Psychotherapy for Psychosis

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# SCHEDULE

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Three-person (Oedipal) psychology
Primary anxiety-body injury; guilt, loss
Primary defense: repression
   Fonagy-mentalization
   Klein-depressive position

Two-person psychology
Primary anxiety-loss of mother; shame
Primary defense-projective identification
   Bowlby-attachment
   Fonagy-pretend make believe
   Klein-depressive position
   Mahler-rapprochement and individuation
   Erikson-autonomy

Psychology of the primal self
Primary anxiety-annihilation of self
Primary defense: splitting, projection, denial
   Bowlby-attachment
   Fonagy-psychic equivalence
   Klein-paranoid-schizoid position
      concrete metaphor
   Mahler-symbiosis
   Erikson-basic trust

Realistic multi-dimensional images of other people as separate individuals.
Ability to ‘mentalize’

Diminishing influence of primitive internal object relations.
Ability to pretend and play with reality.

Primitive internal object relations consisting of projected fragments of the self.
Melanie Klein
Object-Relations Theory
Melanie Klein (1882-1960)
Normal Developmental Psychology

- The paranoid-schizoid position: birth to 1 ½ years
- The depressive position: 1 ½ years to 3 years
- Three person psychology (the Oedipal period): 3 years to 6 years

the paranoid-schizoid position

the depressive position

three person psychology (the Oedipal period)
Associative links are established between experiences which have either a positive or negative affective valence, which then ‘split’ into a mental representation of the ‘good’ self being attacked by a bad persecutory object.
Hunger intrudes!

Hunger ‘intrudes’ upon the primitive pain free ‘good self’ from outside. Hunger is experienced as something that a ‘bad object’ is doing to ‘me’.
“The analysis of very young children has taught me that there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object – relations are at the center of emotional life. Furthermore, love and hatred, fantasies, anxieties, and defenses are also operative from the beginning and are ab initio invisibly linked with object relations.”

Melanie Klein (1952)
In the first year of life projection forms the basic psychological structure of the human mind, when a ‘self representation’ is connected to an ‘object representation’ with an affective (emotional) valence (link).

The psychological ‘object’ is a mental representation of another person or thing outside the mental boundary of the self in which the person is emotionally invested.
Affects (emotions) are experienced as an aspect of an interpersonal relationship between internal objects.

Either the ‘self’ is doing something to the ‘object’ or the ‘object’ is doing something to the self.
When the ‘good object’ fails to arrive ….

• In the face of mounting destructive tensions, in order to preserve the pristine pain-free self, the psyche splits into two internal objects, the ‘good self’ with which the person identifies, and a ‘bad object’ experienced as outside the self.

• The psyche frees itself of mounting aggressive tensions by projecting its aggressive impulses outside the boundary of the self into the mental representation of the ‘bad object’, which Klein referred to as

a persecutory object !!!!
When we have a headache we are apt to say, “My head is killing me!”

The self would have been pain free were it not for the intrusive attack of the head.
persecutory objects

“The Mafia has a contract out to kill me!”
persecutory objects

“The "voices" are tormenting me. They say I am a total loser.”
grandiose idealized objects

“The “voices” tell me I am God’s messenger. They say I am a genius.”
Comforting ‘Voices’ Support Self-Esteem

“Some days later when she managed to get away for a while by herself, she heard a voice from somewhere saying in a sweet, dark sound, ‘You are not of them. You are of us’. She looked for the voice but it was part of the mosaic of leaves and sunlight. ‘Fight their lies no longer. You are not of them.’ After a while, hoping to hear the voice, becoming sadder with the loss of it, she found it again in the night of stars, inaudible to the others walking with her, the same rich voice saying like a poem, ‘You can be our bird, free in wind. You can be our wild horse who shakes his head and is not ashamed.’” pg 59
The Paranoid-Schizoid Position

- the primary anxiety regards the survival of an integrated self
- mental representations of other people consist primarily of disavowed parts of the self projected into mental representations of other people
- self and object representations tend to be all good or all bad rather than nuanced mixtures of good and bad traits
- ‘good’ and ‘bad’ objects must be kept separate in the mind for fear of the bad object destroying the good object
- an idealized perfectly good object is the mental antidote to the persecutory bad object
- if the idealized object is perfect, it has no flaw, no fault, no portal through which the bad object can conceivably attack the mental representation of the self
Illustrations:

- The Fabulous Four
- Superman
• the primary anxiety regards the fate of the object
• other people are seen as complex individuals with both good and bad qualities, who have minds of their own
• objects with mixed qualities are regarded with mature adult ambivalence
• loss, grief, guilt, reparation, and forgiveness are all possible in relationship with the valued object
Jealousy in the Depressive Position

“He wouldn’t have achieved what he has without a lot of luck, but I must admit he has something to offer, and I too have made a contribution.”

Jealousy in the Paranoid-Schizoid Position

“I am a very talented person, but I have not been successful because other people who are jealous of my talent are conspiring behind the scenes to sabotage me at every turn.”
Example: an argument with one’s significant other

• “I can’t believe you didn’t remember we are going to my sister’s tonight! You never listen to anything I say.”

paranoid/schizoid position

• Brave thoughts: “Why do I have to put up with this!” Fleeting fantasies of divorce. Self righteous indignation.
• Silent treatment
• Mundane small talk that does not offer forgiveness.
• Your dependent needs reassert themselves. “I am sorry. I over reacted.”

depressive position is re-established
The frightening shoe

- At one year and eight months a pre-verbal speech delayed child was terrified of her mother’s shoe with a loose sole.

- At two years and 11 months, she asked about the shoe and was reassured that the shoe had been disposed of. “That (shoe) might have eaten me right up!” 

*Isaacs (1948) pg 85*
Patient Charity – non-psychotic internal object world

Characters in the backstory

• Charity
• Charity’s alcoholic father
• Charity’s younger sister
• Charity’s mother
• Characters in the current story (psychological objects)
• Charity
• Charity’s boyfriend
• Charity’s ex-boyfriend
• “Paris”
Patient Melissa – near-psychotic internal object world

Characters in the current story
(psychological objects in the current story)

• Melissa
• Randy – a charismatic band leader
• James – an internet paramour
• An unnamed man she picked up in a bar for a one-night-stand
The next day she emailed Jerry to tell him about the “horrific date” she had been on. Jerry reacted angrily when told about her “date.” He said that he thought he was in love with her, and she said that she had, of course, been feeling the same way about him. She felt a sense of relief in professing her love, but a disturbing thought immediately intruded.

What if Randy had put Jerry up to pretending to get involved with her, to play a joke on her, to “destroy” her? What if her ex-husband were somehow involved? She added that this sort of thinking was often “in the back of my mind.” She told Jerry about her worry that Randy and he were in cahoots. Jerry was shocked that she could imagine he would try to hurt her in that way. He went to great lengths to reassure her that nothing of the kind was the case.
The therapist asked how Melissa had come to the idea that Randy and Jerry were in league. She said that the prior week she had emailed Jerry and told him that, after a painful post-divorce period, she (Melissa) felt that she was beginning to “mend.” Several days later she received a tweet that Randy had been cast in a play called “Mending Time.” With knowing confidence, referring to the repeated occurrence of the word “mend,” she reflected to the therapist, “A coincidence? I don’t think so!”

The patient paused, and then said, “And sometimes I have a darker thought. What if Jerry is actually Randy in disguise? I have seen pictures of Jerry, and he doesn’t look like Randy, but that could be faked. What if Randy is playing a horrible game with me?” She had visited the state that Jerry lived in, and liked it. This fact added credibility, in her mind, to the idea that Randy might be trying to draw her in by posing as a man living in a place that appealed to her.
Three Faces of the Persecutor

Melissa

Randy

Jerry

Ex-Husband
Amy – who thought her cat was planning to murder her

1) Use CBT to expose the *literal falsity* of the delusional belief

2) Use psychodynamic techniques to explore the *figurative truth* of the delusion.
40 y.o. woman was an abused child who became an emotionally needy adult who called her boyfriend so many times a day he had to limit her calls.

- She believed her cat was stealing his affection. The cat planned to kill her to have her boyfriend all to herself.
- Therapist drilled down on the “A.” How did she know what the cat was thinking? The cat snuggled up in the bed between her and her boyfriend, coming between them (concrete metaphor\persecutory object).
- How did the cat plan to kill her? “She will bite my jugular, like the lions do on TV!”
- Therapist: “Where is your jugular?” “The cat will have only one chance to bite you before you wake up.”
- Next session: “I still believe my cat plans to kill me, but I no longer believe she has the means.”
- Psychodynamic meaning: boyfriend’s new job
We Tell Stories About Ourselves and Others to Regulate Our Emotional State

Narratives of the self and psychological objects
The man who believed dogs were looking through his clothing with x-ray vision and mocking his puny body with their eyes.
A Clinical Example of Psychosis

In Psychosis, the Problem Appears to the Patient to be in the Outside World Rather Than Within the Self

**Jason**: The man who believed he was being mocked by dogs

- First psychotic episode in the Navy
- Had hoped to lead his family out of poverty
- Younger brother died in a drug related slaying
- Blamed himself
Inside the Self

I failed my brother.
I am no good.

Outside the Self
Inside the Self

I am a total failure!
I am no good!

condensation
displacement

My body is no good!

Outside the Self
Inside the Self

I am a total failure!
I am no good!

My body is no good!

Outside the Self

his self hatred is projected into
the mind of the dog

Your body is no good!

projection
Inside the Self

I am a total failure!
I am no good!

My body is no good!

The dog is mocking me!

Outside the Self

“thing presentation”

Your body is no good!

► His self hatred has gone missing from *his* mind, reappearing in the mind (eyes) of the dog.
► Avoid the dog, avoid self hatred.
► Intra-psychic pain becomes a problem with the outside world.
A weakened self is attacked by a fragment of the patient’s punitive superego that has been projected into his mental representation of the dog.
The Mental ‘Shell Game’ of Internal Objects

- Parts of the mind go missing from the psychotic person’s conscious experience, and are re-located outside the self in mental representations of other people, the person’s body, or inanimate things.

computer chip in the brain
### Three-person (Oedipal) psychology
- Primary anxiety-body injury; guilt, loss
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  - Fonagy-mentalization
  - Klein-depressive position

### Two-person psychology
- Primary anxiety-loss of mother; shame
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  - Mahler-rapprochement and individuation
  - Erikson-autonomy

### Psychology of the primal self
- Primary anxiety-annihilation of self
- Primary defense: splitting, projection, denial
  - Bowlby-attachment
  - Fonagy-psychic equivalence
  - Klein-paranoid-schizoid position
    - concrete metaphor
  - Mahler-symbiosis
  - Erikson-basic trust

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#### The Psychotic Man Who Feared A Drought Was Coming

"If I am going to model myself after you, I must know everything about you."

#### Hansel and Gretel

Little Red Riding Hood

"Mummies shoe might have eaten me."

#### primitive oral internal object-related phantasies

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© Michael Garrett MD
• Pathogenesis of Psychosis
• Psychosis and Ordinary Mental Life
• Object-Relations Theory
The Stress\Vulnerability Model

Zubin & Spring (1977)

sexual abuse
physical abuse
bullying
high EE
parental death
cannabis use
soul murder

Stress

Bio-Psycho-Social Vulnerability

>100 genes + immigration + poverty + urban living + Dutch Hunger Winter 1944 + advanced paternal age + Vitamin D deficiency + atypical craniofacial morphologies
1. **Prodrome**
   - anomalous self states
   - mounting social failure in which needs for satisfaction and security cannot be achieved (Harry Stack Sullivan)
   - developmental impasse - intra-psychic conflict

2. **Delusional mood** (Jaspers)
   - heightened awareness of environment
   - an expectation that something of great importance is about to happen
3. Ideas of reference
The person becomes the subjective center of the universe. Otherwise insignificant events take on compelling personal meaning.

- **apophany**: the sudden revelation of hidden meaning
- **anastrophe**: hyper-reflexive self awareness

4. Breakdown of ego boundaries (inside vs outside; self vs other)

5. Diminished sense of self and agency
   Weakening of the “I” at the subjective center of being

Three Elements of Psychotic Experience

1. Changes in Perception of the External World
   - hypersalience (Kapur): background stimuli appear to have personal significance
   - stimuli intrude into the foreground of perception
   - ideas of reference
     “I can tell by the way people look at me that I am under surveillance.”

2. Changes in Consciousness and Self-Experience
   - diminished sense of the self as the first-person “I” at the center of experience
   - hyper-reflexive self-awareness
   - 1st rank symptoms
     “I am the Bride of Jesus.”
     “A dog sees my puny body through my clothing and mocks me.”
     “I am dead.”
     “PsychoGirl reads my mind”
     “My sister smoked my soul.”

3. The Narrative Content of a Psychosis Is Autobiographical Play Staged in the Real World
   A cast of characters based on internal object-related fantasies tell a story that expresses psychological themes and regulates mental life.
   “I am the Bride of Jesus.”
   “A dog sees my puny body through my clothing and mocks me.”
   “I will be arrested at work.”
   “PsychoGirl reads my mind”
   “My sister smoked my soul.”
Upon reflection years later, I think the main warning signal was my identity – the safety of knowing that I was an “I” – was starting to crumble. I became increasingly insecure about whether or not I really existed, or if I was only a character in the book or of being someone had made up. …… In my diary I replaced “I” with “she” and after a while I started thinking like this as well; “She was walking to school. She was sad and wondering if she was going to die.” And some place within me, something was questioning if “she” was still “me,” and it found out that that was impossible, because “she” was sad, and I, well, I was nothing. Just gray.  

Arnhild Lauveng (2012) A Road Back From Schizophrenia
“A woman who was teasing a priest with anti-Catholic jibes observed that the priest’s ears looked like a monkey’s ears; i.e., she had made a monkey out of him. Her visual experience of the stimulus properties of the priest’s ears had been altered in keeping with her emotions.”

Harold Searles (1962)
A common altered perception of the outside world.

The passerby gave a penetrating glance, he could be a detective. ...Something must be going on: the world is changing, a new era is starting. ...The child is like a monkey. People all look unnatural. The house signs are crooked, the streets look suspicious... The dog scratches oddly at the door. “I noticed particularly” is the constant remark these patients make, though they cannot say why they take such particular note of things nor what it is they suspect.

Karl Jaspers  *General Psychopathology*
Delusions Are ‘Logical’ Explanations for Anomalous Experiences

- Delusions arise when individuals employ logical reasoning to explain anomalous experiences.
- Subsequent data contradicting the theory is ignored.
- Theories will be judged delusional by others if the data upon which the theory is based is not available to all.

- “PsychoGirl can read my thoughts. She knows what I am doing in my bedroom and she tells everyone at school what I am thinking.”

Maher, BA. Anomalous experience and delusional thinking: the logic of explanations. In TF Oltmanns, BA Maher (Eds) Delusional Beliefs. NY Wiley, 1988
Psychosis Is Like An Autobiographical Play

- A delusion is like an autobiographical play staged in the real world.
- Primitive internal object related phantasies provide the characters and the story line for the play (the script).
- The cast of characters appear to be different people, animals, or things, but are all actually fragments of a single mind (the patient’s mind), that have been projected into mental representations that compose the characters in the play.
- The intrusion of primitive psychological processes and the erosion of the biological substrates that ordinarily maintain boundaries between thoughts, feelings, and perceptions stage the play in the real world.
- The person’s attempt to use logical reasoning to explain anomalous subjective experiences elaborates the delusional story line, strengthens conviction in the delusional belief, and ensures a long and tragic run for the play.
Psychotherapy for psychosis

PDPTp
Psychodynamic Psychotherapy for Psychosis

CBTp
Cognitive Behavioral Therapy for Psychosis

2020
Karon
Searles
Arieti
Fromm-Reichmann
Harry Stack
1980
Rosenfeld
Segal
1960
Bion
Melanie
Klein
1940
Abraham
1920
Paul Federn
1900
Freud

© Michael Garrett MD
In psychosis, the patient believes his problem is located in the outside world

- Use CBTp techniques first to examine the literal falsity of the delusion
- Then use a psychodynamic approach, according to the patient’s needs and capacities, to understand the figurative truth of the delusion
Inside the Self
thoughts and feelings

Outside the Self
perceptions

a fragment of the patient’s mind (his self hatred) resides in the eyes of the dog

Start with the dog, not his self hatred
Do you feel that way about all dogs, or just one?
What exactly is it about the look of the dog?
If a dog looks at someone other than you, can you tell what they are thinking?
Let’s read about canine intelligence.

unconscious mental processes
Sequencing CBTp and psychodynamic technique

months

years

CBTp

booster sessions

putting thoughts\feelings into words

psychodynamic

psychodynamic empathic listening ear
Conscious Experience of Thoughts and Feelings Inside the Self

Conscious Experience of Perceptions Outside the Self

unconscious associations and mental processes

Garrett & Turkington (2011)
break

10 minutes
The Developmental Psychology of Psychosis
Psychotic states represent the intrusion into adult mental life of primitive (developmentally early) psychological processes that are normal in childhood, but ordinarily recede from consciousness by latency (age 8-10).

- **1. Primitive internal object-related phantasies** (Melanie Klein)
- **2. Primitive concrete cognitive processes** e.g. concrete metaphor, psychic equivalence mode
Pathogenesis of Psychosis

• Adverse life events trigger a feeling state that is linked to primitive internal object-related phantasies.
• The psychotic person feels that he or she is living out that phantasy in everyday life.
• Boundaries break down between inside vs outside, and mental representations of the self vs others, leading to hybrid mental states that blend thoughts, feelings and perceptions.; i.e. a breakdown of ego boundaries. A regression to concrete thinking, where thoughts and feelings are experienced as perceptions.

• psychology (projection) & biological substrates (salience)
• The psychotic person thinks logically about his anomalous experiences, and reasons to seemingly-logical explanations that are judged by others to be delusional.
1. Primitive object-related phantasies

- A psychological “object” is not a physical person but a mental representation of a real or imagined person, entity, or thing, invested with particular characteristics and psychological properties that is an “object” of emotional interest, i.e. associated with an affective valence, such as hope, desire, fear, grief, guilt, anxiety, etc.

- All psychological objects, even when they correspond to actual people, are “internal objects” in the sense that they exist in the internal world of the psyche rather than physical reality.

- Internal objects can be readily observed in ordinary mental life, e.g. the superego, ego ideal, and the self.
2. **Primitive cognitive processes**

- Instead of thinking a thought or feeling an emotion, psychotic individuals experience body sensations and distorted perceptions of the outside world that are meaningful symbolic expressions of their mental life.

- Instead of thinking in *figurative metaphors*, the psychotic person thinks in *concrete metaphors* that equate things on the basis of one shared characteristic while ignoring fundamental differences.
• Figurative Language
• Symbol Formation
• Concrete Metaphor
“America is a melting pot.”

\[ X \text{ is like } Y \]

Figurative metaphor requires an awareness of similarities \textit{and} differences.

\[ X \text{ is like } Y \text{ in some regard, but } X \text{ is fundamentally different than } Y \text{ in other ways.} \]
In psychosis the differences between X and Y fade. X becomes the same as Y.
Equating X and Y leads to delusional statements.
Paleologic (predicate thinking)
“The President lives in a white house.
I live in a white house.
Therefore, I am the President.”
Early in treatment a psychotic man insisted that his statement that people are sheep was a literal fact, drawing no associative meaning from the figurative metaphor that the age of modern technology has turned people into herds of sheep. Later in treatment while sitting outdoors for a psychotherapy session, the same man gathered up a handful of leaves, saying “These are people. This is how completely cast off, forgotten, and useless some people, including me, feel themselves to be.”

Harold Searles
Zones of Metaphorical Thinking

- **Zone 1**: Ordinary speech
- **Zone 2**: Consensual metaphor and puns.
- **Zone 3**: Non-consensual metaphor where idiosyncratic connections can be made.
- **Zone 4**: Non-consensual metaphor where no apparent connection can be found.
- **Zone 5**: Concrete metaphor

Psychosis

- Creative imagination
- Figurative metaphor
- Poetry
- Jokes

© Michael Garrett MD
Atheism is ...

Psychosis

Zone 3
Non-consensual metaphor
where idiosyncratic connections can be made.

profit vs prophet

- creative imagination
- figurative metaphor
- poetry
- jokes

© Michael Garrett MD
“I am a Japanese soldier.”

“When the Second World War had come, making of the names of Pacific Islands another language of hell and magic to Americans, the Collect had said to her, “They hate these Japanese as they have always hated you,” and Anterrabae, in the urbane falling-smile, Bird-one, “You are not of them”. She had remembered hearing the fragment of some speech on the radio. “Those who aren’t with us are against us!” And the Collect had cried out, ‘Then you must be this enemy they fight!’ On a certain night before falling asleep, Deborah had been reborn as a captured Japanese soldier.
Imagine a moment that you believe called for courage where you did not act bravely, but instead took the safe course.

In this affectively intense state of mind, instead of thinking “I behave like a coward at times, but bravery is sometimes foolish, and I have other redeeming features,” you double down hard and conclude, “I am in essence a coward.

“In essence a coward…” means that although you may be aware of having some positive traits, you feel these traits do not offset, and merely disguise, the true essential nature of the cowardly bad object which lies at the core of your being.

“I am a coward, like Benedict Arnold” X is like Y

“I am Benedict Arnold.” X=Y delusional concrete metaphor

Concrete Metaphor

© Michael Garrett MD
Imagine a mother who has just learned that her child has been mistreated at school. “They don’t know who they are dealing with. I can be a bear when it comes to defending my daughter!”

Imagine a mother whose child has been grievously injured in an accident the mother believes she could have and should have prevented. She is enraged with herself and the circumstances that injured her child. She feels a crushing, unbearable sense of guilt.

After a sleepless night she presents to a local emergency room asking that she be x-rayed because she has the distinct feeling she is growing claws in the palms of her hands. When asked her name, she replies cryptically, “Ursa.”
Concrete Metaphor and Delusional Narratives

- Mental representations of the self and others coalesce into concrete metaphorical identities that become the cast of characters that populate delusions.
- These concrete metaphorical identities are woven into stories that are meaningful expressions of the psychotic person’s mental life.
Ruminative thought: A person thinks over and over, “I am such a loser!”

Auditory hallucination: A “voice” says over and over, “You are a total loser! Kill yourself!”
Hyper-salient appearance of the mundane in ideas of reference is due to dopaminergic excess (Kapur, 2003)

- Acute ideas of reference can sometimes dissolve in days or weeks after treatment with neuroleptics.
Three Elements of Psychotic Experience

1. Changes in Perception of the External World
   - hypersalience (Kapur)
   - background stimuli appear to have personal significance
   - stimuli intrude into the foreground of perception

2. Changes in Consciousness and Self-Experience
   - diminished sense of the self as the first-person “I” at the center of experience
   - hyper-reflexive self-awareness

3. The Narrative Content of a Psychosis Is Autobiographical Play Staged in the Real World

   A cast of characters based on internal object-related fantasies tell a story that expresses psychological themes and regulates mental life.

   - “I am the Bride of Jesus.”
   - “A dog sees my puny body through my clothing and mocks me.”
   - “I will be arrested at work.”
   - “PsychoGirl reads my mind”
   - “My sister smoked my soul.”

adverse life experiences activate primitive internal object-related fantasies that shape mental representations of the self and others.

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Breakdown of Ego Boundaries - Biological Factors

projection

stranger
“I am the Bride of Jesus. My roommate did not save me a plate of dinner. I was angry, but I couldn’t curse her because I am a Christian woman and I am the Bride of Jesus.

But then I heard God’s voice. God said, ‘You can curse that sorry assed bitch! And God told me what to say.’
Inside the Self

“I am hungry and angry!”

conflict of angry affect with defensive grandiose self-representation as the Bride of Jesus

“You sorry assed bitch!”

Outside the Self

God
Ariel – who did not leave her home because of a delusion she had a bad smell
A person defends against unbearable emotional pain by expressing the pain in an altered perceptual experience of the outside world.

The problem (the psychotic symptom) now appears located outside the self in the real world.

Phase One – Use CBT to raise doubts about the patient’s maladaptive beliefs.

Phase Two – Offer psychodynamic interpretations as an alternate explanation of the psychotic person’s experience.
What Is the Most Important Element in Any Psychotherapy?

An affectionate, respectful relationship between the patient and the therapist
Unconscious mental processes

People cough and wipe their noses because I have a bad smell.

Inside the Self

42 y.o. ♀

Outside the Self
Inside the Self

Outside the Self

1. CBTp

2. Psychodynamic interpretation

Video testimony
I closed the window
Began age 22. Did not mention trauma.
Evidence
- 20 years ago a person behind her once said, “That woman smells.”
Explained the A-B-C model
ABC outline of delusional idea

- **A** activating event
  - seeing people wipe their noses
  - hearing “That woman smells.”

- **B** belief
  - I have a bad smell

- **C** consequence emotional behavioral
  - shame
  - social isolation
Session 1

- Normalized cognitive bias
  chairman story
- Normalized hallucinations
  black dog story
- Homework – think of an ABC → mistaken conclusion
Session 2

Homework: she heard someone ring her doorbell
Therapist: “Have you noticed anything to indicate I am reacting to a bad smell?”

Patient: “Yes, of course! When I came to your office last week you immediately opened the window.”

False memory of therapist opening the window

Patient: “I guess I am looking for it.”
Assessment of factors contributing to the delusion
1. attention hyper alert to any sniffling
2. refers the sniffling to herself
3. false memories of the behavior of people on the bus changing when she arrives –
Alternate explanations of coughing\sneezing
- colds
- allergies
- Behavioral experiment: receptionist 1 was sniffling
- black dog story We hear what we expect to hear.
• Behavioral experiment
  a walk around the hospital
  no one coughed in the elevator
  two woman talked about her
• Feeling a little more comfortable going out
  Wants to plan a trip to visit her cousin
• Homework assignment: timeline of experiences of shyness
• Time line – shy as a child
• Interest in perfume as an adolescent
• Out of wedlock pregnancy age 22
• Abandoned by father
• Gave birth to her first born child in a public shelter
• Sent the infant away to be raised by her aunt

**Shaming experiences**
• Fear of shameful smell is a ‘cover’ (her word) social anxiety?
• Planning trip to visit her cousin in another state
  “I would like to see my mother again before she dies.”
• She reported a wider range of psychotic symptoms
• Cocaine addict ‘crack head’ neighbors
  “They follow me when I go out.”

Auditory hallucinations: “They whisper ‘fish, fish’ through the walls.”
Session 7

- Planned her plane trip to visit cousin
  - electronic tickets
  - baggage size and weight restrictions
Anxious during trip, but a success overall
Worried that a friend in cousin’s kitchen turned her back because she had a smell
“Perfume isn’t working anymore!”
“You have never noticed a smell. Your family, friends, and doctors say you don’t have a smell, yet you remain unconvinced?”
“People I know don’t want to hurt my feelings. Strangers have no reason to lie.”

Behavioral experiment
Can’t ask strangers on the street to test it out. Call receptionist?
Patient’s eyes filled with tears.
“She answered right away. She didn’t hesitate.”
• Beginning ‘self talk’ – ‘good’ internal objects
  “Maybe he has a cold.”  “Maybe it isn’t about me.”
• Detective show - Three levels of evidence
  Clear and convincing evidence
  Preponderance of evidence – 34 friends
  vs 100s of impartial strangers
  Circumstantial
• Dove website
• She reveals she heard ‘fish, fish’ on her trip
• ‘Voice’ 20 years ago

Some doubts

“They were behind me.”
“I think that is what I heard.”

black dog story

• Design behavioral experiment with a stranger
Session 11

• Behavioral experiment with ‘stranger’ from the business office
• Played audio tape of behavioral experiment
• She labeled the tape ‘true evidence’
• Meeting with patient and her son
• He talked about his hurt as a child and adolescent
  “She couldn’t come to my high school or college graduation.”
• Proud of his mother’s hard work in therapy
• The son said, “I love you. There is nothing to forgive.”
• Worked on initial psychodynamic formulation with patient

• Shy person who as a child was already worried about becoming a social outcast
  ▫ She is abandoned by her father,
  ▫ which led her to think of herself as a bad person
  ▫ someone who (metaphorically) ‘stinks’ as a person
  ▫ a social outcast as an adult
• Understood role of shyness
• Could not understand
  father rejection → smell
  “I have always been careful about my hygiene.”
• Metaphor – ‘food for thought’
  ‘That situation stinks.’ ‘I stink as a person.’
• A crack addict says, “It’s not true. She doesn’t have a smell.” more ‘good objects’!
Therapist: I think the feeling you had twenty years ago with your pregnancy and your rejection by your family, the social isolation, your father not wanting you in the house, that got translated into the smell idea, the idea that people didn’t want to be with you because you had a bad smell. So the feeling got carried over from the past into what you were seeing and hearing around you all these years. As you went outside you weren’t seeing your father expressing his disapproval, but it was like everyone’s face in the general public was expressing the same rejection you experienced from your father. The feeling was deep that you had been rejected by somebody who is very important to you. I think your carried the pain of that period in your life with you over the years in the smell idea.
age 22 - trauma of pregnancy

<table>
<thead>
<tr>
<th>How other people felt</th>
<th>How other people would feel</th>
</tr>
</thead>
<tbody>
<tr>
<td>My father was disappointed in me.</td>
<td>She has bad personal hygiene.</td>
</tr>
<tr>
<td>Family thought I was a failure. I threw away my opportunity</td>
<td>She is a nasty woman.</td>
</tr>
<tr>
<td>Family pulled away.</td>
<td>People would pull away.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How I felt</th>
<th>How I would feel</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was disappointed with myself</td>
<td>Embarrassed. Ashamed</td>
</tr>
<tr>
<td>Ashamed I let my mother down.</td>
<td>Disappointed with myself. I failed.</td>
</tr>
<tr>
<td>Alone. No one on my side.</td>
<td>Alone. No one on my side.</td>
</tr>
<tr>
<td>Confused</td>
<td>Confusion and anxiety</td>
</tr>
<tr>
<td>Low self esteem</td>
<td>Social isolation</td>
</tr>
<tr>
<td></td>
<td>Low self esteem</td>
</tr>
</tbody>
</table>

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Patient: Yes there are a lot of similarities. And I know that during that time I had low self-esteem, which I have now. So all of that played into what happened. My not having confidence. …so I’m beginning to see something now.
Therapist: OK. The point I want to make is we can know our dreams, but we can’t see ourselves making the dream. The dream is just there when we are finishing making it.
Patient: Yeah
Therapist: We have the dream and we can’t see what happens just before our mind made the dream. That first step is silent. It is quiet. But there’s a process going on that produces the dream.
Patient: Yes
Therapist: At the time this all started you were full of all these negative feelings about yourself, and then your mind came up with a picture, it made an image that expressed all of those feelings in one image.
Patient: Yeah
Therapist: … an image of you being a stinking person that would be rejected by everyone around you. You saw the end result of the image your mind picked, in the belief that you had about the smell, but you couldn’t see your mind making the smell image. Your mind did it quietly, without you knowing, while you were in a state of terrible pain and confusion.
Video testimony
Questions
Discussion
Patients in treatment with the audience