

Narrative Identity Characteristics and Personality Pathology: An Exploration of Associations From a Dimensional and Categorical Perspective in a Clinical Sample of Youth

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Narrative identity, as an integral element of personality, has gained increased attention for understanding personality pathology. In this study, associations between narrative identity characteristics (i.e., event valence, theme, contextual coherence, thematic coherence, self-event connection valence, agency, and communion) and personality pathology were examined. Personality pathology was conceptualized as (a) levels of personality (dys)functioning and maladaptive personality traits, (b) six trait facet profiles, and (c) categorical *DSM-5* (fifth edition of the *Diagnostic Statistical Manual of Mental Disorders*) diagnoses. Data of 242 youth ($M_{\text{age}} = 18.79$; $SD_{\text{age}} = 2.65$) were collected as part of a longitudinal study on personality development. Narratives were assessed with turning point interviews, and trait and functioning levels with self-report questionnaires. The narrative identity characteristics of a negative valence, a negative self-event connection valence, low agency, and low communion were associated with higher levels of personality dysfunctioning, negative affectivity, detachment, and psychoticism. These characteristics were also associated with the borderline, avoidant, obsessive-compulsive, and schizotypal trait facet profiles. No associations were found when considering personality pathology from a categorical perspective. Findings may inspire researchers and clinicians to give personal stories a more central role in their work.

Keywords: narrative identity, turning point events, adolescents, maladaptive personality traits, personality functioning

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Every person has a story. In personality psychology, the personal and subjective life story has been referred to as narrative identity (McAdams & McLean, 2013). Narrative identity is conceptualized as an integral part of personality that contributes to unity and purpose in one's life. The importance of considering narrative identity as a contributor to general development, well-being, psychopathology, and the family and cultural context has been increasingly recognized throughout (sub)disciplines of personality psychology (e.g., Pals, 2006), such as developmental psychology (e.g., Camia & Habermas, 2020), clinical psychology (e.g., Adler & Clark, 2019), and social and cultural psychology (e.g., McLean et al., 2018;

Syed & McLean, 2023). This study focuses on the importance of narrative identity as a correlate of personality pathology in a clinical sample of youth.

Narrative Identity Development and Personality Pathology: What Do We Know?

Adolescence and young adulthood—in this study referred to as youth—has been identified as a key period for narrative identity development (McAdams & McLean, 2013). The major physical, psychological, and social functioning changes that occur during adolescence provide a kick-start for meaning-making and therewith the role as autobiographical author (Shiner et al., 2021). Cognitive leaps facilitate the explicit connections between experienced life events and the self that adolescents start to make (Pasupathi et al., 2007). This developmental phase additionally places strong demands on individuals to take on responsible adult roles in the areas of self- and interpersonal functioning. Thus, cognitive, emotional, and social vulnerabilities that prohibit these role functions may become evident (Sharp, 2020). Indeed, youth is also a key period for the onset of mental disorders generally and personality pathology specifically (Solmi et al., 2022). For this reason, youth presents a particular important phase to consider the development of narrative identity and personality pathology in sync (Lind, Sharp, & Dunlop, 2022). Characteristics of the narrative identity in relation to personality pathology have often been examined in

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community samples of youth (e.g., Shiner et al., 2021) and clinical samples of adults (e.g., Lind, Adler, & Clark, 2020; Sajjadi et al., 2022), but studies in clinical samples of youth are scarce. In addition, most studies report on categorical personality disorders (PD), often borderline personality disorder (BPD). To the best of our knowledge, this study is one of the first to examine associations between narrative characteristics and personality pathology from a dimensional perspective in a clinical sample of youth.

Narrative Identity and Personality Pathology

In narrative identity, three general characteristics may be distinguished (McLean et al., 2020): affective and motivational themes (i.e., valence, agency, and communion), autobiographical reasoning (i.e., self-event connections and meaning-making), and structural elements (i.e., coherence). First, *affective theme* refers to the emotional valence of the narrative (McLean et al., 2020). Community youth with categorical BPD or antisocial personality disorders (ASPD) characteristics seem to narrate about situations with a more negative affective valence than youth without these characteristics (Vanderveren et al., 2021). Moreover, adult patients with BPD appear to narrate about life events more negatively than adults without this classification (Botsford & Renneberg, 2020; Lind, Vanwoerden, et al., 2020). However, adult patients with ASPD narrated about negative memories equally often as they did about neutral or positive memories (Lavallee et al., 2020). The *motivational theme* refers to goal-like orientations, in which the most common dimensions are agency and communion. Agency represents the need for autonomy and achievement (“to get ahead”). Communion represents the need for connection through love and intimacy (“to get along”; McAdams & Pals, 2006). Thwarted agency and communion themes have been associated with BPD characteristics in inpatient adolescents (of whom it is unclear whether or not they were formally diagnosed with a PD; Lind, Vanwoerden, et al., 2022). Furthermore, low levels of agency and communion were associated with BPD characteristics in university students and adult patients diagnosed with BPD (e.g., Adler et al., 2012; Lind, Vanwoerden, et al., 2022).

Second, *autobiographical reasoning* serves to integrate separate events within the broader self-concept through reflection on and reasoning about life events (Habermas & Bluck, 2000). Narratives of adult BPD patients have repeatedly been found to show evidence of negative self-event connections (Jørgensen et al., 2012; Lind, Vanwoerden, et al., 2020). In student samples, findings have been mixed. While one study indicated that self-event connections were associated with psychopathology, such as dissociation, interpersonal sensitivity, and psychoticism (Holm & Thomsen, 2018), another study did not find such an effect in students with schizotypal PD features (See et al., 2021). See et al. suggested that these associations may be more likely in clinical samples. Indeed, in a clinical sample (partly the same data as used in the current study) it was found that self-event connections were related to personality dysfunctioning and negative affectivity concurrently. However, these findings did not hold when controlling for negative affectivity (De Moor et al., 2022).

Third, *structural elements* refer to the architectural part of a narrative, such as temporal and orientational details and order of the content (McLean et al., 2020). Coherence is a structural element that serves the ordering of the narrative (McLean et al., 2020). Low levels of narrative coherence were associated with BPD characteristics in adolescents diagnosed with BPD, although this effect

disappeared when considering the covariance between narrative coherence and identity diffusion (Lind et al., 2019). Additionally, a lack of narrative coherence was related to poor mentalization and attachment insecurity (Lind, Vanwoerden, et al., 2020). Furthermore, lower levels of narrative coherence were related to ASPD features in a community young adult sample, and with more childhood adversity in adult patients with BPD (Bendstrup et al., 2021; Vanderveren et al., 2021). However, in a university student sample coherence appeared to be negatively related to some maladaptive personality trait facets but not BPD characteristics (Sajjadi et al., 2022). In addition, in an adult psychiatric sample with 67% of the patients meeting criteria for one or more categorical PD, coherence appeared unrelated to personality functioning (Dimitrova & Simms, 2022).

These (mixed) findings emphasize the need to explore the associations between narrative identity characteristics and personality pathology in a clinical sample of youth.

Narrative Identity and Personality Pathology: Categorical and Dimensional Perspectives

The conceptualization of personality pathology is changing. Categorical models of PD have been criticized (Vaugh et al., 2017) for their validity, reliability, and arbitrary cutoff with a number of symptoms. However, they remain widely used in research and clinical practice. Recently proposed dimensional models, such as the Alternative Model of Personality Disorders (AMPD) in fifth edition of the *Diagnostic Statistical Manual for Mental Disorders* section III (*DSM-5-III*) and 11th edition of the *International Classification of Diseases* (American Psychiatric Association [APA], 2013; World Health Organization, 2022) may provide a more nuanced and integrated description of personality functioning and symptoms. The AMPD operationalizes personality pathology as impairments in personality functioning (Criterion A) and maladaptive personality traits (Criterion B). Next to this purely dimensional operationalization of personality pathology, *DSM-5-III* suggests six-dimensional trait facet PD profiles. Individuals can be characterized by such a profile if they score both high on personality dysfunctioning and on specific maladaptive trait facets. Such, trait facet profiles may narrow the gap between traditional categorical classifications and the recent dimensional approach to personality pathology. In order to contribute to the inclusion of narrative identity as part of personality assessment in each clinical setting, it is important to understand its association with both the currently often-used categorical model, and the recently proposed dimensional perspective on personality pathology, including its trait facet profiles. These insights may furthermore inform and refine the transition from categorical to dimensional models. The consideration of narrative identity as a part of identity functioning, which in turn is an aspect of personality functioning (Criterion A), may have increased value for making a dimensional operationalization of personality pathology clinically applicable (Lind, 2021).

The current categorical and dimensional PD models do not include narrative identity. One reason for this may be that narrative identity and personality pathology originate from different fields of study. Narrative identity finds its roots in the general domain of personality psychology, while the PD models find their roots in the domain of clinical psychology. Only recently these fields of study have moved toward each other. For example, criterion A of the

AMPD captures the core dimensions of “getting ahead” (agency/self-functioning) and “getting along” (communion/interpersonal functioning), which may also be differentiated as narrative identity characteristics (Bender, 2019; Lind, 2021; Pincus, 2018). Recent studies show that narrative identity characteristics are indispensably associated with personality pathology (Adler & Clark, 2019; Lind, 2021). These associations emphasize the value of narrative identity characteristics as an additional and alternative perspective on describing and understanding personality pathology (Lind, 2021; McCrae & Costa, 2021). Narratives may provide rich information about disturbances in personality functioning and self- and other concepts that play a role in the consolidation of, or recovery from, personality pathology (Shiner et al., 2021). Hence, there is an emphasized need for the integration of these separate fields of study (Adler & Clark, 2019; Lind, Vanwoerden, et al., 2020).

The Present Study

This study investigates the associations between characteristics of narrative identity and personality pathology in a clinical sample of youth. In order to gain insight into narrative identity, various assessment methods have been proposed, among which a full life story interview (e.g., Adler et al., 2017; McAdams, 2008). However, such an extensive discussion of multiple life chapters is often not possible in a time-scarce context, such as a mental health care institution. Discussion of one life chapter, such as a turning point event, is a shorter method that can be used to examine narrative identity characteristics (e.g., McLean & Pratt, 2006). Despite being brief, studies have demonstrated that key elements of narrative identity can be distinguished from turning points (e.g., See et al., 2021; Vanderveren et al., 2021).

In this study, associations between characteristics of turning point narratives and personality pathology are examined with personality pathology operationalized as (a) levels of personality functioning and maladaptive personality traits, (b) PD trait facet profiles, and (c) traditional categorical fifth edition of the *Diagnostic Statistical Manual of Mental Disorders (DSM-5)* classifications. Based on previous studies, we expect that youth with higher levels of personality pathology (i.e., more impairments in personality functioning, and higher levels of maladaptive personality traits, or higher scores on trait facet profiles, or a categorical PD) narrate about turning points with a more negative valence, negative self-event connections, and lower levels of agency and communion. Given the mixed results on coherence in previous studies, no specific hypotheses were formulated about this association.

Method

Participants and Procedure

The present study was part of an ongoing longitudinal study on personality development of clinical youth, named APOLO (Adolescence and their Personality Development: a Longitudinal Study; see Koster et al., 2022 for an elaborate description of the project). This study was approved by the ethical committees of the university faculty and the mental health care center in which data collection took place (FETC17-092). The current study used a sample of 242 youth, ages 12–26 years ($M = 18.79$, $SD = 2.65$; 73% self-identified female) for whom turning points were assessed in the first wave. These youth were referred to a mental health care institution for a range of severe mental disorders, mainly internalizing disorders and personality

pathology. Youth with intellectual disabilities, psychotic disorders, severe eating disorders, severe externalizing disorders, or substance dependence did not participate, as these youth are typically referred to other specialized treatment programs. Furthermore, youth with insufficient knowledge of the Dutch language to fill out the questionnaires were not selected for participation. Youth and their parents were asked to sign informed consent, and were informed that they could revoke their participation at any time without any consequences. All youth and parents were asked to fill out the questionnaires online at home or in the institution and additionally participated in a short turning point interview (TPI).

TPI

The TPI is a method that assesses one’s narrative identity by asking participants to narrate about one specific turning point in their lives; an event that has changed one’s point of view about the self and/or the world (e.g., McLean & Pratt, 2006). We designed an infographic with a graphical illustration of this question (see Appendix 2 in the online supplemental materials). Youth were asked to elaborate their narration about their turning point following these questions: “What did you feel, think or want during this moment?” “Why do you think this is an important moment in your life story?” and “Does this moment say something about who you are as a person or your life?” Interviewers were trained to conduct the interview, with the instruction to ask for a situation that resembled a turning point, in case youth could not come up with a turning point. Furthermore, interviewers could only once per question ask whether youth could elaborate on their answer and to give no other response. To give an example of a turning point narrative, one youth stated: “the car accident in which my dad suddenly died was a turning point.” When asked to elaborate he told: “it felt terrible, lost and alone. I was angry at everything. Although afterwards it made me appreciate positive events in life even more. I learned to live life to its fullest, it can be over before you know it.” The interviews were recorded and trained students and researchers transcribed and coded all transcripts.

Coding Turning Point Narratives

All transcripts were coded for the seven characteristics of narrative identity. We attempted to code all narrative characteristics in each narrative, however, not all interviews provided sufficient information for doing this, resulting in different numbers of interviews per characteristic. The first 25 interviews were used to examine and code the characteristics of narrative identity based on existing literature (McLean et al., 2020). An extensive coding manual was constructed (available on request from Ben Baaijens). It appeared that, to be able to reliably distinguish between codes based on the relatively brief amount of information provided in one TPI, some original coding systems had to be reduced to less codes. Coders, who were blind to this study’s hypotheses, were trained in coding one narrative characteristic. During training, coders were informed about narrative identity in general, the value of turning point events specifically for understanding narrative identity, and the characteristic they were going to code. After training, coding was continually evaluated by frequent discussion of the codes until consensus was reached. Each characteristic was coded by two main coders coding all interviews and one master coder who randomly coded one third of the interviews. The master coders coded multiple characteristics, keeping an overview, and consensus in the coding procedure.

Reliability analyses were conducted following state-of-the-art guidelines (Adler et al., 2017; Syed & Nelson, 2015). If a characteristic was coded with insufficient reliability ($\kappa < .60$) it was excluded from further analyses. This was the case with stability/change ($\kappa = .53$) in self-event connections.

Affective and Motivational Themes

Theme indicated the general content of the turning point. Based on the first 25 interviews, a coding system was constructed to code the themes present in the narratives. In the narratives in this study, the frequency of themes occurring was achievement (14%), relationships (45%), religion (1%), sexuality (1%), health (17%), self (9%), school (2%), and no codable theme/other (11%). Each interview was assigned one dominant theme. The theme was coded with good reliability indexes ($\kappa = .70$; percentage of agreement = 77%).

Event valence indicated the affective tone of one's turning point narrative and was coded with a coding system adapted from the coding system by McLean et al. (2020). To be able to reliably distinguish between codes, we reduced the originally 5-point Likert scale, to a 3-point Likert scale ranging from negative (e.g., "I felt really terrible, like my world had collapsed"), neutral/ambiguous (e.g., on the one hand, it was awful, on the other hand, I felt relief) to positive (e.g., "I finally felt happy"). Importantly, event valence concerned the specific turning point moment and not the affective tone of reflection on this moment (see self-event connection [SEC] valence). Event valence was coded with good reliability indexes ($\kappa = .77$; agreement = 88%).

Agency indicated to what extent the narratives of youth showed evidence of a sense of control and autonomy. Agency was coded with a coding system adapted from Adler et al. (2012). The original 4-point Likert scale was transformed to a 3-point Likert scale to be able to reliably differentiate between codes. Codes ranged from low (e.g., "he simply left me and there was nothing I could do") to neutral/ambiguous (e.g., "I did try to do it better, but it all seemed to work against me"), to high agency (e.g., "I started paying attention to others and changed my attitude"). Agency was coded with an excellent interrater reliability (intra class correlation [ICC] = .86).

Communion indicated to what extent youth narratives showed evidence of a concern with connection, love, and intimacy. Communion was coded with a coding system adapted from Adler et al. (2012) on a 4-point Likert scale, ranging from low (e.g., "I felt rejected and humiliated like a clown") to high communion (e.g., "I have never felt so close to another person"). Communion was coded with an excellent interrater reliability (ICC = .84). The low scores of communion were separated into two groups, namely "with a clear wish for communion" or "without any wish for communion."

Autobiographical Reasoning

(SEC indicated whether youth made any connection between the event and the self, which was coded as yes (e.g., "I changed completely ever since that moment") or no (e.g., "I don't know what this event says about me"). This is in line with the coding system of Pasupathi et al. (2007). All interviews with an SEC were coded for ending valence with a coding system adapted from the coding system of Pals (2006). In our coding system, the original 5-point Likert scale was transformed into a 3-point Likert scale, differentiating between negative, ambiguous/neutral, or positive valence. Importantly, SEC valence refers to the valence of meaning-

making at the present moment when reasoning about the past event and not to the valence of the turning point event itself. SEC ($\kappa = .71$; agreement = 91%) and SEC valence ($\kappa = .67$; agreement = 75%) were coded with acceptable reliability indexes.

Structural Elements

Contextual coherence indicated the level of nonspecific and specific information concerning time and place in the narrative, as described by Reese et al. (2011). Contextual coherence was coded on a 4-point Likert scale, ranging from low to high (no vs. complete specific information with regard to time and space; e.g., "at age 17, my last year of high school, I sat down at my bed and saw my parents fight").

Thematic coherence indicated the level of consistency in theme concerning introduction, explanatory information, and conclusion (Reese et al., 2011). Thematic coherence was coded on a 3-point Likert scale which was adapted from the original 4-point scale (Reese et al., 2011), ranging from non/minimal coherence (e.g., interviews are off-topic and lack integration) to full structural coherence (clear integration of introduction, explanation, and conclusion). Contextual coherence was coded with excellent reliability (ICC = .89) and thematic coherence with good reliability (ICC = .76).

Personality Functioning

The Level of Personality Functioning Scale–Brief Form 2.0 (LPFS-BF 2.0; Weekers et al., 2019) is a 12-item self-report questionnaire that showed satisfactory reliability and validity in assessing self-, interpersonal-, and general personality functioning. Items about personality functioning (e.g., "I often do not know who I really am") are rated on a 4-point Likert scale, ranging from 1 (*not at all true or often untrue*) to 4 (*often true or completely true*). In the present sample, the Cronbach's alpha were .76 for self- and .72 for interpersonal functioning.¹

Maladaptive Personality Traits

The Personal Inventory for *DSM-5-100* (PID-5-100; Koster et al., 2020; Maples et al., 2015) is a 100-item self-report questionnaire that showed satisfactory reliability and validity in assessing five maladaptive personality traits, that is, negative affectivity, detachment, antagonism, disinhibition and psychoticism, and 25 trait facets. Each item is a statement (e.g., "I feel like I act totally on impulse") that is rated on a 4-point Likert scale, ranging from 0 (*very/often false*) to 4 (*very/often true*). The PID-5-100 is a short version of the 220-item PID-5 (PID-5; Krueger et al., 2012; authorized Dutch translation by van der Heijden et al., 2014). In the current sample, the Cronbach's alpha of the trait domains were .87 (negative affectivity), .82 (detachment), .84 (antagonism), .89 (disinhibition), and .87 (psychoticism).² Cronbach's alpha of the trait facets ranged from .64 (irresponsibility) to .91 (distractibility; see Table S1 in the online supplemental materials). Detailed information on psychometric properties in outpatient youth is provided by Koster et al. (2020).

¹ McDonald's omega revealed similar reliability scores: .75 (self-functioning) and .71 (interpersonal functioning).

² McDonald's omega revealed similar reliability scores: .86 (negative affectivity), .74 (detachment), .84 (antagonism), .90 (disinhibition), and .86 (psychoticism).

PD Trait Facet Profile Scores

Six PD trait facet profile scores were constructed based on the instruction in *DSM-5-III* in which profiles are described along levels of personality dysfunctioning and trait facet scores (APA, 2013). In this study, we constructed these profiles (the antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal profile) by taking the mean of the indicated PID-5 facets for each profile, not taking into account levels of personality dysfunctioning. This ensured that all patient youth had a score on each profile. Given their reference to the mental health care institution for specialized psychiatric care, we could assume that all youth patients experienced severe personality dysfunctioning difficulties, which was also indicated by the mean score on the LPFS-BF.

Categorical DSM-5 Diagnoses

Youth were assessed by a clinical psychologist (PsyD or PhD) or psychiatrist (MD), whom assigned one or several *DSM-5* diagnoses based on a clinical interview in which *DSM-5* symptoms were discussed. During this assessment, highly trained clinicians had no knowledge of the questionnaire scores. In this study, only primary and no comorbid diagnoses were considered. Of the included youth, 30% ($N = 186$) had a primary categorical PD diagnosis, of which 73% was an unspecified PD, 17% a borderline PD, 8% an avoidant PD, and 2% other PDs. Furthermore, 58% of the included youth did not have PD as a primary classification. The most common other classifications were depressive disorder (20%), anxiety disorder (13%), or developmental disorder (autism spectrum or attention deficit hyperactivity disorder; 16%). Of 12%, the *DSM-5* classification was unknown.

Analyses

All analyses were conducted in SPSS Version 26 (IBM Corporation, 2019). Descriptive statistics are presented for all variables. In order to examine associations between narrative identity characteristics and AMPD Criterion A (personality dysfunctioning), Criterion B (maladaptive personality traits), and trait facet profiles, partial correlation analyses were conducted between these continuous variables and those of the narrative identity characteristics (event valence, coherence, SEC valence, agency, and communion). An analysis of variance (ANOVA) test was conducted to test for differences in theme. In order to examine associations between narrative identity characteristics and the categorical model of personality pathology, a dummy variable was created for having a primary PD classification or not. These two groups were selected because of the skewed distribution of different specific PDs. ANOVA analyses were conducted to test for differences in levels of event valence, coherence, SEC valence, agency, and communion for the two groups. All analyses controlled for the effect of age and gender. A chi-square test of independence was performed to examine associations between this dummy and theme. Effect sizes were interpreted following the guidelines of Cohen, in which .20 resembles a small effect, .50 resembles a medium effect, and .80 resembles a large effect (1992). Because we calculated a large number of associations, we corrected for multiple-testing by interpreting correlations at p value $< .01$.

Transparency and Openness. A power analysis was done for the correlational analyses, which indicated that for finding a moderate effect ($> .3$), with a power of .80 a sample size of 125 ($\alpha < .01$)

or 85 ($\alpha < .05$) would be needed (Hulley et al., 2013). For finding similar effects with ANOVA analyses with seven predictors, a sample size of 311 ($\alpha < .01$) or 225 ($\alpha < .05$) would be needed. This study's design and its analyses were not preregistered. Due to the clinical nature of the data and ongoing data collection, the data can be made available on personal request to Ben Baaijens.

Results

Narrative Identity, Personality Functioning, and Maladaptive Personality Traits

Descriptive statistics for all constructs are provided in Table 1 and additional descriptive statistics are provided in Tables S2 and S3 in the online supplemental materials.

Partial correlations between the characteristics of narrative identity and AMPD Criterion A and B and the PD trait facet are presented in Table 2. Youth that narrated stories with a more negative event valence and lower levels of agency reported higher levels of interpersonal dysfunctioning and negative affectivity. In addition, youth that narrated less communal stories reported higher levels of both self- and interpersonal dysfunctioning. Furthermore, youth that narrated stories with a more negative SEC valence reported higher levels of interpersonal dysfunctioning, negative affectivity, detachment, and psychoticism. All associations had small to medium effect sizes. Notable is the absence of any significant correlation between contextual- and thematic coherence and personality dysfunctioning (self or interpersonal) or maladaptive personality traits. The ANOVA analysis (Table 3) demonstrated no significant associations between the themes youth narrated and the levels of personality dysfunctioning or maladaptive personality traits.

Table 1
Means and Standard Deviation of the Alternative Model of Personality Disorders Criterion A and B, Trait Facet Profiles, and Narrative Identity Characteristics

Variable	<i>M</i>	<i>SD</i>	<i>N</i>
Dimensional model			
Cr. A			
Self-functioning	1.92	.65	218
Interpersonal functioning	1.13	.61	218
Cr. B			
Negative affectivity	1.73	.65	223
Detachment	1.10	.51	223
Antagonism	.53	.56	223
Disinhibition	1.36	.63	223
Psychoticism	.92	.59	223
Trait facet profiles			
BPD profile	1.45	.50	223
Antisocial profile	.87	.54	223
Avoidant profile	1.31	.47	223
Narcissistic profile	.64	.58	223
Obsessive-compulsive profile	1.36	.59	223
Schizotypal profile	1.03	.47	223
Narrative identity characteristics			
Valence	.53	.76	238
Contextual coherence	1.37	1.11	235
Thematic coherence	1.16	.71	235
Connection valence	.85	.78	182
Agency	.74	.87	193
Communion	.48	.73	168

Note. Cr. = criterion; BPD = borderline personality disorder

Table 2
Correlations Between AMPD Criterion A and B, Trait Facet Profiles, and Narrative Identity Characteristics Controlled for Age and Gender

Variable	Valence	Contextual coherence	Thematic coherence	SEC valence	Agency	Communion
Cr. A						
Self-functioning	-.108	-.053	.015	-.206**	-.149	-.221**
Interpersonal functioning	-.216**	-.040	.028	-.264*	-.274*	-.290*
Cr. B						
Negative affectivity	-.173***	-.070	.009	-.281*	-.255*	-.178***
Detachment	-.106	-.059	.011	-.210**	-.122	-.170***
Antagonism	.032	.017	.073	-.049	.071	-.031
Disinhibition	.022	-.102	.047	-.193***	-.025	-.067
Psychoticism	-.085	-.113	.054	-.272*	-.172***	-.198***
Profiles						
BPD	-.142***	-.106	.007	-.276*	-.198**	-.193***
Antisocial	.020	-.055	.050	-.126	.009	-.086
Avoidant	-.163***	-.100	.002	-.294*	-.229**	-.209**
Narcissistic	.078	.072	.033	.056	.094	.000
Obsessive-compulsive	-.177**	-.120	.006	-.195***	-.131	-.138
Schizotypal	-.148***	-.127	.020	-.312*	-.179***	-.255**
Age	-.121	.006	.195**	.056	.059	-.039
Gender	-.016	.127	.082	.082	.071	-.009

Note. Cr. = criterion; SEC = self-event connection; AMPD = Alternative Model of Personality Disorders; BPD = borderline personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Narrative Identity and Trait Facet Profiles

Partial correlations between the characteristics of narrative identity and the trait facet profiles are presented in Table 2. Youth that narrated stories with a more negative event valence reported higher scores on the obsessive-compulsive trait facet profile. In addition, youth with less agentic stories reported higher scores on the avoidant trait facet profile and youth with less communal stories reported higher scores on the avoidant and schizotypal profile. Furthermore, youth that narrated stories with a more negative SEC valence reported higher scores on the borderline-, the avoidant-, and schizotypal-trait facet profiles. All associations had small to medium effect sizes. Notable is the

Table 3
ANOVA Results of Differences in Theme for AMPD Criterion A and B and Trait Facet Profile Scores Controlled for Age and Gender

Variable	F	df	p
Self-functioning	1.38	8/194	.208
Interpersonal functioning	1.49	8/194	.162
Negative affectivity	1.54	8/197	.146
Detachment	.95	8/197	.477
Antagonism	.99	8/197	.445
Disinhibition	.84	8/197	.571
Psychoticism	1.25	8/197	.270
BPD profile	1.61	8/197	.123
Antisocial profile	.55	8/197	.819
Avoidant profile	1.11	8/197	.357
Narcissistic profile	1.86	8/197	.069
Obsessive-compulsive profile	.96	8/197	.471
Schizotypal profile	1.32	8/197	.235
Age	.69	8/215	.705
Gender	.97	8/215	.459

Note. ANOVA = analysis of variance; AMPD = Alternative Model of Personality Disorders; BPD = borderline personality disorder.

absence of any significant correlations between contextual- and thematic coherence and other dimensional personality variables. The ANOVA analysis (Table 3) demonstrated no significant associations between the themes youth narrated and the trait facet profiles.

DSM-5 Categorical Classifications

Differences between narrative characteristics for the two groups are presented in Table 4. Our ANOVA results indicated no differences in event valence, contextual and thematic coherence, SEC valence, agency, and communion. The chi-square test of independence indicated no differences (using the standard of $p < .001$) in theme, $\chi^2(8) = 15.60$, $p = .048$, between youth with and without a categorical PD diagnosis. However, differences in age were found. An independent samples t test revealed that those with a PD diagnosis generally were older, $M_{\text{agePD}} = 19.9$ versus $M_{\text{ageNoPD}} = 19.3$, $t(240) = 2.28$, $p = .023$.

Discussion

Narrative identity has gained increased attention for conceptualizing and understanding personality pathology (Dunlop et al., 2023; Lind, 2021). In this study, we examined the association between seven narrative identity characteristics and personality pathology in a clinical sample of youth. We used three perspectives on personality pathology: (a) personality dysfunctioning and maladaptive personality traits (AMPD), (b) six trait facet profiles, and (c) categorical DSM-5 PD classifications.

Narrative Identity, Personality Dysfunctioning, and Maladaptive Personality Traits

With regard to *affective themes*, we found that youth who narrated about turning points with a negative event valence, reported higher levels of interpersonal dysfunctioning. This may be explained by

Table 4

ANOVA Results of Differences in Narrative Characteristics Between PD and No PD Groups

Variable	<i>F</i>	<i>df</i>	<i>p</i>
Valence	.00	1/236	.948
Contextual coherence	.78	1/233	.378
Thematic coherence	.00	1/233	.951
Self-event connection valence	.22	1/180	.641
Agency	.00	1/191	.975
Communion	.03	1/166	.862
Age	5.20	1/240	.023
Gender	7.23	1/240	.008

Note. ANOVA = analysis of variance; PD = personality disorder.

youth with high levels of personality dysfunctioning generally experiencing more negative (turning point) events in their life (Beck et al., 2015). Alternatively, an attention and perception bias that makes one prone to negative processing may play a role. This is often reported for individuals with high levels of negative affectivity (Brock et al., 2022; Lilgendahl & McAdams, 2011) and interestingly seems to be particularly strong when individuals are not likely to rely on interpersonal resources to regulate negative affect (Brock et al., 2022).

With regard to the *motivational themes* of agency and communion, our results demonstrate that youth who narrated less agentic and communal turning point events reported more impairments in interpersonal functioning. In addition, youth with less communal turning points reported more impairments in self-functioning. These associations were not surprising, as it has been suggested that Criterion A, captures these two core dimensions of “getting ahead” (agency/self-functioning) and “getting along” (communion/interpersonal functioning) (Bender, 2019; Lind, 2021; Pincus, 2018). However, counterintuitively we find agency in narratives to be related to interpersonal functioning and not self-functioning. Even though there may be conceptual overlap between self- and interpersonal dysfunctioning in Criterion A, the absence of this specific association would be an interesting direction to examine in future studies. With interpersonal functioning being highly salient in adolescence, this may be specific to this age group. Furthermore, in line with previous studies, youth who narrated less agentic stories reported higher levels of negative affectivity (Ghaed & Gallo, 2006). Indeed, negative affectivity, or the opposite “emotional stability” has been related to an internal locus of control driving individuals to approach and attain goals (De Hoogh & Den Hartog, 2009).

With regard to *autobiographical reasoning*, our results demonstrated that youth who narrated stories with more negative self-event connections reported higher levels of self- and interpersonal dysfunctioning, negative affectivity, detachment, and psychoticism. Given, the mixed results in previous studies, this finding may point to See et al. (2021) being correct in suggesting that such negative self-event connections may be especially evident in the narratives of individuals with personality pathology in general. It has been found that youth, in comparison to older individuals, were more likely to make damaged self-connections when having experienced trauma (Lilgendahl et al., 2013). This may have to do with youth being prone to making new and more self-event connections, because of their key developmental task of identity construction in this phase (Pasupathi & Weeks, 2011). Furthermore, in a study

that was part of the same longitudinal research project (Koster et al., 2020), negative self-event connections were found to be cross-sectionally related to personality functioning, but not predictive of future functioning when controlling for negative affectivity (De Moor et al., 2022). As such it may be that levels of negative affectivity determine both proneness to maladaptive meaning-making patterns and personality functioning problems over time. Future studies could examine determinants of maladaptive meaning-making.

With regard to *structural elements*, we found both thematic and contextual coherence to be unrelated to levels of personality dysfunctioning and personality traits. This is in line with some (Dimitrova & Simms, 2022; Sajjadi et al., 2022), but not all studies (Lind, Vanwoerden, et al., 2020; Vanderveren et al., 2021). Differences in prompts may play a role in the differences in results (Adler, 2012; McLean et al., 2020). More extensive prompts such as a complete life story interview that addresses multiple events may be more suitable for examining coherence, in contrast to a specific turning point event. Future studies could test this hypothesis, for instance by using more elaborate prompts in a similar population of outpatient youth or by single case study designs. The age of our participants may provide an alternative explanation. Whereas incoherence in narratives of patients with PD seems consistently found in adults (Adler et al., 2012; Lind, Vanwoerden, et al., 2020), the results in youth are less clear. Comparing narrative coherence in age groups, older individuals seem more likely to provide thematic coherent narratives than youth, and robust age-related increases have been reported (Chen et al., 2012; McLean, 2008). With identity construction as a main developmental task, most domains of coherence may still be developing in youth (McLean, 2008; Reese et al., 2011), which makes incoherence in their narratives not necessarily a display of pathology but of development. Future studies could test this hypothesis by using a control group of clinical adults.

Narrative Identity and Trait Facet Profiles

With regard to the *affective themes*, it was found that youth who narrated about negative turning point events report higher scores on the obsessive-compulsive profile, characterized by rigid perfectionism and perseveration. This relation between obsessive compulsive disorder symptoms and negative interpretation biases has been demonstrated before (Clerkin & Teachman, 2011; Hezel & McNally, 2016). Concerning the narrative identity characteristic of *autobiographical reasoning*, we found that youth who make more negative self-event connections had higher scores on the borderline-, avoidant-, and schizotypal personality profiles. Both these results of *affective themes* and *autobiographical reasoning* may reflect the negativity bias and enhanced memory for negative information that is often found in youth with personality pathology, particularly BPD (Carlson & Oltmanns, 2015; Niedtfeld et al., 2020). With regard to *motivational themes*, it appeared that—in line with previous findings—youth with an avoidant personality trait facet profile narrated less communal and less agentic stories, youth with a schizotypal personality trait facet profile less communal stories and youth with a borderline profile less agentic stories (Cowan et al., 2021; Holm et al., 2018; See et al., 2021). Lower levels of both agency and communion have frequently been studied and mainly reported in patients with BPD (e.g., Lind, Vanwoerden, et al., 2022; Sajjadi et al., 2022). This study’s mixed findings point to the importance of considering motivational themes across the complete spectrum

of personality pathology. In addition, future studies could examine whether these “needs to get ahead and along” may provide an indication for treatment, if specific to a PD profile. Moreover, no associations were found between the *structural elements* and the trait facet profiles.

Narrative Identity and Categorical DSM-5 Diagnoses

Our results indicated no differences with regard to *affective* and *motivational themes*, *autobiographical reasoning*, and *structural elements* between youth with or without a primary categorical PD diagnosis. This is a somewhat unexpected finding given our other results and a previous review (Lind, Adler, & Clark, 2020). Important to take into account is that Lind, Adler, and Clark (2020) considered a wide variety of studies with predominantly adult samples with BPD diagnoses. In the context of our relatively heterogeneous population of clinical youth, the absence of associations between narrative characteristics and the two broad groups of “PD diagnosis” versus “no PD diagnosis” may have various explanations. First, it may be that narrative identity actually lacks a distinctive ability between PD and no PD and that narrative identity characteristics are truly transdiagnostic and not specific to one type of pathology. Second, it may be that our separated groups have more in common than differences, namely youth with a primary PD may also have other mental disorders and symptoms, and youth with another primary clinical diagnosis may also have PD features. Third, the significant age difference between the PD and no PD group could reflect the reluctance of clinicians to diagnose younger individuals with PD (Laurensen et al., 2013). Therefore, these individuals may have not (yet) been diagnosed as such, despite displaying PD symptoms. Fourth, it may be that previous findings were illustrative for specific types of PD, like BPD, whereas in our study all types of PD were grouped together. Fourth, DSM-5 diagnoses were determined by clinicians whereas the trait facet and functioning data were both self-report, which could have led to single method variance. Previously demonstrated associations with different types of PDs (Lind, Vanwoerden, et al., 2022) seem, from a dimensional perspective, partially confirmed by the found associations between narrative characteristics and trait facet profiles.

Integration of Findings and Clinical Consequences

Separate narrative identity characteristics combine into one story of one unique individual. Each individual has a specific portrayal of personality functioning problems, maladaptive personality traits, and facets. Our findings summarized lead to the impression that clinical youth whom narrate stories about negative events, draw negative self-event connections, and show evidence of thwarted agency and communion are the ones who report predominantly interpersonal functioning problems and high levels of negative affectivity. This may be particularly illustrative for youth with personality pathology and points to the avoidant trait facet profile. Negative self-event connections seem evident in youth with more diverse maladaptive personality traits and symptoms, and may most likely be a characteristic of severe psychopathology in general. This is intelligible since the required cognitive resources and emotional stability to process negative life events adaptively may not often be readily available to a clinical sample of youth (Lilgendahl et al., 2013; McLean et al., 2018). Thus, maladaptive meaning-making through negative self-event connections may be more likely to occur, in turn contributing to higher levels of psychopathology (Banks & Salmon, 2013). This

may be specifically detrimental for youth, for whom coherent identity formation is an important developmental milestone (Chen et al., 2012; Meisel et al., 2021). In turn, for this reason, narratives may be considered an important port of entry or vehicle for change in psychotherapy with youth. As such, the findings of this study point to several relevant implications for clinical practice. First, a question that is typically asked in a therapeutic setting is “tell me something about yourself?” This study shows that the way patients respond provides insight into their personality functioning, maladaptive traits, and trait facet profiles, which can be of interest for psycho-diagnostic assessment or indication for treatment. Second, narratives have been found to change during psychotherapeutic interventions (Adler et al., 2013; Singer et al., 2013), changes that have been related to increases in personality functioning and well-being (e.g., Cox & McAdams, 2014). For example, psychotherapy is demonstrated to increase agency by reconstructing life stories (Lind et al., 2019). Therefore, and particularly because of their seeming transdiagnostic nature, the focus on personal narratives could be a beneficial core component of psychotherapy for a range of severe psychopathological disorders (Keefe & Derubeis, 2019).

Limitations

The present study had some limitations. First, this study made use of self-report data for the dimensional measures and of other-report data for the DSM-5 diagnoses. Future studies could use identical methods of assessment and additionally combine methods. Second, the short semistructured interview inquiring about a turning point is a relatively brief prompt compared to a full life story interview, for which responses with considerable variation in length can be provided. This may have resulted in a lack of information necessary for coding all narrative identity characteristics in line with one’s complete personal narrative. It also required the adaptation of common coding systems for some characteristics. Third, because of the clinical setting in which different clinicians assessed their individual patients for symptoms with varying methods, no interrater reliability was obtained for the assessment of the DSM-5 diagnoses. However, reliability and validity of the assessment of the DSM-5 diagnoses may be assumed because of highly trained clinical psychologists (PsyD or PhD) or psychiatrists (MD) whom executed the clinical interviews. Yet, future studies should consider obtaining interrater reliability when conducting studies with DSM-5 diagnoses. Fourth, research on (narrative) identity in youth would benefit from a developmental approach. Future longitudinal studies could shed light on the transactional influences between narrative identity and personality pathology characteristics. Suggestions for these studies would be to examine correlated change or predictive relations, to use longitudinal case study designs or to use experience sampling designs and “zoom in” on daily fluctuations in meaning-making and personality functioning.

Conclusion

The present study provides insight into the associations between narrative identity characteristics and personality pathology in a clinical sample of youth. Based on our findings, it may be concluded that characteristics of narratives of clinical youth shed light on personality pathology from a dimensional perspective, not from a categorical perspective. These findings are relevant for the integration of narrative identity in personality pathology models and may inform the

transition to a dimensional understanding of personality pathology. They furthermore underscore the importance of including narrative identity in studies on youth (pathological) personality development. Finally, these findings may inspire clinicians to give personal stories a central role in clinical practice given their contribution in the emergence and consolidation of—or recovery from—personality pathology.

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