Parsing and Illuminating the Personality Pathology Domain? Considering the DSM-5 Alternative Model of Personality Disorders and the Path Forward

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Valid parsing of the domain of personality pathology has proven to be a challenge to modern psychopathology. For many decades psychologists and psychiatrists worked with relatively vague descriptions of disordered personality, all the while knowing that certain realms of disorder were readily apparent and likely represented clinical syndromes even if etiology and pathogenesis insights remained out of reach. For example, early observers of personality pathology could point to syndromal manifestations that went by the names psychopathy, borderline personality, narcissistic pathology, and pathological dependency. Such syndromal phenotypic manifestations represented personality configurations well outside the realm of what most would consider normality, even broadly defined. These prominent clinical syndromes highlighted the need to recognize such pathology as psychopathology and define it explicitly within available classification frameworks. They also simultaneously pointed to a territory of human behavior that clearly suggested involvement of personality, but a frontier well beyond what normal personality psychologists had taken as a research focus.

The explicit definition of personality pathology emerged first in the form of relatively clearly articulated criteria sets describing a variety of recognized personality

disorders in 1980 in the American Psychiatric Association's DSM-III. Some thought of these criteria as "operational," however that was incorrect as the DSM-III was merely descriptive with no hint of genuine operationism. The personality disorders defined in the DSM-III were no sooner presented than major questions arose. How best to assess the personality disorders? Were such assessments relatively free of state-trait artifacts? What was the population prevalence of personality disorders in the general population? Are personality disorders best assessed by experienced clinicians with genuine knowledge of severe personality pathology or would self-report assessments suffice? Are personality disorders truly stable, trait-like, and relatively immutable over time as suggested by all versions of the DSM nomenclatures? At present, these questions have all largely been answered to a greater or lesser extent. The structured clinical interview remains highly regarded as the assessment method of choice in many laboratories, although the role of self-report assessments is recognized and valued as well. Personality disorder assessments do not seem unduly affected by changes in mental state (i.e., anxiety, depression). Many researchers see the clear-cut utility of having clinically experienced personnel conduct personality pathology assessments, rather than inexperienced laypersons or min-

imally clinically experienced research assistants. We now understand that the population prevalence of personality pathology is approximately 10%. Finally, the major longitudinal studies of personality disorder, whether working from nonclinical or clinical samples, suggest that personality pathology is plastic and malleable across meaningful periods of time – in a manner of speaking, personality pathology is neither carved in granite nor set like plaster.

In the 40 years since the publication of the criteria sets for personality disorder in the DSM-III there remain two formidable substantive challenges in the personality pathology research domain. The two challenges are indeed related and summon up an additional (third) question. The first challenge raises the question, is personality pathology best conceptualized as dysfunction that varies continuously or quantitatively, suggesting variation by degree or amount? This discussion began nearly as soon as the DSM-III was published. Some have approached the question as one of methodological preference (e.g., in clinical psychology we view human behavior in terms of continua and we measure it accordingly; in psychiatry we seek interrelated collections of signs/symptoms that hang together and represent some form of recognizable syndromal entity and we classify accordingly). Others have argued that personality pathology, even if “diagnosed” using some cutting score or diagnostic rubric, really represents continuous variation in human adjustment/illness. An observer of the personality disorder field could readily point to numerous discussions of the “pros versus cons” of diagnosis versus continuous measurement, results from innumerable factor analytic studies suggesting that continuous dimensions underlie personality pathology features (unfortunately some proponents of factor analysis sometimes neglect to emphasize that factor analysis always finds evidence of dimensions, it is simply what it does), and interesting theoretical proposals for reducing the degree of covariation seen among the well-defined domains of personality pathology (a factor complicating these discussions is that many personality disorder datasets used for reference were collected using approaches guided by a system that specifically encouraged the diagnosis of multiple pathologies in a patient).

The second challenge that remains concerns the interface of personality pathology with what is often considered the realm or constructs of normal personality. One would reasonably think that personality pathology must have something to do with normal personality as studied by normal personality psychologists. One reason this challenge has remained difficult to resolve has been that

the two domains of inquiry really did not speak to one another for decades. Personality psychologists worked in academic departments of psychology at universities focusing on nonpathological subjects and personality pathologists work in psychopathology laboratories, clinics, and hospitals focusing on deeply impaired subjects. Over time the discourse between these two different worlds has increased and rich advances in our understanding of this interface have slowly emerged. The normal personality psychologist has benefitted from interaction with psychopathologists just as psychopathologists have benefitted from exposure to normal personality psychologists. This has not been a trivial development as bringing these two worlds together has allowed both to be enriched. It is the rare normal personality psychologist that fully understands the depth of impairment, the level of dysfunction, and the severity of distress found in the personality disordered patient. Psychopathologists have also been able to expand their vistas by considering a wide range of normal, healthy outcomes seen in so much of the population. Thus, the interface of personality and personality pathology is now an active area of inquiry, informed by both personality science, psychopathology, and, more recently, personality neuroscience.

The additional (third) question that emerged from the joint consideration of measurement/conceptualization concerns as well as the need to specify precise relationship among normal personality constructs and pathological personality manifestations pushes the field to consider ways in which a more unified model that can point to systems, processes, and/or dimensions that underlie the *full* range of human behavior, bridging the normal and pathological realms. Fortunately, advances made over the last 25 years have allowed for proposals that address the two main concerns raised here as well as this third derivative theoretical issue. One proposal, which embraces these foci and is now receiving careful discussion, is that found in the DSM-5 (Section III) and referred to as the Alternative Model of Personality Disorders (AMPD). The papers making up this special issue of *Psychopathology* take a careful look at the AMPD as a proposal, as a heuristic if one likes. In doing so, this array of senior researchers present, discuss, critique, and challenge the AMPD. As any long-term observer of psychopathology science, psychology, and psychiatry knows, many ideas, models, and proposals come and go in the intellectual firmament of the field. Some proposals take root and grow, whereas some proposals that generate considerable interest initially, command attention, and fill scholarly journals have been known to fade into scientific oblivion in time. This

special issue places the AMPD into the academic arena for the readers of *Psychopathology*. The AMPD is a rich and challenging proposal that embodies many important assumptions, such as those discussed in this series of papers. What does the AMPD offer the field as an approach to parsing the personality pathology domain? Does it illuminate the personality/personality pathology interface? Does it help us understand process and mechanism, go-

ing beyond mere description? Does the AMPD offer a way to anchor personality and personality disorder in neuroscience, neurobehavioral systems, and/or genetics? The AMPD builds on decades of prior research and offers hints at the path forward for our understanding of personality pathology. What are the next steps in efforts seeking to unify how we understand both personality and personality pathology?