Silvano Arieti: Remembering his message

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Abstract:

This paper reviews the contributions of Silvano Arieti to the psychodynamic treatment of schizophrenia and places them in the context of the current era and its intellectual tensions regarding this disorder and its treatment. The author includes personal anecdotes to illustrate her thesis that psychodynamic approaches remain vitally important and are tragically underutilized currently. The International Society for the Psychological treatments of the Schizophrenias and other psychoses, ISPS, aims at redressing this problem.

Key-words: Schizophrenia; Arieti.

The prolific humanistic psychiatrist-psychoanalyst, Silvano Arieti, lived from 1914 to 1981. He fled Pisa to come to New York City in 1939, soon after Italy enacted anti-Semitic laws echoing those in Germany. This paper considers the history of psychoanalytic approaches to psychosis and Arieti's enduring contributions to that effort, giving special appreciation to his book, Interpretation of Schizophrenia[1] which won the 1955 National Book Award's prize for science. Arieti solo-authored six books, and was the editor-in-chief of the multi-tome set, The American Handbook of Psychiatry[2] a standard reference for mental health professionals over two generations, perhaps the majority of its contributors members of the American Academy of Psychoanalysis. Translated into Italian, it influenced generations there as well. Historian Nathan Hale has said, "Sylvano (sic) Arieti's American Handbook of Psychiatry[2] published in 1959, marked perhaps the high point of the psychoanalytic style in psychiatry, but it too was insistently eclectic. It included information not only on psychoanalysis and psychoanalytic psychiatry; there were chapters on genetic factors in psychoses, with which the editor disagreed, on the newer drug treatments, on recent behavioral approaches and on some of the newer neurological and biological research which was just beginning to emerge."[3] Arieti wrote three other books together with other authors. He co-authored Severe and Mild Depression[4] with Jules Bemporad, a past president of the Academy and Arieti's successor as editor of its journal, co-edited New Dimensions in Psychiatry[5] with Academy pillar Gerard Chrzanowski, and co-authored Love Can be Found[6] with his son James.

But it was his smallest, thinnest book that was Arieti's favorite, according to his son, a book 1 hope many will read, as a memento of the man. The Parnas: A Scene from the Holocaust[7] was first published in 1979, but was reprinted in paperback in 2000. It brings us to Pisa in the midst of World War II, into its Jewish community at its very lowest point. We meet Arieti as a 25 year old, bidding farewell to the parnas, the president of Pisa's one synagogue, a man who had been influential in Arieti's life in complicated ways. Not only a paragon of generosity and humility, the parnas also suffered a severe and chronic mental illness, a dread of animais, primarily dogs. He was almost totally housebound, and when he went

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out, he carried a cane, waving it like a blind man, only behind him, to ward off animais that might be attacking from behind. Neighborhood kids taunted him, but he kept his dignity.

Arieti became a psychiatrist in large part out of a yearning to help this man he so respected. Arieti says, "But not only was Pardo's illness crucial in my having decided to become a psychiatrist in the first place; 1 also feel that it determined my attitude toward the mental patient in general, an attitude that was to become a major asset in my therapeutic efforts. I learned from Pardo's situation to see the mentally ill patient not simply as somebody to cure or to pity — that is, as someone whose assertions are not to be taken quite seriously — but as a person who, in addition to his illness, or in spite of his illness, or because of his illness, may have profound insight or wisdom to offer. This attitude, first learned from my acquaintance with the parnas, has only intensified with the passage of time, when I have been able to reflect on how much I have learned from mental patients, not just about illness, but about life itself."[7]. Because of his dreads, the aging parnas stayed in his home, along with close friends and those who worked for his family, all of them killed by the Nazis on August 1, 1944. Arieti's novel has the parnas realizing during his final night that what he had feared all along was the wolf-like attacking and destroying potential of his fellow humans.

Arieti's statement regarding the special qualities of people suffering from mental illness resonates with Frieda Fromm-Reichmann's attitude as well. While we generally know about one of the courses she taught at the Washington School of Psychiatry, because it formed the basis for her classic text, Principles of Intensive Psychotherapy she taught another very popular course, "The assets of the mentally ill." Here, she drew on the works of various writers, composers and performers who suffered from a mental illness, showing how their greatly admired artistic works grew in the context of mental illness, that is, became possible because of their frustration in attempts to communicate directly with their fellow humans, forcing them to seek expression in another less conflicted area.[8]

Arieti credited Frieda Fromm-Reichmann as his principal teacher, along with "nurses and attendants who were successful in their dealings with schizophrenic patients."[1] She listed him as a leading protagonist of "a systematic development of the treatment of psychotics with modified psychoanalytic psychotherapy."[9] Arieti summarized, "First, in an atmosphere of devoted acceptance, trust, and effort to 'reach' him, the patient retrains himself to establish communication with others and to relinquish his specific, individualistic ways of living. Second, with increase in ability to communicate, especially with the therapist, the patient gains insight into the genetic and dynamic nature of his difficulties. Third, through various coordinated efforts, the patient gains self esteem."[1]

Reading Arieti's classic text, Interpretation of Schizophrenia we see that we have come a

great distance in the past fifty years, from his enthusiastic endorsement, "It is impossible to overestimate the value of the dynamic approach in schizophrenia."[1] Unfortunately, this distance seems to me in the wrong direction. Arieti revels in the growing number of psychiatrists engaged in psychodynamic work with psychotic patients. Now, we find the numbers shrunken. Everyone now "knows" what the pharmaceutical companies have taught us through their advertisements, that schizophrenia is a "brain disease." When clinicians talk about "treating" the patient, they no longer reter to history-taking and building a treatment alliance, but reter to medicating. I even was told recently that the huge managed care firm, Kaiser-Permanente, no longer reimburses psychiatrists for psychotherapy sessions, but only for medication management. If their psychiatrists are not prescribing, apparently they have no right to meet with the patient who can only have talking therapy with a psychologist or social worker.My clinical experience has shown me that the so-called anti-psychotic medications suppress affect, leaving patients dulled and less available for insight oriented work than they would be if unmedicated. I yearn for a return to the days when asylums were prominent in the care of severe mental illness. Almost all have been driven out of business in the U.S. Arieti and Fromm-Reichmann saw these institutions as necessary safe havens for those whose illness left them deluded and sometimes impulsive. They would be dumbfounded to find the U.S. almost devoid of hospitais where severely mentally ill are treated, and to see the huge proportion of the sick who are housed in jails and prisons.

However, I imagine Arieti would still strongly support the use of medications. He concluded Interpretation of Schizophrenia saying, "...the use of the tranquilizing drugs as an adjunct to psychotherapy is a very useful procedure. Not only is no serious damage done but, with the exception of a few complications, some of which are avoidable or remediable, the treatment is harmless. Anxiety is reduced and communications improve. It is easier for the patient to tolerate his conflicts and to talk about them. In the majority of cases psychotherapy is helped very much."[1]

From my vantage point now, I would take issue with Arieti in his general gloomily predictions, throughout his section in Interpretation of Schizophrenia[1] on "A longitudinal view of schizophrenia." He makes the proviso, "Of the four outcomes of schizophrenia (recovery, improvement, arrest, regression), it is only the latter course which will be taken into consideration here."[1] I wonder why. Arieti continues, "As he progresses from one stage to the following, he will be seen less and less in an interpersonal context and more and more in isolation, wrapped in his own symptoms, within the walls of the psychiatric institution. Those interpersonal relations which were of so much significance when we studied the prepsychotic states, lose importance when the patient succeeds in finding the path of

progressive regression."[1] He delineates a phenomenon many of us have witnessed: "Thus, we have seen a sequence of stages: first, a period of intense anxiety and panic; second, a period of confusion, when everything seems strange and crazy; and third, a period of psychotic insight. When this psychotic insight occurs, the external world is understood according to a new system of thinking, which, of course, follows the motivational trends of the patient. Often when this psychotic insight occurs, the patient experiences a feeling of being exceptionally lucid. He feels that he never has thought as clearly and effectively as he is doing now."[1] This ushers in the potentially fixed delusion.

Individual clinicians recalling their years in training often can tell about more than one patient with whom they worked who arrived at the hospital clearly psychotic. Once in a safe place, the patient became calmer and was able to work with the clinician, gradually becoming clear about the overwhelming storm of affect that had left him or her swept up in a nightmarish swirl of delusions and misperceptions. These encounters make clinicians of us. Our patients empower us to trust in the humanistic endeavor of psychotherapy, and some of us stay with this intensive work for the remainder of our careers.

One of my residency supervisors was Janet Rioch Bard, the first president of the American Academy of Psychoanalysis. She was a gentle and cordial person with whom I felt immediately comfortable; she was married to Philip Bard, the imposing chair of the medical school's department of physiology, and solo author of our enormous physiology textbook. The patient with whom Janet and I worked was convinced of the hopelessness of her impoverished and chaotic situation. She had come to the hospital repeatedly for surgeries, the closest she felt she could come to being able to rest in bed and have someone bring her meals. Dr. Bard's main suggestion always was, "Get more history." Week after week, I brought more history, and Dr. Bard and I both became increasingly convinced that the patient was right about the hopelessness of her situation.

However, we were startled by a remarkable turning point. The patient carne happily to her session saying she realized that this was the first time she had ever told her story to someone. She noticed that the more she told, the clearer her life became to her. Out of the clarity came options she hadn't realized, or options she knew about but hadn't had the energy to try. By the end of our work, and this was a brief psychotherapy that was part of a research project of the psychosomatics clinic, studying the influence of psychotherapy on patients' heavy use of the internal medicine and surgical hospital admissions, our patient had relocated her family to a safer part of town with better schools, and had found a good job. Follow-up five years later showed that she had not "needed" any medical or surgical hospital admissions.

This work illustrates Silvano Arieti's emphasis that the therapist should be the patient's peer,

not the authority, that he or she must aim at understanding the patient's predicament, and share the anxiety and confusion, trying to "live [patient's] predicament," in this case, the delusion of hopelessness.[10] He would have reinforced the sharing of values: we all value safety and security, and an opportunity to learn and develop.

I cannot remember who supervised my work with a patient I'll call Mabel, one of my first in my residency training, so I am imagining Arieti as my supervisor. Mabel was an unhappily married woman in her 40s, married to a 60 year old perfectionistic demeaning man, who criticized her inadequate housekeeping. She had married him reluctantly, to get away from home. Her aunt and uncle, with whom she lived since 3rd grade when her father died and left the family destitute, had blocked her marriage to a man about her own age whom she loved. She had completed only the 9th grade, and said she always felt she was the dumbest kid in the class, teachers ridiculing her for not paying attention. She had suffered fifteen psychotic breakdowns requiring hospitalizations, the first at age 33, three months after the birth of her first child, a daughter. Her husband had suffered his first heart attack during that pregnancy and was demoted four months later, his income cut in half. Mabel´s agitation grew. She preached about love and hate, and had a dream that there was no heaven or hell, and that all little children would be lost unless she preached the truth of this dream, that life is beautiful. I was amazed to find that there is no listing for "dreams" in the index of The interpretation of Schizophrenia.[1] Would Arieti have wanted to consider the symbolism of this long-remembered dream? It conveyed urgency, that one could not pin one's hopes on an afterlife, that if one didn't feel appreciative of one's current life, all could be lost.

When we first met, Mabel was so agitated that the nurses told me she had literally climbed the plastered seclusion room wall up to the ceiling, digging in with her finger- and toenails, while ranting at God. The head nurse complimented me on how I had reassured the patient as she paced frantically in the seclusion room. The memory of the nurse's warm remarks still reassures me decades later when I feel awkward or generally stupid and befuddled. We all need good enough mothers no matter what our age, and I believe Arieti was that sort of supervisor.

Mabel said that the past year had been the most difficult in her life. She had suffered a heart attack. Her husband had suffered a second heart attack the year before the hospitalisation when we all met. They both were convinced he would die soon, as all the men in his family had died of heart attacks before age 60. Neither had anticipated that she too would dread the next heart attack. Mabel glossed over the hysterectomy she had undergone two months after the heart attack, which was in effect an abortion. She said that the decision for the abortion was the first decision that the two of them reached through mutual discussion. In the past, this very religious woman had

suffered a knee abscess, brought on by her throwing herself on her knees to pray; she had "discussed" all important issues only with God.

Perhaps the most helpful aspect of our work was our reviewing her life history, when the various hospitalisations occurred, what had led up to them, what were the times like when things were going well, what was she most proud of. She felt the recent breakdown occurred when she had lost confidence in her ability to converse, and had withdrawn, furious at her dismissive husband. Our sessions gave her the opportunity to regam her faith in herself as one who was able to converse. She enjoyed our meetings, and said they were more like conversations than therapy. Arieti stressed the importance of playfulness in the work: "...the analytic situation is not for the psychotic only work or mainly work, but also a place, like home is for a small child, where he can grow even without working, or by working very little. The work will increase the more the therapist and patient become peers and share even the negative aspects of the environment."

The staff and I treated her husband also, when the unit organized a surprise 30th anniversary party for the two of them, and her husband, while usually very withdrawn, participated, and both were quite happy. Arieti would have remarked, gently perhaps, that this patient was receiving significant doses of haloperidol and lithium carbonate, and that their helpfulness should be acknowledged.

Towards the end of Mabel's hospital stay, 1 asked her if she remembered breaking down. "Of course I do. I came into the kitchen and the first thing I saw was a wide-mouthed jar, and this reminded me of Michael telling me I had a big mouth and should keep it shut. Then I saw the butcher knife on the counter. I knew I had two choices. I could stab myself in the belly {a sister had fatally shot herself in the abdomen years before} or I could fall on the floor and go crazy. I decided to fall on the floor." She later added, "Every time I start feeling confident, I end up in the hospital. Before I came in this time, I gave my daughter (age 13) three of my husband's old shirts to tie-dye. He got furious. I told him I had a right to do that. Then I end up here." "Sometimes I feel like standing up for my rights and then I think, 'What's the use?" Perhaps I would have felt comfortable enough with Arieti to share with him my parallel feelings regarding my driving skills. Each time I felt I was getting confident driving, I suffered a fender-bender. I imagine Arieti commenting that my resonating with Mabel illustrated the fundamental importance of our shared humanity. I was reacting much more as a friend than as an aloof authority.

And she illustrated Arieti's observation, "The intellectual process may be unconscious, or automatic, or distorted, but it is always present. As it is true that no human activity is completely deprived of emotions, because emotions accompany us everywhere and to a great extent determine our lives, it is also equally true that there are no naked emotions, but that emotions are always accompanied by some kind of intellectual process."[1]

Intriguingly, her usually condescending hus-

band was very tender towards her during her psychotic phase. He hugged her, and she relaxed in his arms. He spoke softly and reassuringly, telling her he loved her. He was not shy, but said these things so that I and others on the staff could hear him. But as she recovered, he returned to his aloof and demeaning style. I pointed this out to both of them during a couple's session, and wondered what kept him from expressing this genuine warmth when things were not chaotic. He had no answer, but his style changed impressively, and over the ensuing months, the two of them became gentler, calmer and more collaborative. They were my first patients who came to my home office, the place where I still meet with patients almost thirty years later. I felt grateful to them for continuing with me, and thus launching my private practice. They often brought bags of homegrown vegetables from their large garden. As far as I know, my patient never required hospitalisation again.

If Arieti had supervised my work with Mabel, I would have been terribly nervous at first, intimidated by the editor of the valuable and often cited resource, The American Handbook of Psychiatry[2] I'd have been awed by his erudition. But I picture him gentle and accessible, like his cousin, Jules Bemporad, whom I've known for years at the Academy. I imagine Arieti as a popular faculty member, with many friends at Johns Hopkins where Clara Thompson had trained, and in the Baltimore- Washington area in general, given the influence of Harry Stack Sullivan and Frieda Fromm-Reichmann. The Johns Hopkins Hospital's Phipps Clinic was still strongly psychodynamically oriented, priding itself on its eclecticism. We'd have felt honored to have The Handbook's editor among us. I imagine him setting a tone of erudition at our conferences. As Ed Clemmens said, "Silvano's style never adopted the dry, stilted, pseudolearned jargon in which much of academic psychiatric writing is couched. He expressed his ideas in the manner of a poet, and whenever possible, he used the beauty of symbols as the bridge to understanding."[11] I imagine Arieti stressing the greater healing power of psychodynamics over somatic treatment in schizophrenia because psychotherapy tends to: (1) remove the basic conflicts which led to the disorder, (2) correct the psychopathologic patterns, and (3) permit the regenerative psychological powers of the organism to regain the lost ground."[2] I would be initiated into the career path I have pursued.

Probably Arieti would have liked Mabel, given his special interests in both schizophrenia and depression, and given Mabel's shy warmth. As Clemmens said, "He never wavered in his belief that the fate of mankind will depend upon the continued development of what is most uniquely human, those qualities and those achievements that set man apart from his biological beginnings. A psychodynamic theory based on instincts did not appeal to him. He felt that such a theory omitted, by stressing man's most ordinary qualities, the best that man is capable of. He did not share

Freud's pessimism that led inexorably to the postulate of a death instinct.[12]

I began working at Chestnut Lodge while this patient and her husband still were driving the thirty miles from their home to my home office. I continued at the Lodge for twenty-five years, until it closed in April of 2001, working in both the non-medication and the medication eras. I received supervision from Dexter Bullard, Sr., the man who had hired Frieda Fromm-Reichmann as summer help in 1935, as well as from others who had known her well, including Marvin Ad and John Cameron, as had my long-time analyst, Harold Searles. So, while Frieda had died when I was just a sophomore in high school, I felt I had known her, and when I heard a tape recording she had made, I heard her deep melodious laughter as identical to my maternal grandmother, also named Frieda, and I felt at the Lodge that I had come home.Looking back, I am convinced that the work went far better during the earlier non-medication era, and some have said my judgment is skewed by my loyality to Fromm-Reichmann and to Searles. However, three of my eleven patients in that pre-medication time went on to marry and to choose a career, and one, who was called the sickest schizophrenic patient to be admitted to the adolescent unit, is raising her three children while working full-time as a registered nurse. In the later era, my patients were far less flamboyant in their displays of symptoms, but there was always a frustrating distance between us, a politeness or as-if quality. I was left feeling we were floating along, never getting a look at the river floor, never with that shared motivation to grapple with the strange images and associated feelings that were part of their full psychotic experience. Medicated patients rarely reported a dream, and rarely were fired up with excitement about a particular ambition or challenge. The work was flat, the conferences often boring, and discussions devolved into debates over one or another medication. Staff showed little interest in re-establishing a unit where patients could come off their meds. The consensus held that our results were so much better now that we had joined the modern world.

I felt increasingly isolated, often doubting the validity of my own observations. Often, colleagues told me I was still too much under my analyst's influence. "You have too much Searles in you," my analytic supervisor, John Kafka told me. If I advocated for medication-free treatment, people read this as an example of hero worship, evidence of my lack of independent judgment. Colleagues found opinions quaint, rather touching, tiresome. Dexter Bullard, Jr. and Thomas McGlashan surveyed the hospital staff regarding the change in hospital policy to one including medications, and told me I was the most "conservative" member of the medical staff. I was blocked from serving as a unit administrator, months going by after I volunteered to run a unit that was scheduled to be closed within a year, while John Fort waited for a newcomer to arrive on staff, this in spite of my having served successfully as a unit administrator

at Maryland's forensic hospital, the Clifton T. Perkins Hospital Center for three years before joining the Lodge staff. This unit housed thirty men who had committed terrible crimes and who were either there for evaluation of their capability to stand trial or who had been found not guilty by reason of insanity. In contrast, that Lodge unit had a census of twelve, and none of the Lodge patients had criminal records. It took years until I recognized that I had been blocked because of my negative opinions of the so-called "anti-psychotic" medications. In any case, I continued as a therapist, and worked with David Feinsilver in coordinating the annual Chestnut Lodge Symposia and the weekly Wednesday Conferences.

Thus, as I prepared this paper for publication, I was deeply gratified to read Silvano Arieti's 1974 paper. Here, he makes four points that I wish to re-emphasize today:

"1. My interpretation of schizophrenic cognition applies to all forms of thinking in which the primary process prevails. For instance, it is also related to what occurs in dreams and neuroses.2. Schizophrenic cognition is based on psychological structures that are inherent in every human being in health or disease. As a matter of fact, primary process cognition with the characteristics that I have mentioned above occurs also in the process of creativity (although it is blended or harmoniously matched with other forms of cognition).3. In schizophrenia, primary process cognition is used to fit psychodynamic necessities or tendencies.4. It is not the psychodynamic component that gives to the disorder its schizophrenic essence, but the primary process organization that the psychodynamic component undergoes in a predominant way." (Arieti, 1974, p.246)

Thus, Arieti casts schizophrenia as part of the human condition, and sees it as an intrinsic feature of the universally human primary process. We are all more simply human than otherwise, and there is an ineffable creativity in schizophrenic symptoms, a creativity gone awry in ways that echo our failures as societies. Arieti continues,

"Although I have obtained the best results with patients who did not receive drug therapy, I am not against its use. As a matter of fact, I consider it a useful adjunct in many cases. However, whereas drug therapy removes only the symptoms, psychotherapy aims at changing the patient's self-image and his attitude toward himself, others, and life in general. It aims at undoing part of the past and at changing one's attitude toward the present and the future. Whereas physical therapies in psychiatry as well as in other medical fields aim at a *restitution quo ante* (return to a premorbid condition), the psychotherapist does not consider this a desirable goal for the psychotic. In fact, the premorbid condition was already morbid, although in a different way. A return to a prepsychotic condition would mean to settle for the retention not on of a biological vulnerability but also of a psychological one. The potentiality for the psychosis would thus persist.To summarize, with many patients who

receive intensive and prolonged psychotherapy we reach levels of integration and self-fulfillment that are far superior to those prevailing before the patient became psychotic. As I have said elsewhere[1], this does not mean that all the troubles of the patient will be over, even after successful psychotherapy. We must repeat once again the famous words of Frieda Fromm-Reichmann that we cannot promise a rose garden. It would be utopian to believe that the promise of life is a life comparable to a rose garden, utopian for the patient and utopian for us, who want to be his peers. But I think it is not utopian to promise to the patient what we promise to ourselves, his peers, sooner or later in life: to have our own little garden." (Arieti, 1974, p. 248)

That first sentence needs repeating: "Although I have obtained the best results with patients who did not receive drug therapy, I am not against its use." This is essentially my position as well. The pharmaceutical industry, with its sometimes enormous unrestricted educational and research grants, has had such a sweeping effect on psychiatry that holding such a view, that patients often make a stronger recovery from psychosis if medications are not introduced, is viewed as reactionary, disruptive or even as delusional. Thus, being part of an organization of like-minded individuals can serve a protective function. Learning about the work of Yrjü Alanen (1997)[12], and his research on need-adapted treatment, Martti Siirala (1963)[13], who has explored the inter-face of societal ills and psychosis, Bent Rosenbaum (1986)[14], and his research on the language of psychosis, and his community-based research, and to get to know these people as cherished colleagues is sustaining. As I researched on the internet, I found a fascinating letter Siirala wrote in 1998 to the President of the Republic of Finland, regarding his potential appeal to get lands taken by the Soviets returned to Finland (land amounting to 12.5% of the total). He says, "In Finnish, the word for conscience is 'omatunto' — one's very own feeling!"

The International Symposia on the Psychotherapy of Schizophrenia began in 1956 under the leadership of Christian Muller;and Gaetano Benedetti, these meetings being held usually in Europe and sometimes in the US, first as an invitational event, then growing to meetings attended by over 1000. We know of just one presentation Silvano Arieti made at ISPS, this at the 4th ISPS in Turku, Finland in early August of 1971. His talk was titled "Psychodynamic Search of Common Values with the Schizophrenic."

The 1994 ISPS triennial meeting was held in Washington, DC. At its business meeting David Feinsilver and others established the groundwork for ISPS to move from being an informal triennial meeting to becoming a society, with a treasury, an ongoing organization with frequent local meetings and with newsletters. He organized the first meeting of the U.S. Branch of ISPS, on October 10, 1998 at Chestnut Lodge. When David was struggling in the terminal phase of colonic cancer, he urged me to take over his role as

head of the ISPS-US initiative. I said "no" a few times, but finally accepted the responsibility, as he lay literarily on his death bed, while a group of us from the Lodge visited regularly on Friday afternoons to hold a small group meeting with him. Now in our seventh year, we have over 250 members, have held annual meetings each fall, the number of attendees and the scope of the meetings increasing each year. Next year we will meet in Boston, Ron Abramson chairing the meeting. Our cash at hand continues to grow, and we have never requested financial support from the pharmaceutical industry. We have, I believe, led the authors of the PORT Report to remove the negative recommendations against psychodynamic individual and family therapy even in combination with medication.

Our listserve is an ongoing discourse on treating schizophrenia, and we hear from members that they are using postings in courses they are teaching. Our newsletter editor, and head of the New York City ISPS-US branch, Brian Koehler, posts long and scholarly messages which are coalescing into an integrative theory of psychosis, taking into account advances in neurophysiology and genetics research.He could be our modern Arieti — erudite, articulate, humble and generous. Chris Burford of England has summarized them: "I read Brian Koehlers extremely thoughtful contributions to raise the questions of whether we can move away from a mechanical division between mind and body, and take some initiative in interpreting developments in physical studies from a dynamic point of view, in particular, that the mind affects the brain, as if the brain is like a muscle. In this we are helped by research developments that have demonstrated the causal pathways associated with the publication of the human genome are much more complex and dynamic than the simple mechanical hopes even a few years ago.Dynamic MRI scans also dismantle mechanical reductionist models as data builds up. Brian further seems to pose a major question about the role of anxiety in psychosis. Excellent German work has established the role of chronic depressive conditions in the pathway of significant proportion of cases that subsequently develop psychosis. Anxiety however is such a non-specific symptom from a diagnostic point of view, it has arguably been underestimated in research that is based on the hierarchical assumptions of the 20th century diagnostic system." Chris Burford (ISPS-INT 12/24/03)

I have a far greater distrust of the current pharmaceutical products than do the majority of ISPS-US members, and am convinced that many so-called scientific papers are "infomercials" written by those receiving a significant proportion of their earnings from pharmaceutical grants or as direct salary. I highly recommend Robert Whitaker's book, Mad in America: Bad Science. Bad Medicine, and the Enduring Mistreatment of the Mentally ill.[15] His research has supported my assessments. And David Healy's Let them eat Prozac[16] documents his journey in the pharmaceutical world.

I still stand by my objective of creating a society that includes everyone interested in psycho approaches to psychosis. I believe that the qualities of friendship outweigh the qualities of authority and expertise in treating schizophrenia.An excellent illustration has been provided to me by a young Italian, Vittorio Gonella who has recently written letting me know he has graduated cum laude, a student of Professor Borgogno his Ph.D. dissertation concerning the early works of Harold Searles at Chestnut Lodge. He had sent me a copy of his own clinical diary, recounting his meetings with someone he calls Neil who lives in a hospice in Bene Vagienna, having been hospitalised for years, and carrying the diagnosis of paranoid schizophrenia.

Meeting regularly with Neil had been inspired by reading Searles' Collected Papers on Schizophrenia and Related Subiects.[17] Vittorio recounts how he first came to know this utterly silent and somber man, when from 1994 to 1997 he owned a pub that Neil frequented. Later, Vittorio worked as a conscientious objectar at the hospice where Neil resided, and Neil would sometimes help with jobs. As Vittorio reached out to Neil, beginning in December of 2000, going on walks with him, taking him on car rides, Neil gradually relaxed and began speaking and even movingly thanked him for the outing, adding that he had enjoyed himself. Vittorio is wonderfully open about his own moods and how Neil reaches out to him when Vittoria had been going through crises. Gradually Neil relaxes some.

In the next to last entry, Vittorio writes, "Another interesting aspect of the trip was the fact that Neil took the initiative in two or three little situations: I think it was a good thing because I had always had the opinion that one of the most sad aspect(s) of his grief was his passiveness, his inability to answer and react, his silences with his head bowed, like life's living him and not he's living life. So I'm very happy to see him living actively our trips, proposing variations of routine, calling me by name, as a master calls his chauffeur: I think it could be a sign of a personality which feels to be safe with me, and which knows that it can communicate his ideas and impressions. Of course I'm only a little part of his life, of his presence, I haven't the presumption of changing his sad history and transforming his personality and behaviour; but in our little pieces of life together, I feel and see him like a man with normal behaviour: maybe not enough to define Neil 'normal', but this is my personal impression."

As I reread Vittorio's diary, in the new context of preparing this paper, 1 was astounded by its resonance with Arieti's The Parnas[7] — partly of course the Italian melody permeating the English text, but the resonance is much deeper. Here are these two young men, each moved to reach out to someone in deep mental distress, each of them with their futures molded by these pivotal experiences, each of them bearing witness with humility and love. This is the spirit we need to foster in our students, not the dim hope that the biology of schizophrenia

will be someday understood, and powerful medicines found to help the afflicted. The time is now; The suffering is now.

The ferment continues regarding treating psychosis. The work continues to be intense, and its evaluation intricate. Characterized as "lonely" work, it is finding support in ISPS, a true society in a modern continual on-line sense, with exciting meetings and many deepening friendships. I hope you all will consider attending, and participating in, the next ISPS meeting, to be held in Madrid in 2006. I can give you the webpage, www.ispsmadrid2006.com. Please answer the call for papers, and register. I do want to include anybody and everybody interested in understanding psychosis. Just as I had gratifying results working with patients before I began psychoanalytic training, and at the very beginning of my psychiatric training, so do many people rescue desperately ill people without so much as a college education. Treating psychosis has to do with optimism, curiosity, playfulness, and a desire to understand the other's experience. It has little to do with authority, superior intellect, academic milestones, or the mastery of theory. It involves a talent for making and keeping friends. Theory helps the therapist be less anxious, which is vital since the therapist's calmness goes further than the perfect interpretation in healing the agony of psychosis.

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