

Personality Disorders Research: A Narrative Review

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Received: 07 Jan 2026; **Accepted:** 12 Feb 2026; **Published:** 25 Feb 2026

Citation: Tiffany Field. Personality Disorders Research: A Narrative Review. Int J Ment Health Res. 2026; 1(1): 1-5.

ABSTRACT

This narrative review of the current literature on personality disorders summarizes research published in 2024-2026. Many of the studies have compared the alternative and categorical models of personality disorders that favor the alternative model on personality functioning and maladaptive personality traits for its reliability and validity. Although obsessive compulsive disorder (OCD) has been considered the most common personality disorder, borderline personality disorder (BPD) has been the most frequently reported personality disorder in this current literature. The primary features that have been reported for BPD include hypo mentalizing and epistemic mistrust. Those with BPD have been slower to achieve remission or recovery than other personality disorders. Comorbidities of personality disorders include alexithymia (difficulty identifying and expressing emotions) and anxiety disorders. Negative effects of personality disorders include a focus on the past, social media addiction, sexual distress, violence, crime, and mental disorders in offspring. Risks/predictor variables include adverse childhood events, insecure attachment styles, defense mechanisms and self-mentalizing deficits. Genetic studies estimated the heritability of personality disorders at 30 to 60%. These studies have implicated genes involved in neurotransmitter regulation such as those for serotonin transporters and dopamine receptors. Methodological limitations of this literature include the limited focus and design of the studies, the almost exclusive sampling of clinical populations and the limited comorbidity studies.

Keywords

Personality disorders, Obsessive compulsive disorder, Genetic, Anxiety disorders, Borderline personality disorder.

Personality disorders have been defined as enduring, pervasive pathological patterns of behavior and inner experiences that deviate from a person's culture [1]. According to this research group, obsessive compulsive disorder (OCD) is the most common personality disorder, and it is described as pathological perfectionism and intense rigidity. Other common personality disorders are narcissistic personality disorder, described as grandiosity, need for admiration and a lack of empathy and borderline personality disorder as instability and intense reactivity.

This narrative review of the current literature on personality disorders summarizes research published in 2024-2026. The papers were found on PubMed and PsycINFO by entering the terms personality disorders and the years 2024-2026. Twenty-nine papers are reviewed here including papers on alternative and category models of personality disorders (10 papers), papers on

borderline personality disorder (4), papers on comorbidities of personality disorders (4), negative effects of personality disorders (6), risk factors (4) and potential underlying biological mechanisms (1).

Categorical and Alternative Models of Personality Disorders

This current literature on personality disorders features several studies on the two different models including the categorical and alternative models (see Table 1). In the categorical model, 10 disorders are grouped into 3 clusters (A, B, and C) based on specific symptom criteria and a dichotomous yes / no rating rather than a continuous rating [2]. Cluster A, described as odd/eccentric, includes three personality disorders including paranoid, schizoid and schizotypal. Cluster B defined as dramatic/ emotional/ erratic includes the personality disorders antisocial, borderline, histrionic and narcissistic. Cluster C defined as anxious/ fearful features 3 personality disorders including avoidant, dependent and obsessive compulsive. The model has the limitations of high comorbidity with patients frequently meeting criteria for multiple personality disorders and heterogeneity with individuals with the same

diagnosis having very different symptom presentations. Seemingly some individuals would have characteristics from multiple clusters but would be classified according to their predominant characteristic.

Table 1: Alternative and categorical models for personality disorders (and first authors).

Models	First authors
Categorical	Chapman
Alternative	Thimm, Schiemaniski
Comparison two models	Calabrese, Clark, Sharp, Maffly-Kipp, Weekers, Somma

The alternative model describes pathological personality according to Criterion A impairments in personality functioning (identity, self-direction, empathy, intimacy) and Criterion B specific pathological traits (negative affectivity, detachment, antagonism, disinhibition and psychoticism). These are determined by two scales including the **Level of Personality Functioning Scale (LPFS)** (an 80-item self-rating scale) and the **Personality Inventory for DSM-5 (PID- 5)** (a 220 item self-report measure).

These long scales would seemingly be a more objective measure of personality functioning and traits than a diagnostic classification, and the scales have excellent psychometric properties. Although self-report measures are frequently criticized, they can also be considered more reflective of an individual's self-knowledge, assuming the individual is not "faking good".

Another assessment of personality disorders is called the **Structured Interview of Personality Organization (STIPO)** [3]. In this study (N= 136 patients 13- to -18-years-old) the STIPO was considered a valid instrument for assessing the severity of personality disorders.

In a review paper entitled "Associations between personality malfunctioning (Criterion A) and pathological personality traits (Criterion B) in the Alternative Model for Personality Disorders (AMPD) and DSM -5: a meta - analysis", 44 studies were included [4]. For Criterion A, the Level of Personality Functioning Scale (LPFS) was completed and for Criterion B the Personality Inventory for DSM-5 (PID - 5) was given. The correlations between Criterion A (functioning) and Criterion B (traits) ranged from .44 (for antagonism) to .64 (for detachment). Although both correlations are high, it's surprising that antagonism versus detachment would be less correlated with impairments in personality functioning.

In research on the relationships between interpersonal problems and the AMPD, psychiatric patients who completed Criterion A and B measures were included (N= 168 psychiatric patients) [5]. Criterion A (functioning) and Criterion B (traits) mapped onto general interpersonal distress. In addition, Criterion B mapped onto domineering and cold interpersonal problems.

At least six papers in this current literature on personality disorders have focused on comparisons between the Alternative Model for

Personality Disorder and the Categorical Model. In one comparison on a sample of current and recent psychiatric patients (N=72), the alternative model was a greater predictor of electronically activated recorded observations [6]. The observations suggested negative affect, hostile words and informant - rated interpersonal functioning problems.

In a longitudinal study, participants were recruited by calling randomly selected phone numbers (N=503) [7]. Time one interview data were used to predict DSM -5 and AMPD Criterion A (impaired functioning) and Criterion B (maladaptive traits). The alternative model predicted more incremental variance than the categorical model.

Similarly, the AMPD has been noted to have more precise characteristics than the categorical PD diagnoses [8]. The alternative model was also said to have higher reliability and validity estimates.

In still another comparison of the DSM - 5 Categorical Model of Personality Disorders and the Alternative Model of Personality Disorders, mental health professionals gave their clinical judgments on 4 case vignettes (N= 136) [9]. The AMPD judgments predicted outcome judgments in a greater number of regressions (98%) compared to the categorical model (70% of regressions). Criterion A (level of personality function) was the strongest predictor.

The AMPD Model has also had more predictive validity for both disability and symptoms severity one year later [10]. In this sample (N=84 clinical participants), AMPD predicted both disability (R square =.23) and symptom severity (R square =.29) one year later. Again, Criterion A had more predictive validity.

AMPD has also predicted non-suicidal self-injury and suicidal risk [11]. In this clinical sample of adults (N=103), AMPD had greater predictive validity than the PD symptom count.

Borderline Personality Disorder

Although OCD has been considered the most common personality disorder, borderline personality disorder has been the most frequently reported personality disorder in this current literature on personality disorders (see Table 2). Borderline personality disorder (BPD) has been defined as the borderline between neurosis and psychosis [2]. The greater severity of this disorder (being on the border of psychosis) may explain the greater attention BPD has received in this current literature on personality disorders..

Table 2: Borderline personality disorder traits (and first authors).

Traits	First authors
Borderline between neurosis and psychosis	Chapman
Hypo mentalizing and epistemic mistrust	Kurt
Alexithymia	Modasi
Slower remission and recovery	Zanarini

The primary features that have been reported for borderline personality disorders include hypo mentalizing and epistemic

mistrust. **Hypo mentalizing**, defined as the decreased ability to understand and reflect on one's own and others' mental states, has been cited as a feature of BPD [12]. A second characteristic given in this study was called epistemic mistrust (decreased trust of communicated information). These characteristics were said to be shaped by attachment anxiety and attachment avoidance in this sample of clinical and community individuals (N=1129). Based on the Borderline Features Scale of the Personality Assessment Inventory, both hypo mentalizing and epistemic mistrust mediated the relationships between attachment anxiety and borderline personality disorder and between attachment avoidance and borderline personality disorder.

The hypo mentalizing feature is exemplified by the relationship between **alexithymia** (also defined as low ability to understand and reflect on one's own and others' mental states or emotions) and borderline personality disorder reported by another research group [13]. In this sample (N= 478 psychiatric outpatients), another notable feature of this disorder was identity disturbance. Although the hypo mentalizing and alexithymia have been associated with borderline personality disorders in this literature, those symptoms are likely shared with those experiencing other personality disorders.

Significant differences have been reported for remission and recovery in BPD versus those with other personality disorders [14]. In this study, inpatients with BPD (N=290) were compared with a group of inpatients with other personality disorders (N= 72). The BPD group was slower to achieve remission or recovery across the 24-year period of the study. Remission rates were 77 to 100% in the BPD group versus 97 to 100% in the group of individuals with other personality disorders. Recovery was only 37 to 60% in the BPD group versus 68 to 89% in the group of adults with other personality disorders. These slower rates to achieve remission or recovery may explain the greater attention given to this disorder in this current literature.

Comorbidities of Personality Disorders

Comorbidities have been noted for personality disorders in this current literature (see Table 3). These include alexithymia (difficulty identifying and expressing emotions) and anxiety disorders.

Table 3: Comorbidities of personality disorders (and first authors).

Comorbidities	First authors
Alexithymia	Modasi, Chaim
Anxiety disorders	Lagas

In a study just described, alexithymia was comorbid with personality disorders [13]. In a systematic review entitled "The implication of alexithymia in personality disorders: a systematic review", 20 studies were included [15]. Significant associations were noted between alexithymia and personality disorders, particularly within Clusters B (dramatic, emotional or erratic behaviors) and C (anxious and fearful behaviors) of the categorical model. Both alexithymia and personality disorders were correlated with emotional dysregulation and interpersonal difficulties. Although

intervention studies have not appeared in this literature, therapies might be more effectively focused on emotional dysregulation and interpersonal difficulties than alexithymia and personality disorders.

In a paper entitled "Occurrence of personality disorders and anxiety disorders", 85% comorbidity was noted between the two types of disorders, especially borderline personality disorder and anxiety disorders. In this sample, females had greater rates of comorbidity possibly because of their greater rate of depression. Surprisingly, depression did not appear as a comorbidity of personality disorders in this literature. Not surprisingly, those with comorbid personality disorder and anxiety disorder had a greater risk for suicide.

Negative Effects of Personality Disorders

Several negative effects of personality disorders have been addressed in this current literature (see Table 4). They include a focus on the past, social media addiction, sexual distress, violence, crime, and mental disorders in offspring.

In a study entitled "Time perception and lived experience in personality disorders", those with personality disorders (N= 63) were more oriented toward past negative experiences [16]. As would be predicted, they were also less oriented toward positive experiences from the past and thoughts about the future.

Table 4: Negative effects of personality disorders (and first authors).

Negative effects	First authors
Greater orientation toward past negative experiences	Sterna
Social media addiction	Ahmed
Greater sexual distress and less sexual function	Deschenes
Risks of violence	Chow
Criminal offenders	Flechsengar
Mental disorders in children of parents with personality disorders	Gjode

Social media addiction has also been reported as a negative effect in a recent review of literature entitled "Social media addiction, personality traits and disorders: an overview of recent literature". The results are in the title [17]. Social media addiction might have served as a coping mechanism for individuals with personality disorders who typically have difficult interpersonal interactions.

Greater sexual distress and less sexual function have been associated with personality disorders based on the DSM-5 alternative model for personality disorders [18]. In this sample of those seeking help (N= 489), those reaching cut-offs for a personality disorder had greater sexual distress and less sexual function. Sexual dysfunction may have been the primary reason for seeking help in this sample.

Risks of violence in those with antisocial personality disorders have been the focus of a recently published systematic review and meta-analysis [19]. In this meta-analysis on 21 studies (N=83,418 participants from 10 countries), greater risks of violence were noted for those with antisocial personality disorders. These results were not surprising given that antisocial personality disorder has

been defined as the lack of regard for the rights and feelings of others including symptoms of physical aggression and violence towards others.

Related to violence, personality disorders have been noted in **criminal offenders** based on a recent systematic review of the literature [20]. Greater impairment measures were noted for offenders, especially for disinhibition and antagonism.

The risk of mental disorders in children of parents who have personality disorders is one of the most negative effects of personality disorders. This risk was reported in a paper entitled “Associations of maternal and paternal personality disorders with risk of mental disorders in children: a nationwide register- based cohort study of 1,406,965 children” [21]. The risk was 2 to 2.5 times greater for exposed versus non-exposed children. A genetic predisposition may also contribute to this greater risk of mental disorder in the offspring of parents with personality disorders.

Risk Factors/Predictors of Personality Disorders

Surprisingly, only a few risk factors/predictors for personality disorders have been the focus of research in this current literature (see Table 5). They include adverse childhood events, attachment styles, defense mechanisms and self-mentalizing deficits.

Table 5: Risk factors/predictors of personality disorders (and first authors).

Risk factors/predictors	First authors
Adverse childhood events	Crisan
Attachment styles and defense mechanisms	Vito Di Caro
Self-other mentalizing deficits	Janczak

Adverse childhood events (ACES) have been associated with personality disorders in a recent review [22]. Most of the personality disorders that were included in the review were borderline personality disorders. This association was not surprising inasmuch as adverse childhood events have been implicated in virtually every other mental disorder.

Insecure attachment styles and defense mechanisms have also been implicated as contributing to personality disorders (N=400 adults) [23]. The five maladaptive personality domains of the AMPD model were associated with personality disorders in this sample. They included **negative affectivity, detachment, antagonism, disinhibition, and psychoticism**. Insecure attachment styles have been associated with many mental disorders. The relative contributions of the different attachment styles to the personality disorders were not determined as by a regression analysis or structural equation modeling.

Self-other mentalizing deficits (as in hypo mentalizing) have uniquely contributed to personality disorders (N= 109) [24]. In this sample self-mentalizing deficits uniquely predicted both Criterion A domain (self-inner personal functioning) and Criterion B (all five maladaptive traits in the AMPD model including negative affectivity, detachment, antagonism, disinhibition, and psychoticism).

Potential Underlying Biological Mechanism

Only one review on potential underlying biological mechanisms has appeared in this literature on personality disorders. In a paper entitled "Neurobiology, molecular pathways and environmental influences on antisocial traits in personality disorders", both abnormalities in brain regions and heritability have been implicated [25]. The authors referred to structural and functional abnormalities in regions related to emotion regulation and social cognition including the amygdala, the prefrontal cortex and the limbic system. The genetic studies estimated the heritability of personality disorders at 30 to 60%. These studies have implicated genes involved in neurotransmitter regulation such as those for serotonin transporters and dopamine receptors.

Although no intervention studies appeared in this current literature on personality disorders, this paper is suggestive of several therapeutic agendas. They include a focus on emotion regulation strategies and social cognition. They also suggest alternative therapies to increase serotonin and dopamine levels, for example, massage therapy and different forms of exercise therapies.

Methodological Limitations of this Literature

Several methodological limitations can be noted for this current literature. They include the limited focus and design of the studies, the almost exclusive sampling of clinical populations and the limited comorbidity studies.

Many of the studies are focused on definitions, descriptions and comparisons between the alternative and categorical models for identifying personality disorders and their negative effects. Only three studies were focused on the risks or predictor variables for personality disorders. Only one study was focused on potential underlying biological mechanisms. And no intervention studies appeared in this literature, even though personality disorders appear to have very severe effects.

Most of the studies are cross-sectional, limiting the ability to determine directionality or causality. Only a couple studies were longitudinal, and only one study was observational. Most of the studies involved the use of self-report scales for measuring the different criteria for personality disorders. And only one psychometric study could be found.

Most of the samples were clinical /psychiatry samples that were rarely compared with non-psychiatric samples. Most of the studies were focused on borderline personality disorders, even though OCD was said to be the most common personality disorder. No comparisons between different personality disorders appeared. And, neither regression analyses nor structural equation modeling were conducted to determine the relative significance of the different maladaptive functions and traits in the prediction of personality disorders.

Most of the samples were adults and only one study sampled adolescents, even though personality disorders are said to originate in adolescence. In addition, although several comorbidities have

been associated with personality disorders, **alexithymia** was the comorbidity that was frequently studied. Despite these methodological limitations, this literature has been informative and could help shape research on interventions to treat and prevent personality disorders.

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