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COMMENTARY

The Problems With Criterion A: A Comment on Morey et al. (2022)

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The alternative model of personality disorder (American Psychiatric Association, 2013), introduced in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, represents a significant advancement in our understanding of personality disorders. Despite this advancement, nearly 10 years after its introduction, considerable debate remains regarding the conceptualization, operationalization, and ultimately the utility of personality impairment (i.e., Criterion A). Morey et al. (2022) review the impetus for, conceptualization of, the current state of our understanding of Criterion A, and conclude that Criterion A is a valid and clinically useful component of the alternative model of personality disorder. In our commentary, we present a more pessimistic view and review literature critical of Criterion A not included in the main text of their review. We conclude that Criterion A, as currently operationalized by the Level of Personality Functioning Scale, does not provide the functionality or utility as suggested by Morey and colleagues in their review. Instead, we suggest that pathological traits are well-positioned to capture severity of dysfunction and likely carry the most clinically useful information.

Keywords: alternative model of personality disorder, personality impairment, Criterion A, personality disorder

The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM–5*), alternative model of personality disorder (AMPD; American Psychiatric Association, 2013) was developed in response to years of evidence detailing the problematic nature of a categorical diagnostic model of personality psychopathology. This hybridized model retained six of the 10 traditional personality disorders (PDs), and each is defined by severity of personality impairment (i.e., Criterion A) and by their characteristic pathological traits (i.e., Criterion B). Although this model represents some forward momentum regarding PD classification, substantial concern remains regarding the operationalization, measurement, and clinical utility of Criterion A. In their review, Morey et al. (2022) provide an in-depth look at the impetus for, conceptualization of, and the current state of our understanding of Criterion A. In our view, Morey and colleagues generally paint a selective and overly optimistic view of the current support for Criterion A, overlooking or relegating to the online supplemental materials studies that are critical of Criterion A. They conclude by stating that there have been "major advancements in its measurement" and that Criterion A demonstrates strong validity, as underscored by its predictive and clinical utility. We, unfortunately, do not share this view. In our commentary, we highlight several areas of continued debate, namely, the inability of Criterion A (operationalized primarily via the Level of Personality Functioning Scale [LPFS][1]) to distinguish between personality pathology and other forms of psychopathology, its excessive overlap with personality traits (both pathological and nonpathological), its problematic factor structure, and its lack of consistent, meaningful incremental validity over and above traits (both pathological and nonpathological).

Criterion A's Functional Problems

Morey and colleagues have suggested two functions for Criterion A. First, it is meant to distinguish personality pathology from other forms of psychopathology (Bender et al., 2011; Morey, 2017, 2019). Second, Criterion A was meant to account for the commonalities among all PDs. We suggest that Criterion A, and most notably the LPFS (APA, 2013; Level of Personality Functioning Scale–Self Report; Morey, 2017), does neither of these particularly well. To date, several studies examined the ability of the Criterion A to distinguish between personality psychopathology and other clinical symptoms (Few et al., 2013; Sleep et al., 2019b, 2020). In a clinical community sample, Few et al. (2013) found that the median correlation between the subscales of the LPFS with symptoms of anxiety and depression to be higher than the median correlation

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[1] Throughout the commentary, LPFS will refer to all its manifestations (e.g., Level of Personality Functioning Scale–Self Report [Morey, 2019]; LPFS [American Psychiatric Association, 2013]).

with the symptoms of the 10 *DSM–5* PDs (i.e., mdn *r*s = .46 and .36). Using an online community sample enriched for mental health-seeking, Sleep et al. (2019b) found that the median correlation between the LPFS total score and a variety of "Axis I" symptoms was equivalent to the median correlation between the LPFS total and PD symptoms (i.e., .61 vs. .58). Finally, Sleep et al. (2020), in a sample of undergraduates, once again found that total scores on the LPFS correlated more highly with "Axis I" symptoms than it did with the symptoms of the 10 *DSM–5* PDs (i.e., mdn r = .54 vs. .49). So, the LPFS is not particularly good at distinguishing personality pathology from other forms of psychopathology. The LPFS may be assessing little more than general distress; across the three studies just described, the median correlations with the Brief Symptom Inventory (Derogatis & Melisaratos, 1983) Global Severity were .58, .73, and .56.

As for accounting for the commonalities among all PDs, there are two aspects to this problem. The first is the general positive manifold among all PDs; Criterion A would appear to do this but so would any measure of general distress or trait elevation. The second is accounting for the differential associations among the PDs; some PDs are more highly correlated with one another than others. Criterion A would seem to have a difficult time accounting for these facts. The Criterion B traits do a better job; under the trait model, PDs are correlated to the degree they assess similar facets—PDs with more traits in common will be comorbid. Lynam and Widiger (2001), using the 30 facets of the five-factor model (FFM), demonstrated that degree of facet overlap among PDs paralleled observed PD comorbidities.

Criterion A's Personality Problem

As noted by Morey and colleagues (2022), overlap between Criterion A and Criterion B has been consistently documented. What they do not mention is that the overlap is quite high and problematic for Criterion A, as assessed using the LPFS. Three studies have provided information on the ability of pathological personality traits to account for variance in the LPFS. Sleep et al. (2019b) found that the Personality Inventory for the *DSM–5* (PID-5) domains and facets accounted for significant variance across four subscales of the LPFS (i.e., an average adjusted R^2 of 61% and 68%, respectively). In a replication, Sleep et al. (2020) found that the PID-5 domains and facets accounted for significant variance in the LPFS total score (i.e., adjusted R^2s of 53% and 55%, respectively). Roche and Jaweed (2021) also found that the five domains accounted for between 50% and 63% of the adjusted variance in three self-report versions of the LPFS. Importantly, these R^2 values are much higher than the R^2 values obtained when using the three self-report versions of the LPFS to predict each other (values ranged from 40% to 48%). Also importantly, this overlap is not due, as Morey et al. suggest, to the PID-5 capturing maladaptivity; this overlap is present when a general model of personality is used as well. Sleep et al. (2020) found that the The International Personality Item Pool-120 (IPIP-NEO) domains and facets accounted for 45% and 51% of the adjusted variance in total LPFS scores, respectively.

An alternative illustration of the problematic overlap between the LPFS and basic personality comes from a recent study by Oltmanns and Widiger (2019) using an online sample of participants. These authors coded the 80 LPFS items into four domains of the FFM (all except openness) to create FFM proxies. These proxies were then correlated with composites of three FFM instruments. Convergent correlations were very strong for Agreeableness (.52), Conscientiousness (.67), and Neuroticism (.71) but only moderate for Extraversion (.31). To the degree that LPFS items can proxy general personality, the LPFS has a personality problem.

This problematic overlap with personality likely explains the generally low incremental validity provided by Criterion A, as assessed with the LPFS. Morey et al. (2022) conclude that Criteria A provides "modest" statistically significant incremental variance over Criterion B. We would amend the sentence to read "very modest." Three studies have examined incremental validity provided by the LPFS and PID-5 in relation to PDs (Few et al., 2013; Sleep et al., 2019b, 2020). Across these studies, the average increment provided by the LPFS over the PID-5 was .4%, whereas the average increment provided by the PID-5 over the LPFS was 22.6%. The LPFS fared little better when contrasted with the normal range IPIP-NEO (Sleep et al., 2020), providing an average additional 6.9% of the variance over the IPIP-NEO; in contrast, the IPIP-NEO accounted for an additional 17% of the variance over the LPFS. Despite their suggestion to the contrary, the LPFS provides only very small increments in variance accounted for above PID-5 traits in the prediction of other clinical outcomes. Across three samples, Roche and Jaweed (2021) examined the incremental validity provided by the Criterion A measures and PID-5 in relation to eight outcomes reflecting mental health utilization, interpersonal problems, and psychological distress. On average, across these samples, Criterion A measures provided an additional 2.83% of variance compared with the 11.9% provided by the PID-5.

The only study in which the LPFS provided more incremental variance than the PID-5 was an ecological momentary assessment (EMA) study, by Roche (2018), where the LPFS provided an additional 1.8% (compared with 1% for the PID-5) in predicting day-level personality functioning. The increment in variance, however, is remarkably small and this pattern did not hold at the person level. Also, results varied in a different EMA study. Roche et al. (2016) found that the LPFS provided an additional 3% of variance compared with the additional 6.8% provided by the PID-5 in daily measures of identity, self-direction, empathy, and intimacy—the four domains putatively assessed by the LPFS.

Criterion A's Structural Problem

We believe the *DSM–5* AMPD Section I to be confusing as to the dimensionality of Criterion A. Morey et al. (2022) indicate that it was the intent of the Personality Disorders Work group to describe Criterion A as a unidimensional construct. However, a multidimensional model seems to be implied within the description of each specific PD: "Moderate or greater impairment in personality functioning, manifested by characteristic difficulties *in two or more* of the following four areas" (APA, 2013, p. 766; emphasis added). Even if we allow that Criterion A, as assessed by the LPFS, is supposed to be unidimensional, it is not. Morey et al. suggest that the high coefficient α values are evidence for unidimensionality, but this is simply wrong. As noted in our previous response to Morey (2019), "coefficient alpha is not an index of unidimensionality" (Sleep et al., 2019a). This was initially observed by Cronbach (1951) and has been repeatedly demonstrated since Cronbach's initial derivation (Green et al., 1977;

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McNeish, 2018; Schmitt, 1996; Sijtsma, 2009). Neither confirmatory nor exploratory factor analyses have provided evidence for a one-factor structure for the LPFS (Sleep et al., 2019b, 2020). Although Sleep et al. (2019b) did find support for a four-factor model, the four factors did not map onto the four factors originally proposed by Morey (2017)—identity, self-direction, empathy, and intimacy. In their replication attempt, Sleep et al. (2020) found a three-factor structure that did not map on to either the empirically or theoretically derived four-factor structure. The only consistent factor across these analyses was a method factor consisting of all the reverse-scored items. At this point, the LPFS awaits a robust multiple factor structure. Interestingly, structural instability does not appear to be problematic for other measures of Criterion A (e.g., Level of Personality Functioning Scale–Brief Form, Hutsebaut et al., 2016; *DSM–5* Levels of Personality Functioning Questionnaire, Huprich et al., 2018), which have evinced consistent, robust support for their purported multidimensional factor structures.

Conclusion and Future Directions

The *DSM–5* AMPD represents a major advancement in our understanding and ability to measure personality psychopathology. Some measure of dysfunction is probably necessary to help separate disorder from nondisordered personality; although, as shown earlier, trait extremity captures large portions of dysfunction. We disagree, however, with Morey and colleagues (2022) that current instantiations of Criterion A, particularly as operationalized by the LPFS, serve this function. As demonstrated here, the LPFS does not discriminate PD pathology from other forms of psychopathology, does not account for patterns of comorbidity among the PDs, shows problematic levels of overlap with both disordered and nondisordered personality traits, fails to provide incremental validity over these same traits, and has an unstable internal structure. In short, it does not do what it is supposed to do. Until a better system comes along, the traits themselves carry the most useful information.

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