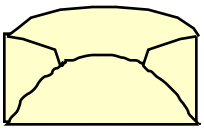
Schizophrenia as a Process and a Stage in a Process

A letter from
Jan Olav Johannessen
and Gerd-Ragna Bloch Thorsen,
Chairs ISPS-Norway,
June 5-8, 2000



Dear Friends,

Harry Stack Sullivan pointed out already in 1927 that "the psychiatrist sees too many end states and deals professionally with too few of the prepsychotic". At the same time he also stated that "the great number of our patients have shown for years before the break, clear signs of coming trouble", and "it is never easy to say just when the schizophrenic patient has crossed the line into actual psychosis."

In 1955 Louis B. Hill stated in his book "Psychotherapeutic Intervention in Schizophrenia" that "if the crisis is badly treated or is neglected, then the liability to chronic disabling illness is vastly increased. It is quite possible that the thousands of patients in the state hospitals diagnosed as chronic undifferentiated schizophrenics are, in fact, the result of inadequately treated acute schizophrenia."

These observations made by brilliant clinicians and researchers throughout the last century, have led us to understand that the functional psychosis in general, and maybe schizophrenia in particular, are conditions that develop through different stages.

The disorders have different phases of illness development, and the end stages may very well be the result of too late intervention in the previous stages.

The concept of early intervention has vast implications for the therapeutic approaches and especially for the psychotherapeutic dimension, as well as for the way we organize our psychiatric health services.

Important work has been done the last decade in this field, with pioneers like Ian Falloon, Patrick McGorry, Max Birchwood, Heinz Häfner and many others. Their work give an indication that by intervention in early stages it could be possible to prevent, delay or modify the manifestation of a psychotic disorder such as schizophrenia.

We invite you to the ISPS in Stavanger in June 2000 to look upon the functional psychoses and schizophrenias as processes and the result of internal and external factors where psychoses, or the mental breakdown, will be treated as such.

We challenge the opinion that schizophrenia is a biological genetic disorder with an inevitable descending course. On behalf of both the patient and the people working in the field of psychiatry, we want to reinstall hope in the treatment of these serious conditions and provide future treatment in a humanistic tradition.

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(If you have a fax # or e-mail address PLEASE include it, as it will be much less work and cost to communicate with each other through these media.)

Specific interests, or committees you would like to see happen, or perhaps chair:

Other colleagues who may be interested: (We would greatly appreciate lists of staff at institutions serving patients with serious mental illnesses.)

Please include dues for yearly membership in both ISPS and ISPS-US chapter-

Mental health professionals - $40.00 All others - $20.00

Send to: Julie Kipp, CSW
80 East 11th Street, Room 439, New York, NY 10003
Questions? **julie_kipp@psychoanalysis.net**
or (914)478-5972 and leave message

Column: Mind and Brain

Brian Koehler, PhD

Ron (1998), in commenting on the relationship between brain and mind, noted that despite significant advances in neuroimaging, "...the pathophysiological basis of mental illness remains largely unresolved and the same applies to our understanding of how psychiatric symptoms arise in the context of established brain pathology." She drew attention to the complexity of the relationship between neurological and psychiatric conditions: "Severe psychotic symptoms can be present in patients with structurally normal brains and the imaging abnormalities described in patients with schizophrenia or affective psychosis tend to be subtle and static." I would add that recent neurobiological research has documented some reversibility in atrophic processes in key areas of the brain in schizophrenia, e.g., the superior temporal gyrus (Keshavan, et al. 1998). "On the other hand," Ron stated, "gross brain pathology may occur without psychiatric counterparts, suggesting that the brain abnormalities we are currently able to visualize are neither sufficient nor necessary to cause psychosis and that other biological or environmental factors may play a crucial role" (p. 177).

Ron, M.A. & David, A.S. (1998). *Disorders of Brain and Mind*. New York: Cambridge University Press.

Keshavan, M.S. et al. (1998). Superior temporal gyrus and the course of early schizophrenia: Progressive, static or reversible? *Journal of Psychiatric Research,* 32, 161-167.

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Welcome to the ISPS-US Newsletter!

NOW FORMING: the United States Chapter of ISPS

(International Society for the Psychological treatments of Schizophrenia and other Psychoses, *formerly the International Symposium for the Psychotherapy of Schizophrenia*)

Committed to education and promotion of a range of psychological treatments

Help us grow:

• write a letter or e-mail the editor and tell us what you think of the first ISPS-US Newsletter

• write a report of something going on in your area of the country: conferences, treatment centers, your own work, and send it to the Newsletter *(Deadline for the Fall issue: July 31)*

• enter a paper in the competition for a grant to attend the next ISPS in Stavanger, Norway in 2000 (see p. 2)

• xerox this newsletter and give it to colleagues who share an interest in psychological treatments of persons with schizophrenia

• xerox the flyer and distribute it at conferences

• send in your dues if you haven't already (reasonable at $40, and includes membership in the International, see p. 9)

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