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# Global Trends of Personality Disorders' Publications in the last 40 years

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## Abstract

The aim of this dissertation is to assess the growth of the existing literature on Personality Disorders published during the last 40 years, therefore ranging from January 1985 to December 2024.

Previous authors have assessed the general trends of literature on the topic of Personality Disorders up to 2005, with projections up to 2015. The last decade, which includes the COVID-19 outbreak, is yet to be considered in research pertinent to the topic. To ascertain the development of the topic in recent years, a search was undertaken by means of the APA PsycInfo database. Our findings show a stagnation in this field, with each and every PD showing a negative growth compared to the previous decades. *Borderline Personality Disorder*, *Antisocial Personality Disorder* and *Schizotypal Personality Disorder* remain the three disorders with the highest number of publications, though not spared by the general trend. Our dissertation contributes to research in this area of psychology, filling the gap of the last decade, though more in-depth studies are necessary in order to understand the potential causes and consequences of this recession.



## Chapter 1

Personality Disorders affect approximately 10.5% of the population, though varying across countries and ethnicities (APA, 2022), and are highly comorbid disorders, reporting the most frequent comorbidities with depression (73%) and anxiety (57%) (Trull et al., 2010\*, in Hartveit Kvarstein et al., 2022). Nevertheless, these disorders are frequently under-diagnosed, leading to a lack of attention and a shortage of services (Newton-Howes et al., 2010).

Previous studies have shown how “research on research” (Pincus, Henderson, Blackwood, & Dial, 1993, p. 135\*, in Boschen & Warner, 2009), is useful in attracting further attention to a certain topic, encouraging academic activity and funding aid for research (Boschen & Warner, 2009). This led us to the decision to conduct a search on Personality Disorders.

Following the footprints of preceding studies, (Blashfield & Intoccia, 2000; Boschen & Warner, 2009), this thesis will assess whether the topic of Personality Disorders is generating more or less interest than it did in the past, filling in the gap of the last decade, and which PDs in particular represent current *hotspots*.

### 1. Defining Personality Disorders

Before delving further into the research, we need to grasp what we mean by “*Personality Disorder*” first. Today the term *Personality* indicates “a complex pattern of deeply embedded psychological characteristics that are largely nonconscious and not easily altered, which express themselves automatically in almost every facet of functioning.” (Millon, 2016, p. 290). Both biological dispositions and experiential learnings play a role in the development of one’s personality (Millon, 2016).

When debating which personality traits and behaviors were to be considered pathological, Theodore Millon, one of the pioneers of Personality Disorders’ studies, argued that there were three main aspects to be considered: a pathological rigidity in adapting to the environment, a proneness to engage in vicious circles and a lack of resilience against stress. (Millon, 1969\*, 1981\*, in Millon, 2016). When facing stressful situations, healthy individuals tend to respond in flexible ways, employing different strategies in order to adapt to their environment in the best way possible. Pathological personalities on the other hand, cope in very few, and rigid, ways, often ending up stuck in cycles of suffering and maladaptive patterns (Millon, 2016).

## 1.1 DSM-5-TR Definition

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., text rev.; DSM-5-TR; American Psychiatric Association, 2022) a *Personality Disorder* is defined as “an enduring pattern of inner experience and behavior that deviates markedly from the norms and expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (APA, 2022, p. 733).

Since their appearance in the very first DSM, published in 1952, the classification of Personality Disorders underwent profound changes, with the most crucial one being that of the DSM-III (Coolidge & Segal, 1998). Printed in 1980, the third edition of the DSM had an innovative multiaxial approach, where each of the five Axis represented an area of functioning (Coolidge & Segal, 1998). Axis I included the majority of mental disorders, whereas Axis II included Personality Disorders, Specific Developmental Disorders and two other classes of mental disorders (APA, 1980). According to Coolidge and Segal (1998), separating the two axes strongly encouraged clinicians to evaluate their patients for Personality Disorders as well, resulting in almost half of all patients diagnosed with an Axis I disorder having an Axis II diagnosis too. It was also the first edition of the DSM to come out with a precise list of criteria a patient had to fulfil in order to be diagnosed with a certain personality disorder (Coolidge & Segal, 1998).

The latest version of the DSM-5-TR, includes 10 distinct types of *Personality Disorders*, which are then divided into three different clusters, according to their specific characteristics. Cluster A is formed by those personality disorders whose individuals may be described as bizarre or eccentric, and includes paranoid, schizoid and schizotypal personality disorders. A second cluster includes antisocial, borderline, histrionic and narcissistic personality disorders, which all characterize “dramatic, emotional or erratic” (APA, 2022, p. 734) individuals. Lastly, avoidant, dependent, and obsessive-compulsive personality disorders, being defined by anxious or fearful behaviors, form Cluster C. The DSM-5-TR goes further to include three other personality disorders, which are exempt from the three Clusters. Those are the *Personality Change Due to Another Medical Condition*, *Other Specified Personality Disorder* and the *Unspecified Personality Disorder*. (APA, 2022)

## 1.2 Brief description of each Personality Disorder

### 1.2.1 Cluster A

As previously mentioned, the first cluster of Personality Disorders included in the DSM-5-TR contains three subtypes: Paranoid, Schizoid and Schizotypal personality disorders. A *Paranoid Personality Disorder* is defined by a pattern of mistrust of others, which are regarded as deceitful and malicious. Those who suffer from a *Schizoid Personality Disorder* are instead characterized by aloofness, showing little to no interest in social relationships. Finally, with *Schizotypal Personality Disorder* we identify individuals who fulfil the following criteria: “A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts [...]” (APA, 2022, p. 744)

### 1.2.2 Cluster B

The second cluster of Personality Disorders is formed by four subtypes: Antisocial, Borderline, Histrionic and Narcissistic personality disorders. Those who suffer from *Antisocial Personality Disorder* are described as reckless and uncaring of others’ rights. Common behaviors displayed include: lying, vandalism, lack of remorse and so on. Individuals diagnosed with a *Borderline Personality Disorder*, fulfil the following criteria: “A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts [...]” (APA, 2022, p. 752). On the other hand, a *Histrionic Personality Disorder* is defined by theatrical manners and attention seeking behavior. Finally, with *Narcissistic Personality Disorder*, we identify individuals characterized by fantasies of grandeur, sense of entitlement, a craving of constant praise from others, and a lack of empathy towards them (APA, 2022).

### 1.2.3 Cluster C

The third and last cluster of Personality Disorders includes: Avoidant, Dependent, and Obsessive-Compulsive personality disorders. Individuals who suffer from *Avoidant Personality Disorder* are characterized by “A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts [...]” (APA, 2022, p. 764). A *Dependent Personality Disorder* is instead defined as an excessive tendency to rely on others and be cared for, past the age

where it's considered appropriate. Finally, those diagnosed with an *Obsessive-Compulsive Personality Disorder* are described as overly concerned with perfectionism, organization and control, whether of their environment, other people, or themselves, resulting in rigidity, and close mindedness, among other things (APA, 2022).

### 1.3 The *Shedler-Westen Assessment Procedure* (SWAP-200)

As one of the most employed methods for clinically assessing personality, the *Shedler-Westen Assessment Procedure* (SWAP-200; Shedler & Westen 2004) consists of 200 items which assess both pathological and adaptive personality traits (Westen et al., 2014). The clinician, who ought to have sufficient prior knowledge of the patient, has to rank each item on a scale from 7 (*highly-descriptive*) to 0 (*not descriptive*), using a fixed distribution (*Q-sort method*) (Westen et al., 2014). Consequently, the SWAP relies both “on clinicians to describe patients they know [...]” and “on psychometric and statistical methods to optimize reliability, validity, and predictive accuracy” (*About SWAP | SWAP | Shedler-Westen Assessment Procedure*, <https://swapassessment.org/about-swap/>, 02/06/2025).

This tool consists of 12 factors: “psychological health, psychopathy, hostility, narcissism, emotional dysregulation, dysphoria, schizoid orientation, obsessionality, thought disorder, oedipal conflict (histrionic sexualization), dissociation, and sexual conflict.” (Shedler, J., & Westen, D., 2004) and can generate three different standardized score types: DSM-IV Personality Disorders (PD T-Scores), SWAP Personality Syndromes (Q-Factor T-Scores) and Factor T-Scores (Shedler, n.d.) Through the first profile, a score is provided for each DSM-IV personality disorder, by which the clinician can conclude a formal DSM-IV axis II diagnosis (Shedler, n.d.) Additionally, the SWAP-200 provides a scoring type which is disconnected from the DSM, and is instead based on empirical studies, thus “designed to capture more faithfully the personality patterns and syndromes seen in clinical practice.” (Shedler, 2009, p. 6).

### 1.4 Epidemiology of Personality Disorders

When it comes to the incidence of PDs in the general population, the DSM-5-TR reports a median prevalence of 10.5%, which is then distributed into a prevalence of 3.6% for Cluster A disorders, of 4.5% for Cluster B disorders and of 2.8% for Cluster C disorders (APA, 2022). Furthermore, according to a study conducted on psychiatric patients in England, “the general prevalence of personality disorder [...] was 39.4% [...]” (Newton-Howes et al., 2010, p. 456). Additionally, in the same sample, “the commonest personality cluster was cluster C

(anxious, avoidant), which represented over a quarter of the entire sample (25.5%, 95% CI 20–31%), whilst cluster B pathology constituted almost one-fifth of the sample (18.4%, 95% CI 14–23%).” (Newton-Howes et al., 2010, p. 456).

### 1.5 Comorbidity of Personality Disorders

Personality Disorders are highly comorbid disorders and, as reported from diagnostic review data from the *National Comorbidity Survey Replication* (Lenzenweger et al., 2007\* in *Personality Disorders - National Institute of Mental Health (NIMH)*, 18/05/2021, <https://www.nimh.nih.gov/health/statistics/personality-disorders>, 25/05/2025), the 84.5% of individuals with past year personality disorders also had one, or more, other mental disorders. Moreover, more than half of the respondents (52.4%) reported having an anxiety disorder, meanwhile the 24.1% had a mood disorder, the 23.2% an impulse control disorder and the 22.6% a substance use disorder (*Personality Disorders - National Institute of Mental Health (NIMH)*, 18/05/2021, <https://www.nimh.nih.gov/health/statistics/personality-disorders>, 25/05/2025).



## Chapter 2

### 2.1 Method

Various studies, (Blashfield & Intoccia, 2000; Boschen & Warner, 2009), have previously assessed the growth of Personality Disorders' publications, although through different decades. It was hence deemed essential to examine those first. Following the publication of the DSM-III for example, which first introduced a multi-axial approach, Blashfield and Intoccia (2000) measured the growth of the literature before and after its publication. Their research, which was conducted using MEDLINE, and analyzed publications from 1966 to 1995, found out that the publication rate was slower than before 1980, when the DSM-III was issued. Only three PD: *Antisocial Personality Disorder*, *Borderline Personality Disorder* and *Schizotypal Personality Disorder*, reportedly had a flourishing literature (Blashfield & Intoccia, 2000). Similarly, Boschen and Warner (2009) extended the research up to 2005, making projections up to 2015 through linear regression as well. Their findings reported an absolute growth on the topic of Personality Disorders, although heterogeneous, with *Antisocial*, *Borderline* and *Schizotypal Personality Disorders* being 'hotspots' of the topic, in line with the results of the Blashfield and Intoccia (2000). Furthermore, they predicted that by 2015 there would be zero new publications regarding *Schizoid Personality Disorder* (Boschen & Warner, 2009). Keeping these results in mind, more hypotheses were made before initiating the present research: it was expected that the overall publication rate regarding the topic 'Personality Disorder' would continue to grow, especially after 2020 and due to the COVID-19 outbreak's effects on mental health. Secondly, it was expected that *Antisocial*, *Borderline* and *Schizotypal Personality Disorders* would continue being the main *hotspots* of research, with Narcissistic Personality Disorder slowly gaining more interest, and Histrionic Personality Disorder failing to attract interest instead.

#### 2.1.1 Search strategy and eligibility criteria

Following a similar approach to those of the previously cited studies, a search was conducted on 22 June 2025, by means of the APA PsycInfo database. APA PsycInfo (previously known as *PsycLIT*) was selected as the research database, as it reportedly indexes the most journals when consulted by itself (73%) in comparison to other databases such as MEDLINE (now part of *PubMed*) (47%) and EMBASE (67%) (McDonald et al., 1999).

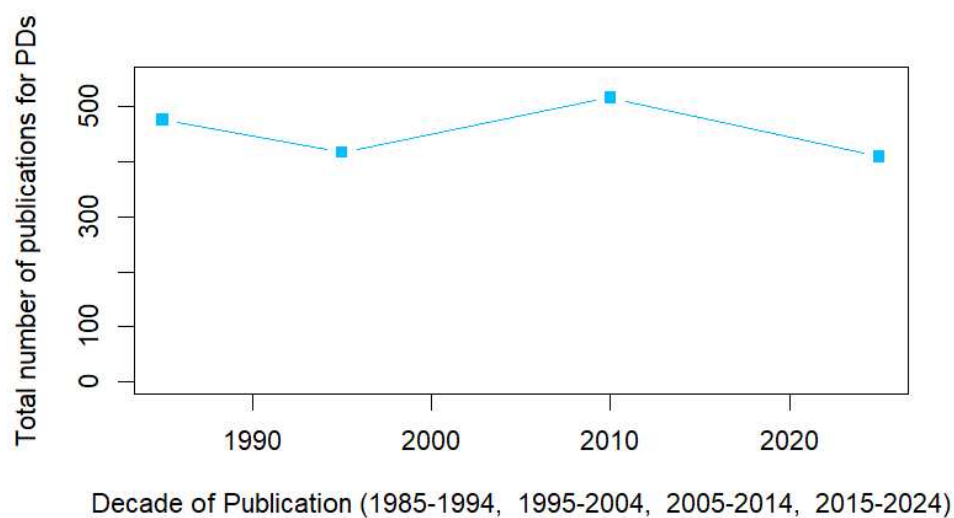
Before starting the research itself, an initial search was conducted on the “APA Thesaurus of Psychological Index Terms” section of the database, to make sure the correct and APA recognized term was used to search each Personality Disorder. Using the “*Explode*” function for the “*Personality Disorder*” term, the following Personality Disorders were displayed: *Antisocial Personality Disorder*, *Avoidant Personality Disorder*, *Borderline Personality Disorder*, *Dependent Personality Disorder*, *Histrionic Personality Disorder*, *Narcissistic Personality Disorder*, *Obsessive Compulsive Personality Disorder*, *Paranoid Personality Disorder*, *Passive Aggressive Personality Disorder*, *Sadomasochistic Personality*, *Schizoid Personality Disorder* and *Schizotypal Personality Disorder*. Two of the above mentioned Personality Disorders were excluded from the research, as they are no longer included in the latest version of the DSM: the *Passive Aggressive Personality Disorder* and the *Sadomasochistic Personality*.

Aiming to assess the literature which focused on each individual PD, the search was then conducted using the formula «DE "Personality Disorders" AND DE "[ \_ ] Personality Disorder"» with “DE” meaning “Subjects [exact]”, hence including only articles which had “Personality Disorders” and the Personality Disorder in question (e.g. Antisocial) as one of its subjects. Moreover, certain filters were employed to refine our search. First, the research considered only studies published within the last 40 years, therefore ranging from 1985 to the end of 2024. This range was then divided into 4 subgroups: the first one included all the studies published between 01/01/1985 and 31/12/1994, the second one was made up of those from 01/01/1995 to 31/12/2004, the third one included those between 01/01/2005 and 31/12/2014 and the fourth and final one being 01/01/2015 to 31/12/2024. Different searches were undertaken for each PD and for each decade. All journals and all books, meaning within those contained in the database, were included in the search. Studies published in every language were considered. As for the methodology, empirical studies, longitudinal studies, literature reviews, meta-analysis, meta synthesis and qualitative research were included. To further restrict our database, the search mode: “Find all of my search terms” was selected, along with the choice to use no expanders.

Additionally, the sum of publications for each Cluster in each decade was calculated, through the formula “DE "Personality Disorders" AND (DE "[ \_ ] Personality Disorder" OR DE "[ \_ ] Personality Disorder" OR DE "[ \_ ] Personality Disorder)” (e.g. *Obsessive Compulsive Personality Disorder*, *Dependent Personality Disorder*, *Avoidant Personality Disorder*). This strategy was employed in order to exclude possible duplicates among those articles which discuss more than one PD per Cluster (e.g. *Antisocial* and *Borderline*). Finally, the total

number of publications was obtained through the formula: “DE "Personality Disorders" AND (DE "Paranoid Personality Disorder" OR DE "Schizotypal Personality Disorder" OR DE "Schizoid Personality Disorder" OR DE "Antisocial Personality Disorder" OR DE "Borderline Personality Disorder" OR DE "Histrionic Personality Disorder" OR DE "Narcissistic Personality Disorder" OR DE "Avoidant Personality Disorder" OR DE "Dependent Personality Disorder" OR DE "Obsessive Compulsive Personality Disorder"). The reason behind this choice is the same as Blashfield and Intoccia’s (2000, p.1), “[...] The generic heading “personality disorders” in MEDLINE includes part of the substance abuse literature, articles about impulse-control problems, and some literature regarding sexual deviation.” (Blashfield & Intoccia, 2000) Although in this research another database, and a slightly different strategy, were used, the reasoning still stands. All of the aforementioned results are displayed in Table 1.

## 2.2 Results



**Figure 1** Overall publication rate in the last 40 years

As shown in Figure 1, the literature regarding the topic of Personality Disorders seems to have remained relatively stable in the last 40 years. The decade with the most publications, within those considered in this research, appears to be 2005-2014, reaching 28% of the total (n=516). Contrary to our initial hypothesis though, which expected a development in the number of publications, the literature rate hasn’t grown further in the last decade (22%, n=409); seeming to attract less interest instead. (Table 2)

	1985-1994	1995-2004	2005-2014	2015-2024	Total for each PD
<i>Paranoid</i>	26	21	23	10	80
<i>Schizotypal</i>	68	59	54	29	210
<i>Schizoid</i>	35	19	20	17	91
<i>Antisocial</i>	77	111	165	104	457
<i>Borderline</i>	322	204	235	224	985
<i>Histrionic</i>	31	18	15	10	74
<i>Narcissistic</i>	42	33	73	47	195
<i>Avoidant</i>	2	62	61	35	160
<i>Dependent</i>	22	21	23	4	70
<i>Obsessive Compulsive</i>	10	38	30	26	104
<i>Cluster A</i>	96	81	77	51	305
<i>Cluster B</i>	412	313	412	340	1477
<i>Cluster C</i>	34	98	95	58	285
<i>Total per decade</i>	476	417	516	409	1818

**Table 1** Database research final results

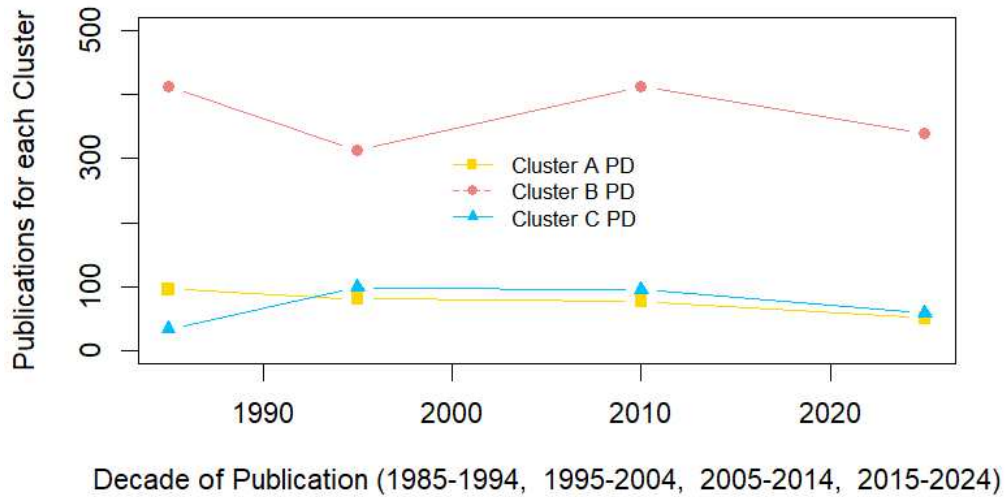
	1985-1994	1995-2004	2005-2014	2015-2024	% Tot
<i>Borderline</i>	0,33	0,2	0,24	0,23	0,4
<i>Antisocial</i>	0,17	0,24	0,36	0,23	0,2
<i>Schizotypal</i>	0,32	0,28	0,26	0,14	0,09
<i>Narcissistic</i>	0,21	0,17	0,37	0,24	0,08
<i>Avoidant</i>	0,01	0,39	0,38	0,22	0,07
<i>Obsessive Compulsive</i>	0,1	0,36	0,29	0,25	0,04
<i>Schizoid</i>	0,4	0,2	0,22	0,19	0,04
<i>Paranoid</i>	0,32	0,26	0,3	0,12	0,03
<i>Histrionic</i>	0,42	0,24	0,2	0,13	0,03
<i>Dependent</i>	0,31	0,3	0,33	0,06	0,03
<i>Cluster A</i>	0,31	0,26	0,25	0,17	0,15
<i>Cluster B</i>	0,28	0,21	0,28	0,23	0,71
<i>Cluster C</i>	0,12	0,34	0,33	0,2	0,14
<i>Total per decade</i>	0,27	0,23	0,28	0,22	

**Table 2** Relative frequencies for each PD (from highest % to lowest % of publications)

### 2.2.1 Cluster analysis

Moreover, an analysis can be done to assess the development of each Cluster as a whole. As shown in Figure 2, Cluster B seems to be the one that appeals the most to researchers, with a huge advantage on the other two. While the average publication number for Cluster B Personality Disorders per decade is approximately 369, it averages 76 and 71 for Cluster A and Cluster C respectively. When comparing these results, it shows how Cluster B publications amount to around 70% of the total, whereas Cluster A amounts to 15% and

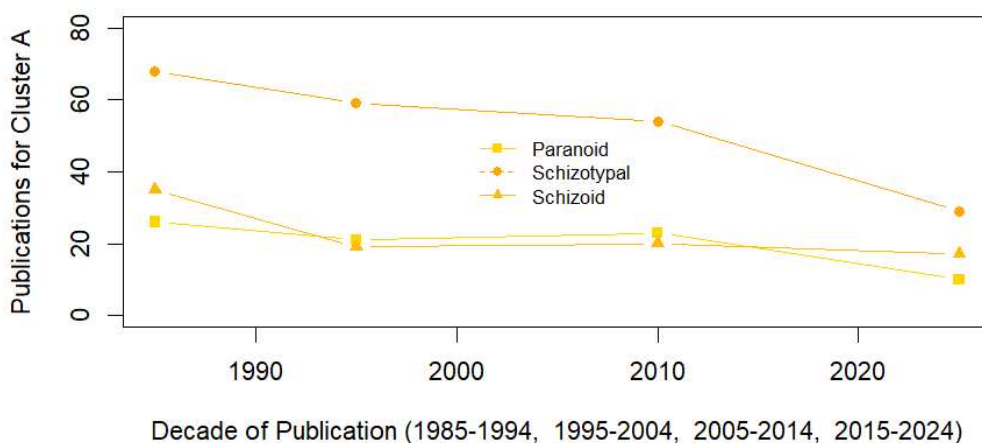
Cluster C amounts to 14%. (Table 2) Nonetheless, these Clusters appear to have a somewhat more stable trend compared to Cluster B.



**Figure 2** Publication rate for each Cluster in the last 40 years

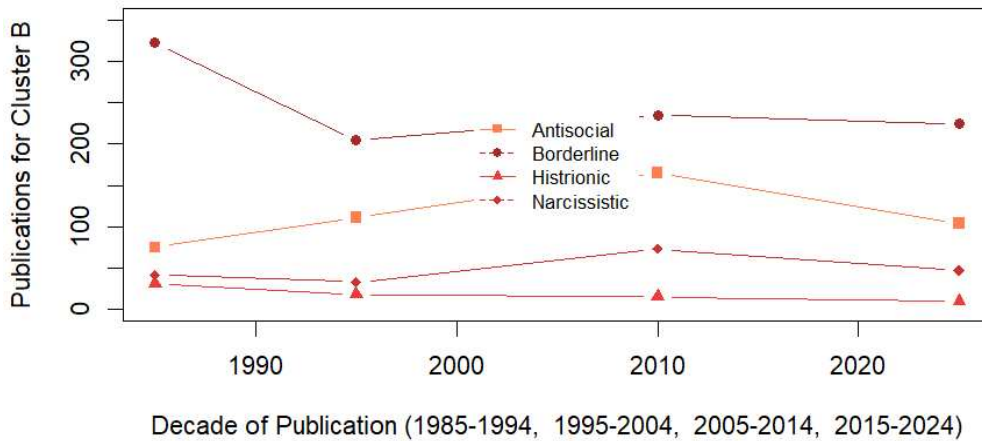
Considering Clusters, instead of single PDs, can be beneficial to assess the general trend of research. Regardless, it's best to consider each Personality Disorder individually, as there can be strong discrepancies among the number of publications of those contained in the same Cluster.

The following graphs (Figure 3, Figure 4, Figure 5) help in further clarifying these variations.



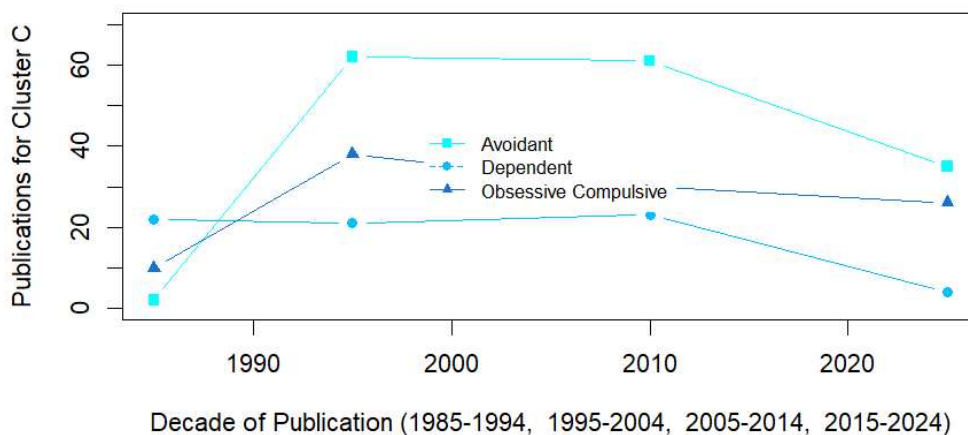
**Figure 3** Publication rate for Cluster A PDs in the last 40 years

Amounting to 15% of the publications considered in this research, Cluster A contains Personality Disorders which have a relatively similar growth, with *Schizotypal Personality Disorder* having the most flourishing literature among the three. In fact, StPD reaches 9% of total publications for PDs from 1985-2024 (average n of publications per decade = 52).



**Figure 4** Publication rate for Cluster B PDs in the last 40 years

Cluster B on the other hand, includes Personality Disorders which show huge discrepancies in number, with BPD and ASPD being the two most researched PDs overall (40% and 20% of the total) and *Narcissistic Personality Disorder* and *Histrionic Personality Disorder* amounting to 8% and 3% of publications in the last forty years.



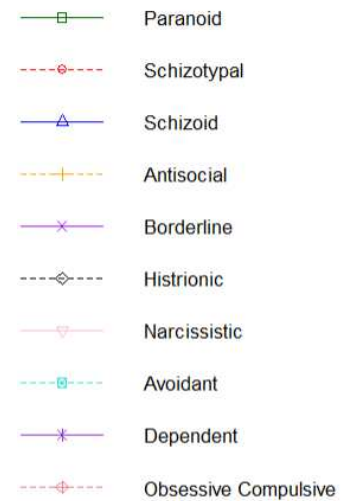
**Figure 5** Publication rate for Cluster C PDs in the last 40 years

Finally, as can be clearly seen in Figure 5, Cluster C includes Personality Disorders which underwent drastic changes in the last four decades.

### 2.2.2 Individual Personality Disorders' analysis

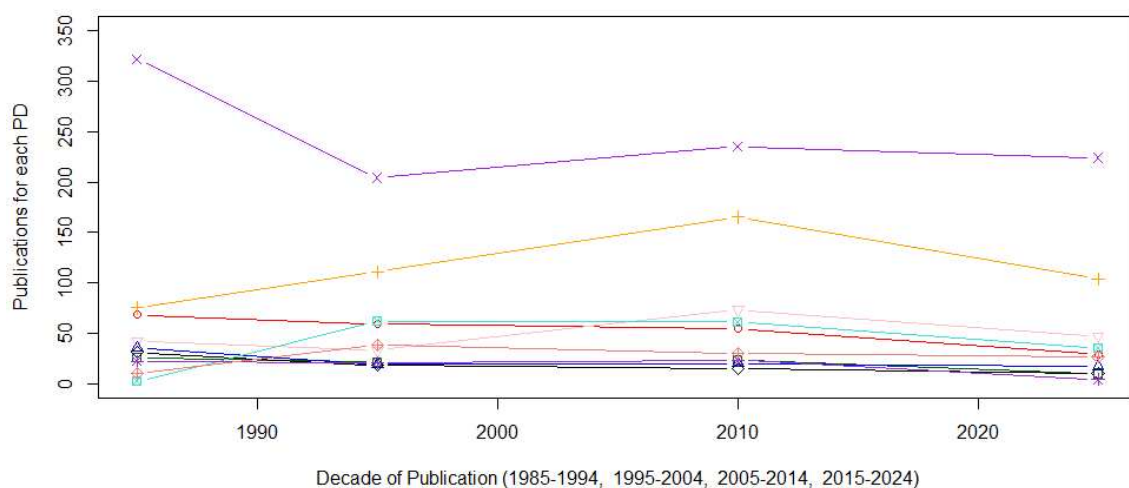
When considering each Personality Disorder individually, the results of this research are heterogeneous, and a more in-depth analysis is required (Figure 2).

In line with the two previously cited studies, the two PDs with the most flourishing literature are *Borderline Personality Disorder* (40% of total PD literature) and *Antisocial Personality Disorder* (20%). Although these two are those with the highest number of publishing, we can easily see how there is a strong discrepancy between them, with BPD having double the number of publications compared to ASPD. Nevertheless, BPD too has shown a decrease in its literature, going from 322 publications per decade (1985-1994) (33% of BPD publishing) to 224 in the last one (23% of BPD publishing)



Whereas *Borderline Personality Disorder* seems to be attracting less interest than it did before, *Antisocial Personality Disorder* underwent a huge growth from 1985 to 2014 (17% vs 36% of ASPD total publishing), only slowing down in the last decade.

The third disorder with the most literature remains *Schizotypal Personality Disorder* (9%), although having peaked in the first decade and shown a negative growth since then.



**Figure 6** Individual publication rate for each PD in the last 40 years

Although only amounting to respectively 8% and 7% of total PDs publishing, *Narcissistic Personality Disorder* and *Avoidant Personality Disorder* have each undergone a dramatic growth through the first three decades, with NPD almost doubling its literature from 1985 to 2005 (n=42 to n=73), and AvPD showing an impressive increase from only 2 publications in the first decade, to 62 and 63 in the following decades.

Nonetheless, both of these PDs' literature is failing to gain interest in recent years.

A negative growth is a common denominator for the remaining Personality Disorders as well, which were already characterized by a relatively stable small-sized literature. Those are: *Obsessive Compulsive Personality Disorder* (4%), *Schizoid Personality Disorder* (4%), *Paranoid Personality Disorder* (3%), *Histrionic Personality Disorder* (3%) and *Dependent Personality Disorder* (3%). All of the aforementioned PDs have a literature which ranges from 100 to 70 publications total since 1985, amounting to overall 17% of total PDs studies. Among these disorders, an honorable mention is deserved for DPD, which has been the subject of a total of just 4 publications in the last decade, showing a progressive death of its literature.

## Chapter 3

### 3.1 Discussion

Aiming to assess the growth of literature on the topic of Personality Disorders from 1985 to 2024, the current research succeeded in reaching several conclusions. First, contrary to our initial hypothesis, which expected a renewed interest in this topic, the overall publication rate appears to be declining. Our research expected a development in this area, especially after 2020 and due to the COVID-19 outbreak's effects on mental health, which could have encouraged more people to reach out to mental health professionals. This hypothesis was disproved though.

When considering studies published between 1985 and 2014, a steady growth seemed to be taking place, with 100 more publications overall in the decade 2005-2014, compared to the previous one (n=516 vs n=417; 28% vs 23% of publishing considered in this research). Regardless, in the last decade, the topic of Personality Disorders is failing to generate new interest, with a total of 409 studies (22%), even less than those of 1995-2004 (Table 1 and 2). Secondly, the most flourishing literature belongs to Cluster B, with an impressive 71% of overall PD publishing. Nonetheless, not Cluster B's, nor any other Cluster's publishing, has peaked in the recent decade. Cluster A had the most publishing in the decade 1985-1994. Cluster B peaked in two different decades: 1985 to 1994, when it comes to BPD and HPD, and 2005-2014 when it comes to ASPD and NPD. Finally, Cluster C's literature was thriving the most from 1995-2004, excluding *Dependent Personality Disorder*, whose number of publications peaked from 2005 to 2014.

Thirdly, it is remarkable how not a single Personality Disorder has had a steadily growing literature up until now, nor has it peaked in the last decade.

In line with the findings of Blashfield and Intoccia (2000), Boschen and Warner (2009), three Personality Disorders continue to have the most thriving literature, those being *Borderline Personality Disorder*, *Antisocial Personality Disorder* and *Schizotypal Personality Disorder*. Nevertheless, all of these disorders are currently subject to stagnation.

This brings us to another one of our hypotheses being disproved: *Narcissistic Personality Disorder* was expected to grow its literature further. Instead, its peak continues to take place in the decade between 2005 and 2014. On the other hand, *Histrionic Personality Disorder* still fails to generate interest in its topic, proving our thesis correctly. Additionally, in their paper, Boschen & Warner (2009) predicted that by 2015, *Schizoid Personality Disorder's*

literature would cease to exist. The results of this current research prove otherwise, with SzPD amounting to 4% of total PD publications, and with 19% of its own literature being published in the last decade (n=17 publications).

Many are the possible explanations for this stagnation in Personality Disorders' literature.

First, it's reasonable to think that the COVID-19 outbreak, instead of stimulating more interest towards personality disorders and its facets, has increased research on symptoms as adjustment difficulties (anxiety, depression, tolerance of uncertainty...) and mental health in general, and its effects will be more visible in the distant future (Sohrabi et al., 2021).

Moreover, various studies (Wieczorek et al., 2021; Zagaria & Lombardi, 2024) showed how current research trends in psychology see neuroscience (e.g. "Visual perception"), neurodevelopmental issues and cognitivism as their *hotspots*, with other areas, such as psychoanalysis, becoming less popular. Even within the branch of clinical and neuropsychology, other topics are attracting researchers the most, with PTSD and Alzheimer's disease being the prime examples (Blashfield & Intoccia, 2000).

Furthermore, as stated in a previous section of this dissertation, Personality Disorders are highly comorbid disorders. This means that researchers' attention might be more drawn to the other side of the coin, with anxiety and mood disorders stimulating more interest instead.

Likewise, in accordance with Boschen and Warner (2009), certain Personality Disorders are more likely to attract clinicians' interest than others. For example, individuals who suffer from PDs such as *Antisocial Personality Disorder*, tend to come in contact with mental health professionals more often, as their disruptive behavior (e.g. vandalism, aggression) is arguably more likely to be noticed.

Finally, an age-old debate concerns whether the current diagnostic systems (e.g. DSM) reflect the actual clinical reality patients and professionals have to deal with on a daily basis (Boschen & Warner, 2009).

### 3.2 Limitations and future directions

It is crucial to acknowledge the several limitations of the current research.

First and foremost, our study bases itself on the search of a wide but single database: APA PsycInfo. Although this database indexes the highest number of journals (73%), it still fails to capture the entirety of the literature available on the topic (McDonald et al., 1999). The choice of database is decisive for the quality and quantity of data retrieved. For example, it should be

noted how it is possible that journals who focus on Personality Disorders' publications are dropped from certain databases (PINCUS, 2001), directly influencing our results.

Another limit may come from possible language or geographical bias. Though our research did the most to restrict this bias, by considering works published in all languages and all countries, meaning within those included in APA PsycInfo, a strong prevalence of English written articles remains.

Moreover, the choice to restrict our research to publications which had each Personality Disorder set as "DE", meaning "Subject [exact]", while helping in refining our search, might have led to the omission of studies which either briefly addressed the topic or had it written in their title but not subject, though unlikely.

Furthermore, the choice to limit our search to Personality Disorders included in the latest version of the DSM, though more in accordance with current diagnostic systems, might have prevented articles which use a different terminology to be included.

Future research should focus on using a combination of different databases, to include the highest number of eligible publications possible, while keeping in mind the possible language and geographical bias. Additionally, more in-depth research should be done in future decades, in order to truly see whether COVID-19 had a strong impact on Personality Disorders' literature.

## Conclusion

Through the search of the APA PsycInfo database, our research focused on the topic of Personality Disorders' publications, and its ongoing trend over the last four decades.

Our findings show a general stagnation of Personality Disorders' literature, with each and every disorder displaying a declining rate in its publications. Among these disorders, Cluster B PDs seems to be attracting the most academic activity, with *Borderline Personality Disorder* and *Antisocial Personality Disorder* having the two most thriving literatures by far.

They are followed, by a huge margin, by *Schizotypal*, *Narcissistic* and *Avoidant Personality Disorders*, while the remaining Personality Disorders make up 17% of total publications considered in this research.

According to our research, the golden age of Personality Disorders' publications seems to have passed, with its overall peak in the decade which ranges from 2005-2014, though further in-depth studies are required in order to confirm our thesis, and to grasp the reasons behind this change.



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