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Clinical Psychology Review 23 (2003) 75–93

# The dimensional view of personality disorders: a review of the taxometric evidence

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Received 15 March 2002; accepted 7 August 2002

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## Abstract

The dimensional view of personality disorders (PDs) represents these conditions as extreme variants of normal personality continua. This widely held view underpins efforts to characterize PDs in terms of established systems of personality description and to overhaul classification of PDs along dimensional lines. A review of 21 taxometric studies of PDs and related variables calls an unqualified version of this view into question. Analyses of the three PDs investigated to date strongly support taxonic (i.e., categorical or discontinuous) models. Implications for the conceptualization and classification of PDs are drawn.

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*Keywords:* Personality disorder; Dimensions; Categories; Taxometrics

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## 1. Introduction

Personality disorders (PDs) occupy an unusual position in psychiatric classification. Since introduction of DSM-III (American Psychiatric Association, 1980), they have been segregated from the great majority of mental disorders on a separate diagnostic axis. Their status as mental disorders has been questioned on many grounds, from pragmatic concerns about their diagnostic unreliability to more fundamental doubts about whether they represent diagnosable forms of abnormality.

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One reason for the marginal and controversial status of PDs is that they have two aspects—personality and disorder—about which the clinical community tends to hold contrasting views. Mental disorders, following the standard medical model, are often understood to be discrete pathological entities. Individuals are generally taken either to have or not to have a particular disorder. Degrees of severity may be acknowledged among the affected and subthreshold forms may be recognized, but having the disorder is nevertheless understood in a categorical fashion. Consistent with this view, DSM-IV ([American Psychiatric Association, 1994](#)) makes categorical diagnoses, often defining a cutoff point on a symptom checklist above which a disorder is judged to be present.

Personality is often conceptualized in an entirely different manner. Traditionally, variations in personality are understood to be matters of degree rather than kind. Differential psychologists pioneered a view of traits as quantifiable dimensions and dismissed typological accounts of personality such as Jung's as coarse and prescientific. To this day, personality psychologists represent traits as graded continua and model their structure with statistical tools such as factor analysis that presume the adequacy of dimensional representations. The intellectual and historical context of this dimensional view of personality and of the categorical alternative are extensively discussed by [Gangestad and Snyder \(1985\)](#), [Kagan \(1994\)](#), and [Meehl \(1992\)](#).

In the case of PDs these views collide. To the extent that a PD is a standard mental disorder it will be understood categorically, consistent with the default assumption embodied in DSM-IV. To the extent that a PD is a form of personality, however, a dimensional view seems appropriate, consistent with the representation of normal personality variation as continuous. Some of the controversies surrounding PDs are associated with these conflicting views. If PDs are grounded in normal personality continua, it seems questionable and arbitrary to conceptualize them as discrete categories, and the unreliability of their diagnosis may at least partly reflect this arbitrariness.

The categorical versus dimensional status of PDs is not only an underlying basis for other controversies in the field, but has been a source of controversy in its own right since publication of DSM-III ([Frances, 1982](#); [Widiger & Clark, 2000](#)). Many psychologists have argued for a dimensional view of PDs on a number of compelling grounds (e.g., [Livesley, Schroeder, Jackson, & Jang, 1994](#); [Widiger & Costa, 1994](#)). First, a dimensional view may be truer to the fundamental nature of PDs than a categorical view, so that DSM-IV's cutoffs impose arbitrary distinctions that misrepresent a seamless state of affairs. Second, by drawing arbitrary distinctions, the categorical view may reduce researchers' capacity to assess the correlates of PDs by weakening statistical power, and may lose severity-related information that is important for clinicians. Third, the categorical view is held responsible for the high degree of "comorbidity" among PDs, so that individuals who fall high on a dimension common to several PDs are spuriously represented as having several distinct conditions. In short, proponents of the dimensional view criticize the categorical alternative as crudely black-and-white in its structural assumptions, oversimplifying and falsely precise in its dichotomization, and uneconomical in its diagnostic application. Instead of being discrete categories, they argue, PDs represent extreme variants that fall on a continuum with normal personality.

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