Important progress in our understanding of the natural course of personality disorders (PDs) is documented in the articles for this special section. This progress could set the stage for ideas developed in the study of PDs to play a central role in research on psychopathology more broadly conceived. The Collaborative Longitudinal Personality Disorders Study (Skodol et al., this issue), the Children in the Community Study (Cohen, Crawford, Johnson, & Kasen, this issue), and the McLean Study of Adult Development (Zanarini, Frankenburg, Hennen, Reich, & Silk, this issue) reveal the importance of personality in understanding psychopathology, and point toward a dimensional approach to conceptualizing psychopathology that could also frame categorical clinical decision making processes.

Here are a few potential misconceptions regarding personality disorders (PDs):

- PDs are not really worth studying, especially when compared with more “serious” mental illnesses such as schizophrenia or bipolar illness.
- This is because PDs cannot be diagnosed reliably enough to study them successfully.
- This is also because the social costs of PDs are unclear, especially compared with more “serious” mental disorders.
- Moreover, the prognosis for PDs is poor, so why should we devote research effort to studying these hopeless conditions?

The articles in this special section of the Journal of Personality Disorders are key contributions because they present the empirical evidence needed to correct these erroneous presumptions. PDs can be diagnosed reliably, especially when measured dimensionally. The social costs of PDs are now...
well-documented, and include high-impact outcomes such as suicidality, violence and crime, and diminished educational achievement. Nevertheless, the prognosis is not inevitably poor; steady improvement in psychosocial functioning is possible and not infrequent, for example, in borderline PD (Cohen, Crawford, Johnson, & Kasen, this issue; Skodol et al., this issue; Zanarini, Frankenburg, Hennen, Reich, & Silk, this issue).

Correcting these erroneous presumptions is an important achievement. Yet, the landmark studies reviewed in this special section also point the way toward future achievements by showing how the study of PDs can help shape the vanguard of psychopathology research more generally.

Psychopathology research is at a historical crossroads. The DSM-III and its offspring (DSM-III-R, -IV, and IV-TR) were important documents because they proposed consensual categorical and polythetic constructs to help frame empirical research. Nevertheless, work with these constructs revealed their conceptual limitations. For example, based on extensive data on patterns of occurrence and co-occurrence (comorbidity) among DSM-defined mental disorders, it seems unlikely that the empirical structure of psychopathology is well characterized by an extensive number of categories (Krueger, Watson, & Barlow, in press).

As the limitations of categorical and polythetic psychopathology constructs have become clear over the last several decades, notable technological innovations were also developed. These innovations range from powerful and sophisticated approaches to the quantitative modeling of psychopathology data, to developments in neuroimaging, to developments in the measurement of specific genotypes and environments that transact in predicting maladaptive outcomes.

To develop and embrace novel ideas about the conceptualization of psychopathology requires moving beyond current conceptualizations. However, current conceptualizations may be hard to abandon because they are familiar, and they got us this far. Still, opportunities for creative changes clearly exist; for example, the process that will eventually result in the DSM-V is just getting underway (with regard to PDs and the potential for innovations in the DSM-V, see Widiger, Simonsen, Krueger, Livesley, & Verheul, 2005). This mix of research needs and historical opportunities seems well captured by the idea that we have reached a crossroads.

PD research can form the vanguard of progress and innovation at this crossroads. This is because, in working to correct the erroneous presumptions laid out at the start of this commentary, the study of PDs has gone further, laying the groundwork for important innovations in the study of psychopathology in general. We will touch briefly here on two interrelated points that can be gleaned from the extensive contributions made by the Collaborative Longitudinal Personality Disorders Study (CLPS; Skodol et al., this issue), the Children in the Community (CIC) Study (Cohen, Crawford, Johnson, & Kasen, this issue), and the McLean Study of Adult Development (MSAD; Zanarini, Frankenburg, Hennen, Reich, & Silk, this issue), involving the importance of personality in understanding psychopathology.
and the importance of developing a dimensional approach to conceptualizing psychopathology that also informs categorical clinical decision making.

**PERSONALITY AND PERSONALITY DISORDER**

Personality is presumed to be part of the construct of a PD essentially by definition. In spite of this terminological overlap, however, relatively separate literatures have developed around the construct of personality and the construct of PD. This provides opportunities to examine how and where these constructs intersect, in a way that can be illuminating about both constructs. Consider some recent findings from the Collaborative Longitudinal Personality Disorders Study (CLPS) described by Skodol et al. (this issue). Although broadband personality traits (such as those of the Five-Factor Model or FFM; Costa & Widiger, 2002) were shown to be highly stable in the CLPS, changes on these traits were sometimes observed. Such changes predicted changes in PDs, yet changes in PDs did not predict subsequent change in personality (Warner et al., 2004). A reasonable interpretation is that personality traits provide the foundations for PD, with residual aspects of the PD construct representing more paroxysmal manifestations of psychopathology (Skodol et al., this issue). Similarly, Zanarini et al. (this issue) present a model of borderline PD that differentiates “acute” symptoms (identified as the best markers of the disorder and need for immediate treatment) from “temperamental” symptoms (which are more stable and associated with longer-lasting psychosocial impairment).

These less stable aspects of PD are clinically important, and may not be well captured solely by broad factors in general models of personality functioning. This leads to important concerns about the wisdom of recasting PDs entirely in personality trait terms. For example, Cohen et al. (this issue) acknowledge that fundamental dimensions of personality are core components of psychopathology. However, these investigators also express a concern that recasting PDs entirely in terms of broad personality dimensions might diminish a focus on the disorder-related aspects of current PD constructs (i.e., their extremity and link to pervasive dysfunction). Similarly, Zanarini et al. (this issue) note that, although much of the borderline PD construct is well captured by the FFM, in their data, some aspects of the borderline PD construct are not captured by the FFM, and these residual aspects are clinically and theoretically important.

Could a system be developed that provides recognition of both the traits that undergird PDs, as well as the residual aspects of current PD constructs that might not be entirely captured by higher-order dimensions of personality? Data on self-injury can serve as a means of describing how these issues might be resolved. In the CLPS, self-injury was one of the least stable diagnostic criteria (Skodol et al., this issue), consistent with the idea that self-injury is a more residual, paroxysmal aspect of PD, as
opposed to an indicator of the stable traits that underlie PD. Consistent with this interpretation, dimensional models of abnormal personality tend to include scales to index self-injury, but these scales show only modest associations with higher-order domains of personality (Markon, Krueger, & Watson, 2005). Importantly, however, these specific domains are not entirely independent of higher-order aspects of the joint structure of normal and abnormal personality. A joint structure that simultaneously captures variation in both normal and abnormal personality can be delineated, and a recent meta-analysis demonstrated that this structure can organize many prominent instruments and models described in the existing literature (Markon et al., 2005). However, these higher-order structures do not exhaust all the meaningful variation in specific indices of personality pathology, and, as documented in the articles in this special section, this residual variation can be clinically important.

Thus, the key to developing a model that integrates personality and PDs and has good clinical utility seems to lie in acknowledging that the joint structure of personality and psychopathology is organized hierarchically. Specific, residual aspects of personality pathology can be organized within a higher-order structure, yet these residual aspects cannot be entirely reduced to the higher-order structure. An integrative model would therefore allow for clinical description of functioning in broader domains (e.g., the broad FFM domains), along with description of functioning in more specific domains that are not entirely exhausted by broader domains, but are of clinical importance (e.g., self-injury). The challenge in this regard is to explore which narrow and specific facets of personality and psychopathology are most essential to clinical description. In addition, an integrative model would likely allow for a dimensional approach to the description of psychopathology. Meshing a dimensional approach with the need to make categorical clinical decisions may provide a key to resolving some persistent issues in the perennial debate regarding categorical and dimensional representations of PDs.

A DIMENSIONAL APPROACH TO CONCEPTUALIZING PSYCHOPATHOLOGY

One occasionally hears the concern that, while conversion to a dimensional model of PDs in the DSM should be explored, there is too much uncertainty regarding how to mesh the concept of a dimension of personality with the more commonly encountered clinical concept of a diagnosis to make a complete conversion feasible or desirable. Nevertheless, dimensional possibilities are explored in the various contributions to this special section. Skodol et al. (this issue) indicate that dimensional approaches to PDs have validity that are lacking in categorical approaches, focusing on temporal stability in particular. Zanarini et al. (this issue) acknowledge that dimensions of temperament contribute to psychopathology, but distinguish between temperament and disorder, in the sense that disorders
wax and wane over time, whereas temperament or personality traits are regarded as more stable. This perspective is consistent with the picture presented in Skodol et al. (this issue), whereby normal personality traits influence the stability of disorders but additional symptoms of clinical importance appear intermittently. Cohen et al. (this issue) also acknowledge the role of personality in psychopathology, but feel that such factors might best serve as criteria for disorders, rather than as clinical constructs per se.

Some concerns about meshing traits and diagnoses may resolve when one considers the role of hierarchy in describing personality and psychopathology. As noted above, higher-order structures of personality are pervasive in their impact, such that even very narrow, specific, and paroxysmal domains can be located in a joint higher-order structure of normal and abnormal personality. However, this higher-order structure does not exhaust the variation in every specific domain. This understanding can help to mesh broad personality domains and specific areas of clinical concern in an integrative system. Essentially, an integrative approach would involve describing personality at the broad level, as well as in terms of specific and transient behaviors of particular clinical importance (e.g., self-injury).

One challenge in this regard, however, is to select the specific domains to include in such a system, given the plethora of specific domains that are potential candidates. Current conceptions of PDs can provide guidance in this regard. As described, for example, by Skodol et al. (this issue), existing PD constructs appear to constitute confluences of personality traits and more transient symptomatology. Thus, an integrative approach would involve describing an individual's personality-psychopathology profile both in terms of broad domains of personality functioning, and in terms of more specific and narrow constructs that appear in current PD conceptualizations. This approach should better mirror the empirical structure of personality and psychopathology, and could also acknowledge the clinical importance of higher-order personality domains explicitly. At the same time, such an approach would also provide a link back to familiar PD constructs, in the sense that these constructs seem well-understood as specific combinations of broad personality domains and narrow, specific domains.

Basic description in this kind of system could also be accompanied by cutoffs on dimensional constructs that correspond to indications for various categorical clinical decisions. This touches on a pervasive conceptual problem: the confounding of the need to make categorical clinical decisions with categorical conceptions of mental disorder. Much of psychopathology is likely not categorical in nature (Krueger et al., in press). Nevertheless, categorical clinical decisions do need to be rendered (e.g., either an intervention is employed, or it is not). These domains are often treated as isomorphic, in the sense that the presence versus absence of a diagnosis is regarded as mapping in a 1:1 fashion onto intervention. The prob-
lems with this approach are pervasive, including, for example, the loss of valuable clinical information in converting complex symptomatology to a single dichotomous diagnostic variable (consider, e.g., enhanced reliability of dimensional vs. categorical PD variables; Skodol et al., this issue) and a lack of empirical justification for existing cutoffs (Cohen et al., this issue).

In developing a hierarchical descriptive system that integrates broad through narrow domains, a system for using this information effectively in the clinic must also be developed. This is a matter of documenting empirically how dimensions of personality and psychopathology per se relate to important clinical, social, and occupational outcomes. For example, Zanarini et al. (this issue) found that different types of borderline PD symptoms (acute vs. temperamental) were associated with different types of impairment and potential treatment needs. Yet, such data are not by themselves sufficient. Data on the impact of different levels on dimensions of personality and psychopathology are not self-interpreting, and must be combined with clinical expertise in proposing guidelines for linking dimensions of personality and psychopathology with recommended interventions.

**PDS AT THE VANGUARD OF PSYCHOPATHOLOGY RESEARCH**

The issues considered above regarding the role of personality in psychopathology and dimensional approaches to classifying psychopathology are not limited to PDs. Basic dimensions of personality are linked to both Axis I and II conditions, a situation that helps to explain the general lack of compelling empirical support for the putative Axis I–II distinction (Krueger, 2005). Dimensional latent structures are not unique to PDs, as diverse varieties of psychopathology are likely fundamentally dimensional in nature (Krueger et al., in press).

Although these topics are of pervasive importance in psychopathology in general, the articles in this special section demonstrate how the PD literature is ahead of the curve in struggling with these issues. PD research is generally considered at the forefront of research contemplating novel, dimensional approaches to psychopathology, a path that other areas may ultimately follow (cf. Rounsaville et al., 2002).

At this important juncture in research on psychopathology, the PD community can make a real difference by working together toward integrating diverse perspectives in an empirically based, dimensional approach that also provides compelling guidelines for categorical clinical decisions. This could provide an example of cooperation, progress, and innovation that will place PD research at the vanguard of psychopathology research. The articles in this special section demonstrate not only the clinical importance and reality of PD constructs, but also the ways in which PD researchers are uniquely poised to contribute novel and creative ideas at this historical juncture in research on psychopathology.
REFERENCES


