



Paranoia: Helping Patients with Psychotic and Nonpsychotic Paranoid Conditions

Knoxville, TN, November 2, 2019

Nancy McWilliams, PhD, ABPP
Graduate School of Applied & Professional
Psychology, Rutgers University

Michael Garrett, MD
SUNY Downstate Medical Center
Brooklyn, NY

Ludwig Wittgenstein

1889 - 1951



**“The limits of my
language are the
limits of my world”**

Disclosure Statement

The speaker has nothing to declare and no conflicts of interest. (All royalties from the *Psychodynamic Diagnostic Manual (PDM-2)* go to a fund to support clinical research.)



DIAGNOSTIC AND STATISTICAL
MANUAL OF
MENTAL DISORDERS
THIRD EDITION

DSM-III

AMERICAN PSYCHIATRIC ASSOCIATION

Kraepelinian Descriptive Psychiatric Diagnosis: Neurosis versus Psychosis

Neurotic syndromes

- The hysterias (conversion disorders, post-traumatic disorders, dissociative disorders)
- The obsessive and compulsive disorders
- The phobias
- The non-psychotic mood disorders

Psychotic syndromes

- Manic-depressive psychosis
- Schizophrenic disorders (dementia praecox)
 - Simple schizophrenia
 - Paranoid schizophrenia
 - Hebephrenic schizophrenia
 - Catatonic schizophrenia

Later categorical diagnoses of schizophrenia

- **Chronic undifferentiated schizophrenia**
- **Pseudoneurotic schizophrenia**
- **Ambulatory schizophrenia**
- **Reactive versus endogenous or process schizophrenia**

The categories start to break down

- Experiences of therapists in personal and training analyses

The categories start to break down

- Experiences of therapists in personal and training analyses
- Experiences of therapists working with young children

The categories start to break down

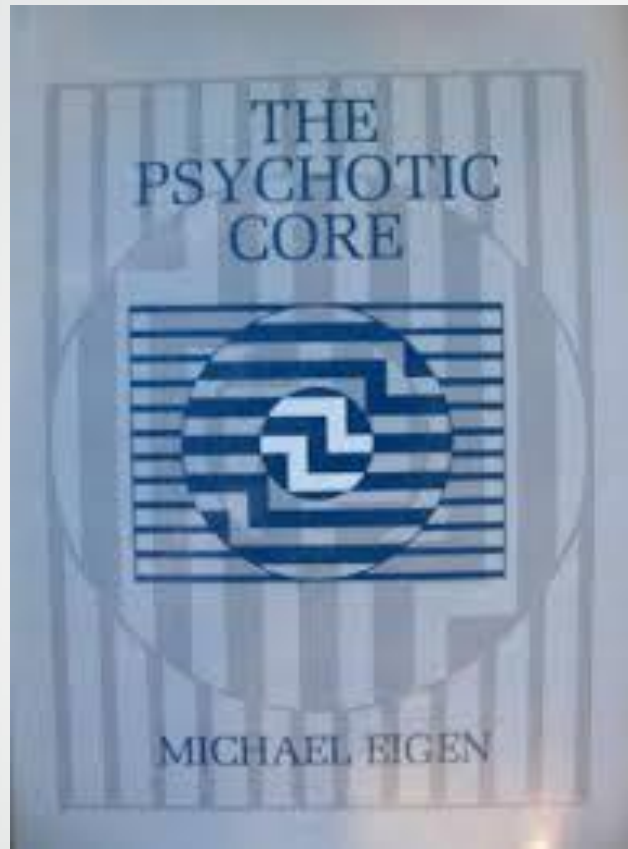
- Experiences of therapists in personal and training analyses
- Experiences of therapists working with young children
- Experiences of therapists with patients with diagnosed psychosis

The categories start to break down


- Experiences of therapists in personal and training analyses
- Experiences of therapists working with young children
- Experiences of therapists with patients with diagnosed psychosis
- Experiences of professionals administering psychological tests

The categories start to break down

- Experiences of therapists in personal and training analyses
- Experiences of therapists working with young children
- Experiences of therapists with patients with diagnosed psychosis
- Experiences of professionals administering psychological tests
- Emergence of a “borderline” area between neurosis and psychosis



Eigen, M. (1986). *The psychotic core*. New York: Jason Aronson



Zetzel, E. (1968). The so-called good hysteric. *International Journal of Psycho-Analysis*, 49, 256-260

“When she was good, she was very, very good, but when she was bad, she was horrid.”



Invisible resistances to meaning-making


- **Pharmaceutical corporations**

Invisible resistances to meaning-making

- **Pharmaceutical corporations**
- **Funding organizations (governmental or private insurance companies)**

Invisible resistances to meaning-making

- **Pharmaceutical corporations**
- **Funding organizations (governmental or private insurance companies)**
- **Academic and research incentives**



Treatment of
Schizophrenia, A
Comparative Study of
Five Treatment Methods

May, Philip R.A.

Note: This is not the actual book cover

Damage to the brain from long-term neuroleptic exposure is as great as damage from untreated schizophrenia

- Ho, B. C., Andreasen, N. (2011). Long-term antipsychotic treatment and brain volumes: A longitudinal study of first-episode schizophrenia. *Archives of General Psychiatry*, 68, 128-137.



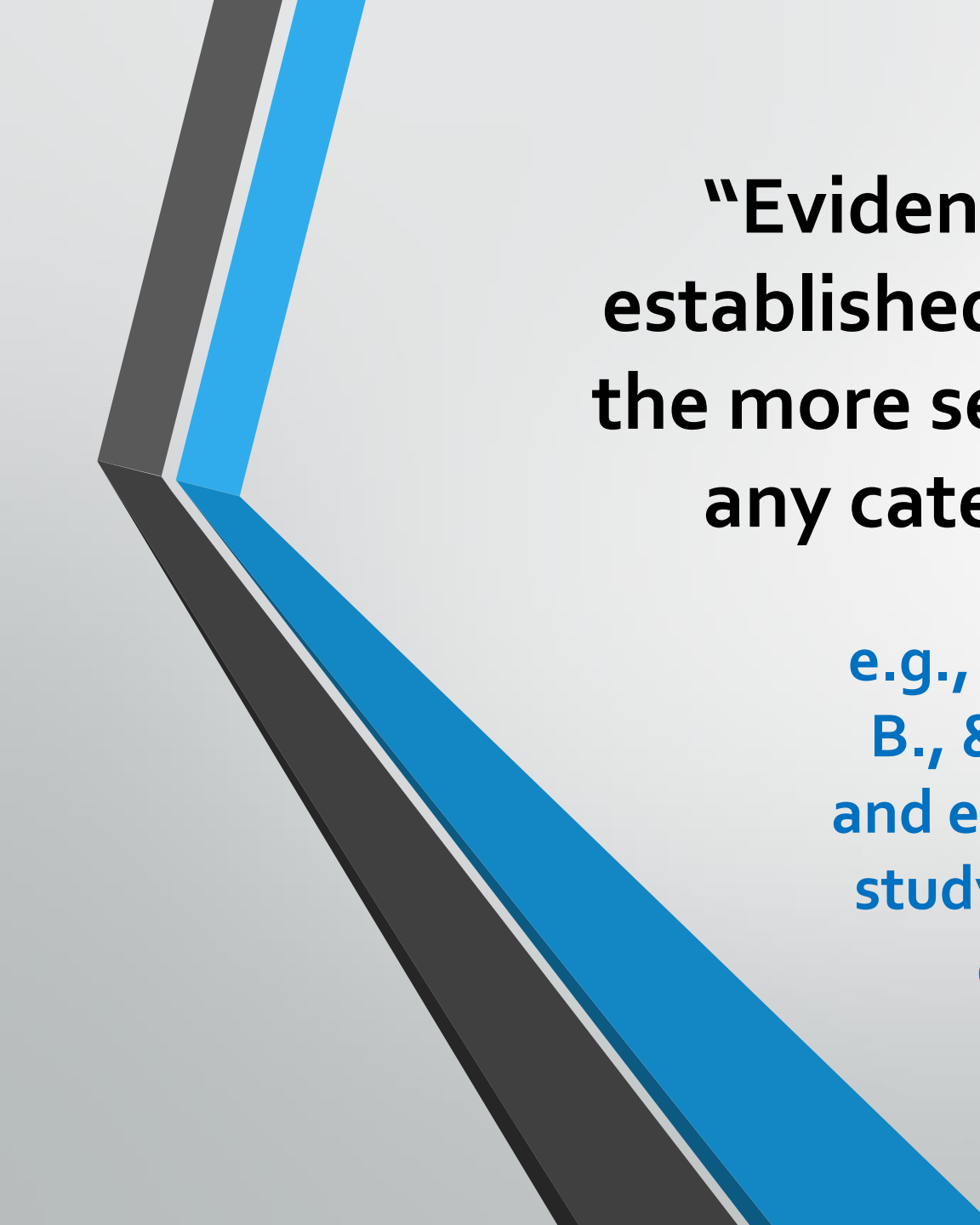
Psychodynamic Diagnostic Manual

second edition

PDM-2

edited by

Vittorio Lingiardi
Nancy McWilliams



“Evidence-based” treatments are established by research that eliminates the more seriously disturbed patients in any category of psychopathology

e.g., Huppert, J. D., Franklin, M. E., Foa, E. B., & Davidson, J. R. (2002). Study refusal and exclusion from a randomized treatment study of generalized social phobia. *Journal of Anxiety Disorders, 17*, 683-693.

A psychotic level of personality organization

- Gordon, R. M. (2009). Reactions to the *Psychodynamic Diagnostic Manual (PDM)* by psychodynamic, CBT, and other non-psychodynamic psychologists. *Issues in Psychoanalytic Psychiatry*, 31, 55-62.
- Gordon, R. M., & Bornstein, R. F. (2017). Construct validity of the Psychodiagnostic Chart: A transdiagnostic measure of personality organization, personality syndromes, mental functioning, and symptomatology. *Psychoanalytic Psychology*, 34(1), 1-9.

Dimensional conceptualizations emerging from clinical experience

- **Jacobson, E. (1971). *Depression: Comparative studies of normal, neurotic, and psychotic conditions*. New York: International Universities Press.**
- **Kernberg, O. F. (1988). Clinical dimensions of masochism. *Journal of the American Psychoanalytic Association*, 36, 1005-1029.**
- **Kernberg, O. F. (1984). *Aggressivity, narcissism and self-destructiveness in the psychotherapeutic relationship: New developments in the psychology and psychotherapy of the severe personality disorders*. New Haven, CT: Yale University Press.**
- **Steiner, J. (1993). *Psychic retreats: Pathological organizations in psychotic, neurotic, and borderline patients*. London: Routledge.**
- **Meloy, J. R. (Ed). (2001). *The mark of Cain: Psychoanalytic insight and the psychopath*. Hillsdale, NJ: Analytic Press.**

Empirical support for a severity dimension

- Sharp, C., Wright, A. G. C., Fowler, J. C., Frueh, B. C., Allen, J. G., Oldham, J., & Clark, L. A. (2015). The structure of personality pathology: Both general ('g') and specific ('s') factors? *Journal of Abnormal Psychology, 124*(2), 387-398.

The dimensionality of psychosis

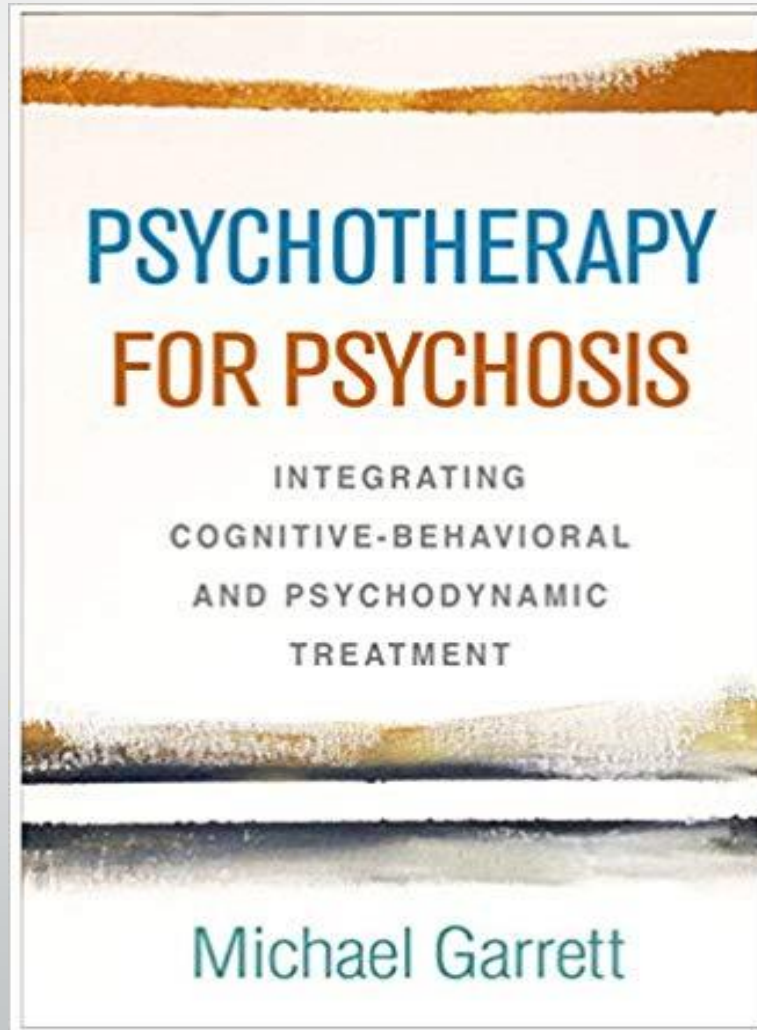
Kelleher, I., & Cannon, M. (2016). Putting psychosis in its place. *American Journal of Psychiatry*, 173, 951-952.

- “The classic nosologic divide in psychiatry has been between neurosis and psychosis. The two were originally conceptualized as distinct categories of mental illness, and it was only the odd (irrelevant!) case that “tipped over” from the former to the latter. Extensive research over the past decade and a half has upended this notion, blurring previously sharp diagnostic boundaries, reframing psychosis as a continuum and casting the relationship between neurosis and psychosis in a very different light.”

Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate as one vulnerable human being to another.

Integrating CBTp with a psychoanalytic understanding of psychosis (2019)



Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate as one vulnerable human being to another.
- It permits therapists to think about issues of safety as central to patients in the psychotic range.

Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate as one vulnerable human being to another.
- It permits therapists to think about issues of safety as central to patients in the psychotic range.
- Psychotic-level dynamics of terror and humiliation require clinicians to be both realistically authoritative and profoundly egalitarian.

Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate as one vulnerable human being to another.
- It permits therapists to think about issues of safety as central to patients in the psychotic range.
- Psychotic-level dynamics of terror and humiliation require clinicians to be both realistically authoritative and profoundly egalitarian.
- Normalizing is usually important for patients with psychotic tendencies.

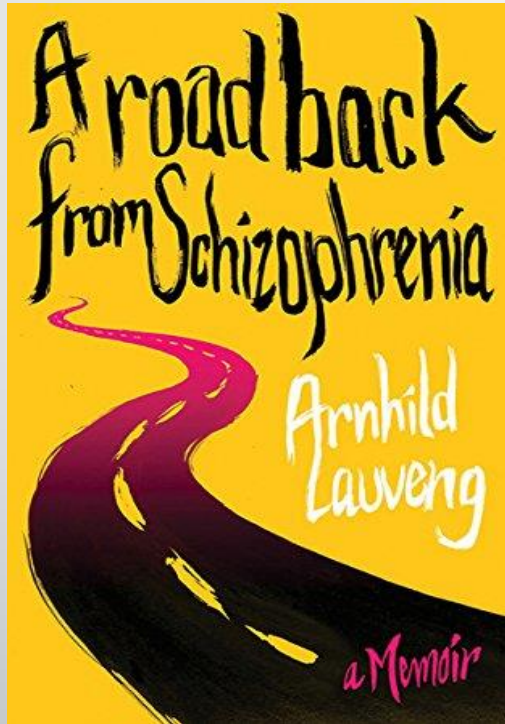
Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate as one vulnerable human being to another.
- It permits therapists to think about issues of safety as central to patients in the psychotic range.
- Psychotic-level dynamics of terror and humiliation require clinicians to be both realistically authoritative and profoundly egalitarian.
- Normalizing is usually important for patients with psychotic tendencies.
- Education is usually necessary for patients dealing with psychotic confusions.

Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate as one vulnerable human being to another.
- It permits therapists to think about issues of safety as central to patients in the psychotic range.
- Psychotic-level dynamics of terror and humiliation require clinicians to be both realistically authoritative and profoundly egalitarian.
- Normalizing is usually important for patients with psychotic tendencies.
- Education is usually necessary for patients dealing with psychotic confusions.
- Therapists of patients with psychotic tendencies need to be especially appreciative of health-seeking aspects of their symptoms.

Healthy motives in “crazy” behavior:



Lauveng, A. (2012). *A road back from schizophrenia: A memoir*. New York: Skyhorse.

Clinical implications of a dimensional view of psychosis

- It allows therapists and patients to relate empathically as one vulnerable human being to another.
- It permits therapists to think about and address issues of safety as central to patients in the psychotic range.
- Psychotic-level dynamics of terror and humiliation require clinicians to be both realistically authoritative and profoundly egalitarian.
- Normalizing is usually important for patients with psychotic tendencies.
- Education is usually necessary for patients dealing with psychotic confusions.
- Therapists of patients with psychotic tendencies need to be especially appreciative of health-seeking aspects of their symptoms.

Therapy should be conversational and active.

Therapy with Patients in the Psychotic Range: Classic Resources

- Arieti, S. (1974). *Interpretation of schizophrenia* (2nd ed.). New York: Basic Books.
- Eigen, M. (1986). *The psychotic core*. New York: Jason Aronson.
- Fromm-Reichmann, F. (1950). *Principles of intensive psychotherapy*. Chicago: University of Chicago Press.
- Karon, B. P., & VandenBos, G. R. (1981). *Psychotherapy of schizophrenia: The treatment of choice*. New York: Jason Aronson.
- Sass, L. A. (1992). *Madness and modernism: Insanity in the light of modern art, literature, and thought*. New York: Basic Books. Rev. ed. 2017, Oxford U. Press.
- Searles, H. F. (1965). *Collected papers on schizophrenia and related subjects*. New York: International Universities Press.
- Steiner, J. (1993). *Psychic retreats: Pathological organizations in psychotic, neurotic and borderline patients*. London: Routledge.
- Sullivan, H. S. (1962). *Schizophrenia as a human process*. New York: Norton.

Therapy with patients in the psychotic range: Newer resources

-
- Atwood, G. E. (2011). *The abyss of madness*. New York: Routledge.
- Cosgro, M., & Widener, A. (Eds.) (2018). *The widening scope of psychoanalysis: Collected essays of Bertram Karon*. Queens, NY: International Psychoanalytic Books.
- McWilliams, N. (2015). More simply human: On the universality of madness. *Psychosis*, 7, 63-71.
- Garrett, M. (2019). *Psychotherapy for psychosis: Integrating cognitive-behavioral and psychodynamic treatment*. New York: Guilford.
- Marcus, E. R. (2003). *Psychosis and near psychosis: Ego functions, symbol structure, treatment*. Madison, CT: International Universities Press.
- Saks, E. R. (2008). *The center cannot hold: My journey through madness*. New York: Hyperion Press.
- Lauveng, A. (2012). *A road back from schizophrenia: A memoir*. New York: Skyhorse.
- Werman, D. S. (2015). *The practice of supportive psychotherapy*. New York: Routledge.



Thank you!

nancymcw@aol.com

Psychodynamic Diagnostic Manual

second edition

PDM-2

edited by

Vittorio Lingiardi
Nancy McWilliams

Organization of PDM-2

- **Adult section**
 - **Personality Patterns and Disorders**
 - **Levels of personality organization**
 - **Styles of personality**
 - **Mental Functioning Axis**
 - **Symptom Axis**
 - **Illustrative cases**

Subsequent sections

- Infant/preschool
- Child
- Adolescent
- Elderly
- Tools

Changes/Improvements in PDM-2

- Publication by a major publisher rather than privately
- Addition of psychotic level of personality organization
- Much more genuinely an international project
- Expansion of positive mental capacities
- Separation of Child and Adolescent sections
- Addition of section on later life
- Addition of clinician-friendly tools
- More extensive discussion of subjective experience of symptoms
- Research integrated throughout rather than in separate section
- Additional comparison/critique re: ICD, DSM
- More cultural context; hetero- and homo-typical foci