

## **BPA SOMMARIO DEL NUMERO 265 (settembre-dicembre 2012)**

### **EDITORIALE**

*Alessandro Zennaro*

**THE PSYCHODYNAMIC DIAGNOSTIC MANUAL (PDM) IN THE U.S.A. AND IN EUROPE: BETWEEN COMMERCIAL SUCCESS AND INFLUENCE ON PROFESSIONALS AND RESEARCHERS**

*Franco Del Corno & Vittorio Lingiardi*

**THE MENTAL FUNCTIONING PROFILE: SOME OPERATIONAL PROPOSALS**

*Cesare Albasi, Stefania Cristofanelli, Laura Ferro, Claudia Lasorsa Marina Panato, Claudia Pignolo & Alessandro Zennaro*

**TOWARDS THE VALIDATION OF THREE ASSESSMENT INSTRUMENTS DERIVED FROM THE PDM P AXIS: THE PSYCHODYNAMIC DIAGNOSTIC PROTOTYPES, THE CORE PREOCCUPATIONS QUESTIONNAIRE AND THE PATHOGENIC BELIEFS QUESTIONNAIRE**

*Francesco Gazzillo, Vittorio Lingiardi & Franco Del Corno*

**THE SUBJECTIVE EXPERIENCE OF PSYCHOPATHOLOGICAL SYMPTOMS: CLINICAL ISSUES AND RESEARCH IMPLICATIONS OF THE PDM S AXIS**

*Emanuela Mundo, M.D.*

**INFANCY, CHILDHOOD AND ADOLESCENCE IN THE DIAGNOSTICS OF THE PSYCHODYNAMIC DIAGNOSTIC MANUAL (PDM)**

*Anna Maria Speranza & Alexandro Fortunato*

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### **THE PSYCHODYNAMIC DIAGNOSTIC MANUAL (PDM) IN THE U.S.A. AND IN EUROPE: BETWEEN COMMERCIAL SUCCESS AND INFLUENCE ON PROFESSIONALS AND RESEARCHERS**

*Franco Del Corno & Vittorio Lingiardi*

Psychodynamic Diagnostic Manual is the nick-name of an Algerian Facebooker (the short version is Psychodynamic) who posted the cover of the original edition of the PDM as a portrait, has six friends, loves the Real Madrid among the football clubs, and is formally engaged. At the same time, the PDM is the most interesting diagnostic proposal from the fields of psychology and psychoanalysis. It is also a manual with good diffusion if, as Paul Stepansky stated, 'to achieve commercial success of this order, the "psychoanalytic" appellation must be diluted to "psychodynamic", and the psychodynamic "terms" and "concepts" offered in a user-friendly format intended to broaden rather than supplant other diagnostic frameworks. This is the very formula that has made the recently self-published Psycho-dynamic Diagnostic Manual, collectively authored by an "Alliance of Psychoanalytic Organizations," a stunning success, with sales, as of March, 2008, of over 20,000 copies' (Stepansky, 2009, p. 66). The aim of this short paper is to illustrate the PDM's fortune in North America and Europe. In looking toward a second edition of the PDM, we believe it appropriate to make some observations about the penetration and diffusion of the PDM in different professional and cultural contexts.

## **THE MENTAL FUNCTIONING PROFILE: SOME OPERATIONAL PROPOSALS**

*Cesare Albasi, Stefania Cristofanelli, Laura Ferro, Claudia Lasorsa Marina Panato, Claudia Pignolo & Alessandro Zennaro*

**SUMMARY.** The PDM (Psychodynamic Diagnostic Manual) represents an essential tool for the conjunction between case clinical formulation and nosographic diagnosis. As for the PDM becomes an essential "synthesis" approach toward the various and complex psychodynamic "Know How". In the meanwhile it also supplies to some unequivocal limits of the international nosography. Despite these undeniable merits, the PDM, in its actual conformation, also presents some limits. The purpose of this work consists in trying to fill these gaps, so as to facilitate its clinical use. The goal we aim at is due to the fact that the Manual needs to be improved about M and MCA Axis, although enriched by the given considerations. Such characteristic has reference to three domains: a) the reference to a consolidated but not always current and up-to-date literature; b) a limited attention to clinic practice; c) poor clarity of mental functioning categories defining process. Our contribution to the PDM clinical applicability goes through: – analysis of the original Manual bibliography; – close examination of the most recent literature with the purpose to improve the theoretical synthesis; – diagnostic tools proposal easy to be used in the professional practice. For each of the 9 categories of M and MCA Axis, we will implement therefore an exposure aimed to the: a. definition of the Mental Function introduced in the manual; b. examination of probable criticisms about the proposed definition; c. proposal of psychodiagnostic tools useful for a clinical evaluation of the mental function under examination. This paper ends with the presentation of a diagnostic tool specifically created to organise clinical observation of mental functions according to the PDM's perspective.

## **TOWARDS THE VALIDATION OF THREE ASSESSMENT INSTRUMENTS DERIVED FROM THE PDM P AXIS: THE PSYCHODYNAMIC DIAGNOSTIC PROTOTYPES, THE CORE PREOCCUPATIONS QUESTIONNAIRE AND THE PATHOGENIC BELIEFS QUESTIONNAIRE**

*Francesco Gazzillo, Vittorio Lingiardi & Franco Del Corno*

**SUMMARY.** Objective: The aim of this paper is to explain the procedures used and show the results obtained from an empirical study on the assessment of personality disorders using three empirical instruments derived from the P Axis of the Psychodynamic Diagnostic Manual (PDM) (PDM Task Force, 2006): the Psychodynamic Diagnostic Prototypes (PDP), the Core Preoccupations Questionnaire (CPQ) and the Pathogenic Beliefs Questionnaire (PBQ). Methodology: Six graduate students in clinical psychology, who were working on their dissertation theses in Clinical Assessment and Diagnosis and were enrolled in clinical training in the Italian National Health System, were trained by experts to perform diagnoses using the PDM. They performed a systematic interview for personality assessment, the Clinical Diagnostic Interview (CDI) (Westen & Muderrisoglu, 2003), with 200 patients who were receiving psychological and/or pharmacological treatments by clinicians who worked in the Mental Health Units of the National Health System. These patients were assessed using the DSM-IV-TR Axis II criteria and the new instruments to be validated. The clinicians who were treating these patients independently assessed them with the same instruments on the basis of their knowledge of the patients. Eventually, raters and clinicians utilized a specific clinical form for gathering information about their work and their patients. Results: The results of this study seem to support the empirical soundness (face validity, cross-informant/cross-method reliability, convergent, discriminant and concurrent validity) and the clinical usefulness of the PDP, CPQ, and PBQ. Conclusion: The results of this study seem to support the reliability and validity of the new instruments derived from the PDM.

**Keywords:** Assessment, Personality, PDM

## **THE SUBJECTIVE EXPERIENCE OF PSYCHOPATHOLOGICAL SYMPTOMS: CLINICAL ISSUES AND RESEARCH IMPLICATIONS OF THE PDM S AXIS**

*Emanuela Mundo, M.D.*

**SUMMARY.** Objectives: The aim of this paper is to comment upon and discuss clinical and research issues related to the S Axis of the Psychodynamic Diagnostic Manual (PDM). The S Axis has been designed and created to assess the subjective experience of psychopathological symptoms that currently occur in psychiatric disorders. When compared to other diagnostic evaluations and classifications, The S Axis represents a substantial evolution in the description of the diagnostic profile of psychiatric patients. It meets the need of integrating the subjective dimension and the inter-individual variability of symptom presentation with the category-based homogeneity pursued by other diagnostic systems. The S Axis characteristics together with the clinical implications involved in using this diagnostic approach for case and prognosis formulation, and treatment planning will be considered. Limits and future direction of research on the use of the S Axis will be also discussed. Methodology: clinical and research considerations begin with the evaluation of the cultural context within which the S Axis was created. Differences between classical categorical Axis I DSM-based diagnoses and S Axis symptom profiles are described, with particular attention to the heterogeneity of clinical symptom presentation and to the impact of a more dimensional approach on case formulation, treatment monitoring and outcome assessment. Also, the issue of the observed high prevalence of comorbidity across different psychiatric disorders, as a possible artifact due to the diagnostic method itself, is critically discussed in the light of recent literature. Results: The S Axis of PDM appears to provide a more complete and complex assessment of patients and their symptoms. The use of the S Axis, which implies considering "symptom patterns" as opposed to one or more diagnostic categories, results in a significant advantage for the clinician, allowing a better case and prognosis formulation, as well as more precise treatment planning and outcome evaluation in a real psychodynamically oriented perspective. Conclusions: Future directions of research should pursue the validation of specific assessment instruments for the subjective experience of psychopathological symptoms. The availability of such rating instruments will allow using the PDM S Axis also in clinical research settings to evaluate the efficacy and the neurobiological effects of long-term psychodynamic treatments.

**Keywords:** S Axis, PDM, subjective experience, comorbidity, assessment instruments

## **INFANCY, CHILDHOOD AND ADOLESCENCE IN THE DIAGNOSTICS OF THE PSYCHODYNAMIC DIAGNOSTIC MANUAL (PDM)**

*Anna Maria Speranza & Alexandro Fortunato*

**SUMMARY.** Objective: In this work we propose to illustrate advantages and limitations of the PDM in the area of infancy, childhood and adolescence. Methodology: To introduce these reflections we define the context of diagnosis during childhood and the theoretical reference model of the PDM, in order to present to the reader the diagnostic system describing its principal characteristics. A contextual comparison with other diagnostic systems for these age groups is proposed and some areas of particular importance proposed by the PDM are discussed, as regards continuity, relationships and emerging personality patterns. Results: Current strong points and limitations of these two systems (the IEC Axis and Classification of Child and Adolescent Mental Health Disorders) are highlighted, considering the possibility of implementing some lines of clinical research and of providing useful stimuli to facilitate the spread and clinical use of the diagnostic system, potentially contributing to a revision of the system. Conclusion: The PDM provides a significant approach to the assessment and diagnosis of infants, children and adolescents from a psychodynamic perspective.

**Keywords:** Infancy, Childhood, Assessment, PDM

## **THE ABSENCE OF ELDERLY PEOPLE IN THE PDM: A WRONG TO BE REDRESSED?**

*Giuseppe Cafforio, Emanuela Brusadelli & Sarah Francavilla*

**SUMMARY.** This paper is meant to be a critical contribution as to the absence, in the PDM as in other diagnostic manuals, of a section concerning elderly persons. A reading of this absence will be attempted. According to authors, the absence of the elderly in the PDM has deep and branched roots dating back to different directions also comprehending social, cultural and economic aspects, children of time and society. The article does not wish to – and it cannot – put forward an exhaustive proposal filling a hypothetical void. Rather, it is intended to raise some important questions regarding the difficulties in making diagnosis when facing with an elderly person's uneasiness or mental suffering. The question in the title entails more queries and suggestions that will attempt to widen the subject, to render it interesting, and to open a prospect of the longed for PDM II. For example, it could be agreed that in a diagnostic manual there ought to be a section dedicated to the elderly, whatever its orientation may be. At the same time, it should be pointed out the danger that such a text might represent a "ghettization" of the elderly, a sort of special "pathologization" in deep discontinuity with adult's psychopathology, and even deeper with the child's or adolescent's ones. This article attempts to define what the elderly people's health is, whereas in collective imagination the associations "elderly-ill" and "elderly-involution" are dominant. Therefore, the translation of the conceptual terms of health proposed by the PDM will be attempted first, endeavoring to decline these terms for the elderly person. A reading of health indexes will be suggested (the seven factors of the Kernberg-Clarkin group: identity, object relations, affection tolerance, etc.) together with the integrations deemed unavoidable by authors (e.g. sense of transcendence, spirituality). Some reflections concerning the way to proceed in the diagnosis of elderly people, which is thought to differ from the way to proceed with adults, children and adolescents will be also suggested. For example, a dynamic re-examination of the use of the P, M and S axes will be suggested with a model accounting for the transforming somatic aspects concerning elderly people. In conclusion, reflections upon some specifications characterizing the subjective quality of depression and anxiety in elderly person will be suggested.

**Keywords:** elderly diagnosis, elderly hea