



## ISSUES IN THE ASSESSMENT AND CONCEPTUALIZATION OF PERSONALITY DISORDERS

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**ABSTRACT.** *This article reviews several current issues associated with the definition and assessment of personality disorders (PDs) as defined in the third and fourth editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM). Specifically reviewed are issues associated with classification, PD conceptualizations, and the assessment of these disorders. DSM PD categories are also reviewed in terms of their psychometric properties. A review of the PD assessment literature suggests that DSM conceptualizations and definitions of PDs are problematic at both conceptual and quantitative levels. This article concludes with suggestions for possible alternative approaches to and modifications of DSM PD assessment.* © 2000 Elsevier Science Ltd

**KEY WORDS.** Personality, Personality Disorders, Assessment, DSM.

THE FORMAL RECOGNITION of the clinical relevance of personality disorders (PDs) in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III;* American Psychiatric Association, 1980) two decades ago stimulated considerable scholarly interest in these conditions. Emerging research on the assessment and conceptual aspects of *DSM* PD categories, however, is beginning to suggest that these concepts are problematic on several levels.

This article reviews the empirical status of *DSM*-based PD assessment. In the context of this review, pertinent issues related to classification and theory, PD definitions and description, and the reliability and validity of PD assessment are discussed. The *DSM* classification approach is also contrasted with alternative approaches, most notably quantitative and theory-based approaches. Discussion of these areas culminates in suggestions for possible modifications in the definitions and conceptualization of PDs as a means of improving the quality of PD assessment.

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## ISSUES IN THE CLASSIFICATION OF PERSONALITY DISORDERS

In this section, the interrelationship between theory and classification is reviewed. Theoretical aspects of *DSM* classification are noted, as is the absence of an explicit theory of *DSM* PD concepts and some of the difficulties that arise as a result. This section concludes with the suggestion that an empirically guided approach to PD classification may provide a useful foundation toward the eventual establishment of a theory-based classification of PDs.

### *Theory and Classification of Personality Disorders*

A first step in the development of a classification scheme is the determination of the variables on which it is to be based. For the classification of PDs, there are many possibilities: presenting symptoms, etiology, location in factor space, internal representational world, learning history, cognitive schemas, neurophysical structures, behavior functions, developmental patterns, genetic variations, defensive operations, interpersonal conduct, and neurochemical regulation, to name a few. Each of these variables carries with it a unique set of underlying theoretical assumptions that have implications for etiologic conceptualizations, treatment selection, and prognosis.

Although the architects of the *DSM-III* sought to develop an atheoretical classification scheme based on presenting symptomatology, there is debate about the degree to which *DSM* is atheoretical (e.g., Faust & Miner, 1986; Millon, 1981) and whether such a goal is even desirable (e.g., Frances, 1980; Klerman, Vaillant, Spitzer, & Michels, 1984). Others have suggested that the adoption of a theoretical framework for the conceptualization of disorders may be more fruitful. Hempel (1961), for example, has suggested that psychiatric classification should be viewed in the context of theory, where the assumptions and predictions derived from theory can be tested and subjected to empirical validation and falsification. Similar arguments have been made by others (e.g., Cantwell & Rutter, 1994; Livesley & Jackson, 1992; Morey, 1991; Schwartz & Wiggins, 1986; Skinner, 1981), noting that theory is helpful in the establishment of the construct validity of concepts and the development of a clinical science.

Morey (1991) has suggested that the *DSM* system is basically a descriptive, similarity-based system of classification. Such a system, although useful in the early development of a classification system (Davis & Millon, 1995; Morey, 1991), is inherently limited to the description of concepts and their associated features. Description alone, however, cannot provide explanations of or predictions from these concepts (Hempel, 1961; Schwartz & Wiggins, 1986). Morey (1991) goes on to review the work of Medin (1989; Murphy & Medin, 1985) who has proposed that concepts are not simply the aggregate of independent features, but are instead organized around people's theories about the world. As an example, Medin (1989) offers the concept of "bird." Features such as "beak," "feathers," "wings," are in themselves just "a pile of bird features" unless they are held together by some underlying cohesiveness, or "bird structure." Murphy and Medin (1985) suggest that a delineation of both attributes and relations that tie these attributes together are necessary to establish the coherence of a concept; that is, "theories help to relate the concepts in a domain and to structure the attributes that are internal to the concept" (p. 289). Notably absent in *DSM* PD descriptions are those attributes of PDs that tie diagnostic features together into a coherent concept. Simple description of PDs through a specification of their features limits the ability to derive explanations or predictions from these concepts, and impairs the ability to investigate the construct validity associated with such concepts.

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