

Personality and its Disorders

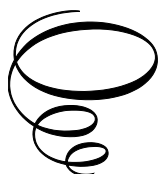
Personality and its Disorders:

A Reappraisal

By

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PREFACE

There has in recent times been a sea-change in the way “personality disorders” (PDs) are conceptualized and assessed, both in the DSM-5 Alternative Model for Personality Disorders and in ICD-11, with emphasis placed on severity as a continuous dimension, rather than on discrete categories of disorder (except for borderline PD, ICD-11 has dispensed with these altogether). It is timely to take stock of the current state of affairs regarding personality and its disorders, and to question: what are so-called personality disorders, and what does it mean to talk about their severity? Many (or perhaps most) people have personality difficulties that are obstacles in their daily lives, but where is the fine line between personality difficulties and personality disorder? In short: *what are personality disorders?*

The seeds of this book were sown in a previous book on antisocial personality, co-authored with my colleague, Conor Duggan. Unlike its predecessor, the current book examines personality disorder more broadly. It is premised on the idea that to understand personality disorder, one must start from an understanding of what personality is, what it does, and how it develops across the first twenty or so years of life. A major theme that runs throughout this book is a fundamental distinction between two dimensions of personality disorder, externalizing and internalizing, each with its own developmental antecedents. I ask: at what critical developmental stages does personality go awry? Understanding the normal development of personality is key in this respect, and in this book, I emphasize the importance of adolescence as a critical developmental stage.

In this book I attempt to remove personality disorder from the traditional discourse of psychiatry and situate it in dysfunctional interpersonal behaviour. I attempt to synthesize recent thinking about personality and its so-called disorders. Since disorders of personality have traditionally been viewed as residing *within* the person, it is hardly surprising that people with difficult personalities, and even many within the psychiatry profession, have rejected the notion of personality disorder as one that is demeaning and stigmatizing to the individual.

This book espouses a different view, adopting a transactional model of personality which sees personality disorder as arising from a mismatch between the person and his or her environment, leading to maladaptive interpersonal behaviour. I argue that the problem for someone with an aberrant personality lies not so much *within* the person as in his or her

transactions with a challenging environment, especially the social environment. I prefer the term “aberrant personality” to “personality disorder” since the former denotes a personality that departs from an accepted standard rather than being pathological in a medical or biological sense.

I start the book by asking, in the opening chapter: What is normal personality, and how does it develop across the lifespan? Then, in Chapter 2, I ask where the dividing line is between normal and aberrant personality: what is it about so-called “abnormal” personality that makes it aberrant? It is suggested the answer lies in that elusive concept of self, and the distinction between an interdependent self and an independent or autonomous self. I propose a fundamental distinction between two major dimensions of personality dysfunction, an externalizing or “Acting Out” dimension and an internalizing or “Anxious-Inhibited” dimension. In the third chapter I trace developmental pathways that lead to these two outcomes in adulthood. In Chapter 4 I examine two contentious (so-called) personality disorders, antisocial and borderline. I ask where “psychopathy” fits into this picture, suggesting that it is an outworn concept that can be accommodated within a broader conception of personality dysfunction. In the succeeding chapter (Chapter 5), I look at the association between personality disorder and aggression and violence. In Chapter 6 I review what is currently known about treatment of personality disorder and question the concept of treatment in relation to personality disorders. In Chapter 7 I review how societal and cultural factors impact the development of personality disorder. In the final chapter I draw some conclusions, highlighting the main themes that emerge from the preceding chapters.

CHAPTER 1

PERSONALITY AND ITS DEVELOPMENT ACROSS THE LIFESPAN

What is personality?

We often think of personality as simply the traits a person displays—how they typically think, feel and behave. But it’s much more than that. To truly understand someone, we need to consider not only their broad traits, for example how extraverted or introverted they are, but also their characteristic adaptations (e.g., goals, motives, life tasks, values, beliefs, and domain-and context-specific skills) and the stories they tell about their lives[1]. The multifaceted nature of human personality was neatly summed up by Rauthman[2] when he said:

“personality is vast. It encompasses a host of individual difference variables, such as at least morphology (e.g., genes, neurobiological structures, and attractiveness); dispositions (e.g., temperament, basic tendencies, and intelligence); characteristics adaptations (e.g., needs, goals, attitudes, values, interests, virtues, skills, and relational tendencies); and narratives (e.g., self-concepts and life-stories)”

We will explore each of these aspects, starting with traits and then move on to thinking styles, problems in living, characteristic adaptations, self-identity including gender identity, and attachment style. Finally, we will examine how personality develops across the human lifespan, focusing on adolescence and the balance between *self* and *relatedness*, two developmental processes that are crucial for normal personality development.

Temperament

The foundation of personality lies in temperament, our largely biological makeup. As succinctly stated by McAdams and Olson,

“Genes and environments conspire, with genes taking the lead role, in the gradual elaboration of childhood temperament into dispositional traits in adulthood” [3].

Key heritable temperaments include:

- **Neuroticism:** A tendency towards negative emotions.
- **Behavioural Activation/Positive Affect:** The basis for extraversion.
- **Effortful control:** The precursor to conscientiousness, reflecting planfulness, persistence, impulse control, and self-regulation[4].

We will see how these temperaments, evident from early childhood, influence the development of later personality traits, for example how the basic temperament of negative affectivity gradually develops in the young child into the trait of neuroticism.

Personality traits

While people have tried to describe personality for centuries, modern approaches started with Gordon Allport and the British/Austrian psychologist Hans Eysenck. Allport defined a trait as:

“a dynamic trend of behavior which results from the integration of numerous specific habits of adjustment, and which expresses a characteristic mode of the individual’s reaction to his surroundings” [5].

The last part of this quote is important in emphasizing that personality is expressed in the interaction of the individual with his or her environment, a theme which I return to later. There’s ongoing debate about the structure of personality traits—whether it’s based on two, three, five or six factors. Important to note is that all these models derive from lexical studies of personality traits and are based on the rationale from linguistics that concepts expressed often will become encoded into a single word in the language. Thus, the more relevant a trait is to a community of speakers, the more words for it can be found in their lexicon; and the more important a concept is for humans in general, the more languages should have a word for it. We’ll look at each model in turn.

Two-factor models

Two-factor models have been posited in many Western frameworks. They are generally subsumed under the terms Agency and Communion, which capture fundamental human needs for uniqueness and for social belonging. Underlying two-factor models are two motivational bases: to assert and expand the self and to integrate the self in a larger social unit[6]. Drawing on evidence and theory from across domains of psychology, contemporary integrative interpersonal theory shows how the dimensions of agency and communion can be used to integrate models of personality traits and of psychopathology[7,8]. One two-factor model, the ‘duality of self’ model elaborated by Fan et al. is particularly relevant to personality development and will be highlighted later in this chapter when I consider how personality develops across the lifespan. Consistent with Fan et al.’s ‘duality of self’ model[9], in Chapter 2 a developmental model of abnormal personality will be described that posits a basic distinction between two dimensions of personality dysfunction, externalizing and internalizing. An integrated cross-cultural Big Two theory, developed by Thalmeyer et al.[10], will be considered in a later chapter (Chapter 6) when I focus on cross-cultural aspects of personality.

Eysenck’s “PEN” model

Eysenck proposed three dimensions of personality: Psychoticism (P), Extraversion (E), and Neuroticism (N)—hence “PEN”. These three dimensions describe a 3-dimensional personality space within which any individual can be located. While Eysenck’s E and N dimensions have stood the test of time and are reproduced in contemporary 5- and 6-factor models (described below), his P dimension has been discredited, being found to align more closely with neuroticism than with psychosis proneness[11]. P primarily measures impulsive non-conformity rather than reflecting a trait-like predisposition to psychotic-like experiences. Nonetheless, Psychoticism is an important dimension of aberrant personality that has its place in contemporary classifications of personality disorder.

Gray[12] and Blackburn[13] rotated Eysenck’s E and N dimensions clockwise through 45 degrees, yielding two independent dimensions of impulsiveness (neurotic extraversion) and social withdrawal (neurotic introversion). Blackburn’s dimensions were empirically derived from his analysis of self-report personality data in mentally disordered offenders who were detained in high-secure hospitals. His impulsiveness dimension reflected a lack of restraint or moral inhibitions, easily aroused anger, and a

liking for excitement (emotional impulsiveness). His social withdrawal dimension reflected anxiety and unease in social situations and a lack of social responsiveness, in contrast to a liking for social interaction.

‘Big 5’ and ‘Big 6’ models

The Five Factor Model (FFM) and the six-factor HEXACO model overlap significantly. The HEXACO model includes Honesty-Humility (H), Emotionality (E), Extraversion (X), Agreeableness (A), Conscientiousness (C), and Openness to Experience (O). The FFM dimensions are Openness to Experience, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. HEXACO’s Honesty-Humility dimension, reflecting fairness and genuineness, is a key distinction[14]. It sheds light on an individual’s ethical values and social behavior, accounting for prosocial behavior when the situation provides a possibility for exploitation[15]. While HEXACO offers a more nuanced approach, the Big 5 is a widely used standard. I next describe a useful synthesis of FFM and HEXACO models.

Circumplex of Personality Metatraits (CPM) model

The CPM model integrates the Big Five and HEXACO traits, describing personality in terms of metatraits (superordinate dimensions). These metatraits, distributed in a circumplex as shown in Figure 1, comprise two orthogonal trait dimensions: Alpha/Stability and Beta/Plasticity. The dimension running from delta-minus to delta-plus reproduces the emotional impulsivity dimension identified by Blackburn. As well as being low in impulse control, individuals at the delta-minus pole of this dimension are sensation seeking, risk taking and reckless. The dimension running from gamma-minus to gamma-plus, labelled disharmony vs integration in Figure 1, corresponds closely to Blackburn’s sociable-withdrawn dimension. People at the gamma-minus pole are neurotic introverts: they are cold and distrustful in their relationships with others, experience strong negative emotions, are pessimistic, and are prone to suffer from psychological problems[16].

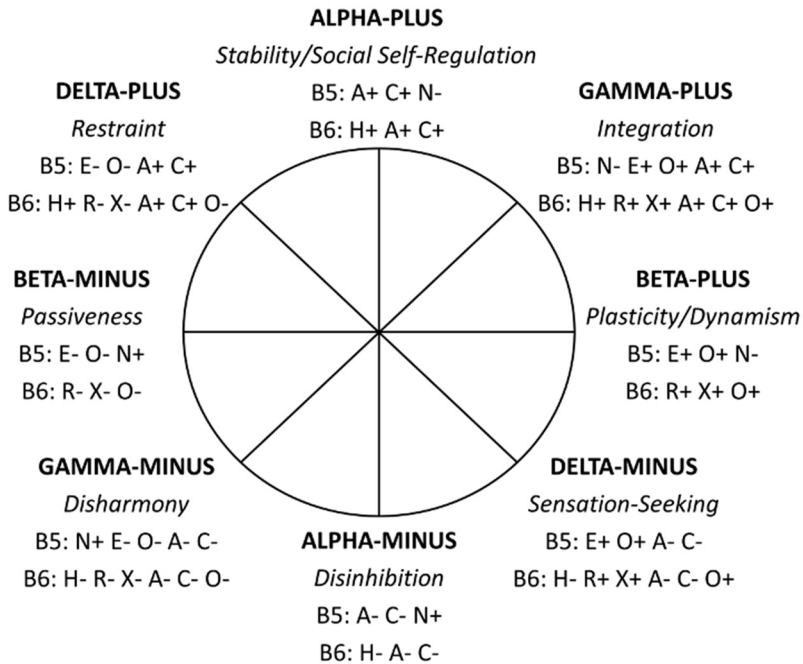


Figure 1.1. The Circumplex of Personality Metatraits. B5 = Big Five traits: N = Neuroticism/Emotional Stability; E = Extraversion; O = Openness to Experience/Intellect; A = Agreeableness; C = Conscientiousness. B6 = Big Six traits: H = Honesty-Humility/Propriety; R = Resiliency/Emotionality; X = Extraversion; A = Agreeableness; C = Conscientiousness; O = Originality/Openness to Experience. + positive pole of the trait; - negative pole of the trait. From [16].

The CPM model goes well beyond a simple description of personality in terms of traits. It is broadly integrative, incorporating temperament, emotion, motivation, values, wellbeing, and mental health, into a single framework[17].

Ponikiewska and colleagues have described the CPM dimensions in terms of underlying temperament[18]. A temperament dimension labelled reactivity reflects, at the gamma-minus pole, a tendency to react easily and intensively to stimuli generating negative emotions. This clearly corresponds to the temperament of negative affectivity. At the gamma-plus pole it reflects endurance, hardiness and tolerance to emotionally aggravating or stressful situations. This clearly corresponds to a temperament of emotional stability. A second temperament dimension, running from inertness to

activity, reflects, at the high activity pole, action readiness. restlessness and a tendency to frequently and impulsively switch from a current action to an alternative action. At the inertness pole this temperament reflects perseverance, a tendency to continue the action that was started and sustain it to the end.

Traits as motivational variables

There's increasing recognition that traits encompass patterns of motivation[19]. McCabe and Fleeson proposed that goals are part of the causal machinery of traits, enabling people to achieve their goals[20]. Traits have functionality, allowing individuals to focus on pursuing specific goals. For example, conscientiousness, might be linked to the specific goal of achievement, agreeableness to the goal of affiliation. Its obverse, disagreeableness (or antagonism) would allow the individual to pursue goals of selfish self-interest and hedonic self-gratification, even when this is at the expense of other people.

Jokela's[21] analysis of seven separate meta-analyses found that Big 5 Conscientiousness was robustly and consistently associated with better health behaviours. Keeping up healthy habits often requires a motivational focus on the goal of achieving a healthy lifestyle. This in turn requires persistence and an ability to resist temptations, both of which are characteristic of high conscientiousness[22]. In Jokela's analysis a consistent association was observed between lower agreeableness and a higher probability of heavy alcohol use, which perhaps reflects the pursuit of hedonic self-gratification in people low in agreeableness. Jokela's analysis also revealed that low conscientiousness was the only Big 5 personality trait that predicted elevated mortality risk across studies. Jokela noted that the association between personality and health is likely to be bidirectional, with personality predicting later health development and health predicting later personality development.

An advantage of conceptualizing traits as motivational constructs is that it explicitly recognizes traits as interacting with environmental features or "affordances" that provide opportunities for the expression of certain aspects of personality in behaviour[23]. We will see that contemporary approaches to personality disorder emphasize the importance of considering ways in which maladaptive personality traits interact with the environment.

Self-regulation

Self-regulation is a key aspect of motivation. The CPM model outlined above distinguishes between two self-regulatory mechanisms:

- **Impulse Control (IC):** Controlling urges and affective reactions that appear automatically and disrupt goal-directed activity. IC is associated with the delta-minus/delta-plus dimension shown in Figure 1.
- **Self-Motivation (SM):** Regulating intentions and motivation associated with goal-directed behaviours. SM is associated with the gamma-plus/gamma minus dimension shown in Figure 1.

Emotion regulation, associated with SM, refers to efforts to influence which emotions one has, when one has them, and how one experiences or expresses them. Since one needs to both reinforce the chosen intention and reduce the disruptive effect of competing motives, both SM and IC are important in achieving a selected goal, hence both may be activated during any given action. Flexible impulse control allows individuals to adjust their reactions to circumstances. For instance, they can inhibit a conflicting impulse while engaged in an important task. But they can also express an impulse under favourable circumstances and “just have fun”.

Let's imagine a concrete example of how this might play out in real life. People vary in how sensitive they are to a discrepancy between the actual value of an affective variable and the desired value—the emotion goal—of that variable. For example, some people are highly sensitive to a mismatch between a desired *high* level of arousal (how ‘worked up’ they wish to feel) and their actual *low* level of felt arousal. This discrepancy will be experienced as an acute state of boredom. Situations or environmental affordances will be sought out that offer the prospect of increasing their arousal level, providing a feeling of excitement and exhilaration. The means for achieving this emotion goal may take a prosocial or an antisocial form. Suppose, for example, we are dealing with someone who enjoys inflicting harm and distress on others. Given his acute state of boredom, he (more often than she) may be unable, due to low IC, to resist the impulse to seek out a potential victim, for example by stalking them. Having engaged with a victim, he may strive to maximize his felt arousal by behaving in an increasingly callous and aggressive, even violent, manner towards his victim. In this consummatory phase of the encounter, an attempt will be made to increase the experience of positive affect (an example of self-motivation, SM).

Beyond traits

In this section we consider aspects of personality that extend beyond traits. This includes the following:

Thinking styles

Thinking styles are important beyond general personality traits. Rumination is a cognitive process involving persistent, repetitive negative thinking about upsetting problems, the causes of those problems, and the implications of those problems. Research has demonstrated that there are components of thinking that are not being fully captured when assessing personality traits such as neuroticism[24]. Moreover, differences are seen between different PDs in the types of rumination they show[25].

Problems in living

Problems in living are the specific difficulties a patient may be experiencing and presents with clinically. Examples include getting into fights, being sad, spending valuable time and resources on finding and using substances, troubled relationships with loved ones, being truant, and legal problems[26]. They are specific to a singular individual at a particular time and place. They are strongly influenced by the environmental context—they are things the individual does or feels or thinks when they are in certain kinds of situation [27,28]. They are therefore far more dynamic than traits.

Person-environment fit

Dispositional traits are necessary but not sufficient to understand a person's uniqueness in the way he or she experiences the world and their place in it [28]. Personality coherence requires information about how traits are expressed in, or interact and transact with, individual environments. Important to consider is the degree of personality-environment fit (P-E fit), the degree to which the individual's personality is congruent (matches or mismatches) with his or her environment. P-E fit (versus misfit) is defined as the optimal match between persons' traits and characteristics of their environments that produces the best outcome in terms of quality (e.g., selecting a fitting spouse) and quantity (e.g., reaching high marital satisfaction). When later in this book the treatment of personality disorders is considered, we will see that there is a therapeutic approach that is based

on the idea that the goal of therapy is to produce a better match between the patient and his or her environment, not by changing people but by changing their environment.

I next consider characteristic adaptations, the ways in which individuals succeed or fail in adapting their behavior to the environment they are in. In a later chapter it will be suggested that the process of adaptation fails in people with PD.

Characteristic adaptations

Characteristic adaptations (CAs) include a broad panoply of variables comprising individuals' goals, interests, moral concerns, values, religiosity, self-esteem, control, self-efficacy, and well-being. CAs are thought to be specific to the cultural and social context and thus are more changeable than personality traits. They are, by definition, learned reactions to particular life circumstances, whereas traits need not be. CAs are included in many personality theories, all of which emphasize the specificity of CAs in relation to an individual's particular life circumstances. According to Kandler and Rauthman, CAs are:

“latent, relatively stable characteristic[s] of a person in [his or her] given context[s] that may, but do not need to reflect manifestations of underlying traits” [28].

Results of one study[29] suggested that Big 5 and HEXACO traits are more genetically determined than CAs. On average, more than half of reliable variance in personality traits was genetic, whereas the reverse was found for CAs. Individual life events and spouse similarity were suggested as relevant environmental influences on CAs.

Traits vs. values

It is not clear how traits might interact with CAs, and whether traits or constellations of traits are associated with specific values. Consistent with the alignment of goals and traits discussed earlier, it has been suggested that certain values, defined as *goals that people find desirable and use as guides for their behaviour across different situations*, are related to particular traits[30]. Value-trait correlations argue for a common structure to both values and personality traits[30]. For example, Fischer reported that Big 5 Agreeableness aligns strongly with a values dimension comprising self-transcendence (benevolence and universalism) at one pole, and self-

enhancement (power and achievement) at the opposite pole[30]. He concluded that characteristic adaptations are informed by both traits and values, which are more strongly influenced by our genetic heritage than by our cultural socialization. However, not only is this conclusion contrary to findings mentioned in the previous paragraph, but evidence supports the idea that traits and values refer to different underlying constructs[31]. Possibly it is when values are defined in terms of desirable goals that they align with personality traits. CAs such as interests, religiousness, and self-schemas that are less aligned with motivation may be less aligned with traits.

Narrative identity and the autobiographical self

McAdams noted that knowing the self fully involves knowing traits, goals, and life stories[32]. Personal narratives give individuals the sense that their lives are imbued with continuity, coherence, and a sense of agency. Through the personal narrative—or life story—important past experiences, goals and values, and sense of meaning are integrated into a relatively coherent whole that can help direct individuals' next steps in life[33]. Narrative identity also serves an important social function[34]. By using memories to build, maintain, and nurture social bonds with other people, our narrative identity serves as a compass guiding social interaction. Out of these stories emerges the individual's self-identity, which is achieved in the context of their relationships with others[35]. Life narratives also offer a complex means of coping with adversity as young people enter adulthood[4]. There's increasing focus on disturbed narratives in people with PD[36], especially in adolescence when the autobiographical self is developing and beginning to crystallize. For example, Klimstra and colleagues demonstrated that early emerging personality disturbance may manifest in the narratives young people develop about important experiences in their lives[37]. Evidence suggests that, as well as being associated with having an incoherent life story, identity disturbance is associated with traits of antagonism, neuroticism, and introversion[38]. This suggests that the three aspects of self proposed by McAdams[1]—self as social actor (personality traits), motivated agent, and autobiographical author—may be quite closely interrelated. Nonetheless, a complete description of personality will require consideration of all three aspects. I return to narrative identity later when its development is considered.

Gender identity

One's gender identity, as opposed to one's biological sex (male vs. female as determined at birth) reflects the degree to which one perceives oneself as having masculine traits, feminine traits, or both (androgynous). Gender identity aligns to a greater or lesser degree with biological sex, but the degree of alignment varies both across individuals and across cultures. In Western cultures (Europe and USA) sex and gender identity are aligned (males tend to see themselves as masculine, females as feminine) but in some Asian cultures, for example in Singapore, gender identity is less differentiated between males and females[39]. It may be assumed that gender identity, like other aspects of self-identity, develops and crystallizes in adolescence, but this is yet to be confirmed empirically. One might assume also that cross-cultural differences in gender identity might reflect societal expectations regarding gender roles (how males and females are expected to comport themselves). Such expectations may be strictly and harshly enforced. In Iran, for example, females are expected to dress in a certain way, and this dress code is harshly enforced.

Attachment style

Attachment is the propensity to form strong affectional bonds to particular others[40]. A basic principle of attachment theory is that attachment relationships formed in childhood with parents and caregivers continue to be important into adulthood and throughout the life span. A model comprising four prototypical adult attachment styles was proposed and empirically validated by Bartholomew and Horowitz[41], see table 1.1 below. These authors note that the two groups defined as avoidant of close relationships (the fearful and dismissing styles) both showed difficulties in becoming close to and relying on others, but they differed significantly on measures reflecting an internalized sense of self-worth. Only the fearful style was consistently associated with interpersonal insecurity and lack of assertiveness. The construct of attachment style overlaps conceptually with the construct of interpersonal style, one's characteristic approach to interpersonal situations and relationships[42]. A dismissing attachment style, for example, is likely associated with an interpersonal style that is interpersonally domineering, vindictive and cold; a fearful attachment style with an interpersonal style that is socially avoidant, cold, and non-assertive.

SECURE	It is relatively easy for me to become emotionally close to others. I am comfortable depending on others and having others depend on me. I don't worry about being alone or having others not accept me.
DISMISSING	I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.
PREOCCUPIED	I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.
FEARFUL	I am somewhat uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I sometimes worry that I will be hurt if I allow myself to become too close to others.

Table 1.1 Adult attachment styles according to Bartholomew and Horowitz [42].

Personality changes across the lifespan

Understanding normal development is crucial for understanding pathological development. As Shiner and Allen stated[43]:

“Only by better understanding the developmental pathways leading to PDs will we be able to more effectively prevent and treat them.”

We saw earlier that temperament traits form the basic building blocks of personality. Shiner emphasized that temperament and personality traits should be seen as the same basic set of traits, one (temperament) manifested early in life and more limited in scope, the other (personality) manifested a little later in life and broader in scope. As children mature biologically and encounter a wider range of experiences, the expression of their traits becomes increasingly complex, and this is reflected in the traits they display[44]. Our focus will be on adolescence since, when compared with other stages of development, it may be uniquely consequential in terms of disruptions in personality development[45]. Adolescence is the period when

personality goes seriously awry and deviates from normal development. Manifestations of PD may be most intense during the adolescent years when individuals tend to be the least conscientious and agreeable, and for females, the highest in negative emotionality[46]. Since neuroticism is linked to several personality disorders in adulthood, my focus will be on how the temperament trait of negative affectivity gradually transforms into the personality trait of neuroticism[47].

What is ‘neuroticism’ and how does it change across the lifespan?

Neuroticism reflects predispositions to experience negative emotions. It involves high sensitivity to threat and maladaptive ways of handling negative emotions such as shame, anxiety, depression, irritability and anger. People who score high on neuroticism are motivated to avoid or eliminate such threat [48]. They experience larger fluctuations in their mood, higher levels of fear and anxiety in stressful situations, more irritation and frustration when their desires are thwarted, and greater sadness over losses, both large and small. As well as tending to perceive a high level of threat, neurotic individuals show both an increased reactivity to emotional experiences and maladaptive ways of handling such negative emotions. It is the perception of negative emotions as unpredictable and uncontrollable that arguably leads to the development and maintenance of emotional disorders[49]. People at the low end of the neuroticism dimension, by contrast, are emotionally stable, self-confident, and deal effectively with stress.

Two basic components of neuroticism have been identified in both early childhood and adulthood. One involves feeling threatened easily and worrying about things; the other involves frequent changes in mood and getting irritable and angry. Anger and irritation sometimes occur in children as a response to limits set by adults. A similar division is seen in adults between two sub-types of neuroticism, labelled ‘withdrawal’ and ‘volatility’[50]. Withdrawal encompasses anxiety, depression, and self-consciousness, while volatility encompasses irritability, unstable moods, and the tendency to get upset or panicky.

Negative emotions form an overarching negative affectivity trait in the first year of life when infants vary greatly in their typical negative emotions, including frustration, fear, discomfort, and sadness. These continue to be important throughout the toddler, preschool, and middle childhood years. Observation of preschoolers’ behaviour likewise provides evidence of an overarching negative emotionality trait that includes sadness and depression, anger and irritability, and lability of mood. By around the age of 3 or earlier,

children begin to show a broader range of negative emotional tendencies. Basic emotions expand to include more complex emotions, for example self-conscious or self-focused emotions such as guilt and shame, and other-focused emotions such as empathy and aggression[47]. Young children begin to vary in the extent to which they feel insecure, vulnerable, jealous, fearful of failing, incapable of coping with stress and uncertainty, sensitive to criticism, and concerned about acceptance[48]. At some point in early childhood, children's negative emotionality and neuroticism expand to include a negative emotional response to future threats and uncertainty, and to more complex threats to their sense of value and place in the social sphere. These more complex manifestations of neuroticism remain a central aspect of the trait in adolescence and adulthood, but at every point in the life course, the core of this trait remains the experience and expression of negative emotions.

Neuroticism leads to a greater number of threatening, adverse, or stressful experiences through at least two processes. First, neuroticism and negative emotionality increase exposure to negative life events, broadly construed. Negative life events in turn lead to higher neuroticism. Second, neuroticism has a negative impact on the mastery of developmental tasks that are important at each stage of development, including relationships with peers and romantic partners, and the development of effectiveness at work. Shiner summarizes this succinctly:

"It is clear that adolescents and adults who are higher on negative emotionality and neuroticism experience greater numbers of stressful life events, particularly negative interpersonal events, than do adolescents and adults who are more emotionally stable"[47].

I will next consider adolescence, when relationships with peers become increasingly important and neuroticism is increasing, particularly in girls.

Changes in adolescence

Shiner and colleagues[48] neatly summarize the personality changes in adolescence as follows:

"Thus, the pattern of mean-level change in traits in adolescence indicates a pattern of increasing negative emotions, particularly for girls, decreasing empathy and curiosity, and weaker self-regulation of emotions and motivation."

Mean levels of Conscientiousness and Openness decline from late childhood into early adolescence and then increase again in late adolescence. A similar pattern is seen for Agreeableness, as was shown in a large-scale cross-sectional study by Götz and colleagues[51]. As may be seen in Figure 2.1, both Agreeableness and Conscientiousness showed a marked dip from age 10 to mid-adolescence (roughly age 16), followed by a recovery in later adolescence and young adulthood that continued throughout middle and late adulthood. Following the onset of puberty, girls (more so than boys) show an increase in neuroticism and negative emotions, changes that seem to continue into adolescence and adulthood[48].

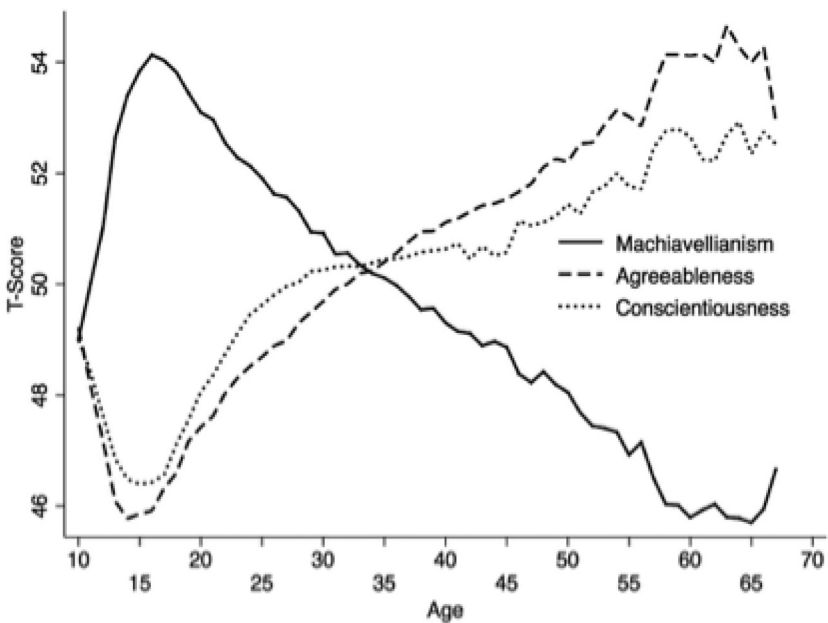


Figure 1.2. Means for Machiavellianism, Agreeableness, and Conscientiousness from age 10 to 67 ($n = 1,117,069$)[56].

The period between puberty and mid-adolescence may be particularly troublesome, with low Agreeableness, low Conscientiousness and high Neuroticism contributing to a lack of emotional and behavioural control. This will likely impact negatively on adolescents' relationships with parents, teachers, caregivers and peers, particularly in the case of post-pubertal girls on account of their high neuroticism. Some adolescents, especially those inclined to engaging in risky behaviours[52], will be

abusing alcohol and drugs during this period. This will further compromise their emotional and behavioural stability, hence also their interpersonal relationships. Abuse of alcohol and cannabis will impair brain maturation during this critical period. In a later chapter we will see that alcohol use in adolescent girls has a lasting impact on their development of borderline personality pathology[53].

A vicious cycle may operate in which adolescents high in neuroticism experience more stressful events, appraise them as more threatening, and use less adaptive coping strategies, leading to even higher neuroticism[47].

Changes in self-control

Self-control is an individual's ability to consciously regulate their internal responses by modifying or changing them as needed. An important aspect of self-control is the active and intentional suppression of an immediate impulse or temptation that conflicts with a long-term goal, requiring an effort to prioritize the goal over short-term gratification[54]. Self-control is an important aspect of adolescent development that has significant downstream effects. For example, increases in self-control during adolescence have been found to predict more satisfying and less conflictual intimate relationships, as well as increased job satisfaction and commitment, in adulthood[56].

A recent study examined whether the Big Five personality traits and their developmental trajectories over approximately 13 years could prospectively predict future levels of self-control[56]. Conscientiousness, emotional stability, and agreeableness emerged as strong predictors of self-control. Both initial levels of these traits and changes across time predicted future self-control. Results underscored the importance of viewing personality traits as dynamic variables that continue to develop throughout life, with this ongoing development shaping downstream outcomes. Moreover, given that self-control is a key regulatory capacity that is malleable and responsive to intervention[57], it is conceivable that sustained increases in self-control may have a significant downstream impact on personality trait development.

Emergence of the personal narrative

The narrative self emerges as a 'first draft' during late childhood and early adolescence and continues to mature and crystallize throughout adolescence, becoming fully formed only in late adolescence and emerging adulthood. Recall that this narrative comprises the internalized life stories that people, as authors of the self, fashion and narrate to make sense of the reconstructed

past and imagined future[32]. Adolescent narrators vary in how they tell their life stories in terms of dominant themes, emotional tone, and ways of constructing meaning[33]. Personal narratives help young people to develop and articulate a coherent, clear sense of identity that guides their actions and choices[1]. Identity can be viewed as a dimension that ranges from an integrated identity, reflecting coherence, consistency, and continuity in the sense of self across time and context, to a disturbed or disintegrated identity, reflecting incoherence, inconsistency, and discontinuity in the sense of self, often resulting in confusion for both the individual and others during social interaction.

We will see in chapter 7 that narrative identity is exquisitely contextualized in culture[58]. This means that the individual authors a narrative identity by selectively appropriating and personalizing the stories provided by culture. In concert with their peers, young adolescents are exposed to, and influenced by, a teenage subculture that glorifies certain characters (pop-star idols, TV soap characters) and vilifies others (e.g. media villains). They are increasingly influenced by social media and may be exposed to internet bullying (cyberaggression) which – if the individual is highly sensitive to threat – will be extremely distressing. The experience of persistent bullying in adolescents has been shown to impair their sense of self and their ability to form intimate relationships[59]. Adolescents' sense of self, of who they are, crystallizes within this teenage subculture, as well as within the wider culture, which we examine in Chapter 7.

Recent research highlights the vulnerability of adolescents to negative events experienced on social media, and the particularly potent influence of social media on the mental health and behaviour of adolescents who engage in self-harm[60]. In this study negative affect and stress were increased by negative social media events in adolescents generally, but among those who self-harmed, such events exacerbated the urge to self-harm more so than did negative events in real-life.

Emergence of gender identity

Although still fluid and relatively unformed, it is likely that gender identity becomes increasingly crystallized during adolescence, so that biological males perceive themselves as increasingly masculine and biological females as increasingly feminine. This would be expected to occur in response to societal expectations regarding gender roles. The development of gender identity in adolescence is an area that has been little researched, and merits continued study, particularly since it may go awry in adolescents who are at risk for developing a personality disorder.

Development of moral identity in adolescence

Moral identity refers to the degree to which moral traits such as empathy and authenticity are important to one's self-concept[61,62]. Adolescents for whom moral traits are an important part of their identity are likely to feel, think, and act in ways that uphold their moral commitments[63]. Moral identity reduces the likelihood of moral disengagement, allowing individuals to act in immoral ways while retaining a view of themselves as “moral persons”. By being morally disengaged, the perpetrator of immoral actions is spared the experience of guilt or shame. Possessing a moral identity helps individuals to act in accordance with their self-concept. Therefore, the stronger one's moral identity, the less likely it is that one will engage in immoral or antisocial behaviours. Research has consistently shown that moral identity is negatively associated with antisocial behaviours such as aggression and rule breaking and positively predicts helping and concern for others, and moral values such as empathy and honesty. A meta-analytic review[64] found that moral disengagement was significantly and positively correlated with antisocial conduct and negatively correlated with prosocial conduct. One possibility is that distancing themselves from their moral values allows people to suspend feelings of compassion, temporarily and intentionally, for a suffering other. Consequently, they feel less motivated to seek or engage empathy as an emotion goal. Lacking feelings of empathy, they then are less inclined to both help the suffering other and do anything to assuage their suffering.

Adolescence is thought to be a key developmental period when moral identity emerges, and moral understanding becomes more interpersonal and prosocial. Adolescents explore their possible identities and what this means for social interaction and social groups. By early adolescence young people's self-descriptions show a concern for others, and by middle-to-late adolescence moral values have become integrated into their self-concept.

Duality of Self: Self vs. Relatedness

Sidney Blatt, a psychoanalytically oriented clinical psychologist, originally proposed a “two polarities” model which posited processes of interpersonal relatedness and self-definition as fundamental psychological dimensions[65]. These were said to be fundamental for understanding personality development, variations in normal personality organization, and concepts of psychopathology, as well as processes of therapeutic change. Personality development evolves, from infancy to senescence, through a complex dialectical transaction between these two fundamental psychological dimensions. Ideally, this

transaction results in the development of increasingly mature, intimate, mutually satisfying, reciprocal, interpersonal relationships and the development of an increasingly differentiated, integrated, realistic, essentially positive sense of self or identity. Adolescence is said to be a crucial time for a synthesis that can result in the formation of a consolidated identity or the emergence of many forms of psychopathology, particularly personality disorders that are characterized by failures to integrate these two fundamental developmental processes.

Blatt's two-polarities model was taken up by Fan and colleagues, who re-named it a "duality of self" model[9]. Like Blatt, Fan and colleagues argued that two fundamental psychological dimensions, self and relatedness, are operating during human development. Interpersonal relatedness refers to the development of increasingly mature, intimate, mutually satisfying, and reciprocal interpersonal relationships. Self-definition, refers to the development of an increasingly differentiated, integrated, realistic, and essentially positive sense of self or identity. "Relatedness" and "Self" are the developmental carriers that enable the achievement of two basic developmental tasks or functions: interdependence (meeting needs for affiliation and intimacy, or "getting along") and independence (meeting needs for achievement and power, or "getting on"). Like Blatt, Fan and colleagues argued that the development of personality is the process of integrating self with relatedness to achieve a balance between their competing functions. While self-definition pulls the self in the direction of independence and autonomy, interpersonal relatedness pulls the self in the opposite direction of interdependence. Fan and colleagues drew a further distinction between *intrapersonal* and *interpersonal* relatedness. Intrapersonal relatedness reflects their social cognition—how individuals think about their social world. For example, someone might have an attitude either of trust or of distrust vis-à-vis their social world. By contrast, interpersonal relatedness defines how people relate to their social world through behaviour or performance. They may for example behave in a friendly or in an antagonistic way. Baumeister drew a similar distinction between an independent self and an interdependent self[66]. The interdependent self is firmly embedded in a network of social relationships complete with obligations and accommodations. In contrast, the independent self is an autonomous self-contained agent that operates on its own, makes choices and pursues self-selected goals, complete with an inner set of values and preferences.

Both Fan et al. and Baumeister emphasized the relative salience of self and relatedness in Western and Eastern cultures, respectively. I deal with cultural influences in Chapter 7. The 'duality of self' model will be revisited in succeeding chapters where I will argue that self vs. relatedness is key to

understanding the distinction between two dimensions of PD, one characterized by a broad externalizing dimension (“Acting Out”), the other by an internalizing dimension (“Anxious-Inhibited”).

Summary

In this chapter I examined personality temperament and traits, thinking style, problems in living, person-environment fit, characteristic adaptations, narrative identity, gender identity and attachment style. I then described changes in personality across the human lifespan. I have emphasized the dynamic nature of personality traits, focusing especially on adolescence, a period in which personality traits change first—in early to mid-adolescence—in the direction of lower agreeableness and higher neuroticism, and then – from mid- to late-adolescence– in the direction of increased agreeableness and lower neuroticism. With increased agreeableness will come a greater general tendency toward cooperation and altruism, together with suppression of aggressive impulses and other socially disruptive emotions[67]. I highlighted two key developmental processes, interpersonal relatedness and self-definition. Moral identity will increasingly be part of the individual adolescent’s self-definition together with a coherent and elaborate personal narrative. In the chapter that follows I will explore how these developmental processes might go awry in a minority of adolescents who consequently are at risk of developing a dysfunctional or aberrant personality.

CHAPTER 2

RE-CONCEPTUALIZING PERSONALITY DISORDER

This chapter explores how our understanding of personality disorders (PDs) is changing, with new approaches to assessment and how we think about them. We'll look at important models like:

- The Alternative Model of Personality Disorder (AMPD) from the DSM-5.
- The revamped PD approach in the ICD-11.
- The Power Threat Meaning (PTM) framework.

Building on these, I'll present a way of looking at PDs that focuses on two key dimensions of personality pathology, specifically "Acting Out" (Externalizing) and "Anxious-Inhibited" (Internalizing).

DSM-5 Alternative model of personality disorders (AMPD)

The AMPD has two main parts, Criterion A and Criterion B. Criterion A tells us if someone has problems with their personality functioning. It looks at issues with their sense of self (identity and goals) and their relationships (empathy and intimacy). A diagnosis of personality disorder requires a moderate or greater impairment in personality functioning, defined by the degree to which there is an intact sense of self – a clear, coherent identity and effective self-directedness – and interpersonal functioning – reflecting a good capacity for empathy and for mature, mutually rewarding intimacy with others. Criterion B looks for problematic personality traits in five areas: negative emotions, detachment, antagonism, disinhibition, and psychoticism. A PD diagnosis requires at least one significantly problematic trait area.

Research supports the AMPD's focus on maladaptive variants of normal traits, showing a link between the Big Five personality traits and the problematic traits in the AMPD[1], see table 2.1.

DSM5 Domain	Description	Core facets used to score the domain	Big Five/FFM counterpart
Negative affectivity	More frequent and intense experiences of negative emotions including depression, anxiety, and anger	Anxiousness; emotional lability; separation insecurity	Neuroticism
Detachment	Diminished interest and emotional responsivity to social interactions; diminished positive emotionality more generally	Anhedonia; intimacy avoidance; withdrawal	Low extraversion
Antagonism	Emotional, cognitive and behavioral styles that are self-focused rather than other-focused; involve willingness to take advantage of others and interpret others' behavior through negative and hostile lens.	Deceitfulness; grandiosity; manipulativeness	Low Agreeableness
Disinhibition	Emphasis on short-term reward; difficulty delaying gratification and considering long-term implications of behavior	Distractibility; impulsivity; irresponsibility	Low conscientiousness
Psychoticism	Presence of cognitions, emotions, and behaviors that are non-normative, unusual, and idiosyncratic.	Eccentricity; perceptual dysregulation; unusual beliefs and experiences	High openness (?)

Table 2.1. DSM-5 domains in the alternative model for personality disorders (DSM-5) and their Big 5/Five Factor Model counterparts.

Studies looking at the AMPD have found four key factors shown in Figure 2.1 above: negative self-perception, lack of direction, disagreeableness, and intimacy problems[2]. These factors were connected and overlapped with both general and problematic personality traits. Borderline PD showed the strongest connection with all four factors, highlighting its wide-ranging impact. A general PD factor emerged, which serves as a good general description of personality disorder considered generically:

“Dysfunction in relation to one’s sense of self, the ability to relate to others, emotion regulation, poor insight, combativeness, and difficulty engaging in goal directed behavior”. [2]