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COMMENTARY

Fulfilling the Promise of the LPF: Comment on Morey et al. (2022)

Carla Sharp
Department of Psychology, University of Houston

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In this commentary, I highlight a perceived reluctance in Morey et al.'s (2022) contribution to fully commit to a definition of the level of personality functioning (LPF), not as the functional *consequence* of extreme traits, but as an intrapsychic system that *drives* trait manifestation. I argue that for the LPF to reach its full potential to innovate the assessment and diagnosis of personality pathology beyond mere signs and symptoms, it is essential to define the LPF as a subjective meaning-making system located in biological systems that support the metacognitive capacities necessary for abstracting a sense of self. This view reflects the idea that personality does not simply describe a person (as traits do) but also captures how a person manages their self in relation to others (as LPF does). It implies a definition of personality that includes structural motivational components that fulfill an intrapsychic, organizing function, acknowledging the fact that traits alone are not enough to fully describe personality.

Keywords: level of personality functioning, *DSM–5* Criterion A, maladaptive self- and interpersonal functioning

In their article, Morey et al. (2022) discuss what I consider to be the most innovative aspect of the alternative model for personality disorders (AMPD): the level of personality functioning (LPF). The authors, including three of the main architects of the AMPD (Les Morey, Donna Bender, and Andy Skodol), start off with a brief history of the conceptualization and development of LPF and its associated scale—the Level of Personality Functioning Scale (LPFS; American Psychiatric Association, 2013; pp. 775–778), followed by a summary of the major advancements in the measurement of LPF over the last decade. They present evidence in support of the validity and reliability of newly developed LPF measures for use by clinicians and lay persons. Next, and drawing on our recent review of this literature (Sharp & Wall, 2021), they discuss issues needing further research. This includes the argument that LPF is fully accounted for by Criterion B traits and/or the argument that LPF is aligned with the general factor of psychiatric severity (the p factor), rendering the LPF redundant and unnecessary. They reiterate evidence in support of the conclusion that the LPF increments Criterion B especially when outcomes relate to general functioning (and not internalizing–externalizing spectrum diagnoses) or are measured over time (Sharp & Wall, 2021).

In all, Morey et al. (2022) provide a useful summary of the literature and conclusions covered in the article by Sharp and Wall (2021). Where the paper nicely expands on Sharp and Wall (2021) is in providing an elaborated explanation and solution for the overlap between Criterion A and Criterion B. Morey (2019a, 2019b) had previously suggested that maladaptive trait domains, as represented by Criterion B, may be heavily saturated with PD dysfunction (Criterion A), at the potential expense of trait differentiation. In support of this thesis, in their current review, Morey et al. report on a recent study (Morey et al., 2022) showing that Criterion A, as assessed by the LPFS (Morey, 2017), incremented basic personality traits (the Big Five) in predicting maladaptive trait variation as measured by the Personality Inventory for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (PID-5; Krueger et al.,., 2012). LPFS-SR also explained a significant percentage of the shared variance between the PID-5 (and to a lesser extent, the Big Five) trait domains. Moreover, when the variance contributed by LPFS-SR was statistically removed from PID-5 outcomes, more sharply differentiated dimensions that more closely resembled the five-factor model emerged. Morey et al. (2022) conclude from this data that Criterion B = Normal Range Traits + Personality Dysfunction, thus explaining the high level of overlap between Criterion A and Criterion B. Their solution to this problem is to remove general personality pathology from Criterion B, instead focusing Criterion B on personality traits that are applicable across the full range of personality function (typical to atypcial), and relying upon Criterion A to represent personality dysfunction. This would mean,

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Carla Sharp https://orcid.org/0000-0001-8349-4701
Correspondence concerning this article should be addressed to Carla Sharp, Department of Psychology, University of Houston, 126 Heyne Building, Houston, TX 77204, United States. Email: csharp2@uh.edu

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for instance, that the PID-5 be replaced with a measure of the Big Five. Widiger has argued for this approach for years—albeit *without* the inclusion of Criterion A assessment (McCabe et al., 2021; Widiger et al., 2018; Widiger & McCabe, 2020; Widiger & Oltmanns, 2017).

I agree with Morey et al. (2022) regarding the benefits of refining the assessment of Criterion B by removing general personality dysfunction (Criterion A) from its item content. It would certainly offer a cleaner and psychometrically improved approach to the assessment of personality pathology. Moreover, and coming back to the opening statement of this commentary that the most innovative aspect of the AMPD has been the introduction of LPF/Criterion A, I have not been convinced that Criterion B, as currently conceptualized, advances the assessment and diagnosis of personality pathology beyond that offered by the categorical system. In fact, to my eye, Criterion B behaves very similar to the categorical diagnostic system of Section II. Recall that one of the strongest motivations for the development of an alternative model was the high co-occurrence of personality disorders, calling into question their validity (Skodol et al., 2011). Criterion B trait domains, like categorical diagnoses, are supposed to express the unique "style" of a person's personality pathology. Indeed, trait domains show remarkable convergence with all of the retained categorical diagnosis in Section III except for obsessive–compulsive personality disorder (for a summary of these data, see the recent meta-analyses conducted by Watters et al., 2019). However, like categorical diagnoses, Criterion B appears to lack specificity as evidenced by high intercorrelations between trait domains (Bo et al., 2016) as well as lack of discriminative validity of individual traits (Hopwood et al., 2012; Watters et al., 2019), and maladaptive trait domains (Crego et al., 2015), thereby failing to express the unique "style" of a person's personality pathology. Indeed, a recent study showed that the average discriminant validity for the trait domains measured by the PID-5 ranged from .48 (disinhibition) to .64 (psychoticism), which was worse than what was obtained in the same study with a *DSM-IV* categorical diagnostic tool (McCabe & Widiger, 2020).

In summary, it is reasonable to conclude that Criterion B fails to advance assessment of personality pathology over and above the categorical system due to its saturation with PD dysfunction resulting in lack of discriminant validity. I therefore agree with Morey's solution (the removal of pathological traits from Criterion B) pending of course additional research that show improvement of the incremental validity for Criterion A over a general measure of the five-factor model. For instance, in another study that attempted to assess this question in a college sample using self-report measures and traditional personality disorder constructs as outcomes, Criterion A did not increment typical traits in the prediction of traditional personality disorder symptoms (Sleep et al., 2020). Where I diverge from Morey et al. (2022) is in their apparent conceptualization of *what exactly* we will be removing from Criterion B in replacing a maladaptive trait model with the five-factor model. Morey et al. (2022) state that their solution will "unconfound trait extremity and problem severity." Elsewhere, they call for "explicitly distinguishing global personality dysfunction from the stylistic expression of universal personality traits" and "an evidence-based and clinically useful assessment model capable of distinguishing critical features of the person (i.e., normal range traits) from the person's problems (i.e., severity of personality pathology)" (Morey et al., 2022). These statements stand in contrast to other writing by Morey over the years and suggests some ambiguity as to whether the general severity criterion common to all personality pathology should be viewed as "pure severity" (akin to the p factor; Caspi et al.,., 2014)—that is, "a person's problems" (or disability) that ensue as a result of a person's trait function. Understood this way, LPF is the *consequence* of personality dysfunction, and not personality dysfunction per se. In this view, the Big Five (or traits) are adequate to describe a person, and the sole function of the LPF is to determine the impact of high trait scores on a person's functioning. Even though Morey et al. (2022) stipulate that the "problems" relating to severity of personality function must relate to a person's self and interpersonal functioning, the emphasis on the role of traits in defining who a person is, and LPF as the consequence of trait extremity on levels of severity, confuses the definition of LPF as an intrapsychic system necessary for mature adult functioning (Livesley, 2003; Morey et al., 2011)—a definition of LPF that was used by the *DSM–5* workgroup and the definition that Morey et al. (2022) themselves offer for LPF in the current review.

For the LPF to reach its full innovative potential, I argue here that it is essential that there be no ambiguity in the definition of LPF and that we fully embrace a definition of LPF, not as the *consequence* of extreme traits but as an intrapsychic system that *drives* trait manifestation. Barring the removal of personality pathology altogether from psychiatric nosology and replacing it with the internalizing-externalizing-psychotic superspectra (as the Hierarchical Taxonomy of Psychopathology system would suggest we do; Kotov et al., 2021), the entry criterion for personality disorder must be definitional of what personality disorder is and cannot simply denote the effect of symptoms on a person's life. Consistent with this idea, the *International Classification of Diseases, Eleventh Revision* defines a general severity criterion as necessary (and sufficient) for the diagnosis of personality disorder; evaluation of trait domains is optional (Reed, 2018; Tyrer et al., 2019). For the first time, we have the opportunity for a parsimonious yet clinically useful definition of personality pathology. But it relies on a specific definition of LPF, which Morey et al. (2022) at least in this article, seem ambiguous about, despite other writing from this impactful group of authors that suggest otherwise (Bender et al., 2011; Morey et al., 2011). Conceptualizing Criterion B as the part of the diagnostic process that tells us who a person is, and Criterion A as *the effect* of Criterion B on general functioning, may relegate the entry criterion of personality disorder diagnosis nonspecific to personality pathology (that is, relevant to all psychopathology). Indeed, depression, anxiety, substance use disorders, schizophrenia spectrum disorders are all associated with impairments in self and interpersonal functioning. What sets personality pathology apart (and assuming we *want* to set it apart) is that impairment in self-and interpersonal functioning is primary. It *defines* the disorder. In contrast, we do not think of anxiety or depression primarily as disorders of self and interpersonal function but acknowledge the effect these mood-related (depression) and stress-related (anxiety) disorders have on self and interpersonal functioning. A rejoinder might be that we simply equate general severity (disability in work and love) with maladaptive self and interpersonal functioning. If this is the case, we should expect clear empirical distinctions between measures of LPF and general disability—a conclusion that appears to be unsupported in emerging findings in both adults (Garcia et al., 2018) and adolescents (Sharp et al., 2022).

Explicitly defining and fully embracing LPF as an intrapsychic system that *drives* trait manifestation (and not a mere consequence of

extreme traits) has the added advantage of articulating a process-oriented personality variable driving personality functioning (Sharp & Wall, 2018, 2021). Basic personality theory and research, for decades, have been struggling with how to move beyond the descriptive neck-hold imposed by a pure trait perspective—a similar disadvantage brought upon psychiatric nosology by the *DSM-III* innovations spearheaded by Spitzer—that is, a checklist of behavioral signs and symptoms to define disorder. Although a descriptive approach works well with internalizing–externalizing–psychotic spectra disorders (hence the neat mapping of the Hierarchical Taxonomy of Psychopathology dimensions and the Big Five), it works less well for personality function because the latter represents a psychologically more complex phenomenon. Personality itself *organizes* behavior. It represents a level of mental functioning beyond approach, avoidance, and stress responsivity systems associated with the internalizing–externalizing–psychotic superspectra (see, for instance, Krueger et al., [2021] for a discussion of biological underpinnings of the externalizing superspectrum). I propose that these biological systems (and their behavioral trait manifestations) are inadequate to account for personality function because central to personality function is a subjective meaning-making system located in biological systems that support the metacognitive capacities necessary for abstracting a sense of self—that is, the dorsal anterior paracingulate and dorsal medial prefrontal regions (Gusnard, 2005). It reflects the idea that personality does not simply describe a person (as traits do) but also captures how a person manages their self in relation to others (as LPF does—if correctly defined). Indeed, neurocognitive scientists have suggested that self-awareness relies on the capacity to escape attention away from stimulus-control contingencies, shifting attention "internally" to the processing of mental representations (Kinsbourne, 2005), prompting the suggestion that personality lives in the intersubjective space between people (Sharp & Vanwoerden, in press).

The idea that personality has a self-organizing function is not new. Beyond early structural theories of personality (Freud, 1923) and more modern reformulations of such theories (Caligor et al., 2018; Kernberg, 1967; Kernberg, 1980), James (1892/1963) made the classical distinction between the "I," an intuitive, emotionally experienced sense of self (self as subject), and the "me," a result of a self-reflective process leading to an integrated awareness and knowledge about oneself (self as object). In Mead's (1934) theory of healthy personality function, a central role was given to the social world (an audience—real or imagined) to facilitate self-regulation, invoking the idea that humans can look upon themselves from the outside in order to regulate the self. Most recently, McAdams (2015) took this forward in his theory of personality development. Referencing several decades of developmental research, he painstakingly shows that although traits are already present at birth to provide important information on individual differences in personality functioning, two additional levels of personality function increment traits to explain a range of outcomes. These include the person-as-motivated-agent (which develops between ages 5 and 7) and, critically, the person-as-autobiographical-author (which develops during adolescence). Traits continue to play an important part in defining personality, but values, motivations, and identity begin to interact with traits and the environment to provide a fuller account of personality function. Identity function, I have argued, most closely aligns with LPF in its overlap with self-function and reliance on metacognitive function (mentalizing capacity), such that it explains the onset of personality disorder in adolescence if not scaffolded properly as young people begin to consolidate their identity (Sharp, 2020; Sharp & Wall, 2018, 2021; Sharp & Cano, 2018; Sharp et al., 2018). Although this conclusion can only be verified with longitudinal data specifically designed to test this hypothesis, we do, for instance, know that personality disorder first onsets in adolescence and not before, despite the fact that some preadolescents may display extreme traits (Stepp et al., 2010). We also know that young people with personality pathology struggle with mentalizing (Sharp et al., 2011) and coherence in narrative identity (Lind et al., 2019, 2020, 2021). Recently, we have also demonstrated that maladaptive traits measured in preadolescence are associated with maladaptive daily identity function in early adulthood via problems in interpersonal function during early adolescence (Vanwoerden et al., 2021).

In conclusion, both the AMPD Criterion B, as currently defined, and Section II personality disorder criteria, involve reciting a checklist of signs and symptoms that in and of itself are inadequate to fully account for a person's personality. For that matter, the five-factor model falls short in exactly the same way. To break out of its descriptive neck-hold, personality—perhaps uniquely so—therefore needs to be defined independently of the behaviors it tries to explain (Buss & Craik, 1983; Mischel, 1968; Sher, 2017). To truly innovate the assessment and diagnosis of personality pathology, explicit articulation and commitment to a definition of personality that goes beyond mere signs and symptoms to include structural motivational components that fulfill an intrapsychic, organizing function is needed.

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