



Understanding Changes in *DSM-5*

PERSONALITY DISORDERS

In the development of the personality disorders section of *DSM-5*, there was much discussion concerning whether personality disorders should continue to be presented in a categorical manner or reconfigured to place along a dimension (Gøtzsche-Astrup & Moskowitz, 2016; Krueger & Markon, 2014). With a categorical approach, a person either has the disorder or does not, based on certain criteria. A dimensional approach, on the other hand, allows for the health care professional to place the person on a continuum ranging from adaptive personality functioning to disordered personality functioning. For example, a dimensional approach was adopted for autism spectrum disorders.

There was considerable debate in the *DSM-5* workgroup as to which approach to adopt for personality disorders. Much of this was based on scientific considerations. Initially, there was agreement that the categorical approach seen in *DSM-IV* had problems. However, as the debates continued, certain conflicting forces began to influence the debate as reflected in the American Psychiatric Association Board of Trustees. A few of the workgroup members suggested that personality disorders and the five-factor model of personality were unrelated. Other members even resigned from the workgroup. The results of these debates ended in a manner that was not seen with any other *DSM-5* disorder: Both approaches were adopted. In the main part of *DSM-5* that is used for diagnosis, the same criteria as in *DSM-IV* are used for personality disorders. In a separate section of *DSM-5* referred to as Emerging Measures and Models, a combination of the dimensional approach and categorical approach was presented.

The alternative model reflects the understanding that personality disorders involve problems with the person's sense of self. In many of the disorders, there is not a coherent sense of self as an independent identity. Further, the experience of being directed by one's goals and plans is missing. Instead, the experience of the moment may dictate the emotional reactions of the individual. In addition to a lack of a sense of self, there are also problems with interpersonal relationships. Specifically, there are problems with understanding others as well as being intimate with another person.

This has led researchers to ask whether personality disorders could initially be conceptualized along a continuum based on ratings of each of these four dimensions: self-identity, self-direction, interpersonal empathy, and interpersonal intimacy. If this dimensional model were adopted for diagnosis, the health care professional would rate the person's level of personal functioning in these four areas. After the level of functioning was determined, the health care professional would rate pathological personality traits in five broad categories. These are (1) negative affectivity, (2) detachment, (3) antagonism, (4) disinhibition, and (5) psychoticism. A further consideration is how pervasive and stable these factors are. At this point, many researchers suggest that future versions of the *DSM* will be more like the alternative model of personality. Those individuals involved in the next version of the *ICD* are also seeking to move beyond a categorical model of personality disorders.