

OPD Task Force (Eds.)

# **Operationalized Psychodynamic Diagnosis OPD-2**

**Manual of Diagnosis and  
Treatment Planning**

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The focus here lies on the patient's offers of relationships towards other persons – also towards the interviewer. What is described are the patient's modes of behavior as they are perceived by others.

■ **Others – including the interviewer – experience themselves (towards the patient) time and time again as ...**

This focuses on reactions, impulses and feelings which the patient triggers in others, and that is also in the interviewer. What is described are those reactions which the patient predominantly seems to induce in others.

#### 4.2.3.3

##### The item list

The assessment of the experiential perspectives is made on the basis of items contained in the item list as reproduced in Figure 4-1. In this list, the four interpersonal positions are represented by four columns in which modes of relating can be marked. The columns which reflect the patient's experience are highlighted with a light background, those that capture the experience of others show a dark background.

The left side is used to mark the behavior of the patient, the right side for marking that of his objects (others). The items to the left and the right of the central column are identical in content and only differ in their grammatical form (depending on whether the patient or the others form the grammatical subject). With the help of this list the therapist is able to mark, for each of the four interpersonal positions, those items which are important for the description of a patient's dysfunctional relationship pattern. As a rule, a maximum of three items is sufficient in order to adequately capture any one of the interpersonal positions.

Because they describe dysfunctional behavior, these items show a basic pathological orientation. Some of the items express this orientation through an emphasis on item quality (for example, the patient experiences himself over and over again as attacking/damaging others), others emphasize the quantity, or intensity of the item (for example, the patient experiences himself over and over again as very concerned/caring).

#### 4.2.3.4

##### The circumplex model of interpersonal behavior

The item list is based on a circumplex model of interpersonal behavior which goes back to Benjamin (1974; 1993). In this model (cf. Figure 4-2), interpersonal qualities are arranged on two circles, whereby the upper circle contains active modes of relating, aimed at another person. The items in the lower circle describe reactive, or intransitive modes of relating (directed towards the self). Each of the circles is transected by a horizontal axis, which has "hostility" as the pole on

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Axis



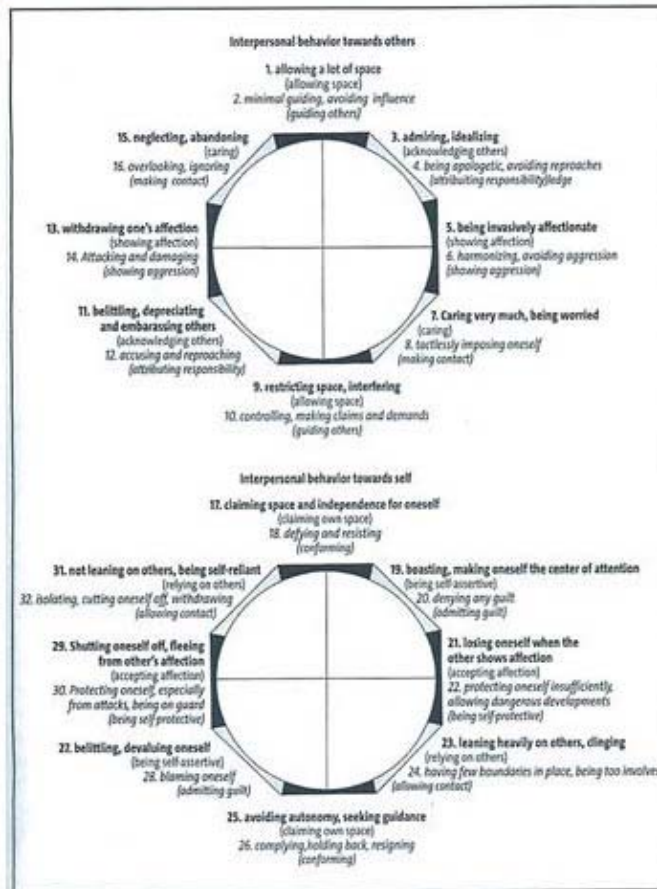


Figure 4-2: Circumplex model of interpersonal behavior

self-assertive behaviors, on one end, and compliant behaviors on the other. The specific combinations between any of these two dimensions of affiliation (the horizontal axes) and interdependence (the vertical axes), determine the exact position of a certain relationship behavior on the circles. The choice and formulation of the items follows a specific logic which we wish to elucidate briefly. To illustrate, let us consider item 7 “to care very much, to be concerned” which is located in the upper circle in the lower right quadrant and which comprises a mixture of positive affiliation and controlling influence (negative interdependence). Opposite it we find item 15 “to neglect, abandon”, which shows negative affiliation and positive interdependence (in the sense that the other is left to himself). Those two items are thematically related, for they describe contrary expressions of a common relationship theme which one could describe as “caring”. This theme is stated in brackets under both items. In the same manner all other items, which are opposite each other on the same circle, are linked to a common relationship theme.

The logic of the model further implies that items in the upper and lower circle which are in identical positions, describe complementary relationship qualities. The theme “relying on others” which is complementary to the just-mentioned theme of “caring” is represented by items 23 “to lean heavily on others, to cling”, and 31 “not to lean on others, to purport to be self-reliant”, both of them on the lower circle. Each item pair of a relationship theme thus has its complementary item pair with a complementary common theme, which is assigned to a position on the respective other circumplex. This means that four of the total of 32 items of both circles are always thematically related; correspondingly, there are eight complementary pairs of themes (like, e.g., to care/to rely on others).

Such thematic grouping of the items does make very good sense clinically, in that we often find, in dysfunctional relationship patterns, several items of a thematic area are combined. Some examples may illustrate this: a patient is able to process her experience of having been neglected (item 15) in such a way that she does not rely much on others (31), and that she also very intensely cares for others (7), who in turn rely on her (23) (theme pair: to care/to rely on others). Another patient with problems of self-worth shows a pattern where he devalues himself (27) as well as making himself appear especially important (19), while at the same time both devaluing (11) and idealizing (3) others (theme pair: to acknowledge others/to be self-assertive).

#### 4.2.3.5

##### **Relationship dynamic formulation**

The aim of the diagnosis is to arrive at a relationship dynamic formulation which connects the four interpersonal positions with each other. This goes beyond a pure description of what is happening in the relationship, expanding and deepening it into a dynamic understanding (cf. Grande et al., 2004a). When such a