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Self-Monitoring and the DSM-5 Section III Alternative Model of Personality Disorder

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SELF-MONITORING AND THE DSM-5 SECTION III
ALTERNATIVE MODEL OF PERSONALITY DISORDER

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DISSERTATION

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A dissertation submitted in partial fulfillment of the
requirements for the degree of Doctor of Philosophy in the
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By
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ABSTRACT OF DISSERTATION

SELF-MONITORING AND THE DSM-5 SECTION III
ALTERNATIVE MODEL OF PERSONALITY DISORDER

The Alternative Model of Personality Disorder (AMPD) was introduced in Section III ("Emerging Measures and Models") of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) to address many of the challenges inherent to the categorical system of personality disorder diagnosis. According to the AMPD, personality disorders can be identified by the extent to which impairment in personality functioning (i.e., Criterion A) and pathological personality traits (Criterion B) are present. Researchers have divided over the distinction between Criterion A and Criterion B, with one side favoring the current AMPD conceptualization of personality traits and functioning as independent constructs and the other arguing that it is impossible to completely parse out personality traits from their subsequent impairment. The substantial body of research published on the AMPD is similarly split, providing inconsistent evidence for both sides. In an attempt to clarify the contentious relationship between Criterion A and Criterion B, self-monitoring (i.e., the extent to which individuals are able and willing to use situational cues of social appropriateness to guide expressive behaviors and self-presentation) was considered as a potential moderating variable. That is, the current study examined whether the magnitude of the relationship between Criterion A and Criterion B would depend on self-monitoring. It was hypothesized that the strength of the association between pathological personality traits (Criterion B) and impairment (Criterion A) would be greater when self-monitoring skills were low and weaker when self-monitoring skills were high such that the ability to modify expressive behaviors to align with situational demands would mitigate the impairments in functioning that result from more extreme personality traits. These analyses yielded nonsignificant interactions, which suggest that self-monitoring skills do not moderate the association between personality traits and personality impairment. The implications of integrating social psychology constructs into clinical psychology research are discussed.

KEYWORDS: DSM-5, AMPD, Personality Functioning, Self-Monitoring

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ALTERNATIVE MODEL OF PERSONALITY DISORDER

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CHAPTER 1. Self-monitoring

Self-Monitoring was first introduced as a construct in 1974 by Mark Snyder. Previous research had documented that individuals tend to communicate a great deal of information about their affective states and attitudes through vocal and facial expressions (Mehrabian, 1969), that individuals have the capacity to voluntarily express certain emotions while concealing others (Ekman & Friesen, 1969), and that these expressive behaviors can be accurately interpreted by others whether expressed intentionally (Davitz, 1964) or unintentionally (Ekman, 1971). Snyder recognized that individuals varied in their ability to effectively manage their self-presentation and that this ability would undoubtedly predict interpersonal effectiveness. Snyder conceptualized self-monitoring as an individual difference variable characterized by self-observation and self-control that represents the extent to which individuals are able and willing to use situational cues of social appropriateness to guide their own expressive behaviors and self-presentation.

1.1 The Self-Monitoring Scale (SMS)

Snyder proposed that self-monitoring would require a set of impression management devices, meta-perceptional abilities, and an interest in maintaining social approval, and developed an assessment measure sensitive to these qualities, the Self-Monitoring Scale (SMS; Snyder, 1974). Snyder's initial construction of the SMS began with 41 items that described the extent to which individuals (a) desired to behave in socially appropriate ways, (b) paid attention to social comparison information, (c) were able to control and modify their behavior, (d) were *willing* to control and modify their

behavior, and (e) behaved in cross-situationally consistent ways. Initial analyses reduced

the number of items to 25. Snyder (1974) found evidence of discriminant validity such

that the SMS was distinct from measures of social desirability, social deviance,

achievement anxiety, Machiavellianism, and inner-other directedness. Using members of

a fraternity, a sample chosen for their ability to speak to each other's behaviors across

social and academic settings, Snyder (1974) found that self-reported self-monitoring

correlated .45 with peer-rated self-monitoring. Snyder also found that, relative to a

comparison group of undergraduates, self-monitoring scores were higher in professional

stage actors, a group Snyder reasoned would be uniquely adept at controlling their

expressive behavior, and lower in psychiatric inpatients, a group whose behavior was

reasoned to be less variable across situations. Last, through the initial validation

processes, Snyder (1974) found that individuals with higher scores on the SMS were

better able to communicate randomly chosen emotions to others.

The SMS has generally been found to have a three-factor structure (e.g, Briggs et

al., 1980; Gangestad & Snyder, 1985), however some have found a two-factor structure

(Sparacino et al., 1983) and a four-factor structure (Gabrenya & Arkin, 1980). According

to Gangestad and Snyder (1985), the three factors are *expressive self-control*, which is

largely defined by items related to concealing natural expressions of emotion and motives

(e.g., "I can look anyone in the eye and tell a lie with a straight face"). The second factor

is *social stage presence*, which is defined by items concerned with comfortability in

social situations and a desire for attention (e.g., "In a group of people I am rarely the

center of attention;" reverse scored). The third factor is *other-directed self-presentation*,

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which is defined by items related to conforming behaviors to meet the expectations of others (e.g., "I may deceive people by being friendly when I really dislike them").

Gangestad and Snyder (1985) then reported taxometric analyses suggesting the item structure of the SMS was consistent with genetically explicated class variables. Specifically, that the structure indicated the presence of a common latent variable reflective of discrete (or quasi-discrete) classes of high and low self-monitoring individuals. That is, self-monitoring was proposed to be distributed into two discrete classes rather than along a continuous dimension. Gangestad and Snyder note that the class variable may correspond to distinct behavioral strategies acquired in childhood in response to environmental pressures, but that sensitivity to specific environmental pressures varies across individuals and is largely genetically determined. They suggest that a class variable could result from these distinct behavioral strategies via divergent causality, the process by which initially small individual differences become amplified or extended over time, producing larger differences between individuals (Langmuir, 1943; Meehl, 1978).

In light of these findings, Snyder and Gangestad (1986) reanalyzed SMS data from 15 previous studies and indicated that a revised 18-item SMS, the Self-Monitoring Scale-Revised (SMS-R) taps into this latent influence with equal validity and greater reliability than the original 25-item SMS. It is important to note that the SMS-R deleted seven items but did not reword the remaining 18-items in any way. The SMS-R contains only items that, when estimated on the first unrotated factor, correlated at least .15 with the latent self-monitoring variable. In addition to having greater internal consistency, the SMS-R was found to be more "factorially pure," with the first unrotated factor

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accounting for 62% of common variance in a principle-axis factor analysis with three

extracted factors compared to the 51% accounted for by the SMS. Each of the three

factors that are routinely identified in the SMS (i.e., expressive self-control, social stage

presence, and other-directedness) are present in the SMS-R. To varying degrees, these

factors tap into the latent self-monitoring variable, with the full SMS outperforming each

individual factor (Snyder & Gangestad, 1986). However, despite the compelling evidence

in support of a latent variable reflecting quasi-discrete classes of high and low self-

monitors, self-monitoring continues to be applied on a continuum. For example, in their

meta-analysis of self-monitoring in occupational behavior, Day et al. (2002) noted that 37

of the 136 samples they included scored the SMS as a continuous variable.

Briggs and Cheek (1988) reanalyzed the SMS-R and found two relatively

orthogonal sources of variance which they labeled General Factor A and General Factor

B. Lennox (1988) too found the SMS and SMS-R to be inconsistent with the theory of

self-monitoring. He noted that the SMS appears to consist of two distinct types of items:

those that refer to theatrical acting and sociability (e.g., "In a group of people I am rarely

the center of attention;" reversed scored) and those that refer to a passive and reactive

interpersonal style (e.g., "When I am uncertain how to act in social situations, I look to

the behavior of others for cues"). Lennox reasoned that it would be unlikely that an

individual would endorse both the assertive items and the passive items and labeled these

conceptually distinct forms of self-monitoring acquisitive and protective, respectively. He

then submitted the SMS scales to both exploratory and confirmatory factor analyses,

which supported the distinction between acquisitive and protective self-monitoring such

that the expressive self-control and social stage presence factors loaded together

(acquisitive self-monitoring) and other-directedness loaded separately on a second factor (protective self-monitoring). Lennox (1988) concluded that acquisitive and protective self-monitoring may represent two separate affective-motivational orientations.

Early research demonstrated a clear connection between self-monitoring and critical aspects of social interactions. For example, Snyder and Cantor (1980) found that individuals with higher levels of self-monitoring tended to be particularly knowledgeable about individuals who embody prototypes of trait domains, whereas those lower in self-monitoring tended to be quite knowledgeable about their own characteristic traits and attitudes. Snyder and Gangestad (1982) found that, when asked to enter into an experimental situation requiring extraversion, the willingness to do so was, for those low in self-monitoring, a direct reflection of actual extraversion levels. For those with higher levels of self-monitoring, willingness was a direct reflection of how well "extraversion" was defined. Snyder et al. (1983) examined the role of self-monitoring in friendships. They found that individuals with higher levels of self-monitoring tended to prefer partitioned social worlds (i.e., ideally engaging in particular activities only with specific partners) and chose activity partners on the basis of their specific skill level in the given activity. On the other hand, individuals with lower levels of self-monitoring tended to prefer undifferentiated social worlds (i.e., ideally spending all their time with those they like best), and selected activity partners on the basis of general liking. These early findings suggest that self-monitoring influences the ways in which individuals think about, construct, and navigate their social worlds.

More recently, Wilmot (2015) attempted to replicate the latent structural findings of Gangestad and Snyder (1985) using the original 1985 sample, a replication sample,

and applying contemporary taxomentric procedures. Wilmot documented statistical issues in the original 1985 analyses. For example, Gangestad and Snyder relied on the use of an indicator set that lacked the necessary validity to unambiguously detect latent categorical structure. The other-directedness factor was also found to possess problematically low validity and a substantial overlap with the other two factors. Using the remaining two factors, Wilmot (2015) was unable to replicate the categorical structure and, in fact, found strong convergent evidence that the underlying structure of self-monitoring is dimensional. Wilmot's results provide support for the bivariate model of self-monitoring proposed by Lennox (1988). Wilmot et al. (2017) used Item Response Theory to further challenge the univariate model of self-monitoring in favor of an alternative bivariate model consisting of acquisitive (i.e., self-presentation in service of one's own agenda and desires) and protective self-monitoring (i.e., modifying one's behavior to meet others' expectations and avoid negative evaluation). They demonstrated that an unbiased and reliable acquisitive self-monitoring scale (six items) and protective self-monitoring scale (seven items) could be constructed from the original 25-item SMS.

In sum, self-monitoring refers to the extent to which individuals can (and choose to) control and modify their expressive behavior based on observed situational cues of appropriateness (Snyder, 1974). The SMS was initially developed by Snyder (1974) as a 25-item self-report measure. The SMS-R was developed by Snyder and Gangestad (1986) to better tap into a latent genetic factor. The SMS-R and the conceptualization of self-monitoring as a discrete categorical variable has been challenged in favor of a bidimensional model of self-monitoring.

1.2 Self-Monitoring and Personality Traits

Snyder (1974) (1974) did not intend for self-monitoring to be conceptualized as a personality trait, but as a skill. "Perhaps some individuals learned that their affective experience and expression are either socially inappropriate or lacking…On the other hand, persons who have not learned a concern for appropriateness of their self-presentation would not have such well-developed self-monitoring skills and would not be so vigilant to social comparison information about appropriate patterns of expression and experience" (p. 527). Despite his clear intentions, many have attempted to locate self-monitoring within general taxonomies of personality. For example, Riggio and Friedman (1982) compared the SMS to the Eysenck Personality Inventory's (EPI; Eysenck & Eysenck, 1968) finding that the SMS correlated .19 with EPI Extraversion and .12 with EPI Neuroticism, whereas Furnham (1989) found that the SMS correlated .37 with EPI Extraversion, .20 with EPI Neuroticism, and .20 with EPI Psychoticism. Barrick et al. (2005) found that the SMS correlated -.10 with the Personal Characteristics Inventory (PCI; Mount & Barrick, 2002) Emotional Stability, .31 with PCI Extraversion, .23 with PCI Openness, -.08 with PCI Agreeableness, and -.24 with PCI Conscientiousness. Bono and Vey (2007) found the SMS correlated .27 with the International Personality Item Pool (IPIP; Goldberg, 1999) Extraversion, -.06 with IPIP Neuroticism, .12 with the Positive and Negative Affect Schedule (PANAS; Watson et al. 1988) Positive Affect and -.15 with Negative Affect. Kowalski et al. (2018) found that the SMS correlated .23 with the Self-Report Psychopathy Scale (SRP-III-R12; Paulhus et al. 2016); .19 with the Mach-IV measure of Machiavellianism (Christie & Geis, 1970), and .40 with the Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979). Although Kowalski et al.

did not examine the three factors of the NPI individually, the association that self-monitoring has with narcissism is likely due to the Leadership/Authority factor, which is characterized by self-confidence, leadership ability, and social potency (e.g., Ackerman et al. 2011).

Wilmot et al. (2015) compared the SMS, acquisitive self-monitoring (A-SM), and protective self-monitoring (P-SM) to the Big Five Inventory (BFI; John & Srivastava, 1999). They found that BFI Emotional Stability correlated .00 with the SMS, -.02 with A-SM, and -.20 with P-SM. BFI Extraversion correlated .39 with the SMS, .47 with A-SM, and -.26 with P-SM. BFI Openness correlated .33 with the SMS, .36 with A-SM, and -.01 with P-SM. BFI Agreeableness correlated -.10 with the SMS, -.10 with A-SM, and -.17 with P-SM. BFI Conscientiousness correlated -.10 with the SMS, -.06 with A-SM, and -.26 with P-SM. These findings suggest that self-monitoring is largely unrelated to personality traits. There are some notable exceptions to this. For example, the modest correlation between self-monitoring and extraversion appears to be somewhat consistent. Additionally, the separation of A-SM and P-SM demonstrates unique associations with personality that are missed when using only the full SMS. Taken together, self-monitoring may be better understood as a social and motivational skill rather than as a personality trait.

CHAPTER 2. <u>SELF-MONITORING AND INTERPERSONAL IMPAIRMENTS IN FUNCTIONING</u>

According to Section II of the fifth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013), for a personality disorder to be diagnosed, there needs to be "an enduring pattern of inner experience and behavior" that results in "significant distress or impairment in social, occupational, or other important areas of functioning" (APA, 2013, p. 646). Snyder (1974) stated, "the ability to manage and control expressive presentation is a prerequisite to effective social and interpersonal functioning" (Snyder, 1974, p. 526). Indeed, previous research on self-monitoring suggests that it may be directly connected to impairments in social and occupational functioning.

2.1 Self-Monitoring and Interpersonal Functioning

Snyder (1974) reasoned that the behaviors of those with high levels of self-monitoring would be guided by cues of social appropriateness, whereas those low in self-monitoring would be guided by their current affective state. Klein et al. (2004) examined whether self-monitoring would in fact guide behavior when in emotionally charged situations. Specifically, using a sample of individuals previously determined to hold prejudicial beliefs about same-sex relationships, Klein et al. (2004) examined whether individuals asked to publicly express their attitudes toward same-sex relationships would modify their opinions to align with the attitudes attributed to their audience. Audience attitude was experimentally manipulated such that participants were told that, after publicly expressing their thoughts, they would discuss their beliefs with the audience whose attitudes were described as either favorable or unfavorable toward same-sex

relationships. They found that individuals with higher levels of self-monitoring expressed more prejudice when the audience was perceived as having unfavorable rather than favorable views of same-sex relationships. Those low in self-monitoring, on the other hand, did not modify their views based on audience's attitude.

Consistent with Snyder (1974)'s initial speculation that individuals high in self-monitoring likely have a repertoire of impression management devices, Lee et al. (1999) found that self-presentation tactics (i.e., the strategic behaviors engaged in to exert control over how one's actions are interpreted), were largely positively correlated with self-monitoring. This suggests that individuals with higher levels of self-monitoring may be more socially shrewd or savvy relative to those with lower levels of self-monitoring. Perhaps importantly, Lee et al. noted sex differences in the extent to which self-presentation tactics correlated with self-monitoring. Assertive self-presentation tactics, or the proactive behaviors performed to curate specific identities, such as ingratiation (i.e., getting others to like you to gain an advantage), enhancement (i.e., convincing others that the outcomes of your behavior are more positive than they appear), and exemplification (i.e., behaving in ways meant to imply moral virtue and integrity) were positively associated with self-monitoring in men but not women. In contrast, no sex differences were found in the likelihood of engaging in defensive self-presentation tactics, or reactive behaviors performed to protect or repair curated identities, such as justification (i.e., providing overriding reasons for negative behaviors) disclaimers (i.e., preemptive explanations of potentially negative behavior), and self-handicapping (i.e., creating obstacles to success so that others cannot make inferences about your failures).

De Cremer et al. (2000) looked at whether self-monitoring and accountability influence the relationship between trust and cooperation in a public goods dilemma. Generally, trust is a powerful predictor of cooperation in public goods dilemmas (e.g., Brann & Foddy, 1987) such that more trusting individuals tend to contribute more than those that have lower levels of trust (e.g., De Cremer, 1999). However, De Cremer et al. found that participants low in trust gave as much as their high trust counterparts when they were highly identifiable to their task partner, and that this relationship was moderated by self-monitoring. In their study, participants were each given four blue chips and told that their task partner would be given four yellow chips. Participants were told that each chip was worth 25 units if they chose to keep it and 50 units if given to their task partner. Cooperation was measured by the number of blue chips participants chose to give to their partner (i.e., four chips given to partner indicated full cooperation). Participants were also told that they would meet their partner after the task was complete. Before participants made their decision, they were told that their partner would either be aware or unaware of their decision at the time of the meeting. When individuals with low levels of trust were highly identifiable to their task partner (i.e., their partner would be aware of their decision at the time of the meeting) and had low levels of self-monitoring, they contributed very little, but when those low in trust were highly identifiable and had high levels of self-monitoring, they contributed as much as highly trusting individuals.

Taken together, self-monitoring is associated with social competence. Those higher in self-monitoring appear to be more successful at reducing socially inappropriate behaviors and possess self-presentation tactics to manage how their behaviors are interpreted. Importantly, self-monitoring moderated the association between personality

(i.e., low trust) and negative interpersonal outcomes (being viewed by a task partner as uncooperative). There is, however, the possibility that higher levels of self-monitoring may be connected to problematic interpersonal behaviors. For example, Grieve (2011) examined the relationship that self-monitoring had with sincerity and emotional manipulation by looking at whether control over emotional expression and a sensitivity to social cues would facilitate emotionally manipulative behaviors. Self-monitoring was found to be significantly associated with emotional manipulation among individuals with low levels of sincerity, suggesting that the potential for interpersonal dysfunction may exist at both very high and very low levels of self-monitoring.

2.2 Self-Monitoring and Romantic Relationship Functioning

Snyder and Simpson (1984) looked at the role of self-monitoring in dating relationships. In a sample of undergraduates, they found that, compared to those with low self-monitoring, individuals with high levels of self-monitoring were more willing to end current relationships in order to pursue alternative partners, reported a greater number of previous dating partners within a 12-month period (i.e., 5.8 partners compared to 3.5 partners for individuals with low levels of self-monitoring), and maintained dating relationships for considerably less time (10.8 months compared to 20.2 months for individuals with lower levels of self-monitoring). Snyder and Simpson also found that the extent to which intimacy is experienced in dating relationships varies as a function of self-monitoring such that individuals with high levels of self-monitoring tended to rate their relationships as initially more intimate before reaching a plateau, whereas intimacy tended to start quite low but increase at a faster and more pronounced rate for individuals

with low levels of self-monitoring. Snyder and Simpson concluded that their findings suggest that "high self-monitoring individuals adopt an 'uncommitted' and low self-monitoring individuals a 'committed' orientation toward dating relationships" (p. 1281).

However, more recent research would suggest that the dating behaviors of those higher in self-monitoring may be better described as *realistic* rather than *uncommitted*. For example, Oyamot et al. (2010) investigated whether self-monitoring and perceptions of power in romantic relationships influence relationship satisfaction. They found that individuals with lower levels of self-monitoring were more likely to perceive a symmetrical power balance within their relationship, and that this balance of power was a prerequisite for subjective closeness and emotional investment. It is unclear whether the balance of power perceived by individuals with lower levels of self-monitoring was an accurate representation of their relationship, or if it is disproportionately favorable. In contrast, Oyamot et al. found that individuals with higher levels of self-monitoring tended to perceive greater power asymmetries in their relationships, not specifically believing themselves to be more influential than their partner but tended to simply perceive one person as having more control. For those high in self-monitoring, perceived power imbalances were independent from their perceptions of relational closeness such that subjective closeness was not predicated on a perceived balance of power, and an imbalance of power was not necessarily indicative of low relationship satisfaction.

The findings that individuals with lower levels of self-monitoring may be more optimistic and less aware of the realities of their relationship is also consistent with more recent research. For example, since self-monitoring contributes to the stability of behaviors across situations, Leone et al. (2016) examined whether self-monitoring could

also contribute to the stability of knowledge structure. They did this by looking at how individuals integrate or segregate their knowledge of their past and current relationship partners. They found that lower levels of self-monitoring were associated with segregated mental representations of relationship partners such that they held disproportionately favorable views of their current partners and disproportionately unfavorable views of their previous partners. In contrast, the mental representations of individuals with higher levels of self-monitoring were more integrated such that their knowledge of past and current partners were more realistic (i.e., containing both favorable and unfavorable information). These findings were not moderated by current relationship length or the amount of reported conflict in previous relationships and suggest that the idealized mental representations of current relationship partners may lead individuals with lower levels of self-monitoring to remain in potentially unhealthy relationships. Additionally, these findings provide further support for the realistic approach individuals high in self-monitoring adopt in their romantic relationships.

The decision to terminate current relationships, however, may not always stem from a more realistic perspective of the relationship. The willingness of individuals higher in self-monitoring to end relationships may be, at least partially, explained by the association between self-monitoring and attachment style. Using the bivariate model of self-monitoring, including A-SM (i.e., self-presentation directed toward advancing one's own agenda) and P-SM (i.e., self-presentation focused on modifying behavior to meet expectations and avoid negative evaluations; Wilmott et al. 2017), Fuglestad et al. (in press) found that P-SM had a strong positive association with attachment anxiety and attachment avoidance. That is, those higher in P-SM were more likely to fear being

disliked or rejected by those important to them (i.e., attachment anxiety) and were uneasy

not only with romantic relationships, but any close relationships characterized by high

levels of intimacy such as with parents and friends (i.e., attachment avoidance). Of note,

when only the univariate self-monitoring score was used in their calculations, there were

no significant associations between self-monitoring and attachment styles. A-SM was

shown to have no meaningful association with anxious/ambivalent or avoidant

attachment styles, leading Fuglestad et al. to concluded that, compared to P-SM, an A-

SM orientation "appears to reflect a relatively approach-based orientation toward close

relationship functioning" (p. 10.).

Individuals with higher levels of self-monitoring may also be more willing to end

current relationships because they are better able to attract alternative partners. For

example, Rowatt et al. (1998) found that self-monitoring was associated to deceptive self-

presentation designed to initiate dating relationships. These findings were replicated and

extended by Hall et al. (2010), who examined the relationship that self-monitoring and

personality traits had with self-presentation behaviors specifically geared to attract mates

by looking at patterns of strategic misrepresentation (i.e., the conscious and intentional

misrepresentation of one's characteristics) in online dating profiles. Hall et al. found that,

with the exception of weight, self-monitoring was the strongest and most consistent

predictor of strategic misrepresentation, demonstrating stronger predictive effects than

personality traits (i.e., agreeableness, conscientiousness, openness).

In sum, research has demonstrated a connection between self-monitoring and

romantic relationship outcomes. Individuals with lower levels of self-monitoring have

been shown to perceive a balance of power in their relationship, hold idealized views of

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their current romantic partners and overly negative views of former partners, are less willing to end dating relationships, and tend to remain in dating relationships for longer periods of time. In contrast individuals with higher levels of self-monitoring are more likely to hold realistic views of their current and former romantic partners, perceive an asymmetric power balance in their relationships, are more willing to end current dating relationships in favor of alternative partners, and are more willing to use deception or strategic misrepresentation to attract potential partners. Relationship outcomes are likely to vary among those high in self-monitoring depending on whether their high in A-SM or P-SM.

2.3 Self-Monitoring and Occupational Functioning

Day et al. (2002) conducted a meta-analysis of 136 samples (N = 23,191) to examine the implications of self-monitoring in organizational contexts. Their results indicated that individuals with higher levels of self-monitoring tended to receive better performance ratings from superiors and more promotions than those lower in self-monitoring. They found that those high in self-monitoring also tended to emerge as leaders in organizational hierarchies, suggesting that upper-level management positions should be disproportionately held by high self-monitors. Barrick et al. (2005) also examined the role of self-monitoring in the workplace but included personality traits in their analyses. They found that extraversion, emotional stability, and openness had strong positive associations with supervisory ratings of interpersonal performance. Each of these relationships were moderated, to varying degrees, by self-monitoring such that when individuals had high levels of self-monitoring, the strength of the associations that

extraversion and emotional stability had with interpersonal performance were significantly reduced and the relationship with openness disappeared entirely.

Oh et al. (2014) examined the moderating effects of self-monitoring on the relationship that (low) agreeableness and (low) conscientiousness have with organization-directed and employee-directed counterproductive work behavior. Oh et al. found that, in situations where behaviors are public and visible to others, higher levels of self-monitoring mitigated the natural expression of low agreeableness via increased employee-directed counterproductive work behavior (e.g., making fun of someone at work). In more private situations, however, where behaviors are not easily visible, higher levels of self-monitoring enhanced the natural expression of low conscientiousness via increased organization-directed counterproductive work behavior (e.g., stealing from the company). Oh et al. concluded that their results could best be understood as demonstrating the importance of impression management to those high in self-monitoring. That is, the desire of those high in self-monitoring to enhance their status motivates them to try to look their best when in public and succeed by whatever means necessary while in private.

Taken together, research suggests that self-monitoring is associated with occupational functioning. Individuals with higher levels of self-monitoring appear to be more successful in the workplace such that they are more likely to get promotions and to receive positive performance ratings from their supervisors. Again, it is important to note that self-monitoring moderated the association that personality traits have with organizational outcomes (e.g., ratings of interpersonal performance, counterproductive work behavior).

CHAPTER 3. <u>DSM-5 SECTION III</u>

The Alternative Model of Personality Disorder (AMPD) was introduced in Section III ("Emerging Measures and Models") of the DSM-5 as a way to address many of the challenges inherent to the categorical system of personality disorder diagnosis (DSM-5 Section II). For example, the overreliance on Not-Otherwise-Specified (NOS) diagnoses, excessive diagnostic co-occurrence, and heterogeneity among individuals sharing a personality disorder diagnosis (e.g., APA, 2013; Krueger, 2013; Trull & Durrett, 2005). According to the AMPD, personality disorders can be identified by the extent to which impairments in personality functioning (i.e., Criterion A) and pathological personality traits (Criterion B) are present (APA, 2013). Criterion A personality functioning is conceptualized in terms of impairment in sense of self (i.e., identity integration and self-direction) and interpersonal relatedness (i.e., empathy and intimacy; Bender et al. 2011; Skodol, 2012) and are considered to represent "the core of personality psychopathology" (APA, 2013, p. 772). Disorder-specific descriptions of Criterion A impairments are provided for each of the Section III personality disorders, such that impairments in intimacy differ for Antisocial Personality Disorder and Obsessive-Compulsive Personality Disorder. However, many self-report measures of Criterion A assess generalized impairments in identity, self-direction, empathy, and intimacy (e.g., Morey, 2017).

Criterion B consists of 25 pathological personality traits (e.g., separation insecurity, callousness) that can be organized into the following five higher-order domains: negative affectivity, detachment, antagonism, disinhibition, and psychoticism (Krueger et al., 2012). These higher-order domains are said to be aligned with the Five-

Factor Model (FFM) of general personality structure. "These five broad domains are maladaptive variants of the five domains of the Five Factor Model of personality" (APA, 2013, p. 773). Specifically, negative affectivity, detachment, antagonism, disinhibition, and psychoticism correlate with neuroticism, extraversion, agreeableness, conscientiousness, and openness, respectively (APA, 2013). The AMPD is considered a hybrid model, such that it incorporates a dimensional perspective to the identification of personality disorders. That is, to reach the threshold for a personality disorder, one must have elevated levels of impairment in at least two of the four Criterion A subscales (identity, self-direction, empathy, intimacy), and have elevations on at least one Criterion B trait (APA, 2013).

Researchers have divided over the distinction between Criterion A and Criterion B (e.g., Widiger et al. 2018). One side argues in favor of the DSM-5 Section III conceptualization of Criterion A and Criterion B as independent constructs. These psychodynamically-oriented researchers believe that it is the severity of the functional impairment in personality, not the type or style (i.e., traits) that provides meaningful information for research and treatment (e.g., Bender et al., 2011; Hopwood et al., 2018). On the other side are dimensional researchers who argue against the current Section III conceptualization of Criterion A and B as distinct constructs. Dimensional researchers believe that it is impossible to completely parse out personality traits (Criterion B) from their impairment (Criterion A; e.g., Widiger et al., 2018). For example, Widiger et al. (2018) argues that the distinction between Criterion A and B is not always clear, pointing to some of the ambiguities in the AMPD diagnostic descriptions, such as in Antisocial Personality Disorder. The description of impairments in Criterion A empathy for

Antisocial Personality Disorder is "lack of remorse after hurting or mistreating another" (APA, 2013, p. 764), whereas callousness, a maladaptive trait included in Criterion B, is similarly defined as a "lack of concern for feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others" (APA, 2013, p. 764).

The question of whether Criterion A and Criterion B are distinct is an empirical one, for which a number of studies have attempted to provide an answer. Many of the studies examining the relationship between Criterion A and B involve the FFM of general personality. This is because Criterion B traits have a well-established relationship to the Five-Factors (e.g., APA, 2013; Thomas et al., 2013). Demonstrating a meaningful connection between the Criterion A impairments and the FFM would go a long way to supporting the position of dimensional researchers, just as failing to do so would support that of psychodynamic researchers. However, these studies have produced largely inconsistent findings.

3.1 Research in Favor of a Criterion A - Criterion B Distinction

Berghuis et al. (2012) reported evidence that the Criterion A impairments in sense of self fall outside of the general personality structure, and suggested that this is consistent with the DSM-5 AMPD's explicit distinction between Criterion A and B. In a sample of 261 psychiatric patients, personality traits were assessed by the NEO Personality Inventory-Revised (NEO PI-R; Costa & McCrae, 1992). At the time of their study, a self-report measure of Criterion A had not yet been developed. For the assessment of Criterion A, they used (a) the 19 scales of the General Assessment of

Personality Disorders (GAPD), which includes 15 scales of self-identity dysfunction and four scales of interpersonal dysfunction (Livesley, 2006) and (b) the 16 scales from the Severity Indices for Personality Problems (SIPP-118; Verheul et al., 2008). Berghuis et al. submitted the correlations among the NEO PI-R, GAPD, and SIPP-118 scales to a factor analysis, which yielded seven factors. They found that six of these factors included scales representing both Criterion A and B. For example, the fourth factor was defined by two SIPP-118 responsibility scales and six NEO PI-R conscientiousness scales. However, the first factor was defined exclusively by 15 GAPD self-pathology scales and four SIPP-118 identity integration scales. Berghuis et al. concluded, on the basis of this first factor, that their findings "support the distinction between personality traits and personality dysfunction laid down in the recent proposal by the Personality and Personality Disorders Work Group of the DSM-5 Task Force" (p. 704).

Berghuis et al. (2014) examined the incremental validity of the GAPD and SIPP-118 (proxy measures of Criterion A) and the Dimensional Assessment of Personality Pathology-Basic Questionnaire (a proxy measure of Criterion B; DAPP-BQ; Livesley & Jackson, 2009) in accounting for personality disorders as assessed by the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II; First & Gibbon, 2004). With few exceptions, the GAPD, SIPP-118, and DAPP-BQ each accounted for unique variance within and across personality disorder total scores. They concluded that both the Criterion A impairments and Criterion B traits are necessary for comprehensive diagnostic model because each "provided incremental information about the presence and severity of personality disorders" (p. 410).

Bastiaansen et al. (2013) reached a similar conclusion. They compared the ability of the SIPP-118 impairments and the FFM traits to account for personality disorder variance in the Assessment of DSM-IV Personality Disorders (Schotte et al., 2004). Despite the substantial correlations between SIPP-118 and FFM scales (e.g., SIPP-117 Identity correlated -.79 with FFM neuroticism), each demonstrated at least some incremental validity in accounting for personality disorder variance, leading Bastiaansen et al. to conclude that their results "support the two-component personality disorder description…in the alternative DSM-5 proposal" (p. 301).

3.2 Research Against the Criterion A - Criterion B Distinction

Similar to Bastiaansen et al. (2013), Hentschel and Pukrop (2014) found substantial correlations between proxy measures for Criterion A and B (e.g., neuroticism correlated .74 with GAPD Self-Pathology). To assess the amount of variance accounted for by the GAPD, DAPP-BQ, and the NEO PI-R, Hentschel and Pukrop conducted a series of hierarchical regression analyses. They found that, when included in Step 1, the NEO PI-R accounted for more variance (58.7%) in the SCID-II than the GAPD (50.6%) or the DAPP-BQ (56.6%). They concluded that "these abnormal trait models might interfere in the distinction between Criterion A and B. Out results for the GAPD and the DAPP challenge the theory that personality impairment and abnormal traits are distinct" (p. 416).

In their study examining the whether the AMPD could account for DSM-IV personality disorder variance, Few et al. (2013) compared Criterion A and B directly. The DSM-5 AMPD Level of Personality Functioning Scale (APA, 2013) was used to assess

Criterion A and the Personality Inventory for DSM-5 (PID-5; Krueger et al., 2012) and the DSM-5 Clinician's Personality Trait Rating Form (PTRF; APA, 2011) were used to assess Criterion B. Few et al. reported significant associations between the four components of Criterion A and the five higher-order Criterion B traits. For example, Criterion A Identity correlated .69 with PID-5 Negative Affectivity, Self-Direction correlated .33 with Disinhibition, Empathy correlated .43 with Antagonism, and Intimacy correlated .54 with Detachment. Few et al., also found that the four components of Criterion A were associated with the each of the SCID-II personality disorder total scores. However, the PTRF accounted for up to 50% more variance than Criterion A, whereas Criterion A did not account for a significant amount of additional variance over Criterion B. Few et al. therefore concluded that the Criterion A impairments "may have limited clinical utility in that they do not provide incremental information beyond pathological personality traits in the explanation of PD constructs" (p. 1068).

The importance of Criterion A was further questioned by Creswell et al. (2016) after the significant positive association between Criterion A (as measured by the GAPD) and problematic alcohol use disappeared once PID-5 Antagonism and Disinhibition were added to the regression model. Fossati et al. (2017) concluded that "the majority of pathological traits imply dysfunctions in self and interpersonal functioning" (p. 279) after Criterion B scales accounted for 59% of the variance in Non-coping scales and 35% of the variance in Non-cooperativeness scales, subscales from the Measure of Disordered Personality Functioning Scale (MDPF; Parker et al. 2004) that align with Criterion A and Criterion B, respectively.

Some researchers, however, have taken a less hardened stance on the subject, for example, Clark and Ro (2014) examined the structures of functioning and personality traits using measures of personality functioning (e.g., the GAPD and the SIPP-118) and personality traits (e.g., the DAPP). They submitted the correlations among these scales to Principle Factor Analyses. Within the resulting five factor solution, the first two factors were defined by both personality impairment scales and scales of maladaptive personality traits. The first factor was defined by impairments in the self and negative affectivity, whereas the second factor was consisted of scales tapping interpersonal impairments, detachment, and antagonism.

Zimmermann et al. (2015) submitted scales representing the four components of Criterion A and the 25 traits in Criterion B to factor analysis. The first two scales were identified as tapping the self- and interpersonal impairments of Criterion A, and the remaining five were defined by the Criterion B traits. Importantly, however, some Criterion B traits had high primary loadings on the first two factors. For example, depressivity had a .73 loading on the first factor and grandiosity (.56) and callousness (.55) loaded on the second factor. Zimmermann et al. concluded that their results "point to the fact that the distinction between Criteria A and B is not as clear cut as the model suggests" (p. 544).

Taken together, it is clear that Section III researchers are divided. Correlations among Criterion A and B scales are routinely quite high, yet this is not consistently reflected in factor analytic studies. Factor analyses, however, can be easily manipulated to alter the factor structure or fit indices (Hopwood & Donnellan, 2010; Kline, 2015). For example, Oltmanns and Widiger (2016) replicated Berghuis et al. (2012)'s factor

structure, demonstrating the presence of a bloated specific factor (e.g., Cattell & Tsujioka, 1964; Wright, 2017). That is, the excessive number of self-pathology scales Berghuis et al. used overwhelmed their factor analysis, causing these scales to artifactually separate from neuroticism. Oltmanns and Widiger further showed that by reducing the number of self-pathology scales from 15 to three, self-pathology loaded comfortably with FFM neuroticism. Moreover, many studies examining the distinction between Criterion A and B have relied on incremental validity, which can be problematic. Any two measures of the same construct can often demonstrate incremental validity over each other simply because it is not unusual for a measure to have at least some unique variance. No one would suggest that every measure of the same construct is needed to adequately account for variance within that construct.

It is perhaps possible that these inconsistencies all happen to be the result of unmet statistical assumptions and misinterpretations. However, that in and of itself would be statistically improbable. It is far more likely that these inconsistent findings are the result of an unaccounted-for variable moderating the degree to which personality impairment and personality traits are connected. Self-monitoring is a well-established variable that has been shown to moderate the relationship personality traits have with dysfunction across social and occupational contexts. For example, self-monitoring moderates the relationship trust and accountability have with cooperation (De Cremer et al. 2002) and the relationship that FFM traits have with ratings of interpersonal performance (Barrick et al. 2005). The inclusion of self-monitoring in AMPD research may be able to clarify the relationship among Criterion A and Criterion B.

3.3 The Current Study

The goal of the present study was to attempt to clarify the contentious relationship between Criterion A impairment and Criterion B traits by examining self-monitoring as a potential moderating variable. It was hypothesized that self-monitoring will moderate the relationship between Criterion A personality impairments and Criterion B pathological traits such that the associations between Criterion A and B scales would be attenuated when individuals are high in self-monitoring and more pronounced when individuals possess lower levels of self-monitoring. Given the connection self-monitoring has with social and occupational outcomes, it was expected that self-monitoring will strongly correlate with Criterion A impairment scales. In contrast, and consistent with previously reported correlations (e.g., Barrick et al. 2005; Bono & Vey, 2007), self-monitoring was expected to be relatively unrelated to Criterion B pathological personality traits. Correlations among Criterion A and Criterion B scales have been relatively strong in previous research (e.g., Bastiaansen et al., 2013; Few et al., 2013), and were therefore expected to be in the moderate to strong range. There were no clear predictions for the associations that A-SM and P-SM would have with Criterion A and B scales, but these relationships were examined for exploratory purposes and reportorial completeness.

CHAPTER 4. <u>METHOD</u>

4.1 Procedure

Study questionnaires were administered via Amazon.com's CloudResearch (formerly TurkPrime; Litman et al., 2017), an online service where requesters recruit persons to complete tasks for financial compensation. CloudResearch offers additional validity controls not available on MTurk, including the ability to safeguard against "farmers" (i.e., participants who are hired to earn money on CloudResearch who complete several HITs at a time and who frequently provide inconsistent and careless responses) and computer-generated participations ("bots). CloudResearch Pro Features were also utilized: Multiple responses from the same geolocation and multiple IP addresses were blocked. CloudResearch offers these features while still providing samples that are, at least with respect to age, education, and income (albeit not race or ethnicity), more diverse than traditional college samples. Studies have demonstrated that the quality of data collected is equivalent (if not more valid) than data collected via traditional methods (Paolacci et al., 2010; Miller et al., 2017). The integrity of findings is due, at least partially, to being able to filter participants by HIT approval ratings. That is, only those with an approval rating of at least 95% across 100 or more previous HITs were able to participate.

In addition to the TurkPrime-era features, using CloudResearch's new data quality feature, only "vetted" individuals (i.e., those that had passed CloudResearch's attention and engagement measures) were able to view the current study's advertisement on CloudResearch, which stated that, "we are seeking persons who are receiving or have

previously received mental health treatment." Following the informed consent process, participants were asked whether they had ever received mental health treatment. Those that selected "no" were redirected to a screen that thanked them for their time and interest and informed them that they did not meet the necessary criteria to participate in the current study. Those that selected "yes" were then asked to specify the type or types of treatment they had received. Completion of the study required approximately 90 minutes and participants received $4.00 compensation. The current study was approved by the local university institutional review board.

It is recommended that, for regression analyses involving six or more predictor variables, that a minimum of 10 participants are required per predictor, but that smaller effect sizes would be more easily detected with 30 participants per predictor (Van Voorhis & Morgan, 2007). The proposed moderation analyses included 11 predictor variables (i.e., the five higher-order Criterion B scales, self-monitoring, and interactions terms), suggesting a sample size of at least 330. Tabachnick and Fidell (1996), however, stress that larger samples are required when the criterion variable (i.e., Criterion A impairment) is skewed, such as is likely in a clinical sample. Therefore, a sample size of 500 was considered to be adequate, and able to produce larger effects.

Missing data were imputed with the expectation maximization (EM) procedure, which generates more accurate estimates of population parameters than substitution of means (Enders, 2006). Ten participants were excluded due to elevations on the careless-responding scale, and 90 participants were excluded for denying a history of mental health treatment after making it through the initial check at the beginning of the study survey, bringing the final sample size to $N = 400$.

4.2 Participants

Participants were 400 community members from the United States who are currently receiving or have previously received mental health treatment; for instance 44.6% reported that they were currently in treatment, 16.8% received some form of mental health treatment in the past year, 21.3% in the last five years, 8.5% in the last 10 years, and 8.8% over 10 years ago ($M_{age} = 38.77$ years, $SD = 12.10$ years, 31.5% of participants identified as female, 71% identified as male, 1.3% identified as transgendered, and 3.2% identified as nongendered, gender nonconforming, or nonbinary). Seventy-seven percent of participants reported having been treated for depression, 76.3% for anxiety, 9.8% for trauma-related disorders, 8% personality disorders, 7.8% for alcohol use disorder, 5.3% for substance use disorder, 5.8% for mood disorders, and 3.8% for psychosis. Fifty-seven percent of participants reported currently taking medication to treat mental health concerns and 85.3% reported having taken medication for this purpose in the past. The sample was 74.3% White, 10% Black, 6.5% Hispanic, 2.5% East Asian, 1.5% South Asian, 0.5% American Indian or Alaskan Native, 3.7% biracial or multiracial, and 1% other. Thirty-nine percent were single, 36.5% married, 12.5% cohabiting, 11.5% divorced, and 0.5% widowed. .

4.3 Measures

4.3.1 Self-Monitoring

Self-monitoring was measured using the Self-Monitoring Scale (SMS; Gangestad & Snyder, 2000; Snyder, 1974). The original 25-item scale was used so that a total score

consistent with the revised 18-item scale (Snyder & Gangestad, 1986) and the bivariate

subscales of A-SM and P-SM (Wilmott et al., 2017) could be calculated. Participants

were asked to rate the extent to which each item on the SMS truthfully describes them on

scales ranging from 1 (*mostly false*) to 4 (*mostly true*). The SMS has been shown to

possess adequate psychometric properties in previous studies (e.g., Gangestad & Snyder,

1985; Wilmot et al., 2017).

4.3.2 Criterion A Personality Functioning

DSM-5 Section III personality functioning was measured using The Levels of

Personality Functioning Scale-Self-Report (LPFS-SR; Morey, 2017) is an 80-item self-

report questionnaire developed to assess each of the four components of the LPF: Identity

(23 items; e.g., "Feedback from others plays a big role in determining what is important

to me"), Self-Direction (21 items; e.g., "I don't waste time thinking about my

experiences, feelings, or actions"), Empathy (16 items; e.g., "All I can really understand

about other people are their weaknesses"), and Intimacy (20 items; e.g., "Although I try, I

can't seem to keep any successful, lasting relationships"). Participants were asked to rate

the extent to which each item on the LPFS-SR truthfully describes them on scales ranging

from 1 (*totally false, not at all true*) to 4 (*very true*). The LPFS-SR has been shown to

possess adequate psychometric properties in previous studies (Hopwood et al., 2018).

4.3.2 Criterion B Personality Traits

DSM-5 Section III pathological personality traits were measured using the

Personality Inventory for DSM-5 (PID-5; Krueger et al., 2012). The PID-5 consists of

220 items capturing 25 facets across five domains of pathological personality: negative

affectivity (53 items; e.g., "I worry about almost everything"), detachment (45 items;

e.g., "I'm not interested in making friends"), antagonism (43 items; e.g., "It's no big deal

if I hurt other people's feelings"), disinhibition (46 items; e.g., "People would describe

me as reckless"), and psychoticism (33 items; e.g., "My thoughts often don't make sense

to others"). Participants were asked to rate how accurately each of the items described

them using scales that range from 0 (*very false or often false*) to 3 (*very true or often*

true). The PID-5 has been found to possess adequate psychometric properties in previous

studies (e.g., Krueger et al., 2012; Thomas et al., 2013).

CHAPTER 5. <u>RESULTS</u>

5.1 Preliminary Analyses

Summary statistics and reliability estimates are presented in Table 1. Correlations among self-monitoring and the AMPD measures are presented in Table 2. The correlations among the self-monitoring scales suggest immense overlap between variables. The full 25-item SMS correlated at a 1.00 with the revised 18-item revised SMS (SMS-R). Given the improved psychometric properties of the SMS-R, the 25-item SMS was excluded from the analyses below.

Table 1. Summary Statistics and Sample-Based Reliability Estimates.

Measure	Items	Variable	α	M	SD	Skewness	Kurtosis
Self-Monitoring							
SMS	25	Full Scale	.83	359.44	61.21	-.33	-.42
	18	18-Item Scale	.84	343.22	59.45	-.32	-.40
	6	Acquisitive	.78	107.99	19.64	-.27	-.25
	7	Protective	.77	72.37	12.10	-.30	-.33
Criterion A							
LPFS-SR	80	Full Scale	.95	282.69	83.23	.35	-.34
	23	Identity	.89	93.58	27.81	.19	-.46
	21	Self-Direction	.87	64.48	22.70	.61	-.20
	16	Empathy	.77	46.74	15.53	.62	.03
	20	Intimacy	.84	77.89	24.84	.31	-.57
Criterion B							
PID-5	220	–					
	24	Negative Affectivity	.90	54.55	27.46	.10	-.57
	24	Detachment	.89	59.46	30.89	.22	-.59
	24	Antagonism	.82	28.87	24.74	1.09	.69
	24	Disinhibition	.86	50.67	18.54	.20	-.38
	24	Psychoticism	.88	27.91	21.98	.63	.36

Note. SMS = Self-Monitoring Scale (Snyder, 1974); LPFS-SR = Levels of Personality Functioning Scale-Self-Report (Morey, 2017), PID-5 = Personality Inventory for DSM-5 (Krueger et al., 2012). Standard error of Skewness = .122. Standard error of kurtosis = .243

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Table 2. Correlations Among Self-Monitoring and AMPD Scales.

	Self-Monitoring				LPFS-SR				PID-5				
	SMS	SMS-R	A-SMS	P-SMS	ID	SD	EM	IN	NA	DET	ANT	DIS	PSY
Self-Monitoring													
SMS-25	–	–	–	–	–	–	–	–	–	–	–	–	–
SMS-R	**1.00**	–	–	–	–	–	–	–	–	–	–	–	–
Acquisitive	**.99**	**.99**	–	–	–	–	–	–	–	–	–	–	–
Protective	**.95**	**.94**	**.90**	–	–	–	–	–	–	–	–	–	–
LPFS-SR													
Identity	.12	.10	.06	.29	–	–	–	–	–	–	–	–	–
Self-Direction	.15	.13	.10	.29	**.84**	–	–	–	–	–	–	–	–
Empathy	.06	.04	.03	.19	**.73**	**.77**	–	–	–	–	–	–	–
Intimacy	.04	.03	.00	.18	**.77**	**.78**	**.78**	–	–	–	–	–	–
PID-5													
Negative Affectivity	.10	.09	.05	.24	**.78**	**.73**	**.63**	**.66**	–	–	–	–	–
Detachment	-.08	-.09	-.13	.09	**.70**	**.73**	**.63**	**.72**	**.71**	–	–	–	–
Antagonism	*.44*	*.43*	*.43*	*.46*	**.50**	**.59**	**.60**	**.55**	**.55**	*.40*	–	–	–
Disinhibition	*.33*	*.33*	*.32*	*.36*	.48	**.62**	*.44*	*.43*	.46	*.35*	**.57**	–	–
Psychoticism	.17	.16	.14	.26	**.66**	**.70**	**.63**	**.62**	**.72**	**.63**	**.64**	**.55**	–

Note. Bold = large effect sizes (.50 or above); Italics = medium effect sizes (.30-.49; Cohen, 1992); SMS=Self-Monitoring Scale (Snyder, 1974); SMS-R=Self-Monitoring Scale-Revised (Snyder & Gangestad, 1986), A-SMS= Acquisitive Self-Monitoring Scale, P-SMS=Protective Self-Monitoring Scale; LPFS-SR = Levels of Personality Functioning Scale-Self-Report (Morey, 2017); ID=Identity, SD=Self-Direction, EM=Empathy, IN=Intimacy, PID-5=Personality Inventory for DSM-5 (Krueger et al., 2012), NA = PID-5 Negative Affectivity, DET = PID-5 Detachment, ANT=PID-5 Antagonism, DIS=PID-5 Disinhibition, PSY=PID-5 Psychoticism.

Inconsistent with the predictions of the current study, the correlations among the SMS-R and Criterion A impairment scales were quite small, ranging from .03 (LPFS-SR Intimacy) to .13 (LPFS-SR Self-Direction), whereas correlations among the SMS-R and Criterion B trait scales were higher than expected, ranging from -.09 (PID-5 Detachment) to .43 (PID-5 Antagonism). Consistent with the predictions of the current study, correlations among Criterion A and Criterion B scales were moderate to strong, ranging from .43 (LPFS-SR Intimacy and PID-5 Disinhibition) to .78 (LPFS-SR Identity and PID-5 Negative Affectivity).

The correlations among A-SM and P-SM and the AMPD scales are also presented in Table 2. A-SM had similarly small correlations with the Criterion A impairment scales, ranging from .00 (LPFS-SR Intimacy) to .10 (LPFS-SR Self-Direction), and small to moderate correlations with Criterion B trait scales, ranging from .05 (PID-5 Negative Affectivity) to .43 (PID-5 Antagonism). In contrast, P-SM was correlated somewhat more strongly with the Criterion A impairment scales, ranging from .18 (LPFS-SR Intimacy) to .29 (LPFS-SR Identity) and small to moderate correlations with the Criterion B trait scales, ranging from .09 (PID-5 Negative Affectivity) to .46 (Antagonism). There appears to be substantial overlap between the self-monitoring scales, with correlations ranging from .90 (A-SM and P-SM) to .99 (SMS-R and A-SM), which may explain the relatively consistent pattern of correlations among the self-monitoring and AMPD scales.

5.2 Self-Monitoring and the AMPD Scales

A series of hierarchical moderated multiple regression analyses were conducted to examine whether self-monitoring moderates the inconsistent associations previously

observed between Criterion A impairment and Criterion B traits. Criterion B and self-monitoring scales were entered in Step 1 with their interactions entered in Step 2. Predictor variables were centered for the purposes of testing interactions (Aiken & West, 1991).

Results from the first series of regressions revealed that the SMS-R was not significantly associated with LPFS-SR Identity, ($B = .05$, $SE = .02$, $t = 1.47$, $p = .144$), Self-Direction ($B = -.02$, $SE = .01$, $t = -.61$, $p = .544$), or Intimacy ($B = -.06$, $SE = .02$, $t = -1.81$, $p = .071$), but a main effect was found for Empathy ($B = -.12$, $SE = .10$, $t = -3.33$, $p = .001$). However, none of the interaction terms emerged as significant, which indicates that the SMS-R does not moderate the relationship between Criterion A impairment and Criterion B trait scales.

To further explore the main effect of the SMS-R on LPFS Empathy, an additional hierarchical moderated multiple regression was conducted in which the SMS-R was entered in Step 1, the PID-5 scales in Step 2, and their interactions entered in Step 3. When entered alone at Step 1, the SMS-R was no longer a significant predictor of LPFS Empathy ($B = -.05$, $SE = .01$, $t = 1.15$, $p = .251$).

5.3 Acquisitive and Protective Self-Monitoring and the AMPD Scales

A Results found that A-SM and P-SM were also not uniquely associated with Criterion A impairment. A main effect of A-SM was found for LPFS-SR Empathy ($B = -.12$, $SE = .03$, $t = -3.37$, $p = .001$), whereas A-SM was not significantly associated with Identity ($B = .03$, $SE = .05$, $t = 1.00$, $p = .32$), Self-Direction ($B = -.02$, $SE = .03$, $t = -.75$, $p = .452$), or Intimacy ($B = -.06$, $SE = .05$, $t = -1.81$, $p = .070$). An additional hierarchical

moderated multiple regression in which Acquisitive Self-Monitoring was entered in Step 1, the PID-5 scales in Step 2, and their interactions in Step 3 was conducted. The main effect of Acquisitive Self-Monitoring on LPFS Empathy was no longer significant when entered alone in Step 1 ($B = .03$, $SE = .04$, $t = .67$, $p = .502$).

A significant main effect P-SM was found for LPFS-SR Identity ($B = .11$, $SE = .07$, $t = 3.62$, $p < .001$), while no significant main effects were found for Self-Direction ($B = .04$, $SE = .05$, $t = 1.41$, $p = .16$), Empathy ($B = -.04$, $SE = .05$, $t = -1.28$, $p = .221$), or Intimacy ($B = -.01$, $SE = .07$, $t = -.24$, $p = .81$). No significant interaction terms emerged as significant, again indicating that neither A-SM or P-SM moderate the relationship between Criterion A impairment and Criterion B traits. To explore the significant main effect of P-SM on LPFS Identity, a hierarchical moderated multiple regression was conducted in which P-SM was entered in Step 1, the PID-5 scales in Step 2, and their interactions in Step 3. When entered alone in Step 1, P-SM remained a significant predictor of LPFS Identity ($B = .30$, $SE = .10$, $t = 7.06$, $p < .001$).

5.4 Criterion A Impairment and Criterion B Trait Scales

In contrast, the Criterion B traits were each at least moderately associated with Criterion A impairment. Negative Affectivity was associated with LPFS Identity ($B = .49$, $SE = .05$, $t = 11.02$, $p < .001$), associated with Self-Direction ($B = .22$, $SE = .03$, $t = 5.12$, $p < .001$), associated with Empathy ($B = .18$, $SE = .03$, $t = 3.39$, $p = .001$, and associated with Intimacy ($B = .17$, $SE = .05$, $t = 3.43$, $p = .001$).

Detachment was associated with LPFS Identity ($B = .28$, $SE = .04$, $t = 6.71$, $p < .001$), associated with Self-Direction ($B = .37$, $SE = .03$, $t = 9.63$, $p < .001$), associated

with Empathy ($B = .25$, $SE = .02$, $t = 5.18$, $p < .001$), and associated with Intimacy ($B = .43$, $SE = .04$, $t = 9.52$, $p < .001$).

Antagonism was associated with LPFS Identity ($B = -.00$, $SE = .05$, $t = -0.09$, $p = .93$), associated with Self-Direction ($B = .12$, $SE = .03$, $t = 3.34$, $p = .001$), associated with Empathy ($B = .36$, $SE = .03$, $t = 7.79$, $p < .001$), and associated with Intimacy ($B = .25$, $SE = .05$, $t = 5.84$, $p < .001$).

Disinhibition was associated with LPFS Identity ($B = .12$, $SE = .05$, $t = 3.47$, $p = .001$), associated with Self-Direction ($B = .30$, $SE = .04$, $t = 9.48$, $p < .001$), associated with Empathy ($B = .04$, $SE = .03$, $t = 1.13$, $p = .26$), and associated with Intimacy ($B = .04$, $SE = .05$, $t = 1.16$, $p = .248$).

Finally, Psychoticism was associated with LPFS Identity ($B = .06$, $SE = .06$, $t = 1.25$, $p = .214$), associated with Self-Direction ($B = .06$, $SE = .04$, $t = 1.15$, $p = .157$), associated with Empathy ($B = .09$, $SE = .04$, $t = 1.78$, $p = .076$), and associated with Intimacy ($B = .04$, $SE = .06$, $t = .85$, $p = .395$). No significant interactions emerged between Criterion B traits and self-monitoring scales; therefore, simple slope analyses were not conducted.

CHAPTER 6. Dɪsᴄᴜssɪᴏɴ

The AMPD was developed to "preserve continuity with current clinical practice, while also introducing a new approach that aims to address numerous shortcomings of the current approach to personality disorders" (APA, 2013, p. 761). Criterion A and Criterion B were initially conceptualized as independent constructs that, when evaluated in tandem, allow for the diagnosis of six of the 10 personality disorders included in the DSM-5 Section III. However, concerns were raised regarding whether the two criteria actually account for unique variance in personality disorders or if they are merely two sides of the same coin. Despite the decade of research on the AMPD, much of which was spurred by this one point of contention, we are still no closer to reaching a consensus on the nature of the AMPD criteria. Researchers, however, remain staunchly divided over the AMPD; some favoring the current conceptualization of Criterion A and Criterion B and others arguing that is it impossible to distinguish personality impairment from personality traits, with both sides accumulating a substantial body of research to support their respective positions. In other words, AMPD research has yielded largely inconsistent and contradictory findings.

The purpose of the current study was to attempt to clarify the contentious relationship between Criterion A and Criterion B by considering self-monitoring as a potential moderating variable. Self-monitoring (i.e., the extent to which individuals are able and willing to use situational cues of social appropriateness to guide expressive behavior and self-presentation; Snyder, 1974) has been shown to mitigate the social (e.g., Klein et al., 2004) and occupational (e.g., Day et al., 2002) consequences commonly associated with maladaptive personality traits as well as increase prosocial behaviors (De

Cremer et al., 2000). It was hypothesized that self-monitoring would similarly temper the impairment (Criterion A) associated with pathological personality traits (Criterion B) such that individuals with the ability to modify their expressive behaviors to align with situational demands would experience less impairment than those lacking this ability. Based on previous research findings, it was also hypothesized that self-monitoring would correlate strongly with Criterion A impairment and weakly with Criterion B traits (e.g., Barrick et al., 2005; Bono & Vey, 2007) while relatively strong correlations would emerge among AMPD criteria (e.g., Bastiaansen et al., 2013; Few et al., 2013).

The results of the current study, however, did not support self-monitoring as a moderating variable. Across all hierarchical moderated multiple regressions, the interaction terms (e.g., PID-5 Negative Affectivity X SMS-R) failed to reach statistical significance. This finding may be due, at least in part, to the fact that self-monitoring is a social psychology construct. Scales developed to assess for social psychology constructs are typically designed to tap into individual differences that occur within the "normal" range of behaviors (i.e., ± 1 SD of the mean), whereas scales that assess for clinical psychology constructs are designed to tap into differences that occur outside this "normal" range. Therefore, the SMS may not be particularly well-suited to account for variance among AMPD scales.

Despite this, there was a significant main effect of self-monitoring on Criterion A impairment in three hierarchical moderated multiple regressions; the SMS-R and A-SM both emerged as significant predictors of LPFS Empathy and P-SM emerged as a significant predictor of LPFS Identity. Considering that self-monitoring is marked by an increased attention to others, it follows that it would have implications for impairments in

empathy. However, given that LPFS Empathy only correlated .04 with the SMS-R and .03 with A-SM, additional hierarchical moderated multiple regression analyses were conducted to further investigate these significant main effects. When entered alone in Step 1, neither the SMS-R nor the A-SM remained significant predictors of LPFS Empathy. This suggests that the SMS-R and the A-SM may have functioned as suppressors in the original analyses.

In contrast, when P-SM was entered alone in Step 1, it remained a significant predictor of LPFS Identity. The AMPD's conceptualization of Identity Integration involves "an impoverished, disorganized, and/or conflicted psychological world that includes a weak, unclear, and maladaptive self-concept" (APA, 2013; p. 771). Given that P-SM is considered to be an affective-motivational orientation characterized by other-directedness and passive attempts to align behavior with others (Lennox, 1988), and the scale includes items such as "My behavior is usually an expression of my true inner feelings, attitudes, and beliefs (reverse scored)," "In different situations and with different people, I often act like very different persons," and "In order to get along and be liked, I tend to be what people expect me to be rather than anything else," it appears P-SM taps into the impairments (i.e., instability) of Identity Integration.

Taken together, the findings of the current study indicate that self-monitoring does not moderate the relationship between Criterion A and Criterion B. Although two of the three significant main effects of self-monitoring on Criterion A impairment appear to have emerged due to suppressor effects, P-SM accounted for unique variance in LPFS Identity, which suggests that there may be an element of Criterion A that is in fact distinct from Criterion B and connected to the ability to effectively modify expressive

behaviors and self-presentation. A-SM and P-SM were included in the current study for exploratory purposes; however, it appears that P-SM, and to a much lesser extent its counterpart A-SM, provide a more nuanced picture of impairment relative to the SMS-R.

It was hypothesized that self-monitoring would strongly correlate with Criterion A impairment scales and weakly with Criterion B trait scales. These expectations are consistent with previous research that has demonstrated a direct association between self-monitoring and the behaviors that result in negative interpersonal, romantic, and occupational consequences (e.g., Snyder & Simpson, 1984) as well as a consistent weak to moderate association with personality traits (e.g., Barrick et al., 2005). The results of the current study provide little to no support for these hypotheses. The correlations among self-monitoring scales and Criterion A impairment scales ranged from .00 (A-SM and LPFS Intimacy) to .29 (P-SM and LPFS Identity), whereas correlations among self-monitoring scales and Criterion B traits scales ranged from .05 (A-SM and PID-5 Negative Affectivity) to .46 (P-SM and PID-5 Antagonism).

Of note, across Criterion B scales, Antagonism and Disinhibition were more strongly associated with self-monitoring. On average, the self-monitoring scales were correlated .12 with negative affectivity, .10 with detachment, .44 with antagonism, .34 with disinhibition, and .18 with psychoticism. Existing research suggests that, of the five Criterion B traits, Antagonism and Disinhibition are associated with more negative interpersonal outcomes. For example, individuals with high levels of antagonism have been shown to rely on more maladaptive mate retention behaviors (Holden et al., 2015). Zeigler-Hill et al. (2016) found that, across interpersonal interactions, individuals high in Antagonism utilized more aggressive and less affiliative humor styles while those high in

disinhibition used aggressive and self-defeating humor styles. Vrabel et al. (2019) examined the Criterion B traits in relation to immoral tendencies, finding that individuals with high levels of antagonism and disinhibition reported experience more greed, envy, anger, and pride. It may be that individuals with high levels of antagonism and disinhibition have developed stronger self-monitoring skills as a way of more easily navigate interpersonal interactions and mitigate the negative consequences of they might otherwise incur.

Alternatively, it is perhaps also worth noting that some of the self-monitoring items may have the appearance of expressing a disposition to be manipulative and/or deceptive. For example, consider the items "I may deceive people by being friendly when I really dislike them," "I would probably make a good actor," "In order to get along and be liked, I tend to be what people expect me to be rather than anything else," and "I can look anyone in the eye and tell a lie with a straight face (if for a right end)." Being deceptive and manipulative is clearly a trait of antagonism. However, this understanding of the self-monitoring items does not offer an explanation for the relationship with disinhibition.

Criterion A and Criterion B scales were also expected to correlate highly with one another. The results of the current study support this hypothesis. Correlations among Criterion A impairment and Criterion B trait scales ranged from .43 (LPFS Intimacy and PID-5 Disinhibition) to .78 (LPFS Identity and PID-5 Negative Affectivity), with an average correlation of .62. This finding supports the argument of dimensional researchers, that the AMPD criteria are not completely independent constructs and in fact have substantial overlap. The Criterion B scales in fact correlated more highly with the

Criterion A scales than they did with one another. However, ideally there should really be no correlations among the Criterion B scales as they are conceptualized as constructs distinct from one another.

6.2 Limitations and Future Directions

The current study had a number of strengths. No prior study has expressly examined a possible moderating variable as an explanation for the inconsistent and contradictory findings regarding the AMPD criteria. The study was also the first to consider self-monitoring as a potentially clinically relevant variable. However, it is important to acknowledge some potential limitations.

One potential limitation was sampling from CloudResearch (formerly TurkPrime). Although studies have shown MTurk data quality is at least equal to that obtained through face-to-face test administration (Chandler & Shapiro, 2016; Miller et al., 2017), some amount of control over research participation is lost in internet data collection. It should be noted, however, that CloudResearch Pro Features, which include a number of additional controls to minimize the occurrence of careless and invalid responding as well as "farmers" and "bots."

Another potential limitation was treating self-monitoring as a continuous variable instead of a discrete variable. Self-monitoring was originally intended to be a discrete variable, with the SMS using a dichotomous yes/no rating scale (Snyder, 1974). Additionally, Gandestad and Snyder (1985) identified the presence of a common latent variable reflective of discrete (or quasi-discrete) classes of high and low self-monitoring individuals. Personality research, however, has consistently treated self-monitoring as a

continuous variable (e.g., Barrick et al., 2005; Day et al., 2002; Wilmot et al., 2015). Given the nature of the current study, self-monitoring was treated as a continuous variable to better align with existing research.

6.3 Conclusion

The results of the current study indicate that while self-monitoring does not moderate the relationship between Criterion A impairments and Criterion B personality traits, it was a significant predictor of Criterion A Identity. It is possible that if a clinically driven self-monitoring scale were to be constructed, it may yield more substantive results. Moving beyond self-monitoring, the possibility that an unidentified moderating variable exists to explain the contentious relationship between AMPD criteria should continue to be pursued, especially as AMPD research continues to advance in opposing directions.

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Zimmermann, J., Böhnke, J. R., Eschstruth, A., Mathews, A., Wenzel, K., & Leising, D. (2015). The Latent structure of personality functioning: Investigating Criterion A from the alternative model of personality disorders in DSM-5. *Journal of Abnormal Psychology*, *124*, 532-548.Altman, D. G., & Royston, P. (2006). The cost of dichotomising continuous variables. *Bmj*, *332*(7549), 1080. https://doi.org/10.1136/bmj.332.7549.1080

VITA

GILLIAN A. MCCABE, M.S.

EDUCATION

Ph.D. **University of Kentucky**, Lexington, KY   In Progress
Clinical Psychology   (expected, 2023)
<u>Advisor</u>: Thomas A. Widiger, Ph.D.
<u>Dissertation</u>: *Self-Monitoring and the DSM-5 Section III Alternative Model of Personality Disorder*

M.S. **Oakland University**, Rochester, MI   2016
Clinical Psychology
<u>Advisor</u>: Virgil Zeigler-Hill, Ph.D.
<u>Thesis</u>: *Do You Like Me as Much as You Like Yourself? The Associations between Narcissism and Romantic Relationship Functioning*

B.A. **Dominican University**, River Forest, IL   2013
Psychology

RESEARCH EXPERIENCE

University of Kentucky, Personality & Psychopathology Lab   Lexington, KY
Department of Psychology, *Graduate Student*   August 2017 – Present
<u>Supervisor</u>: Thomas A. Widiger, Ph.D.

Oakland University, Self & Interpersonal Relationships Lab   Rochester, MI
Department of Psychology, Graduate Student   August 2014 – 2017
<u>Supervisor</u>: Virgil Zeigler-Hill, Ph.D.

CLINICAL EXPERIENCE

University of Kentucky, Psychological Services Center   Lexington, KY
Department of Psychology, *Assistant Director*   July 2021 – July 2022
<u>Clinical Supervisor</u>: David T. Susman, Ph.D.

University of Kentucky, Counseling Center   Lexington, KY
Graduate Therapist   August 2021 – May 2022
<u>Clinical Supervisor</u>: Joel D. Goodrich, Psy.D., Megan M. Marks, Ph.D,
Alex Forsyth, Psy.D., & Walter Malone, Ph.D.

University of Kentucky, Psychological Services Center   Lexington, KY
Department of Psychology, *Assessment Coordinator*   July 2020 – July 2021
<u>Clinical Supervisor</u>: Michelle M. Martel, Ph.D.

The Lexington School Lexington, KY
Graduate Assessment Examiner April 2019 – May 2021
Clinical Supervisor: Mary Beth McGavran, Ph.D.

University of Kentucky, Psychological Services Center Lexington, KY
Department of Psychology, *Graduate Therapist* September 2018 – July 2021
Clinical Supervisors: Mary Beth McGavran, Ph.D., Heather Risk, PsyD., &
David T. Susman, Ph.D.

Veteran Affairs Medical Center Lexington, KY
Assessment Practicum Student August 2019 – March 2020
Clinical Supervisor: Keli Blnkenship, Psy.D.

PUBLICATIONS

1. **McCabe, G. A.**, Smith, M., & Widiger, T. A. (in press). Examining operationalization of AMPD antisocial personality disorder and psychopathy from the perspective of the five-factor model: a replication of extension of Wygant et al. (2016). *Personality Disorders: Theory, Research, and Treatment.*

2. **McCabe, G. A.**, Oltmanns, J. R., & Widiger, T. A. (in press). Criterion A Scales: Convergent, discriminant, and structural relationships. *Assessment*.

3. Widiger, T. A., Tyrer, P., **McCabe, G. A.**, & Kim, Y. (in preparation). The ICD-11 and DSM-5 Alternative Model of Personality Disorder.

4. Widiger, T. A. & **McCabe, G. A.** (in press). The alternative model of personality disorders (AMPD) from the perspective of the five-factor model. *Psychopathology*.

5. Widiger, T. A. & **McCabe, G. A.** (in press). Personality in clinical psychology. In P. J. Corr (Ed.) *The Oxford Handbook of Personality Disorders, 2nd edition*.

6. Smith, M. M., **McCabe, G. A.**, & Widiger, T. A. (in press). Experimental manipulation of the BFI-2, IPIP-NEO-120, and IPC-5. *Assessment*.

7. Widiger, T. A., Oltmanns, J. R., **McCabe, G. A.** & Smith, M. (in press). An integration of normal and abnormal personality structure: The five-factor model. In P. J. Corr (Ed.) *The Oxford Handbook of Personality Disorders, 2nd edition.*

8. **McCabe, G. A.**, Oltmanns, J. R., & Widiger, T. A. (in press). The general factors of personality disorder, psychopathology, and personality. *Journal of Personality Disorders*.

9. Widiger, T. A., Oltmanns, J. R., **McCabe, G. A.** & Smith, M. (under review). The HEXACO model of personality structure: Compelling objections: Commentary on Ashton and Lee. *European Journal of Personality Disorders.*

10. Vrabel, J. K., Zeigler-Hill, V., Sauls, D., & **McCabe, G. A.** (2021). Narcissism and respect in romantic relationships. *Self and Identity*, *20*, 216-234.

11. **McCabe, G. A.** & Widiger, T. A. (2020). Discriminant validity of the alternative model of personality disorder. *Psychological Assessment*, *32*, 1158-1171.

12. **McCabe, G. A.** & Widiger, T. A. (2020). A comprehensive comparison of the DSM-5 Section III and ICD-11 personality disorder models. *Psychological Assessment,* 72-84.

13. **McCabe, G.A.** (2020). The actor-partner interdependence model. In V. Zeigler-Hill & T. K. Shackelford (Eds.), *Encyclopedia of Personality and Individual Differences.* New York, NY: Springer.

14. Zeigler-Hill, V., Vrabel, J. K., **McCabe, G. A.**, Cosby, C., Traeder, C., Hobbs, K., & Southard, A. C. (2019). Narcissism and the pursuit of status. *Journal of Personality*, *87*, 310-327.

15. Zeigler-Hill, V. & **McCabe, G. A.** (2019). An evolutionary perspective on the role of status in close relationships. In C. R. Agnew & J. J. Harman (Eds.), *Power in Close Relationships* (pp. 9-27). Cambridge University Press.

16. Vrabel, J. K., Zeigler-Hill, V., **McCabe, G. A.**, & Baker, A. D. (2019). Pathological personality traits and immoral tendencies. *Personality and Individual Differences, 140,* 82-89.

17. Widiger, T. A., & **McCabe, G. A.** (2018). The five factor model is a competing theory of borderline personality disorder: Commentary on Gunderson et al. *Journal of Personality Disorders, 32,* 181–184.

18. Zeigler-Hill, V., **McCabe, G. A.**, Vrabel, J. K., Raby, C. M., & Cronin, S. (2018). The narcissistic pursuit of status. In A. D. Hermann, A. B. Brunell, & J. D. Foster (Eds.), *The handbook of trait narcissism: Key advances, research methods, and controversies*. New York, NY: Springer.

19. Southard, A. C., Zeigler-Hill, V., Vrabel, J. K., & **McCabe, G. A.** (2018). Narcissism and self-esteem. In A. D. Hermann, A. B. Brunell, & J. D. Foster (Eds.), *The handbook of trait narcissism: Key advances, research methods, and controversies*. New York, NY: Springer.

20. **McCabe, G. A.**, Vrabel, J. K., & Zeigler-Hill, V. (2017). The connections between pathological personality traits and interpersonal behavior. *Psychological Topics*, *26*, 163-178.

21. **McCabe, G. A.**, Vrabel, J. K., & Zeigler-Hill, V. (2016). Pathological personality traits: The darker aspects of personality. In J. Williams (Ed.), *Psychopathology: Symptoms, challenges, and current concepts* (pp. 29-57). Hauppauge, NY: Nova.

22. Zeigler-Hill, V., **McCabe, G. A.**, & Vrabel, J. K. (2016). The dark side of humor: DSM-5 pathological personality traits and humor styles. *Europe's Journal of Psychology*, *12*, 363-376.

23. Pollock, N. C., **McCabe, G. A.**, Southard, A. C., & Zeigler-Hill, V. (2016). Pathological personality traits and emotion regulation difficulties. *Personality and Individual Differences*, *95*, 168-177.

24. Holden, C. J., Roof, C. H., **McCabe, G**., & Zeigler-Hill, V. (2015). Detached and antagonistic: Pathological personality features and mate retention behaviors. *Personality and Individual Differences*, *83*, 77-84.

25. Holub, A., Zeigler-Hill, V., Southard, A. C., Ewing, D., & **McCabe, G. A.** (2015). Shining light on the darker aspects of personality. In N. Columbus (Ed.), *Advances in Psychology Research.* Hauppauge, NY: Nova.