We appreciate John Clarkin’s (2014) thoughtful, friendly commentary on the original Psychodynamic Diagnostic Manual (PDM) project and on our hopes and intentions for the second edition of the PDM. As there is very little in his essay with which we disagree, we expand on some of his points.

First, his emphasis on the process rather than the product of the PDM fits with our sense of our overall aim; namely, to initiate an open conversation in the psychodynamically oriented community—and beyond that, to the practitioner community in general—about how best to represent individual psychology and psychopathology in the more dimensional, inferential, and contextual ways that the psychoanalytic tradition has valued and found clinically useful over many decades of psychotherapeutic efforts. Stanley Greenspan was explicit in defining the PDM as a work in progress and certainly not as the last word in nosology. When we published the first edition of the PDM, we were hoping for ongoing critical feedback from clinicians and researchers, and despite Greenspan’s untimely death and the consequent loss of his role in mediating all such communications, the contributors to PDM-1 have received many useful critiques from our colleagues that we hope will improve PDM-2.

Second, Clarkin’s sense that the project was perhaps too ambitious feels right to us. And yet we have persisted in that ambitious attitude: We could not resist attempting to address a very wide range of diagnostic issues in PDM-2. Such a goal involves continuing communication among numerous experts who often disagree, or who at least come at the work from substantially different angles of vision, and who bring widely varying experiences in theory, research, and practice to the common task. Trying to turn this chorus of discordant voices into something like a choir has been daunting to say the least. And yet,
the good will that has surrounded the project, now and during the preparation of the first edition, is remarkable. Any readers who have ever tried to get even a handful of psychoanalysts to agree on a concept will appreciate the miracle of Greenspan’s having brought order and civility out of the chaos of different organizations, different disciplines, different subtheories in psychoanalysis, and different individual voices. We are trying to maintain the cordial atmosphere that his leadership originally created, and we are pleased to note that this labor of love (no one is making any money on the PDM—all royalties have gone and will go into a fund for psychodynamically oriented research) continues to proceed with minimal friction and maximal mutual respect.

Clarkin tactfully notes that the PDM is not in principle entirely different from the DSM. He is right. Like the DSM, the PDM is the product of task forces and committees, the ultimate outcome of many small political compromises whenever the research data have been less than definitive in resolving a disagreement. The decision in PDM-1, for example, not to include a psychotic level of personality organization, and instead to characterize a range that goes “to the border with the psychoses,” as well as the decision to posit a hypomanic personality despite considerable controversy about whether hypomania is instantiated only in a symptom syndrome and not in character, were achieved by negotiation and deliberation rather than by reference to an empirical literature that is still rather limited on those questions. And yet I think we can legitimately claim to be much more transparent than the DSM, and considerably less subject to influence from large deep-pocket organizations such as drug and insurance companies. In addition, we are not making money for a professional organization; no one’s budget depends on the PDM royalties.

One change in PDM-2 that we think Clarkin will welcome involves more careful attention to tone. We intend to work harder to be sure that issues that are uncertain or controversial are not presented in an attitude of confident conclusiveness just because they represent some degree of psychoanalytic consensus. As author of the personality section, for example, McWilliams has received some comments from colleagues that she wrote in a tenor of more certainty than the data warrant. This quality will be modified in the direction of appropriate scientific humility in PDM-2. Clarkin’s point that the PDM’s effort to conceptualize the “whole person” is aspirational, given how difficult is even partial understanding of a person seen repeatedly in therapy, is sound and will be reflected in the tone of PDM-2. In PDM-1, the writing styles and assumptions of the respective section editors differed considerably; in PDM-2 we will not only have more communication during the process across the various task forces, but we will also have the advantage of a publisher and copyediting services that should lend a more consistent and appropriately modest tone to its claims.

Finally, we want to take note of the criteria he offers by which we might measure the success of PDM-2. As a disciplined researcher, Clarkin is sensitive to the need to operationalize standards for judging any enterprise. We are grateful for this list of benchmarks and will keep them in mind as the PDM-2 project continues.

References