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THE INTERNATIONAL SOCIETY
TREATMENTS OF
AND OTHER

FOR THE PSYCHOLOGICAL
THE SCHIZOPHRENIAS
PSYCHOSES

ISPS-US Report from the President

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

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

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

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

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

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

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

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

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

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

Harold F. Searles (1979)

Collaborating with Madness

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

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

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

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

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

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

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

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

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

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

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

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

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

A Recent ISPS-US Listserv Posting

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

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

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