Published in final edited form as:

Personal Disord. 2013 October ; 4(4): 388–389. doi:10.1037/per0000049.

Evidence Needed to Compare Definitions of Personality Pathology: Commentary on “A Postmortem and Future Look at the Personality Disorders in *DSM-5*”

Thomas F. Oltmanns

Washington University in St. Louis

As Widiger (2013, p. 392) notes in his interesting and thoughtful review, it is important to compare competing systems for the measurement of personality disorders (PD) using empirical data. Classification systems are not right or wrong; they are simply more or less useful. What kind of evidence is needed for these comparisons? Clearly the relevant data will cover a wide range of topics, from basic descriptive information to behavior genetics and treatment outcome data (South & DeYoung, 2013). I will make three recommendations regarding studies of this sort.

First, evidence regarding the presence of personality pathology should come from all sources, not simply self-report instruments. This comment applies to both systems represented in *DSM-5*. It is encouraging to see that an informant measure has been developed for the measurement of maladaptive traits included in the *DSM-5* dimensional model (Markon, Quilty, Bagby, & Krueger, 2013). Correlations among different sources of information—such as interviews, self-report questionnaires, and informant reports—confirm that different assessment methods provide complementary data that are not redundant (Oltmanns & Turkheimer, 2006). None of these sources provides a description of the person that is necessarily superior to the others. Informants provide particularly useful data regarding observable, evaluative traits such as those that are characteristic of borderline, narcissistic, and antisocial PD (Carlson, Vazire, & Oltmanns, 2013). Informants are also more likely than the self to report lower levels of personality pathology, which nevertheless have a negative impact on the person's adjustment (Cooper, Balsis, & Oltmanns, 2012; Gleason, Powers, & Oltmanns, 2012).

Second, investigators should study community samples as well as samples composed exclusively of patients who are receiving treatment. Representative community samples include many people with significant mental health problems (Lawton & Oltmanns, 2013). Samples of clinical patients clearly provide important information about the nature of PD, but they have the drawback of being focused on people who also suffer from a high proportion of comorbid conditions, such as major depression and substance use disorders, which often provide the critical motivation for seeking professional treatment (Hopwood et al., 2008). In a large community sample, it is possible to examine a variety of questions

about the nature and impact of personality pathology that would be more difficult to answer in a clinical sample (e.g., the potential value of different diagnostic thresholds).

Community samples also provide a different perspective on some of the problems that have plagued the categorical diagnostic system. For example, using data from semistructured interviews and adopting the *DSM-IV* approach to diagnosis, prevalence rates found in our community sample of 1,630 adults (10%) match fairly closely the rates that have been reported in previous community studies (Oltmanns, Rodrigues, Weinstein, & Gleason, in press). However, whereas 7% of our participants met criteria for exactly one type of personality disorder, only 1% met criteria for two or three disorders. The latter percentage is much lower than has been reported previously, especially in clinical samples where rates of comorbidity are surely inflated. Our data suggest that the problem of comorbidity may be somewhat exaggerated. We also found that only 2% of our participants qualified for a diagnosis of Personality Disorder Not Otherwise Specified (PDNOS). Critics of the *DSM-IV* system argue that PDNOS is the most common type of personality pathology. Our data contradict that claim.

The third point is that investigators who compare diagnostic models should consider longitudinal evidence collected across all phases of the life span (Oltmanns & Balsis, 2011). Relatively little attention has been paid to the trajectory of PD. Longitudinal studies of PD have focused largely on childhood and adolescence up to young adulthood. Nevertheless, PD represent an important problem for older adults, and this population presents a number of interesting opportunities and advantages for research. One is that personality traits (and their pathological variations) have been shown to be relatively more stable in older individuals. Another important consideration is that older adults are entering a period in their lives when the frequency of transitions and health problems will increase. The best time to study personality and PD may be during periods of significant transition because the enduring behavioral and affective expressions that define the individual and distinguish individuals from one another will be exaggerated at such times.

In order to distinguish between alternative classification systems, the field needs substantial evidence from studies that take these recommendations into consideration. Analyses should not hinge on the identification of specific cases, narrowly defined. The process will obviously take time, and no single study will be definitive. Alternative measurement approaches must be compared in the same samples and in relation to a variety of important life outcomes, including various aspects of health and social adjustment. This is exactly the kind of evidence needed to establish the validity of these complex diagnostic constructs (Kendell, 2002). Studies of this sort will provide the empirical foundation for a comparison of diagnostic models that is envisioned by Widiger (2013).

References

- Carlson EN, Vazire S, Oltmanns TF. Self-other knowledge asymmetries in personality pathology. *Journal of Personality*. 2013; 81:155–170.10.1111/j.1467-6494.2012.00794.x [PubMed: 22583054]
- Cooper LD, Balsis S, Oltmanns TF. Self- and informant-reported perspectives on symptoms of narcissistic personality disorder. *Personality Disorders: Theory, Research, and Treatment*. 2012; 3:140–154.10.1037/a0026576

- Gleason MEJ, Powers AD, Oltmanns TF. The enduring impact of borderline personality pathology: Risk for threatening life events in later middle-age. *Journal of Abnormal Psychology*. 2012; 121:447–457.10.1037/a0025564 [PubMed: 22022953]
- Hopwood CJ, Quigley BD, Grilo CM, Sanislow CA, McGlashan TH, Yen S, Morey LC. Personality traits and mental health treatment utilization. *Personality and Mental Health*. 2008; 2:207–217.10.1002/pmh.51 [PubMed: 21151839]
- Kendell RE. The distinction between personality disorder and mental illness. *The British Journal of Psychiatry*. 2002; 180:110–115.10.1192/bjp.180.2.110 [PubMed: 11823318]
- Lawton EM, Oltmanns TF. Personality pathology and mental health treatment seeking in a community sample of older adults. *Personality and Mental Health*. 2013; 7:203–212.10.1002/pmh.1198 [PubMed: 24343963]
- Markon KE, Quilty LC, Bagby R, Krueger RF. The development and psychometric properties of an informant-report form of the Personality Inventory for DSM-5 (PID-5). *Assessment*. 2013; 20:370–383.10.1177/1073191113486513 [PubMed: 23612961]
- Oltmanns TF, Balsis S. Personality pathology in later life: Questions about the measurement, course, and impact of disorders. *Annual Review of Clinical Psychology*. 2011; 7:321–349.10.1146/annurev-clinpsy-090310-120435
- Oltmanns TF, Rodrigues MM, Weinstein Y, Gleason MEJ. Prevalence of personality disorders at midlife in a community sample: Disorders and symptoms reflected in interview, self, and informant reports. *Journal of Psychopathology and Behavioral Assessment*. (in press).
- Oltmanns, TF.; Turkheimer, E. Perceptions of self and others regarding pathological personality traits. In: Krueger, RF.; Tackett, JL., editors. *Personality and psychopathology*. New York, NY: Guilford Press; 2006. p. 71-111.
- South SC, DeYoung NJ. Behavior genetics of personality disorders: Informing classification and conceptualization in DSM-5. *Personality Disorders: Theory, Research, and Treatment*. 2013; 4:270–283.10.1037/a0026255
- Widiger TA. What would Jerry do? Rejoinder for “A postmortem and future look at the personality disorders in *DSM-5*. *Personality Disorders: Theory, Research, and Treatment*. 2013; 4:392.10.1037/per0000053