Book Review: Dr George Halasz

REF: AUS PSYCH (2008) 16; 289-291.

Psychodynamic Diagnostic Manual. PDM Task Force. Silver Spring, MD: Alliance of Psychoanalytic Organizations, 2006. p 857
ISBN 0-9767758-2-4 (paper) (Price $23.10)
0-9767758 -1-6 (cloth)

The late professor of psychiatry at the Maudsley Hospital, London, Sir Dennis Hill (1971) observed that despite the relationship between the disciplines of psychiatry and psychoanalysis sharing their main practical endeavour to alleviate individual suffering, yet, their history has been not easy nor a happy one.

If anything, the last thirty years has witnessed that relationship deteriorate to the point that many psychiatrists are no longer aware that psychoanalytic theory, practice and research has any further relevance to contemporary psychiatry. That is about to change. The 'mechanism' and 'meaning' detailed back in the 1970's were relevant at that time. 'Mechanism' then referred to 'defence mechanism' of the ego, and included repression, regression, reaction-formation, projection, introjection and so on. The full range of mechanisms and conceptual constructs needed a separate dictionary to translate the complex language constructs. (Laplanche and Pontalis)

Recently I was made acutely aware how deeply the DSM has influenced the new generation of psychiatrists when I was teaching graduates on psychic trauma and post traumatic stress disorder. The DSM's approach to diagnosis seemed to hold little relevance to the clinical issues they encountered in assessment, diagnosis, treatment and short- and longer-term therapy.

During these case presentations what became obvious was how a focus on symptom clusters had replaced the 'person', personality structure, developmental history and context as the central focus of thinking and understanding as well as the object of treatment.

This 'reification of symptom syndromes' was one reason for child psychiatrist Professor Stanley Greenspan's giving provenance to the PDM as an important additional approach to psychiatric classification.

The PDM emphasized the idiographic views on individual differences, illustrated by the three extensive case formulations at the end of sections along with many clinical vignettes. In our seminar sessions, we found special relevance in the PDM's 'subjective' axis (see below) introduced by a sobering reminder 'Working with seriously traumatized patients may threaten the therapist's emotional status quo and thus requires regular monitoring and processing of the therapist's own reaction…' (102).

This approach was in contrast to the DSM's nomothetic approach to human suffering with its focus on symptom clusters but no explanation about the patient's relationship patterns and overall subjective states. That the PDM needed to be published at this time both highlights the well documented disorder in American psychiatry (T M Luhrmann) and underlines the level of discontent in that country's use and misuse of the DSM.

There have been previous attempts to provide psycho dynamically informed classification systems, notably Anna Freud's classic *'Developmental Profile' (Normality and Pathology in Childhood. Assessment of Development.* London: Hogarth & Institute of Psycho-Analysis, 1980); Nancy McWilliams *Psychoanalytic Diagnosis. Understanding personality structure in the clinical process.* (1994) combined the multiple theoretical strands and clinical diversity to an ordered diagnostic system and Stanley Greenspan's *Developmentally Based Psychotherapy.* Madison: International University Press, (1997), offered a developmentally based approach that features in the PDM. Both he and Nancy McWilliams being central to the PDM.

The PDM's goal is 'to complement the DSM and ICD efforts of the past 30 years in cataloguing symptoms by explicating the broad range of mental functioning' (p1). The manual's 857 pages are divided into three parts: part 1 covers adult mental health disorders, part 2 deals with child and adolescent disorders, and part 3 provides the conceptual and research foundations for a psychodynamically based classification system for mental health disorders.

The PDM's central structure of three axes offers modifications to the DSM with the P axis, Personality Patterns and Disorders; M Axis for Mental Functioning; and the S Axis, Symptom Patterns.

While not being naïve enough to think that the PDM will supersede the well entrenched DSM, one can hope that in time as a complimentary

systems of classification it may fulfill its author's intent to transform the DSM's impoverished view of mental disorders by countering that 'misguided' strategy of narrowing of the mental health field's focus on simple symptom clusters (p3).

They also note, '…scientific evidence includes and often begins with sound descriptions, such as case studies'. '(I)nsufficient attention to this foundation of scientific knowledge, under the pressure of a narrow definition of what constitutes evidence (in the service of rapid quantification and replication) would tend to repeat rather than ameliorate the problems of current systems.' (p3).

This hefty tome invites repeated readings. If supplemented by debate and discussion, its full clinical utility gradually becomes apparent, with its emphasis on the complexity, subtlety and nuance of the human condition and its many disorders.

In one sense, the PDM comes full circle to provide the 'meaning' as well as the latest 'mechanisms' of the brain-mind. As such, it includes mechanisms that are now integral to developmental psychiatry and include interactive disorders, regulatory-sensory processing disorders and sensory modulation difficulties.

Overall the PDM sets a new benchmark for thinking and classification on psychiatric disorders supported by evidence based research from neuroscience, personality and psychopathology research and therapy process and outcome. To not read this book risks being clinically outdated, at least, and possibly delivering less than best standards of clinical care.

References

Hill D. On the Contributions of psychoanalysis to psychiatry: Mechanisms and Meaning. 1971;52:1-10

Luhrmann T M. Of two minds. The growing disorder in American Psychiatry. New York: A A Knopf, 2000.

Laplanche J., Pontalis J-B. The language of psychoanalysis. London: Hogarth Press & Institute of Psycho-Analysis. 1983

Anna Freud. *'Developmental Profile' (Normality and Pathology in Childhood. Assessment of Development.* London: Hogarth & Institute of Psycho-Analysis, 1980).

Nancy McWilliams *Psychoanalytic Diagnosis. Understanding personality structure in the clinical process.* (1994)

Stanley Greenspan's *Developmentally Based Psychotherapy.* Madison: International University Press, (1997).