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Evaluating Stable and Situational Expressions of Passive-Aggressive Personality Disorder: A Multimethod Experience Sampling Case Study

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ABSTRACT

Passive-aggressive (PA) personality traits have received increasing attention in the research literature and are known to interfere with treatment engagement and recovery. Theoretical disagreements about PA, combined with its omission from the DSM-5, have left open many questions regarding its dynamic structure and temporal stability. Our goal in the present case study was to use a multimethod, experience sampling assessment framework for a single research subject enrolled in long-term residential treatment who exhibited significant PA traits to provide a complex portrait of daily interpersonal behaviors and experiences across a range of contexts. We review data gathered over a year of residential treatment to identify changes in self and interpersonal functioning and to deepen our understanding of the dynamic motivational structure of PA over time. Our findings expand understanding of both PA dynamics and provide support for integrating multimethod assessment into routine clinical practice.

After participating in a two week-long experience sampling study on daily interpersonal interactions, Dale, a middle-aged patient in residential treatment, sits with the researcher for a feedback session to review his results. On first glance, it appears that Dale spent much of the last two weeks feeling quite angry – his responses reference feelings of being *enraged*, *pissed off*, and *furious* – and the researcher anticipates that Dale will spend the feedback session venting about his frustrating past two weeks. Instead, Dale expresses bafflement – "But, I'm not an angry guy!" he insists, struggling to reconcile the descriptions of his experiences that he "knows" he provided, with what he "knows" about himself.

How can the discrepancy between Dale's conscious reporting of daily experiences and his more general internalized self-concept be understood? It is known that people are typically only partially accurate in their self-perceptions (Vazire, 2010); a variety of factors may interfere with an individual's capacity for accurate self-appraisal, including severity of personality psychopathology (Carnovale et al., 2019), specific personality traits such as narcissism (Robins & John, 1997), and elevations in negative affect (Paulhus & Levitt, 1987). Feelings of anger, the primary experience of concern and conflict for Dale, are particularly difficult for people to recognize and own (Vigil-Colet et al., 2012). For patients diagnosed with personality disorders, a lack of insight into these emotional patterns tends to be the rule, rather than the exception (Bradley et al., 2006; Westen, 1997). Members of Dale's treatment team were well-aware of his capacity for hostility – though it was often expressed in indirect and unexpected ways. Dale displayed frequent anger toward staff, felt unappreciated and ignored by others, struggled with communicating feelings of frustration, and (perhaps consequentially) often defied responsibilities, conveying a picture of an individual struggling with anger but only able to express these feelings in passive-aggressive ways.

Passive-aggression (PA) has alternately been conceptualized as a trait, a dynamic pattern of behavior, and a personality syndrome or disorder (Hopwood & Wright, 2012). While PA personality disorder is not currently listed as a personality disorder in the DSM-5 (APA, 2013), over the past decade there has been a revival of interest in understanding PA dynamics (Bradley et al., 2006; Hopwood, 2018; Hopwood et al., 2009; Hopwood & Bornstein, 2019; Hopwood & Wright, 2012; Joiner Jr & Rudd, 2002; Masiak & Eugene, 2011; Rotenstein et al., 2007). Hopwood and Wright (2012) outlined three defining features of PA personality disorder: 1) engagement in irresponsible behaviors at work to express grievances or negative emotions, 2) feelings of inadequacy, especially in relation to perceived powerful authority figures, and 3) harboring unexpressed contempt and resentment about perceptions of mistreatment by others. Developmentally, PA is believed to be caused by impairments in assertiveness, emerging from disruptions in the child's relationship to authority figures (Hopwood et al., 2009; Kernberg, 1976) and particularly to caregivers who punish expressions of anger, refusal to submit, and autonomous strivings (Benjamin, 1996). A recent study of

psychiatric patients enrolled in day treatment found that severity of PA traits was associated with greater impairments in interpersonal functioning, particularly with regards to the enactment of cold and vindictive behaviors (Laverdière et al., 2019). Regardless of whether PA is conceptualized as a trait, dynamic pattern, or formal personality disorder, it is known to interfere with treatment engagement and recovery (Masiak & Eugene, 2011) and to be related to anxiety, depression, hopelessness and suicidality, and substance use (Joiner Jr & Rudd, 2002).

As with other personality disorders, for case conceptualization and treatment it is essential to understand both implicit motivational factors as well as conscious awareness of relational difficulties and sense of self. Hopwood (2018) has argued for the importance of understanding the expression of personality traits both in terms of *longitudinal dynamics* (fluctuation versus stability over long periods of time), *between-situation dynamics* (the context-specific details of when and how personality traits are expressed), *within-situation dynamics* (the real-time unfolding and sequencing of interpersonal perceptions, affects, and behaviors), and how *levels of awareness* across these different temporal contexts may vary. Tying stability, awareness, and motivation together, he argues that " … a satisfying model about how personality manifests in situations must make distinctions between the situation the person is in, how the person feels on the inside as opposed to how they are perceived on the outside, and what they are trying to do in contrast to an abstract description of their behavior" (Hopwood, 2018, p. 507). While prior studies have increased understanding of the longitudinal course (Hopwood et al., 2009) and general trait structure of PA personality disorder (Bradley et al., 2006; Hopwood et al., 2009; Hopwood & Wright, 2012; Rotenstein et al., 2007), there remains a need to expand understanding of the *within-* and *between-situation dynamics* associated with PA personality disorder.

Single case studies, while limited in terms of nomothetic generalizability, carry the potential not only to demonstrate links between theoretical constructs, dynamic interpersonal patterns, and actual clinical process, but also to identify potential areas in which clinical theories are in need of expansion and revision (Stiles, 2007). In our prior research, we have utilized multimethod, multi-timepoint assessment approaches to understanding complex personality psychopathology at the single case level, demonstrating the utility of integrating single-occasion measures and experience sampling ratings from daily interpersonal interactions. In the current study, we adopted a similar multimethod approach with the goal of identifying changes in PA personality dynamics for a single participant, Dale, over the course of a year in residential treatment. Our multimethod approach was intended to enable us to identify the impact of situational characteristics on interpersonal perceptions and affective experiences relevant to PA dynamics, and to achieve a better understanding of the implicit and explicit motivations driving interpersonal behavior.

Although the study was exploratory in nature, we developed general hypotheses regarding the kinds of interpersonal patterns that would be likely to emerge, and what changes would be observed over the course of treatment. Given Dale's reactions during the research feedback session and in light of existing literature on limitations in insight in individuals diagnosed with personality disorders, we anticipated that at baseline there would be marked discrepancy between Dale's self-reported general personality traits and behaviors, his characterizations of interactions during daily life, and his underlying relational schemas, emotional awareness, and implicit self-concept as assessed through performance-based measures (Carnovale et al., 2019; Vazire, 2010). In keeping with Hopwood and Wright (2012), we anticipated that Dale's data would reveal three pervasive themes representative of his underlying PA dynamics: 1) experiences of self as powerless and submissive, 2) perceptions of authority figures as domineering and hostile, and 3) patterns of unexpressed hostility resulting in uncooperative behaviors aimed at reducing the perceived power of authority figures (Hopwood, 2018). Over the course of treatment, we anticipated that Dale's data would show movement toward greater convergence in findings across measures and domains, enhanced self-efficacy with improved capacity to express anger and engage conflict directly, and the development of more benign attitudes and expectations for interpersonal relationships, especially toward authority figures. We sought to integrate our interpretations of findings across these elements under the general domains of *dynamics of self and relationships*, *interpersonal perceptions*, and *within-* and *between-situation dynamics*, with the overarching goal of understanding trajectories of change in PA dynamics over the course of a year of residential treatment.

Method

Background information

Dale was admitted to an intensive psychodynamically-oriented residential treatment center after two decades of outpatient treatment in the context of increased suicidality. Upon admission, Dale received a primary DSM-5 (APA, 2013) diagnosis of other specified personality disorder with borderline and narcissistic traits as well as secondary diagnoses of major depressive disorder and social anxiety disorder. A review of diagnostic criteria for passive-aggressive personality disorder by his therapist, Dr. A, suggested that a formal diagnosis would also apply, as Dale met six of the seven criteria for PA personality disorder listed in the DSM-IV-TR (four of the seven criteria are required for a diagnosis; APA, 2000). The parent research study, an ecological momentary assessment study focusing on daily interpersonal experiences and self-destructive thoughts and behaviors, was approved by the facility's Institutional Review Board, and Dale's informed consent was obtained prior to his participation; this consent also included permission to access his psychological testing and medical records data. In addition, he provided informed consent to complete a repeat

administration of self-report measures prior to discharge for the present case study.

Measures

Inventory of Interpersonal Problems – Short Circumplex (IIP-SC)

The IIP-SC is a 32-item self-report measure that assesses interpersonal difficulties across eight themes emerging from the interpersonal circumplex model, including domineering, vindictive, cold, socially avoidant, nonassertive, exploitable, overly warm, and needy. Respondents rate their level of distress for each item using a 5-point Likert scale ranging from 0 (*not at all*) to 4 (*extremely*) (Hopwood et al., 2008).

Interpersonal Sensitivities Circumplex (ISC)

The ISC is a 64-item self-report measure that assesses sensitivity to different types of interpersonal behaviors enacted by others, across eight themes emerging from the interpersonal circumplex model: sensitivity to control, antagonism, remoteness, timidity, passivity, dependence, affection, and attention-seeking. Respondents describe the extent to which they are bothered by the behaviors of others using an 8-point Likert scale ranging from 0 (*not at all*) to 7 (*extremely*) (Hopwood et al., 2011).

Circumplex Scale of Interpersonal Values (CSIV-32)

The CSIV-32 is a 32-item self-report measure that assesses the value that individuals place on interpersonal outcomes across eight themes emerging from the interpersonal circumplex: appearing confident, appearing forceful, appearing detached, avoiding ridicule, avoiding arguments, gaining approval from others, feeling connected to others, and expressing themselves openly. Respondents rate items along a 5-point Likert scale ranging from 0 (*not important*) to 4 (*extremely important*) (Locke et al., 2012).

For all three self-report measures (IIP-SC, ISC, and CSIV-32), parameters from the structural summary method were calculated (Gurtman & Balakrishnan, 1998). These parameters provide information about the overall severity, prototypicality, and thematic quality of respondent profiles for interpersonal data. R^2 is a goodness-of-fit statistic that represents degree of interpersonal prototypicality (e.g., degree to which the profile conforms to underlying theoretical and statistical assumptions of interpersonal theory; Wright et al., 2009). Profiles with $R^2 \geq 0.80$ are interpreted as having high interpersonal prototypicality (Gurtman & Pincus, 2003); profiles with $R^2 \leq 0.70$ are considered to have low prototypicality and may be considered "complex" (e.g., the respondent may report a similar degree of difficulty with being overly dominant and overly submissive). *Elevation* represents the global level of interpersonal distress and is based on the average severity rating across questionnaire items. *Amplitude* represents the degree of differentiation within an interpersonal profile, revealing how pronounced and distinct a specific interpersonal theme is compared to other possible themes. The *angular displacement* (expressed in degrees) reflects the predominant interpersonal theme associated with the profile (ranging from 0° to 359°, with 0° corresponding to warmth, 90° to dominance, 180° to coldness, and 270° to submissiveness).

Facial emotion recognition task

The facial emotion recognition task is a computerized measure administered using e-Prime (version 2.0) software (Schneider et al., 2002) that assesses facial emotion recognition accuracy. During the Detection Task, participants are presented with neutral and negative facial emotions (anger, disgust, fear, sadness) across different levels of intensity (25%/50%/75% emotion intensity; Ekman & Friesen, 1976; Matsumoto & Ekman, 1988; Tottenham et al., 2009), and are asked to indicate whether the face displays an emotion or not. Each trial lasts for 2 seconds with an inter-trial interval of 1 second. The Detection Task is followed by a Labeling Task that evaluates neutral and negative facial emotions at low levels (25%) of intensity. Participants determine by multiple choice which expression among the five valences are portrayed. There is no response time limit. Accuracy and reaction time are recorded (Meehan et al., 2017).

Social Cognition and Object Relations Scale-Global rating method (SCORS-G)

The SCORS-G is a coding procedure that may be applied to a range of narrative data, capturing cognitive and affective facets of social cognition using eight subscales that are rated on a scale from 1 (pathological functioning) to 7 (healthier functioning). Subscales include the *complexity of representation of people*; *affective quality of representations*; *emotional investment in relationships*; *emotional investment in morals and standards*; *understanding of social causality*; *experience and management of aggressive impulses*; *self-esteem*; and *identity and coherence of self* subscale. A global dimension representing overall level of personality organization may be calculated based on the average SCORS-G ratings across cards and subscales (Stein et al., 2018; Stein & Slavin-Mulford, 2017).

In the present study, the SCORS-G was applied to Dale's Thematic Apperception Test (TAT) narratives (Murray, 1943) by two psychologists (first and second author) who have extensive experience with the SCORS-G. The raters were blind to Dale's other research data at the time of the ratings. During the first administration (near the start of treatment), the TAT protocol included Cards 1, 5, 14, 13MF, 12 M, 2, 18GF and 7BM. During the second administration (14 months into treatment, near discharge), the standard card set used at the treatment center underwent a slight modification, and so the TAT protocol for Time 2 included Cards 1, 5, 14, 13MF, 12 M, 2, 18GF, 10, and 9 G. Raters had achieved reliability with each other as well as with the SCORS-G Training Manual (Stein et al., 2011) in the context of a previous study (ICC range = .63 to .88, M = .79, SD = .08). For the present study, for the first administration raters obtained exact agreement on 53% of ratings and were within one point of agreement on 34% of all other

ratings. For the second administration, raters achieved exact agreement on 61% of ratings and within one point of agreement on 33% of all other ratings. The mean rater subscale scores were used during data analysis.

The Rorschach test

Dale was administered the Rorschach following the standard administration procedures described in the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011). The Rorschach is a performance-based assessment in which respondents are presented with a series of ten ink-blots that are visually complex and asked to answer the question "What might this be?" The respondents are first required to offer two to four responses to this inquiry per card, and then prompted to provide explanations for their responses during a second phase of administration. The task provides a standardized, in vivo sample of problem-solving strategies and implicit personality features. Dale's protocol was rated independently by two psychologists (first and second authors) using the R-PAS (Meyer et al., 2011). Raters reviewed their coding together at both time points in order to reach consensus prior to scoring the structural summary. In the analysis of the data, we relied primarily upon the structural summary method (i.e. comparing Dale's data to normative scores) but also elected to conduct targeted mini-sequence-configurational analyses (Bram & Peebles, 2014; Weiner, 2003) of Dale's responses to certain cards in order to identify within-person dynamics relevant to PA personality functioning. While the latter approach yields information of limited value in terms of generalizability to other samples, a long clinical tradition of integrating thematic features of response sequences on the Rorschach with other psychological testing data has shown the utility of this approach at the single case level for identifying processes of conflict, defense, and coping strategies (Bram & Peebles, 2014; Peebles-Kleiger, 2002; Weiner, 2003).

Daily interpersonal ratings (experience sampling)

Dale's experience sampling ratings were completed using a survey hosted by LifeData (www.LifeDataCorp.com) and accessed through his personal smartphone during the two weeks following his baseline multimethod research assessment. The event-contingent questions focused on interpersonal interactions lasting at least 3 minutes and included fifteen response items, focusing on the external details of the interaction (such as interaction partner role and gender and the setting or context of the interaction); perceptions of self and other along the interpersonal circumplex dimensions of warmth and dominance, using a 6-point bipolar Likert scale (*submissive* (1) to *dominant* (6) and *unfriendly* (1) to *friendly* (6)); and ratings of Dale's emotional experience during the interaction, using 6-point bipolar Likert scales (1 to 6) for the dimensions of *happy-sad, not anxious-anxious, hopeful-hopeless, connected-lonely*, and *not at all burdensome-burdensome*. Dale was also asked to provide narrative descriptions of his interactions in response to two prompts within the experience sampling survey: (1) to describe the "main feeling" of the interaction, and (2) to share whatever he felt was important for the researcher to know about the interaction. Dale entered 40 complete event-contingent experience sampling reports following interpersonal interactions during the two-week study period. In addition to quantitative ratings of affect, Dale's qualitative event descriptions were coded (present/absent) for themes of anger and themes of helplessness by the first two authors (100% agreement between raters across both categories).

Participation details

Dale's Time 1 ("T1") data refers to measures administered to him within the first two months after admission to residential treatment and includes the first administration of the IIP-SC, ISC, CSIV-32, Rorschach, and TAT, as well as his facial emotion recognition and experience sampling data. Dale's Time 2 ("T2") data refers to measures administered to him at approximately 14 months after admission, in the weeks leading up to his discharge from residential treatment (15 months in total). T2 measures included the second administration of the self-report (IIP-SC, ISC, and CSIV-32) and psychological testing measures (Rorschach and TAT) used at T1.

Results

Early treatment

Dynamics of self and affect

At the start of treatment, Dale's performance-based data showed low self-esteem and a vulnerability to narcissistic injury. Compared to his peers, Dale had particular difficulty seeing both positive and negative aspects of himself (self-esteem; Table 1), instead portraying a negative self-view characterized by damage and deficiency (MOR; Table 2). He furthermore showed a tendency to defend against low self-esteem and vulnerability by narcissistically positioning himself as an expert (PER; Table 2). On self-report measures, Dale described himself as nonassertive and deferential to others, which he endorsed as both a source of relational difficulty as well as an important value (see Table 3).

In interpersonal relationships, Dale acknowledged high levels of distress (e_{IIP-SC}; Table 3), with item-level analysis suggesting significant difficulty in tolerating feelings of anger and communicating these feelings to others. His struggles with anger were most evident within his TAT narratives, where Dale frequently described male characters engaging in destructive actions, but either denying their aggressive intent or backing away and apologizing when confronted. When Dale introduced angry feelings in his stories, these were frequently accompanied by anxiety, guilt, and attempts to bury these feelings.

Interpersonal functioning and perceptions of others at the start of treatment

Dale's response pattern on self-report measures revealed a moderately differentiated theme of sensitivity to timidity and remoteness in others (DE_{ISC} and FG_{ISC}, respectively),

Table 1. Dale's Performance at T1 and T2 on the Social Cognition and Object Relations Scale-Global Method (SCORS-G), with Comparisons to Residential Treatment and Outpatient Means.

SCORS-G Subscale	Dale Time 1	Dale Time 2	Residential Treatment M (SD)[a]	Outpatient M (SD)[b]
COM	3.2	3.4	3.2 (0.6)	3.2 (.6)
AFF	3.4	3.0	3.4 (0.5)	3.3 (.5)
EIR	2.7	2.4	2.8 (0.4)	3.0 (.6)
EIM	3.8	3.3*	3.7 (0.3)	3.6 (.4)
SC	3.1	3.2	3.2 (0.6)	3.0 (.7)
AGG	3.7	3.6	3.6 (0.3)	3.6 (.4)
SE	3.5	3.8*	3.7 (0.2)	3.8 (.3)
ICS	4.2	4.7*	4.2 (0.5)	4.5 (.5)
LPO	3.5	3.4	3.5 (0.3)	Level 1: 3.1 (.2)
				Level 2: 3.5 (.1)
				Level 3: 3.9 (.2)

Note. SCORS-G = Social Cognition and Object Relations Scale – Global Method. Subscale scores range from 1 (more pathological) to 7 (more adaptive); Dale's ratings represent the average of two raters across all dimensions on a 9 card protocol. COM = complexity of representations; AFF = affective quality of representations; EIR = emotional investment in relationships; EIM = emotional investment in morals and standards; SC = social causality; AGG = management of aggressive impulses; SE = self-esteem; ICS = identity and coherence of self; LPO = level of personality organization.
[a]Based on $n = 148$ patient protocols.
[b]From Stein et al. (2018).
*RCI score ≥|1.96| (normative data based on Siefert et al., 2016).

Table 2. Dale's Rorschach Performance Assessment System (R-PAS) Scores at T1 and T2.

Variable	Description	Time 1 Raw (Standard) Score	Time 2 Raw (Standard) Score
Complexity	Complexity of response process	106 (119)	84 (107)*
Responses	Number of response	34 (127)	27 (110)
M	Capacity to imagine social interactions	10 (129)	6 (113)*
(CF + C)/SumC	Cognitive control over affect	56% (102)	25% (86)*
WSumCog	Disordered thinking	32 (135)	17 (119)*
FQo%	Conventional reality testing/judgment	44% (83)	74% (113)
MOR	Pessimistic, damaged self-concept	2 (110)	3 (117)
Y	Helplessness vis-à-vis implicit stressors	0 (85)	6 (130)*
m	Anxious ideation, loss of control	2 (106)	1 (97)
ODL%	Implicit dependent attitudes	18% (114)	0% (74)*
PHR/GHR	Misreading of social relationships	50% (111)	56% (115)
NPH/SumH	Distorted or incomplete view of others	73% (109)	57% (97)*
SumH	Interest in people and relationships	11 (122)	7 (106)*
SR	Independence/latent oppositionality	2 (113)	1 (102)
AgC	Preoccupation with aggression or power in self or the environment	7 (127)	6 (120)
AGM	Aggressive quality to relationships	2 (121)	3 (131)
COP	Cooperative attitude toward relationships	3 (120)	2 (111)
V-Comp	Interpersonal guardedness/wariness	6.0 (128)	4.9 (118)*
PER	Defensive justification of knowledge/expertise	4 (131)	0 (92)*

Note. M = Human Movement; (CF + C)/SumC = Color Dominance Proportion; WSumCog = Weighted Sum of Cognitive Codes; FQo% = Form Quality Ordinary Percept; MOR = Morbid Content; Y = Diffuse Shading; m = Inanimate Movement; ODL% = Oral Dependent Language Percept; PHR/GHR = Poor Human Representation Proportion; NPH/SumH = Non-Pure-Human Proportion; SumH = All Human Content; SR = Space Reversal; AgC = Aggressive Content; AGM = Aggressive Movement; COP = Cooperative Movement; V-Comp = Vigilance Composite; PER = Personal Knowledge Justification.
*RCI score ≥|1.96| (normative data based on Meyer et al., 2011, Table 14.2).

suggesting some preoccupation with the emotional availability and degree of engagement of others. Despite this, Dale's profile on implicit measures showed significant interest in relationships, an ability to cooperate, and capacity to mentalize (SumH, COP, and M, respectively; Table 2). His data suggested potential connections between difficulty with anger and strong underlying dependency needs; specifically, on the Rorschach, Dale's responses suggested that he may avoid asserting himself directly and instead find more indirect, oppositional ways (SR) of exerting dominance. This tendency might be driven by Dale's wish to preserve relationships that felt too fragile to withstand his anger, given his underlying sensitivity to interpersonal distance and strong implicit dependency needs (high ODL%).

When encountering facial emotion cues of anger, Dale showed a particularly high degree of labeling accuracy (compared to undergraduate students: see Table 4), suggesting that he may carry a particular vigilance for social signals of

aggression and hostility. When examining his error response pattern, Dale most consistently showed a tendency to misinterpret facial expressions of disgust as anger, demonstrating this pattern in approximately 50% of all disgust trials. Dale's interpersonal perceptions on the Rorschach were similarly vulnerable to distortions and projections of threat. He showed a tendency to be hypervigilant (V-Comp), expecting interactions to be hostile and hurtful (AGM/AgC; see Table 2). From these results, we might expect that Dale has a tendency to assume hostility and danger in interpersonal situations, which may contribute to a defensive stance to protect against anticipated social threats.

In sum, while Dale showed interest in fostering close relationships with others and a sensitivity to emotional cues of distance (in other words, threats to attachment) in relationships, he also demonstrated a preoccupation with signs of hostility that elicited a chronically defensive stance and interfered with his ability to think soundly in social

Table 3. Dale's Performance at T1 and T2 on IPC Measures.

IIP-SC Structural Summary Variables	Time 1	Time 2
e_{IIP}	1.72	.58*
a_{IIP}	.89	.17
Θ_{IIP}	274°	267°
R^2_{IIP}	.83	.07
IIP-SC Octants	**Time 1 T scores**	**Time 2 T scores**
PA_{IIP}	55.4	49.6
BC_{IIP}	66.8	55.2
DE_{IIP}	64.8	60.1
FG_{IIP}	70.9	51.0*
HI_{IIP}	75.9	63.1*
JK_{IIP}	76.1	53.8*
LM_{IIP}	68.9	54.7*
NO_{IIP}	59.3	59.3
ISC Structural Summary Variables	**Time 1**	**Time 2**
e_{ISC}	.40	.39
a_{ISC}	.42	.22
Θ_{ISC}	240°	340°
R^2_{ISC}	.24	.22
ISC Octants	**Time 1 T scores**	**Time 2 T scores**
PA_{ISC}	43.7	53.2
BC_{ISC}	50.7	50.7
DE_{ISC}	58.0	56.0
FG_{ISC}	64.5	48.4*
HI_{ISC}	53.6	57.7
JK_{ISC}	48.4	53.4
LM_{ISC}	57.5	58.8
NO_{ISC}	55.7	53.2
CSIV-32 Structural Summary Variables	**Time 1**	**Time 2**
e_{CSIV}	.71	.45
a_{CSIV}	1.13	.10
Θ_{CSIV}	273°	299°
R^2_{CSIV}	.93	.13
CSIV-32 Octants	**Time 1 T scores**	**Time 2 T scores**
PA_{CSIV}	44.5	50.4
BC_{CSIV}	52.9	55.2
DE_{CSIV}	56.5	53.9
FG_{CSIV}	61.8	56.7
HI_{CSIV}	68.2	52.4
JK_{CSIV}	67.5	56.0
LM_{CSIV}	59.1	56.4
NO_{CSIV}	46.4	55.4

Note. IPC = Interpersonal circumplex. IIP-SC = Inventory of Interpersonal Problems-Short Circumplex. e = elevation; a = amplitude; Θ = angular displacement. PA_{IIP} = domineering/controlling; BC_{IIP} = self-serving/vindictive; DE_{IIP} = cold/distant; FG_{IIP} = avoidant/socially inhibited; HI_{IIP} = nonassertive/obsequious; JK_{IIP} = exploitable/over-accommodating; LM_{IIP} = overly-nurturant/self-sacrificing; NO_{IIP} = intrusive-needy. ISC = Interpersonal Sensitivities Circumplex. PA_{ISC} = sensitive to control; BC_{ISC} = sensitive to antagonism; DE_{ISC} = sensitive to remoteness; FG_{ISC} = sensitive to timidity; HI_{ISC} = sensitive to passivity; JK_{ISC} = sensitive to dependence; LM_{ISC} = sensitive to affection; NO_{ISC} = sensitive to attention-seeking. CSIV-32 = Circumplex Scale of Interpersonal Values-32 item version. PA_{CSIV} = valuing self-assertiveness; BC_{CSIV} = valuing strictness; DE_{CSIV} = valuing self-relatedness; FG_{CSIV} = valuing reservedness; HI_{CSIV} = valuing submission; JK_{CSIV} = valuing altruism; LM_{CSIV} = valuing harmony; NO_{CSIV} = valuing helpful influence.
*RCI score ≥|1.96| (calculated for octant scores and elevation only). Normative data for IIP-SC and ISC based on Dowgwillo et al. (2018). Normative data for CSIV-32 based on Roche et al. (2018).

situations. Furthermore, his tendency to inaccurately read anger in others might lead him to perceive them as combative and punitive. His profound dependency needs and wariness of social threat likely contributed to his difficulty in being directly assertive, instead leading him to express his feelings of anger in subtle, indirectly oppositional ways.

Within- and between-situation dynamics at the start of treatment

Themes of interpersonal struggle were also a consistent feature of Dale's report of social interactions in daily life

during the early stages of his treatment. Table 5 (first four columns) shows how interpersonal perceptions and behaviors were related to each other and to his functioning. Communal complementarity exists when perceptions and behaviors of communion (C) are positively related, while agentic complementarity exists when perceptions and behaviors of agency (A) are negatively related (Wiggins, 2003). Dale evidenced strong communal complementarity (Table 5, Self C and Other C), indicating an intact capacity to mirror the emotional warmth of his interaction partners. He did not evidence agentic complementarity (Table 5, Self A and Other A), suggesting a difficulty with taking turns with assertiveness. Dale tended to perceive dominance (Other A) as also unfriendly (Other C), indicating a negative perception covariation that may partially explain his reluctance to relinquish assertiveness. While perceiving others as more dominant increased feelings of loneliness, perceiving others as less friendly increased all negative affective experiences evaluated in the experience sampling protocol (sadness, anxiety, burdensomeness, loneliness, and hopelessness, with magnitudes ranging from 0.46 to 0.69).

Several context-specific contingencies emerged, suggesting that Dale adopted different interpersonal strategies depending on the social role of his interaction partner (Table 6). When interacting with peers, Dale reported fewer feelings of sadness, burdensomeness, and hopelessness, indicating that peer relationships were often a source of emotional stability and enjoyment. When interacting with staff, Dale reported greater feelings of burdensomeness, potentially indicating his discomfort with being in a vulnerable and dependent position relative to those in authority positions.

Several overlapping patterns emerged for interactions in which Dale described his primary feeling as being either helpless or angry. During both kinds of interactions, perceptions of coldness in others were consistently present, and Dale reported greater feelings of sadness, loneliness, and hopelessness (Table 6). When feeling angry, he showed a greater tendency to act in a cold and unfriendly way; in contrast, during interactions driven by feelings of helplessness, Dale viewed himself as being more submissive and experiencing higher levels of anxiety (Table 6). To summarize, interactions driven by feelings of helplessness evoked greater submissive behaviors and anxiety for Dale than those driven by anger, though both kinds of interactions were associated with perceptions of thwarted intimacy (lower partner warmth and greater feelings of loneliness) and higher depressive affect (greater feelings of sadness and hopelessness).

Dale's experience sampling event descriptions evocatively illustrated experiences of rejection sensitivity, ambivalence, rage, and preoccupation with social hierarchy and power (Table 7). His use of language often included combative terms embedded in otherwise colloquial phrases, such as "…she *beat* me solidly," "I took [her comment] *on the chin*," "[my] attempted sexual *conquest*," "I used the F *bomb*," and "*blowing up* at staff." These responses convey both a persistent press of anger, conflicting experiences of

Table 4. Facial Emotion Recognition Detection and Labeling Accuracy Scores for Dale's Assessment (T1 only) with Comparisons to Residential Treatment and Undergraduate Sample.

Detection: % Accuracy	Dale	Residential Treatment M (SD)[a]	Undergraduate M (SD)[b]
Neutral	94.79	69.35 (25.07)	78.18 (16.80)
Emotion			
25% Emotion	42.64	57.27 (22.56)	46.37 (18.20)
50% Emotion	80.36	88.96 (9.63)	82.61 (10.31)
75% Emotion	95.58	94.85 (7.51)	90.43 (7.09)
Anger	69.57	79.88 (12.83)	71.60 (11.91)
Disgust	88.42	89.96 (6.54)	85.43 (7.73)
Fear	63.41	76.69 (14.64)	68.00 (13.67)
Sadness	62.35	76.00 (13.47)	67.52 (13.28)
Labeling: % Accuracy			
Neutral	96.67	68.92 (23.97)	89.22 (9.93)
Anger	70	62.69 (18.23)	38.64 (24.11)
Disgust	20	41.15 (17.05)	34.55 (17.62)
Fear	20	52.31 (22.68)	33.64 (19.51)
Sadness	40	47.69 (22.33)	31.44 (21.05)
Reaction Time (ms)	5139.50	4286.67 (1669.25)	2268.38 (885.26)

[a]Based on $n = 26$ participants from the broader study.
[b]Meehan et al. (2017).

Table 5. Correlations among Dale's Experience Sampling Variables.

	Other C	Other A	Self C	Self A	Sad	Anxious	Burden	Lonely	Hopeless	Impact
Other C	1									
Other A	−0.41*	1								
Self C	**0.66***	−0.12	1							
Self A	<0.01	−0.16	−0.19	1						
Sad	−0.46*	0.26	−0.54*	−0.30	1					
Anxious	−0.50*	0.09	**−0.64***	0.11	0.60*	1				
Burden	−0.45*	0.11	−0.19	−0.05	0.32*	0.46*	1			
Lonely	**−0.69***	0.31*	**−0.66***	−0.22	**0.78***	**0.70***	0.33*	1		
Hopeless	−0.51*	0.20	−0.60*	−0.29	**0.83***	0.62*	0.45*	**0.79***	1	
Impact	−0.28	−0.14	−0.35*	−0.04	0.34*	0.30	0.26	0.29	0.30	1

Note. Other C = perceiving communion in interaction partner. Other A = perceiving agency in interaction partner. Self C = communal behavior. Self A = Agentic behavior. Impact = overall impact of social interaction. The average magnitude of association (ignoring +/− values) is 0.38, with SD of 0.22. As such, values > 0.6 in magnitude are bolded, as they represent more than 1 SD higher than the average correlation within the sample.
*p < 0.05.

Table 6. Context differences in Dale's Experience Sampling Ratings.

Variable	M	SD	Peer Y	Peer N	Staff Y	Staff N	Helpless Y	Helpless N	Anger Y	Anger N
n	40	40	15	25	14	26	14	26	13	27
Other C	4.80	1.54	5.00	4.68	4.29	5.08	4.14	5.15*	3.92	5.22*
Other A	4.38	1.21	4.07	4.56	4.36	4.38	4.64	4.23	4.31	4.41
Self C	4.13	1.67	4.40	3.96	3.86	4.27	3.43	4.50	3.15	4.59*
Self A	3.40	1.22	3.53	3.32	3.21	3.50	2.57	3.85*	3.38	3.41
Sadness	3.63	1.61	2.93	4.04*	4.14	3.35	4.86*	2.96	4.38*	3.26
Anxiety	4.45	1.24	4.52	4.33	4.86	4.23	5.14*	4.08	4.85	4.26
Burden	3.28	1.77	2.53	3.72*	4.43*	2.65	3.71	3.04	3.62	3.11
Loneliness	3.60	1.75	3.00	3.96	4.07	3.35	4.79*	2.96	4.54*	3.15
Hopelessness	3.65	1.58	2.87	4.12*	4.21	3.35	4.93*	2.96	4.46*	3.25
Impact	5.10	0.83	5.00	5.17	5.23	5.04	5.43	4.92	5.38	4.96

Note. n = sample size for each column. Other C = perceiving communion in interaction partner. Other A = perceiving agency in interaction partner. Self C = communal behavior. Self A = Agentic behavior. Impact = overall impact of social interaction. M and SD = mean and standard deviation for the entire sample. Y = mean score when context was checked yes. N = mean score when context was checked no. An independent sample t-test was done for each variable across each context. Only four contexts demonstrated significant differences (peer, staff, helpless, anger).
*indicates higher mean score, with p < 0.05 level of significance.

dominance and submissiveness, and a sense of unease about dependency and closeness.

A within-situation dynamic pattern of *anger-vulnerability-resentful disengagement* was apparent in Dale's qualitative descriptions of daily social interactions. For example, during an interaction with Dr. A (Event 2, Table 7), Dale acknowledged feeling fury (*anger*) after perceiving Dr. A as withholding important information and insight (leaving him feeling disadvantaged and *vulnerable*), before stating in resignation that he must "give in" because "… [my therapist] has all the power. I have none" (*resentful disengagement*). Dale's ratings of dominance in this particular interaction are demonstrative of his difficulty with managing assertiveness, showing poor reciprocity and remaining passive even when Dr. A encouraged him to be more assertive. This interaction also highlights the severity of negative affect across multiple dimensions that is elicited in Dale as this particular *within-situation dynamic* unfolds.

A minisequence-configurational analysis (Bram & Peebles, 2014; Weiner, 2003) of one of Dale's Rorschach responses illustrated a strikingly similar pattern. His sequence of responses to Card IV, a card which tends to pull for a person's attitudes about authority (especially toward masculine figures; see Weiner, 2003), included: (1) "King Kong with guns ready for a draw,"[1] (2) "road kill", and (3) "a puppet propped upon the pedestal, this is now supporting him, it can't stand on its own". His first response evoked themes of power and attack (*anger*), contributing to a potential state of emotional dysregulation, leaving him feeling run over, like "road kill" (MOR; *vulnerable*). His final

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[1]R-PAS Codes as follows: King Kong: W.(A),NC.P.Mpo.AGM.AgC.GHR; road kill: W.A,NC.FDo.MOR.MAP; puppet: W.(H).Mpu.

Table 7. Dale's Experience Sampling Event Descriptions with Ratings of Interpersonal and Affective Experiences.

EVENT 1: Male Peer

Narrative Event Description	Domain	Dominance	Warmth
Main feeling: I felt ignored, unimportant and invisible.	Self	1	4
	Other	5	2
Event details: I walked into a room	Affect	Rating	
where the hockey game was on,	Sadness	5	
knowing my peer/friend would be in	Anxiety	5	
there watching. Also in the room was	Burdensomeness	5	
another patient. This patient doesn't	Loneliness	6	
seem to know me, but I know who	Hopelessness	4	
he is, and I think he's cocky and intimidating, and I don't like him. Nonetheless, I introduced myself as I sat down, and he responded with some type of half-assed, guttural, pre-Paleolithic grunt then ignored me for the next 20 minutes as he engaged my peer/friend in conversation, so … I left the room, hurt, but not showing it. Pretended I had to do laundry right then.			

EVENT 2: Dr. A (Male Therapist)

Narrative Event Description	Domain	Dominance	Warmth
Main feeling: I felt frustrated, interrogated, manipulated.	Self	2	4
	Other	1	6
Event details: Asked therapist to	Affect	Rating	
summarize my case conference. I	Sadness	5	
wanted a recap of: What symptoms	Anxiety	6	
did they see? What actions should I	Burdensomeness	6	
be aware of? etc. He kept putting it	Loneliness	6	
back on me with: "What do YOU	Hopelessness	6	
see?" "What do YOU think?" I wanted to know what the group of 30 clinicians came up with, dammit! I was getting furious at his deflection but finally gave in because he's the doctor and he has all the power. I have none.			

EVENT 3: Female Peer

Narrative Event Description	Domain	Dominance	Warmth
Main feeling: I felt disrespected until I	Self	6	2
stood up for myself. Then I felt	Other	6	2
strong for doing so.	Affect	Rating	
Event details: Was hanging out with a	Sadness	3	
fairly new patient tonight and I'm	Anxiety	5	
beginning to notice she can be	Burdensomeness	2	
condescending. She has busted my	Loneliness	5	
chops several times and corrected	Hopelessness	1	
me just for fun, tried to make me feel dumb, etc. I took it on the chin the first couple of times, and then I was ready; I started throwing it right back at her and let her know I wasn't wrong, that it was only her opinion, etc. I noticed she soon backed down. This is monumental for me, so I'm happy.			

Note. Scale ratings range for dominance, warmth, and all affects range from 1 (low on construct) to 6 (high on construct).

response of a dependent "puppet" may have captured his experience of feeling impotent and fragile, representing both a need to be idealized (e.g. placed on a pedestal) and to rely on external supports rather than standing independently (*resentful disengagement*). In terms of PA dynamics, we might hypothesize that Dale views authority figures as potentially aggressive which leaves him feeling vulnerable and dependent on external supports. Similar to his qualitative experience sampling descriptions, this response also

demonstrates Dale's developmental adaptation to aggression: in the face of anger, he experiences deep conflict leading to feelings of self-criticism, vulnerability, and dependency. Rather than feeling empowering, his anger distresses him, making it difficult to mobilize these feelings in the service of his agency.

In sum, although he described himself as deferential on self-report measures, the qualitative descriptions of Dale's daily social interactions instead often portrayed him acting in more passive-aggressive ways while perceiving himself as helpless in relation to more powerful others. On both the Rorschach and in his experience sampling responses, Dale's data suggested that his feelings of anger were experienced as destructive and overwhelming rather than empowering, leaving him feeling helpless, immobilized, and increasingly dependent (though with a substantial degree of conflict) on others.

Nearing discharge

Dynamics of self and affect at the end of treatment

By the end of treatment Dale's self-concept had evolved substantially. He no longer described himself as exclusively passive in his relationships with others. In fact, his self-report profile showed greater complexity (T2 R^2_{IIP}, Table 3), indicating a shift away from a universally submissive and deferential interpersonal stance. Furthermore, his self-esteem and identify and coherence of self subscale scores on the SCORS-G increased by a full standard deviation, suggesting a more coherent self-concept and more positive and realistic self-regard (Table 1).

Dale showed an increased capacity to maintain reality testing (FQo%), particularly in the face of hostility and threat (T1: AgC responses with FQo% = 57%; T2: AgC responses with FQo% = 100%; Table 2). His TAT narratives were less tentative regarding aggressive content, and he was able to reflect upon his feelings without defensive denial, suggesting an increased ability to tolerate and express anger without becoming self-critical. Dale displayed an uneven progression of change across domains between admission and discharge, however, with continued significant challenges. While he reported less interpersonal distress on self-report measures (Table 3), for example, certain Rorschach variables suggested that he might be encountering more helplessness (Y), which could be driven by decreases in narcissism (PER) and a concomitant increase in recognition of his own aggression (Table 2).

Interpersonal and affective functioning at the end of treatment

On the ISC, Dale reported being more bothered by others who were controlling (at T2) rather than aloof (at T1), suggesting that developments in his sense of agency were coming into conflict with others who were domineering (Table 3). His Rorschach responses suggested that he was less hypervigilant to signs of interpersonal threat (V-Comp), less interpersonally needy (ODL%), and less indirectly

oppositional (SR; Table 2), which might be driven both by improvements in his self-concept as well as by underlying maturation in his relational schemas.

At the same time, his TAT narratives were more hostile; his AFF subscale score decreased by one standard deviation (relative to internal norms at the residential treatment center; RCI score neared significance at 1.81), and his EIM score decreased by 1.5 standard deviations, suggesting ongoing preoccupation with hostility despite greater maturity of relational schemas (Table 1). Qualitatively, at the end of treatment Dale's TAT characters were more clearly aggressive, behaving in more brazenly destructive ways, potentially signifying an increased comfort (or at least, reduced conflict) with experiences of aggression and hostility. In sum, while aggression remained a prominent theme for Dale at discharge, the locus of aggression was more internal and showed greater self-awareness. He showed less interpersonal wariness, possibly driven by an enhanced ability to notice his own angry feelings and not immediately project them outward, which had previously led him to adopt a passive, fearful position.

A follow-up minisequence-configurational analysis of Card IV of the Rorschach at T2 suggested several developments in Dale's strategy of managing experiences of aggression. Dale offered the following three responses[2] to Card IV at T2: (1) "A gorilla standing there with darker legs", (2) "roadkill on the ground … just pancaked", and (3) "a monster coming toward me … ready to grab or attack". While the content overlap between the two time points was readily apparent, at T2, Dale was able to offer two AgC responses to this card (compared to one at T1) that were less hostile and violent. For instance, at T1 he saw King Kong armed with guns ready to shoot (both an aggressive animal with weapons with AGM), whereas at T2 he saw only a gorilla (less fantastical and without weapons) potentially suggesting that his projected hostility is becoming less intense. Similar to T1, he again saw roadkill (a MOR response) after introducing aggressive content. Rather than following this response with an image of impotence and dependency (the puppet on a pedestal at T1), however, at T2 he offers a final AgC response of a monster with better reality testing (FQo) than the puppet (FQu), suggesting an improved ability to judge reality in the face of anger and reflect upon his hostile feelings when they emerge (especially in relation to authority figures (Card IV)). As with his TAT narratives at T2, these percepts might suggest that he is better able to mentalize and tolerate his aggression (Meyer et al., 2011) in comparison to T1. We might hypothesize that these changes demonstrate an overall increased ability to tolerate and engage with anger rather than collapsing into resentful dependency.

Discussion

In the present paper, we focused on how a multimethod multi-timepoint assessment of affects, behaviors, perceptions,

and traits could inform our understanding of the interpersonal dynamic structure of PA and described potential trajectories of change in PA dynamics in response to treatment. When integrated with clinical observations, this data provided a rich portrait of Dale's evolving awareness of anger and interpersonal impact over the course of residential treatment. Our general hypotheses regarding the major themes that would emerge in Dale's data as well as the general movement toward correspondence across domains and measures over time were largely borne out. At the start of treatment, Dale's data revealed a sense of self characterized by inadequacy and powerlessness in relation to domineering authority figures, and a tendency to harbor significant anger that could not be expressed directly. Over the course of treatment, the intensity of these experiences diminished as his self-esteem became sturdier, his self-identification as powerless became less entrenched, his experience of others became more complex and less adversarial, and he demonstrated increasing comfort with interpersonal conflict and expressions of anger. In the sections that follow, we consider how the current findings fit within the existing literature on PA personality disorder and reflect on the potential benefits and challenges associated with implementing this kind of assessment approach in the study of complex personality dynamics.

Understanding PA dynamics

One of our primary goals was to achieve a greater understanding of PA dynamics, both in terms of organizational structure and temporal stability. As the field of personality research continues to move away from categorical and toward more dimensional approaches to conceptualizing personality psychopathology (e.g., Hopwood et al., 2018), the need for studies that increase understanding of essential dynamic patterns characterizing different manifestations of interpersonal dysfunction have become increasingly important. In the present study, while Dale's DSM-5 clinical diagnoses highlighted his depressive and borderline symptoms, these diagnostic categories fell short of adequately capturing the core interpersonal dynamics that reflected his underlying experience of self, his attitudes toward relationships (especially authority figures), and his ability to engage in and make use of psychiatric treatment. Depression and borderline psychopathology in particular have been hypothesized to operate as general indices of clinical severity rather than as discrete disorders (Caspi et al., 2014; Sharp et al., 2015); in contrast, the specificity of PA as a central organizing personality dynamic for Dale served to increase both the precision and clinical utility of his diagnosis. Recognition of the centrality of PA dynamics in Dale's personality structure helped his providers to anticipate likely manifestations of treatment-interfering behaviors (e.g., his passive resistance and subtle efforts to undermine), the underlying motivations of his social behaviors and the contexts under which PA traits might be activated (e.g., when relating to authority figures), and to more clearly signal indicators of progress over

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[2]R-PAS codes as follows: Gorilla D7.A.FMp.Yo.AgC, Roadkill: W.Ad.Sy.FD.Yo. MOR.MAP.PEC, Monster: D7.(H).Mao.AGM.AgC.

the course of treatment (e.g., viewing more direct acknowledgement of anger as a sign of positive development).

Dale was experienced by others, particularly those in authority positions, as often hostile, demanding, and overwhelming, in ways that could certainly be subtle but were rarely ambiguous. Subjectively, Dale's experience of anger did not feel empowering, but instead left him feeling helpless, distressed, and lonely, often in a reliably cascading sequence. At the end of treatment, his assessment data reflected an increased awareness of this discrepancy and a movement toward greater concordance between his self-perception and the portrait of him that emerged in other assessment and clinical contexts. From a clinical standpoint, Dale's participation in the assessment process provided Dr. A with insight into behavior that had initially confused and overwhelmed him. In particular, Dr. A had trouble reconciling Dale's anxiety and fear of conflict with the intensity of his complaints and rage. After achieving a greater understanding of Dale's passive-aggressive behaviors, Dr. A was more confident offering interpretations and feedback to Dale about his anger, and to explore the reasons for Dale's treatment-interfering behavior (e.g. by concealing his anger rather than communicating it directly). Although the pervasiveness of Dale's interpersonal problems was clear from the start of treatment, it was only after Dr. A came to recognize Dale's conflict around dependency and authority that he was able to sympathize with his anxiety, understand his underlying motivations, and provide support to help him manage these entrenched internal conflicts.

A clear benefit of the current case study was the opportunity to examine the *between-* and *within-situation dynamics* associated with the expression of PA traits (Hopwood, 2018). Regarding the former, Dale's experience sampling data illustrated the difficulty that he experienced during interactions in which power dynamics were particularly salient; a consideration of Dale's *between-situation dynamics* showed that interactions with authority figures (staff) were associated with higher negative affect, while Dale found it challenging to regulate his sense of agency during interactions with men. Regarding *within-situational dynamics*, the parallel findings between Dale's experience sampling responses and the pattern of experiences found within the mini-sequence configurational analysis of his Rorschach responses enabled us to identify a cascading contingency sequence related to problematic interpersonal patterns (*anger-vulnerability-resentful disengagement*), highlighting affective, perceptual, and motivational elements that we may hypothesize served to influence Dale's social reasoning in interpersonal situations. Identifying this sequence served to deepen our understanding of how PA dynamics were elicited and manifested for Dale in his daily relationships, and could suggest areas for future study of PA dynamics in larger samples.

For Dale, anger was felt to be toxic and threatening to important attachment relationships, and he made tremendous efforts in his relationships as an adult to avoid direct expressions of anger in order to mitigate potential relational disruptions or losses. While insecurity and self-esteem have been written about often in regards to PA personality disorder, the importance of attachment-related anxiety (e.g., Sroufe, 2005) as a driving motivational factor for passivity in individuals with PA traits has been less frequently addressed. For Dale, a sense of longing for interpersonal closeness and relational hunger were important motivational elements of his passive interpersonal behaviors. While it would be premature to draw conclusions about the role of attachment insecurity in PA personality disorder based on idiographic data, the identification of areas that are currently under-represented or poorly understood in clinical theory is an important goal of individual case research (Stiles, 2007), and so the present study may be viewed in part as suggesting potential utility in further investigations of attachment anxiety as a contributing factor to avoidance of anger in individuals with PA dynamics.

Utility of multimethod, multi-timepoint assessment

Our second aim was to examine the utility of multimethod assessment approaches (Hopwood & Bornstein, 2014) in understanding changes in clinical functioning over the course of treatment. Through the use of self-report inventories, experience sampling data, and performance-based measures, we evaluated changes in Dale's perceptions of self and his capacity to engage in interpersonal relationships over time. As these domains are both primary clinical targets of psychodynamic psychotherapy (Leichsenring et al., 2004), we expected that Dale would show general improvement in functioning over the course of treatment, though his specific pattern of progress and the ways in which changes in his clinical functioning would be associated with PA dynamics were of particular interest. Dale's high degree of compliance with the measures included in this study, and with the experience sampling protocol in particular, enabled us to assemble a comprehensive picture of his functioning across various situations and points in time. Although there is some evidence that achieving adequate compliance with experience sampling protocols may be a challenge for individuals diagnosed with personality disorders (Schiepek et al., 2016), Dale's active engagement during this period of his assessment is consistent with other clinically-oriented single case experimental studies focusing on psychotherapy process and patient response to therapeutic/collaborative assessment (Finn et al., 2012; see also Aschieri & Smith, 2012).

As is common in multimethod studies, one of the most valuable aspects of our data was the opportunity to examine convergence and divergence of findings between measures. For instance, although Dale's self-report and facial emotion recognition data suggested that he was avoidant of conflict and often vigilant to signs of potential confrontation, his experience sampling data and Rorschach indicated that internally (behind the scenes) he was contending with powerful but unruly aggressive impulses. It is possible that Dale's inability to tolerate his anger lead him to project it onto others and adopt a fearful interpersonal stance, which is consistent with one study that found individuals who were high on the nonassertive scale of the IIP produced

significant aggressive content on the Rorschach (Schneider et al., 2008). If we had simply relied on self-report data showing that Dale was a passive, overly-exploitable person, we would have missed out on the ways he was struggling with feelings of rage and helplessness that often led to interpersonal distortions. Similarly, if we had only relied on performance-based measures, we might not have appreciated the prominence of his passivity and given too much focus to his preoccupation with aggression and malevolence. Overall, these findings highlight the importance of multimethod assessment approaches in evaluating different levels of personality functioning (Leary, 1957).

Another benefit to using a multimethod assessment approach was to track the nonlinear development in Dale's awareness and management of anger and PA traits over the course of treatment. On the Rorschach, Dale showed significant improvements in certain domains both relevant to PA dynamics and to his clinical functioning in a more general sense (e.g. improved reality testing, decreased cognitive slippage, reduced dependent personality traits, and diminished interpersonal wariness), while other domains (particularly around depressive experiences) were either unchanged or worsened. Dale's Rorschach findings in general were largely consistent with prior meta-analytic studies, which have shown that variables related to self-perception and interpersonal functioning show greater stability over time (Grønnerød, 2003, 2004, 2006) than variables related to negative affect and distress (Grønnerød, 2003, 2004).[3] Furthermore, while the general presence of aggressive content in Dale's TAT stories remained the same between T1 and T2, there were clear changes in his capacity to acknowledge and manage this content, with Dale showing an increased capacity for identity coherence and less anxiety and ambivalence in the face of aggression. Given our particular interest in analyzing changes in PA dynamics, we interpreted these changes as an indication that Dale had developed a greater internal locus of control with regards to feelings of hostility and anger, contributing to a reduction in degree of diffusion in his sense of self in response to anger. Overall, integrating findings across measures requires a recognition that changes in personality functioning are complex and nonlinear (Churchill & Ridenour, 2019); consistent with previous studies showing that symptoms remit at a faster rate than interpersonal problems and problematic relational schemas (Lindgren et al., 2010), Dale's development over treatment showed an overall reduction in severity of clinical functioning, and also ongoing resistance to change in preoccupation with aggression and relational power differentials.

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[3]Grønnerød (2003) for example reported weighted stability of coefficients during a 6 month retest period of r_w=.46 for Y, a measure of negative affect related to feelings of helplessness, and r_w=.96 for composite indices of impairments in affect regulation (CF + C) over the same period. In Dale's case, a similar pattern of change was evident (e.g., standard scores for Y showed a 45 point increase between T1 and T2, while indices of affect dysregulation showed a more minor decrease of 16 points during the same period), though the direction of change for the state variable was opposite of what was predicted.

Limitations

Given Dale's complex psychopathology and the clear evidence of impaired self-awareness he manifested during the early part of treatment (Carnovale et al., 2019), it remains difficult to determine whether Dale's perception of interpersonal dynamics during the experience sampling period and across other assessments reliant on self-report were based on a reasonably accurate assessment of available social behaviors and cues. Further, while personality variables assessed by the Rorschach have been shown to have relative stability over time (e.g., a meta-analysis of 36 samples by Grønnerød (2003) found weighted stability coefficients ranging from r_w=.68 to .73 over a 3 year period), there is a paucity of research examining the temporal stability of other performance-based measures and coding systems (such as the TAT and SCORS-G), which limits the extent to which our interpretation of Dale's changes on these measures can be assumed to relate to actual changes in his personality rather than normative fluctuation over time. While our multimethod assessment approach reduced our reliance on Dale's self-report responses, his ability to provide clear descriptions of his daily interpersonal behaviors and affective experiences may still be subject to distortion based on either implicit or explicit motivations (e.g., social desirability). A second significant limitation was our lack of a direct assessment of PA personality disorder, either by structured clinical interview or other validated inventory. As Dale's research data was drawn from a broader ongoing study of daily experiences and self-destructive behaviors, a specific evaluation of PA personality disorder was not included, and so only indirect assessments of PA dynamics were available. A more specific measure assessing PA traits would have afforded us the opportunity to compare Dale's degree of PA "severity" with other clinical samples, and to more specifically track changes in PA trait severity over time. At the same time, existing measures of PA personality disorder are embedded within broader theoretical models which are continuing to evolve (and are at times at odds with each other; e.g., Hopwood et al., 2009; Hopwood & Wright, 2012). The measures used in the present study enabled us to characterize a broad range of experiences, affects, and behaviors that were associated with, but not unique to PA personality disorder; this allowed us to examine PA dynamics from a theory-informed, but not necessarily theory-bound perspective, which may have carried its own advantages. Additionally, while we were able to understand changes over course of treatment by reviewing Dale's follow-up self-report and performance-based measures, it would have been beneficial to obtain a second period of experience sampling ratings and facial emotion recognition data to evaluate changes in these domains at the end of residential treatment. Finally, while our multimethod approach enabled us to conduct a comprehensive assessment of Dale's personality and interpersonal dynamics and allowed us to avoid the common challenges associated with relying on self-report measures (Levin & Zickar, 2002), the specialized nature and technical complexity inherent in using such an approach may limit the extent to which similar multimethod approaches are feasible for clinicians working in everyday clinical settings.

Conclusion

In conclusion, the findings of the current study contribute to an expanded understanding of PA dynamics and add to a burgeoning literature supporting the value of incorporating multimethod and experience sampling assessment approaches into routine clinical practice (Roche et al., 2014). The study addresses broader issues of how discrepant views of self and other can be reconciled and integrated to provide a more holistic and explanatory view of personality functioning. Future studies should continue to explore the utility of a multimethod assessment approaches for addressing unresolved issues related to interpersonal dynamics, clinical diagnosis, and general mental health.

Funding

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