
Toward A New Understanding of Personality Organization: The Psychodiagnostic Chart as a Concept and Screening Tool in Mental Health

Ass.Prof.Dr. Valbona Habili Sauku *

Senior Lecturer, Department of Psychology and Pedagogy,
Faculty of Social Sciences, University of Tirana, Albania

ORCID ID:0000-0002-4398-6020

valbonahabili@gmail.com

Robert M. Gordon PhD A.B.P. P**

Board Certificate Diplomate of Clinical Psychology
Diplomate of psychoanalysis,
Osprey, Florida

Dr. Silva Ibrahimimi PhD ***

Research Director EYRA Psychosocial Assistance, Boston USA, Lecturer "University of Tirana"

ORCID ID: 0000-0003-3233-1157

Dott. Ervin Ibrahimimi MD****

Health Responsabile of Azzeruolo, Cooss- Marche, Italy

doi: <https://doi.org/10.37745/ijhpr.13/vol12n35061>

Published November 16, 2024

Citation: Sauku V.H., Gordon R.M., Ibrahimimi S. and Ibrahimimi E. (2024) Toward A New Understanding of Personality Organization: The Psychodiagnostic Chart as a Concept and Screening Tool in Mental Health, *International Journal of Health and Psychology Research*, Vol.12, No.3, pp.50-61

Abstract: *This study introduces the Psychodiagnostic Chart (PDC) and its later version, the PDC-2, into scientific evidence. The purpose of this work is to describe the utility of a new clinical tool for current and future mental health screening and treatment. The method of the present work is a descriptive qualitative based on previous research and preliminary data of the current study. The current study sample consists of a survey of mental health and psychosocial care providers in Italy (N=1000) regarding their attitudes toward the PDC-2. Regression analyses of the first and second examinations replicated by Ibrahimimi et al. (2022-2023) found that affect regulation (or level of defensive functioning) ($\beta = 0.35$, $t(93) = 6.01$, $p < 0.001$), reality testing ($\beta = 0.32$, $t(93) = 5.02$), relationship ($\beta = 0.19$, $t(93) = 3.76$, $p < 0.001$), and identity ($\beta = 0.19$, $t(93) = 2.69$, $p < .001$). The overall model produced an $R^2 = .89$, indicating that these four components accounted for 89% of the variance in the overall personality organization. Indices of the current research revealed that all predictor variables, including Affect regulation, Reality Testing, Object Relations, and Identity, were shown to have statistical significance for respondents ($R^2 = .898$). RCI and MANOVA test values showed a statistically significant difference in mental health practitioners and synchronous positive attitude engagement compared to the psychosocial assistants for the development of positive attitudes toward the utility of PDC-2 as a screening tool RCI = 7.657; MANOVA, $\alpha = .043$; $\eta^2 p = .453$; RCI: 0, 19; MANOVA, $\alpha = .075$; $\eta^2 p = .901$. Other assets assessed for clinical and*

statistical significance relate to the sample evaluation of the utility of PDC-2 for addressing Personality Organization (PO) compared to other tools, such as MMPI-2RF. Indices show that in the overall PDC-2 for PO is ($Z = 9,0987$; $Sig. = .720$) ($M = .53$; $SD = .50$) compared to the MMPI-2 R.F. ($Z = 2.801$; $Sig. = .601$) ($M = 2.16$; $SD = .560$). The authors recommend that using PDC-2 as a standard tool for screening parameters of personality organization is an extraordinary resource for clinical and mental health screening and prevention.

Keywords: psychodiagnostics chart, screening, personality organization, evolution, prevention.

INTRODUCTION

In their efforts to understand human identity, experts in the fields of psychology and sociology have often used different approaches and positions. Their arguments range from genuine intrapsychic and macro-social perspectives to identifying processes and associated terminologies (Ibrahimi & Gordon, 2020). Personality pathologies live on a continuum with a normal personality. In both cases, you can see the preservation of the ability to test reality. While in normal personality functionality is adequate and flexible, in personality pathologies there is rigidity and maladaptation of organization. The unconscious, routine, and repetitive defenses we use in various environments contribute to the development of human characteristics. The normal personality's flexibility and adaptability reflect the defensive nature of a healthy and mature personality, whereas the rigidity seen in pathological personalities indicates dysfunctional defense mechanisms. The current study uses an adult version, called the PDC-2Adult version, which is based on clinical trial populations, such as psychotherapists and client sessions. PDC-2 is a categorical and dimensional chart, ranging from (1) "most impaired" to (10) "healthy". Following the development of the second version of the PDM in 2016, the authors (Gordon & Bornstein, 2018; Gordon & Bornstein, 2015) developed a second version of the PDC, updated according to PDC reviews and research. As public mental health challenges take on additional dimensions and the psychodynamic manual is updated, it is expected that a third version of the instrument will be produced in the coming months (Gordon, 2022). Recently, psychodynamic conceptualization and addressing have been part of a broad academic discourse in the Western Balkans and Italy. Although practitioners who favor this approach in treatment are reluctant. In conducting the present study, we understood that a second gap also relates to the use of psychoanalytic tools. Although several schools of psychology have produced assessment tools that meet rigorous scientific standards, they are mainly focused on other psychotherapy approaches like Cognitive-Behavioral formulation (McWilliams, 2021; Bornstein, 2018). The concept of the Psychodynamic Diagnostic Manual-2 (PDM-2), is focused not only on a check of symptoms like the traditional diagnostic manuals (ICD; DSM) but also on a comprehensive understanding of the mental functioning, personality traits, and subjective experiences (Ibrahimi & Gordon, 2020).

The current article will discuss the advancement of the Psychodiagnostic Chart as a tool that facilitates the gaps in a throughout understanding of the patient and cases not only in therapy settings but also in academic research from an analytical perspective.

The Psychodiagnostic Chart (PDC) and Psychodiagnostic Chart-2 (PDC-2)

Research has reported that personality assessment can be assessed from different perspectives, such as (a) the clinician's perspective (clinician report); (b) the patient's perspective (self-report) (as MMPI-2); (c) significant reports of others about the patient; (d) an independent judge or patient observer; and (e) patient performance, often in unstructured or minimally structured tasks, previously described as projective (Patriarca et al.,2021; McWilliams,2021; Waldron et al., 2021; Bornstein,2018; Gazillo et al., 2012). The unconscious, routine, and repetitive defenses we use in various environments contribute to the development of human characteristics. Psychoanalytic approaches focus on the internal evaluation of the subject, including (a) the internal structure of the patient's personality; (b) the visible behavior of the patient in the social environment; (c) the patient's perception of his level of health and functional capacity; and (d) externally perceived behavior of the patient in the consultation setting (Patriarca et al.,2023; McWilliams,2021; Gordon et al.,2019; Bornstein,2018).As reported by Patriarca et al. (2023), Gordon et al. (2022), and McWilliams (2021) we should also recognize the effort exerted by patients in the psychotherapy process as a quantifiable resource. From a clinical perspective, comparisons between the findings of assessments developed from different perspectives and methodologies (clinician-report, self-report, other-report, or performance-based) can be quite informative to formulate a diagnosis and understanding the dynamics of personality and interpersonal functioning (Patriarca et al.,2023; Patriarca et al.,2021; Tanzilli et al.,2021; Bram & Yalof, 2014; Bram & Peebles2014; Bornstein,2010).

Unconscious emotional responses that are difficult to access through self-measures influence both behavioral and physical fitness. These responses can be detected using performance-based approaches, physiological data, or well-validated clinical report instruments (Shedler et al., 1993). The use and application of a suite of assessment tools from different perspectives, methodologies, and disciplines (such as psychopathology, resilience, and risk management) improve the validity and clinical applicability of assessments (Rosso et al.,2021; Bornstein, 2018; Bornstein, 2010). Gordon and Bornstein (2014) created the Psychodiagnostic Chart (PDC), a revolutionary tool that attempts to quantify psychopathology and a person's propensities for a dysfunctional state of mental health from a dimensional perspective.The PDC assumed that practitioners would use a psychodynamic manual (PDM) or psychodynamic method as a tool. A useful source of information in this sense can be the PDM, which provides a complete view of personality organization, mental functions, and subjective experience from a mental health perspective. In 2011, Robert M. Gordon and Robert F. Bornstein concluded that PDM needed a concise, user-friendly tool.The tool aims to (a) guide the practitioner through all sections of the PDM taxonomy; (b) be idiographic, flexible, and useful to clinicians of any theoretical orientation; and (c) integrate PDM with symptom classifications from the Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases (ICD) (Ibrahimi & Gordon,2020; Lingiard et al.,2015; Gordon & Bornstein,2014). The authors' primary goal was to improve practitioner usability of the psychodiagnostic formulation by combining the PDM's broad overview of human mental functioning with the symptom-focused ICD and DSM (Ibrahimi & Gordon,2020; Lingiard et al., 2015; Bornstein, 2011). The PDC-2 is a good tool to assess personality organization and phytopathogenic tendencies for clinicians through a psychodynamic approach additionally to those using other psychotherapies such as cognitive-behavioral therapy, EMDR, gestalt therapy, and solution-focused therapy, referring to previous

studies by Gordon (2022) and Ibrahimi and Gordon (2020). To provide a person-based nosology for PDM-2 teaching, supervision, diagnoses, treatment formulation, progress reports, and outcome evaluations, as well as for empirical research on personality, psychopathology, and therapy, PDC and the PDC-2 are a very useful and easy-hand tool, research revealed (Patriarca et al.,2023;Patriarca et al.,2023; Patriarca et al.,2021; Ibrahimi & Gordon,2020; Bornstein,2018). In their research for the validity of the PDC, Gordon and Stoffey (2014) found that the tool had excellent internal consistency and good test-retest stability over two weeks (ranging from $r = .69$ to $.92$). They also reported very good construct validity scores for the PDC when compared to the scales of the MMPI-2, the Operationalized Psychodynamic Diagnosis (OPD) Axis IV Psychic Structure/Mental Functioning scales, and the scales of the Karolinska Psychodynamic Profile (KAPP). Additional investigation of the PDC-2 statistical stability supported the same conclusions (Ibrahimi et al.,2022; Rosso et al.,2021).

METHODOLOGY

Purpose

The purpose of the PDC and PDC-2 is to make the Psychodiagnostic method available to use by combining the symptom-focused criteria of the conventional manuals (i.e., DSM and ICD) with the whole human mental functioning and personality organization. We aim to provide a rationale for the clinical scores and utility of the PDC-2 in the overall understanding of complexity, considering both the explorative and mental functionality of the subject.

Research questions:

The current study investigated the following research questions:

1. What understanding of the Psychodiagnostic Chart-2 do practitioners of Italian psychoanalysis possess?
2. How useful do Italian psychoanalysts believe the PDC-2 is for providing mental health services?
3. To what extent do Italian psychoanalysts think the PDC-2 is a helpful psychological assessment tool.

The methodology of the current study is qualitative, and it relies on an analytic approach based on the initial survey data and a review of research on the conceptualization and utility of PDC-2 in mental health practice.

Sample

The current follow-up study sample consists of interviewing several mental health professionals in Italy (N=1000) regarding their attitudes toward the PDC-2 and its usefulness.

Instrument

PDC is a categorical and dimensional chart, with a range from (1) “*most disturbed*” to (10) “*healthy*”.

It aims to understand the subject being assessed in a dimensional and comprehensive form. For the present research, the test was used with the selected sample of the clinical practice to evaluate its usefulness and potential application.

PDC comprises five sections, which include:

1. **Personality Organization**, which employs the usage of the seven PDM capacities to assess the level of severity. Initially, the clinician rates each of the seven capacities, from 1 (severe) to 10 (healthy). Then the score is added to the overall personality structure from 1 (psychotic) to 10 (healthy) (Gordon et al., 2022; McWilliams, 2021; McWilliams & Lingardi, 2017; Lingardi et al., 2015).

2. **Personality Patterns**, in which lies a review of personality patterns according to the P and M Axis of PDM (see the Psychodynamic Diagnostic Manual-2 (PDM-2); 2017). The clinician checks how many of these descriptions in the Axis apply to the individual and defines the pattern or personality disorder that prevails (Clemens, 2007).

In the end, he/she defines the level of severity and personality organization from 1 to 10.

3. **Mental Functioning**, where the clinician rates from 1 to 10 the nine descriptions of the core mental functions of the individual. Afterward, he/she defines the overall functionality through the same scale, with a variance from 1 (with severe deficits) to 10 (optimal).

4. **Symptoms**. The clinician designs a list with 4 or more symptoms or subjective complaints and rates their degree of severity from 1 (severe) to 10 (mild).

5. **Cultural and contextual contexts**, in which the specialist considers how many of the cultural and context factors influence symptom manifestation.

RESULTS

This work was done based on data scores revealed by the author's previous research. In their paper on the "Evolution of the PDC-2", Ibrahim, Gordon, et al. (2022) revealed that for the validation and consistency of PDC-2, authors surveyed online questionnaires with 511 psychologists and mental health practitioners from various parts of the world. In a previous study, Gordon et al. (2015) asked the same survey questions of a sample whose assessment experts were not, but 'typical' mental health professionals from a wide range of educational and theoretical backgrounds (N= 438). They were asked to diagnose a recently seen patient and then rate how helpful various personality diagnostic sets were in understanding their patient. For the validation and consistency of the PDC-2 in the current follow-up study, the authors (Gordon et al., 2022; Ibrahim & Gordon, 2020; Gordon & Bornstein, 2012) based on the validity reliability of the PDC from 38 psychotherapists who were familiar with the PDC-2 and the MMPI-2 assessment. Validation for the overall personality organization scale was 0.92 ($p < 0.001$); for total severity and personality disorder was 0.89 ($p < 0.001$); for 9 mental functioning capacities, it ranges from 0.77 to 0.89 ($p < 0.001$); and for symptom severity was 0.87 ($p < 0.001$). All PDC-2 constructs revealed strong correlations with MMPI-2 scores (Gordon & Stoffey, 2014). The MMPI-2 scales for schizophrenia (Sc), hysteria (Hy), and ego strength (Es) revealed good validity for the categorical components of psychotic, borderline, and neurotic levels of personality organization. These categorical components were collected by dividing them into 10 points on the Organization of Personality scale: psychotic (*rating 1-3, no. = 13*), borderline (*rating 4-6, no. = 52*), and neurotic (*rating 7-10, no. = 33*). For the Neurotic, Borderline, and Psychotic Levels, it was predicted by the authors that the Es, Sc, and Hy

scales had a mean distribution of the Ego Strength (EC) means as can be seen in the preliminary results of the following tables.

Table1: Correlations for the 7 Elements of the Overall Personality Organization Scale

Components	<i>r</i>	<i>M</i>	<i>SD</i>
Identity	.84*	5.50	1.68
Object Relations	.83*	4.85	1,75
AffectTolerance	.85*	5.40	1.59
AffectRegulation	.86*	4.91	1.63
Superego Integration	.80*	6.22	2.00
Reality Testing	.90*	6.84	1.93
Ego Resilience	.69*	5.83	1.87
Overall Scale	.92*	5.50	1.68

* $p < .001$ Source: Gordon & Stoffey, 2014,cited in Gordon et al.,2022.

Table 2:Summary of the Correlations of Test-retest, Means, and Standard Deviations for the 9 Elements of the Mental Functionality

Mental Functioning	<i>r</i>	<i>M</i>	<i>SD</i>
Capacity for Attention, Memory, Learning and Intelligence	.89**	6.63	1.92
Capacity for Relations and Intimacy	.80*	4.73	1.75
Quality of Inner Experiences	.84*	5.26	1.63
Affective comprehension, Expression, and Communication	.77*	5.88	1.70
Level of Defenses or Coping Models	.83*	5.31	1.69
Capacity to form Internal Representations	.82*	5.48	1.58
Capacity for Differentiation and Integration	.87*	6.03	1.90
Capacity for Self-Observation	.89*	5.94	2.12
Reality and Moral Understanding	.83*	6.53	2.10

* $p < .001$ Source: “/Operationalizing PDM: A preliminary study of the Psychodiagnostic Chart (PDC) Gordon, R.M. and Stoffey, R.W. (2014; Gordon, Lyon 2022) Menninger Clinic,78, (1),cited in Gordon et al.,2022.

Indices of testing of the reliability of participants found that the validation for the Overall Personality Organization scale was .92 ($p < .001$); for the Overall Severity and Personality Disorder was .89 ($p < .001$); for the 9 capacities of Mental Functioning ranges from .77 to .89 ($p < .001$); and

for Severity of Symptoms was $.87$ ($p < .001$). All the PDC-2 constructs revealed strong correlations with MMPI-2 scores (Gordon & Stoffey, 2014). The MMPI-2 scales for Schizophrenia (Sc), Hysteria (Hy), and Ego Strength (Es) revealed a good validity for categorical components of the levels of Psychotic, Borderline, and Neurotic Personality Organization. These categorical components were collected by dividing into 10 points on the scale of Personality Organization: psychotic (ratings 1-3, $no. = 13$), borderline (ratings 4-6, $no. = 52$), and neurotic (ratings 7-10, $no. = 33$).

For the psychotic level, the authors predicted a significantly higher mean than both the Hy and Es scales. From the pair-wise comparison, data revealed that Sc was significantly higher than Es ($M = 85.77$, $SD = 19.55$ vs. 34.31 , $SD = 6.78$, $p = .001$) and slightly higher than Hy ($M = 85.77$, $SD = 19.55$ vs. 72.69 , $SD = 18.46$, $p = .017$). For the borderline level scale, authors predicted that the means of the scales Sc and Hy should not be significantly different but both should be significantly higher than the mean of Es: Sc and Hy are not very different but Sc is much higher than Es ($M = 62.21$, $SD = 12.31$, vs. 43.58 , $SD = 10.25$, $p = .001$) and Hy is much higher than Es (64.21 , $SD = 12.31$ vs. 43.58 , $SD = 10.25$, $p = .001$). For the neurotic level scale, it was predicted that the scales Es, Sc, and Hy had an average distribution and that Ego Strength was oriented to the normal distribution.

To assess the development of the different Personality Organization Profiles relating to the PDC-2 utility in the present study, the authors performed the Mann Whitey test. The metrics showed a higher degree of support in mental health professionals toward the PDC-2 ($Z = .285$; $Sig = .733$). The degree of professional strength for those who have a basic psychodynamic professional background was confirmed even by T-test indices ($M = .24$; $SD = .32$). RCI and MANOVA test values showed a statistically significant difference between mental health professionals and synchronous engagement of positive attitudes for the development of positive attitudes toward the usefulness of the PDC-2 as a screening tool RCI = 7.657; MANOVA, $a = .043$; $n_2 p = .453$; RCI: 0.19; MANOVA, $a = .075$; $\eta^2 p = .901$. The values of the current research also revealed that all the predictor variables, including affect regulation, reality testing, object relations, and identity, have statistical significance for the respondents ($R^2 = 0.898$). Additional assets evaluated for clinical and statistical significance relate to the selective assessment of the utility of the PDC-2 for addressing personality organization (PO) compared to other instruments, such as the MMPI-2RF. The indices show that in the total PDC-2 for PO is ($Z = 9.0987$; $Sig = 0.720$) ($M = 0.53$; $SD = 0.200$ $PIZ = Sig = 0.80$ PI, compare S.2. 01) ($M = 2.16$; $SD = 0.560$). The results were confirmed by either regression analysis of the first and second validity of PDC and PDC-2 found that affect regulation (or level of defensive functioning) ($\beta = 0.35$, $t(93) = 6.01$, $p < .02\beta 01$, $p < 32.0.0$, reality testing ($p < .02\beta 01$, $< 32.0.0$ 1), Object Relations ($\beta = 0.20$, $t(93) = 3.76$, $p < .001$) and Identity ($\beta = .19$, $t(93) = 2.69$, $p < .001$) produced $R^2 = .89$, indicating that these four components accounted for 89% of the variance in the overall personality organization. The current research indices showed that all predictor variables, including affect regulation, reality testing, object relations, and identity, were statistically significant for our respondents ($R^2 = 0.898$).

DISCUSSION

In mental health and public policies, the behavioral propensities and pathogenic lineages of the individual are likely to be underestimated. Individuals' judgments of personality, societal norms, and character traits are important for understanding these criteria and for outlining certain launching points for a tactical middle- or long-term plan. Using a common assessment tool to monitor behavior and personality organization parameters is a call for academic and scientific stability and a tremendous tool for clinical screening and preventing dysfunctional behaviors that, if not properly addressed, can develop into full-range psychopathology. As a result, we suggest a new, multidimensional evaluation method that considers an individual's overall personality organization in various circumstances and cognitive-behavioral-functional analyses. The PDC-2 is also a good tool in identifying personalities and generalizing profiles that have been suggested in this study. Its psychometric coherence and utility are currently demonstrated by numerous studies conducted worldwide. The current study wanted to broaden its audience to demonstrate the tool's effectiveness in a broader population since the initial data tended to concentrate on clinical trials and psychotherapy settings. The PDC-2's utility and suitable use for a large scale of professionals within their scientific society were questions that were posed to several Italian providers of mental health and psychosocial aid (N = 1000). Simple statistical indices showed that personality organization had a significant effect on the behavioral tendency of Reality Testing ($r = .87$; $p = 0.05$) and Affectregulation of mental processes PDC-2 ($r = .92$; $p = 0.05$). The Mann-Whitey indices indicated that support for the PDC-2 was stronger among mental health professionals ($Z = .285$; $\text{Sig} = .733$). Although the results of the RCI and MANOVA tests showed a statistically significant difference in mental health attitudes and synchronized positive participation compared to psychosocial assistants for the development of positive feelings towards the value of the PDC-2 as a screening tool, RCI: 0.19; MANOVA = .075; $2 p = .901$; MANOVA = .043; $2 p = .453$ MANOVA, =, .075; RCI: 0.19; $2 p = .901$. The same results were confirmed by a regressive analysis of the PDC's first and second validity tests by Gordon et al., (2022). PDC-2 indices found that Affect Regulation (or level of defensive functioning) ($R^2 = .89$), Reality Testing ($R^2 = .32$), Object Relations ($R^2 = .20$), and Identity ($R^2 = .19$) produced an $R^2 = .89$, suggesting that each of the four elements accounted for 89% of the variance. The fundamental tenets of a structuring screening process in contemporary psychoanalysis are conducting a follow-up study for the flexibility and reliability of the psychodynamic clinical tool PDC-2 as new mental health evaluation instruments in professional and non-clinical settings that impact variables in the growth of Prototype, healthy Personality, and psychological welfare in the community, as well as creating extensive studies about Personality Organization and Patterns. The research team assessed the initial validity of the PDC through interviews with trained practitioners (N = 500) from various psychological backgrounds and the initial validity of the PDC-2 through a follow-up survey with psychological professionals (N = 438). The Psychodiagnostic Chart (PDC-2) is a novel assessment tool that is not well-known in the field of mental health, although the authors of the present work have done several research studies relating to the tool's utility. Nevertheless, it has only recently received recognition and increased attention because of the tool's global use. Numerous other researchers who looked at the reliability of the PDC-2 concur with the psychometric values findings of the current study (Biberdzic, & Grenyer, 2022; Patriarca et al., 2021; Rosso et al., 2021; Colli et al., 2020; Bornstein, 2018; Gordon et al., 2018; Hinrich et al., 2018; Gordon et al., 2017; Ibrahimi & Gordon, 2015; Gordon et al., 2013). Another significant finding related to the usefulness of an

instrument is based on the "not just symptoms" philosophy of the Psychodynamic Manual (PDM-2). The findings of the current research also meet the results of various researchers (Tanzilli et al., 2021; McWilliams, 2021; Kotan et al., 2017; Zingaretti et al., 2017; Gordon et al., 2015).

CONCLUSIONS

The shift within the last outcomes from intellectual health experts is due to the understanding that effective implementation of the PDC-2 requires familiarity with both PDM and additional advanced psychodynamic strategies. Authors advocate that mental, scientific, or psychosocial clinical employees go to an earlier treatment consultation for the basics of PDM and PDC before the usage of the tool. The strong internal coherence both within the first examinations of PDC and PDC-2 comply with the previous results of consistency and validity (Patriarca et al., 2023; Gordon, 2022; Ibrahim & Gordon, 2020; Rosso et al., 2021; Gordon et al., 2015; Gordon & Stoffey, 2014). Based on a variety of literature reviews and the indices of the present study, the authors suggest the usefulness of this dimensional assessment tool that regards not only the mental functionality analysis but, also the whole personality organization of an individual in different contexts of his psychic life and as a clinical screening when unpredictable events such as war, pandemics or other significant life-changing situations can turn in prevailing and on hard consequences for the future.

Limitations of the study

Despite the efforts made to explore the utility of the PDC-2 in the current follow-up study, some limitations need to be considered for further research.

- First, as a tool, the PDC-2 is primarily intended for practitioners who have some familiarity with the Psychodynamic approach and Psychodynamic Manual-2 (PDM-2). That means that the clinician must know the Psychodynamic theory, which can be a limit for conducting an overall comprehensive result. To overcome this gap, authors suggest an initial education with the Psychodynamic terms and patterns, especially in the PDM-2.
- Second, the sample we refer to is small and does not represent every Italian psychoanalyst in Italy.
- Third, other potential factors as gender and regional placement of the practitioners were not explored in this study.
- Fourth, this study was limited in time and territory. The present article is part of ongoing international research by Gordon et al. where they will address the abovementioned limitation.

Acknowledgments

The authors thank the psychotherapists, psychologists, mental health providers, and volunteers of the Italian Psychosocial Assistance for their kind support and participation in this follow-up research.

Conflict of Interest

The authors declare no conflicts of interest.

References

1. Biberdzic, M., &Grenyer, B. F. S. (2022). How Much Training Do We Need? Assessing the Validity and Interrater Reliability of the PDM-2's Psychodiagnostic Chart among Less Experienced Clinicians. *Journal of Personality Assessment*, 105(3), 436–444. <https://doi.org/10.1080/00223891.2022.2086133>
2. Bornstein, R. F. (2018). From symptom to process: Case formulation, clinical utility, and PDM-2. *Psychoanalytic Psychology*, 35(3), 351–356. <https://doi.org/10.1037/pap0000191>
3. Bornstein, R. F. (2018a). Reconciling psychoanalysis with other psychological disciplines: How to promote greater PDM-2 influence. *Giornale Italiano Di Psicologia*, 45(4), 811–818.
4. Bornstein, R. F. (2011). From symptom to process: How the PDM alters goals and strategies in psychological assessment. *Journal of Personality Assessment*, 93, 142-150.
5. Bornstein, R. F. (2010). Psychoanalytic theory as a unifying framework for 21st-century personality assessment. *Psychoanalytic Psychology*, 27(2), 133-152. <https://doi.org/10.1037/a0015486>
6. Bornstein, R. F. (2010). Psychoanalytic theory as a unifying framework for 21st-century personality assessment. *Psychoanalytic Psychology*, 27, 133-152.
7. Bram, A. D., & Yalof, J. (2015). Quantifying complexity: Personality assessment and its relationship with psychoanalysis. *Psychoanalytic Inquiry*, 35 (Supp1), 74–97. <https://doi.org/10.1080/07351690.2015.987595>
8. Bram, A.D., & Peebles, M.J. (2014). *Psychological testing that matters: Creating a road map for effective treatment*. American Psychological Association.
9. Colli, A., Gagliardini, G., Guerrini Degl'Innocenti, B., Ponsi, M., Rossi Monti, M., & Foresti, G. (2020). What psychoanalysts do in their everyday clinical practice: Empirically derived prototypes of the psychoanalytic process. *Psychoanalytic Psychology*, 37(2), 136–147. <https://doi.org/10.1037/pap0000231>
10. Clemens, N. A. (2007). The Psychodynamic Diagnostic Manual: A review. *Journal of Psychiatric Practice*, 13(4), 258–260. <https://doi.org/10.1097/01.pra.0000281487.42441.f9>
11. Durmishi, L., Ibrahim, S., Ibrahim, E., & Gordon, R. M. (2022). The Evolution of the Psychodiagnostic Chart: Concept development and Psychometric properties of a novel assessment tool in Mental and Public Health. *International EGE Congress on Social Sciences & Humanities.*, Izmir, Turkey
12. Gazzillo, F., Lingardi, V., & Del Corno, F. (2012). Towards the validation of three assessment instruments derived from the PDM Axis P: The Psychodynamic Diagnostic Prototypes, the Core Preoccupations Questionnaire, and the Pathogenic Beliefs Questionnaire. *Bollettino di Psicologia Applicata*, 265, 1–16
13. Gordon, R.M. (2022). The Psychodynamic Diagnostic Manual-2 for the assessment of Malignant Narcissistic, psychopathic, and sadistic personality syndromes. In D. N. Weisstub (Ed.), *International Congress on Law and Mental Health, July, Lyon, France* (p.163). https://www.researchgate.net/publication/361348253_The_Psychodynamic_Diagnostic_Manual_2_for_the_Assessment_of_Malignant_Narcissistic_Psychopathic_and_Sadistic_Personality_Syndromes_Implications_for_Criminology_and_Politics
14. Gordon, R.M.; Ibrahim, S.; Durmishi, L.; Ibrahim, E. (2022) Towards the validity of PDC-2 in non-clinical trials, the case of Italy (unpublished protocol).

15. Gordon, R. M., ValeriyaSpektor, & Luu, L. P. (2019). Personality organization traits and expected countertransference and treatment interventions. *International Journal of Psychology and Psychoanalysis*, 5(1). <https://doi.org/10.23937/2572-4037.1510039>
16. Gordon, R. J., & Bornstein, R. F. (2018). Construct validity of the Psychodiagnostic Chart: A transdiagnostic measure of personality organization, personality syndromes, mental functioning, and symptomatology. *Psychoanalytic Psychology*, 35(2), 280–288. <https://doi.org/10.1037/pap0000142>
17. Gordon, R.M. (2017). A Concurrent Validity Study of the PDM-2 Personality Syndromes *Current Psychology*, 38 (3), 698-704, DOI: 10.1007/ s 12144-017-9644-2, previously published online in (2017) pp.1-7. https://www.researchgate.net/publication/318281684_A_Concurrent_Validity_Study_of_the_PDM-2_Personality_Syndromes
18. 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*, <http://dx.doi.org/10.1037/pap0000142>
19. Gordon, R.M., & Bornstein, R.F. (2012). A practical tool to integrate and operationalize the PDM with the ICD or DSM. <http://www.mmpi-info.com/pdm-blog>
20. Gordon, R.M., Blake, A., Bornstein, R.F., Gazzillo, F., Etzi, J., Lingiard, V., McWilliams, N., Rothery, C. and Tasso, A.F. (2016) What do practitioners consider the most helpful personality taxa in understanding their patients? Division/Review: A Quarterly Psychoanalytic Forum, 14.
21. Gordon, R. M., & Stoffey, R. W. (2014). Operationalizing the Psychodynamic Diagnostic Manual: A preliminary study of the Psychodiagnostic Chart (PDC), *Bulletin of the Menninger Clinic*, 78, 1-15.
22. Gordon, R. J., Stoffey, R. W., & Perkins, B. L. (2013). Comparing the Sensitivity of the MMPI-2 Clinical Scales and the MMPI-RC Scales to Clients Rated as Psychotic, Borderline, or Neurotic on the Psychodiagnostic Chart. *Psychology*, 04(09), 12–16. <https://doi.org/10.4236/psych.2013.49a1003>
23. Hinrichs, J., Dauphin, V. B., Munday, C., Porcerelli, J. H., Kamoo, R., & Christian-Kliger, P. (2018). Assessing Level of Personality Organization With the Psychodiagnostic Chart: A Validity Study. *Journal of Personality Assessment*, 101(2), 181–190. <https://doi.org/10.1080/00223891.2018.1436062>
24. Ibrahim, S. & Gordon, M.R. (2020). *The psychodynamic prototype of leadership styles through the Personality Organization Chart, A neo prospects of Q-sort* (Doctoral dissertation). Albanian University.
25. Ibrahim, S., & Gordon, R. M. (2015). Post-Traumatic Identity within Social Contexts. *Balkan Journal of Interdisciplinary Research*, 1(1), 47–51. www.iipcccl.org
26. Lingiard, V., McWilliams, N., Bornstein, R. F., Gazzillo, F., & Gordon, R. M. (2015). The Psychodynamic Diagnostic Manual Version 2 (PDM-2): Assessing patients for improved clinical practice and research. *Psychoanalytic Psychology*, 32, 94-115. <http://dx.doi.org/10.1037/a0038546>
27. Kotan, V. O., Kotan, Z., & Bilgili, G. (2017). Diagnostic Classification Systems Based On Psychoanalytical Principles. *Nöropsikiyatri Arşivi*. <https://doi.org/10.5152/npa.2017.19505>

28. McWilliams, N. (2021). Diagnosis and its discontents: Reflections on our current dilemma. *Psychoanalytic Inquiry*, 41(8), 565–579. <https://doi.org/10.1080/07351690.2021.1983395>
29. Patriarca, E., Tanzilli, A., Brusadelli, E., Lingiard, V., & Grenyer, B. F. S. (2023). A multidimensional assessment of therapeutic outcomes: Toward a Psychodynamic Diagnostic Manual (PDM-2)-oriented approach to psychotherapy research. *Psychoanalytic Psychology*, 40(2), 128–133. <https://doi.org/10.1037/pap0000455>
30. Patriarca, E., Brusadelli, E., & Grenyer, B. F. S. (2021). A bridge between person-based versus symptom-based nosology: A clinical case study using the Psychodiagnostic Chart-2. *Psychoanalytic Psychology*, 38(1), 31–38. <https://doi.org/10.1037/pap0000308>
31. Rosso, A. M., Airdi, C., & Camoirano, A. (2021). Inter-rater reliability and construct validity of the learner defense scale in clinical and non-clinical groups. *Frontiers in Psychology*, 12, 708886. <https://doi.org/10.3389/fpsyg.2021.708886>
32. Shedler, J., Mayman, M., & Manis, M. (1993). The illusion of mental health. *The American Psychologist*, 48(11), 1117–1131. <https://doi.org/10.1037//0003-066x.48.11.1117>
33. Tanzilli, A., Di Giuseppe, M., Giovanardi, G., Boldrini, T., Caviglia, G., Conversano, C., & Lingiard, V. (2021). Mentalization, attachment, and defense mechanisms: a Psychodynamic Diagnostic Manual-2-oriented empirical investigation. *Research in Psychotherapy*, 24(1). <https://doi.org/10.4081/ripppo.2021.531>
34. Waldron, S., Gazzillo, F., Stukenberg, K. (2015). Do the processes of psychoanalytic work lead to benefits? Studies by the APS Research Group and the Psychoanalytic Research. *Psychoanalytic Inquiry*. 35:sup1, 169-184. ISSN: 0735-1690. DOI: 10.1080/07351690.2015.987602.
35. Zingaretti, P., Genova, F., Gazzillo, F., & Lingiard, V. (2017). Patients' crying experiences in psychotherapy: Relationship with the patient level of personality organization, clinician approach, and therapeutic alliance. *Psychotherapy*, 54(2), 159–166. <https://doi.org/10.1037/pst0000110>