Importance of Self and Other in Defining Personality Pathology

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Keywords

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Abstract

Criteria A of the DSM-5 Alternative Model for Personality Disorders (AMPD) defines personality pathology in terms of impairments in “self” (identity, self-direction) and “interpersonal” (empathy, intimacy) functioning. Articulated as a set of dynamic regulatory and relational processes that are stratified in the Level of Personality Functioning Scale, these impairments involve how individuals think and feel about themselves and others and how they relate to others. Defining personality pathology in terms of regulatory and relational processes involving self and other, and distinguishing severity of personality pathology from individual differences in its expression (Criteria B), offers the AMPD several advantages. First, it distinguishes the nature and severity of personality pathology from other forms of psychopathology. Second, it allows the AMPD to integrate personality structure and personality processes. Third, it is highly suitable for synthesis with the Contemporary Integrative Interpersonal Theory of personality. Finally, beyond the interpersonal perspective, it facilitates even broader theoretical and treatment integration.

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Introduction

In discussing the clinical science of personality disorders in the post-DSM-III/IV era, Pincus [1] distinguished defining what personality pathology is from describing individual differences in its expression, and further suggested that improvements in the classification of personality disorders “will require greater coordination of definitional theories and systems for describing variation in expression of personality pathology” (p. 287). This approach, which can also be conceived of as distinguishing the genus of personality pathology and the species of personality disorder [2, 3], is also reflected in the DSM-5 Alternative Model for Personality Disorders (AMPD) [4, 5]. Criteria A of the AMPD assesses what is common among all patients with personality pathology (genus) and Criteria B assesses individual differences in the expression of personality disorder (species).

Criteria A of the AMPD defines personality pathology in terms of impairments in “self” (identity, self-direction) and “interpersonal” (empathy, intimacy) functioning. Articulated as a set of dynamic regulatory and relational processes that are stratified in the Level of Personality Functioning Scale (LPFS) [4], these impairments involve how individuals think and feel about themselves and others and how they relate to others [6]. Although AMPD Criteria A semantics differentiates self and interpersonal

impairments, self and other are intertwined throughout Criteria A diagnostic features (e.g., “Depends excessively on others for identity, self-esteem, and emotion regulation with compromised boundaries”; “Hyper-attuned to others, but only with respect to perceived relevance to self”) and the LPFS renders a single rating of the severity of personality pathology. Conceptualizing the genus of personality pathology in terms of regulatory and relational processes involving self and other offers the AMPD several advantages. First, it distinguishes the nature and severity of personality pathology from other forms of psychopathology [7]. Second, it allows the AMPD to integrate personality structure and personality processes [8]. Third, it is highly suitable for synthesis with the Contemporary Integrative Interpersonal Theory (CIIT) of personality [9]. Finally, beyond the interpersonal perspective, it facilitates even broader theoretical and treatment integration [10, 11]. In the remainder of this paper, we discuss and elaborate these advantages.

Defining Personality Pathology and Its Severity

Self and interpersonal functioning deficits are the core feature of personality pathology, and it is the centrality of these impairments in self and other functioning that distinguishes personality pathology from other classes of psychopathology (e.g., eating, mood, anxiety, psychotic, substance use disorders, etc.) [7]. A growing number of empirical studies support this distinction. Scores on measures of psychosocial functioning significantly differ between those who do and those who do not have personality disorders [12–14], and scores on the LPFS itself reliably distinguish those who have a diagnosed personality disorder from those who do not [15]. In addition, using a bottom-up approach, factor analysis of diagnostic criteria for personality disorders yields a general personality disorder factor that maps well onto concepts in Criteria A [16]. Criteria A is often referred to as the “severity” indicator of the AMPD. Defining the severity of personality pathology in terms of impairments in self and other functioning common to all personality disorders, and distinguishing severity of personality pathology from individual differences in expression of personality disorder, are improvements over the DSM-5 Section II categorical diagnostic system for personality disorders where high severity is likely to lead to the undesirable outcome of meeting criteria for multiple personality disorder diagnoses [17].

This approach also has implications for patients’ current and prospective functioning. Research supports the crite-

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on validity and predictive validity of personality pathology severity [18]. Several studies demonstrate that general severity of personality pathology exhibits significant concurrent negative associations with psychosocial functioning in a broad range of domains, and many find that severity exhibits stronger and more pervasive associations with functional impairments than stylistic features of personality disorders [17, 19–22]. Importantly, longitudinal studies also support the predictive validity of general personality pathology severity over years [17, 19, 22] and the LPFS itself over days or weeks [23, 24]. Here we emphasize research that finds severity of personality pathology (including Criteria A LPFS) distinguishes personality disorders from other disorders and relates to current and prospective functioning regardless of, and sometimes more strongly than, stylistic features of personality disorders. Our discussion of severity does not address the contentious issue of overlap between Criteria A impairments and Criteria B traits [for reviews see 25, 26]. However, we believe the additional advantages of defining personality pathology and its severity with reference to self and other impairments discussed below further support DSM-5 AMPD Criteria A.

Integrating Personality Structure and Personality Processes

Integrating between-person personality trait structure and within-person dynamic personality processes can provide a more evidence-based and clinically useful model for conceptualizing and diagnosing personality disorders than using models based on structure or process alone [8, 27]. Personality traits are a fundamental component of personality disorders and are optimal for describing individual differences between patients. However, profiles of maladaptive trait elevations are not the clinical entities seen in the consulting room. Clinicians providing treatment primarily focus on regulatory and relational processes that unfold over time and serve as etiological and maintenance mechanisms for psychopathology. Individual differences in personality traits provide important information about the evoking contexts and style of expression of personality impairments, differentiating the species of personality disorder across patients. This added specificity can help focus and tailor psychotherapy given that most techniques of evidence-based treatments for personality disorders broadly target the impaired processes of the personality pathology genus, such as promoting accurate perceptions of self and other via mentalization in Transference-Focused Psychotherapy or im-

Fig. 1. The interpersonal situation.

proving emotion regulation via mindfulness in Dialectical Behavior Therapy. A patient's trait profile can help the clinician better predict how, and under what circumstances, the patient is likely to exhibit personality impairments [23], further informing intervention [11, 28]. A comprehensive approach that integrates assessment of individual differences with intensive repeated assessments of psychosocial functioning [e.g., 29–31] helps bring personality traits from bench to bedside [32, 33].

An Interpersonal Perspective on Criteria A

The AMPD attempts to integrate clinical theories of pathological personality processes (found in Criteria A) with an empirically derived dimensional trait model (found in Criteria B). However, this system is not well integrated into a cohesive framework sufficiently buttressed by clinical theory and research. Fortunately, the emphasis on self and other impairments in Criteria A allows for integration with existing theories of personality and paradigms of personality assessment with their rich empirical and clinical foundations [34]. One well-established theoretical framework that is highly compatible with an emphasis on self and other impairments is CIIT [9]. According to CIIT, agency and communion are the two core metaconstructs that underlie interpersonal experience. Together, agency and communion form a superordinate structure referred to as the Interpersonal Circumplex. This empirically derived structure is a focus of convenience that coordinates CIIT's dispositional (personality trait) and dynamic (personality process) features through the interpersonal situation framework [27, 35] (Fig. 1).

Interpersonal theory understands normal and disturbed interpersonal functioning in terms of the level and pervasiveness of distortion and dysregulation in interpersonal situations [1, 10]. Dysfunctional interpersonal styles reflect consistent patterns of regulatory and relational processes in interpersonal situations. Several potential foci are elaborated in Figure 1. Self-regulation involves the ability to effectively manage one's social cognition and self-concept, or how one thinks about oneself in relation to others in interpersonal situations. Affect regulation involves the ability to modulate one's inner emotional states and affective expression, or how one feels in interpersonal situations. Field regulation involves modulating the processes by which one relates to others in social transactions, or how one behaves and impacts others' behavior in interpersonal situations. Table 1 creates a crosswalk between AMPD Criteria A and the contemporary interpersonal model of personality pathology.

To bring this model to life, consider the individual with paranoid personality disorder and the recurrent interpersonal situation that characterizes their life (Fig. 2). Because the paranoid individual is high on the trait of suspiciousness, they are hypervigilant to threats from others and tend to distort perceptions of their behavior and motivation. For example, the coworker who genuinely offers collaboration is perceived as trying to steal ideas or unfairly take credit. This distorted view of the other as exploitative evokes dysregulated affect (anger), the motive to protect the self (remove the threat), and hostile interpersonal behavior that is consistent with the paranoid distortion and dysregulation but inconsistent with the genuine agentic and communal goals of the rebuffed coworker. In response, the coworker may respond

Fig. 2. The paranoid process.

Table 1. DSM-5 Alternative Model for Personality Disorders (AMPD) Criteria A crosswalk with interpersonal dysregulation and distortion

Interpersonal dysfunction	DSM-5 AMPD personality impairments
Distortion	<i>Identity:</i> Accuracy of self-appraisal and self-esteem <i>Self-Direction:</i> Ability to productively self-reflect <i>Empathy:</i> Comprehension of others' experiences <i>Empathy:</i> Understanding social causality <i>Empathy:</i> Comprehension of others' motivations
Self dysregulation	<i>Identity:</i> Experiences self as unique, with boundaries between self and others <i>Identity:</i> Coherent sense of time and personal history <i>Identity:</i> Stability of self-appraisal and self-esteem <i>Self-Direction:</i> Pursuit of coherent and meaningful short-term and life goals
Field dysregulation	<i>Self-Direction:</i> Uses constructive and prosocial internal standards of behavior <i>Empathy:</i> Understanding social causality <i>Empathy:</i> Tolerance of others' different perspectives <i>Intimacy:</i> Desire and capacity for closeness <i>Intimacy:</i> Deep and durable connections with others
Affect dysregulation	<i>Identity:</i> Capacity for a range of emotional experience and its regulation <i>Identity:</i> Capacity to regulate emotional experience and expression

with anger in kind or simply withdraw and not approach again. Regardless, a potentially creative collaboration was thwarted, and employee morale may be damaged. Distortion and dysregulation in interpersonal situations may be episodic and stress-induced (e.g., exhaustion and illness may create transient states of hypersensitivity) or chronic and pervasive (e.g., personality pathology).

The interpersonal situation coordinates empirically supported structures and processes from the CIIT perspective, and this can be expanded to the AMPD by sim-

ilarly coordinating Criteria B (structure) and Criteria A (processes). Many of the Criteria A impairments in self and interpersonal functioning conceptually align themselves with agency and communion, respectively [2, 36]. Importantly, research finds that in social interactions in daily life, overall severity of personality impairment [37], stylistic features of personality disorders such as narcissism [38], and AMPD Criteria B traits such as antagonism [39] all impact patients' perceptions of self and other as agentic and communal, affective experiences, and func-

tioning [for a review see 40]. The interpersonal model of personality pathology appears well suited to the task of integrating structure and process in the AMPD.

Clinical Theory and Clinical Practice

Beyond links to CIIT, Criteria A's focus on self and other impairments has additional advantages for theoretical integration and therapeutic practice. As noted above, many theories and evidence-based treatments for personality disorders already broadly focus on targeting self and other impairments. In fact, the authors of Criteria A drew on psychodynamic, attachment, interpersonal, and social-cognitive perspectives to develop the LPFS [6]. This pantheoretical approach to understanding general personality pathology severity in Criteria A maximizes treatment options for personality pathology across different theoretical models. For example, Transference-Focused Psychotherapy (TFP) [41] specifically targets the self-other dysfunction assessed by Criteria A by understanding and articulating the patient's mental representations of self, their mental representations of others, and the dominant affects that link these mental representations (e.g., a scared, victimized self representation linked to a sadistic, abusive other representation via fear). Through a series of clarifications, confrontations, and interpretations, the TFP therapist uses the here-and-now therapeutic relationship to increase the patient's awareness of and capacity to reflect on their self and interpersonal difficulties.

In Mentalization-Based Treatment (MBT) [42], the focus centers on increasing the patient's capacity for mentalization, or the ability to attend to and understand the mental states of self and other. MBT therapists actively focus on the patient's current mental state (their thoughts, feelings, wishes, desires) with the aim of building more adaptive internal states as well as better understanding of other's internal states. Disruptions in mentalization within the therapeutic relationship (i.e., shifts to non-mentalizing modes of experience) are inevitable and serve as key opportunities to work collaboratively to understand the interpersonal situation and affects immediately preceding the disruption.

Cognitive behavioral treatments for personality disorder also focus on the centrality of self-other difficulties found in Criteria A. For example, Schema-Focused Therapy (SFT) [43] argues that personality disorder arises from early maladaptive schemas about self and other that lead to rigid and enduring patterns of avoidance. An SFT therapist would use intervention techniques from behavioral, psy-

chodynamic, and interpersonal treatment models to decrease the patient's avoidance and develop more adaptive schemas of self and other. Dialectical Behavior Therapy (DBT) [44] uses the biosocial theory to describe how the combination of biological (temperamental) vulnerability and an invalidating social environment leads to emotion regulation difficulties. DBT includes treatment strategies that emphasize more adaptive self and interpersonal functioning, such as mindfulness, validation, acceptance, distress tolerance, emotion regulation skills, and interpersonal skills. The DBT therapist aims to articulate un verbalized emotions, thoughts, or behavior patterns about self and other and communicates how current impairments in self and interpersonal functioning make sense given past social learning in the invalidating environment.

Having noted that multiple theories and treatment models specifically address self and other impairments, we also wish to highlight how the pantheoretical approach of the AMPD is consistent with the tenets of psychotherapy integration. Clarkin and colleagues [45] describe an integrated modular approach to the treatment of personality pathology that emphasizes (a) the individuality of the patient, not the category of the disorder; (b) the severity of dysfunction (Criteria A) and the specific expressions of dysfunction (Criteria B); (c) the therapeutic use of modules of intervention from existing evidence-based clinical approaches; and (d) intervention in the context of a developing alliance between therapist and patient. In this way, clinicians can integrate different evidence-based treatment techniques to address general personality severity and specific expressions of dysfunction. For example, a therapist might use the skills of DBT to help their patient to better understand and change their emotions while also using interventions from MBT to increase the patient's awareness of and mentalization about how their maladaptive views of self and other are contributing to their emotion dysregulation. As clinicians from diverse theoretical backgrounds begin to use the AMPD for treatment planning, research should focus on the genus (Criteria A) of personality pathology and the species of personality disorder (Criteria B) and how an integrated treatment approach can be used to target both severity of impairments and the specific expressions of dysfunction.

Conclusions

The clinical science undergirding classification, diagnosis, and treatment of personality disorders has become increasingly energized and diversified since the recogni-

tion of serious limitations of the DSM categorical nosology. By defining personality pathology in terms of self and other impairments and distinguishing severity of personality pathology from individual differences in its expression, the DSM-5 AMPD is a significant, if imperfect, step forward. The centrality of self and other impairments in Criteria A provides a focus that (a) distinguishes the core features of personality pathology from peripheral psychopathological symptoms that commonly co-occur with personality pathology (e.g., depressed mood, binge eating), (b) allows for an organic pantheoretical integration of perspectives on normal and abnormal personality, and (c) aligns with the intervention targets of evidence-based treatments for personality disorders and those of practicing clinicians more generally. Finally, when combined with the Criteria B traits, the Criteria A self and other impairments can be functionally linked within emerging frameworks integrating personality structure and personality processes [10, 46–48].

Additional work is needed to take full advantage of the AMPD's potential. First, we note that one area that has been extensively investigated is the cross-sectional overlap and incremental validity of Criteria A and Criteria B [25, 26]. Our view is that battles for cross-sectional incremental validity of traits and personality functioning measures have their place but generate negligible clinical insights. Why would we expect or require personality dysfunction and individual differences in personality to be orthogonal? Extraversion and neuroticism are known to be aspects of well-being for nearly 40 years [49], yet there are not calls to reduce the concept of well-being to profiles of trait elevations. We see such links as necessary not problematic, as personality traits and personality processes are not orthogonal. Thus, we agree with Hopwood's assertion that "further work focused on validating cross-sectional PD assessments and/or debating which

traits underlie different PDs will not move the field forward" [32, p. 499]. Fortunately, the AMPD provides an ideal focus for clinical personality science to move forward by employing new longitudinal methodologies and dynamic statistical analyses that can truly model personality structure and personality processes [31, 37, 50–53]. Such work should also inform and be informed by clinical practice as efforts to develop more effective interventions for personality pathology continue. Future therapy approaches that target core self and other impairments and maladaptive traits, as well as tailor interventions with reference to severity of personality pathology and the patient's trait profile would serve to advance the next generation of treatment models [54–56]. These and related future advancements are facilitated by defining personality pathology in terms of personality processes reflecting impairments in self and other functioning and distinguishing the severity of personality impairment from individual differences in its expression [1].

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Disclosure Statement

The authors have no conflicts of interest to declare.

Author Contributions

Each author contributed original drafts of specific sections of the manuscript.

References

- 1 Pincus AL. A Contemporary Integrative Interpersonal Theory of Personality Disorders. In: Lenzenweger MF, Clarkin JF, editors. *Major Theories of Personality Disorder*. 2nd ed. New York: Guilford Press; 2005. pp. 282–331.
- 2 Pincus AL. Some comments on nomology, diagnostic process, and narcissistic personality disorder in the DSM-5 proposal for personality and personality disorders. *Pers Disord*. 2011 Jan;2(1):41–53.
- 3 Pincus AL. In through the out door: a commentary on "personality disorders are the vanguard of the post-DSM-5.0 era". *Pers Disord*. 2013 Oct;4(4):363–4.
- 4 American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington (VA): American Psychiatric Association; 2013.
- 5 Skodol AE. Personality disorders in DSM-5. *Annu Rev Clin Psychol*. 2012;8(1):317–44.
- 6 Bender DS, Morey LC, Skodol AE. Toward a model for assessing level of personality functioning in DSM-5, part I: a review of theory and methods. *J Pers Assess*. 2011 Jul;93(4):332–46.
- 7 Hopwood CJ, Wright AG, Ansell EB, Pincus AL. The interpersonal core of personality pathology. *J Pers Disord*. 2013 Jun;27(3):270–95.
- 8 Hopwood CJ, Zimmermann J, Pincus AL, Krueger RF. Connecting personality structure and dynamics: towards a more evidence-based and clinically useful diagnostic scheme. *J Pers Disord*. 2015 Aug;29(4):431–48.
- 9 Dawood S, Dowgwillo EA, Wu LZ, Pincus AL. Contemporary integrative interpersonal theory of personality. In: Ziegler-Hill V, Shackelford, TK, editors. *The SAGE Handbook of Personality and Individual Differences: Volume I: The Science of Personality and Individual Differences*. London: SAGE Publications Ltd; 2018. p. 171–202. <https://doi.org/10.4135/9781526451163.n8>.

- 10 Pincus AL, Hopwood CJ. A contemporary interpersonal model of personality pathology and personality disorder. In: Widiger TA, editor. *Oxford Handbook of Personality Disorders*. New York (NY): Oxford University Press; 2012. pp. 372–98.
- 11 Hopwood CJ. A framework for treating DSM-5 alternative model for personality disorder features. *Pers Ment Health*. 2018 May;12(2): 107–25.
- 12 DeFife JA, Goldberg M, Westen D. Dimensional assessment of self- and interpersonal functioning in adolescents: implications for DSM-5's general definition of personality disorder. *J Pers Disord*. 2015 Apr;29(2):248–60.
- 13 Beeney JE, Lazarus SA, Hallquist MN, Stepp SD, Wright AG, Scott LN, et al. Detecting the presence of a personality disorder using interpersonal and self-dysfunction. *J Pers Disord*. 2019 Apr;33(2):229–48.
- 14 Kampe L, Zimmermann J, Bender D, Caligor E, Borowski AL, Ehrental JC, et al. Comparison of the Structured DSM-5 Clinical Interview for the Level of Personality Functioning Scale with the Structured Interview of Personality Organization. *J Pers Assess*. 2018 Nov-Dec;100(6):642–9.
- 15 Morey LC, Bender DS, Skodol AE. Validating the proposed diagnostic and statistical manual of mental disorders, 5th edition, severity indicator for personality disorder. *J Nerv Ment Dis*. 2013 Sep;201(9):729–35.
- 16 Sharp C, Wright AG, Fowler JC, Frueh BC, Allen JG, Oldham J, et al. The structure of personality pathology: both general ('g') and specific ('s') factors? *J Abnorm Psychol*. 2015 May;124(2):387–98.
- 17 Hopwood CJ, Malone JC, Ansell EB, Sanislow CA, Grilo CM, McGlashan TH, et al. Personality assessment in DSM-5: empirical support for rating severity, style, and traits. *J Pers Disord*. 2011 Jun;25(3):305–20.
- 18 Skodol AE. Impact of personality pathology on psychosocial functioning. *Curr Opin Psychol*. 2018 Jun;21:33–8.
- 19 Wright AG, Hopwood CJ, Skodol AE, Morey LC. Longitudinal validation of general and specific structural features of personality pathology. *J Abnorm Psychol*. 2016 Nov;125(8): 1120–34.
- 20 Buer Christensen T, Eikenaes I, Hummelen B, Pedersen G, Nysæter TE, Bender DS, et al. Level of personality functioning as a predictor of psychosocial functioning – Concurrent validity of criterion A [internet]. *Pers Disord*. 2019 Oct 3 [cited 2019 Nov 15] <https://doi.org/10.1037/per0000352>; advance online publication.
- 21 Roche MJ, Jacobson NC, Phillips JJ. Expanding the validity of the Level of Personality Functioning Scale observer report and self-report versions across psychodynamic and interpersonal paradigms. *J Pers Assess*. 2018 Nov-Dec;100(6):571–80.
- 22 Woods WC, Wright AG, Skodol AE, Morey LC, Hopwood CJ. Deconstructing individual differences in long-term personality disorder and trait change. *Clin Psychol Sci*. 2020 Jan; 8(1):184–97.
- 23 Roche MJ, Jacobson NC, Pincus AL. Using repeated daily assessments to uncover oscillating patterns and temporally-dynamic triggers in structures of psychopathology: applications to the DSM-5 alternative model of personality disorders. *J Abnorm Psychol*. 2016 Nov;125(8):1090–102.
- 24 Roche MJ. Examining the alternative model for personality disorder in daily life: evidence for incremental validity. *Pers Disord*. 2018 Nov;9(6):574–83.
- 25 Zimmermann J, Kerber A, Rek K, Hopwood CJ, Krueger RF. A brief but comprehensive review of research on the Alternative DSM-5 Model for Personality Disorders. *Curr Psychiatry Rep*. 2019 Aug;21(9):92.
- 26 Widiger TA, McCabe GA. The AMPD from the perspective of the Five-factor Model. *Psychopathology*. Forthcoming 2020.
- 27 Hopwood CJ, Pincus AL, Wright AG. The interpersonal situation: integrating personality assessment, case formulation, and intervention. In: Samuel DB, Lynam DR, editors. *Using basic Personality Research to Inform Personality Pathology* [Internet] New York (NY): Oxford University Press; 2019 Feb. pp. 94–121. [cited 2019 Nov 15], available from <https://www.oxfordclinicalpsych.com/view/10.1093/med-psych/9780190227074.001.0001/med-9780190227074-chapter-5>.
- 28 Pincus AL, Dowgillo EA, Greenberg LS. Three cases of narcissistic personality disorder through the lens of the DSM-5 Alternative Model for Personality Disorders. *Pract Innov (Wash D C)*. 2016 Sep;1(3):164–77.
- 29 Roche MJ, Pincus AL. Precision assessment: An individualized and temporally dynamic approach to understanding patients in their daily lives. In: Kumar U, editor. *The Wiley Handbook of Personality Assessment*. Hoboken (NJ): Wiley Blackwell; 2016. pp. 192–204.
- 30 Wright AG, Zimmermann J. Applied ambulatory assessment: integrating idiographic and nomothetic principles of measurement. *Psychol Assess*. 2019 Dec;31(12):1467–80.
- 31 Zimmermann J, Woods WC, Ritter S, Happel M, Masuhr O, Jaeger U, et al. Integrating structure and dynamics in personality assessment: first steps toward the development and validation of a personality dynamics diary. *Psychol Assess*. 2019 Apr;31(4):516–31.
- 32 Hopwood CJ. Interpersonal dynamics in personality and personality disorders. *Eur J Pers*. 2018 Sep;32(5):499–524.
- 33 Pincus AL. Bringing personality traits from bench to bedside. *Eur J Pers*. 2018 Sep;32(5): 572–3.
- 34 Pincus AL, Roche MJ. Paradigms of personality assessment and level of personality functioning (Criterion A) in the DSM-5 Alternative Model for Personality Disorders. In: Hopwood CJ, Mulay AL, Waugh MH, editors. *The DSM-5 Alternative Model for Personality Disorders: Integrating Multiple Paradigms of Personality Assessment*. New York: Routledge; 2019. pp. 48–59.
- 35 Pincus AL, Hopwood CJ, Wright AG. The interpersonal situation: an integrative framework for the study of personality, psychopathology, and psychotherapy. In: Rauthmann JF, Sherman RA, Funder DC, editors. *The Oxford Handbook of Psychological Situations* [Internet] New York (NY): Oxford University Press; 2017 Jun [cited 2019 Nov 15], available from <https://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780190263348.001.0001/oxfordhb-9780190263348-e-4>.
- 36 Dowgillo EA, Roche MJ, Pincus AL. Examining the interpersonal nature of Criterion A of the DSM-5 Section III Alternative Model for Personality Disorders using bootstrapped confidence intervals for the interpersonal circumplex. *J Pers Assess*. 2018 Nov-Dec;100(6): 581–92.
- 37 Dowgillo EA, Pincus AL, Newman MG, Wilson SJ, Molenaar PC, Levy KN. Two methods for operationalizing the interpersonal situation to investigate personality pathology and interpersonal perception in daily life. In: Truslow LI, Rahmaan JM, editors. *Personality disorders: What we know and future directions for research*. New York: Nova Science Publishers; 2019. pp. 31–106.
- 38 Wright AG, Stepp SD, Scott LN, Hallquist MN, Beeney JE, Lazarus SA, et al. The effect of pathological narcissism on interpersonal and affective processes in social interactions. *J Abnorm Psychol*. 2017 Oct;126(7):898–910.
- 39 Wright AG. Antagonism from the perspective of interpersonal theory. In: Miller JD, Lynam DR, editors. *The Handbook of Antagonism: Conceptualization, Assessment, Consequences, and Treatment at the Low End of Agreeableness*. New York (NY): Academic Press; 2019. pp. 155–70.
- 40 Pincus AL. An interpersonal perspective on Criterion A of the DSM-5 Alternative Model for Personality Disorders. *Curr Opin Psychol*. 2018 Jun;21:11–7.
- 41 Caligor E, Kernberg OF, Clarkin JF, Yeomans FE. *Psychodynamic psychotherapy for personality pathology: Treating self and interpersonal functioning*. Washington (DC): American Psychiatric Association Publishing; 2018.
- 42 Bateman A, Fonagy P. *Mentalization-based treatment for personality disorders: A practical guide*. Oxford University Press; 2016. <https://doi.org/10.1093/med-psych/9780199680375.001.0001>.
- 43 Young JE, Klosko JS, Weishaar ME. *Schema therapy: A practitioner's guide*. New York (NY): The Guilford Press; 2003.
- 44 Lynch TR, Trost WT, Salsman N, Linehan MM. Dialectical behavior therapy for borderline personality disorder. *Annu Rev Clin Psychol*. 2007;3(1):181–205.
- 45 Clarkin JF, Cain N, Livesley WJ. An integrated approach to treatment of patients with personality disorders. *J Psychother Integration*. 2015 Mar;25(1):3–12.

- 46 Cervone D, Little BR. Personality architecture and dynamics: the new agenda and what's new about it. [Pers Individ Dif](#). 2019 Jan;136:12–23.
- 47 Jayawickreme E, Zachry CE, Fleeson W. Whole trait theory: an integrative approach to examining personality structure and process. [Pers Individ Dif](#). 2019 Jan;136:2–11.
- 48 Huprich SK, Nelson SM. The cognitive-affective processing system model of personality pathology: Ready-made for theoretical integration. In: Huprich SK, editor. *Personality disorders: Toward theoretical and empirical integration in diagnosis and assessment*. Washington (DC): American Psychological Association; 2015. pp. 395–412.
- 49 Costa PT Jr, McCrae RR. Influence of extraversion and neuroticism on subjective well-being: happy and unhappy people. [J Pers Soc Psychol](#). 1980 Apr;38(4):668–78.
- 50 Krueger RF. Personality disorders are the vanguard of the post-DSM-5.0 era. [Pers Disord](#). 2013 Oct;4(4):355–62.
- 51 Ringwald WR, Hopwood CJ, Pilkonis PA, Wright AG. Dynamic features of affect and interpersonal behavior in relation to general and specific personality pathology. 2019. DOI: 10.31219/osf.io/4qevt.
- 52 Dotterer HL, Beltz AM, Foster KT, Simms LJ, Wright AG. Personalized models of personality disorders: using a temporal network method to understand symptomatology and daily functioning in a clinical sample. [Psychol Med](#). 2019 Oct 10:1–9.
- 53 Sadler P, Woody E, McDonald K, Lizdek I, Little J. A lot can happen in a few minutes: examining dynamic patterns within an interaction to illuminate the interpersonal nature of personality disorders. [J Pers Disord](#). 2015 Aug;29(4):526–46.
- 54 Clark LA, Nuzum H, Shapiro JL, Vanderbleek EN, Daly EJ, Simons AD, et al. Personality profiles as potential targets for intervention: identification and replication. [Personal Ment Health](#). 2020 Feb;14(1):142–63.
- 55 Bach B, Bernstein DP. Schema therapy conceptualization of personality functioning and traits in ICD-11 and DSM-5. [Curr Opin Psychiatry](#). 2019 Jan;32(1):38–49.
- 56 Rodriguez-Seijas, C, Ruggero, C, Eaton, NR, Krueger, RF. The DSM-5 Alternative Model for Personality Disorders and Clinical Treatment: A Review. [Curr Treat Options Psych](#). 2019 Sept;6:284–98, <https://doi.org/10.1007/s40501-019-00187-7>.