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COMMENTARY

The Centrality of a Representation-Based Framework for Understanding the Emotional Underpinnings of Personality Pathology: A Commentary on "The emotional underpinnings of personality pathology: Implications for psychotherapy"

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Kramer and Timulak are to be commended for taking on such a challenging and important task in offering transdiagnostic psychological interventions for personality pathology as based on the Alternative Model of Personality Disorders (AMPD; American Psychiatric Association, 2013). To do this, the authors articulate a nosological framework which centers emotional processing deficits as the core mechanism underlying all manifestations of personality pathology. The authors provide the field with much food for thought in doing so, and in our view, the framework and its resulting interventions contain many strengths and have plausibility for creating change in patients struggling with particular forms of personality disorder (PD).

The article is attuned to a growing body of empirical evidence suggesting that categorical classification systems of personality pathology are less useful than dimensional ones, including recent factor analytic studies suggesting that a general PD factor may better characterize personality difficulties over categorical systems (*g*-PD*;* for a brief review of these studies, see Levy et al., 2022). Additionally, the authors exemplify the value of integrating various sources of evidence in advancing intervention research; they synthesize evidence from multiple domains, including basic science research on psychopathology, psychotherapy research, as well as their own clinical experience. For these reasons, we believe that clinicians and researchers interested in exploring transdiagnostic interventions in the future will do well by reviewing Kramer & Timulak's contribution.

Although Kramer and Timulak do a thorough and updated job, stressing the centrality of emotion processing in personality disorders is not new. Several scholars have proposed some version of this position. The emphasis on the affective components of BPD has a long history, when the border in BPD shifted from between neurosis and psychosis to that with affective disorders (see Levy et al., 2022 for a review). Critics of this position have stressed representational and interpersonal difficulties as core, at least in some manifestations of the disorder. Likewise, we have argued elsewhere that the border in BPD is now at the intersection of representational, emotional, and interpersonal difficulties (Levy et al., 2022).

This historical precedent for emphasizing the affective elements in personality pathology may help explain how the authors are able to review theories of PD in a surprising amount of breadth and detail. By considering emotional processing as a transdiagnostic mechanism, the authors use an intuitive thread in which to stitch together a number of etiological theories of PD for the reader, rendering insightful convergences between object-relations, cognitive-behavioral and mentalization-based theoretical frameworks. Each of these theories of personality pathology have historically emphasized a role for emotional processing in the etiology and phenomenology of the disorder. Object-relations approaches, for example, posit that representations of the self in relation to another are connected by affect, and it is the quickly shifting representations of self and other which explain the instability of affect in BPD (Levy et al., 2022). On this model, the experience of strong emotions can also color representations or evoke representations associated with emotions (Levy et al., 2022). Mentalization-based approaches also place a strong value on processing affective experiences, in particular, the role of overwhelming affect in disrupting reflective capacity, through momentary compromise of the ability to distinguish between one's private world and a consensual social reality (Levy et al., 2022). Likewise, Kernberg posits that strong emotions can interfere with one's experience of themselves, others, and social reality testing, but this hypothesized to occur as a result of representational impairments or deficits (what Kernberg called identity diffusion[1]). In addition, cognitive-behavioral theories posit emotional regulation as the key mechanism in personality pathology, leading to distorted, catastrophic, and impulsive cognitive styles. One conceptual upshot of positing emotional processing as the transdiagnostic mechanism

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[1] Identity diffusion refers to the quickly shifting sense of oneself in PD, particularly in regard to one's fluctuating opinions, ways of thinking about others, as well as rapidly changing feelings towards others. This domain of personality functioning is closely related to self- and interpersonal functioning in the General Personality Disorder Criteria in the AMPD, and strongly influenced the articulation of the AMPD criterion A

underlying PD is that doing so allows for an integration of other central PD mechanisms across these multiple theoretical frameworks. This integration was particularly salient in the authors' nuanced descriptions of PD phenomenology and putative mechanisms throughout the sections on the three domains of emotional processing in the paper—for example, they note that inauthentic and incongruent experiences of one's emotion may result in projective defenses, or that secondary appraisals of emotional experience may be related to difficulties in mentalizing others.

Despite our enthusiasm and appreciation for Kramer and Timulak's contribution, we raise some minor concerns regarding both the overall endeavor and some of the authors' central propositions. Our main concerns can be summarized as follows: (1) The authors provide insufficient empirical evidence to support the claim that emotional processing is more basic than other mechanisms of personality pathology; (2) the authors deemphasize vital representational aspects of PD; (3) the authors' modified EFT interventions presuppose reflective and representational capacities that are not typically present in severe personality pathology as characterized by the AMPD. In short, we argue that the authors' description and treatment of personality pathology appears to us limited to the healthier manifestations of personality pathology and may not adequately address more severe personality difficulties. Our goal in critically examining their project and describing each of these concerns is to further contribute to and possibly push forward the challenging task that Kramer and Timulak set out to accomplish.

The authors begin by describing their constructivist framework, which posits that emotional processing generates the moment-to-moment phenomenology of our immediate experience of ourselves and others. Deficits in this process, the authors argue, underly all manifestations of personality pathology and explain the discontinuity and intensity by which those with personality pathology experience themselves and others. The authors then attempt to support this claim by describing brain circuits involved in emotion regulation, reward processing and shame-based emotions and how these are associated with differences in the brains of those with PDs. By further elaborating on multiple domains in which emotional processing impacts personality functioning, including emotion under and over-regulation, interpersonal expression of emotion, and understanding emotions in oneself and others, the authors connect their emotion processing model directly to trait domains in the AMPD.

In general, we agree that emotional processing is important for personality functioning. Emotional processing is likely dominant in the interpersonal expression of emotion, understanding emotions in oneself and others, and especially in emotion regulation. However, in spite of the evidence that Kramer and Timulak marshal to support their claim, we would suggest that it is premature to privilege emotional processing over representational aspects of PD, at least in the strong sense that the authors present. We say more about that below. Additionally, we respectfully offer that the authors may fall prey to a neuroscientific reductionism in which their neurobiological explanations for their emotional processing model are privileged beyond what the data show.

The authors posit emotional processing as a prior "building block" to other mechanisms of PD, including representational mechanisms. For example, the authors conjecture that

> emotional processing—as bodily anchored processes in the immediacy—may be understood as an essential building block of other . . . components explaining personality pathology, for example, representations of the Self and Others, identity difficulties. . .the development of attachment patterns, as well as aspects of temperament. (p. 3)

While privileging emotional processing as more fundamental or as occurring prior to representational aspects of PD, the authors seem to confuse two senses of "prior." On the one hand, they appear to argue that emotional processing is a developmental antecedent for constructing representations of self and other (e.g., "an essential building block"), but later, the authors seem to be describing that emotional processing is a live, functional process that is activated every time someone evokes a representation (i.e., "in the immediacy"). We agree that processing affect in the context of need-gratifying experiences with caregivers, for example, is a vital part of the development of representations, as described in attachment and object relations theories. However, we contend that it is still unclear how this then supports the authors' stronger claim that current manifestations of personality pathology are explained by emotional processing in the here-and-now. Freud too suggested that the self is first and foremost a bodily self, as the authors emphasize, but consistent with Bowlby and other object relations theorists (Blatt, Kernberg) as the human develops, conscious (and unconscious) representations of the self and other, in interaction, along with the attached affect, play an increasingly larger role.

Similar to Kramer and Timulak, Siever and colleagues have suggested that dysfunction in both inhibitory and excitatory neurotransmitter systems contributes to instability in mood in BPD, which in turn, they argue, affects one's ability to form stable representations of others (Gurvits et al., 2000). This hypothesis may be true for many patients in many instances, but given the variability in any given patient's use of defenses and recent research (e.g., Scala et al., 2018), we would suggest, that at least for some patients, in some instances, the process may work in reverse (Levy et al., 2022). Some neuroscientific models and empirical evidence suggest that patients with BPD, for example, may engage in a "reflexive" cognitive processing style when processing negative interpersonal interactions. This action-oriented and impulsive style is associated with brain areas related to quick thinking, and contrasts with a "reflective" style which characterizes slower, planful thinking that is more fully contextualized within one's beliefs and values. One problem that those with BPD show in this regard is that they tend toward reflexive thinking in instances that require reflective thinking and engage in reflective (even ruminative) thinking in instances that might be better suited for reflexive thought (Levy et al., 2022). The main point we would like to stress here is that even if emotional processing is a requisite developmental process for accruing representations of self- and other, and even if emotion systems interact with cognitive meaning-making processes in real-time interpersonal interaction, it is not clear that emotion systems then represent a more important mechanism to target in psychotherapy, or a causal antecedent to manifestations of PD for all patients.

In fact, evidence also supports the perspective that identity diffusion and other representational aspects of experience influence emotional processing in the moment-to-moment experience of severe PD symptoms. In a study comparing clinical patients with

BPD to those with anxiety disorders assessed over a 21-day period by smartphone using both random prompts and contingent repeated assessments (average 13 assessments a day), we found that there was a main effect for the experience of negative affect in predicting suicidal urges. However, that effect was moderated by the experience of self-concept clarity such that negative affect experienced when participants had a clear sense of themselves did not lead to suicidal urges, but the experience of negative affect only led to increased suicidal urges when in moments of low self-concept clarity (Scala et al., 2018). We interpreted that finding in the context of emotion-based theories of BPD versus representational-focused theories (e.g., Kernberg) as supporting the importance of representational processes, at least for BPD. This research suggests that in some cases, patients may not necessarily disconnect from their authentic emotional experience when experiencing severe PD symptoms, but instead, may be struggling to bring to mind a coherent sense of themselves.

Part of the authors' deemphasis on representational aspects of PD may also be related to their focus on building a transdiagnostic treatment model which explains criterion B traits in a relative absence of explaining criterion A traits. The authors acknowledge that constructs like identity and reflective functioning, which are germane to Criterion A, were not emphasized in their review of the literature. Later, in their description of how their emotional processing model accounts for traits in the AMPD, the authors focus on how three contexts of emotional processing impairment, and how these explain various trait domains within criterion B. Given that deficits in representational capacities common to patients with PD may be more readily captured by criterion A (Levy et al., 2022), the authors' focus on criterion B traits may also explain the relative absence of representational elements. Given that one of the main rationales for criterion A and the AMPD more broadly was to provide a dimensional account of PD severity (Levy et al., 2022), we would suggest that the authors should more explicitly describe how emotional processing also accounts for criterion A deficits.

As a result of deemphasizing the representational aspects of personality pathology and criterion A, the EFT techniques as outlined in the final section of the paper presume that the patient struggling with personality pathology (a) can represent their therapist in relatively benign and accurate ways, (b) can evoke benign and/or positive representations of themselves and others to draw on in session, and (c) has an ability to reflect on contradictory aspects of experience. We also comment on the authors' deemphasis on suicide and dangerous acting out in treatment. As we illustrate in more detail below, we are concerned that these techniques presume representational capacities with which most patients with PDs may struggle in more profound ways than the authors describe.

Originally intended for neurotic patients, the authors' modified emotion-focused interventions for personality disorder appear to presume a benign and relatively stable representation of the therapist and significant others in the patient's life. The authors state that the therapist should offer "a compassionate and validating presence. . ..an explicit validation of the client's deservingness of having their needs met" (7). As aforementioned, patients with personality disorders often experience rapid changes in their representation of themselves and others that can have an effect on the therapeutic relationship (Levy et al., 2022), and while explicit validation may be well-received or helpful in rare moments when the patient sees the therapist as a trusted other, support can be perceived as highly intrusive or critical when patients see the therapist as a contemptuous other. An overemphasis on explicit validation and support may therefore sometimes inhibit mentalization, support distortions, invalidate a patient's autonomy, and arguably, inhibit change. From the perspective of the Transference-focused psychotherapy (TFP) model of treatment, as well as other forms of evidence-based treatments for BPD, such explicit validation may fail to be attuned to the patient's shifting phenomenological experience of themselves and others (Levy et al., 2022). For this reason, most evidence-based treatments for personality disorders prescribe a more neutral or balanced stance toward the patient. TFP prescribes a warmly concerned but neutral therapist who reflects on the ways in which the patient sees the therapist in the here-and-now moment of the transference (Levy et al., 2022). This critique also extends to the way in which the techniques presume a benign representation of significant others in the patients' life. Other modified EFT techniques described in the paper presume that the patient has a relatively benign and coherent representation of others and the capacity to evoke coherent representations of others in times of distress:

> In the symptom-level self-soothing task, the client, who is acutely distressed and overwhelmed in the session, is asked to mention a person that has or had a calming effect on them. The client then enacts the person in an imaginary chair dialogue. (Kramer & Timulak, 2022, p. 7)

We would argue that this again underestimates the representational deficits in the disorder. Part of the attachment difficulties in PDs (Levy et al., 2022) consist in a difficulty bringing to mind representations of attachment figures who are dependable and trustworthy. Moreover, given the quickly fluctuating representations of others that are experienced in many personality disorders, but in BPD in particular (Levy et al., 2022), the person who had a calming effect at one moment may be experienced as aggressive, and highly disagreeable at the next.

Perhaps most importantly, the authors' modified EFT techniques also seem to require a substantial ability to reflect on two sides of emotional experience and fluently evoke others' mental states. However, this is the exact difficulty that has been noted in patients with BPD by a variety of scholars from different orientations; it has been described as trouble identifying with an external observer on one's own mental states (Levy et al., 2022), as well as difficulty reflecting on an external social reality outside of immediate internal experience (Levy et al., 2022). Pos and Greenberg (2012) describe the same difficulty as a barrier to two-chair work for clients with BPD: "With clients with BPD one must clearly ascertain whether conflict is consciously experienced. If not, two-chair work is not yet indicated" (Pos & Greenberg, 2012, p. 93). To work with this difficulty integrating two sides of experience, Pos & Greenberg prescribe a prior state of clarifying the patient's experience when the conflict is still unconscious, by describing shifts in the patient's self-states prior to two-chair work. This recommendation is remarkably similar to the process of clarification of a patient's experience and the interpretive process in TFP and even includes what in TFP would be seen as a crucial step of bringing the disparate aspects of the patients experience into the patient's conscious awareness by noting shifts in the patient's

experience (or representations) of themselves and others (usually in the here and now of their experience of the therapist). We would stress that this process is not a quick one and takes many interactions within and between sessions since these representations of the self and others fluctuate often in session (Levy et al., 2022). Clarification of the patient's self-states (and corresponding representations of others) alone may not be enough to resolve such conflicts and bring them into consciousness so that they can be reflected on instead of acted on. We would strongly suggest that Kramer and Timulak's recommendations regarding the use of EFT interventions such as the two-chair technique may therefore require further adaptation to be suitable to severe difficulties in personality functioning seen particularly in those suffering from BPD, but also those with high levels of narcissistic traits.

Lastly, the authors seem to deemphasize the necessary task of managing self-harm and suicidality, which are common in personality disorders. We were unclear whether this might be similar to how other evidence-based treatments manage suicidality and dangerous acting out behaviors, as in TFP, a frame of treatment, or as in DBT, a hierarchy of therapeutic factors (Levy et al., 2022). It would be imperative, we imagine, for the therapist to manage these serious difficulties across personality disorders prior to engaging in emotion-focused tasks of therapy. Without a clear articulation of the profound difficulties in representing others and oneself in severe personality disorders, the interventions built from this model may fail to address the gravity of a severe PD and for this reason as well, they are likely circumscribed to those with mild personality difficulties. We propose that the authors' understanding of personality pathology must incorporate a clearer articulation of the representational and relational aspects of personality disorders, and their relationship to affective experiences in the disorder.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.).

Gurvits, I. G., Koenigsberg, H. W., & Siever, L. J. (2000). Neurotransmitter dysfunction in patients with borderline personality disorder. *Psychiatric Clinics of North America*, *23*(1), 27–40 vi. https://doi.org/10.1016/S0193-953X(05)70141-6

Kramer, U., & Timulak, L. (2022). The emotional underpinnings of personality pathology: Implications for psychotherapy. *Clinical Psychology: Science and Practice*, *29*(3), 275–286. https://doi.org/10.1037/cps0000080

Levy, K. N., Yeomans, F. E., & Spina, D. S. (2022). Transference-focused psychotherapy. In S. Huprich (Ed.), *Personality disorders and pathology: Integrating clinical assessment and practice in the DSM-5 and ICD-11 era* (2nd ed.). American Psychiatric Association Press.

Pos, A. E., & Greenberg, L. S. (2012). Organizing awareness and increasing emotion regulation: Revising chair work in emotion-focused therapy for borderline personality disorder. *Journal of Personality Disorders*, *26*(1), 84–107. https://doi.org/10.1521/pedi.2012.26.1.84

Scala, J. W., Levy, K. N., Johnson, B. N., Kivity, Y., Ellison, W. D., Pincus, A. L., Wilson, S. J., & Newman, M. G. (2018). The role of negative affect and self-concept clarity in predicting self-injurious urges in borderline personality disorder using ecological momentary assessment. *Journal of Personality Disorders*, *32*(Suppl.), 36–57. https://doi.org/10.1521/pedi.2018.32.supp.36

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