Rethinking Madness: An Argument for a Dimensional View of Psychopathology

January 31, 2020
Duquesne University
Pittsburgh, PA

Nancy McWilliams, PhD, ABPP
Graduate School of Applied & Professional Psychology, Rutgers University
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.)
What Should Have Been
What Should Have Been
What Actually Occurred
What Actually Occurred
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

“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

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.

A psychotic level of personality organization


Dimensional conceptualizations emerging from clinical experience

Empirical support for a severity dimension

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 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:

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

Thank you!
nancymcw@aol.com