

## Preface



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*Guest Editor*

**R**esearch in personality disorders is moving forward rapidly. This issue of the *Psychiatric Clinics of North America* summarizes the advancing edge of our knowledge.

The first question concerns how to diagnose personality disorders. Much ink has been spent on this subject. On the one hand, disorders may be pathologic exaggerations of normal personality traits. For this reason some have suggested that the current Axis II categories be replaced with dimensional scores (see article by Widiger and Lowe). We need to establish a clearer boundary between normal and abnormal personality patterns (see article by Wakefield). On the other hand, several of the existing categories show symptoms not seen in normal people, such as the chronic suicidality of patients who have borderline personality. Moreover, most of the research described in this issue is based on categories. It remains important that both antisocial personality (or psychopathy) and borderline personality have large and important research traditions of their own.

A second research question concerns the prevalence of personality disorders. Recent years have seen a large number of epidemiologic studies, all of which suggest that personality disorders are very common in community populations (see article by Lenzenweger). Personality disorders are even more common in clinical populations, even if they often go unrecognized (see article by Zimmerman, Chelminski, and Young).

A third question concerns the etiology of personality disorders. Although much remains unknown, researchers are chipping away at these problems. Approaches include genetic studies (see article by Reichborn-Kjenrud), imaging studies (see articles by New, Goodman, Triebwasser, and Siever and by Glenn and Raine). Another important research method involves longitudinal

follow-ups of children to determine the precursors and predictors of personality disorders (see article by Cohen).

A fourth question concerns the outcome of personality disorders. Whereas in the past these conditions were seen as lifelong and chronic, research has drawn a much more hopeful picture (see articles by Skodol and Zanarini).

A fifth question concerns treatment. Although clinical trials of therapy for personality disorders are encouraging, patients do not respond to methods of treatment that work for other patients (see article by Paris). Perhaps the most challenging issue for clinicians in treating personality disorders is suicidality; but we are getting a better understanding of how to manage these problems (see article by Zaheer, Links, and Liu).

The snapshot presented in this issue should not obscure the need for further research to illuminate many unresolved issues (see article by Livesley). When we learn how to understand and treat personality disorders better, these patients may no longer be seen as unmanageable and will no longer be given other diagnoses.

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