

## **(1) INTRODUCTION**

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The four papers and the four commentaries that accompany them in the special section of this issue discuss considerations and applications of the proposed ICD 11 guidelines for the diagnosis of personality disorders. ICD-11 is moving towards a new dimensional reconceptualization in diagnosing personality disorders. While both the ICD and the DSM are moving (perhaps striving) towards that reconceptualization from categorical to more dimensional approaches to personality disorder diagnosis, the ICD appears further down that dimensional road than the DSM. While the major conceptual issues are discussed in the formal meetings of the committees or work groups considering the new approach on both sides of the Atlantic, we need in addition empirical studies that examine questions such as face validity, approaches to assessment of the personality pathology, as well as studies on the ease, utility and familiarity in applying the new guidance to diagnosis for the clinician. The papers that are presented here constitute what I will call secondary analyses using the ICD reconceptualization, though I would also argue that it is secondary analyses such as those reported here that will ultimately provide support for establishing the new approach as primary.

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