Levels of Severity of Personality Organization: Implications for Treatment

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**Early Freudian Ideas of “Fixation”**

- **Oral phase**: birth to 18 months. Child is organized around eating/survival; exploration by mouth; development of talking.

- **Anal phase**: 18 months to 3 years. Child faces original socialization into demands of community. Toilet training and attendant issues of cooperation vs. resistance, submission vs. rebellion, cleanliness vs. dirt, promptness vs. lateness.

- **Oedipal phase**: 3 to 6 years. Child perceives others as in relationship, with attendant issues of envy and competition; awareness of dangers of death and body injury, and associated fantasies.
Melanie Klein’s “positions”

- **Paranoid–schizoid position**: Self-centric. Splits between all-good and all-bad percepts. Effort to preserve the sense of good inside and project the bad outside.

- **Depressive position**: Appreciation of separateness of others leads to realization that caregivers and the self are combinations of good and bad, gratification and frustration.
Erikson’s Developmental Levels

- **Basic Trust vs. Distrust**: birth to 18 months
- **Autonomy vs. Shame and Doubt**: 18 months to 3 years
- **Initiative vs. Guilt**: 3 to 6 years
- **Further stages through the lifespan**
Mahler’s Separation–Individuation Stages

- **(Autistic phase):** First month

- **Symbiotic phase:** 2 months to 5 months

- **Separation–Individuation phase:** 5 months to 3 years:
  - Hatching (differentiation): 5–10 months
  - Practicing: 10–16 months
  - Rapprochement: 16–24 months
  - “on the way to object constancy”: 24–36 months

**Object Constancy:** From 3 years on.
Kohlberg’s Stages of Moral Development

- **Preconventional level**: Childhood
  - Stage one: Actions judged by consequences
  - Stage two: Actions driven by obedience/punishment and self-interest

- **Conventional level**: Adolescents and adults
  - Stage three: Actions judged by good intentions
  - Stage four: Actions driven by authority and social order

- **Post-conventional (Principled) level**:
  - Stage five: Actions driven by social contracts
  - Stage six: Actions driven by universal ethical principles
  (Transcendent level)
Fonagy’s Phases of Development

- **Psychic equivalence phase**: birth to 18 months: The external world is isomorphic with the internal world.

- **Pretend phase**: 18 months to 3 years: Internal state is decoupled from external reality but thought to have no implications for the outside world.

- **Mentalization phase**: 3 years and upward: Capacity for plausible interpretation of one’s own and others’ behavior in terms of underlying mental states: Reflective function.
Factors influencing level of functioning

- **Fixation**: Temperament and early life experience did not allow full maturation into the subsequent stages.
  - Repressed versus unformulated affect

- **Regression**: Traumatic experience has knocked the person back to previous modes of functioning.
  - Traumatic loss as activating paranoid–schizoid dynamics even in very psychologically healthy people
Origins of the concept of a borderline range of organization:

Dimensional conceptualizations emerging from clinical experience

Kernberg’s Borderline personality organization

drawing on Klein, Object Relations theory, Ego Psychology

Masterson, Rinsley, and other developmental perspectives
influenced by Margaret Mahler’s work


Giovanni Liotti’s multiple integration model
influenced by cognitive psychology and attachment theory

Contributions of research on affect and its communication


Peter Fonagy and Mentalization-Based Therapy

based on attachment research


Russell Meares’s Conversational Model
based on self psychology, research in trauma and dissociation

Clara Mucci’s Affect Regulation Model
based on Kernberg, trauma/neuroscience research

Marsha Linehan’s Dialectical Behavior Therapy

based on behaviorism, cognitive therapy, zen buddhism, personal experience

Contemporary relational psychoanalysis

based on interpersonal and relational theories, dissociation studies

Areas of agreement: work with patients in the borderline range

1. Centrality of therapeutic relationship
2. Importance of limits, boundaries, contracts
3. Discouragement of regression
4. Emphasis on the here-and-now
5. Expectation of intensity, strong counter-transferences, permeability, enactment
6. Inevitability of either-or dilemmas
7. Requirement that the therapist be more emotionally expressive
8. Necessity of supervision and consultation

“When she was good, she was very, very good, but when she was bad, she was horrid.” A dimensional understanding of histrionic psychologies.
Dimensional conceptualizations emerging from clinical experience

A psychotic level of personality organization

Psychodynamic Diagnostic Manual
second edition
PDM-2

edited by
Vittorio Linciardi
Nancy McWilliams
“Evidence–based” treatments are established by research that eliminates the more seriously disturbed patients in any category of psychopathology.

The dimensionality of psychosis


“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 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

Therapy with patients in the psychotic range: Newer resources

Integrating CBTp with a psychoanalytic understanding of psychosis (2019)
Thank you!

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