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CHAPTER 18

A Contemporary Interpersonal Model of Personality Pathology and Personality Disorder

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Abstract

We present a model of personality psychopathology based on the assumptions; descriptive metastructure; and developmental, motivational, and regulatory processes of the contemporary integrative interpersonal theory of personality. The interpersonal model of personality psychopathology distinguishes between the definition of personality pathology and individual differences in the expression of personality disorder. This approach facilitates interdisciplinary conceptualizations of functioning and treatment by emphasizing the interpersonal situation as a prominent unit of analysis, organized by the metaconstructs of agency and communion and the interpersonal circumplex model. Linking personality psychopathology to agentic and communal constructs, pathoplastic relationships with those constructs, patterns of intraindividual variability, and interpersonal signatures allows personality dysfunction to be tied directly to psychological theory with clear propositions for research and treatment planning. The model's relevance for *DSM-5* is highlighted throughout the chapter. We conclude by bringing the interpersonal model from bench to bedside with an articulation of its clinical implications.

Key Words: interpersonal, interpersonal circumplex, personality, personality disorder, agency, communion

In this chapter, we aim to update and extend a contemporary integrative interpersonal model of personality psychopathology (Pincus, 2005a, 2005b) by simultaneously incorporating significant advances in interpersonal psychology (Horowitz & Strack, 2010a; Pincus & Ansell, in press; Pincus, Lukowitsky, & Wright, 2010) and looking forward to the American Psychiatric Association's (APA) proposed revisions for the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*; APA, 2011; Skodol et al., 2011). Over the last two decades, growing recognition of deficient construct validity and limited clinical utility of the *DSM* Axis II personality disorder diagnostic criteria (e.g., Clark, 2007; Livesley, 2001) have encouraged exploration of numerous alternative theoretical conceptualizations and empirical models (e.g., Lenzenweger & Clarkin, 2005; Morey et al., in press; Widiger, Livesley, & Clark, 2009). Based upon these efforts, the potential for major scientific advances in the conceptualization and study of personality pathology is perhaps better now than any time in the last 20 years, and we wholeheartedly agree with the *DSM-5* personality disorders workgroup that there is need for "a significant reformulation of the approach to the assessment and diagnosis of personality psychopathology" (APA, 2010, p. 1).

We first demonstrate how an interpersonal model effectively coordinates a definition of personality pathology and a description of individual differences in its expression within an integrative nomological net. We then employ the features of interpersonal metatheory to conceptualize the processes involved in personality pathology. One limitation of most

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personality disorder taxonomies, whether they are composed of diagnostic categories, personality prototypes, or dimensional traits, is their descriptions of general tendencies of the disordered person rather than what a disordered person actually does. Yet personality pathology is commonly expressed as dynamic patterns of behavior contextualized within the social environment, and it is the patterns, and not psychiatric symptoms or trait constellations themselves, that characterize the disorder (Pincus & Wright, 2010; Sullivan, 1953b, 1964). This limitation contributes to the gap between personality disorder diagnosis and personality disorder treatment as evidenced, for example, by the lack of effective treatments for most *DSM-IV-TR* (APA, 2000) personality disorders. In contrast, an interpersonal model has the potential to bridge the diagnosis-treatment gap via its focus on the interpersonal situation and its ability to go beyond static descriptions and move toward understanding contextualized personality processes that disrupt interpersonal relations. Thus, we also attempt to highlight the implications of interpersonal theory and research related to personality psychopathology for clinical practice.

Interpersonal Psychology and Personality Psychopathology

Many overviews of the 60-year history of interpersonal theory and research are available for interested readers (e.g., Pincus, 1994; Strack & Horowitz, 2010; Wiggins, 1996). The origins are found in Harry Stack Sullivan's (1953a, 1953b, 1954, 1956, 1962, 1964) highly generative interpersonal theory of psychiatry, which defined personality as "the relatively enduring pattern of recurrent interpersonal situations which characterize a human life" (Sullivan, 1953b, p. 110–111), and the Berkeley/Kaiser Group's (LaForge, 2004; Leary, 1957) empirical operationalization of Sullivan's ideas in an elegant mathematical and measurement model, the interpersonal circumplex (IPC). Consistent with its clinical origins, conceptualization and treatment of personality psychopathology has been a consistent focus of interpersonal theory and research since its inception (e.g., Anchin & Kiesler, 1982; Carson, 1969; Kiesler, 1986; Leary, 1957). Advances over the last two decades allow the contemporary interpersonal tradition in clinical psychology (Pincus & Gurtman, 2006) to serve as an integrative nexus for defining, describing, assessing, and treating personality disorders (Anchin & Pincus, 2010; Benjamin, 1996, 2003, 2010; Cain & Pincus, in press; Hopwood, 2010; Horowitz & Wilson, 2005; Pincus, 2005a, 2010; Pincus & Cain, 2008; Pincus et al., 2010; Pincus & Wright, 2010).

This "interpersonal nexus of personality disorders" (Pincus, 2005b) has evolved, in large part, due to the highly integrative nature of interpersonal theory itself (Horowitz & Strack, 2010b; Horowitz et al., 2006; Pincus & Ansell, 2003). For example, contemporary interpersonal theory can accommodate findings from a number of research traditions that bear upon the social manifestations of and contributions to personality pathology. Interpersonal models have been integrated conceptually and mathematically with attachment (Bartholomew & Horowitz, 1991; Benjamin, 1993; Florsheim & McArthur, 2009; Gallo, Smith, & Ruiz, 2003; Ravitz, Maunder, & McBride, 2008), psychodynamic (Blatt, 2008; Heck & Pincus, 2001; Lukowitsky & Pincus, 2011; Luyten & Blatt, 2011), and social-cognitive (Locke & Sadler, 2007; Safran, 1990a, 1990b) theories of personality, psychopathology, and psychotherapy, promoting the "interpersonal situation" (Pincus & Ansell, 2003) as a uniquely valuable interdisciplinary level of analysis for understanding personality psychopathology.

Definition and Description of Personality Psychopathology

The *DSM-IV-TR* (APA, 2000) distinguishes the defining characteristics of personality disorder from 10 specific personality disorder constructs. Similarly, theorists from many traditions have distinguished defining aspects of personality pathology from specific personality disorders (Bornstein, 2011; Kernberg, 1984; Livesley, 1998; Pincus, 2005a). This distinction operationalizes an important diagnostic decision with important prognostic (e.g., Candrian, Farabaugh, Pizzagalli, Bear, & Fava, 2007) and treatment (e.g., Critchfield & Benjamin, 2006; Magnavita, 2010) implications in its own right. We believe it is not only clinically useful but necessary to provide a common scientific basis for understanding the nature of normality and abnormality and for the practical tasks of diagnosis and treatment. Importantly, this diagnostic distinction is also a feature in the *DSM-5*, where general diagnostic criteria for personality pathology are formally assessed prior to describing the patient's characteristic expressions.

From this perspective, the extent of personality pathology indicates the overall level or severity of personality-related dysfunction, whereas personality disorders reflect symptom or trait constellations that vary across individuals with different disorders, independent of the severity of their overall

personality pathology. Empirical research supports the distinction between personality pathology and stylistic aspects of personality disorders. Parker et al. (2004) derived two higher order factors from an assessment of the basic elements of personality pathology, which they labeled cooperativeness (ability to love) and coping (ability to work). These factors correlated nonspecifically with the disorders and differentiated clinical and nonclinical samples. Hopwood, Malone et al. (2011) factor analyzed personality disorder symptoms after variance in each symptom associated with a general pathology factor (the sum of all symptoms) was removed. Personality pathology explained most of the variance in functional outcomes, but the five personality disorder dimensions, which they labeled peculiarity, deliberateness, instability, withdrawal, and fearfulness, incremented this personality pathology for predicting several specific outcomes. Morey et al. (2011) assessed personality pathology with items from questionnaires designed to assess global personality dysfunction. By refining these item sets using a host of psychometric procedures, they showed, in two large and diverse samples, that greater severity was associated with greater likelihood of any personality disorder diagnosis and higher rates of comorbidity.

The contemporary interpersonal model presented here also explicitly distinguishes the definition of personality psychopathology from the description of individual differences in its expression. Pincus (2011) refers to this as the distinction between the *genus*—personality pathology and the *species*—personality disorder. The interpersonal model of personality psychopathology combines the integrative developmental, motivational, and regulatory assumptions of interpersonal theory (Benjamin, 2005; Horowitz, 2004; Pincus, 2005a) to define personality pathology with descriptive characteristics and dynamic processes systematized by the empirically derived IPC model (Pincus & Wright, 2010), which is employed as a "key conceptual map" (Kiesler, 1996, p. 172) of interpersonal functioning to describe individual differences in personality disorder. Augmented by the IPC, contemporary interpersonal theory has the capacity to integrate diverse aspects of psychological functioning relevant to personality pathology and personality disorder. In sum, the synergy between Sullivan's interpersonal definition of personality and Leary's IPC model continues to imply and potentiate processes and treatment mechanisms that can enhance the theoretical cohesion, classification, and clinical implications of contemporary conceptualizations of personality pathology and personality disorders.

Contemporary Assumptions of Interpersonal Theory

The interpersonal tradition offers a nomological net (Pincus, 2010; Pincus & Gurtman, 2006) that is well suited for and explicitly interested in pan-theoretical integration. The integrative underpinnings of interpersonal theory were described by Horowitz and colleagues, who stated, "Because the interpersonal approach harmonizes so well with all of these theoretical approaches, it is integrative: It draws from the wisdom of all major approaches to systematize our understanding of interpersonal phenomena. Although it is integrative, however, it is also unique, posing characteristic questions of its own" (Horowitz et al., 2006, p. 82). Virtually all theories of psychopathology touch upon interpersonal functioning. The interpersonal perspective is that in examining personality or its substrates in relation to psychopathology, our best bet is to look at personality processes in relation to interpersonal functioning. Four assumptions undergird contemporary interpersonal theory, which both facilitate its integrative nature and define its unique characteristics. The contemporary assumptions of the interpersonal tradition are presented in Table 18.1.

The Interpersonal Situation

> An interpersonal situation can be defined as the experience of a pattern of relating self with other associated with varying levels of anxiety (or security) in which learning takes place that influences the development of self-concept and social behavior.
> —*Pincus and Ansell (2003, p. 210)*_

Sullivan's emphasis on the interpersonal situation as the focus for understanding both personality and psychopathology set an elemental course for psychiatry and clinical psychology. Contemporary interpersonal theory thus begins with the assumption that the most important expressions of personality and psychopathology occur in phenomena involving more than one person. Sullivan (1953b) suggested that persons live in communal existence with the social environment and are motivated to mutually seek basic satisfactions (generally a large class of biologically grounded needs), security (i.e., anxiety-free functioning), and self-esteem. Interactions with others develop into increasingly complex patterns of interpersonal experience that are encoded in memory via age-appropriate social

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Table 18.1 Contemporary Assumptions and Corollaries of the Interpersonal Tradition

***Assumption 1*:** The most important expressions of personality and psychopathology occur in phenomena involving more than one person (i.e., interpersonal situations).

- An interpersonal situation can be defined as "the experience of a pattern of relating self with other associated with varying levels of anxiety (or security) in which learning takes place that influences the development of self-concept and social behavior" (Pincus & Ansell, 2003, p. 210).

***Assumption 2*:** Interpersonal situations occur between proximal interactants *and* within the minds of those interactants via the capacity for perception, mental representation, memory, fantasy, and expectancy.

***Assumption 3*:** Agency and communion provide an integrative metastructure for conceptualizing interpersonal situations.

- Explicatory systems derived from agency and communion can be used to describe, measure, and explain normal and pathological interpersonal motives, traits, and behaviors.Such systems can be applied to both proximal interpersonal situations *and* internal interpersonal situations.

***Assumption 4*:** Interpersonal complementarity is most helpful if considered a common baseline for the field-regulatory pulls and invitations of interpersonal behavior.

- Chronic deviations from complementarity may be indicative of psychopathology.

learning from infancy throughout the life span. According to Sullivan, interpersonal learning of self-concept and social behavior is based on an anxiety gradient associated with interpersonal situations, which range from rewarding (highly secure, esteem-promoting) through various degrees of anxiety (insecurity, low self-esteem) and end in a class of situations associated with such severe anxiety that they are dissociated from experience. The interpersonal situation underlies genesis, development, maintenance, and mutability of personality and psychopathology through the continuous patterning and repatterning of interpersonal experience in an effort to increase security and self-esteem while avoiding anxiety. Over time, development gives rise to mental representations of self and others (what Sullivan termed "personifications") as well as to enduring patterns of adaptive or disturbed interpersonal relating. Individual variation in learning occurs due to the interaction between the developing person's level of cognitive maturation and the facilitative or toxic characteristics of the interpersonal situations encountered. In one way or another, all perspectives on personality, psychopathology, and psychotherapy within the interpersonal tradition address elements of the interpersonal situation.

A potential misinterpretation of the term "interpersonal" is to assume it refers to a limited class of phenomena that can be observed only in the immediate interaction between two proximal people. In contemporary interpersonal theory, "the term *interpersonal* is meant to convey a sense of primacy, a set of fundamental phenomena important for personality development, structuralization, function, and pathology. It is not a geographic indicator of locale: It is not meant to generate a dichotomy between what is inside the person and what is outside the person" (Pincus & Ansell, 2003, p. 212). Interpersonal functioning occurs not only between people but also inside people's minds via the capacity for mental representation of self and others (e.g., Blatt, Auerbach, & Levy, 1997). This allows the contemporary interpersonal tradition to incorporate important pan-theoretical representational constructs such as cognitive interpersonal schemas, internalized object relations, and internal working models (Lukowitsky & Pincus, 2011). Contemporary interpersonal theory does suggest that the most important personality and psychopathological phenomena are relational in nature, but it does not suggest that such phenomena are limited to contemporaneous, observable behavior. Interpersonal situations occur in perceptions of contemporaneous events, memories of past experiences, and fantasies or expectations of future experiences. Regardless of the level of distortion or accuracy in these perceptions, memories, and fantasies, the ability to link internal interpersonal situations and proximal interpersonal situations was crucial to the maturation of the contemporary interpersonal tradition (Lukowitsky & Pincus, 2011; Safran, 1992). Both proximal and internal interpersonal situations continuously influence an individual's learned relational strategies and self-concept. Psychopathology is therefore inherently expressed via disturbed interpersonal relations (Pincus & Wright, 2010).

Agency and Communion as Integrative Metaconcepts

In seminal reviews and integration of the interpersonal nature and relevance of Bakan's (1966)

metaconcepts of "agency" and "communion," Wiggins (1991, 1997a, 2003) argued that these two superordinate dimensions have propaeduetic explanatory power across scientific disciplines. "Agency" refers to the condition of being a differentiated individual, and it is manifested in strivings for power and mastery that can enhance and protect one's differentiation. "Communion" refers to the condition of being part of a larger social or spiritual entity, and it is manifested in strivings for intimacy, union, and solidarity with the larger entity. Bakan (1966) noted that a key issue for understanding human existence is to comprehend how the tensions of this duality in our condition are managed. Wiggins (2003) proposed that agency and communion are most directly related to Sullivan's theory in terms of the goals of human relationship: security (communion) and self-esteem (agency). As can be seen in Figure 18.1, these metaconcepts form a superordinate structure used to derive explanatory and descriptive concepts at different levels of specificity. At the broadest and most interdisciplinary level, agency and communion classify the interpersonal motives, strivings, and values of human relations (Horowitz, 2004). In interpersonal situations, motivation can reflect the agentic and communal nature of the individual's personal strivings or current concerns, or more specific agentic and communal goals (e.g., to be in control; to be close) that specific behaviors are enacted to achieve (Grosse, Holtforth, Thomas, & Caspar, 2010; Horowitz et al., 2006).

At more specific levels, the structure provides conceptual coordinates for describing and measuring interpersonal dispositions and behaviors (Wiggins, 1991). The intermediate level of dispositions includes an evolving set of interpersonal constructs (Locke, 2010). Agentic and communal dispositions imply enduring patterns of perceiving, thinking, feeling, and behaving that are probabilistic in nature, and they describe an individual's interpersonal tendencies aggregated across time, place, and relationships. At the most specific level, the structure can be used to classify the nature and intensity of specific interpersonal behaviors (Moskowitz, 1994, 2005, 2009). Wiggins's theoretical analysis simultaneously allows for the integration of descriptive levels within the interpersonal tradition as well as expansion of the conceptual scope and meaning of interpersonal functioning. Contemporary interpersonal theory proposes that (a) agency and communion are fundamental metaconcepts of personality, providing a superordinate structure for conceptualizing interpersonal situations, (b) explicatory systems derived from agency and communion can be used to understand, describe, and measure interpersonal dispositions and behaviors, and (c) such systems can be applied equally well to the objective description of contemporaneous interactions

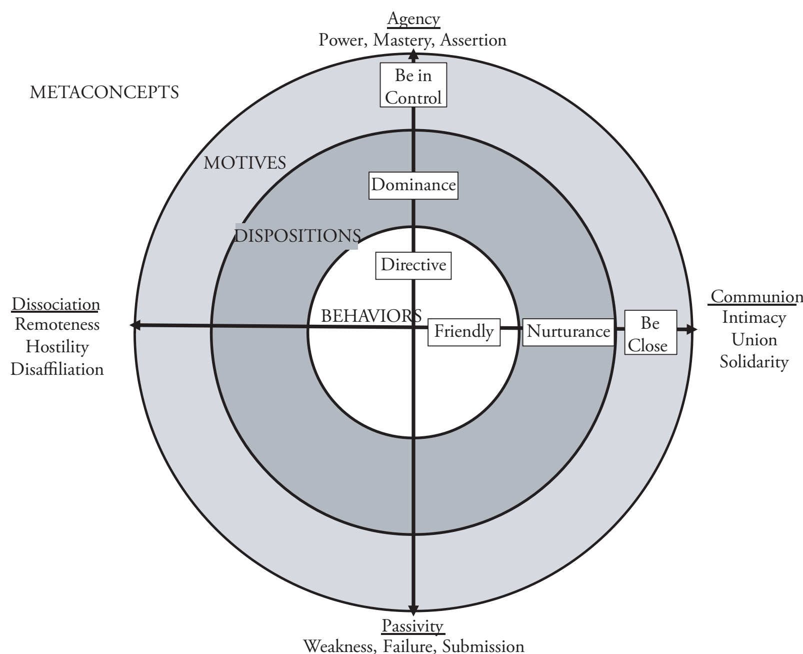

Figure 18.1 Agency and communion: metaconcepts for the integration of interpersonal motives, dispositions, and behaviors.

between two or more people (e.g., Sadler, Ethier, Gunn, Duong, & Woody, 2009) and to interpersonal situations within the mind evoked via perception, memory, fantasy, and mental representation (e.g., Lukowitsky & Pincus, 2011). (The fourth contemporary assumption will be discussed later—see "Interpersonal Signatures".)

Key Concepts of Interpersonal Theory: I. Describing Interpersonal Themes and Dynamics

In this section we articulate the key thematic and dynamic concepts of contemporary interpersonal theory, which are briefly summarized in Table 18.2.

The Interpersonal Circumplex

Empirical research into diverse interpersonal taxa, including traits (Wiggins, 1979), problems (Alden, Wiggins, & Pincus, 1990), sensitivities (Hopwood, Ansell et al., 2011), values (Locke, 2000), impact messages (Kiesler, Schmidt, & Wagner, 1997), strengths (Hatcher & Rogers, 2009), efficacies (Locke & Sadler, 2007), and behaviors (Benjamin, 1974; Gifford, 1991; Moskowitz, 1994; Trobst, 2000), converge in suggesting the structure of interpersonal functioning takes the form of a circle or "circumplex" (Gurtman & Pincus, 2000; Wiggins & Trobst, 1997). An exemplar of this form based on the two underlying dimensions of dominance-submission (agency) on the vertical axis and nurturance-coldness (communion) on the horizontal axis is the most common instantiation of the IPC (see Fig. 18.2). The geometric properties of circumplex models give rise to unique computational methods for assessment and research (Gurtman & Balakrishnan, 1998; Gurtman & Pincus, 2003; Wright, Pincus, Conroy, & Hilsenroth, 2009) that will not be reviewed here. In this chapter, we use the IPC to anchor description of theoretical concepts. Blends of dominance and nurturance can be located along the 360º perimeter of the circle. Interpersonal qualities close to one another on the perimeter are conceptually and statistically similar, qualities at 90º are conceptually and statistically independent, and qualities 180º apart are conceptual and statistical opposites.

Intermediate-level structural models derived from agency and communion focus on the description of the individual's interpersonal dispositions that, when understood in relation to their motives and goals, are assumed to give rise to adaptive and

Table 18.2 Description of Interpersonal Themes and Interpersonal Dynamics

	Interpersonal Themes
Extremity	Maladaptive behavioral intensity (rarely situationally appropriate or successful)
Rigidity	Limited behavioral repertoire (often inconsistent with the situational pulls or norms)
Pathoplasticity	Interpersonal subtypes within a diagnostic category
	Interpersonal Dynamics
Intraindividual Variability	
Flux	Variability about an individual's mean behavioral score on dominance and nurturance dimensions
Pulse	Variability of the extremity of behaviors emitted
Spin	Variability of the range of behaviors emitted
Interpersonal Signatures	
Complementarity	Reciprocity on Dominance and Correspondence on Nurturance
Example:	Arrogant Vindictiveness (BC) → Social Avoidance (FG)
Acomplementarity	Reciprocity on Dominance or Correspondence of Nurturance
Example:	Arrogant Vindictiveness (BC) → Arrogant Vindictiveness (BC)
Anticomplementarity	Neither Reciprocity on Dominance nor Correspondence on Nurturance
Example:	Warm Gregariousness (NO) → Arrogant Vindictiveness (BC)
Transaction Cycles	
Person X's covert reaction to Person Y (input)	
Person X's overt behavior toward Person Y (output)	
Person Y's covert reaction to Person X (input)	
Person Y's overt behavior toward Person X (output)	
Parataxic Distortions	
Chronic distortions of interpersonal input leading to increased interpersonal insecurity, interbehavioral noncontingency, and disrupted interpersonal relations.	

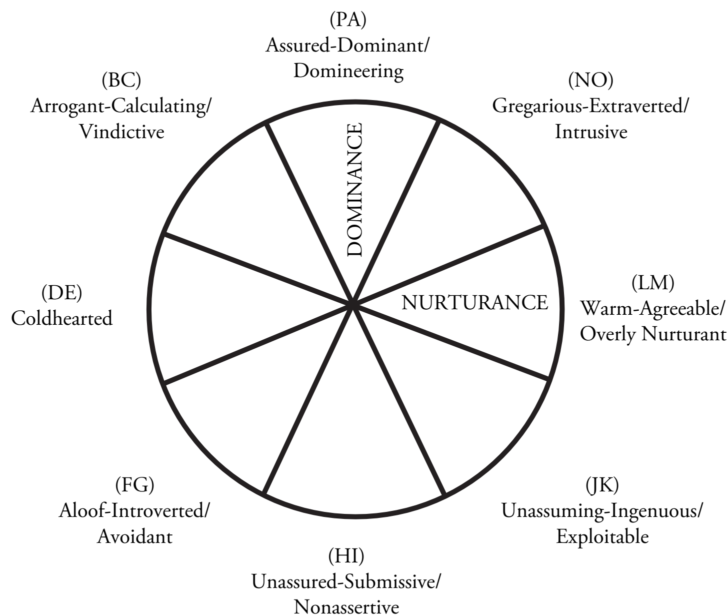

Figure 18.2 The interpersonal circumplex (traits/problems).

maladaptive behavior that is generally consistent across interpersonal situations (Horowitz & Wilson, 2005; Wiggins, 1997b). Thus, we can use circumplex models to describe a person's typical ways of relating to others and refer to his or her interpersonal style or theme. At the level of specific behaviors, interpersonal description permits microanalytic, or transactional, analyses of interpersonal situations. Because interpersonal situations also occur within the mind, these models can also describe the person's typical ways of encoding new interpersonal information and his or her consistent mental representations of self and others. Using IPC models to classify individuals in terms of their agentic and communal characteristics is often referred to as "interpersonal diagnosis" (Pincus & Wright, 2010). Importantly, however, traits and behaviors are not isomorphic, rendering the interpersonal meaning of a given behavior ambiguous without consideration of the person's interpersonal motives or goals (Horowitz et al., 2006). Thus, a certain trait or behavior (whether adaptive or maladaptive) may not necessarily be expressed in a particular interpersonal situation or relationship, or dictate a particular emergent process. For this level of specificity, contemporary interpersonal theory employs additional theoretical constructs.

Behavioral Extremity and Interpersonal Rigidity

When referenced to the IPC, extremity (i.e., intense expressions of behaviors) and rigidity (i.e., displaying a limited repertoire of interpersonal behaviors) are critical variables for conceptualizing patterns of psychopathology within the interpersonal tradition. Although the two are assumed to co-occur, they are conceptually and empirically distinct (O'Connor & Dyce, 2001). In the context of IPC models, extremity reflects a specific behavior's intensity on a particular dimension, and it is represented linearly, by the behavior's distance from the origin of the circle. Behaviors can vary from relatively mild expressions of a trait dimension close to the origin (e.g., *expresses one's preferences*) to extreme versions at the periphery of the circle (e.g., *insists/demands others do his/her bidding*). Extreme behaviors that populate the circle's periphery are likely to be undesirable for both self and others, as their lack of moderation is rarely appropriate or adaptive (Carson, 1969; Horowitz, 2004; Kiesler, 1996).

Whereas extremity (or intensity) is a property of an individual's single *behavior*, rigidity is a characteristic of a whole *person* or more specifically, a summary of his or her limited behavioral repertoire across various interpersonal situations (Pincus, 1994). Following Leary (1957), interpersonalists have argued that disordered individuals tend to enact or rely on a restricted range of behaviors, failing to adapt their behaviors to the particular demands of a given situation. From an IPC perspective, they tend to draw from a small segment of the circle, rather than draw broadly as the situation requires. In contrast, interpersonally flexible individuals are capable

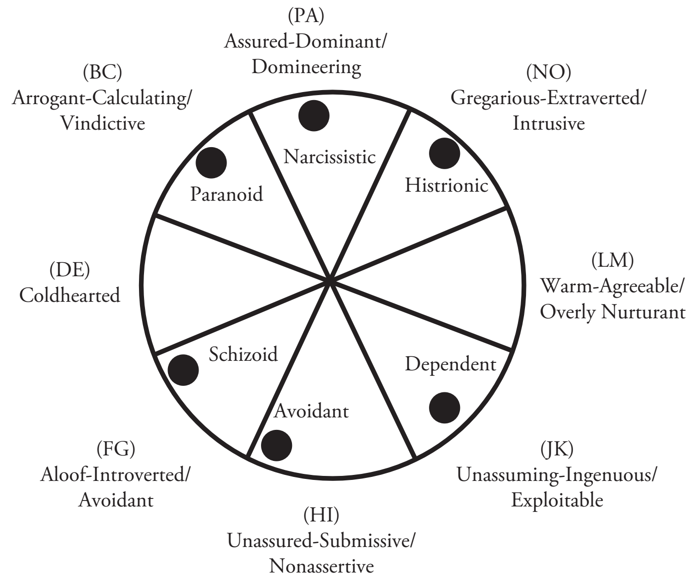

Figure 18.3 Interpersonal themes of six *DSM* personality disorders.

of adjusting their behaviors to the cues of others in order to act effectively (Carson, 1991) and are more likely to engage in and sustain behavior patterns that are mutually satisfying to both relational partners (Kiesler, 1996).

Although rigidity and extremity are important for describing disordered interpersonal behavior, the explanatory power of these concepts is too limited and their scope is insufficient to base upon them an interpersonal *definition* of psychopathology. Instead, rigidity and extremity are better suited for describing individual differences in the expression of personality disorders. This is because trait-like consistency is probabilistic and clearly even individuals with severe personality disorders vary in how consistently they behave and in what ways consistency is exhibited (e.g., Lenzenweger, Johnson, & Willett, 2004; McGlashan, et al, 2005; Russell et al., 2007; Sansone & Sansone, 2008). Research suggests that the core phenomenology of only a subset of *DSM-IV-TR* personality disorders may be substantially and uniquely described by relatively extreme and rigid interpersonal themes (Horowitz et al., 2006). Specifically, the paranoid (BC—vindictive), schizoid (DE/FG—cold, avoidant), avoidant (FG/HI—avoidant, nonassertive), dependent (JK—exploitable), histrionic (NO—intrusive), and narcissistic (PA/BC—domineering, vindictive) personality disorders (see Fig. 18.3). Other *DSM* personality disorders (e.g., borderline), alternative conceptualizations of personality pathology (e.g., Pincus & Lukowitsky, 2010), and most psychiatric syndromes do not appear to consistently present with a single, prototypic interpersonal theme. Thus, to fully apply interpersonal diagnosis, interpersonal theory must move beyond basic descriptions founded on the covariation of *DSM-IV-TR* personality disorder diagnoses with interpersonal characteristics assessed as static individual differences and investigate other conceptualizations of psychopathology. Next, we focus on two such conceptualizations: pathoplastic associations and dynamic processes.

Interpersonal Pathoplasticity

The contemporary interpersonal tradition assumes a pathoplastic relationship between interpersonal functioning and many forms of psychopathology. Pathoplasticity is characterized by a mutually influencing nonetiological relationship between psychopathology and another psychological system (Klein, Wonderlich, & Shea, 1993; Widiger & Smith, 2008). Initially conceptualized as a model identifying personality-based subtypes of depression—dependent/sociotropic/anaclitic versus self-critical/automous/introjective (e.g., Beck, 1983; Blatt, 2004)—its scope has been broadened to personality and psychopathology in general. Pathoplasticity assumes that the expression of certain maladaptive behaviors, symptoms, and mental disorders tends to occur in the larger context of an individual's personality (Millon, 2005). Likewise, it is assumed that personality has the potential for

influencing the content and focus of symptoms and will likely shape the responses and coping strategies individuals employ when presented with psychological and social stressors (Millon, 2000).

Interpersonal pathoplasticity can describe the observed heterogeneity in phenotypic expression of psychopathology (e.g., Przeworski et al., 2011), predict variability in response to psychotherapy within a disorder (e.g., Alden & Capreol, 1993; Cain et al., 2012; Salzer, Pincus, Winkelbach, Leichsenring, & Leibing, 2011), and account for a lack of uniformity in regulatory strategies displayed by those who otherwise are struggling with similar symptoms (e.g., Wright, Pincus, Conroy, & Elliot, 2009). The identification of interpersonal subtypes within a singular psychiatric diagnosis allows clinicians to anticipate and understand differences in patients' expressions of distress and their typical bids for the type of interpersonal situation they feel is needed to regulate their self, affect, and relationships. A number of empirical investigations find that interpersonal problems exhibit pathoplastic relationships with symptoms and mental disorders, including patients with generalized anxiety disorder (Przeworski et al., 2011; Salzer et al., 2008), social phobia (Cain, Pincus, & Grosse Holtforth, 2010; Kachin, Newman, & Pincus, 2001), major depression (Cain et al., 2012), and disordered eating (Ambwani & Hopwood, 2009; Hopwood, Clarke, & Perez, 2007).

Finally, some *DSM-IV-TR* personality disorders also exhibit interpersonal pathoplasticity, although research is only beginning in this area. Similar to research on social phobia, warm-submissive and cold-submissive interpersonal subtypes of avoidant personality disorder exhibited differential responses to interventions emphasizing habituation and intimacy training, respectively (Alden & Capreol, 1993). Leihener and collegues (2003) found two interpersonal clusters of borderline personality disorder (BPD) patients, a primary cluster with dependency problems (JK—exploitable) and a secondary group with autonomy problems (PA—domineering). These clusters were replicated in a student sample exhibiting strong borderline features (Ryan & Shean, 2007). Leichsenring, Kunst, and Hoyer (2003) examined associations between interpersonal problems and borderline symptoms that may inform interpersonal pathoplasticity of BPD. They found that primitive defenses and object relations were associated with controlling, vindictive, and cold interpersonal problems, while identity diffusion was associated with overly affiliative interpersonal problems. New conceptualizations of narcissistic personality disorder, including both grandiosity and vulnerability (Pincus & Lukowitsky, 2010), may also exhibit interpersonal pathoplasticity. Narcissistic grandiosity is similar to the diagnostic criteria enumerated in the *DSM-IV-TR*, and it focuses on arrogance, exploitativeness, and inflated self-importance. In contrast, narcissistic vulnerability is characterized by self- and affect-dysregulation in response to self-enhancement failures and lack of needed recognition and admiration. Therefore, these two very different interpersonal expressions of their motives and regulatory functioning (one domineering, the other avoidant) share the same core narcissistic pathology (Miller et al., 2011; Pincus & Roche, 2011).

Pathoplasticity is an implicit feature of the *DSM-5* proposal for personality and personality disorders (Skodol et al., 2011). We would argue strongly that interpersonal theory and the IPC would augment such an approach to personality disorder diagnosis, and we recommend that *DSM-5* include assessment of agentic and communal personality features (Pilkonis, Hallquist, Morse, & Stepp, 2011; Pincus, 2011).

Intraindividual Variability

The addition of pathoplasticity greatly extends the empirical and practical utility of interpersonal diagnosis. However, describing psychopathology using dispositional personality concepts implying marked consistency of relational functioning is still insufficient and does not exhaust contemporary interpersonal diagnostic approaches (Pincus & Wright, 2010). Even patients described by a particular interpersonal style do not robotically emit the same behaviors without variation. Recent advances in the measurement and analysis of intraindividual variability (e.g., Ram & Gerstorf, 2009) converge to suggest that dynamic aspects of interpersonal behavior warrant further investigations and clinical assessment. This accumulating body of research indicates that individuals are characterized not only by their stable individual differences in trait levels of behavior but also by stable differences in their variability in psychological states (Fleeson, 2001), behaviors (Moskowitz, Russell, Sadikaj, & Sutton, 2009), affect (Kuppens, Van Mechelen, Nezlek, Dossche, & Timmermans, 2007), and even personality traits themselves (Hopwood et al., 2009) across time and situations.

Moskowitz and Zuroff (2004, 2005) introduced the terms *flux*, *pulse*, and *spin* to describe the stable

levels of intraindividual variability in interpersonal behaviors sampled from the IPC. *Flux* refers to variability about an individual's mean behavioral score on agentic or communal dimensions (e.g., dominant flux, submissive flux, friendly flux, hostile flux). *Spin* refers to variability of the angular coordinates about the individual's mean interpersonal theme. *Pulse* refers to variability of the overall extremity of the emitted behavior. Low spin would thus reflect a narrow repertoire of interpersonal behaviors enacted over time. Low pulse reflects little variability in behavioral intensity, and if it were associated with a high mean intensity generally, it would be consistent with the enactment of consistently extreme interpersonal behaviors. This dynamic lexicon has important implications for the assessment of normal and abnormal behavior. Theory and research suggest that the assessment of intraindividual variability offers unique and important new methods for the description of personality pathology.

Russell and colleagues (2007) differentiated individuals with BPD from nonclinical control participants based on intraindividual variability of interpersonal behavior over a 20-day period. Specifically, individuals with BPD reported a similar mean level of agreeable (communal) behavior as compared to their nonclinical counterparts but BPD participants displayed greater flux in their agreeable behaviors, suggesting that control participants demonstrated consistent agreeable behavior across situations while individuals with BPD varied greatly in their agreeable behaviors, vacillating between high and low levels. Results also suggested elevated mean levels of submissive behaviors in conjunction with low mean levels of dominant behavior coupled with greater flux in dominant behaviors for individuals with BPD relative to the control participants. However, the groups did not differ in the variability of submissive behaviors. In other words, individuals with BPD were consistently submissive relative to normal controls but also demonstrated acute elevations and declines in their relatively low level of dominant behavior. Finally, as predicted, individuals with BPD endorsed higher mean levels of quarrelsome behavior and higher levels of flux in quarrelsome behavior when compared to controls. Individuals with BPD also demonstrated greater spin than their nonclinical counterparts, suggesting greater behavioral lability. Our contemporary interpersonal model of personality disorders includes flux, pulse, and spin as constructs of behavioral variability that can differentiate phenomenological expression of personality pathology.

Interpersonal Signatures

Interpersonal behavior is not emitted in a vacuum; rather, it is reciprocally influential in ongoing human transaction. Temporally dynamic interpersonal processes that are contextualized within the social environment (i.e., transactional processes and mechanisms) must be examined in order to fully model social functioning in psychopathology (Ebner-Priemer, Eid, Kleindienst, Stabenow, & Trull, 2009). The interpersonal paradigm is well suited to contemporary questions about dynamic processes in psychopathology (Pincus & Wright, 2010); and empirical tests employing the agency and communion metaframework can model stability and variability in transactional social processes in both normal samples (Fournier et al., 2009) and in samples diagnosed with personality pathology (Sadikaj, Russell, Moskowitz, & Paris, 2010). These patterns are referred to as interpersonal signatures.

Within the interpersonal tradition, the framework to examine contextualized dynamic social processes is referred to in terms of adaptive and maladaptive transaction cycles (Kiesler, 1991), self-fulfilling prophecies (Carson, 1982), and vicious circles (Millon, 1996). Reciprocal relational patterns create an interpersonal field (Sullivan, 1948; Wiggins & Trobst, 1999) in which various transactional influences impact both interactants as they resolve, negotiate, or disintegrate the interpersonal situation. Within this field, interpersonal behaviors tend to pull, elicit, invite, or evoke "restricted classes" of responses from the other, and this is a continual, dynamic transactional process. Thus, interpersonal theory emphasizes "field-regulatory" processes in addition to "self-regulatory" or "affect-regulatory" processes (Pincus, 2005a). Carson (1991) referred to this as an interbehavioral contingency process, where "there is a tendency for a given individual's interpersonal behavior to be constrained or controlled in more or less predictable ways by the behavior received from an interaction partner" (p. 191). Thus, interpersonal theory suggests the most important contextual features of the social environment are the agentic and communal characteristics of others in an interpersonal situation (Pincus, Lukowitsky, Wright, & Eichler, 2009; Pincus et al., 2010).

The IPC provides conceptual anchors and a lexicon to systematically describe interpersonal signatures (see Table 18.2). The most basic of these processes is referred to as interpersonal *complementarity* (Carson, 1969; Kiesler, 1983). Interpersonal complementarity occurs when there is a match between the field-regulatory goals of each person.

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That is, reciprocal patterns of activity evolve where the agentic and communal needs of both persons are met in the interpersonal situation, leading to stability and likely recurrence of the pattern. Carson (1969) first proposed that complementarity could be defined via the IPC based on the social exchange of status (agency) and love (communion) as reflected in reciprocity for the vertical dimension (i.e., dominance pulls for submission; submission pulls for dominance) and correspondence for the horizontal dimension (friendliness pulls for friendliness; hostility pulls for hostility). Kiesler (1983) extended this by adapting complementarity to the geometry of the IPC model such that the principles of reciprocity and correspondence could be employed to specify complementary points along the entire IPC perimeter. Thus, beyond the cardinal points of the IPC, hostile dominance pulls for hostile submission, friendly dominance pulls for friendly submission, and so on. Although complementarity is neither the only reciprocal interpersonal pattern that can be described by the IPC nor proposed as a universal law of interaction, empirical studies consistently find support for its probabilistic predictions (e.g., Sadler et al., 2009, 2010). The final contemporary assumption of interpersonal theory (Table 18.1) is that complementarity should be considered a common baseline for the field-regulatory influence of interpersonal behavior. Deviations from complementary interpersonal signatures (e.g., acomplementary and anticomplementary patterns) are more likely to disrupt interpersonal relations and may be indicative of pathological functioning (Fournier et al., 2009; Pincus, 2005a; Pincus et al., 2009).

Transaction Cycles and Field Regulation

Complementarity is the interpersonal signature that anchors most theoretical discussions of interpersonal interaction. If interpersonal behavior is influential or "field regulatory," there must be some basic goals toward which behaviors are directed. Social learning underlying one's self-concept and interpersonal relations become relatively stable over time due to self-perpetuating influences on awareness and organization of interpersonal experience (input), and the field-regulatory influences of interpersonal behavior (output). When we interact with others, a proximal interpersonal field is created where behavior serves to present and define our self-concept and negotiate the kinds of interactions and relationships we seek from others. Sullivan's (1953b) theorem of reciprocal emotion and Leary's (1957) principle of reciprocal interpersonal relations have led to the formal view that we attempt to regulate the responses of the other within the interpersonal field. "Interpersonal behaviors, in a relatively unaware, automatic, and unintended fashion, tend to invite, elicit, pull, draw, or entice from interactants restricted classes of reactions that are reinforcing of, and consistent with, a person's proffered self-definition" (Kiesler, 1983, p. 201; see also Kiesler, 1996). To the extent that individuals can mutually satisfy needs for interaction that are congruent with their self-definitions (i.e., complementarity), the interpersonal situation remains integrated. To the extent this fails, negotiation or disintegration of the interpersonal situation is more probable.

Interpersonal complementarity (or any other interpersonal signature) should not be conceived of as some sort of stimulus-response process based solely on overt actions and reactions (Pincus, 1994). A comprehensive account of the contemporaneous interpersonal situation must bridge the gap between the proximal interpersonal situation and the internal interpersonal situation (e.g., Safran, 1992). Kiesler's (1991) "Interpersonal Transaction Cycle" is the most widely applied framework to describe the relations among proximal and internal interpersonal behavior within the interpersonal tradition. He proposes that the basic components of an interpersonal transaction are (1) person X's covert experience of person Y, (2) person X's overt behavior toward person Y, (3) person Y's covert experience in response to Person X's action, and (4) person Y's overt behavioral response to person X. These four components are part of an ongoing transactional chain of events cycling toward resolution, further negotiation, or disintegration. Within this process, overt behavioral output serves the purpose of regulating the proximal interpersonal field via elicitation of complementary responses in the other. The IPC specifies the range of descriptive taxa, while the motivational conceptions of interpersonal theory give rise to the nature of regulation of the interpersonal field. For example, dominant interpersonal behavior (e.g., "You have to call your mother") communicates a bid for status (e.g., "I am in charge here") that impacts the other in ways that elicit either complementary (e.g., "You're right, I should do that now") or noncomplementary (e.g., "Quit bossing me around!") responses in an ongoing cycle of reciprocal causality, *mediated by internal subjective experience*.

While there are a number of proposed constructs related to the covert mediating step in interpersonal transaction cycles (see Pincus, 1994; Pincus & Ansell, 2003 for reviews), contemporary

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interpersonal theory formally proposes that covert reactions reflect internal interpersonal situations that can be described using the same agentic and communal constructs that have been applied to the description of proximal interpersonal situations. Normality may reflect the tendency or capacity to perceive proximal interpersonal situations and their field-regulatory influences in generally undistorted forms. That is, healthy individuals are generally able to accurately encode the agentic and communal "bids" proffered by the others. All goes well, the interpersonal situation is resolved, and the relationship is stable. However, this is clearly not always the case, such as in psychotherapy with personality disordered patients. Therapists generally attempt to work in the patient's best interest and promote a positive therapeutic alliance. Patients who are generally free of personality pathology typically enter therapy hoping for relief of their symptoms and are capable of experiencing the therapist as potentially helpful and benign. Thus, the proximal and internal interpersonal situations are consistent with each other and the behavior of therapist and patient is likely to develop into a complementary reciprocal pattern (i.e., a therapeutic alliance). Despite psychotherapists taking a similar stance with personality disordered patients, the beginning of therapy is often quite rocky as the patients tend to view the therapists with suspicion, fear, contempt, and so on. When the internal interpersonal situation is not consistent with the proximal interpersonal situation, the patient tends to distort the agentic and communal behavior of the therapist. Thus, treatment often starts with noncomplementary patterns requiring further negotiation of the therapeutic relationship.

The covert experience of the other is influenced to a greater or lesser degree by enduring tendencies to elaborate incoming interpersonal data in particular ways. Interpersonal theory can accommodate the notion that individuals exhibit tendencies to organize their experience in certain ways (i.e., they have particular interpersonal schemas, expectancies, memories, fantasies, etc.), and it proposes that the best way to characterize these internal interpersonal situations is in terms of their agentic and communal characteristics. There are now converging literatures that suggest mental representations of self and other are central structures of personality that significantly affect perception, emotion, cognition, and behavior (Blatt et al., 1997; Bretherton & Munholland, 2008; Lukowitsky & Pincus, 2011). The fundamental advantage of integrating conceptions of dyadic mental representation into interpersonal theory is the ability to import the proximal interpersonal field (Wiggins & Trobst, 1999) into the intrapsychic world of the interactants (Heck & Pincus, 2001) using a common metric. Thus, an interpersonal relationship is composed of the ongoing participation in proximal interpersonal fields in which overt behavior serves important communicative and regulatory functions, as well as ongoing experiences of internal interpersonal fields that reflect enduring individual differences in covert experience through the elaboration of interpersonal input. The unique and enduring organizational influences that people bring to relationships contribute to their covert feelings, impulses, interpretations, and fantasies in relation to others, and interpersonal theory proposes that overt behavior is mediated by such covert processes. Psychodynamic, attachment, and cognitive theories converge with this assertion and suggest that dyadic mental representations are key influences on the subjective elaboration of interpersonal input. Integrating pan-theoretical representational constructs enhances the explanatory power of interpersonal theory by employing a developmental account of individuals' enduring tendencies to organize interpersonal information in particular ways. The developmental propositions of interpersonal theory describe mechanisms that give rise to such tendencies as well as their functional role in personality.

Parataxic Distortions

Sullivan (1953a) proposed the concept of "parataxic distortion" to describe the mediation of proximal relational behavior by internal subjective interpersonal situations; he suggested that these occur "when, beside the interpersonal situation as defined within the awareness of the speaker, there is a concomitant interpersonal situation quite different as to its principle integrating tendencies, of which the speaker is more or less completely unaware" (p. 92). The effects of parataxic distortions on interpersonal relations can occur in several forms, including chronic distortions of new interpersonal experiences (input); generation of rigid, extreme, and/or chronically nonnormative interpersonal behavior (output); and dominance of self-protective motives (Horowitz, 2004; Horowitz et al., 2006), leading to the disconnection of interpersonal input and output.

Normal and pathological personalities may be differentiated by their enduring tendencies to organize interpersonal experience in particular ways, leading to integrated or disturbed interpersonal relations.

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Table 18.3 Developmental, Motivational, and Regulatory Concepts of Contemporary Interpersonal Theory

Copy Processes Identification: Treat others as you were treated by attachment figures. Recapitulation: Act as if attachment figures are still present and in control. Introjection: Treat self as you were treated by attachment figures.
Catalysts of Internalization Developmental Achievements: Attachment, Security, Separation-Individuation, Positive Affects, Gender Identity, Resolution of Oedipal Dynamics, Self-Esteem, Self-Confirmation, Mastery of Unresolved Conflicts, Adult Identity Traumatic Learning: Early Loss of Attachment Figure, Childhood Illness or Injury, Physical Abuse, Sexual Abuse, Emotional Abuse, Parental Neglect
Interpersonal Motives Agentic: Individuation, Power, Mastery, Assertion, Autonomy, Status Communal: Attachment, Intimacy, Belongingness, Love Self-Protective: Regulatory strategies to cope with feelings of vulnerability arising from relational experience
Regulatory Metagoals Self-Regulation: Esteem, Cohesion, Control, Focus, Confidence Affect Regulation: Negative Affectivity, Positive Affectivity, Field Regulation: Behavior/Feelings of Proximal Other(s), Behavior/Feelings of Internalized Other(s)

The interpersonal model proposes that healthy relations are promoted by the capacity to organize and elaborate incoming interpersonal input in generally undistorted ways, allowing for the agentic and communal needs of self and other to be mutually satisfied. That is, the proximal interpersonal field and the internal interpersonal field are relatively consistent (i.e., free of parataxic distortion). Maladaptive interpersonal functioning is promoted when the proximal interpersonal field is encoded in distorted or biased ways, leading to increased interpersonal insecurity, and behavior (output) that disrupts interpersonal relations due to noncontingent field-regulatory influences. In the psychotherapy context, this can be identified by a preponderance of noncomplementary cycles of transaction between therapist and patient. Such therapeutic experiences are common in the treatment of personality disorders. To account for the development and frequency of such distortions in personality pathology, key developmental, motivational, and regulatory principles must be articulated.

Key Concepts of Interpersonal Theory: II. Development, Motivation, and Regulation

An interpersonal model of personality disorders can only be a comprehensive if, beyond description of interpersonal themes and interpersonal dynamics based on the metaconcepts of agency and communion, it also accounts for the development and maintenance of healthy and disordered self-concepts and patterns of interpersonal relating. Key developmental, motivational, and regulatory concepts of contemporary interpersonal theory are briefly summarized in Table 18.3.

Attachment and the Internalization of Interpersonal Experience

The first interpersonal situations occur during infancy. Horowitz (2004) proposed that the two fundamental tasks associated with the infant attachment system (staying close/connecting to caregivers; separating and exploring) are the first communal and agentic motives, respectively. According to attachment theory (Bowlby, 1969, 1973; Cassidy, 1999), repeated interactions become schematized interpersonal representations, or internal working models, that guide perception, emotion, and behavior in relationships. These processes lead to the development of secure or insecure attachment, which has significant implications for personality and psychopathology (Shorey & Snyder, 2006). Over time, these generalize via adult attachment patterns associated with agentic and communal motives, traits, and behaviors (Bartholomew & Horowitz, 1991; Gallo, Smith, & Ruiz, 2003). Horowitz (2004) also suggested that insecure attachment leads to significant self-protective motivations that can interfere with healthy agentic and communal functioning, an important issue we take up later.

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INTERPERSONAL COPY PROCESSES

Similarly, Benjamin's (1993, 2003) Developmental Learning and Loving Theory argues that attachment itself is the fundamental motivation that catalyzes social learning processes. She proposed and empirically examined (Critchfield & Benjamin, 2008, 2010) three developmental "copy processes" that describe the ways in which early interpersonal experiences are internalized as a function of achieving attachment, be it secure or insecure (see Table 18.3). The first is identification, which is defined as "treating others as one has been treated." To the extent that individuals strongly identify with early caretakers, there will be a tendency to act toward others in ways that copy how important others have acted toward the developing person. When doing so, such behaviors are associated with positive reflected appraisals of the self from the internal working model of the attachment figure. This mediates the selection of interpersonal output and may lead to repetition of such behavior regardless of the field-regulatory pulls of the actual other (i.e., noncomplementary reciprocal patterns). The second copy process is recapitulation, which is defined as "maintaining a position complementary to an internalized other." This can be described as reacting "as if" the internalized other is still there. In this case, new interpersonal input is likely to be elaborated in a distorted way such that the proximal other is experienced as similar to the internalized other, or new interpersonal input from the proximal other may simply be ignored and field regulation is focused on the dominant internalized other. This again may lead to noncomplementary reciprocal patterns in the proximal interpersonal situation while complementary interpersonal patterns are played out in the internal interpersonal situation. The third copy process is introjection, which is defined as "treating the self as one has been treated." By treating the self in introjected ways, the internal interpersonal situation may promote security and esteem even while generating noncomplementary behavior in the proximal interpersonal situation.

CATALYSTS OF INTERNALIZATION AND SOCIAL LEARNING

Pincus and Ansell (2003) extended the catalysts of social learning beyond attachment motivation by proposing that "reciprocal interpersonal patterns develop in concert with emerging motives that take developmental priority" (p. 223). These developmentally emergent motives may begin with the formation of early attachment bonds and felt security; but later, separation-individuation and the experiences of self-esteem and positive emotions may become priorities. Later still, adult identity formation and its confirmation from the social world, as well as mastery of continuing unresolved conflicts may take precedence. In addition to the achievement of emerging developmental goals, influential interpersonal patterns are also associated with traumatic learning that leads to self-protective motives and requirements to cope with impinging events such as early loss of an attachment figure, childhood illness or injury, and neglect or abuse. Individuals internalize such experiences in the form of consistent interpersonal themes and dynamics. These themes and dynamics become the basis for the recurrent interpersonal situations that characterize a human life. If we are to understand the relational strategies individuals employ when such developmental motives or traumas are reactivated, we must learn what interpersonal behaviors and patterns were associated with achievement or frustration of particular developmental milestones or were required to cope with stressors in the first place. Table 18.3 presents a list of probable catalysts.

Identifying the developmental and traumatic catalysts for internalization and social learning of interpersonal themes and dynamics allows for greater understanding of current behavior. For example, in terms of achieving adult attachment relationships, some individuals have developed hostile strategies like verbally or physically fighting in order to elicit some form of interpersonal connection, while others have developed submissive strategies like avoiding conflict and deferring to the wishes of the other in order to be liked and elicit gratitude. A person's social learning history will significantly influence his or her ability to accurately organize new interpersonal experiences. If the developing person is faced with a toxic early environment, behavior will be nonnormative, but it will mature in the service of attachment needs, self-protection, and developmental achievements, and be maintained via internalization. This may lead to a strong tendency to be dominated by self-protective motives and parataxic distortions of new interpersonal experience.

Self-Protective Motives, Parataxic Distortion, and Regulatory Metagoals: Generalized Social Learning

In the initial stages of treatment with personality disordered patients, it seems that their experience of the therapist is often distorted by strong identifications, recapitulations of relationships with parents

and other early caregivers, and the dominance of introjected, often self-destructive, behaviors. This, in turn, leads to parataxic distortions of the proximal interpersonal situation (psychotherapy) and frequent noncomplementary reciprocal interpersonal patterns in the therapeutic relationship. Why does this occur? Beyond agentic and communal motives, contemporary interpersonal theory identifies a third class of interpersonal motives referred to as "self-protective motives," which can be described as arising "as a way of defending oneself from feelings of vulnerability that are related to relational schemas" that often take the form of "strategies people use to reassure themselves that they possess desired communal (e.g., likeable) and agentic (e.g., competent) self-qualities" (Horowitz et al., 2006, p. 75–76). To the extent that a person has strongly copied internalized interpersonal themes and dynamics associated with a toxic developmental environment, difficulties with developmental achievements, and insecure attachment, the more likely he or she is to exhibit parataxic distortions of interpersonal situations, feel threatened and vulnerable due to his or her characteristic ways of organizing interpersonal experience, and engage in self-protective interpersonal behavior that is noncontingent with the behavior of others or the normative situational press. The severity of personality pathology could be evaluated in terms of the pervasiveness of parataxic distortions over time and situations. Severe personality pathology is often reflected in pervasive chronic or chaotic parataxic distortions. The former render the experience of most interpersonal situations functionally equivalent (and typically anxiety provoking and threatening to the self), while the latter render the experience of interpersonal situations highly inconsistent and unpredictable (commonly oscillating between secure and threatening organizations of experience).

We propose that when self-protective motives are strong, they are linked with one or more of three superordinate regulatory functions or metagoals (Pincus, 2005a): self-regulation, emotion regulation, and field regulation (see Table 18.3). The concept of regulation is ubiquitous in psychological theory, particularly in the domain of human development. Most theories of personality emphasize the importance of developing mechanisms for emotion regulation and self-regulation. Interpersonal theory is unique in its added emphasis on field regulation (i.e., the processes by which the behavior of self and other transactionally influence each other). The emerging developmental achievements and the coping demands of traumas listed in Table 18.3 all have significant implications for emotion, self-, and field regulation. Pervasive, socially learned and self-perpetuating internalized self-protective interpersonal patterns render many interpersonal situations functionally equivalent. This contributes to the generalization of interpersonal learning by providing a small number of superordinate psychological triggers (e.g., other's coldness or other's control) to guide psychological functioning (e.g., motives, schemas, expectancies, behavior choice, etc).

The importance of distinguishing these three regulatory metagoals is most directly related to understanding the shifting priorities that may be associated with interpersonal behavior, giving rise to unique patterns of intraindividual variability and interpersonal signatures. At any given time, the most prominent metagoal may be proximal field regulation. However, the narcissistic person's derogation of others to promote self-esteem demonstrates that interpersonal behavior may also be associated with self-regulation, and the histrionic person's use of sexual availability in order to feel more emotionally secure and stable shows the application of interpersonal behavior for emotion regulation. Interpersonal behavior enacted in the service of regulating the self or emotion may promote further parataxic distortion and is likely to reduce the contingencies associated with the behavior of the other person and situational norms.

Clinical Applications

Thus far, we have reviewed and extended the contemporary integrative interpersonal model of personality as a nexus for understanding definitional and descriptive aspects of personality pathology and disorder. Our goal in the remainder of this chapter is to bring contemporary integrative interpersonal theory from bench to bedside by examining its applied potential through a clinical lens. Consistent with the integrative nature of the interpersonal nexus, there is no single "interpersonal psychotherapy" (e.g., Anchin & Kiesler, 1982). In the consulting room, a focus on the interpersonal aspects of personality psychopathology has implications for therapy across theoretical orientations (Pincus & Cain, 2008). Our exemplars and guidelines can be considered and employed using a variety of intervention strategies, and they are presented with this goal in mind. Following Pincus (2005a, 2005b, 2011), we distinguish defining features of personality pathology (genus) from descriptive characteristics of personality disorder (species) and then briefly describe an interpersonal approach to intervention.

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Defining the Genus: Clinical Manifestations of Personality Pathology

We begin by restating Pincus's (2005a) definition in a manner that is less formal but more clinically accessible: *Personality pathology reflects a process in which pathological temperament and toxic learning lead to internalizations that contribute to chronic and pervasive parataxic distortions and dysregulation in interpersonal situations, which contribute to frustrated interpersonal motives and further dysregulation.*

We next describe each element of this process from an interpersonal perspective using material from the case of Jennifer, whose dysfunction and dissatisfaction can be operationalized according to her frustrated agentic, communal, and regulatory motives. In terms of agency, Jennifer had consistently bad reviews at work and her boss had often threatened to fire her. She tended to irritate her coworkers, who initially expressed interest and concern but characteristically withdrew, provoking her rage, which often manifested in her writing long accusatory e-mails or confronting them in public. This led to others rejecting her and gossiping about her, which further contributed to her alienation and poor performance. In terms of communion, she had not been in a committed relationship for several years and alternately expressed fantasies about a satisfying relationship and her position that men, universally, cannot be trusted. She had been unable for several years to visit her parents without a verbal altercation, and she sparred regularly with her therapist, whom she idealized and devalued in a chaotic, but not random, fashion. Perhaps most to the point, she lived alone and felt as though she had no one to turn to when she was upset. In terms of regulation, her emotions fluctuated wildly and were predominated by anger, she used substances and promiscuity for regulatory purposes, and her vacillating self-esteem was colored by self-doubt, despite her effusive denial and defensiveness when such issues were focused on in therapy.

PATHOLOGICAL TEMPERAMENT

Although not a traditionally core feature of interpersonal theory, constitutional factors undoubtedly undergird development and personality functioning. The endowed temperamental dispositions for certain affective experiences can be summarized as involving negative affectivity, positive affectivity, and constraint (Clark & Watson, 1999). These affective dispositions develop with maturity into stable traits that influence the likelihood of certain forms of psychopathology. Specifically, negative emotionality generally predisposes psychopathology and particularly internalizing disorders, with low positive emotionality being a risk factor for unipolar mood disorders, and disconstraint predisposes externalizing disorders (Krueger et al., 2011). These processes are generally pathoplastic to interpersonal functioning, but they play an important role in many aspects of the interpersonal process of personality pathology. Jennifer was judged based on history, behavior in session, and psychometric data to be generally emotionally aroused and thus high in both negative and positive affectivity, and low in affective constraint. This temperament profile is a recipe for emotional storms in interpersonal contexts.

TOXIC LEARNING

The toxic learning history underlying personality pathology can be depicted in contemporary terms using the copy processes identification, recapitulation, and introjection (Benjamin, 2003). Jennifer's father's behavior was quite chaotic and unpredictable; at times he was warm and nurturing but at others he was curt and abusive. As far as this patient knew, he behaved similarly toward the patient's mother. However, her mother did her best to keep the peace within the family and to uphold the family's reputation in the community—this included denying to her daughter and perhaps herself that the father's behavior was problematic. Her father's abuse and mother's invalidation limited her ability to develop a secure attachment or stable identity and impaired her capacity for emotion, self-, and field regulation. She presented with multiple unresolved conflicts that seemed to relate to these developmental experiences and that contributed to vacillating interpersonal behavior, mood, and self-concept.

INTERNALIZATIONS

Internalizations (i.e., schemas, object representations, internal working models) transfer old interpersonal situations into new situations through parataxic distortions. Internalizations reflect if … then propositions that characterize a person's expectations and templates for interpersonal situations. Following object-relations theory (Kernberg, 1975) these internalizations consist of a self-representation, an other-representation, and a linking affect. Jennifer's core maladaptive internalization involved a communal conflict related to developmental experiences with her father: *"if he ignores me, then he doesn't care."* The corollary to this proposition, *"if he is abusive, then he does care"* may provide an

important mechanism to recapitulate the stormy relationships Jennifer had with her father in new situations. That is, Jennifer became highly sensitive to rejection and, in need of her father's attention and love, his control and abuse became the only means to establish an attachment. She recapitulates this dynamic in current relationships by provoking controlling and abusive behavior when she senses impending rejection.

The dynamics of this proposition can be operationalized as stages of self-other-affect states and plotted onto the IPC (Fig. 18.4). In stage 1 of a given interpersonal situation, Jennifer is warm and submissive, the other is warm and dominant, and she feels content. For instance, she may describe the events of her day with a man she is dating casually, who has come over to have dinner and watch a movie. In stage 2, the man may show limited interest in her day—perhaps he is genuinely disinterested or preoccupied with something else. It is also possible that Jennifer perceives withdrawal of interest that is not objectively present via parataxic distortion. Whether her perception of the interpersonal situation is accurate or distorted, Jennifer's experience is one of rejection: She has remained warm and submissive, whereas the other has become cold, creating noncomplementary instability and anxiety. In stage 3, Jennifer attempts to provoke the other's involvement by being cold and dominant (i.e., hostile) and she chastises him for not paying attention to her. The other typically reacts with cold dominance: Regardless of whether he was listening before, he bristles at being criticized for not listening and now becomes defensive and more certainly disinterested in the mundane events of Jennifer's day. For Jennifer, this noncomplementarity is associated with conscious anger, and she may lash out at him now and make wild accusations about his lack of concern or even overt malintent toward her. Although this is experienced as unpleasant for Jennifer and is clearly maladaptive, it is reinforced because it recapitulates a pattern that developed over many learning experiences with her father. On some level it feels familiar and thus paradoxically comfortable to her (see Loevinger's [1966] first principle and Benjamin's [1996] concept of psychic proximity). In stage 4, the other actually rejects Jennifer by withdrawing emotionally and abusing her verbally or physically (cold dominance). On a good day, he might say, "You know what, I didn't come here for this—I'm leaving"; on a worse day he would sprinkle in insults and accusations before leaving. In either case, Jennifer feels abandoned, lonely (cold-submissive), and sad. The situation has returned to stable complementarity, but it has ended badly for Jennifer.

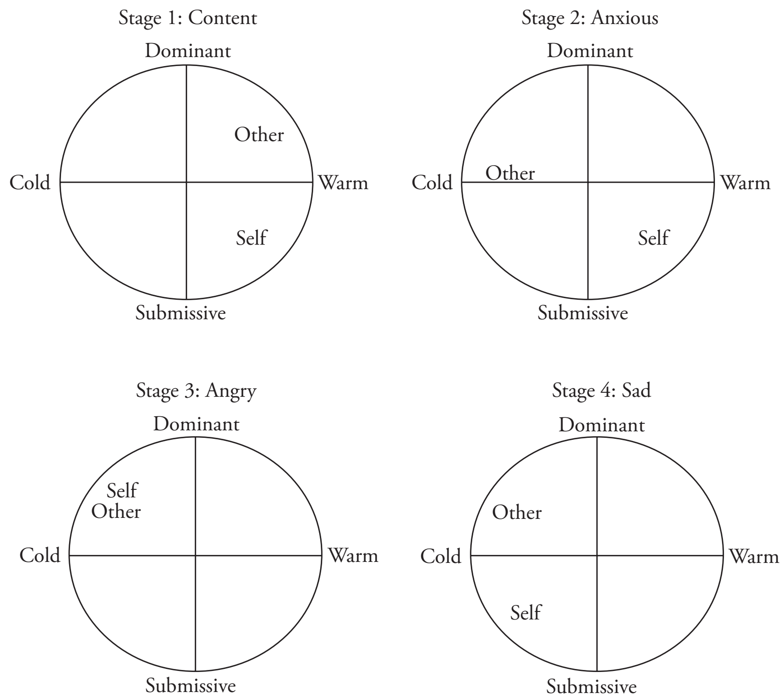

Figure 18.4 Jennifer's pathological personality process.

PARATAXIC DISTORTIONS

The parataxic distortion of current interpersonal situations as a function of internalized representations is a cardinal symptom of personality pathology from an interpersonal perspective. This is a common occurrence in the therapeutic relationship. Driven by her core schema that others will abandon her, Jennifer commonly interpreted the clinician's silence as disinterest and this would, consistent with her pattern, precipitate anger and rebuke (Fig. 18.4). Another parataxic distortion in Jennifer's therapy occurred when the clinician attempted to discuss possible treatment options, such as whether to incorporate homework, without making an explicit recommendation. In response, Jennifer would become angry, resistant, and accuse him of trying to control her. However, when the therapist actually did assert control by insisting on homework, Jennifer complied and reported feeling helped and close to him. One explanation for this pattern of behavior is that Jennifer had experienced the therapist's nondirectiveness as lack of care, and rendering the interpersonal situation functionally equivalent—another abandonment. In turn, she characteristically provoked an argument by attacking him. When he transitioned to dominance, she felt secure, and thus distorted his behavior as warm (i.e., he cares). Jennifer appeared to have very limited insight into these processes, as interpretations designed to facilitate their exploration provoked rage and rebuke.

DYSREGULATION

As discussed earlier, dysregulation can occur in three domains: self, emotions, and interpersonal field. Although they often occur in parallel, these domains can be differentiated; for example, the symptoms of BPD include affective instability (emotional dysregulation), identity problems (self-dysregulation), and unstable interpersonal behavior (field dysregulation). From an interpersonal perspective the IPC can be used to depict the degree of all aspects of regulation. In considering the conflict depicted in Figure 18.4, in Stage 1 Jennifer feels secure in meeting communal needs to be close to others. The interpersonal field is regulated through her warm and submissive behavior, which invited complementary, nurturance, and concern. Thus, her mood and self-esteem are regulated through communal complementarity.

The mildest trigger could cause Jennifer to become dysregulated in all three domains. Her perception of rejection, which may or may not have been a function of parataxic distortion (i.e., Jennifer perceives withdrawal that is not objectively evident) or projective identification (i.e., the other recoils in response to some aversive behavior by Jennifer about which she is unaware), caused her to experience self and mood dysregulation and evoked self-protective motives. Her anxiety and intense motive to maintain attachment and avoid abandonment clouded her thinking, leading to primitive, internalization-driven behavior that disrupted her interpersonal relations. Specifically, by offering a hostile, dominant gambit rather than using warmth to pull for complementary warmth (a more normative and adaptive strategy), she provoked the other to become abusive and to withdraw. This is the precise opposite of what she desired. Following the crisis, she would often re-regulate through self-defeating behavior, commonly angry rebuke in the current situation but also using substances or having promiscuous relationships. These coping strategies would invariably cause ripples of further dysregulation. Eventually, she would settle in to a negative complementarity pattern with the original other, with an unpleasant yet stable mood, a familiar if dissatisfying self-image, and expectable if hurtful rejection in the interpersonal field. Over time, self-fulfilling prophecy and social reinforcement lead to an increase in self-protective motivation, impairing effective agentic and communal functioning and fomenting frustrated motives.

FRUSTRATED MOTIVES

We began this case discussion by describing how Jennifer's difficulties could be organized according to her frustrated interpersonal motives. Interpersonal motives are also relevant in the initiation of pathological personality processes in that agentic and communal motives interact with internalizations to guide behavior. Jennifer's agentic and communal motives were strong: She was training to be a physician so that she could "help poor people" get quality medical care. Note that Jennifer's internalizations and motives conflicted. Her communal motive to be close to her father was frustrated by his inconsistent behavior, whereas her agentic motives were thwarted by pressure from her mother to "keep a lid" on her feelings. She had strong underlying desires to love and work, but she created situations that interfered with these motives out of identifications, recapitulations, and introjections from her toxic developmental environment. She was sacrificing her own goals in order to maintain entrenched internalizations, because to develop new templates

for interpersonal behavior would threaten the very foundation of her identity. If she had no desire for love or to be successful, being unloved and having parents expect passivity would not have created conflicts—it was the discrepancies between these levels that are, in this case, diagnostic of personality pathology.

Describing the Species: Personality Disorders in Practice

Whereas ratings of personality pathology connote the *degree and pervasiveness* of personality-related distress and dysfunction in a particular patient, personality disorders depict its *form*, or how personality pathology is expressed. The difference between personality pathology and personality disorder as we are using these terms is analogous to the difference between "*g*," or general mental abilities from a nomothetic perspective, and specific kinds of mental strengths and weaknesses, from an idiographic perspective. As *g* connotes the overall level of academic abilities, personality pathology connotes the overall degree of interpersonal distress and impairment. Conversely, the profile of particular cognitive strengths and weaknesses is analogous to the specific interpersonal personal patterns that characterize individuals, or individual personality disorder constructs. Finally, just as two individuals with the same level of *g* can have very different relative strengths and weaknesses, two individuals with the same level of personality pathology could have very different personality disorders.

It is important to note three issues with regard to distinguishing personality pathology from personality disorder. First, we use conventional personality disorders, such as those of the *DSM-IV-TR*, for ease of communication, without implying that they are or are not valid constructs. Indeed, one advantage of the interpersonal approach is that it can be used to operationalize such constructs without necessarily accepting their validity as nomothetic syndromes. However, interpersonal formulations are equally able to conceptualize individuals who do not fit neatly into any of the well-known types of personality disorder. Second, the clinical rationale for distinguishing personality pathology from personality disorder involves the different kinds of predictions they permit (the theoretical rationale for this separation was described thoroughly in Pincus, 2005a). Personality pathology provides for general predictions about the pervasiveness and severity of pathology, which might indicate how enduring it will be and what level of treatment (e.g., inpatient vs. outpatient) might be indicated. Conversely, personality disorder permits predictions about how and when the pathology might manifest (e.g., at work when dealing with authority or at home when struggling with intimacy) and what kind of treatment (e.g., group vs. individual vs. psychopharmacology) might be appropriate. Third, as with the various aspects of personality pathology, thematic, dynamic, and pathoplastic features of personality disorders are distinguished here. Note that these features are distinguished here for expository purposes, even though it is often most clinically useful to understand how the features relate to one another in each case.

In what follows, we describe three interpersonal domains within which personality disorder constructs or individuals with similar levels of personality pathology can be discriminated from one another: themes, dynamics (including extremity, rigidity, and oscillation), and pathoplastic features.

INTERPERSONAL THEMES

Interpersonal themes connote the interpersonal content of an individual's behavior. These themes can be mapped around the interpersonal circumplex. For instance, people with dependent and histrionic personality disorders both tend to exhibit behaviors related to interpersonal warmth. However, whereas dependent people tend to be more submissive, histrionic people tend to be more dominant (Wiggins & Pincus, 1989). As discussed earlier, research has consistently mapped six *DSM-IV-TR* personality disorders onto the interpersonal circumplex: histrionic, narcissistic, paranoid, schizoid, avoidant, and dependent (Fig. 18.3).

Mapping a patient's prominent interpersonal themes onto the interpersonal circumplex confers two heuristic advantages. First, because of the interpersonal copy process principles, identifying interpersonal themes in a person's behavior can facilitate hypotheses about developmental patterns that may have contributed to personality pathology (Benjamin, 1993; Pincus & Cain, 2008). For example, Benjamin (1996) asserts that dependent patients are indulged during infancy and childhood and that efforts to individuate are punished. This leads to excessive expectations for care receiving, combined with compliant and dependent behaviors to provoke others' care. This behavior causes mockery by others during development, which leads to feelings of inadequacy and incompetence, which is handled by further efforts to receive instrumental support and emotional concern from stronger, more competent others.

Second, because of the interpersonal principle of complementarity, identifying interpersonal themes can be useful for predicting the effects of therapeutic behaviors (Anchin & Pincus, 2010; Evans, 1996). Specifically, any therapist behavior that complements the patient's pathological behavior would be predicted to relieve anxiety and build the alliance but also to reinforce the pathology. On the other hand, any therapist behavior that does not complement the patient's pathological behavior would be predicted to increase anxiety and threaten the relationship, but it also provides new social learning that could promote change toward greater flexibility and adaptivity (Cain & Pincus, in press). Psychotherapy research suggests that it may be useful to sequence these strategies for optimal outcomes (Tracey, 2002). For example, a therapist may choose to initially take an admiring and submissive posture with a narcissistic patient in order to develop the alliance. Once the alliance has been developed, however, it may be useful for the therapist to take an increasingly dominant position. Doing so would be predicted to invite submissiveness on the part of the patient. If the therapist can help the patient tolerate this, the patient could generalize the capacity for submissiveness to other relationships, becoming more flexible and perhaps less pathological in their interactions with others.

INTERPERSONAL DYNAMICS

Interpersonal dynamics involve the nature of the core personality pathology processes as they unfold in interpersonal situations over time, including extremity, rigidity, and oscillation. These concepts were described in detail earlier; they are applied here to the issue of describing personality disorder. *Extremity* refers to the intensity of interpersonal behavior, and particularly problematic interpersonal behavior, among individuals with personality disorders. For example, it is not so much that the obsessive person is perfectionistic; it is that she is *so* perfectionistic that it irritates other people and leads to negative emotional and functional consequences, which is problematic. It is not just that the paranoid person is mistrustful; it is that he is *so* mistrustful that he grossly misinterprets what others are doing in order to fit reality into his self-protective narrative.

Unlike extremity, which is a characteristic of behavior, rigidity and oscillation characterize people. *Rigidity*, or inflexibility of interpersonal behavior, can be operationalized in a number of ways. The most extreme characterization states that a rigid person would exhibit the same interpersonal theme with nearly every behavior. This prediction is rather unreasonable, as even in the most rigid individual tends to experience different situational and contextual pulls (input) for variance in behavior (output). As such, this is not an empirically valid or clinically useful operationalization. A more moderate definition would imply that the person shows meaningfully less variability in his or her interpersonal theme, on average, than does the typical person. This view is more reasonable than the former; however, a more clinically relevant definition would be that individuals with rigid personality disorders are more likely than average to experience dysregulation in interpersonal situations because of internalized toxic patterns that create parataxic distortions rendering a greater number of interpersonal situations functionally equivalent (meaning that the individual re-experiences past interpersonal situations in current ones) and typically threatening in some way. This evokes self-protective motives to cope with the dysregulation, leading to noncontingent output that is similar across situations and subject to social reinforcement via maladaptive transaction cycles.

Oscillation can be thought of as the opposite of rigidity, in the sense that it refers to inconsistent behavior. Some personality disorders exhibit relatively rigid interpersonal themes, but others appear chronically conflicted, vacillating, and chaotic. Recent research suggests an association between interpersonal oscillation and personality dysfunction (Erickson, Newman, & Pincus, 2009; Russell et al., 2007), but little is known about the mechanisms by which oscillation develops or leads to dysfunction. One hypothesis is that oscillation connotes identity diffusion (Kernberg, 1984), or the failure to consolidate, as is developmentally normative, a coherent and stable sense of self and others (Clarkin, Yeomans, & Kernberg, 2006). The lack of an inner anchor for behavior in the form of a consolidated identity may render individuals hyperreactive to situational contexts or vacillating between unintegrated cognitive-affective states that dominate their current organization of experience (Kernberg & Caligor, 2005). To the degree that situational contexts and splitting vary, notable inconsistencies in behavior may be observed in such individuals over time. Using more explicitly interpersonal language, individuals may oscillate due to splitting their experience of interpersonal situations or because they are more easily pulled into behaviors that complement those with whom they are interacting.

PATHOPLASTIC FEATURES

Researchers interested in personality and psychopathology often think in terms of relations between these domains, such as the potential for personality traits to represent a substrate of psychopathology or the potential for psychopathology to cause changes in personality (Widiger & Smith, 2008). However, from a clinical perspective, it is often particularly interesting when two assessment domains, such as personality and psychopathology, have limited relations, because data that are independent from one another but related to important clinical criteria have the potential to provide incremental information about patient functioning. As discussed earlier, this kind of relation has been referred to as pathoplasticity. Pathoplasticity assumes that various domains can interpenetrate in complex ways that lead to particular, individualized behavior patterns. The clinical implication of pathoplasticity is that it is important to attend to how these domains interpenetrate (Cain et al., 2010; Widiger & Smith, 2008).

Interpersonal pathoplasticity research shows that individuals with the same *DSM-IV-TR* diagnosis vary in their interpersonal themes and those different interpersonal subtypes within a disorder do not differ in their levels of interpersonal and symptomatic dysfunction. Patients' different interpersonal themes may impact treatment response. For example, Alden and Capreol (1993) found that warm patients with avoidant personality disorder improved with both exposure and intimacy training; however, cold patients with avoidant personality disorder only benefitted from exposure. The existence of interpersonal subtypes suggests that psychotherapy for specific diagnoses may be promoted or modified differentially depending on the individual patient's prominent interpersonal theme (e.g., Newman, Castonguay, Borkovec, Fisher, & Nordberg, 2008). More generally, in group psychotherapy (e.g., Benjamin, 2000), the warm-dominant patient might become distressed when others are the focus of the group's attention, whereas the cold-submissive person is more likely to become distressed when he or she is the group's focus. Thus, understanding such patterns can facilitate the development of individualized treatment strategies that use personality data in ways that go beyond the primary diagnosis.

We described studies earlier that suggest that BPD is pathoplastic to the IPC (Leihener et al., 2003; Ryan & Shean, 2007), and in particular that individuals with BPD could be subtyped as having problems associated with aggression, autonomy, and self-assertion or problems involving dependency, submissiveness, and low self-esteem. However, because these studies were cross-sectional, it is not clear whether findings of pathoplasticity mask the oscillating nature of the condition or support the existence of stable subtypes. Specifically, if borderline patients oscillate (Hopwood & Morey, 2007; Russell et al., 2007), any cross-sectional assessment of a group of borderline patients may yield heterogeneous groups, but individuals in any given group could vacillate to the other upon a second assessment. This would be a different kind of pathoplasticity than has been presumed for Axis I disorders and other constructs described earlier, such that pathoplasticity would be dynamic rather than stable over time.

There are reasons to think other personality disorders may have more conventional pathoplastic relations with the IPC by virtue of their connections to extra-interpersonal characteristics. We listed avoidant and narcissistic as potentially pathoplastic personality disorders. Another example is schizotypal personality, which is linked to cognitive disturbances that may relate to the psychotic disorders (Lenzenweger, 2010). Given that interpersonal factors may be somewhat tertiary to the etiology of schizotypal symptoms, it would not be surprising if stable, distinct interpersonal subtypes could be identified among schizotypal patients. Future research on the potential pathoplasticity of these and other personality disorder constructs, as well as longitudinal research that could test hypotheses involving stable and oscillating pathoplasticity, represent useful directions for further research. In either case, use of the IPC as a conceptual map of interpersonal themes and processes facilitates clinical conceptualization and case formulation beyond disorder diagnosis.

Interpersonal Intervention

We return to Jennifer's case to discuss an interpersonal approach to intervention (see also Cain & Pincus, in press). Having described in detail her personality pathology earlier, we must first articulate the nature of her personality disorder. Several themes that span the IPC (Fig. 18.4) characterize Jennifer's personality pathology, and she tended to oscillate between them according to the dynamics of the interpersonal situation. Pathoplastic features involve significant negative affectivity, affective arousal, and impulsivity, which promote emotions, including sadness, anxiety, anger, and contribute to

dysregulation and maladaptive coping. Overall, this dynamic is descriptively similar to borderline personality disorder. Note that one could imagine an individual with the same level of personality pathology but very different descriptive features, such as a cold and calculating psychopath or an eccentric, aloof schizotype.

Consider how the internalized dynamic depicted in Figure 18.4, and described previously in the context of a maladaptive relationship episode, might play out in psychotherapy. In stage 1 Jennifer is warm and submissive, the therapist is warm and dominant, and she feels content. She may begin a session by relating relatively superficial details about her week without insinuating any interest in exploring their psychological meaning—"I had lunch with my friend Karen … next week is my sister's birthday and I may have to miss work …" In stage 2, the therapist might show less interest in the contents of her speech relative to his usual level of involvement. Perhaps the therapist does this purposefully to avoid reinforcing superficial conversation in order to promote more clinically relevant material or perhaps Jennifer perceives withdrawal of interest, which is not objectively present via parataxic distortion, but in either case as before Jennifer experiences herself as warm and submissive and the other becoming cold, creating noncomplementary instability and anxiety. In stage 3, Jennifer attempts to provoke the other's involvement by angrily accusing the therapist of disinterest. The therapist might try to interpret this shift in her behavior as an effort to provoke concern or attention—an interpretation that could further dysregulate Jennifer. The noncomplementarity power struggle, in which both Jennifer and the therapist are cold and dominant and Jennifer becomes angry, again recapitulates a familiar dynamic with her father. The clinician is at risk here: By enacting the habitual cold and dominant other role with Jennifer, the therapist will have contributed to Jennifer's stage 4 dysphoric withdrawal. The clinician will have become the abuser and will have missed an opportunity to mentalize the situation with Jennifer. This is unfortunately a common experience of borderline patients who have befuddled and fatigued their therapists to the point where the therapist may actually become disinterested in their patient's lives, defensive, or iatrogenically hostile and invalidating.

From an interpersonal perspective, appropriate intervention strategies are determined by the core processes that define a particular patient's pathology and the disordered manner in which that style is expressed. To address the precipitating event in the process depicted in Figure 18.4, the clinician might (a) be sensitive to moments when the patient is likely to perceive, particularly through parataxic distortion, withdrawal or disinterest; (b) be cautious not to withdraw or express disinterest without realizing it; and (c) interpret evidence of anxiety as related to the patient's perception of rejection. The clinician would not want to enact the second stage of this process by withdrawing. However, the process in the case of personality pathology is often entrenched and thus inevitable in many interpersonal situations, meaning that the third stage is somewhat out of the therapist's control. That is, because patients with personality pathology are prone to distort interpersonal input according to internalized patterns, it is likely that Jennifer would perceive her therapist as withdrawing even when he objectively was not. It would be important at this point for the clinician to avoid verbally sparring with Jennifer and thus recapitulating her early experiences with her father. However, once provoked, the clinician can use the experience of stage 3 to help the patient develop an awareness of links between the current and previous situations. The clinical trick here is to both enact that dynamic with Jennifer and to facilitate Jennifer's mentalization of the dynamic, that is, to be a *participant observer* in the therapeutic relationship (Anchin & Pincus, 2010; Chapman, 1978; Pincus & Cain, 2008).

If at this stage the clinician can encourage Jennifer to observe the interaction more objectively, and to link it to other interpersonal situations, interpersonal learning may occur. He could also clarify that he is not angry with her and will not abandon her, as a way of pointing out the existence of more effective strategies to gain support and concern. He could model such strategies through judicious use of warmth during this volatile stage. Doing so would reduce the likelihood that the process would end with Jennifer's withdrawal and demoralization. An alternative ending would strengthen Jennifer's capacity to use that particular situation, and the therapeutic relationship in general, to develop insight. Ultimately employing a recurrent, alternative process could engender for Jennifer a clearer understanding of what her interpersonal patterns are for and where they came from, evoking the will to change and to continue to develop new and more adaptive interpersonal patterns (Benjamin, 2003).

Conclusion

A coherent model of interpersonal functioning can play a central role in advancing research,

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classification, assessment, and treatment of personality psychopathology. The interpersonal nexus in psychology is a nomological net that provides the architecture to coordinate definition of personality pathology and description of personality disorders. By linking personality psychopathology to agentic and communal constructs, pathoplastic relationships with those constructs, patterns of intraindividual variability, and interpersonal signatures, personality dysfunction is tied directly to psychological theory that has clinical implications for etiology, maintenance, and treatment planning (Benjamin, 2003; Pincus, 2005a). Thus, we see the contemporary interpersonal model as consistent with and more theoretically cohesive than the system to contextualize personality pathology within individual differences in personality suggested for *DSM-5* (Pincus, 2011; Wright, 2011). Given the advances in interpersonal theory and description discussed here, we would argue that agentic and communal personality characteristics should be essential components of an interdisciplinary science of personality psychopathology and its treatment.

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