Assessment of Adolescent Personality Disorders Through the Interview of Personality Organization Processes in Adolescence (IPOP-A): Clinical and Theoretical Implications#

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Abstract: In the field of developmental research, there is a pressing need to develop clinically sounded and empirically grounded tools for the assessment of personality development in adolescence. After a review of the relevant literature on adolescent personality disorders we present through empirical data and clinical material the IPOP-A, a semi-structured interview for adolescents ranging from 13 years old to 21 years old. The IPOP-A seems to be promising to gather information about processes that constitute the building blocks of adolescent personality organization.

Keywords: Adolescent personality disorders, assessment, borderline personality organization, IPOP-A, personality development, semi-structured interview.

Adolescence represents a period of major changes and challenges in personality development and character formation (Blos, 1968). During this period, adolescents have to accomplish many different developmental tasks, including 1) the integration of sexual maturation in an adult body image (Laufer & Laufer, 1984); 2) the second separation-individuation process with respect to caregivers (Blos, 1967); 3) the loss of infantile object ties (A. Freud, 1958); 4) the establishment of a coherent, stable and original identity often after getting through a period of experimentalizations and crisis (Eriksson, 1956); and 5) the development of pair-bonds and romantic experience and the establishment of mature life goals and ambitions (Kernberg, 1998). Also cognitive changes with more mature functioning, such as the ability to reflect on one’s own experience, play an important role during this period (Ammaniti, Sergi, 2003; Fonagy, Target, 1997). Given these challenges, adolescence also represents a second chance in the development of personality: a period of deep re-organization of self and object representations that gathers individuals into the realm of adulthood (Blos, Shane, 1981).

Clinicians and researchers also suggest that adolescence is the onset period of major psychopathological troubles and personality disorders (Chen, Cohen, Crawford, Kasen, Guan, & Gordon, 2009; Kasen, Skodol, Johnson, & Brook, 1999; Laufer & Laufer, 1984; Blos & Shane, 1981). But the diagnosis of personality disorders during adolescence is still a controversial issue. Despite the fact that DSM-IV-TR (APA, 2000) stated that adolescence is the onset period of personality disorders, the APA manual suggests avoidance of formulating personality disorders diagnosis during adolescence (Westen, Chang, 2000). In the past two decades, researchers have collected empirical data to address the major issues in the study of adolescent personality pathology. Empirical research suggests that during adolescence: (1) personality disorders can be diagnosed using DSM criteria; (2) the diagnosis of personality disorders shows moderate stability over time; (3) adolescent personality disorders are associated with a high risk of Axis I and Axis II diagnosis in adulthood; (4) personality disorders are associated with substance use and conduct disorders; (5) underlying personality pathology is crucial in understanding the prognosis of adolescent symptomatology (Bernstein, Cohen, Velez, Schwab-Stone, Siever, & Shinsato, 1993; Grilo, Walker, Becker, Edell, & McGlashan, 1997; Crawford, Cohen, Johnson, Sneed, & Brook, 2004; Cohen, Chen, Crawford, Brook, & Gordon, 2007; Crawford, Cohen, First, Skodol, Johnson, & Kasen, 2008; Chen et al., 2009). The validity of the DSM approach to the assessment of adolescent personality disorders is controversial. Since DSM utilizes adult criteria for the assessment of personality during...
adolescence, this approach fails to recognize the specific developmental characteristics of adolescent personality disorders, impeding the identification of syndromes that could be differently expressed in adolescents (Bradley, Zittel Conklin, & Westen, 2005). Furthermore, the DSM is centered on observable phenomenological behaviors that could quickly change during adolescence while the underlining psychological functioning could remain stable or arrested by developmental blockages (Foelsch, Odom & Kernberg, 2008; PDM Task Force, 2006). Another important issue is that DSM does not address the presence of gender differences in the phenomenological expression of adolescent personality disorders. In their empirical research, Bradley, Zittel, Conklin and Westen (2005) found significant gender differences in borderline personality disorder features, with females more emotionally dysregulated and males more externalizing and behaviorally aggressive.

A PSYCHODYNAMIC ORIENTED FRAMEWORK FOR THE ASSESSMENT OF PERSONALITY DEVELOPMENT

Recently, a consistent effort has been made in promoting a psychodynamic oriented assessment of personality disorders even during adolescence (PDM Task Force, 2006). Otto and Paulina Kernberg made a major contribution in this realm pointing out the differences between personality organization and personality disorder, with the former represented by quite stable psychological functions and the latter referable to observable constellations of behaviors indicated by the DSM. The key features of the assessment procedure with adolescents should take into account the crucial importance of differentiating between normal identity crisis and identity diffusion, the quality of object relations, the capacity to modulate affective experience with particular importance given to the modulation of aggression, the development of a healthy moral values system, the reality testing and finally, the defensive functioning (O. Kernberg, 1998; P. Kernberg, Weiner, & Bardenstein, 2000). Not all those dimensions have the same weight in the assessment of adolescents.

Since the consolidation of identity is one of the most important task of adolescence, the evaluation of identity should play a central role during the assessment of adolescents (Westen, Betan, & Defife, 2011). Owing to the groundbreaking work of Erik Erikson, we can look at identity as an overall synthesis of ego functions, both conscious and unconscious, and as something that is aligned with group ideals and group identity (Erikson, 1956). Kernberg’s conception of identity takes into account Erikson’s view but also includes the importance of the representation of significant others (Kernberg, 2006). During their development, healthy adolescents show a progressive integration of self-system by constructing conceptual principles that coordinate the various and contrasting features of the self into a coherent system (Damon & Hart, 1988). Especially in a early phase, adolescents may go through a period of identity crisis defined as an acute but transitory sense of confusion and puzzlement due to the discrepancy between different experiences and perspectives about self-image derived by a lack of confirmation and recognition by significant others of the adolescent’s changing identity (Erikson, 1956; Kernberg, 2006). Even if confused, those adolescents show a deep and complex representation of themselves and significant others, using role experimentations to establish new identifications but maintaining their efforts toward integration and a sense of sameness through crisis. Identity pathology in adolescence is characterized by a sense of incoherence and a lack of integration in the representation of self and significant others, presence of vague beliefs and inconsistencies in behaviors, conformist over-identification with groups or roles instead of looking for authenticity, and difficulties with commitment to values and goals (Wilkinson-Ryan, Westen, 2000; Kernberg, 1998).

Looking at the quality of object relations during adolescents, clinical and empirical literature highlight that the first developmental task during adolescence is turning away from parents (Ammaniti & Sergi, 2003; Hauser & Schmidt, 1991). There are clear indications that in adolescence the reliance on parents as exclusive attachment figures decreases (Allen & Land, 1999) and that a second separation-individuation process is promoted during adolescence (Blos, 1967). This process involves reducing emotional investment in parents and re-focusing and re-directing partially this investment to relationships with peers or nonfamily members. Even if the importance of parents as attachment figures decreases in term of time spent with parents and emotional closeness, parent-child relationship remains a strong affective bond and a secure base modified by the renegotiation of decision making, from unilateral authority held by parents to mutuality (Ammaniti & Sergi, 2003). Another developmental task is forming pair-bonds: in early adolescence romantic relationships are perceived in an idealized and stereotypical way and the choice of a partner is influenced by the expectations of the social group and by status attainment. In contrast, during late adolescence and early adulthood the attachment and caregiving systems become more prominent in romantic relationships. In the context of pair-bonds, adolescents’ experiences of their first sexual intercourse are influenced by attachment patterns and internal working model of relationships (Ammaniti, Nicolais, & Speranza, 2007). Severely disturbed adolescents often evidence impairment in the second-individuation process from caregivers and difficulty investing in peer and romantic relations as significant pair-bonds.

Affect regulation represents another crucial aspect in the assessment of personality during adolescence (Hauser & Schmidt, 1991). Affects give color to the internal experience and represent the lexicon of the interpersonal relationship (Cassidy, 1994; Langlois, 2004; Weinberg & Klonsky, 2009; Shore, 2009). Affect regulation is based on interaction between temperament and interpersonal relationships and experiences during infancy, childhood and adolescence with parents, family, peers and significant others. Moreover, affect regulation is a sensitive index of the healthy personality and its dysregulation constitutes one of the main characteristics of borderline personality (Fonagy, Bateman, 2008). During adolescence, affective growth is interconnected to ego developmental trajectories (Hauser & Schmidt, 1991; Hauser & Safyer, 1994) and mentalizing
attitudes that help adolescents to shape and modulate their affective experiences (Fonagy, Gergerly, Jurist, & Target, 2002). While healthy adolescents experience a wide range of affects and reach the full capacity to modulate affective states especially in late adolescence, most troubled youngsters show a severe impairment in the capacity to experience, modulate and share in others’ affective states.

**EMPIRICAL AND CLINICAL DEVELOPMENT OF THE INTERVIEW OF PERSONALITY ORGANIZATION PROCESSES IN ADOLESCENCE**

Valid and reliable psychoanalytically oriented tools – those that evaluate personality functioning and not just a collection of symptoms of personality disorders—are useful to identify the main resources of young patients, the main dimensions and mental functions on which clinicians should pay peculiar attention during treatment, and the blocks that contribute to promote psychic breakdowns (see Westen, Dutra, & Shedler, 2005). Kernberg developed a clinical procedure to assess the presence of personality pathology in adults and adolescents, well known as the *Structural Interview* (Kernberg, 1984). This procedure was operationalized for empirical research through the *Structured Interview of Personality Organization* (STIPO; Clarkin, Caligor, Stern, & Kernberg, 2003; Horz et al., 2009; Stern et al., 2010). Starting from this interview we developed an adolescent version of the STIPO named *Structured Interview of Personality Organization Adolescent Version* (STIPO-A) that represents the first adaptation of the adult STIPO for adolescence. STIPO-A assessed the same domain of the adult STIPO: identity diffusion, quality of object relations, primitive defenses, coping and rigidity, aggression and moral values.

In the changing process from STIPO to STIPO-A, we have modified the sequence of item presentation, simplified the language in which questions were presented, and radically adjusted the scoring system. After those modifications, we performed an exploratory empirical study to get the first empirical data on the psychometrical properties of the interview—reliability, convergent validity and capacity to differentiate between normal and clinic adolescents (Fontana, Ammaniti, 2010). We collected a sample of 70 adolescents (mean age = 16.2; SD = 1.4) ranging from 14 to 18 years old, whom we interviewed using the STIPO-A and other psycho-diagnostic tools. Thirty-five adolescents were collected from a clinical population recruited from therapeutic community treatment settings and from outpatient clinical departments in the city of Rome, while 35 adolescents were taken from a general population, recruited in schools close to our research department. Fifty percent of the adolescents from the clinical group evidenced severe DSM Axis II personality disorders—the most prominent disorders were borderline personality disorders and narcissistic personality disorder. We assessed STIPO-A reliability through two different methods: (1) Intra-Class Correlation coefficients (ICC) and (2) Cronbach’s alpha. The results were excellent since the ICC coefficients of two independent raters blinded to the primary aims of the study ranged from .87 to .81. Also Cronbach’s alpha index results were excellent ranging from .96 to .81. Afterwards, we evaluated the convergent validity between STIPO-A dimensions and variables measured by other tools through Spearman’s rank correlation coefficient. We assessed the convergence between identity and object relations domains and the severity of DSM Axis II diagnosis using the Millon Adolescent Clinical Inventory (MACI; Millon, Davies, & Millon, 1993). MACI is a well known and well studied self-report for the assessment of DSM Axis II personality disorders in adolescence. It is based on 160 items that cover the major DSM-IIIR and DSM-IV Axis II personality disorders.

**Table 1. Correlations between STIPO-A Domains and MACI Personality Patterns**

<table>
<thead>
<tr>
<th>MACI Personality Patterns</th>
<th>STIPO-A Identity Domain</th>
<th>STIPO-A Quality of Object Relations Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spearman's rho</td>
<td>p (p&lt;.002)</td>
</tr>
<tr>
<td>Introversive (schizoid)</td>
<td>0.48</td>
<td>0.000</td>
</tr>
<tr>
<td>Inhibited (avoidant)</td>
<td>0.47</td>
<td>0.000</td>
</tr>
<tr>
<td>Doleful (depressive)</td>
<td>0.56</td>
<td>0.000</td>
</tr>
<tr>
<td>Submissive (dependent)</td>
<td>-0.39</td>
<td>0.001</td>
</tr>
<tr>
<td>Dramatizing (histrionic)</td>
<td>-0.51</td>
<td>0.000</td>
</tr>
<tr>
<td>Egotistic (narcisistic)</td>
<td>-0.51</td>
<td>0.000</td>
</tr>
<tr>
<td>Unruly (antisocial)</td>
<td>0.37</td>
<td>0.002</td>
</tr>
<tr>
<td>Forceful (sadistic)</td>
<td>0.35</td>
<td>0.003</td>
</tr>
<tr>
<td>Conforming (obsessive)</td>
<td>-0.68</td>
<td>0.000</td>
</tr>
<tr>
<td>Oppositional (passive-aggressive)</td>
<td>0.53</td>
<td>0.000</td>
</tr>
<tr>
<td>Self-demeaning (masochistic)</td>
<td>0.51</td>
<td>0.000</td>
</tr>
<tr>
<td>Borderline tendency</td>
<td>0.60</td>
<td>0.000</td>
</tr>
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</table>
High levels of identity diffusion measured by the STIPO-A were related to the presence of severe personality disorders and poor quality of object relations were related to the presence of severe personality disorders especially those referable to DSM Axis II Cluster A and B.

We also assessed the convergence between the severity of identity diffusion and the severity of emotional and social impairment measured by the Hampstead Child Adaptation Measure (HCAM; Target, Fonagy, Schneider, Janes, & Hillman, 2000). The HCAM is a 100-point rating scale that provides a systematic psychodynamically-oriented method of assessing a child’s socio-emotional adaptation based on Anna Freud’s concept of developmental lines (Freud, A., 1963, 1974), covering both the adolescent’s strengths and difficulties. This measure has shown satisfactory reliability and validity (Fonagy & Target, 1996; 2002).

Those results were encouraging since high levels of identity diffusion as measured by the STIPO-A were related to severe global impairment in socio-emotional development.

In the changing process from STIPO-A to IPOP-A, we looked at the data previously described in order to detect items with low item-total scale correlation (r < .70). Our main purpose was to shorten the interview, since STIPO-A took two hours and half to be administered running the high risk of being boring for adolescents. Following data analysis and clinical impressions gathered through the administration of the interview, we dropped items from the identity and quality relations sections, and we built a new domain about affect regulation that was not considered in the STIPO-A. Then, we decided to name the interview as IPOP-A, which stands for Interview of Personality Organization Processes in Adolescence (Ammaniti, Fontana, Kernberg, Clarkin, & Clarkin, 2011). This change was made in order to stress the difference between the adult version measure and the latest one and to highlight the assessment of the developmental processes of personality made through the IPOP-A rather than the evaluation of the structure of personality made by the STIPO, with the latter that is pertinent to adult’s assessment.

The final version of IPOP-A is based on three domains related to (1) identity formation, (2) object relations and (3) affect regulation. The identity domain differentiates between normal identity crisis and identity diffusion assessing several issues linked to identity consolidation like representation of self and significant others, sense of self-sameness across changes, regulation of self-esteem, integration of bodily and sexual changes in a realistic and mature body image, capacity to invest in school activities, hobbies, and future goals (i.e. vocational choices). The object relations domain assesses the quality of adolescent’s interpersonal functioning with peers, with caregivers, and with romantic mates. The affect regulation domain assesses the capacity to be aware of, to experience, and to modulate affects (i.e. rage, shame, guilt, joy, sexual excitement etc.). Following Hauser’s suggestions (Hauser & Schmidt, 1991; Hauser & Safyer, 1994), we preferred to inquire about the adolescents’ affective experiences not through direct questions but rather

<table>
<thead>
<tr>
<th>HCAM Scales</th>
<th>Spearman’s rho</th>
<th>p</th>
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<tbody>
<tr>
<td>Ability to look after own body needs</td>
<td>-0.90</td>
<td>0.000</td>
</tr>
<tr>
<td>Ability to learn and work</td>
<td>-0.77</td>
<td>0.000</td>
</tr>
<tr>
<td>Ability to tolerate frustration and control impulses</td>
<td>-0.80</td>
<td>0.000</td>
</tr>
<tr>
<td>Relationship with parents or caretakers</td>
<td>-0.88</td>
<td>0.000</td>
</tr>
<tr>
<td>Relationship with siblings</td>
<td>-0.83</td>
<td>0.000</td>
</tr>
<tr>
<td>Relationships with peers outside the family</td>
<td>-0.82</td>
<td>0.000</td>
</tr>
<tr>
<td>Relationships with adults outside the family</td>
<td>-0.86</td>
<td>0.000</td>
</tr>
<tr>
<td>Development of confidence and self-esteem</td>
<td>-0.90</td>
<td>0.000</td>
</tr>
<tr>
<td>Ability to cope with very stressful events</td>
<td>-0.88</td>
<td>0.000</td>
</tr>
<tr>
<td>General mood and variability of mood</td>
<td>-0.87</td>
<td>0.000</td>
</tr>
<tr>
<td>Sexual development</td>
<td>-0.85</td>
<td>0.000</td>
</tr>
<tr>
<td>Play, hobbies, interests</td>
<td>-0.82</td>
<td>0.000</td>
</tr>
<tr>
<td>Sense of moral responsibility</td>
<td>-0.80</td>
<td>0.000</td>
</tr>
<tr>
<td>Ability to adapt to changed circumstances</td>
<td>-0.87</td>
<td>0.000</td>
</tr>
</tbody>
</table>
by presenting to them typical scenes taken from everyday life and asking them how they would feel, react to and experience those situations. For example, in assessing the affective experience of rage toward others we presented to adolescents the following scenario: “When your parents forbid you to come home later than your usual curfew because you want to go to a special party or out with your friends, how do you feel? Please, give me an example.” These kinds of questions allow healthy adolescents to get inside the emotional situation and to tell their affective experience considering different emotional nuances, while the most disturbed ones reply in incoherent ways, changing topics or, for example, focusing upon how good or bad their parents are, completely neglecting the affects prompted by the IPOP-A question.

The IPOP-A scoring system is tailored for adolescents ranging from 13 years old to 21 years old and it takes into account gender differences and different phases of adolescence (i.e. what is common and healthy for a 13 year old boy about sexual experience should not be expected and healthy for a 19 year old boy). The final version of the interview is made up of 41 items and requires one hour to be administered.

**CASE PRESENTATIONS**

We present two clinical cases to show how IPOP-A could help clinicians to highlight differences between adolescent’s personality processes and to better understand personality functioning. The two patients presented are part of a larger group of adolescents who participated in the ongoing IPOP-A’s validation study. They were seen in private practice, brought by their caregivers for a consultation. The IPOP-A and the other tool presented were administered after the second session. Both adolescents were white and belonged to middle class families. For reason of length, we will report *verbatim* just the first three questions of the interview in order to make a comparison between the two adolescents. Both interviews were audio-recorded for research purposes after obtaining written consent from the adolescents and their caregivers.

**Flavio**

Flavio was seen for evaluation when he was 14 years old. He evidenced the presence of severe anxiety connected to a fear about the existence of eternal life. His concerns were particularly focused about the consequences of his actions and behaviors. After the first session, he decided to stop the consultation. He came back for a second consultation when he was 16 years old. The presence of anxiety was still alarming; this time it was connected to the fear of being forgotten by others, hence ceasing to exist in their minds, and in a sense disappearing. In particular, Flavio wondered if he would leave a mark or not. His caregivers brought him to the consultation, connecting Flavio’s difficulties to their traumatic separation since he did not accept it at all.

**#1 IPOP-A Question: Identity – self-description, superficiality versus depth**

I.: Today, I’d like to interview you instead. Let’s start. If you only had a few minutes, how would you describe yourself? What kind of person do you think you are?

F.: Well, I consider myself a sportsman. And I am always loyal to a friend; I am one of those people who believe that, in a friendship… Friendship is the most important thing. And I believe that what I am today, I have chosen it. I am perfectly aware and happy of what I am, because I chose it.

I.: So, let’s see, you used certain expressions to describe yourself, a sportsman, a friendly person…

F.: Yes, I believe friendship is the most important thing.

I.: So, what you mean is open towards your friends, that you give great importance to friendship. And the third thing is that you are well aware and confident of who you are, right?

F.: Of course.

I.: Is that so…?

F.: Yes. There’s an expression I like very much, “What I am, I chose to be.”

I.: I would like you to give an example for each one of these qualities, to explain what you mean.

F.: Ok.

I.: Let’s start with sportsman.

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1The Italian expression is “Quello che sono l’ho voluto io”
F.: An example… It means I spend most of my time, well, a good portion of my time doing sports. I play rugby, three practices a week plus a game on Sunday. And when I get the chance, I might play a football or tennis match with my friends.

I.: Perfect. And what about being open and helpful towards friends?

F.: Right, I used the adjective loyal. Having had… I mean, friendship is the most important thing. Having had a family that… Let’s say, my parents’ separation was hard. The lack of loyalty between friends has become a serious issue for me. I obviously want to avoid all that happened to me, or to my mother …. Loyalty is one of the fundamental elements to maintain a balance. Then the ‘What I am, I chose it’, in the sense that I don’t let others influence me. I don’t know… For example, I like to dress smartly. It’s not that if I’m going out with friends who dress casually… You know, on Sunday, one might go out with jeans, I might wear a jacket instead, not a suit jacket, but I just dress a bit more elegantly than the others, I don’t feel embarrassed because of this, I don’t ask myself “Oh God, what will they think”. I know what I want and who I am. If this is what I am, if I am this kind of person, it’s because I wanted it. It’s not a consequence of other factors, I don’t depend on anything.

I.: So with your friends, you use your clothes…

F.: Exactly, my way of being is that I am like this, independently from other things. It’s the other things that depend on me, on what I want.

#2 IPOP-A Question: Identity – self-description, coherence versus incoherence

I.: I was wondering… How do you put together the fact of being open to friendship and loyal and the fact of being so determined about what you want?

F.: Why? What do you mean with ‘how do I put the two things together’?

I.: In the sense that, being loyal to friends means referring to others and so on…

F.: But, I mean that according to me friendship must be based upon loyalty, so I will never betray a friend…

I.: Yes, I understand that. What I meant is that on one side there is openness towards others and loyalty towards others, but on the other side is a certain concentration on yourself; it’s a bit as if there were a centre of attraction in others and another centre in yourself, do you see what I mean?

F.: Oh, OK. So how do I make these two things coincide?

I.: Coincide is a bit too strong, but how do you make them meet?

F.: Maybe by being well disposed towards others without letting them influence me, without living in function of others but maintaining my own identity. Wanting to be helpful towards friends does not necessarily mean being dominated or submissive, I mean, or doing whatever they want. Yes, I always try to be loyal, helpful, open, outgoing, while maintaining my identity.

#3 IPOP-A Question: Identity – self-esteem

I.: Are you satisfied with yourself?

F.: Yes, well enough. Anyway, there are some things you want you can obtain yourself, but other things obviously don’t depend on you, they don’t depend on me.

I.: And do you happen to compare yourself to other, to your friends for example?

F.: Yes, of course.

I.: And comparing yourself to others, does your self-esteem change or not?

F.: Ehm… no. It might sometimes happen, when doing sports, that I see someone playing my same role, a guy with more muscles, and I might think “I wish I were like him”. He might just be more inclined to working out in the gym. Of a friend or someone else, I might think ‘Look how good he is at doing that thing, I wish I were like that’. But I always maintain my self-esteem because I think we all have our limits. No one is perfect, and if someone thinks he is perfect, I believe he is just a perfect idiot … That’s the thing; but wanting to be perfect is different, I think. If you want to be perfect it means you are asking more of yourself, but believing you are perfect is like being nothing, according to me…

I.: If I understand correctly, you are making a distinction…

F.: About wanting to be the best. Because many people criticize me, well, not many, but some people I have disagreed with have criticized me for always wanting to be the best. And I sincerely have never considered this a bad thing, because wanting to be the best means aiming high, asking more of yourself, not settling for less; while thinking you are the best is different. Because if I think I am the best, it means I have a lot more to learn, a lot more to…

Those three IPOP-A questions evidence Flavio’s preoccupations with orderliness, perfectionism and mental and interpersonal control at the expense of flexibility, openness and efficiency. This is particularly evident in his clichéd reply about self-description and when Flavio interpreted the second question about coherence as “coincidence”. It seems that Flavio could not think about different aspects of himself as psychological features that could be linked together forming a core self, but as disparate aspects that could coexist but not integrate. Flavio also shows difficulties in taking into account possible negative aspects of his self-image. Furthermore, he evidences troubles in entering into adolescence as a period of experimentation about the self, as it could easily be noted by his sharp and defined replies (i.e. “I know what I want and who I am”) that give no space for confusion and uncertainty. His refrain, “What I am, I chose to be,” seems to highlight his narcissistic concerns about fear of being influenced by others and fear of relying too much on them. Flavio’s difficulties are also outlined in IPOP-A’s affect regulation domain where he tried to handle affective experiences with isolation, compartmentalization and intellectualization. He has never had any romantic relation. In order to avoid impulsivity Flavio tends to over-focus on intellectual and idealistic...
pursuits as also indicated by the MACI Personality Pattern. From a clinical point of view Flavio’s diagnosis is obsessive-compulsive personality disorder in the context of a neurotic personality organization.

Adriano

Adriano, a 17 year old son of a cultivated middle class family, was brought for consultation by his parents because they were worried about his academic performance and because he spent most of his time using his laptop computer, chatting and smoking. Furthermore, Adriano showed few investments in hobbies and other interests and, when he did get involved in them, he frequently forgot his duties and appointments. During the first session with his parents, he clearly seemed to minimize the importance of his problems. Even if he had a lot of friends around, he gave the impression of having no intimacy with them. Moreover, he was not involved in any romantic relationships. He seemed to be concerned with the powers of others, especially those of the opposite gender.

#1 IPOP-A Question: Identity – self-description, superficiality versus depth

I: So, let’s start … I would ask you to tell me something about you … what kind of person do you think you are?
A: It’s a difficult question

I: Yes, it is a quite broad question, but if you would like to describe me how you are, in a short time, how would you describe yourself?
A: I am easy going … I’m one who takes things very lightly, although I think a lot … I mean … I take decisions lightly although I think about them so much, although I think about them a lot … I like having fun, I don’t like making any kind of effort and things that I don’t want to do. I am a very outgoing person, even if I can be nagging, I can be …

I: When you say nagging, what do you mean?
A: I mean annoying, annoying, very immature in some things, very mature in others, and … stop, that’s all!
I: Well I think you have given me many adjectives that describe you, is there any example or episode that could help me to understand better what you said?
A: Well, for example my parents know that I am very immature about schoolwork, about … I don’t know … even living alone, I would not be able to live alone because I don’t know how to set limits on myself … but they know they can trust me when I go out in the evening … I know what to do in crisis situations, this also because I’ve been several times in such situations with my friends …

#2 IPOP-A Question: Identity – self-description, coherence versus incoherence

I: You described yourself as a person who takes things lightly, and at the same time thinks a lot. I wonder how you can combine those so different aspects of yourself?
A: I mean, I take things very lightly, but there are some things, some aspects with which I do not … I get fixated on
I: And what are those aspects with which you go deeper?
A: I don’t know … girls, surely, social life …
I: Girls, you mean that you think about them more than other issues?
A: Yes, I think about them more than other issues, about the kind of behavior I have towards them, even the guys, about the kind of behavior that I have with my friends … and about the kind of behavior that they have toward me, I think about it a lot …
I: And what do you take lightly?
A.: Each problem that I have, each problem at school, family situations ... no family situations no, I think a lot about them, but I don’t know, also all the things that I don’t want to think about ...  

#3 IPOP-A Question: Identity – self-esteem  
I: Listen, are you satisfied with yourself and how you are?  
A.: On certain aspects yes, on others less  
I: In which sense?  
A.: For example, I believe that taking things lightly is both a quality and a fault, taking things lightly makes your life more peaceful ...  
I: Right, but does this make you satisfied or not?  
A.: Yes and no, because it also penalize me ... and that’s all!  

The three IPOP-A questions give evidence of Adriano’s elusiveness: Adriano gives the impression of being undefined with a lot of difficulty in talking about himself in a vivid and in-depth way. Considering that Adriano is a 17 year old boy, his lack of subtlety and his confusing way of addressing the first three questions about self-description and self-esteem are quite surprising. His “yes and no” replies communicate his confusing and confounding sense of self. He seems not to be able to talk about himself, evidencing some defensiveness in his approach to the interview. The entire IPOP-A interview also evidences his self-dramatizing, attention-seeking, provocative behaviors and the presence of alcohol abuse during weekends. Adriano seems to act in a chameleon-like manner, adapting his self-representations and behaviors to other’s expectations. It is interesting to also take into account his non-verbal communication during the interview: like some adolescents, Adriano shows an effeminate aspect that could represent a version of self-dramatization. MACI Personality Patterns scales remain under the clinical threshold, with high-point for histrionic scale. From a clinical point of view, Adriano’s diagnosis is histrionic personality disorder in the context of a high-level borderline personality organization.  

DISCUSSION  
The IPOP-A seems to be a clinically and empirically promising way to gather information about processes that constitute the building blocks of adolescent personality organization. The interview highlights the differences between Flavio’s and Adriano’s self-representation: while Flavio is rigid, controlled, over-defined and tends to talk about himself in an intellectualized way, Adriano is elusive, impressionistic, self-centered and emotionally detached in talking about himself. Moreover, Flavio describes himself in a stereotyped way, while Adriano is very superficial and undefined. Looking at self-esteem, Flavio tends to regulate his self-esteem by aspiring to be the best, “aiming high, asking more of yourself, not settling for less,” and thus running the risk to hold himself to unreasonably high standards. On the contrary, Adriano clearly uses avoidance to respond to the questions, using his superficial way of replying and closing any possibility of confrontation with “… and that’s all!” Through his self-dramatizing and attention-seeking style, Adriano also avoids confronting himself with his difficulties.  

The IPOP-A domains, especially identity and quality of object relations, are also in line with DSM-5 revised criteria for the assessment of personality functioning. The DSM-5 approach underlines that the assessment of the self (i.e. identity and self-direction) and of interpersonal functioning (i.e. empathy and intimacy) are crucial in the evaluation of personality functioning (APA, 2010). It seems to us that DSM-5’s identity and self-direction moderately overlaps with the IPOP-A’s identity domain while DSM-5’s interpersonal dimension is close to IPOP-A’s quality of object relations domain.
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