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LONGITUDINAL STUDIES OF PERSONALITY DISORDERS: FOUR LESSONS FROM PERSONALITY PSYCHOLOGY

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The three longitudinal projects described in this special section of the *Journal of Personality Disorders* raise a number of intriguing questions concerning the natural history of personality disorders and offer more than their share of surprises. In addition, they underscore several valuable lessons derived from the literature on normal-range personality traits. Drawing in part from the writings of the American trait psychologist Gordon Allport, I describe four such lessons: (1) change and continuity of personality traits and disorders can and do coexist, (2) the covariation among personality traits helps to account for the "comorbidity" among personality disorders, (3) personality traits and disorders influence how individuals interpret life events, and (4) personality traits must be distinguished from behavioral adaptations to these traits. These lessons remind us that the science of personality disorders must be informed by the basic science of personality.

The three longitudinal projects described in this special section of the *Journal of Personality Disorders* (Cohen, Crawford, Johnson, & Kasen, this issue; Skodol et al., this issue; Zanarini, Frankenberg, Hennen, Reich, & Silk, this issue) offer a wealth of valuable observations regarding the course and outcome of Axis II disorders. Longitudinal studies of Axis II conditions have heretofore been few in number (Paris, 2003), leaving significant gaps in our knowledge concerning the continuity and change in personality disorders over time.

This void is surprising given that natural history is one of the five prongs of Robins and Guze's (1970) seminal framework for the construct validation of psychiatric diagnoses. Many medical students and clinical psychology graduate students will recall Goodwin and Guze's (1996, p. xi) convenient (if oversimplified) aphorism that "diagnosis is prognosis." For Goodwin and Guze, follow-up studies were the most trustworthy means of distinguishing valid from invalid diagnoses. They admiringly cited P.D. Scott in

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this regard: "The follow-up is the great exposer of the truth, the rock on which many fine theories are wrecked and upon which better ones can be built. It is to the psychiatrist what the postmortem is to the physician" (p. xi).

Many writers, myself included, would take issue with Goodwin and Guze's (1996) placing of longitudinal research on a pedestal. Such research is probably best regarded as merely one significant pillar among others (e.g., psychometric data, laboratory findings, family history, discriminant validity from other diagnosis, factorial validity, treatment response) in establishing the construct validity of diagnoses (Waldman, Lilienfeld, & Lahey, 1995). Nevertheless, as the three articles in this special section demonstrate, longitudinal research can yield important insights not afforded by other construct validity indicators.

Indeed, these three articles offer more than their share of surprises. Among other things, they reveal that (a) adolescents with Cluster A disorders spend a large proportion of their time in romantic relationships and are more likely than individuals without personality disorders to have children (Cohen et al., this issue) (perhaps offering a tantalizing evolutionary clue to the puzzling persistence of the genetic predisposition toward schizotypy in the general population); (b) of all patients with personality disorders, patients with schizotypal personality disorder report the highest levels of psychological involvement with their therapists outside of sessions (Skodol et al., this issue); (c) narcissistic personality disorder symptoms predict lower levels of borderline personality disorder symptoms over time (but not vice versa) (Cohen et al., this issue); (d) the most stable feature of borderline personality disorder (BPD) is affective instability (Skodol et al., this issue; Zanarini et al., this issue) [lending support to Grinker, Werble, and Drye's (1968) apt description of BPD as a disorder of "stable instability"]; and, most encouragingly, (e) the prognosis of BPD is considerably less malignant than most psychopathology researchers have assumed (Zanarini et al., this issue) (although this finding is not entirely new; see Paris, 2003).

Although it is something of a challenge to extract a single "bottom line" from these three diverse research projects, they converge on one overarching conclusion: Axis II disorders, although relatively stable over time and often bearing significant negative prognostic implications, are malleable in many instances. One has to wonder to what extent the widespread perception that most personality disorders (e.g., BPD) are hopelessly intractable stems from the "clinician's illusion": the tendency of many practitioners to overestimate the chronicity of conditions due to their selective exposure to severe and frequently relapsing cases (Cohen & Cohen, 1984).

All three sets of authors also acknowledge, at least implicitly, the conceptual and empirical linkages between two great intellectual traditions that have long developed in relative isolation, namely the study of personality disorders and the study of normal-range personality traits. The former has traditionally been the prime dominion of psychiatry, the latter of psychology. Nevertheless, as a number of commentators (e.g., Grove &

Tellegen, 1991; Livesley, 2001; Widiger & Frances, 1985) have observed, theorizing and research on normal-range personality traits hold significant implications for the understanding of personality disorders. Moreover, as evidence accumulates that many or most personality disorders are dimensional rather than taxonic in nature (Livesley, 2003), the argument for forging closer ties between the domains of personality disorders and basic personality psychology becomes more compelling.

In this commentary, I offer four lessons derived from personality psychology that are underscored by the articles in this special section: (1) change and continuity of personality traits and disorders can and do coexist, (2) the covariation among personality traits helps to account for the "comorbidity" among personality disorders, (3) personality traits and disorders influence how individuals interpret life events, and (4) personality traits must be distinguished from behavioral adaptations to these traits. I draw these lessons in part from the writings of the great American psychologist Gordon Allport (1931, 1937), whose conceptualization of traits continues to influence the thinking of personality psychologists today (Funder, 1991).

CHANGE AND CONTINUITY OF PERSONALITY TRAITS AND DISORDERS CAN AND DO CO-EXIST

Allport (1937) viewed personality traits as temporally stable dispositions that influence behavior across many situations. Although the cross-situational stability of personality traits came under fierce attack in the 1960s and 1970s (e.g., Mischel, 1968; see Kendrick & Funder, 1988 for a helpful review), the temporal stability of such traits received considerably less attention (cf. Block, 1977). Nevertheless, support for Allport's position that traits are stable over time derives from two lines of evidence, namely, studies of the (a) rank-order and (b) mean level stability of personality traits over time.

In a meta-analytic investigation of 152 longitudinal studies of normal-range personality traits, Roberts and Delvecchio (2000) reported stability correlations of $r = .31$ in childhood, $r = .54$ in the late teens and early 20s, $r = .64$ at age 30, and $r = .74$ at ages 50–70. These findings demonstrate considerable rank-order stability in personality traits over time, especially beginning in adulthood (the increasing stability coefficients with age also provide indirect support for the DSM-IV's decision to limit personality disorder diagnoses to adulthood). Studies of the mean level stability of personality traits paint a similar, but somewhat more complex, picture. Although Costa and McCrae (1997) concluded that mean levels of personality traits begin to ossify at around age 30, other authors (almost certainly those who are over 30 years old) have argued that this age should be pushed forward by at least a few decades (e.g., Helson & Kwan, 2000). Indeed, developmental investigations of the mean levels of personality traits reveal clear changes in these traits over time. As noted by Roberts

and Walton (in press) in their meta-analytic review of 92 investigations, most longitudinal studies of personality demonstrate increases in the mean levels of social dominance, conscientiousness, and emotional stability (reversed neuroticism) between ages 20 and 40. Therefore, although evidence from studies of rank-order stability demonstrates that personality traits are relatively stable in adulthood, studies of mean-level stability show that adult personality is by no means fixed.

At first blush, these two lines of evidence seem contradictory. Nevertheless, continuity and change over time are not polar opposites, and can peacefully coexist (Block, 1971; Funder & Colvin, 1991; Roberts & Walton, in press), because rank-order stability does not preclude clinically meaningful, even substantial, changes in mean levels over time. This point explains why Pearson correlations can in principle yield quite different information from intraclass correlations, as the former take into account only the rank-order and spacing among individuals' scores, whereas the latter also take into account the absolute levels of individuals' scores. In the case of personality traits, findings that mean levels of certain personality traits change over time do not vitiate Allport's (1931) core assumption of trait stability.

The literature on developmental changes in personality traits can help to make sense of some of the findings reported in this special section. In their article, Cohen et al. (this issue) report not only considerable rank-order stability in personality disorder symptoms across adolescence but also consistent declines from age 9 to 27. As they note, these declines dovetail with well-documented declines in normal-range personality traits, such as impulsivity, sensation seeking, and dependency, over the same period. In their articles, Skodol et al. (this issue) and Zanarini et al. (this issue) report consistent declines in BPD symptoms across adulthood. Given that BPD is marked by (among other traits) high levels of neuroticism and low levels of conscientiousness, such declines are consistent with the longitudinal declines in these traits reported by Roberts and Walton (in press).

In future longitudinal research, it will be important to determine the extent to which declines over time in personality disorder symptoms track corresponding declines in normal-range personality traits. Such analyses would help to determine whether the declines in personality disorder symptoms are due merely to declines in personality traits or are also attributable to changes in other individual difference variables (e.g., interests, cognitive abilities, religious beliefs). It will also be important to determine whether the personality disorder symptoms that decline the most are also those that are most heavily saturated with the variance of personality traits that themselves decline. For example, one could predict that the BPD symptoms that show the most marked declines over time are those most heavily saturated with neuroticism (e.g., affective instability, inappropriate intense anger) and (reversed) conscientiousness (e.g., impulsivity).

THE COVARIATION AMONG PERSONALITY TRAITS HELPS TO ACCOUNT FOR THE "COMORBIDITY" AMONG PERSONALITY DISORDERS

Allport (1931) noted that "personality traits are only relatively independent of one another" (p. 370). He posited that "this overlap may be due to several factors, the most obvious being the tendency of the organism to react in an integrated fashion, so that when concrete acts are observed or tested they reflect not only the trait under examination, but also simultaneously other traits . . . " (p. 370). Indeed, the covariation among many personality traits is both substantial and consistent. In the case of the well-known Five-Factor Model (FFM) of personality traits, for example, extraversion and agreeableness tend to be moderately positively correlated, as are conscientiousness and (reversed) openness to experience (such covariation has led critics of the FFM to argue for the presence of still higher-order dimensions underpinning the covariation among FFM dimensions; see Block, 1995).

As the three sets of authors in this special section point out, "comorbidity" (but see Lilienfeld, Waldman, & Israel, 1994 for a critique of the use of this term in psychopathology research) is rampant both among Axis II disorders themselves and between Axis II and Axis I disorders. For example, Skodol et al. (this issue) reported that schizotypal personality disorder co-occurred significantly with paranoid and schizoid personality disorders, and that BPD co-occurred significantly with antisocial and dependent personality disorders. Cohen et al. (this issue) observed that the comorbidity of mood, anxiety, and disruptive behavior disorders with personality disorders was substantial for all three Axis II clusters.

From the atheoretical perspective of the DSM-IV, such extensive comorbidity may seem bewildering. Why should such seemingly disparate conditions as histrionic and dependent personality disorders (Ekselius, Lindstrom, von Knorring, Bodlund, & Kullgren, 1994), for instance, share so much variance? Yet, from the perspective of basic personality psychology, such comorbidity is virtually inevitable. Much of this comorbidity, as well as the comorbidity between Axis I and Axis II disorders, probably reflects the covariation among personality dimensions on which largely arbitrary diagnostic cutoffs have been imposed (Lilienfeld et al., 1994). Indeed, using an expert consensus approach to identify FFM markers for each DSM-IV personality disorder, Lynam and Widiger (2001) demonstrated that much of the comorbidity among Axis II disorders could be reproduced by the patterns of correlation among FFM traits.

I concur with Cohen et al. (this issue) that the distinction between Axis I and Axis II disorders, although well intentioned, is not supported by basic research on personality traits (see also Harkness & Lilienfeld, 1997). Moreover, this distinction may inadvertently imply that personality science should be applied only to Axis II, but not to Axis I, disorders. I am also inclined to agree with Cohen et al. (this issue) that comorbidity is typically

a marker of greater impairment and a more negative prognosis, although I would offer one friendly amendment to this principle. Specifically, the co-occurrence of two disorders may in some cases reflect the presence of a qualitatively different and less severe condition. For example, there is at least some evidence that conduct-disordered children with co-occurring anxiety disorders are less severely affected than conduct-disordered children without anxiety disorders (Walker et al., 1991), probably because the presence of anxiety disorders is a marker of lower risk for psychopathic personality traits.

PERSONALITY TRAITS AND DISORDERS INFLUENCE HOW INDIVIDUALS INTERPRET LIFE EVENTS

Allport (1937) famously defined personality traits as dispositions having the capacity to "render many stimuli functionally equivalent" (p. 295). By this, he meant that traits influence how individuals interpret [or to use Murray's (1938) term, "apperceive"] their environments and life histories. For example, the extraverted individual perceives a wide variety of ambiguous situations (e.g., a cocktail hour, a visit to a busy bookstore, an informal seminar) as affording opportunities for outgoing behavior; the paranoid individual perceives a wide variety of ambiguous situations (e.g., laughter on the street, a passing glance from a stranger, a mildly critical comment from a coworker) as portending threat. Bowers (1973) and Wachtel (1973) later referred to the "assimilative" quality of trait dispositions, invoking Piaget's (1952) concept of assimilation into a schema to explain how traits influence the interpretation of ambiguous stimuli.

Although the three articles in this special section do not by themselves demonstrate that personality traits operate in an assimilative fashion, they remind us of the importance of this principle. For example, Skodol et al. (this issue) found that patients with BPD reported more negative life events than both patients with other Axis II disorders and depressed patients, and Zanarini et al. (this issue) found that patients with BPD were more likely to report early separation difficulties than were patients with other Axis II disorders. These findings, although intriguing, are difficult to interpret given that patients with BPD tend to possess markedly elevated levels of negative emotionality (NE), which is associated with a propensity to focus selectively on the unpleasant features of one's life and to interpret life events negatively (Watson & Clark, 1984). For example, a high-NE individual may interpret parental criticism as verbal abuse, whereas a low-NE individual may ignore it or even interpret it as a sign of committed parenting.

This issue can only be resolved by separating subjective from objective reports of adverse childhood events. In their article, Cohen et al. (this issue) reported findings indicating that official records of early sexual abuse predicted elevated levels of BPD in adulthood (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999), suggesting that at least some of the correlation between early negative life events and BPD is not merely a function of subjective interpretation and retrospective recall biases.

In future research, it will be useful to obtain separate measures of subjective and objective reports of early adverse life events (e.g., sexual abuse, physical abuse) and to examine their independent associations with Axis II conditions, such as BPD. It is possible that each source of information affords incremental validity above and beyond the other for predicting risk of psychopathology. In addition, it will be of interest to determine whether subjective reports of early adverse life events change along with symptomatic improvement. If so, this finding could suggest that at least some of the association between these life events and psychopathology is a consequence of the assimilative nature of personality traits, particularly NE.

PERSONALITY TRAITS MUST BE DISTINGUISHED FROM BEHAVIORAL ADAPTATIONS TO THESE TRAITS

Citing Kurt Lewin's (1927) influential distinction between genotype and phenotype, Allport (1937, p. 16) noted that two individuals with the same psychological predisposition may express this predisposition in dramatically different ways. More recently, McCrae and Costa (1995) usefully distinguished between two different levels of explanation in personality psychology: *basic tendencies*, which are underlying personality traits, and *characteristic adaptations*, which are "the concrete habits, attitudes, roles, relationships, and goals that result from the interaction of basic tendencies with the shaping forces of the social environment" (McCrae, 1993, p. 584).

Elaborating on McCrae and Costa's distinction, Harkness and Lilienfeld (1997) argued that characteristic adaptations spring largely from individuals' efforts to adapt to their own personality traits (viz., basic tendencies). For example, they noted that "the person high in NE must not only learn how to live in a world providing challenges but also how to successfully live with high NE and accomplish that adaptation with a mind biased to evaluate the world more for its costs than for its opportunities" (p. 354). Moreover, some characteristic adaptations to elevated NE (e.g., drinking heavily) may be socially unsuccessful and personally destructive, whereas others may be socially successful and personally enriching (e.g., composing emotional music). Harkness and Lilienfeld also observed that both naturally occurring improvements and improvements in psychotherapy may often emanate more from the selection of constructive characteristic adaptations than from the alteration of basic tendencies (Paris, 1998; see also Livesley, 2003 for a discussion of assisting patients to find adaptive niches for their personality traits). From this perspective, elevated levels of many personality traits are not adaptive or maladaptive *per se*; instead, the characteristic adaptations selected by the individual determine whether the phenotypic expression of these traits is healthy or unhealthy.

The authors in this special issue recognize the heuristic importance of the distinction between basic tendencies and characteristic adaptations.

For example, Zanarini et al. (this issue) point out the importance of distinguishing the latent vulnerability to BPD from the signs and symptoms of the disorder, and correctly observe that remitted BPD patients may still possess a predisposition toward emotional dysregulation. Even more explicitly, Skodol et al. (this issue) posit that personality disorders are "hybrid" conditions that consist of two features: "(1) stable personality traits that may have normal variants, but that in PDs are pathologically skewed or exaggerated . . . " and (2) dysfunctional behaviors that are attempts at adapting to, defending against, coping with, or compensation for these pathological traits" (p. 495).

The distinction between basic tendencies and characteristic adaptations leads us to two conclusions: (1) personality traits are essential to an understanding of personality disorders and (2) a dimensional system of personality traits, such as the FFM, will never be sufficient for describing and explaining personality disorders (cf. Lynam & Widiger, 2001). The latter conclusion follows from the proposition that different individuals with the same configuration of basic tendencies can manifest these traits in the form of markedly different characteristic adaptations. For example, not all individuals with low levels of agreeableness and conscientiousness go on to develop antisocial personality disorder; some become ornery but successful writers or artists, and others become gainfully employed stuntpersons (although their life expectancy may be rather limited if their levels of conscientiousness drop too low). In addition, this conclusion is supported by findings, reported by Skodol et al. (this issue), that the dimensions of the Schedule for Nonadaptive and Adaptive Personality (SNAP; Clark, 1993) exhibited incremental validity above and beyond the FFM dimensions in distinguishing among DSM-IV personality disorders (see also Reynolds & Clark, 2001). This result suggests that the FFM may overlook important distinctions detected by the SNAP, in part because the SNAP was developed explicitly to detect personality disorder features and perhaps in part because the SNAP assesses not only basic tendencies but also the maladaptive characteristic adaptations found in many Axis II disorders.

To fully understand personality disorders, we must understand both individuals' personality traits and the unproductive adaptations they construct in response to these traits. The latter are almost certainly influenced by individual differences that reside at least partly outside the domain of personality, including interests, attitudes, and cognitive abilities. Or putting the point somewhat differently, an adequate model of normal and abnormal personality requires more than personality traits (see also Livesley, 2001; Wakefield, 1997).

CONCLUDING THOUGHTS

The three longitudinal projects described in this special section provide us not only with a wealth of useful knowledge regarding personality disorders but with a wealth of potentially fruitful hypotheses to test. They also

underscore the importance of bringing theorizing and research from basic personality psychology to bear upon an understanding of both Axis II and Axis I disorders. Finally, they suggest that a comprehensive theoretical framework for personality disorders requires not merely a system of personality trait dimensions, but also a rich and nuanced appreciation of how individuals differ in their adaptations to these traits.

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