

# The SPRING Project

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In 2014, the Contemporary Freudian Society of New York City and Washington, DC, made the important decision to provide affordable mental services for the underserved in the community. At around the same time, Dr Vivian Eskin began working with a first-time mother, Mrs M, who was suffering from postpartum psychosis. (To safeguard confidentiality, identifying details of this case have been disguised.) It was at the intersection of those two commitments that the idea for the SPRING Project was born.

A colleague had asked Dr Eskin to visit Mrs M (her neighbour) who was hospitalised in an inpatient psychiatric unit in New York City. Mrs M's insurance coverage did not give her access to the specialists on its staff who could treat her psychosis (without a high fee), so her treatment there was dilute and inadequate—for example, when she was discharged, the hospital recommended an outpatient programme on anger management—addressing the symptoms, not the cause of her distress.

Dr Eskin felt that Mrs M needed individual and parent–infant psychotherapy and intervention. Mrs M could not separate from her baby and concurrently had great difficulty caring for her. She felt remorse and guilt at disappointing herself and her baby, and was very depressed. Her husband needed psychotherapy as well: he was concerned about his wife and her impact on their child's well-being and development; he worried about leaving her alone with their son. Dr Eskin referred him to a psychotherapist trained at the Contemporary Freudian Society (in New York City) who agreed to see Mr M at a reduced fee. Dr Eskin decided to meet with Mrs M as her client at a reduced rate.

Mrs M had experienced panic attacks and emotional arousal during her pregnancy. Untreated, these thoughts triggered unprocessed early anxieties of falling apart and a fear of attacks coming from others. Women like Mrs M, who experience anxiety during pregnancy or perinatal loss, find themselves overwhelmed by the emotional demands of motherhood. Perinatal treatment can help mitigate a crisis in which defences against unexpressed thoughts and feelings become impossible to manage. Psychotherapy helps the mother contain her ambivalent and competing infantile feelings and learn to tolerate them; it can reduce fears and clarify the internally blocked expressions of both love and hostility. Working through these feelings can help the mother build internal boundaries so that she can recognise when she feels taken over by her infant or is pulling the baby into her own inner world (Raphael-Leff, 1995).

Initially in the sessions with Dr Eskin, Mrs M struggled with the demands of caring for her infant and herself. She craved attention and had difficulty picking up cues from her child. This was not ideal for either mother or child. Dr Eskin referred Mrs M and her son to a parent–infant psychotherapist, also a member of the Contemporary Freudian Society, who treated the whole family at a reduced rate, while she continued to meet with Mrs M alone.

Dr Eskin still sees Mrs M three times a week, and now her child is three and a half years old. The family is thriving: Mrs M is working part-time as an art teacher, her husband is employed in his field, and the toddler is in nursery school. Mother and child are able to separate, and Mrs M feels sturdy in her mothering skills and in her relationship with her husband.

The experience of treating this family, in collaboration with other psychotherapists experienced in perinatal and postpartum depression,

couple relationships, and parent–infant treatment was the seed for the SPRING Project. It was providential that the work group mobilised by the Contemporary Freudian Society to identify a need in the community recommended working with that same population: women who struggle with the effects of perinatal and postpartum depression. They decided to call this programme the SPRING Project—an acronym that stands for Support for Pregnancy—Raising Infants—Navigating Growth. Once viable, the Project would offer affordable psychodynamic treatment options for mothers and increase the links between the psychoanalytic community and maternal health care providers.

Analysts and candidates of the Contemporary Freudian Society were approached about joining this effort. Participating therapists agreed to offer one hour a week at a nominal fee. In exchange, the SPRING Project would provide ongoing training opportunities for this therapist cohort in the treatment of perinatal mood disorders. The response has been extremely positive. There are currently over sixty-five psychoanalysts and psychoanalytic psychotherapists participating in the project in New York City, New Jersey, Baltimore, and the Washington, DC, metropolitan areas.

Attention to the effects of early development is a cornerstone of psychoanalytic treatment. Given this focus, and its network of institute training programmes, the Contemporary Freudian Society is the perfect “home” for the SPRING Project. Since its inception, it has offered training programmes in New York City and Washington, DC that include such topics as depression in the perinatal couple, the role of underlying attachment trauma in postpartum depression, and primary maternal preoccupation. Some of these programmes are offered to the wider professional community. There are also ongoing study groups in which practitioners present clinical material in small groups. Themes include pregnancy-related psychiatric disorders, depression and persecutory disturbances in pregnancy, and issues that arise from the two-in-one-body experience for mothers. Many outreach efforts are under way to build awareness of this new initiative, and the first patients are now making contact with Project therapists.

Too often, mood disorders during pregnancy and after delivery are not identified or understood. It is estimated that one in seven women experience postpartum depression, which can hinder a mother's ability to take care of herself and her baby, placing the whole family at risk. The SPRING Project offers a model of strategic clinical outreach sponsored by a psychoanalytic society that places it squarely in the maternal mental health community, and it helps meet a painful gap in available, affordable care for this important population.

## REFERENCE

Raphael-Leff, J. (1995). *Pregnancy: The Inside Story*. Lanham, MD: Jason Aronson.

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