

The importance of diagnosis: between classification and subjectivity

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Issue 1/2026 of *Ricerca Psicoanalitica* opens with a *Focus* that is both classic and radically contemporary: diagnosis. A foundational theme of clinical practice, but also a field of tension, dialogue, and transformation, diagnosis today can no longer be conceived as a neutral act of classification. Rather, it must be understood as a complex process involving theory, relationship, context, and subjectivity.

The contributions collected in this issue explore the diagnostic field from different yet converging perspectives: on the one hand, the major contemporary nosographic systems; on the other, psychodynamic models and critical approaches that question the very assumptions underlying the act of diagnosing.

Within the dialogue between these perspectives lies the work on the *Psychodynamic Diagnostic Manual* (third edition) by Muzi and Lingiardi, which strongly reasserts the centrality of subjectivity in diagnostic formulation. Diagnosis is not reducible to a label; instead, it becomes a tool for understanding mental functioning, lived meanings, and the patient's embodied experience, also including collective phenomena that today permeate psychic life, such as wars, pandemics, and global changes.

In tension with this perspective – but also in necessary dialogue – is the critical analysis of the *Diagnostic and Statistical Manual of Mental Disorders* (fifth edition, text revision) presented by Di Fabio and Moschillo. The manual continues to represent an indispensable framework in contemporary clinical practice, organizing language, access to care, and ways of recognizing suffering. Yet precisely because of its pervasiveness, a critical perspective becomes essential: the tension between standardization and

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subjective complexity remains unresolved and calls for a reflective use that does not lose sight of the patient behind the category.

Within this landscape, the *Operationalized Psychodynamic Diagnosis* (third edition) model, presented by Papini and the Gruppo Zoe, offers what may be an intermediate path: an operationalized yet process-oriented diagnosis, capable of integrating different levels of observation without prematurely closing clinical thinking. The idea of diagnosis as a “tailor-made suit” effectively conveys the need for work that holds together rigor and openness, structure and encounter.

The perspective of the Power Threat Meaning Framework, presented in Bessone’s work, shifts the focus from classification to the understanding of meanings, power dynamics, and experienced threats. Here, diagnosis becomes an expanded question, exploring the relationship between psychological suffering and social justice, inviting clinical practice to reconnect with people’s life contexts.

The section concludes with an interview with Professor Mario Rossi Monti, which encourages reflection and invites caution toward socio-diagnostic simplifications, in order to recover a clinical stance capable of tolerating complexity, emotional involvement, and the search for meaning – especially in the face of new forms of suffering.

While the focus section presents the major diagnostic frameworks, the other sections of the journal show how these are embodied in clinical practice, research, and theoretical reflection.

In the *Writings* section, the contribution by Tatti and Massardi on artificial intelligence raises urgent questions: what happens to the therapeutic relationship when forms of “artificial intimacy” emerge? The risk of patient desubjectification and the colonization of clinical thinking once again highlight the need to preserve the relational core of care.

Alongside this, the work by Amore, *See music, hear movement*, on sensory transmodality brings back an often overlooked dimension: therapeutic change as a process that moves through the body, gesture, rhythm, and affect, even before words. From this perspective, diagnosis must also be sensitive, embodied, and attentive to the “how” of experience.

The *Case Reports* section, introduced by Francesca Piazzalunga, brings us back to the living core of clinical work: the encounter with the patient. The case presented by Enrico Scappatura – whom I warmly thank, together with the commentators – highlights how diagnosis can never be separated from the relationship, and how it is precisely through the therapist’s self-questioning that an authentic space of understanding emerges.

The *Research and Psychoanalysis* section further broadens the perspective, addressing, thanks to Bonalume’s contribution, the topic of same-sex parent families and what research says about the presumed psychological risks for children. Drawing on the work of Nicola Carone, the article shows

how empirical data challenge still widespread prejudices, inviting clinical practice to be grounded in evidence rather than ideological assumptions.

In the *Transformations* column, Lamberini's work on the experience of voice-hearers reopens a fundamental question: what do we consider a symptom? The historical shift from a symbolic reading of voices to their reduction to signs of pathology clearly shows how diagnosis is always culturally situated. Restoring meaning to these experiences means restoring a voice to subjectivity.

Finally, the *Lectures* and *Glances* sections offer further viewpoints, confirming the journal's commitment to keeping dialogue open between clinical practice, theory, and culture. This issue includes reviews by Piazzalunga, Frati, Goisis, Corbelli, and Vanni.

Taken as a whole, this issue advances an implicit yet powerful thesis: diagnosis is not an endpoint, but an evolving process. It is an indispensable tool, but also a device that must be continually questioned. Above all, it is a relational act, taking shape in the encounter between knowledge and story, between a model and a life, between one person and another.

At a time when the temptation toward simplification is strong, this issue invites us to dwell in complexity, to tolerate uncertainty, and to keep open the fundamental question of clinical work: not only "what does this patient have?" but "who are they, how do they live, and what meaning does what happens have for them?"

Finally, I would like to thank all our readers: if these lines have sparked curiosity or opened new questions, the works contained in this issue will offer a valuable opportunity to explore them further.

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