Nancy McWilliams “Psychoanalytic Diagnosis”

p.8 Once the patient feels close to the therapist, it may become *harder* for him or her to bring up certain aspects of personal history or behavior.

p.17 Therapists, who are themselves often rather depressive people, are quick to turn any apparent treatment setback into an opportunity for self-censure.

p.22 depressive – oral; obsessional – anal; hysterical – phallic.

p.27 not only mature defenses, but a variety of defenses.

p.40 Developmental level = degree of pathology (How nuts?); Personality organization and defensive style = character (Nuts in what particular way?)

p.44 It was as if the neurotic person were like a pot on the stove with the lid on too tight, making the therapist’s job to let some steam escape, while the psychotic pot was boiling over, necessitating that the therapist get the lid back on and turn down the heat.

p.46 Under circumstances when the patient’s aims and the analyst’s conception of how to pursue realistically achievable objectives were at variance, the analyst’s *educative role* became much more critical to the outcome of the therapeutic relationship. It became the job of the therapist first of all to convey to the patient how the therapist saw the problem. Psychoanalytic lingo for this process is **“making ego alien what has been ego syntonic”**.

p.54 While the presence of primitive defenses does not rule out the diagnosis of neurotic level of character structure, the absence of mature defenses does.

p.55 **As a case in point, a neurotic woman with a housecleaning compulsion will be embarrassed to admit how frequently she launders the sheets, while a borderline or psychotic one will feel that anyone who washes the bedding less regularly is unclean.**

p.56 LB gerai, jei from the first session client and therapist feels on one side and on the other side is some part of the client.

p.59 Psychoanalytically influenced studies of the families of schizophrenic people in the 1950-1960ies consistently reported patterns of emotional communication in which the psychotic child received subtle messages to the effect that he or she was not a separate person but an extension of someone else.

p.60 Countertransference with psychotic people is remarkably like normal maternal feelings towards infants under a year and a half.

p.62 Borderline patients may have identity confusion, but they know they exist.

p.72 Parodyti klientui, kad esi trustworthy = safe object.
To prove that one is a safe object is not so easy.

p.73 With more troubled clients, one must be willing to be known.
It is natural for the therapist to feel irritated with any patient at various points during treatment, especially when the person seems to be behaving self-destructively.

p.76 Su sveikesniais mažiau realus objektas T būna, tada analizuoja perkėlimą. Su labiau sugriuvusiais → realesnis, kad neišgąsdintų.
Offering direction is ordinarily out of place with healthier people, as it implicitly infantilizes a person who has psychological autonomy.

p.79 **It is better to wait too long than not long enough.**

p.81 The aim of therapy for people with borderline structure is the development of an integrated, dependable, complex and positively valued sense of self.
Borderline person does not have an integrated observing ego that sees things the same way the therapist does.

p.82 Borderline mėtosi tarp simbiozės ir hostile, isolated separateness.
Dedant ribas siunti šią žinią: 1) T regards the P as a grown-up and has confidence in his or her ability to tolerate frustration; 2) the therapist refuses to be exploited and is therefore a model of self-respect.

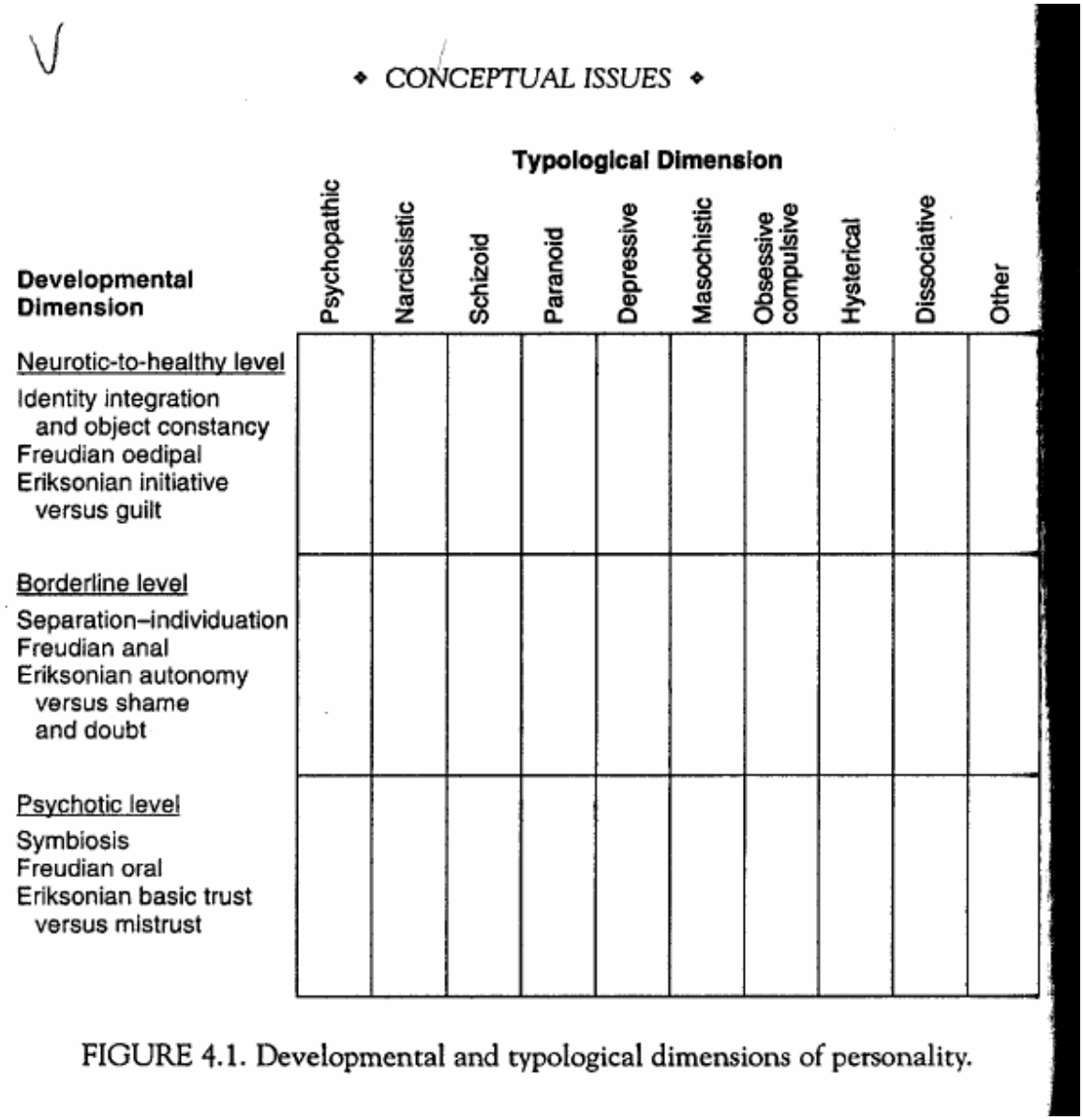

FIGURE 4.1. Developmental and typological dimensions of personality.

p.97 Žmonės naudoja gynybas tam, kad 1) the avoidance or management of some powerful and threatening feeling, usually anxiety ir 2) the maintenance of self-esteem.

p.98 Primitive defenses kaip boundary tarp self ir outer world. Mature defenses kaip boundary tarp id, ego, superego.

p.100 Primitive withdrawal → *schizoid.* Advantage – psychological escape from reality and requires little distortion of it.

p.102 Denial → *hypomanic.*

p.104 Omnipotent control → *psychopathic.*

p.105 Primitive idealization → *narcissistic.*
One way that youngsters cushion themselves against these overwhelming fears is to believe that *someone*, some benevolent, all-powerful authority, is in charge.
Normal idealization is an essential component of mature love.

p.106 In general, the more dependent one is or feels, the greater the temptation to idealize.
Self-esteem strivings in people who are organized around idealizing become contaminated by the idea that one must perfect the self rather than accept it in order to love it.

p.108 **Projection is the process whereby what is inside is misunderstood as coming from outside. Introjection is the process whereby what is outside is misunderstood as coming from inside.**
Projection → *paranoid*
Introjection → *depressive*
Projective identification (projection+introjection) → *borderline personality organization*

p.114 Dissociation → *multiple personality*

p.123 The experience is not totatlly obliterated from conscious experience, but its emotional meaning is cut off. (Isolation)

p.124 In isolation defense one reports that he or she has no feelings, while the one who intellectualizes talks *about* feelings in a way that strikes listeners as emotionless.

p.125 People rarely admit to doing something just because it feels good; they prefer to surround their decisions with good reasons.
When one is rationalizing, one unconsciously seeks cognitively acceptable grounds for one's direction; when one is moralizing, one seeks ways to feel it is one's *duty* to pursue that course.

p.127 When someone compartmentalizes, he or she holds two or more ideas, attitudes, or behaviors that are essentially and definitionally in conflict, without appreciating the contradiction.

p.128 UNDOING. An everyday example would be a spouse's arriving home with a gift that is intended to compensate for last night's temper outburst. T.y. the unconscious effort to counterbalance some effect – usually guilt or shame – with an attitude or behavior that will magically erase it.

p.129 TURINING AGAINST THE SELF. For children, who have no choice about where they live and who may pay a high price for offending a touchy caregiver, the defense of

turning against the self can distract them from the much more upsetting fact that their well-being depends on an undependable adult.

p.133 This particular version of *reversal* is a time-honored device of therapists, who are often uncomfortable with their own dependency but happy to be depended upon.

p.139 The term *acting out* thus properly refers to any behavior that is assumed to be an expression of transference attitudes that the patient does not yet feel safe enough to bring into treatment in words.

p.141 Stoller's work with sexually masochistic people revealed that a significant number of them had suffered invasive and painful medical treatments as young children.

p.143 The goals of analytic therapy include: 1) understanding of all aspects of the self, even the most primitive and disturbing ones, 2) the development of compassion for oneself (and others), 3) the expansion of one's freedom to resolve old conflicts in new ways.

Primitive withdrawal → *schizoid*
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Primitive idealization → *narcissistic*
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Dissociation → *multiple personality*
***
Repression → *hysterical personality*
Regression → *infantile personality*
Isolation → *obsessive*
Undoing → *compulsive*
Displacement → *phobic*
Acting out → *impulsive*

p.148 **Analytic experience suggests that while personality can be substantially *modified* by therapy, it cannot be *transformed*. A therapist can help a depressive client to be less destructively and intransigently depressive but cannot change him or her into a hysterical or schizoid character.**

ANTISOCIAL

p. 151 Basic failure of human attachment and a reliance on very primitive defenses.

p. 153 the clinician cannot expect to connect with the patient by reflecting his or her feelings.
Primary defense – omnipotent control.
Law enforcement agents are repeatedly astounded at how readily criminals will confess to homicide yet will hide lesser offenses evidently because these are seen as signs of weakness.

p.155 Dissociation of personal responsibility.
Action when aroused or upset and no experience of the increase in self-esteem that comes from control of impulse.
They do feel anxiety but act out so fast to relieve themselves of such a toxic feeling that the observer has no chance to see it.

p.158 One other feature of self-experience in the psychopathic patient that deserves mention is *primitive envy*, the wish to destroy that which one most desires.

p.161 When I work with sociopathic patients, I insist on payment at the beginning of each session and send the client away in its absence – no matter how reasonable the explanation offered. (Reikia užsitarnauti tokių asmenybių pagarbą per savo jėgos demonstravimą).

p.163 The first step in developing a conscience (superego) is to care about someone to the degree that that person's opinion matters.

p.164 Lesson every police officer learns about investigating a crime: Never show the suspect that it is important to you to get a confession.

NARCISSISTIC

p.168 Savivertę pasikelia iš kitų affirmation.
There is something missing from their inner lives.

p.170 Image replaces substance (svarbu ne gerai jaustis, bet gerai atrodyt)

p.171 What narcissistic people of all appearances have in common is an inner sense of, and/or terror of, insufficiency, shame, weakness, and inferiority.
Kind of infant who seems preternaturally attuned to the unstated affects, attitudes, and expectations of others.

p.173 Most important defenses: idealization and devaluation.

p.175 Their need for others is deep, bet their love for them is shallow.

p.178 the patient needs external affirmation in order to feel internal validity.

p.179 being ignored as a real person.

p.181 A T who is able to help a narcissistic person to find self-acceptance without either inflating the self or disparaging (sumenkindamas) others has done a truly good deed, and a difficult one.

p.183 It is critical that when one acknowledges one's inevitable errors, one does not become excessively self-critical.

p.184 Narcissistic people have deep shame about asking for anything.

p.186 Narcissistic people are *empty*, while depressive are *full* of complaints, guilt and so on.

SCHIZOID

p.188 primitive withdrawal

p.190 Hyperreactive and easily overstimulated. Sensitive.
It is as if the nerve endings of schizoid individuals are closer to the surface than those of the rest of us.

p.191 to withdraw, to seek satisfaction in fantasy, to reject the corporeal world (kūnišką).
Bury both their hunger and their aggression under a heavy blanket of defense.
They may suffer considerable anxiety about basic safety.

p.192 Among mature defenses – intellectualization.
The most adaptive and exciting capacity of the schizoid person is creativity.
The sublimation of autistic withdrawal into creative activity is a primary goal of therapy with schizoid patients.

p.193 Primary conflict: closeness and distance, love and fear.
"Come close for I am alone, but stay away for I fear intrusion".

p.194 Type of family: seductive or boundary-transgressing mother and an impatient, critical father.
They feel deeply hopeless.

p.195 The schizoid self always stands at a safe distance from the rest of humanity.
Priešinasi visuomenės normoms.

p.196 Abandonment is a lesser evil than engulfment.

Philobat – lover of distance, ocnophil – lover of closeness.
Are attracted to warm, expressive, sociable people such as those with hysterical personalities.
The nonschizoid partner tries to resolve interpersonal tension by continually moving closer, while the schizoid person, fearing engulfment, keeps moving farther away.
Some gravitate to careers in psychotherapy, where they put their exquisite sensitivity to use safely in the service of others.
Self-esteem is often maintained by individual creative activity.
Schizoid person wants confirmation of his or her genuine originality, sensitivity, and uniqueness.

p.197 At other times, they may arrive for treatment afraid – often rightly – that they are on the brink of going crazy.

p.198 The initial challenge for T is to find a way into the patient's subjective world without arousing too much anxiety about intrusion.

p.199 Since most therapists have somewhat depressive psychologies, such that their fears of abandonment are stronger than fears of engulfment, they naturally try to move close to people they wish to help. Su šizoidu daug geriau veikia erdvės ir laisvės davimas nei artumas ir empatija.

p.200 Normalizing is an important part of effective therapy with schizoid people.

p.201 Relationship with T may substitute real life relationships.

PARANOID

p.205 The essence of paranoid personality organization is the habit of dealing with one's felt negative qualitites by projecting them

p.206 A paranoid person has to be in fairly deep trouble before he or she seeks psychological help

p.207 The source of problems is outside (depressive – within)

p.208 Affectively, paranoid people struggle not only with anger, resentment, vindictiveness and the other hostile feelings, they also suffer overwhelmingly from fear.

p.209 Nori dvasinio artumo su same-sex, bet išsigąsta ir projektuoja, kad mergina nori būti neištikima.

p.211 Clinical experience suggests that children who grow up paranoid have suffered severe insults to their sense of efficacy; more specifically, they have repeatedly felt overpowered and humiliated.

p.212 The mother was also confused about the line between fantasy and behavior and hence conveyed to her child that thoughts equaled deeds.

p.214 They never feel fully safe and spend an inordinate amount of their emotional energy scanning the environment for dangers.

p.216 The main way in which paranoid people try to enhance their self-esteem is through exerting effective power against authorities and other people of importance. They may fix their eyes relentlessly on the therapist in what has been called the "paranoid stare".

p.217 **When a paranoid person truly trusts the therapist, the treatment is over, and it has been a huge success.**

p.218 Humor is indispensable in therapy – perhaps especially with paranoid clients – since jokes are a time-honored way to discharge aggression safely. (Tik negalima apie jį juokaut. Apie save, pasaulio prieštaringumus ir t.t.).

p.221 Comments should be made in a throw-away line, so that the patient can either take it or leave it.

p.222 "I'm doing good deeds and thinking very bad thoughts!" – message that is healing to paranoid clients.
T should be hyperattentive to boundaries.

p.223 They are confused at where thoughts leave off and actions begin.
They need to know that the person treating them is stronger than their fantasies. Sometimes what matters more than what is said to a paranoid person is how confidently, forthrightly, and fearlessly the therapist delivers the message.

DEPRESSIVE AND MANIC

p.228 A substantial proportion of psychotherapists are characterologically depressive.

p.229 At the highly disturbed end of the spectrum one finds the delusional and ruthlessly self-hating mental patients who, until the discovery of antidepressive medicines, could absorb years of a devoted therapist's efforts and still believe uncritically that the best way to save the world was to destroy the self.

p.231 Defense – introjection.

p.232 These well-known depressive dynamics create a pervasive feeling that one is bad, has driven away a needed and benevolent person, and must work very hard to prevent one's badness from provoking future desertions.

p.233 Turining against the self is a predictable outcome of an emotionally insecure history.

p.235 Many of my depressive patients were called names whenever they could not control their natural regressive reactions to family difficulties; as adults, they abused themselves psychologically in parallel ways whenever they were upset.

p.237 **Human beings seem not to have been designed to handle as much instability in their relationships as contemporary life provides.**
They try very hard to be "good", but they fear being exposed as sinful and discarded as unworthy.
"Bad things happen to me because I deserve them"

p.238 no one deserves to be treated abusively, no matter how legitimate are their persecutor's complaints.
Many individuals with depressive personalities are able to maintain a stable sense of self-esteem and avoid depressive episodes by doing good.

p.240 Sometimes they would commit suicide after years of treatment because they could not bear to start feeling hope and thereby risk another devastating disappointment.

p.241 Kartais countertransference būna: demoralized, incompetent, blundering, hopeless, and in general "not good enough" to help the client.
The most important condition of therapy with a depressed or depressively organized person is an atmosphere of acceptance, respect, and compassionate efforts to understand.

p.242 Long silences are to be avoided.

p.244 Ne pyktis atstumia žmogų, bet pykčio slopinimas ir vaidyba...

p.245 Don't support the ego; attack superego.
Depressive people work so hard they are usually exemplary in the patient role.
Pabaigti tegul jie sprendžia kada ir palikti atviras duris dėl grįžimo.

p.249 The core defenses of manic and hypomanic people are denial and acting out.
For manic person, anything that distracts is preferable to emotional suffering.

p.250 One hypomanic man has moved 26 times in his first 10 years of life.
Manic individuals are afraid that if they do not keep moving, they will fall apart.

p.252 Su manikais reikia sudaryti kitokį kontraktą, kad taip lengvai nepabėgtų. Sutarti iš anksto, kad būtinai tiek ir tiek sesijų atlankytų.

p.253 In their efforts to avoid psychic pain, most manic people have learned to say whatever works.

MASOCHISTIC PERSONALITIES

p.258 Austrian writer Leopold von Sacher-Masoch – sought orgasm via torment and humiliation.
Most mammals, in fact, put the welfare of their young ahead of their personal survival.

p.259 Children learn on their own that one way to get attention from caregivers is to get themselves in trouble.
The person who behaves masochistically endures pain and suffering in the hope, conscious or unconscious, of some greater good.

p.261 Masochistic are more active than depressives.
The hallmark of masochistic personality is defensive acting out in ways that risk harm.

p.262 Those who suffer most in childhood usually suffer most as adults, and in scenarios that uncannily mirror their childhood circumstances.

p.263 Collecting and bemoaning injustices rather than eliminating one.

p.264 Emmanuel Hammer is fond of saying that a masochistic person is a depressive who still has hope.

p.265 “Please don’t leave me; I’ll hurt myself in your absence”
These gravely endangered people fear abandonment much more than they fear pain or even death.

p.266 It feels better to be beaten than it is to be neglected.

p.267 The paranoid solution in the face of this anxiety is something like “I’ll attack you before you attack me”, while the masochistic response is “I’ll attack myself first so you don’t have to do it”.
The paranoid person sacrifices love for the sake of power, the masochistic one does the reverse.

p.270 Masochistic clients can be infuriating. There is nothing more toxic to a therapist's self-esteem than a patient who sends the message "Just try to help me – I'll only get worse".

p.271 Svarbiausia su mazochistu nebūti pačiam mazochistišku. Rodyti gerą pavyzdį. Kitiems charakteriams galima leisti įsiskolinti, bet tik ne mazochistui.

p.273 Instead of "You poor thing!", one tactfully asks, "How did you get yourself into that situation?".
Self-defeating people believe that the only effective way to elicit warmth is to demonstrate helplessness.

p.274 "The only reason something good happened to me was that I was sufficiently self-punitive".

p.275 Omnipotent fantasies behind masochistic behaviors die hard.

p.276 If one treats a depressive person as masochistic, one may provoke increased depression and even suicide, as the client will feel both – blamed and abandoned.

OBSESSIVE AND COMPULSIVE PERSONALITIES

p.279 Tampama, jei thinking and doing prople other activities.
The „workaholic" and the „Type A personality" are variations on the OC theme.

Obsessions – unwanted thoughts
Compulsions – unwanted actions

p.281 The rectal sphincter does not mature until around 18 months. Hence, the authoritative advice to middle-class parents early in the 20th century to start toilet training in their child's first year was disastrous.

p.282 The need to feel in control, punctual, clean, and reasonable, rather than out of control, erratic, mess, and caught up in emotions.
The basic affective conflict is rage versus fear, but it is suppressed.

p.284 Compulsivity differs from impulsivity in that a particular action is repeated over and over in a stylized and sometimes escalated way.

p.285 Compulsive actions often have the unconscious meaning of undoing a crime.
As was true for the general meaning of masochism, most behavior that we consider pathological is by definition compulsive in a broad sense: The doer seems driven to act again and again in ways that prove useless or harmful.

p.286 All think at some level that they can control the uncontrollable if only they do the right thing.

p.288 Eating disorders kaip OC forma.

p.290 Their self-esteem comes from meeting the demands of internalized parental figures who hold them to a high standard of behavior and sometimes thought.
Dažnai ateina į terapiją, kad pasirinktų tarp dviejų vaikinų, studijų programų ir t.t.

p.291 Darley study – situational factors, not dispositional, predicted helping behavior.

HYSTERICAL

p.301 Psychoanalysis began with the effort to understand hysteria

p.304 Repression, sexualization and regression.

p.306 It was symptoms like glove paralysis that inspired Freud to conceive of hysterical ailments as effecting a *primary gain* in the resolution of a conflict between a wish (to masturbate) and a prohibition (against masturbating), and also *secondary gain* in the form of concern and interest from others.

p.307 They may become helpless and childlike.
They approach what they unconsciously fear.

p.308 Young girl may notice that her father and the male members of the family have much more power than her mother, herself and sisters.

p.309 It has often been observed that the fathers of many histrionic women were both frightening and seductive.

p.311 Self-esteem in histrionic people is often dependent on their repetitively achieving the sense that they have as much status and power as people of opposite gender.

p.312 Hysterically organized individuals tend to feel unconsciously castrated.

p.313 They are more likely than other individuals to talk about their reactions to people in general and to the therapist in particular.

p.315 The appeal of playing Big Daddy to a helpless and grateful young thing is evidently quite strong.
The cultural acceptance of the phenomenon of the older or more powerful man's attraction to the younger or more needy woman, however, which has psychodynamic

roots in male fears of female engulfment that are assuaged by this paradigm, leaves men much more vulnerable to sexual temptation in their therapeutic role.

p.316 **Trying and failing to seduce someone is profoundly transformative to histrionic people**

DISSOCIATIVE

p.328 In order to become a multiple personality, one has to have the constitutional potential to enter a hypnotic state.

p.332 The outstanding feature of the childhood relationships of someone who becomes characterologically dissociative is abuse, usually including but not limited to sexual abuse.

p.333 1. Talented hypnotically. 2. Severely traumatized. 3. Dissociation is adaptive and to some extent rewarded by the family. 4. There is no comfort during and after traumatic episodes.

p.339 There is nothing fancy required to conduct good therapy with a dissociative client.

p.340 Most treatment failures occur when the pace of the therapy outsrips the patient's capacity to tolerate material.

p.341 "Field trips" – visit the scene of early traumas in order to establish the reality of what happened there.
Psychoanalytic chestnut "The slower you go, the faster you get there"