

The development of narrative identity and the emergence of personality disorders in adolescence

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Narrative identity is likely to be important in the development of personality disorder (PD) in adolescence. Adolescents' life narratives provide rich material that is near to their lived experiences and reveal individual differences in self and relatedness and in ways of constructing meaning. Narrative identity is linked with well-being and psychopathology and shapes coping with adversity. Preliminary research suggests that adolescents and adults with PD narrate their lives in ways that are more negative and express lower agency; narratives may also contain content reflecting PD symptoms. Youth's narrative identities may express personality disturbances in self and relationship processes and may affect the consolidation of or recovery from emerging PD in the transition to adulthood — all possibilities worthy of future investigation.

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Introduction

Adolescents spend considerable time and effort exploring and defining who they are as people; indeed, Erik Erikson argued that solving the crisis of identity versus role confusion is the pre-eminent developmental task of adolescence — a task that begins in adolescence and continues into adulthood [1]. One of the most critical ways that young people engage in identity development is by starting to narrate their lives as evolving stories, a domain of personality that McAdams and colleagues call *narrative identity* [2,3]. A narrative identity — or life

story — integrates important past experiences, goals and values, and sense of meaning into a relatively coherent whole that can help direct individuals' next steps in life [4,5]; it is this integrative function that sets narrative identity apart from other aspects of personality like traits and goals.

In this paper, we argue that narrative identity is likely to be important in the development of personality disorder in adolescence. Specifically, youth's emerging narrative identities may express personality disturbances in self and relationship processes and may affect the consolidation of or recovery from PD in the transition to adulthood. The first author initially made this argument a decade ago [6], and in the intervening time, significant progress has been made in understanding both narrative identity and personality disorder (PD) in adolescence. Thus, in this update, we first summarize recent findings on narrative identity and highlight their relevance for PD in adolescence. Second, we review the as-yet limited studies linking PD with narrative identity in adolescence and early adulthood.

Narrative identity: recent findings and clinical implications for PD in adolescence

Life narratives are evolving stories about the self that contribute to a sense of identity, that is, they enable people to integrate their past experiences, as well as their current self and imagined future, into a more coherent whole; these stories of the self provide people with a sense of meaning and purpose [2,3]. Originally, researchers recommended comprehensive oral interviews to elicit narrative identities, though any combination of narrative length and format is possible [7^{**}]. Therefore, researchers have also studied individuals' narrative identities by obtaining relatively short written narratives about their life experiences — for example, about turning points, low points, or high points. Individual differences in narrative identity are assessed by coding narratives on a variety of dimensions.

Narrative identity is considered a different 'level' of personality from traits and goal/strategies [2,3], but thus far, it has not received as much attention as these other aspects of personality in contemporary models linking personality with psychopathology. Recent research makes it clear that narrative identity has much to offer for our understanding of psychopathology, including PDs [8^{**},9^{*}]. Following are recent key findings in research on narrative identity and their relevance for the development of PD in adolescence.

Narrative identity is relevant for the development of PD in adolescence because it reflects variations in individuals' sense of self and relatedness

The Alternative Model for PDs in *DSM-5* (AMPD) has identified two key domains of impairment in PDs: 1) a disturbed sense of self, and 2) chronic problems with interpersonal relationships; Criterion A of the AMPD assesses impairment in these two areas [10]. These two domains are the key features that distinguish PDs from other mental disorders, and they are important aspects of PD in adolescence as well as in adulthood. Adolescents with PDs manifest any number of problems in their sense of self, including a lack of coherence or continuity over time, difficulties with formulating goals and achieving a sense of purpose, or problems with integrating difficult experiences into their overarching life story [11]. Youth with PDs also struggle to form positive relationships with family, peers, and romantic partners [12]. Narrative identity is relevant to Criterion A of a PD diagnosis because it reflects variations in how people narrate their sense of self and their ways of relating to others. Consistent with this claim, a recent study invited researchers with expertise in personality and PDs to rate the connections between various personality paradigms and the AMPD, and these experts rated the narrative identity paradigm as relevant to Criterion A of the AMPD [13].

A recent study of narratives from over 800 emerging and midlife adults pointed to a robust structure underlying the ways that people tell their life stories [14**]. First, narrators vary in their *motivational and affective themes* —whether they express strivings toward agency (mastery over their lives) and communion (connections with others), narrate with a positive and/or negative tone, or often recall negative situations turning good or positive situations turning bad. Second, narrators vary in *autobiographical reasoning* — the extent to which they explore, reflect on, and make meaning of their experiences and their sense of self. Third, narrators differ in their narrative *structure* — the extent to which they tell coherent stories with clear context, time, and facts. Thus, narratives have the potential to reveal disturbances in a person's sense of interpersonal connection, goals and motivations, ways of making meaning out of life experiences, and self-coherence — all processes that may reflect the personality impairment described in Criterion A of the AMPD.

The process of narrative identity development begins in adolescence and early adulthood, during a particularly high-risk period for the emergence of PD

The foundation for learning to tell stories about one's life is laid in childhood, when children engage in mutual narration of their experiences with their parents and other key figures [15]. Only in adolescence do most youth acquire a key skill required for narrative identity: autobiographical reasoning, the capacity for using language to connect one's past experiences and sense of self with one's present and future selves [16]. The emergence of autobiographical reasoning enables

adolescents to begin the process of understanding who they are and how they came to be that person. Two other factors prompt adolescents to begin the process of narrative development: The rapid biological changes of puberty may force youth to grapple with their sense of having a coherent self over time, and societal expectations push youth to chart a path for the future based on their current sense of self [4]. Although people continue to modify their life narratives across the course of their lives, youth's most important memories show some stability by childhood and become more stable in the period from late adolescence and adulthood; further, life narratives as a whole become increasingly stable through emerging adulthood [17]. Thus, the narratives that youth begin to construct in adolescence are not merely ephemeral, but rather show some stability over time.

The emergence of narrative identity in adolescence coincides with a high-risk period for the development of PD [18,19]. During adolescence, PDs are as prevalent as in adulthood [20], and PD symptoms peak in adolescence as well [19]. Adolescents with significant personality pathology are likely to face challenges as they begin the process of narrative identity development. Youth with PDs may integrate their current symptoms and negative experiences into their emerging life stories in ways that are not healthy [21*]. They may have difficulty creating a coherent and distinctive sense of self that provides a sense of continuity [22]. For adolescents, the presence of a responsive audience for their life stories remains important as they try to create meaningful narratives [23]. Because adolescents with PDs face difficulties in their relationships, they may lack the supportive listeners who could help them develop positive life narratives [22]. Thus, adolescents with significant personality pathology may develop life narratives that do not support healthy development as they move into adulthood.

Narrative identity is linked with well-being and psychological disorder and is especially important in coping with adversity

There is now convincing evidence that narrative identity plays a role in well-being, and positive changes in narrative identity may likewise help people recover from psychopathology. A recent comprehensive review of the literature linking narrative identity with well-being found that a number of narrative dimensions — including the motivational themes of agency and communion and themes of integrative meaning — are associated with well-being, sometimes across time, and sometimes beyond the predictive power of personality traits [24]. Individual differences in narrative identity are also associated with mental health over time [25], and meaning making in narratives predicts improvements in therapy [26].

Although most of this research has been conducted with adults, there is preliminary evidence that adolescents' narrative identities are likewise associated

with well-being and psychopathology. Adolescents' ability to create coherent causal connections in turning point narratives was associated with their concurrent well-being and psychopathology and with well-being over time [27]. Narrative coherence was associated with externalizing symptoms in a sample of adolescent inpatients [28]. Finally, an intervention encouraging positive changes in adolescents' life narratives was effective in increasing adolescents' persistence and academic achievement [29].

Life narratives seem to be especially important in helping people preserve well-being and positive mental health in the face of adversity [5]. As people move through adolescence and reach adulthood, it becomes increasingly important to find a positive way of explaining and coping with negative experiences, particularly ones that hold great emotional significance [30]. Many adolescents with PDs have experienced heightened levels of adversity [12]; it may be particularly difficult in these instances for youth to find positive ways of integrating these adverse experiences into their emerging life stories [31].

Preliminary evidence of links between narrative identity and personality disorders

Although there are compelling theoretical and empirical reasons to suspect that life narratives are important in PDs, only a handful of studies have examined the empirical links between the two. We review those here and offer sample narratives to illustrate the value in examining life narratives in relation to PD in adolescence.

Nearly all of the studies linking narrative identity and PD have focused on borderline PD (BPD). Identity disturbances are a hallmark feature of BPD and are included among the symptoms of the disorder in *DSM-5* [10]. These problems with the self may play a causal role in creating and exacerbating other features of the disorder, including impulsivity, dissociation, disturbed relationships, and emotion dysregulation [32]. Clinicians' ratings of identity disturbances are associated with levels of adolescent patients' BPD symptoms [33]. Several studies have examined the presence of identity disturbances in the narrative material of adults, and certain narrative features have been associated with BPD symptoms: lower themes of agency and communion fulfillment [34,35], more negative emotional tone [35], and lower coherence [34]. A study of adolescent inpatients showed that greater narrative incoherence was associated with more BPD features [36*]. Two adult BPD studies have examined the dynamic role of narrative identity using longitudinal designs. In one case, narrative agency increased over a year-long course of therapy among a sample of BPD patients [37], and in another, the theme of agency predicted well-being and psychopathology a year later [34]. Taken together, adults with BPD symptoms appear to narrate their lives in ways that emphasize the role of

outside forces rather than their own autonomy, foreground social disconnection and negativity, and present story lines in a less coherent fashion.

To our knowledge, the first research examining PD features and narrative identity using typical life narratives in adolescence is a recent study of adolescent narrative identity and schizotypal PD features [38**]. Over 1500 community adolescents wrote about a turning point in their lives. Youth with unusually high levels of self-reported schizotypal PD features — such as odd perceptions, unusual beliefs, restricted emotions, suspiciousness, and withdrawal — were compared with more normative youth. **Box 1** presents sample narratives written by adolescents in the two groups. Consistent with these examples, compared to the normative sample, the youth with significant schizotypal PD features produced narratives that were less agentic and were less likely to contain redemption sequences in which their adverse experiences led to good outcomes. Their narratives also were more likely to include schizotypal and Cluster A PD content, such as descriptions of unusual experiences, paranoia, or restricted affect. The narratives from the two groups did not differ in the extent to which the youth connected their experiences with some permanent aspect of the self.

Although the existing research linking narrative identity with PD is limited and focuses almost entirely on adults, it suggests that there are meaningful differences in the life stories of people with and without significant PD.

Box 1 Sample turning point narratives written by community adolescents with high versus normative levels of schizotypal PD features [18].

Narratives from adolescents reporting high levels of schizotypal PD features:

"I walked past a tree painting at school and was pretty sure I saw horses leaping out of it. I told my classmates about this experience and they thought I was odd. I was teased and bullied more often after this. Since then I have been coming up with excuses to avoid going to school."

Narratives from adolescents reporting normative levels of schizotypal PD features:

"My grandmother passed away about a year ago and I had a lot of trouble dealing with this at the time. Things at school were also not going well because of this. I often sat alone in my room and although I did not cry often, I was very sad. Because I spent so much time with myself, I started thinking about things like friendships, relationships, and my future. This brought me much closer to myself and I learned a lot about myself."

Note: Adolescents wrote *turning point narratives* about an episode in which they experienced a significant change in the understanding of the self. Each of these sample turning point narratives is a compilation of more than one narrative, to preserve participants' anonymity.

Conclusions

Narrative identity offers a perspective on PD development in adolescence that considers youth's life experiences and the ways that youth construct their overarching sense of self from those experiences. As the sample narratives in **Box 1** demonstrate, adolescents' life narratives offer rich material that is near to adolescents' lived experiences, and these narratives reveal individual differences in the ways that youth construct their identities. Adolescent narrators vary in how they tell their life stories in terms of dominant themes, emotional tone, and ways of constructing meaning. Youth with PDs experience disturbances in their emerging sense of identity, and these difficulties in their sense of self and their relatedness to others are likely to be expressed in their life narratives; narrative identity thus may reveal personality disturbances. In turn, the ways that youth construct their life narratives might affect the course of their personality pathology in the transition to adulthood, given that narrative identity appears to shape well-being and mental health over time. All of these possibilities are worth of further study, particularly using longitudinal designs.

The limited existing research linking narrative identity with PDs offers preliminary evidence that people with personality pathology tend to narrate their lives in ways that are more negative and that convey themes of lower agency and communion with others; their narratives may also contain material expressing PD symptoms. Because adolescents with emerging personality pathology are beginning the process of developing a life narrative, they may be particularly at risk of starting to create life narratives that perpetuate their problems with their sense of self. Treatment for adolescent PDs often addresses identity disturbances [39,40]; helping youth to narrate life stories that are more empowering and positive may be a useful addition to such treatments.

Conflict of interest statement

Nothing declared.

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