Operationalizing the Psychodynamic Diagnostic Manual: A Preliminary Study of the Psychodiagnostic Chart (PDC), Usefulness, Stability and Construct Validity

Addendum Hypotheses and Results

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Key to Instruments and Scales

1. **MMPI-2 scales:** F (acute psychopathology), Hs-Hypochondriasis, Hy-Hysteria, Pd-Psychopathic Deviate, Pa-Paranoia, Pt-Psychasthenia, Sc-Schizophrenia, Ma-Hypomania, Es-Ego Strength, Re-Responsibility, and IE-Intellectual Efficiency. We also used the MMPI-RCd which is a general psychopathology factor.

2. **The Karolinska Psychodynamic Profile (KAPP) scales:** 1. Intimacy and reciprocity, 2. Dependency and separation, 3. Controlling personality traits, 4. Frustration tolerance, 5. Impulse control, 6.Regression in the service of the ego, 7. Coping with aggressive affects, 8. Alexithymia, 9. Normopathy, 10. Bodily appearance, 11. Bodily function, 12. Current body image, 13. Sexual functioning, 14. Sexual satisfaction, 15. Sense of belonging, 16. Feeling of being needed, 17. Access to advice and help, and18. Personality organization.

3. **The Operationalized Psychodynamic Diagnosis (OPD)** is based on five axes: I = experience of illness and prerequisites for treatment, II = interpersonal relations, III = conflict, IV = structure, and V = mental and psychosomatic disorders.
We used the OPD Axis IV Psychic Structure/Mental Functioning scales: 1. Self-Perception, 2. Self-Regulation, 3. Defense, 4. Object Perception, 5. Communication, 6. Bonding/Attachment, and 7. Global Rating of Psychic Structure.

4. **The PDC rating scales are:**

1. Level of Personality Structure

Rate each of the 7 capacities from 1 (Severe) to 10 (Healthy).

Severe				Moderate					Healthy
1	2	3	4	5	6	7	8	9	10

1. Identity: ability to view self in complex, stable, and accurate ways Degree ____

2. Object Relations: ability to maintain intimate, stable, and satisfying relationships Degree ____

3. Affect Tolerance: ability to experience the full range of age-expected affects Degree ____

4. Affect Regulation: ability to regulate impulses and affects with flexibility in using defenses or coping strategies Degree ____

5. Superego Integration: ability to use a consistent and mature moral sensibility Degree ____

6. Reality Testing: ability to appreciate conventional notions of what is realistic Degree ____

7. Ego Resilience: ability to respond to stress resourcefully and to recover from painful events without undue difficulty Degree ____

Healthy Personality- characterized by 9-10 scores, life problems never get out of hand and enough flexibility to accommodate to challenging realities.
Neurotic Level- characterized by mainly 6-8 scores, rigidity and limited range of defenses and coping mechanisms, basically a good sense of identity, healthy intimacies, good reality testing, fair resiliency, fair affect tolerance and regulation, favors repression.
Borderline Level- characterized by mainly 3-5 scores, recurrent relational problems, difficulty with affect tolerance and regulation, poor impulse control, poor sense of identity, poor resiliency, favors primitive defenses such as denial, splitting and projective identification.
Psychotic Level- characterized by mainly 1-2 scores, delusional thinking, sometimes hallucinations, poor reality testing and mood regulation, extreme difficulty functioning in work and relationships.

Overall Personality Structure

Considering the 7 ratings above, rate the person's overall personality structure from 1 (Psychotic) to 10 (Healthy)

Psychotic		Borderline				Neurotic		Healthy	
1	2	3	4	5	6	7	8	9	10

2. Personality Patterns or Disorders

These are relatively stable patterns of thinking, feeling, behaving and relating to others. Normal level temperaments and traits (e.g., extroversion) do not involve impairment, while personality disorders involve impairment at the neurotic, borderline, or severe (psychotic) level. If the person does not have a personality disorder, but a maladaptive trait or personality style, then rate the trait or style as "mild" (e.g., obsessional traits-8). **Check off as many as apply from the list below.**

PDM Categories:

- ❑ Schizoid
- ❑ Paranoid
- ❑ Psychopathic (antisocial)
  - ❍ Subtype: passive-parasitic
  - ❍ Subtype: aggressive
- ❑ Narcissistic
  - ❍ Subtype: arrogant-entitled
  - ❍ Subtype: depressed-depleted;
- ❑ Sadistic
  - ❍ Intermediate manifestation: sadomasochistic
- ❑ Masochistic (self-defeating)
  - ❍ Subtype: moral masochistic
  - ❍ Subtype: relational masochistic
- ❑ Depressive
  - ❍ Subtype: introjective
  - ❍ Subtype: anaclitic
  - ❍ Converse manifestation: hypomanic
- ❑ Somatizing
- ❑ Dependent

- ❍ Subtype: passive-aggressive versions of dependent
- ❍ Converse manifestation: counterdependent

❑ Phobic (avoidant)
- ❍ Converse manifestation: counterphobic

❑ Anxious

❑ Obsessive-compulsive
- ❍ Subtype: obsessive
- ❍ Subtype: compulsive

❑ Hysterical (histrionic)
- ❍ Subtype: inhibited
- ❍ Subtype: demonstrative

❑ Dissociative

❑ Mixed/other

Write in the Dominate Personality Disorder or Maladaptive Trait, (ex. 'Anxious' then circle '6'):

_____

Rate the person's degree of impairment from the above

Severe **Moderate** **Mild**

1 2 3 4 5 6 7 8 9 10

3. Mental Functioning

Rate these more detailed descriptions of a person's mental life.

Severe Defects **Moderate Level** **Optimal**

1 2 3 4 5 6 7 8 9 10

1. Capacity for Attention, Memory, Learning, and Intelligence Degree ____
2. Capacity for Relationships and Intimacy (including depth, range, and consistency) Degree ____
3. Quality of Internal Experience (level of confidence and self-regard) Degree ____
4. Affective Comprehension, Expression, and Communication Degree ____
5. Level of Defensive or Coping Patterns (put in a single number) Degree ____

   1-2: Psychotic level (e.g., delusional projection, psychotic denial, psychotic distortion)

   3-5: Borderline level (e.g., splitting, projective identification, idealization/devaluation, denial, acting out)

   6-8: Neurotic level (e.g., repression, reaction formation, rationalization, displacement, undoing)

   9-10: Healthy level (e.g., anticipation, sublimation, altruism, and humor)
6. Capacity to Form Internal Representations (sense of self and others are realistic and guiding) Degree ____

7. Capacity for Differentiation and Integration (self, others, time, internal experiences and external reality are all well distinguished) Degree ____
8. Self-Observing Capacity (psychological mindedness) Degree ____
9. Realistic sense of Morality Degree ____

4. Manifest Symptoms and Concerns (list as many as apply from DSM, ICD or PDM)

(Ex. psychosis, mood disorder, anxiety disorder, adjustment disorder, somatizations, substance abuse, etc.)

Write down the symptom and rate the degree of severity (1-10).

Hypotheses

I. Predictions Concerning Internal Consistency and Test-retest Reliability for the PDC:

A. High stability over a two week period for the 7 components of Personality Structure and Over-All Personality Structure Scale, and high internal consistency for the 7 components of Personality Structure Scale,
B. High stability over a two week period for Over-All Severity of Personality Disorder,
C. High stability over a two week period for the 9 Mental Functioning Scales and high internal consistency for the 9 Mental Functioning Scales,
D. High stability over a two week period for the Severity of Manifest Symptoms.

II. Predictions Concerning Construct Validity for the PDC:

We predicted that the specifically hypothesized scales from the MMPI-2, RC-d, KAPP, OPD Axis IV Psychic Structure/Mental Functioning scales and DSM-IV Global Assessment of Functioning (GAF) will have good construct validity with each of the Personality Structure component scales, the Overall Personality Structure Scale, the Severity of Personality Disorder Scale, each Mental Functioning Scale and the Overall Severity of Manifest Symptoms Scale.

A. The Over-All Level of Personality Structure: We predicted significant negative correlations between PDC's over-all Personality Structure Scale (where high scores indicate a higher functioning personality), with the following scales (where high scores indicate high psychopathology), MMPI-2 scales F, Hy, Sc, A, the MMPI-RCd general psychopathology factor, KAPP (K18- level of personality structure), and OPD (OPD7- Global Personality Structure Scale). We predicted a significant positive correlation with the MMPI-2's Ego Strength, Intellectual Efficiency and Responsibly scales.

B. To further test the construct validity of the Level of Personality Structure, we looked at three MMPI-2 scales (Hysteria-Hy, Schizophrenia-Sc, and Ego Strength-Es) within each of the three categories (psychotic, borderline and neurotic). (This sample did not include a "healthy" population and therefore it is more accurate for this analysis to call this category "neurotic.") The Sc and Hy scales should reflect qualitative-categorical differences between the Schizoid vs.

Hysterical character organizations across the structural levels. However, the differences in Ego Strength should be dimensional across the psychotic-borderline-neurotic levels.

1. For the psychotic level, we predicted that the Sc scale mean should be significantly larger than both the Hy and Es scale means.
2. For the borderline level, we predicted that both the Sc scale mean and the Hy scale mean should not be significantly different (a mix of Schizoid and Hysterical features), but they both should be significantly larger than the Es scale mean.
3. Finally, for the neurotic level, we predicted that the scale means for Es, Hy and Sc should all be in the moderate to normal range.

C. We hoped to compensate for the high number of comparisons and multiple ratings by developing specific hypotheses for each 7 Personality Structure component scales and the 9 Mental Functioning scales and compute hit rates. If the correlation was significant in the predicted direction, it was considered a 'hit.' Italics mean that a negative relationship is predicted.

Specific Hypotheses for the 7 Personality Structure component scales:
1. Identity: MMPI-2- *Hs, Sc*; KAPP- *1,2*; OPD- *1*.
2. Object Relations: MMPI-2- *Hs, Pd, Sc, Si*; KAPP- *1,2,5,6,14,15*; OPD- *1,2,3,4,5,6*.
3. Affect Tolerance: MMPI-2- *Hs, Pt, Sc*; KAPP-*4, 7, 8*; OPD- *2,5*
4. Affect Regulation: MMPI-2-*D, Pd, Pa, Sc*;KAPP-*3,4,5,7*;OPD-*3*
5. Superego Integration: MMPI-2-*Pd, Ma*; KAPP-*3,4,5*; OPD-*4*.
6. Reality Testing: MMPI-2- *Pa, Sc*; KAPP-*18*; OPD- *7*
7. Ego Resilience: MMPI-2- *Sc,* Es; KAPP- *4,7,18*; OPD- *7*

D. We tested the construct validity of the 7 Personality Structure component scales with Kernberg's structural theory. Kernberg (1984) theorized that degrees of identity consolidation, use of primitive defenses, and degree of reality testing were the three primary content domains in differentiating psychotic, borderline and neurotic structures. Later Kernberg (1996) extended his model and added quality of object relations, quality of aggression, adaptive coping versus character rigidity, and degree of moral values for a more detailed diagnostic system. We will use a step-wise regression of the 7 personality components to test these theoretical hypotheses. We predicted that although all the components are important for a structural diagnosis, Kernberg's earlier model that focuses on identity consolidation, use of primitive defenses, and degree of reality testing should have the most weight in predicting the basic personality structure.

E. We predicted that the Dominant Personality Disorder Scale's Degree of Impairment should significantly correlate with scales reflecting deep trait pathologies: MMPI-2 *F, Sc*; KAPP-*3,4,5,7*; OPD-*7*

F. Specific Hypotheses for Mental Functioning:

1. Capacity for Attention, Memory, Learning, and Intelligence- Years of education, MMPI-2- IE and Es
2. Capacity for Relationships and Intimacy- MMPI-2- *Pd, Sc, Si, Ma,* Re; KAPP- *1, 2, 15, 16*; OPD-*4,5, 6.*
3. Quality of Internal Experience- MMPI-2- *D, Sc*; KAPP- *3,4, 5, 7, 12;* OPD- *1*
4. Affective Comprehension, Expression, and Communication- MMPI-2- *Hs, Sc, Si,* Es; KAPP- *1, 7, 8;* OPD- *4*.
5. Level of Defensive or Coping Patterns - MMPI-2- *Hs, Pa, Sc;* KAPP- *3, 4, 5, 6, 7*; OPD- *3*.
6. Capacity to Form Internal Representations- MMPI-2- *Hs, Pd, Sc, Ma,* Es, Re; KAPP- *1, 2, 5*; OPD- *2, 4, 5.*
7. Capacity for Differentiation and Integration- MMPI-2- *Hs, Pa, Sc;*KAPP- *2, 9, 15*; OPD- *4, 5*.
8. Self-Observing Capacity (psychological mindedness)- MMPI-2- *Hs, Ma*, Es; KAPP- *3, 6, 8, 9, 17*; OPD- *1, 3, 4.*
9. Realistic sense of Morality- MMPI-2- *Pd, Ma*, Re; KAPP- *1, 5, 13,14;* OPD- *2*

G. We predicted that the Degree Severity of Symptoms should significantly correlate with measures of symptomatic severity: MMPI-2-*A*, KAPP-*18,* OPD-*7,* and DSM-IV's Current Global Assessment of Functioning (GAF).

III. We hypothesized that the online survey results from experts will find the PDC:

A. Valuable for understanding their patients,
B. Valuable in treatment planning,
C. And that the dimensions of personality structure, personality patterns or disorders and mental functions dimensions will be considered more useful in understanding their patients than the ICD or DSM symptom classification.
D. We also expect practitioners to find the cultural-contextual dimension useful.

Results

Internal Consistency and Test-retest Reliability for PDC

To test hypothesis I.A. test-retest reliabilities (2 week interval) were calculated for the 7 component scales and for the Overall Personality Structure Scale. Test-retest reliabilities for the 7 component scales ranged from .69 to .90 ($p<.001$) indicating moderate to high levels of stability across the two week interval. Test-retest reliability for the overall personality structure scale was .92, $p<.001$, indicating high scale stability (see Table 1 for test-retest reliabilities for the 7 components and Overall Scale).

As a measure of scale internal consistency, Cronbach's coefficient alpha was calculated for the 7 components of Personality Structure Scales. Coefficient alpha was .94, indicating a high degree of internal consistency among the scales. The mean inter-scale correlation was .76. The individual scale means ranged from 4.80 to 6.75, with a mean

on the total scale of 5.54 (SD = .71). Taken together, the analyses supported hypothesis I.A.

In hypothesis I.B. we predicted high stability over a 2 week period for Overall Severity of Personality Disorder. The test-retest reliability coefficient was .89, p<.001, thus supporting hypothesis I.B.

We predicted in hypothesis I.C. high stability over a 2 week period and high internal consistency for the 9 Mental Functioning scales. Test-retest reliabilities for the 9 scales ranged from .77 to .89, p<.001, (see Table 2 for test-retest reliabilities for the 9 Mental Functioning scales). Coefficient alpha for the scale was .95, indicating a high degree of internal consistency. The mean inter-scale correlation was .67. The individual scale means ranged from 4.73 to 6.63. The mean on the total scale was 5.76 (SD = .62). Taken together, the analyses supported hypothesis I.C.

In hypothesis I.D., we predicted high stability over a 2 week period for the Severity of Symptoms. Test-retest reliability for the severity scale was .87 (p<.001), supporting hypothesis I.D.

Construct Validity for the PDC

The next series of analyses examined the construct validity of the PDC by correlating PDC scales with specifically hypothesized scales from the MMPI-2, MMPI-RC, Karolinska Psychodynamic Profile (KAPP), and the Operationalized Psychodynamic Diagnostics System (OPD) Axis IV Psychic Structure/Mental Functioning scales.

In hypothesis II.A., we predicted significant negative correlations between PDC's Overall Personality Structure Scale (where high scores indicate a high functioning personality) with the following scales (where high scores indicate high psychopathology): MMPI-2 scales F, Hy, Sc, A, MMPI-RCd general psychopathology factor, KAPP (*K-18 level of personality structure*), and OPD (*OPD7-Global Personality Structure Scale*). As hypothesized, all correlations were significant and in the predicted direction. The correlations ranged from -.31 to -.93, p <.001. We also predicted a positive correlation with Ego Strength, Intellectual Efficiency and Responsibility scales on the MMPI-2 with the Overall Level of Personality Structure Scale. The correlations were significant and in the predicted direction (see Table 3 for PDC scale correlations).

To further test the construct validity of the Overall Personality Structure Scale, we predicted in hypothesis II.B. relative mean differences between three MMPI-2 scales Hysteria *(Hy*), Schizophrenia (*Sc*), and Ego Strength (*E*s)) within each of 3 structure categories. The categories were derived by dividing the 10-point Overall Personality Structure scale into psychotic (*ratings 1-3, n = 13*), borderline (*4-6, n = 52*), and neurotic (*7-10, n = 33*) levels. A series of pairwise comparisons were used to test the hypothesized mean differences. In hypothesis B.1., we predicted the Sc scale mean should be significantly larger than both the Hy and Es scale means for the psychotic level. Pairwise comparisons supported that prediction: Sc was significantly larger than Es (M = 85.77, SD = 19.55 vs. 34.31, SD = 6.78, p = .001) and significantly larger than Hy (M = 85.77, SD = 19.55 vs. 72.69, SD = 18.46, p = .017).

In hypothesis B.2.for the borderline level, we predicted that both the Sc scale mean and the Hy scale mean should not be significantly different (borderline as a mix of psychotic and neurotic features), but they both should be significantly larger than the Es scale mean. That prediction was supported. Sc and Hy were not significantly different, but Sc was significantly larger than Es (M = 62.21, SD = 12.31, vs. 43.58, SD = 10.25, p = .001) and Hy was also significantly larger than Es (64.21, SD = 12.31 vs. 43.58, SD = 10.25, p = .001).

Finally, for the neurotic level, we predicted in hypothesis B.3. that the Es, Sc and Hy scales should all be in the normal-moderate range. Hy and Sc were in the moderate range, and Ego strength moved up to the average range showing support for the prediction. There were significant mean differences among the three personality structure categories on the Ego Strength scale, F (2, 95) = 11.506, p. = 001, η^2= .20. Scheffe post hoc tests indicated that patients rated as neurotic scored significantly higher on the Es scale in comparison to those rated as borderline (M = 49.55 vs. 43.58, p = .028), and psychotic (M = 49.55 vs. M = 34.31, p = .001). As consistent with a neurotic personality structure, both Hy (M = 59.85, SD = 12.15, p = .003) and Sc (M = 56.18, SD = 9.28, p = .017) were significantly higher than Es (M = 49.55, SD = 10.16). (see Figure 1 for the MMPI-2 scale means within each level). Taken together, the analyses lend strong support to the construct validity of the Overall Personality Structure scale.

For hypothesis C, we examined the correlations between the 7 components that comprise the Overall Personality Structure Scale with hypothesized scales from the MMPI-2, KAPP, and the OPD. For all 7 components, a total of 59 specific correlations were computed. Due to the high number of comparisons, we calculated the "hit" rate for each capacity. That is, if the correlation between the capacity and the hypothesized scales was significant in the predicted direction, it was considered a "hit." Of the 59 correlations calculated, 58 (98%) were hits at p <.05 and 53 (90%) were hits at p <.001 (see Table 4 for the hit rates and correlations for each individual capacity and hypothesized scales from the MMPI-2, KAPP and OPD).

For hypothesis D., we predicted that a step-wise regression of the 7 components from the Personality Structure Scale should support Kernberg's earlier, more economical model. The regression for the final model was significant, F (4,96) = 200.40, p< .001. All of the four components entering the last model were significant: Affect Regulation (or level of defensive functioning) (β = .35, t(93) = 6.01, p<.001), Reality testing (β = .32, t(93) = 5.02, p <.001), Object Relations (β = .20, t(93) = 3.76, p<.001) and Identify (β = .19,t(93) = 2.69, p<.001). The regression produced an R2 = .89, indicating that the four components accounts for 89% of the variance in the Overall Personality Structure Scale. Taken together, the regression lends support to Kernberg's (1984) structural diagnostic model.

For hypothesis E, we predicted significant negative correlations between the Degree of Impairment from the Dominant Personality Disorder Scale and the specific scales from the MMPI-2, KAPP, and OPD scales. As predicted all correlations were significant (p = .001) and in the predicted direction: MMPI-2 scales F (-.45), Sc (-.47); KAPP K3 (-.73), K4 (-.72), K5 (-.69), K7 (-.70); OPD 7 (-.87). The correlations ranged from -.45 to -.87.

For hypothesis F, we next examined the correlations between the 9 components of the Mental Functioning scale with specifically hypothesized scales from the MMPI-2, the KAPP, the OPD scales and years of education. As done in previous analyses, due to the large number of correlations we calculated the "hit" rate for each of the nine capacities. Of the 79 correlations calculated, 75 (95%) were hits at $p < .05$ and 64 (81%) were hits at $p < .001$ (see table 5 for the hit rates and correlations for each of the nine components and hypothesized scales from the MMPI-2, KAPP, and OPD).

For hypothesis G, we predicted significant negative correlations between the Severity of Symptoms scale and scales from the MMPI-2 A (severity of symptoms), and KAPP-18, OPD-7, and a significant positive correlation with the current GAF. As hypothesized, all correlations were significant ($p = .001$) and in the predicted direction: MMPI-2 A (-.46), K18 (-.80), OPD-7 (-.90) and GAF (.75).

As part of this research, the first author recruited expert practitioners from various listservs and websites to complete an online survey regarding their attitudes toward the PDC dimensions as compared to the ICD, and the DSM symptom classification. All survey respondents had used the PDC with a least one client prior to completing the online survey. For hypothesis III, we predicted that the practitioners would find the PDC useful in terms of understanding their patients and in treatment planning. We predicted that the Dimensions of Personality Structure, Personality Patterns or Disorders and Mental Functions Dimensions would be perceived as more useful in understanding their patients than the ICD or the DSM symptom classification. Finally, we predicted that the practitioners would find the Culture-Contextual Dimension useful.

Practitioners rated on 7-point scales (*1 = Not at all helpful; 7 = Very helpful*) how helpful the PDC was in improving both their understanding of their patients and in treatment planning beyond their ICD and DSM diagnosis. Practitioners were also asked to rate how helpful specific scales of the PDC were in understanding their patients. Seventy-nine percent of the practitioners rated the PDC as "helpful-very helpful" in improving their understanding of their patient beyond their ICD or DSM diagnosis, 67% rated the PDC as "helpful-very helpful" in the treatment planning of their patient beyond their ICD or DSM diagnosis, 84% rated the PDC's level of Personality Structure Scale as "helpful-very helpful" in understanding their patient, 72% rated Dominant Personality Patterns and Disorders Scale as "helpful-very helpful" in understanding their patient, 79% rated the Mental Functioning Scale as "helpful-very helpful" in understanding their patient, and 50% rated the Cultural/Contextual Dimension as "helpful-very helpful" in understanding their patient. In comparison to the above PDC scales, only 31% rated the ICD or DSM symptoms as "helpful-very helpful" in understanding their patient. (See Figure 2).

Taken together, the results supported our predictions and extend Bornstein and Gordon's (2012) preliminary findings in supporting the PDM's taxonomy and the utility of the PDC in aiding practitioners in understanding their patients and in treatment planning beyond their ICD or DSM diagnosis.

Discussion

This preliminary study showed excellent applicability, reliability and construct validity for the operationalized PDM guide, the PDC, and support for many of the PDM's underlying theoretical assumptions.

In this field-testing, the lack of blind independent ratings may have inflated some of the correlations. Therefore, we did not base the findings on looking at the highest correlations after the fact. Rather, we chose to use very limited a priori hypotheses out of the 259 scales (OPD-7, KAPP-18, PDC-47, and MMPI-2-187). This would reduce the multi-rating bias. Also our most important findings are from the comparisons of the variables within this condition.

But more importantly is the matter of ecological validity. We designed the PDC to be used with interview and assessment data. If the PDC were to be used as an independent psychological test then these preliminary findings would not be generalizable.

We found very high internal consistency, reliability and construct validity for the personality structure dimension (neurotic, borderline, psychotic). The PDC's scale of Severity of Personality Structure measures a very similar construct to the KAPP's Level of Personality Organization scale and the OPD's Global Personality Structure Scale.

As the Severity of Personality Structure scale went from psychosis toward neurosis, the MMPI-2's Ego Strength, Intellectual Efficiency and Responsibly scales increased. And as the Severity of Personality Structure scale went from neurosis toward psychosis, the MMPI-2's scales of psychopathology (F, Hy, Sc, A, and RCd) increased- as predicted.

The MMPI-2 scales of Schizophrenia, Hysteria and Ego Strength indicated good construct validity for the distinct categorical components of psychotic, borderline and neurotic levels of personality structure. The MMPI-2 Schizophrenia scale Sc was developed on schizophrenic patients, while the Hysteria scale Hy was developed on a sample of patients with conversion hysteria. The results showed the psychotic level individuals had predominantly schizophrenic traits. The borderline level individuals had lower but equal degrees of schizoid and hysteric features (borderline as a mix of psychotic and neurotic features). And the neurotic level had normal-moderate level psychopathology and the highest level of ego strength. These results support the concept of personality patterns across the psychotic-borderline- neurotic to healthy continuum and not limited to just the neurotic to borderline levels as currently suggested by the PDM P axis.

We found empirical support for all 7 capacities as contributing to personality structure. Kernberg (1984) theorized that domains in differentiating degree of psychotic, borderline and neurotic structures degrees could be determined by three main capacities: identity consolidation, use of primitive defenses, and degree of reality testing. Later Kernberg (1996) added quality of object relations, quality of aggression, adaptive coping versus character rigidity, and moral values for a more detailed diagnostic system. We predicted that his earlier formulation would include the more salient capacities. The step-wise regression of the 7 capacities showed that four- Affect Regulation (or level of defensive functioning), Reality testing, Object Relations, and Identify accounted for 89% of the variance of the Over-All Personality Structure scale. This shows good support for the

construct validity of the Over-All Personality Structure scale. These results also suggest that although all the capacities are important to assessing structure, it may be better to start the assessment with first considering favored defenses, level of reality testing, quality of object relations and identity integration.

This finding is very similar to that of Ellison and Levy (2012) whose factor analysis of the Inventory of Personality Organization (an assessment based on Kernberg's structural theory) found that the first factor related most strongly to self-concept clarity, defenses, and affect.

But more important than which of the capacities most predicted personality structure is Kernberg's (1984, 1996) main point that diagnosis is both categorical and dimensional and, that a nosology not be limited to the descriptive or surface behavior but rather on the underlying biological and psychological structures.

We found support for Kernberg's (1984, 1996) and McWilliams' (2011b) position that personality structure (or organization) is an important (perhaps most important) dimension and first step in diagnoses. We found that expert practitioners of various theoretical orientations (most of whom were not psychodynamically oriented) felt that personality structure is a very important dimension in understanding their patients. This supports our view that personality structure serves as a primary and separate dimension in a psychodiagnostic taxonomy and should be a distinct dimension in a revised PDM.

The seven component scales of Personality Structure also showed excellent stability and construct validity. Fifty-three of the fifty-nine predictions had significant correlations in the predicted direction.

We found excellent reliability and construct validity for the Personality Disorder Severity scale with scales of global psychopathology. In this study we did not test the validity of the specific personality patterns. This research is now underway in a study to compare Gazzillo, Lingiardi, and Del Corno's, Psychodynamic Diagnostic Prototypes (PDP), with the PDC's personality patterns-disorders dimension.

We found excellent internal consistency, reliability and construct validity for the nine Mental Functioning scales. Of the eighty-three correlations calculated, seventy-nine (95%) were significant and in the predicted direction.

For example, as predicted, the mental capacity for Attention, Memory, Learning, and Intelligence was significantly correlated with the number of years of education, MMPI-2-Intellectual Efficiency scale and Ego-strength scale.

We found very high reliability and construct validity for the Manifest Symptoms Severity scale as predicted with the MMPI-2-A scale, the global KAPP and OPD scales, and the DSM-IV's Current GAF scale.

These results also support the psychodynamic understanding of psychopathology beyond the symptom descriptions found in the DSM5 or ICD-10. For example, the DSM5 decided to eliminate the diagnosis of "Hypochondrias" for "Somatic Symptom Disorder,"

with the latter umbrella term based on somatic symptoms and cognitive distortions. In contrast, psychoanalytic theorists such as Kernberg (1975) agree that people with hypochondriasis have a poorly developed sense of identity and they hold on to physical complaints as parts of the self. They also have poor affect tolerance, with their affects often expressed as physical complaints. The PDM states that individuals with hypochondriasis are typically organized in the borderline range and can verge on somatic delusions with "an overall substitution of a relationship with the body for meaningful, in-depth relationships with other individuals" (p. 47-50).

Psychoanalytic theory should be able to test non-intuitive hypotheses that follow from the theory. Although some of the variance of MMPI-2 Hypochondriasis (Hs) scale in this sample (which included disability claimants) would be due to actual physical problems, enough of the variance should relate to the personality dynamics of people who suffer from hypochrondriasis.

The significant correlations of the MMPI-2 Hs scale with the personality structure component scales of poor Identity Integration and poor Affect Tolerance supported the psychodynamic formulation of the hypochondriacal personality beyond the components of somatic symptoms and cognitive distortion offered by the ICD and DSM.

Finally, a psychological nosology should useful to the majority of practitioners. We found that of the 61 practitioners surveyed, 56% did not primarily identify with a psychodynamic orientation. Yet, 79% rated the PDC as "helpful-very helpful" in improving their understanding of their patient beyond their ICD or DSM diagnosis, 67% rated the PDC as "helpful-very helpful" in the treatment planning of their patient beyond their ICD or DSM diagnosis.

Eighty-four percent rated the PDC's Overall Level of Personality Structure scale as "helpful-very helpful" in understanding their patient, 72% rated Dominant Personality Patterns and Disorders scale as "helpful-very helpful" in understanding their patient, 79% rated the Mental Functioning scale as "helpful-very helpful" in understanding their patient.

These results support a five dimension PDM taxonomy: 1. Level of Personality Structure, 2. Personality Pattern or Personality Disorder 3. Mental Functioning or Capacities, 4. Manifest Symptoms and Concerns, and 5. Cultural-Contextual Contributing factors.

Table 1

Summary of Test-retest Correlations, Means, and Standard Deviations for the 7 Components of Personality Structure Scale and Overall Personality Structure Scale

Components	rxx	M	SD
1. Identity	.84*	5.50	1.68
2. Object Relations	.83*	4.85	1.75
3. Affect Tolerance	.85*	5.40	1.59
4. Affect Regulation	.86*	4.91	1.63
5. Superego Integration	.80*	6.22	2.00
6. Reality Testing	.90*	6.84	1.93
7. Ego Resilience	.69*	5.83	1.87
8. Overall Scale	.92*	5.50	1.68

*p < .001

Table 2

Summary of Test-retest Correlations, means, and Standard Deviations

For the 9 Mental Functioning Scales

	Mental Functioning	rxx	M	SD
1.	Capacity for Attention, Memory, Learning, and Intelligence	.89*`	6.63	1.92
2.	Capacity for Relationships and Intimacy	.80*	4.73	1.75
3.	Quality of Internal Experience	.84*	5.26	1.63
4.	Affective Comprehension, Expression and Communication	.77*	5.88	1.70
5.	Level of Defensive or Coping Pattern	.83*	5.31	1.69
6.	Capacity to Form Internal Representation	.82*	5.48	1.58
7.	Capacity for Differentiation and Integration	.87*	6.03	1.90
8.	Self-Observing Capacity	.89*	5.94	2.12
9.	Realistic Sense of Morality	.83*	6.53	2.10

*p <.001

Table 3

Summary of PDC's Overall Personality Structure Scale with the MMPI-2 scales F, Hy, Sc, A, MMPI-RCd, KAPP (*K-18 level of personality structure*), and OPD (*OPD-7 Global Personality Structure Scale*)

Scales	Overall Scale r	M	SD
F	-.60**	61.10	16.52
Hy	-.31*	63.62	14.42
Sc	-.56**	63.44	15.59
A	-.55**	57.39	13.75
RCd	-.41**	56.65	11.71
K-18	-.88**	1.58	.64
OPD-7	-.93**	2.36	.67
Ego Strength	.47**	44.50	10.98
Intellectual Efficiency	.52**	45.03	10.20
Responsibility	.32**	47.08	11.72

**P <.001

* P = .002

Table 4

Summary of Correlations and Hit Rates for the Personality Structure Scale Capacities with MMPI-2, KAPP, and OPD Scales

	Id1	OR2	AT3	AR4	SI5	RT6	ER7	Overall Rating
MMPI-2								
F								-.60**
Hs	-.24*	-.12	-.28*					
D				-.38**				
Pd		-.42**		-.37**	-.32**			
Pa				-.42**		-.42**		
Pt			-.40**					
Sc	-.45**	-.46**	-.45**	-.45**		-.41**	-.51**	-.56**
Ma					-.25*			
Si		-.34**						
A								-.55**
Es							.46**	
KAPP								
1	-.74**	-.73**						

2	-.69**	-.69**						
3				-.74**	-.71**			
4			-.71**	-.78**	-.63**		-.76**	
5		-.64**		-.74**	-.82**			
6		-.36*						
7			-.72**	-.74**			-.67**	
8			-.73**					
14		-.52**						
15		-.72**						
18						-.83**	-.72**	-.88**
OPD								
1	-.82**	-.70**						
2		-.67**	-.76**					
3		-.64**		-.79**				
4		-.79**			-.76**			
5		-.74**	-.83**					
6		-.82**						
7						-.84**	-.79**	-.93**
(Hit Rate)								
*p <.05	1.00	1.00	1.00	1.00	1.00	1.00	.83	1.00
** p <.001	.80	.88	.88	1.00	.83	1.00	.83	1.00

Table 5

Summary of Correlations and Hit Rates for the 9 Mental Functioning Capacities with MMPI-2, KAPP, and OPD Scales

	Lrn1	Rel2	IE3	Af4	Df5	IR6	DI7	SO8	Mor9
MMPI-2									
F					-.24*	-.22*			
Hs				-.18			-.18	-.11	
D			-.38**						
Pd		-.40**				-.36**			-.25*
Pa					-.49**		-.34**		
Pt									
Sc		-.44**	-.49**	-.39**	-.51**	-.41**	-.36**		
Ma		-.20*				-.25*		-.23*	-.25*
Si		-.39**		-.42**					
A									
Es									
IE	.43**								
Es	.28*			.35**		.28*		.12	

RE		.28*				.29*			.29*
Years of Ed.	.44**								
KAPP									
1		-.75**		-.65**		-.63**			-.56**
2		-.60**				-.59**	-.63**		
3			-.59**		-.77**			-.61**	
4			-.69**		-.76**				
5			-.59**		-.74**	-.67**			-.85**
6					-.62**			-.65**	
7			-.69**	-.70**	-.80**				
8				-.75**				-.68**	
9							-.77**	-.76**	
12			-.72**						
13									-.32*
14									-.37**
15		-.74**					-.72**		
16		-.69**							
17								-.81**	
18									
OPD									
1			-.80**			-.74**		-.72**	
2									-.85**
3					-.87**			-.80**	
4		-.85**		-.72**		-.77**	-.82**	-.66**	
5		-.78**				-.74**	-.77**		
6		-.85**							
(Hit Rate)									
*p <.05	1.00	1.00	1.00	.87	1.00	1.00	.88	.82	1.00
** p <.001	.67	1.00	1.00	.87	.88	.67	.88	.73	.50

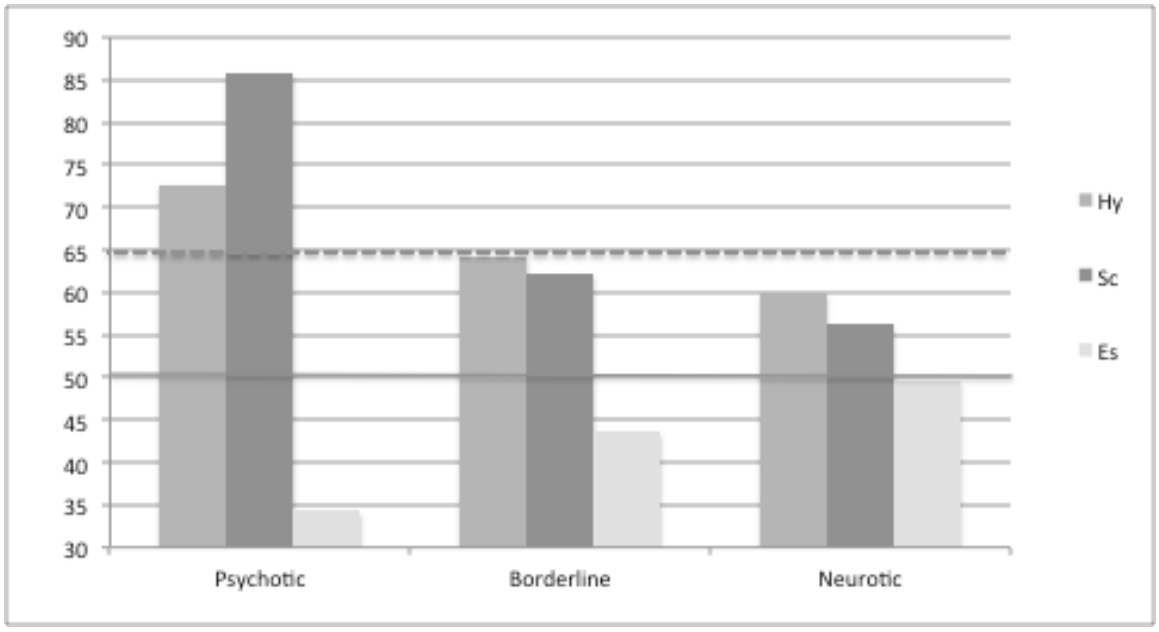

Figure 1: MMPI-2 Hysteria-Hy, Schizophrenia-Sc, and Ego Strength-Es Scales within the Psychotic, Borderline, and Neurotic Categories of the Personality Structure Scale

Note: Solid line at MMPI-2 score of T50 is average. Dotted line at T65 indicates clinically significant scores. Psychotic (*ratings 1-3, n = 13*), Borderline (*4-6, n = 52*), and Neurotic (*7-10, n = 33*). Psychotic: Sc >> Hy > Es; Borderline: (Sc ~ Hy) > Es; Neurotic: (Sc ~ Hy) > Es all in the average to moderate range. Hy: Psychotic >Neurotic. Sc: Psychotic >> (Borderline ~ Neurotic). Es: Neurotic >>Psychotic; Neurotic >Borderline; Borderline > Psychotic.

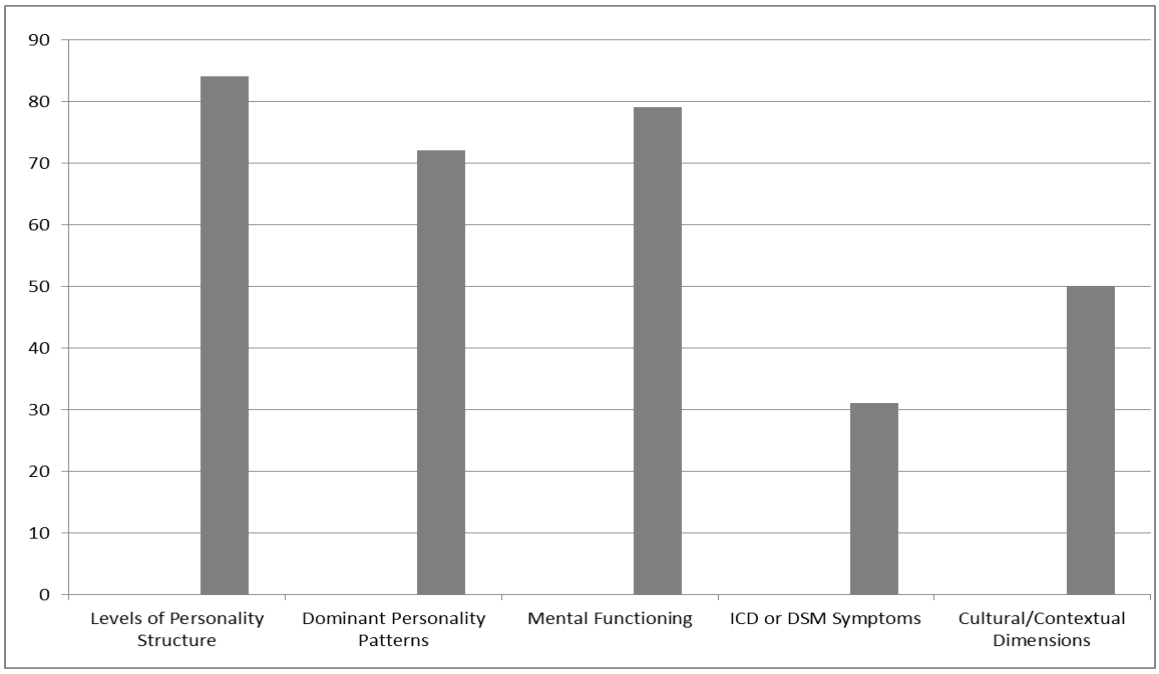

Figure 2: Percent of Practitioners Rating the PDC scales as "Helpful—Very Helpful" in Comparison to the ICD and DSM