

Personality and Personality Disorders in the *DSM-5*: Introduction to the Special Issue

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In this introduction to the special section on Personality and Personality Disorders in *DSM-5*, the editors briefly describe the major changes proposed by the Work Group on Personality Disorders for *DSM-5*. They then introduce and describe the key points in the target articles by the Work Group as well as in the commentaries. The aim of this section is to present an arena for the articulation and discussion of the rationale of the proposed changes and the logic and evidence for these proposed changes. Special attention is paid to points of contention, debate, and controversy with regard to the proposed changes. It is the editors' goal to facilitate an open discussion of these issues in an effort to promote a scientifically based and clinically useful product.

Slated for release in 2013, the “Diagnostic and Statistical Manual of Mental Disorders—5th edition” (*DSM-5*) is set to present a substantially revised section on personality disorders (PDs). From the title of the *DSM-5* Work Group alone (Personality and Personality Disorders; P & PD), one becomes aware of the significance of the changes to come—in this case, the formal introduction of a dimensional trait model that can be used, in part, to diagnose personality pathology. The proposed changes to this section are significant; in fact, the changes to the PDs arguably represent the most dramatic and substantial changes found across all of the *DSM-5* classes of disorders. These changes include: a) a revised general definition of PD; b) an identification of level of personality functioning based on impairments related to self and interpersonal domains; c) deletion of 5 of 10 *DSM-IV* PDs (APA, 2000); d) replacement of explicit criterion sets with a prototype matching system for the five remaining PDs types; and e) presentation of a dimensional trait model (6 higher-order domains with 37 more specific facets) that can be used to capture the remaining *DSM-5* types (e.g., Borderline PD), previous DSM PDs (e.g., Narcissistic PD), as well as other forms of per-

sonality pathology not well-captured by previous constructs.

Given the substantial differences between the *DSM-5* P & PD proposal and the diagnosis of PDs in *DSM-IV*, it is not surprising that this proposal has been met with an array of reactions from the research and practice communities. The goals of this special issue of *Personality Disorders: Theory, Research, and Treatment* are to highlight the key aspects of the proposed diagnostic system for PDs in *DSM-5* and present alternative perspectives from leading PD scholars regarding this proposal prior to its formal instantiation in *DSM-5*.

In the first two articles of this special issue, Skodol, the Chair of the *DSM-5* P & PD Work Group, and fellow work group members (Skodol, Clark, et al., this issue, pp. 4–22) address in further detail the nature of the proposed changes to this section in *DSM-5* and the rationale for these changes. Skodol and colleagues lay out the logic and rationale for the structure and domains proposed for the *DSM-5* PDs with the goal of clarifying various choice points in the development of the new system. In doing so, they focus on the components of the new model such as the use of a hybrid model and the choice of using representations of self and others as the cornerstone for formulating PD diagnoses as well as the burgeoning evidence for a prototype matching approach. The authors grapple with thorny issues such as the tension between balancing the benefits of the use of a complex, multilayered system with the potential consequences for clinical use.

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In the second article, Skodol and colleagues (Skodol, Bender, et al., this issue, pp. 23–40) demonstrate the clinical applications and utility of the proposed diagnostic system with three illustrative case vignettes first presented in *DSM-IV-TR* Casebook. This process is useful in discerning the clinical utility of the proposed model and explicates the steps clinicians will use to diagnose PDs if the proposed *DSM-5* framework is adopted. Moreover, it provides readers with an opportunity to evaluate the ease/difficulty in applying the new model and determining whether it represents an improvement upon the existing diagnostic system with regard to clinical utility and applicability.

Following the discussion of the changes proposed for the PDs in *DSM-5*, we present two conceptual reviews of the proposed system. Specifically, Tom Widiger (this issue, pp. 54–67) and Aaron Pincus (this issue, pp. 41–53) provide interesting and important perspectives given that both are major contributors to our understanding of PDs, but were not directly involved in the creation of the *DSM-5* P & PD proposal. Widiger (this issue) provides a broad empirical critique of the proposal based on what he sees as tenuous empirical support, whereas Pincus (this issue) focuses on three specific issues: a) the need to delineate between the general diagnosis of PD and the description of PD “type,” b) the empirical support for the use of prototype matching, and c) the clinical challenges that make arise from the current proposal.

Expanding upon the brief summary provided above, Widiger (this issue) argues that there is insufficient empirical evidence to support the use of a prototype matching system, the deletion of 5 of 10 PDs, and the use of newly developed dimensional trait model that may not receive official recognition via official codes. He suggests that these changes will have a negative effect on the reliability and validity of the PDs in *DSM-5*. Given his expertise and interest in dimensional models of personality and personality disorder, Widiger’s article addresses in detail his various concerns with the proposed dimensional trait model. Overall, he believes that the changes set forth for the *DSM-5* portend poorly for the future of PDs, which are already often underused and underappreciated diagnostic constructs.

Pincus (this issue) is supportive of the need for major revisions to the assessment and diagnoses of PDs in *DSM-5*. For example, Pincus suggests that the *DSM-5* PD proposal makes significant advances beyond *DSM-IV* by “prioritizing the general diagnosis of PD distinct from describing the individual differences in expression of PD that are most prominent in presenting patients” (p. 44). Despite support for certain changes, Pincus articulates specific concerns with *DSM-5* P & PD proposal with regard to a) the empirical support for the use of prototype matching (for impairment in self and interpersonal functioning, as well as the five PD types), and b) the applied ramifications for these changes (e.g., substantial retraining that will be required). Pincus concludes with a discussion of some of the problems with the deletion of 5 of 10 PDs by highlighting the importance of Narcissistic Personality Disorder, which is slated for deletion, despite what he believes is significant evidence of clinical utility and validity. Ultimately, Pincus suggests that substantial empirical evaluation of the new PD proposal is required before being “reified” in *DSM-5*.

Finally, Pilkonis, Hallquist, Morse, and Stepp (this issue, pp. 68–82) provide a synthesis of these diverse perspectives and present their own specific reactions and recommendations to the *DSM-5* P & PD proposal. Like Pincus, these authors believe that greater emphasis is needed in how one makes decisions regarding the presence and severity of *any* PD (regardless of the specific form). Pilkonis and colleagues suggest that the proposed criteria for this decision in *DSM-5* are too “esoteric,” “inferential,” and “narrow” (p. 77). Moreover, they argue for the benefits of a more theoretically “neutral” approach that might prove useful in developing clear and clinically useful indicators of PD, specifically using constructs from the interpersonal circumplex (in line with suggestions by Pincus) and attachment theory as examples. Pilkonis and colleagues end by offering specific suggestions for the creation of more concrete and easily assessed examples of impairment.

The changes proposed for *DSM-5* are substantial and, one might argue, revolutionary. Irrespective of one’s stance on the aforementioned changes, it is clear that the diagnosis of PD is about to change in a substantive manner that is simultaneously creating excitement

and consternation. From its revised definition of PDs, to its deletion of half of the *DSM-IV* PDs and simultaneous inclusion of a trait model of personality, to its replacement of explicit criterion sets with a prototype matching approach, the *DSM-5* will present a radically different approach to the conceptualization, assessment, and diagnosis of PDs. It is our hope that this special issue will illuminate the proposed changes for the PDs in *DSM-5* and provide specific and detailed information about how this new system will be enacted to describe patients as conceived of by the *DSM-5* P & PD members (Skodol, Clark, et al., this issue; Skodol, Bender, et al., this issue). In addition, we believe that the manuscripts from Widiger, Pincus, and Pincus et al. provide important alternative perspectives regarding these changes, as well as constructive suggestions for further revisions that warrant consideration. As noted by Pincus, once these changes are formally “wrapped in the cover jacket of the *DSM-5*” they “will have marked impacts on science, practice, and public welfare, whether these impacts were intended or not” (p. 42). As such, we believe it behooves the field to have frank and explicit conversations about the proposed changes so as to take advantage of the combined wisdom of those working in the research and treatment of personality pathology. We invite readers to visit the PDTRT online forum to participate in continued dis-

cussions regarding these manuscripts and/or other related issues at <http://pdtrtonline.apa.org/display/PER/Home>.

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