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Identity Disturbance in Dimensional and Categorical Models of Personality Disorder: The Incremental Value of Self-Rated Identity and Narrative Identity

Annabel Bogaerts[1], Elisabeth L. de Moor[2], and Majse Lind[3]

[1] Department of Clinical Developmental Psychology, Faculty of Social and Behavioral Sciences, University of Amsterdam
[2] Department of Developmental Psychology, Tilburg School of Social and Behavioral Sciences, Tilburg University
[3] Department of Communication and Psychology, Faculty of Social Sciences and Humanities, Aalborg University

Identity disturbance is increasingly considered to drive personality disorder (PD) onset. Previous research has investigated how identity relates to PD using either self-report scales or narratives to assess identity. Few studies have investigated how both operationalizations relate to one another and to models of PD. More so, no study has investigated whether a narrative identity assessment offers additional explanatory power in understanding PD, beyond what is captured by a self-rated identity assessment, or vice versa. We aimed to address these gaps by administering a rating scale measuring (mal)adaptive identity alongside a prompt to write a narrative about a turning point event to 331 individuals aged 18–30 (72.2% female, $M_{age} = 22.56$). Using this multimethod approach, we investigated (a) associations of narrative identity dimensions (agency, communion, exploratory processing) with self-rated identity, self- and interpersonal dysfunction, and symptoms of borderline and antisocial PD, and (b) whether these narrative identity dimensions could explain unique variance in self- and interpersonal dysfunction, and borderline and antisocial PD symptoms, above and beyond self-rated identity, and vice versa. Results revealed significant associations among narrative identity, self-rated identity, and models of PD. Furthermore, communion demonstrated incremental value in explaining PD features, beyond what was accounted for by self-rated identity. However, narrative identity did not offer additional explanatory power in understanding self- and interpersonal dysfunction, beyond self-rated identity. Self-rated identity showed incremental value in explaining all PD models, beyond narrative identity. These results emphasize the importance of employing different methodologies for assessing identity in elucidating how identity disturbance manifests in personality pathology.

Keywords: identity, narrative identity, personality functioning, borderline personality disorder, antisocial personality disorder

Personality disorders (PDs) encapsulate profound, maladaptive patterns of thinking, behaving, feeling, and relating to others, compromising adaptive functioning across various domains of life (American Psychiatric Association [APA], 2013; Sharp & Ropper, 2022). The field of personality pathology is moving away from considering PDs as categorical classifications (Monaghan & Bizumic, 2023). Instead, contemporary dimensional models suggest that PDs share fundamental deficits in self- and interpersonal functioning (APA, 2013), which are crucial developmental facets in adolescence and young adulthood (Arnett, 2000; Erikson, 1968).

Self-dysfunction, or identity disturbance, is considered a key driver of PD onset and may emerge particularly during the transition from adolescence to adulthood (Palmeroni et al., 2020; Sharp, 2020). This period is characterized by significant changes such as establishing autonomy, preparing for a profession, and forming intimate relationships, which can trigger identity disturbance (Arnett, 2000; Palmeroni et al., 2020). Identity disturbance manifests as difficulty forming a stable, integrated, and positive identity (Erikson, 1968; McAdams, 1996).

Research on identity disturbance and personality pathology has operationalized identity in two different, yet conceptually aligned, ways. One approach examines identity through autobiographical narratives (McAdams, 1996), whereas the second approach employs quantitative rating scales (e.g., Kaufman et al., 2015). However, few studies have investigated how these approaches intersect and contribute uniquely to understanding personality pathology. While identity disturbance is emergingly recognized as central to personality pathology, its precise manifestation within and across PDs remains elusive.

Accordingly, this study investigated associations among narrative and self-rated identity assessments, self- and interpersonal dysfunction (a dimensional PD approach), and *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (*DSM-5),* Section II criteria of borderline and antisocial PD (a categorical PD approach). Additionally, it investigated whether a narrative identity assessment could elucidate unique variance in models of PD, beyond the explanatory power of self-rated identity, and vice versa. By adopting this

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Annabel Bogaerts https://orcid.org/0009-0007-0858-5495
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Correspondence concerning this article should be addressed to Annabel Bogaerts, Department of Clinical Developmental Psychology, Faculty of Social and Behavioral Sciences, University of Amsterdam, Nieuwe Achtergracht 129B, 1018WS Amsterdam, The Netherlands. Email: a.bogaerts@uva.nl

multimethod approach, we aimed to enhance insight into how identity disturbance relates to, and manifests in, early-onset PDs.

Toward Dimensional and Developmentally Sensitive Models of PD

The *DSM-5* contains two models for classifying PD. Section II includes a categorical approach, delineating 10 PD diagnoses, each characterized by specific diagnostic criteria (APA, 2013). For instance, borderline PD is characterized by instability in relationships, self-image, and impulsivity, while antisocial PD is marked by disregard for, and violation of, the rights of others (APA, 2013). However, this approach has significant shortcomings (Morey et al., 2015), causing researchers and clinicians to advocate for a more dimensional approach that acknowledges features shared by all PDs and considers personality pathology along a continuum rather than as a yes/no classification (Morey et al., 2011).

The Alternative Model for Personality Disorders (AMPD) in Section III of *DSM-5* and the 11th edition of the *International Classification of Diseases* offer more dimensional conceptualizations of personality pathology. In a first step, the AMPD evaluates the presence and severity of personality pathology by assessing the individual's level of self- and interpersonal functioning (Criterion A). Should moderate to extreme dysfunction be identified, the specific PD type is determined in a second step by assessing the level of descriptiveness for personality traits (Criterion B; APA, 2013). Similarly, the 11th edition of the *International Classification of Diseases* incorporates deficits in self and relatedness as the overarching severity criterion for personality pathology (Reed, 2018).

Within these dimensional frameworks, self-dysfunction encompasses difficulties in identity formation and self-direction, manifesting as difficulties in establishing a unique and stable sense of self, a pervasive and inaccurate sense of self-worth, and problematic decision-making skills (APA, 2013; Reed, 2018). Interpersonal dysfunction covers a compromised ability for empathy (understanding others, tolerating differing viewpoints, and understanding the impact of one's actions on others) and intimacy (the ability and desire to form and engage in meaningful, stable, and reciprocal relationships; APA, 2013; Reed, 2018).

Self- and interpersonal dysfunction may become increasingly pronounced during late adolescence and young adulthood, a developmental stage that is critically focused on identity formation and social development (Arnett, 2000; Erikson, 1968). Amidst the convergence of intra- and interpersonal developmental tasks, young adults feel stimulated to address questions such as "Who am I?" and "How do I fit into the social world?" (Erikson, 1968; Syed & McLean, 2016). Difficulties in navigating these expectations have been linked to PD features among community young adults (Bogaerts, Luyckx, et al., 2021; Vizgaitis & Lenzenweger, 2022).

Recent studies highlight self-dysfunction, or identity disturbance, as a key driver of personality pathology (Sharp, 2020). Self-dysfunction exhibits stronger associations with psychosocial disability, distress, and mental health symptoms than interpersonal dysfunction, both in adult patients with and without PD diagnosis (Bach & Hutsebaut, 2018; Buer Christensen et al., 2020; Hutsebaut et al., 2017). Furthermore, research among adolescents from community and clinical settings has indicated that self-dysfunction explains unique variance in borderline PD features beyond other psychosocial disability, including psychiatric symptom severity, peer problems, and life satisfaction (Sharp et al., 2022). Given the potential of identity disturbance in precipitating PD, research investigating robust approaches to understanding identity (disturbance) in relation to PD is gaining traction.

Identity and PD

Contemporary scholars predominantly employ two different, yet conceptually aligned, methodologies for assessing identity in the context of PD. The first method examines identity through autobiographical narratives (McAdams, 1996), while the second utilizes quantitative rating scales (e.g., Kaufman et al., 2015). Both methodologies draw inspiration from Erikson's theory of psychosocial development, which claims that a stable and integrated sense of identity serves as a foundational element for typical personality development or successfully taking on adult roles and responsibilities (Erikson, 1950, 1968). In contrast, failing to establish such an identity could elicit feelings of fragmentation, compromise one's ability to navigate life with direction and meaning, and ultimately result in PD (Erikson, 1950, 1968).

Researchers opting for a narrative assessment of identity underscore the benefits of exploring how identity is constructed through first-person storytelling (Lind, Sharp, & Dunlop, 2022; Shiner et al., 2021). By crafting a dynamic and integrative life story that encompasses personally significant elements of the past, present, and future, individuals develop a sense of narrative identity (McAdams, 2013). This narrative identity nurtures a sense of continuity over time, guides future decisions, and contributes to a sense of meaning in life (Lind, Sharp, & Dunlop, 2022; McAdams, 2013). As life stories typically start developing in late adolescence, they provide a valuable lens through which to examine narrative identity in relation to PD.

Narrative identity is commonly assessed using (parts of) the Life Story Interview (McAdams, 2008), an interview that explores individuals' life chapters, significant scenes (e.g., turning points), and ideologies. Individual differences in narrative identity are coded on a variety of characteristics, often organized into three dimensions (McLean et al., 2020). First, motivational and affective themes capture individuals' aspirations and interpretations of experiences, such as their sense of agency (i.e., their drive to achieve and exert influence over their circumstances) or their sense of communion (i.e., their drive for attachment, love, and friendship; McAdams, 1996). Second, autobiographical reasoning reflects how individuals connect and integrate different parts of their life story (Habermas & Bluck, 2000). It includes exploratory processing or the extent to which individuals reflect on the meaning of past events to understand their impact and potential to change identity (Pals, 2006). Third, structural characteristics encompass the overall architecture of the story, including its coherence, specificity, and complexity (McLean et al., 2020). By examining these dimensions, researchers and clinicians can identify disturbances in individuals' identity.

Research on narrative identity and personality pathology has found diminished themes of agency and communion in adolescents and (young) adults with borderline PD features (Adler et al., 2012; Lind, Sharp, & Dunlop, 2022; Lind, Vanwoerden, et al., 2022; Lind et al., 2023; Sajjadi et al., 2022). Similarly, diminished themes of agency and communion were linked to self- and interpersonal dysfunction in adolescents and young adults, both with and without psychopathology (Koster et al., 2023; Lind et al., 2023; Sajjadi et al.,

2022). Furthermore, adults with borderline PD appear to construct more negative causal connections between life chapters and their identity (Lind, Jørgensen, et al., 2019; Lind, Thomsen, et al., 2019). However, de Moor et al. (2022) found no significant associations between self-event connections (a measure of autobiographical reasoning capturing explicit references to aspects of identity that are linked to events; Pasupathi et al., 2007) and self- and interpersonal dysfunction in youth with psychopathology.

Researchers using self-rated assessments of identity highlight the benefits of efficiently and systematically probing different aspects of identity. To bridge developmental and clinical research and assess both healthy and disturbed identity, Kaufman et al. (2015) delineated three identity dimensions along a continuum of severity. Individuals with a consolidated identity experience a sense of self-continuity, integration, and confidence about who they are. Those with a disturbed identity may encounter a spectrum of challenges, from normative periods of uncertainty and incoherence to severe and lasting difficulties risking developmental delays. At the most pathological end, individuals with a lack of identity may feel lost and empty when thinking about who they are. Research has indicated that higher levels of identity disturbance and lack of identity are associated with higher levels of borderline and antisocial PD features in community young adults (Bogaerts, Luyckx, et al., 2021; Branch, 2023; James et al., 2023; Vanderveren et al., 2021) and patients with PD (Bogaerts et al., 2023). These disturbances also correlate positively with self-dysfunction in patients with PD (Bogaerts et al., 2023).

Despite their conceptual alignment, narrative and self-rated identity methodologies remain largely disconnected in research. Few studies have investigated their associations in the context of PD or whether narrative assessments offer additional explanatory power in understanding PD beyond self-rated assessments. Vanderveren et al. (2021) and Uliaszek et al. (2022) found a positive association between narrative incoherence and identity disturbance, whereas Lind, Vanwoerden, et al. (2019) did not. Additionally, Lind, Vanwoerden, et al. (2019) reported that only identity disturbance significantly correlates with borderline PD features when considering the covariance between narrative incoherence and identity disturbance, while Vanderveren et al. (2021) found narrative incoherence to uniquely correlate with antisocial PD features, beyond self-rated identity disturbance. While insightful, these studies have only focused on narrative coherence, overlooking other dimensions of narrative identity relevant to PD, such as motivational themes and autobiographical reasoning (McLean et al., 2020).

Research encompassing various dimensions of (narrative) identity is essential for understanding their relative significance in the assessment and treatment of personality pathology. Syed and McLean (2016) suggested considering four aspects of identity, which can be best captured through a combination of narrative and self-rated identity assessments. Contextual integration evaluates identity coherence across contexts, while temporal integration assesses self-continuity over time. Ego integration encompasses both contextual and temporal integration, reflecting a sense of wholeness. Lastly, person–society integration reflects the alignment of identity with the sociocultural context (Syed & McLean, 2016). While self-rated assessments tap into these identity aspects more explicitly, narrative assessments reveal them through a contextualized understanding of personal experiences (Mitchell et al., 2021). Moreover, by assessing a first-person perspective, narrative assessments represent a phenomenological rich and nonclinical way of assessing personality. Together, these methodologies offer a comprehensive perspective on identity and its manifestations in PD.

The Present Study

To address these gaps, this study in young adults used a quantitative rating scale to assess both adaptive and disturbed identity. Additionally, participants were asked to write about a turning point event in their life, which can challenge or disrupt identity by affecting one's sense of coherence and continuity (Mitchell et al., 2020). Narratives about turning point events can reveal how individuals navigate challenges and maintain or fail to maintain a stable and coherent identity. Specifically, these narratives can illustrate how individuals integrate significant life events into their life story (i.e., exploratory processing) and to what degree they experience a sense of agency or communion during these events.

Using this multimethod approach, the present study had two aims. First, it investigated associations of narrative identity (i.e., agency, communion, and exploratory processing) with self-rated identity (consolidated identity, disturbed identity, and lack of identity), self- and interpersonal dysfunction (a dimensional model of PD), and symptoms of borderline and antisocial PD (a categorical model of PD). It was anticipated that higher levels of agency, communion, and exploratory processing would show positive associations with higher levels of consolidated identity and lower levels of disturbed identity, lack of identity, self- and interpersonal dysfunction, and symptoms of borderline and antisocial PD (de Moor et al., 2022; Koster et al., 2023; Lind, Jørgensen, et al., 2019; Lind, Thomsen, et al., 2019; Lind, Vanwoerden, et al., 2019, 2022; Lind et al., 2023; Sajjadi et al., 2022; Vanderveren et al., 2021). Second, it investigated whether narrative identity could explain unique variance in both models of PD beyond self-rated identity and vice versa. It was expected that narrative identity would elucidate unique variance in both models of PD beyond self-rated identity, and vice versa (Lind, Vanwoerden, et al., 2019; Vanderveren et al., 2021). The research aims, hypotheses, and analyses for the present study were preregistered on AsPredicted (143533 and 123785).[1]

In studying identity disturbance in categorical models of PD, this study focused on borderline and antisocial PD features. While identity disturbance represents a core symptom of borderline PD, it has been proposed as a central deficit of all PDs (APA, 2013; Reed, 2018). As this proposition pends further validation, this study included antisocial PD features alongside borderline PD features as a test of convergent validity. In addition, despite sharing some traits (e.g., impulsivity), borderline and antisocial PD may differ

[1] The updated preregistration (143533), uploaded before data analysis, supersedes the original preregistration (123785). We initially aimed to distinguish between need for communion and communion fulfillment, but the narratives did not allow us to objectively assess the need for communion. Consequently, the updated preregistration and article now focus solely on communion (fulfillment). Additionally, we originally aimed to investigate the incremental validity of narrative identity in understanding PD features, beyond self-rated identity and self- and interpersonal dysfunction. To delineate the importance of identity disturbance in both categorical and dimensional models of PD, we revised our aim into investigating the incremental validity of narrative identity in understanding PD features, and self- and interpersonal dysfunction, beyond self-rated identity. During the review process, the aim to investigate the incremental validity of self-rated identity in understanding models of PD beyond narrative identity was added as an exploratory hypothesis.

in how identity disturbance manifests. Furthermore, although research on narrative identity and PD is expanding (Lind et al., 2020), studies are still limited and often only focus on borderline PD. As some recent studies have addressed narrative identity in the context of antisocial PD, this study aimed to extend these findings (e.g., Lavallee et al., 2020; Vanderveren et al., 2021). Finally, as we studied our objectives in community young adults, navigating financial independence, vocational challenges, and new relationships, particularly symptoms and behaviors characteristic of borderline and antisocial PD features may become exacerbated.

Materials and Method

Participants and Procedure

Data for this study were collected online via Qualtrics in 2020. The survey link was disseminated across various social media platforms such as Instagram and Facebook. After providing informed consent, participants wrote a narrative about a turning point event and completed a series of questionnaires, which took an average of 30 min. Participants were compensated with €50 gift vouchers, distributed randomly per 25 participants.

A total of 353 young adults participated in the study. After excluding 18 participants with incomplete responses, two participants who did not provide a turning point event, and two participants who only named an event without elaboration, the final sample comprised 331 Dutch-speaking individuals (72.2% female) with ages ranging from 18 to 30 years ($M = 22.56$, $SD = 3.136$). A post hoc power analysis, conducted using G*Power Version 3.1.9.7 for linear multiple regression, showed that with a sample size of 331 and a small effect size (0.10), the study achieved a power of 0.99 at $\alpha = .01$, thus exceeding the threshold of 0.80. A sensitivity power analysis indicated that the smallest detectable effect size was 0.04 considering the sample size, power of 0.80, and $\alpha = .01$. The study was approved by the Social and Societal Ethics Committee of KU Leuven.

Materials

Narrative Assessment of Identity

Participants were instructed to write about a turning point event that significantly impacted their lives or shaped their identity (McAdams, 2008). They were given the following instruction:

> I would like to ask you to think back on your life and identify an event that has changed your life or the person you are. This event could have taken place in any area of your life, including your relationships with other people, your work, your education, your interests, and so on. Please choose a specific event from your life story that you now see as a turning point in what your life is like or who you are as a person. Please describe what happened, when it happened, who was involved, what your thoughts and feelings were, why this experience is important, and how it has changed your life or you as a person.

Participants were not subject to any word limit or other constraints when recounting their turning point event.

Narratives were coded using established coding systems. Themes of agency and communion were coded using the Surplus and Thwarted Agency and Communion coding system (Lind & Dunlop, 2020). Initially, each narrative was screened for the absence (coded as 0) or presence (coded as 1) of these themes. Subsequently, the degree of (very) low or (very) high levels of agency and communion was determined on a scale from −2 to +2. Narratives characterized by (very) low levels of agency demonstrated themes such as demotivation, passivity, victimization, lack of confidence in personal capabilities, and a sense of loss of control. Narratives characterized by (very) high levels of agency portrayed themes of mastery, overcoming challenges, achieving goals and skills, and inner motivation. Similarly, narratives featuring (very) low levels of communion conveyed experiences of a lack of love, friendship, intimacy, and belongingness, feelings of betrayal, disloyalty, or abandonment, and withdrawal from social interactions. Narratives demonstrating (very) high levels of communion expressed themes of love, friendship, intimacy, empathy, trust, and a sense of belonging to others (Lind & Dunlop, 2020).

Exploratory processing was coded using the Coding System for Components of Transformational Processing (adapted from Pals, 2006; Turner et al., 2024). Narratives were coded on a scale of 1–4, with 1 indicating minimal or no evidence of exploratory processing and 4 indicating extensive exploration with exploratory processing being a central aspect of the narrative. Indicators of exploratory processing included a strong emphasis on internal thoughts and feelings associated with the event, openly analyzing and exploring the impact of the event, a description of how the individual responded to the event, and explicit efforts to understand how one has changed by or gained insights from the event.

Coding was conducted by two raters (Annabel Bogaerts and Elisabeth L. de Moor). Initially, both raters individually coded 20 narratives and engaged in discussions to ensure a comprehensive understanding of the coding criteria and establish high interrater reliability (Syed & Nelson, 2015). Following this calibration phase, the remaining narratives were coded by Annabel Bogaerts. Regular coding checks and discussions of randomly selected narratives (25%) ensured adherence to the coding criteria. Interrater reliability was good to excellent, with intraclass coefficients of .72 for agency, .88 for communion, and .78 for exploratory processing.

Self-Rated Assessment of Identity

Adaptive and disturbed identity were assessed using the Dutch version of the Self-Concept and Identity Measure (SCIM; Bogaerts et al., 2018; Kaufman et al., 2015). This self-report questionnaire includes three subscales: consolidated identity, disturbed identity, and lack of identity. Participants rated the applicability of 27 items on a 7-point Likert scale (1 = *completely disagree* to 7 = *completely agree*). Sample items are: "I always have a good sense of what is important to me" (consolidated identity), "I am so different with different people that I'm not sure which is the 'real me'" (disturbed identity), and "I feel empty inside, like a person without a soul" (lack of identity). The Dutch SCIM, with 25 items (excluding items 11 and 16 from the consolidated identity scale), has been validated as a reliable measure of identity in Dutch-speaking adults (Bogaerts et al., 2018). In this study, Cronbach's α coefficients were .71 for consolidated identity, .81 for disturbed identity, and .91 for lack of identity, indicating acceptable to excellent internal consistency.

Self- and Interpersonal Dysfunction

Participants completed the Level of Personality Functioning Scale—Brief Form 2.0 (LPFS-BF 2.0; Bach & Hutsebaut, 2018) to assess their self- and interpersonal dysfunction. Participants

rated the applicability of 12 items on a 4-point Likert scale (1 = *completely untrue* to 4 = *completely true*), with higher scores indicating greater levels of self- and interpersonal dysfunction. Sample items are: "I have no sense of where I want to go in my life" (self-dysfunction) and "My relationships and friendships never last long" (interpersonal dysfunction). The LPFS-BF 2.0 has been found to be valid and reliable (Bach & Hutsebaut, 2018). In the present study, internal consistency was .84 for self-dysfunction and .68 for interpersonal dysfunction, reflecting good and acceptable reliability, respectively.

Borderline and Antisocial PD Features

Borderline and antisocial PD features were assessed using the corresponding subscales of the Assessment of *DSM-IV* Personality Disorders (ADP-IV) questionnaire (Schotte et al., 1998). Sample items are: "I really can't bear the thought that someone would leave me or abandon me; I therefore would do anything to avoid this happening" (borderline PD) and "I experience few or no feelings of guilt or remorse when I've done something wrong" (antisocial PD). Participants rated the typicality of 10 borderline and eight antisocial traits on a 7-point Likert scale (1 = *totally disagree* to 7 = *totally agree*), resulting in trait scores. *DSM-5* Section II borderline and antisocial PD trait scores were computed by summing and averaging the trait scores for each respective PD type. The ADP-IV questionnaire is a reliable and valid measure of PD symptomatology (Schotte et al., 1998). In this study, internal consistency was .87 for borderline PD features and .77 for antisocial PD features, indicating satisfactory reliability.

Data Analytic Strategy

The analyses were performed using SPSS Version 29.0. First, descriptive statistics were computed for all study variables. Second, as prior research found significant sex differences in identity and PD features (Bogaerts, Claes, et al., 2021; Bogaerts, Luyckx, et al., 2021), sex differences were investigated through 10 independent samples *t* tests. Third, bivariate relationships of narrative identity dimensions with self-rated identity dimensions, self- and interpersonal dysfunction, and symptoms of borderline and antisocial PD were investigated using Pearson's correlation. Cohen's *d* was utilized as a measure of effect size, with values of .10, .30, and .50 representing small, medium, and large effects, respectively (Cohen, 1988).

Finally, hierarchical linear regression analyses were conducted to assess the incremental utility of (a) narrative identity dimensions in predicting personality pathology, beyond the effects of sex and self-rated identity dimensions, and (b) self-rated identity dimensions in predicting personality pathology beyond the effects of sex and narrative identity dimensions. The dependent variables were self- and interpersonal dysfunction, borderline PD features, and antisocial PD features. Sex was entered at Step 1, narrative identity dimensions at Step 2, and self-rated identity dimensions at Step 3 (or self-rated identity at Step 2 and narrative identity at Step 3). These analyses were performed both with and without identity-related items included in the outcome variables (i.e., self- and interpersonal dysfunction and borderline PD features) to allow for the investigation of unique associations between narrative/self-rated identity and personality pathology that were not artificially inflated by item overlap. There were no items assessing antisocial PD features with identity-related content. To correct for multiple testing, the significance level was adjusted to $p < .01$ (Chen et al., 2017).

Results

Descriptive Statistics and Sex Differences

Table 1 displays the descriptive statistics and sex differences in study variables. Adjusted independent samples *t* tests, accounting for unequal variances across sex, indicated that females reported higher levels of lack of identity, self-dysfunction, and borderline PD features as well as lower levels of agency than males. There were no significant sex differences in any other variables. Narratives counted on average 210 words ($SD = 240.07$). The length of narratives only showed a positive association with exploratory processing ($r = .54$, $p < .001$).

Bivariate Relationships

Table 2 illustrates Pearson's correlations among the study variables. Agency displayed a small positive association with consolidated identity and small to medium negative associations with disturbed identity, lack of identity, self-dysfunction, and borderline PD features. Communion showed small to medium negative correlations with lack of identity, self-dysfunction, interpersonal dysfunction, and features of borderline and antisocial PD. Exploratory processing displayed no significant associations with self-rated identity dimensions or personality pathology.

Regression Analyses: Incremental Value of a Narrative or Self-Rated Identity Assessment

Predicting Self- and Interpersonal Dysfunction

The results of the regression models investigating the additional value of a narrative identity assessment beyond a self-rated identity assessment in predicting self- and interpersonal dysfunction (with and without identity-related items) are summarized in Table 3. The overall model showed significance at Step 1 (sex), Step 2 (self-rated identity), and Step 3 (narrative identity). With the addition of self-rated identity at Step 2, there was a substantial 59.3% increase in explained variance in self- and interpersonal dysfunction, $F(3, 306) = 158.462$, $p < .001$. Consolidated identity negatively explained a small proportion of variance in personality dysfunction ($\beta = -.12$), whereas disturbed identity and lack of identity positively explained medium to large proportions of variance ($\beta = .23$ and $\beta = .54$, respectively). The inclusion of narrative identity at Step 3 resulted in only a 0.1% change in explained variance, which was nonsignificant, $F(3, 303) = 0.173$, $p = .915$.

When excluding identity-related items, thereby only predicting interpersonal dysfunction, results slightly changed. Adding self-rated identity at Step 2 resulted in a 30.5% increase in explained variance in interpersonal dysfunction, $F(3, 306) = 44.871$, $p < .001$. Disturbed identity and lack of identity positively explained medium proportions of variance in interpersonal dysfunction. Adding narrative identity at Step 3 resulted in a 0.4% change in the explained variance, which was nonsignificant, $F(3, 303) = 0.653$, $p = .581$.

The results of the models investigating the incremental value of self-rated identity beyond narrative identity in predicting self- and interpersonal dysfunction (with and without identity-related items) are summarized in Table 4. With the addition of narrative identity

Table 1
Descriptive Statistics and Sex Differences in Study Variables

Study variable	Total, *M* (*SD*)	Male, *M* (*SD*)	Female, *M* (*SD*)	Sex differences	
				t(*df*)	Cohen's *d*
Agency	0.02 (1.25)	0.32 (1.25)	−0.09 (1.24)	2.64** (164.01)	0.33
Communion	−0.31 (1.14)	−0.09 (1.27)	−0.40 (1.08)	2.10* (143.82)	0.28
Exploratory processing	2.37 (0.86)	2.51 (0.92)	2.31 (0.83)	1.83 (151.73)	0.24
Consolidated identity	4.84 (0.76)	4.83 (0.72)	4.85 (0.78)	−0.22 (178.71)	−0.03
Disturbed identity	3.03 (0.83)	2.94 (0.80)	3.06 (0.84)	−1.22 (174.04)	−0.15
Lack of identity	2.88 (1.32)	2.60 (1.14)	2.99 (1.37)	−2.67** (197.87)	−0.30
Self-dysfunction	2.28 (0.72)	2.03 (0.69)	2.37 (0.71)	−3.90*** (159.20)	−0.49
Interpersonal dysfunction	1.88 (0.52)	1.84 (0.53)	1.89 (0.52)	−0.72 (151.90)	−0.09
Borderline PD features	2.86 (1.21)	2.53 (1.03)	2.99 (1.25)	−3.27*** (187.74)	−0.38
Antisocial PD features	1.70 (0.72)	1.85 (0.71)	1.64 (0.71)	2.33* (157.20)	0.29

Note. With $N_{male} = 92$, $N_{female} = 239$, and assuming a medium-to-large effect size (0.40), a post hoc power analysis for comparing means of independent samples yielded a power of 0.75, using a significance level of $\alpha = .01$. PD = personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

at Step 2, there was a 4.8% increase in explained variance in self- and interpersonal dysfunction, $F(3, 306) = 5.235$, $p < .01$. Agency and communion negatively explained small proportions of variance in self- and interpersonal dysfunction ($\beta = -.12$ and $\beta = -.14$, respectively). The inclusion of self-rated identity at Step 3 resulted in a 54.6% change in explained variance in personality dysfunction, $F(3, 303) = 144.738$, $p < .001$. Consolidated identity negatively explained a small proportion of variance in personality dysfunction ($\beta = -.12$), whereas disturbed identity and lack of identity positively explained medium to large proportions of variance in personality dysfunction ($\beta = .23$ and $\beta = .53$, respectively).

When solely predicting interpersonal dysfunction, adding narrative identity at Step 2 resulted in a 2.1% change in explained variance, $F(3, 306) = 2.179$, $p = .090$. With the addition of self-rated identity, there was a 28.9% increase in explained variance, $F(3, 303) = 42.309$, $p < .001$. Disturbed identity and lack of identity positively predicted medium proportions of variance in interpersonal dysfunction ($\beta = .28$ and $\beta = .28$, respectively).

Predicting Borderline and Antisocial PD Features

The results of the models investigating the additional value of narrative identity beyond self-rated identity in predicting borderline and antisocial PD features (with and without identity-related items) are summarized in Table 5. For borderline PD features (of which some reflected issues with identity), adding self-rated identity resulted in a 54.2% increase in explained variance, $F(3, 304) = 127.253$, $p < .001$. Disturbed identity and lack of identity positively explained respectively small ($\beta = .16$) and large ($\beta = .59$) proportions of variance in borderline PD features. Including narrative identity resulted in a 1.2% change in explained variance, $F(3, 301) = 2.771$, $p < .05$. Communion negatively explained a small amount of variance in borderline PD features ($\beta = -.11$). When excluding identity-related features from the scale, results did not change meaningfully.

For antisocial PD, adding self-rated identity resulted in a 13.3% increase in explained variance, $F(3, 304) = 15.924$, $p < .001$. Consolidated identity negatively explained a small proportion of variance ($\beta = -.14$), whereas disturbed identity positively explained a small to medium proportion of variance ($\beta = .20$). Including narrative identity resulted in a 2.4% change in explained variance in antisocial PD features, $F(3, 301) = 2.890$, $p < .05$. Communion negatively explained a small amount of variance in antisocial PD features ($\beta = -.16$).

Finally, the results of the models investigating the additional value of self-rated identity beyond narrative identity in predicting

Table 2
Pearson's Correlations Among Study Variables

Study variable	1	2	3	4	5	6	7	8	9	10
1. Agency	—	.40***	.03	.14**	−.15**	−.27***	−.23***	−.10	−.22***	−.04
2. Communion		—	.06	.13*	−.08	−.26***	−.21***	−.15**	−.29***	−.18**
3. Exploratory processing			—	.02	−.13*	.05	−.01	−.00	−.03	−.08
4. Consolidated identity				—	−.47***	−.61***	−.56***	−.40***	−.51***	−.30***
5. Disturbed identity					—	.58***	.56***	.48***	.56***	.33***
6. Lack of identity						—	.78***	.50***	.74***	.27***
7. Self-dysfunction							—	.53***	.74***	.28***
8. Interpersonal dysfunction								—	.52***	.38***
9. Borderline PD features									—	.50***
10. Antisocial PD features										—

Note. With $N = 331$ and assuming a small-to-medium effect size (0.20), a post hoc power analysis for bivariate correlation yielded a power of 0.91, using a significance level of $\alpha = .01$. PD = personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3

Regression Models Investigating the Incremental Value of a Narrative Identity Assessment Beyond a Self-Rated Identity Assessment in Predicting Personality Dysfunction

Model	Study variables	Self- and interpersonal dysfunction, β	Interpersonal dysfunction (without self-dysfunction), β
Step 1	Sex	.16**	.04
	R^2	.03	.001
Step 2	Sex	.09*	−.01
	Consolidated identity	−.12*	−.08
	Disturbed identity	.23***	.27***
	Lack of identity	.54***	.29***
	R^2	.62	.31
Step 3	Sex	.09*	−.01
	Consolidated identity	−.12*	−.08
	Disturbed identity	.23***	.28***
	Lack of identity	.53***	.28***
	Agency	.01	.05
	Communion	−.02	−.07
	Exploratory processing	.01	.02
	R^2	.62	.31

* $p < .05$. ** $p < .01$. *** $p < .001$.

borderline and antisocial PD features (with and without identity-related items) are summarized in Table 6. For borderline PD features (of which some reflected issues with identity), adding narrative identity resulted in a 7.6% increase in explained variance, $F(3, 304) = 8.636$, $p < .001$. Communion negatively explained a small to medium proportion of variance in borderline PD features ($\beta = -.21$). The inclusion of self-rated identity resulted in a 47.7% change in explained variance in borderline PD features, $F(3, 301) = 113.983$, $p < .001$. Disturbed identity and lack of identity positively explained small to medium ($\beta = .17$) and large ($\beta = .57$) proportions of variance in borderline PD features. When excluding identity-related symptoms from the borderline PD scale, results did not change meaningfully.

Table 4

Regression Models Investigating the Incremental Value of a Self-Rated Identity Assessment Beyond a Narrative Identity Assessment in Predicting Personality Dysfunction

Model	Study variables	Self- and interpersonal dysfunction, β	Interpersonal dysfunction (without self-dysfunction), β
Step 1	Sex	.16**	.04
	R^2	.03	.00
Step 2	Sex	.13*	.02
	Agency	−.12*	−.04
	Communion	−.13*	−.13*
	Exploratory processing	.03	.01
	R^2	.06	.02
Step 3	Sex	.09*	−.01
	Agency	.01	.05
	Communion	−.03	−.07
	Exploratory processing	.01	.02
	Consolidated identity	−.12*	−.08
	Disturbed identity	.23***	.28***
	Lack of identity	.53***	.28***
	R^2	.61	.31

* $p < .05$. ** $p < .01$. *** $p < .001$.

For antisocial PD features, adding narrative identity resulted in a 3.3% increase in explained variance in antisocial PD features, $F(3, 304) = 3.563$, $p < .05$. Communion negatively explained a small to medium proportion of variance ($\beta = -.18$). The inclusion of self-rated identity resulted in a 12.3% change in explained variance in antisocial PD features, $F(3, 301) = 15.054$, $p < .001$. Disturbed identity positively explained a small to medium proportion of variance in antisocial PD features ($\beta = .21$).[2]

Discussion

Identity disturbance, or difficulty forming a stable, integrated, and positive identity, can emerge during the transition from adolescence to adulthood due to changing life circumstances and pivotal developmental tasks (Arnett, 2000; Erikson, 1968; McAdams, 1996; Palmeroni et al., 2020). Identity disturbance is recognized as a precursor to PD onset in young adults (Sharp, 2020; Sharp et al., 2022). Understanding how identity disturbance intersects with PD necessitates a comprehensive approach (Mitchell et al., 2021; Syed & McLean, 2016). Accordingly, this study employed a multimethod assessment of identity. We used a quantitative rating scale to assess adaptive and disturbed identity and prompted participants to write a turning point event from their lives. In doing so, this study aimed to investigate (a) the associations between narrative identity dimensions (agency, communion, and exploratory processing) and self-rated identity dimensions (consolidated identity, disturbed identity, and lack of identity), self- and interpersonal dysfunction, and borderline and antisocial PD features; and (b) whether narrative identity dimensions could explain unique variance in self- and interpersonal dysfunction, and PD features, beyond self-rated identity, and vice versa.

Associations Between Narrative and Self-Rated Identity, and With Models of PD

Our findings revealed significant yet modest associations between narrative and self-rated identity dimensions. This suggests that while correlated, these assessments capture distinct facets of identity (disturbance). Self-reports likely reflect conscious, current states of identity (dysfunction), whereas narratives may uncover deeper, temporal aspects of identity (Mitchell et al., 2021). Writing a first-person narrative about a significant life event may offer a window into (young) individuals' ability to construct and sustain a sense of self-continuity (Habermas & Bluck, 2000; McAdams, 2013; Mitchell et al., 2021). Furthermore, while the SCIM explicitly addresses both healthy and disturbed aspects of identity, narrative identity is rooted in typical personality and may not adequately capture disturbed identity or personality. Therefore, narrative identity assessments that consider these disturbed aspects of narrative identity are warranted (Lind et al., 2020; Lind, Sharp, & Dunlop, 2022).

In our study, young adults who recounted events marked by low levels of agency and communion often exhibited a disturbed identity or lack of identity. For example, one participant who scored low on agency and communion, and high on lack of identity reflected:[3]

[2] Conducting linear regression analyses without sex as a covariate did not change the results.

[3] Participants agreed to have their data anonymously published in the article.

Table 5

Regression Models Investigating the Incremental Value of a Narrative Identity Assessment Beyond a Self-Rated Identity Assessment in Predicting Borderline and Antisocial PD Features

Model	Study variables	Borderline PD features, β	Borderline PD features (without identity), β	Antisocial PD features, β
Step 1	Sex	.16**	.15**	−.15**
	R^2	.03	.02	.02
Step 2	Sex	.08*	.08	−.16**
	Consolidated identity	−.07	−.05	−.14*
	Disturbed identity	.16***	.17**	.20**
	Lack of identity	.59***	.52***	.09
	R^2	.57	.46	.16
Step 3	Sex	.07	.07	−.17**
	Consolidated identity	−.07	−.05	−.13
	Disturbed identity	.17***	.18**	.21**
	Lack of identity	.57***	.49***	.08
	Agency	.03	.04	.09
	Communion	−.11**	−.14**	−.16**
	Exploratory processing	−.03	−.04	−.05
	R^2	.58	.46	.18

Note. PD = personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

> Two years ago, I graduated from high school, feeling relieved it was over. The last two years were filled with conflict and gossip. I felt betrayed by people I thought I could trust and it deeply damaged my self-confidence. Starting college, I quickly realized it wasn't the right fit for me. I was overwhelmed with disappointment, felt like a failure, and didn't know what to do. I struggled to find my way, didn't make any friends, and felt lonely. I shut myself off from everyone and was ashamed of who I was. I was in so much pain that I didn't want to live anymore.

Narrative identity dimensions also showed small, significant associations with self- and interpersonal dysfunction, underscoring their relevance to a dimensional PD approach. Young adults who recounted more agentic events tended to report lower levels of self-dysfunction. In addition, those expressing higher levels of communion also reported reduced self- and interpersonal dysfunction. These findings align with Baaijens et al.'s (2024) study, which observed similar trends among youth with severe mental disorders. It appears that young adults who recount events during which they felt highly agentic and/or connected tend to experience fewer challenges in maintaining a stable identity and relating to others. This pattern was also evident in the narratives. For example, a woman with high levels of agency and communion, and a low score on self- and interpersonal dysfunction wrote:

> When I made the decision to quit college and pursue a nursing training, it lifted a weight off my shoulders. This decision allowed me to have more time for my friends, partner, and personal development. Moreover, the training provided me with clarity about my future aspirations.

In line with our predictions, narrative identity also showed significant associations with PD features. Young adults who depicted their event in diminished agentic terms tended to report more borderline PD features. Similarly, those who described their experiences in diminished communal terms reported more borderline and antisocial PD features. These findings suggest that the disturbances in self- and other understanding that characterize individuals with personality pathology may also be evident from the stories they share. For example, a participant with low levels of agency and communion and many borderline PD features wrote:

> The moment that changed my life was when my sister took her life. Her sudden loss left us all reeling with shock and disbelief. I felt like a part of me died alongside my sister. Our family was shattered. In the aftermath, I grappled with an eating disorder, depression, and self-harm. These burdens continue to weigh heavily on me. Over the years, my feelings and thoughts have been mainly pitch black.

A participant with low levels of agency and communion and many antisocial PD features wrote:

> My parents separated. My dad drank a lot and was quite aggressive. I lived in constant fear and would dissociate during fights. We never talked about our feelings. This experience has left a mark on me as a person. I find it difficult to express my emotions and struggle with accepting authority.

Interestingly, exploratory processing was not significantly associated with personality dysfunction and PD features. Consistently, de Moor et al. (2022) found no significant associations between self-event connections and personality dysfunction in youth with psychopathology. However, other research has suggested autobiographical reasoning to contribute to psychological well-being (McLean et al., 2020). For example, Lilgendahl and McLean (2020) found positive self-event connections to be linked to increased life satisfaction among college students, and negative self-event connections to be associated with lower life satisfaction and higher levels of depression and anxiety. This suggests that the effects of autobiographical reasoning can be either adaptive or maladaptive.

Likewise, although descriptive, the narratives in our study revealed that participants who actively delved into the significance and impact of their event may benefit from this reflective process when they recall this event as a time in which they felt agentic and connected. For example, a participant with high levels of agency,

Table 6

Regression Models Investigating the Incremental Value of a Self-Rated Identity Assessment Beyond a Narrative Identity Assessment in Predicting Borderline and Antisocial PD Features

Model	Study variables	Borderline PD features, β	Borderline PD features (without identity), β	Antisocial PD features, β
Step 1	Sex	.16**	.15**	−.15**
	R^2	.03	.02	.02
Step 2	Sex	.13*	.12*	−.17**
	Agency	−.11	−.09	.04
	Communion	−.21***	−.22***	−.18**
	Exploratory processing	.01	−.01	−.06
	R^2	.10	.10	.06
Step 3	Sex	.04	.07	−.18**
	Agency	.03	.04	.09
	Communion	−.11**	−.14**	−.16**
	Exploratory processing	−.03	−.04	−.05
	Consolidated identity	−.07	−.05	−.13
	Disturbed identity	.17***	.18**	.21**
	Lack of identity	.57***	.49***	.08
	R^2	.58	.48	.18

Note. PD = personality disorder.
* $p < .05$. ** $p < .01$. *** $p < .001$.

communion, exploratory processing, and low levels of personality pathology wrote:

> Seven years ago, I noticed a girl smiling in class. I felt an instant connection and wanted to approach her. The following week, I mustered up the courage to talk to her. I felt a mixture of stress and excitement. Mentally, I coached myself: "You have nothing to lose.". I battled negative thoughts and doubted her interest in me. However, I realized that stepping out of my comfort zone could lead to positive change. Meeting her was pivotal. We've been happily together for seven years now, changing my life profoundly. I have learned to act on bursts of creativity, even when uncertain. I feel more resilient now.

Conversely, extensive exploratory processing may pose challenges to those who grapple with feelings of helplessness and disconnection, taking on a more ruminative quality. One participant with low levels of agency and communion, and high levels of exploratory processing, personality dysfunction and PD features wrote:

> When I was 14 years old, I experienced my first panic attack. I didn't feel good about myself and spent all my time reading books as a way to escape this world. I come from a broken family, with a violent father. After that first panic attack, I began to contemplate the impact of the divorce and my family's pressure on me. Suddenly, there were dark thoughts dragging me deeper and deeper until I hit a low point. I couldn't control my anxiety and stress anymore. I am still trying to find my way in life. My fear affects me, which makes me feel worthless. I don't know who I am or what I want. I know I shouldn't let my life be dictated by my stress and fears, but they are a big part of who I am.

Although both participants actively explored the significance and impact of their event, they differ markedly in their psychological well-being. As we did not take into account the valence of exploratory processing in our study, we may not have obtained significant associations with personality pathology.

The Incremental Value of a Narrative Assessment of Identity in Understanding PD

Narrative identity showed incremental validity beyond self-rated identity in explaining categorical PD models. Communion, reflecting the extent of interpersonal connection, enhanced sex and self-rated identity in association with borderline and antisocial PD features. Those whose narratives depicted a lack of love or friendship, experiences of betrayal or abandonment, or withdrawal from social interactions reported more borderline and antisocial PD features as compared to those whose narratives featured greater fulfillment of these themes. These results were observed despite self-rated identity having a substantial advantage in predicting PD features due to shared method variance (i.e., all were self-reported; Podsakoff et al., 2003). In contrast, correlations and regression coefficients of narrative identity in relation to PD features were likely attenuated due to the multimethod design (Podsakoff et al., 2003). These findings align with prior research showing diminished themes of communion in adults (predominantly female) and adolescents with borderline PD (Lind et al., 2020; Lind, Vanwoerden, et al., 2022), and young adults with psychopathy (Sherman & Lynam, 2017). Communion appears to represent a distinctive facet of PD symptomatology as it taps more into interpersonal dysfunction as compared to self-dysfunction.

Agency and exploratory processing did not show incremental validity beyond sex and self-rated identity in their associations with PD features. Previous research not accounting for self-rated identity obtained significant correlations of agency and exploratory processing with various indicators of psychological well-being (Adler et al., 2016; Lind, Vanwoerden, et al., 2022). It is possible that agency lacks incremental utility in elucidating PD features as certain facets of agency may already be encompassed by self-rated identity. For example, both agency and self-rated identity address themes of self-confidence, demotivation, and loss of control. Furthermore, exploratory processing's lack of incremental utility could stem from its assessment's inability to discern whether individuals interpret and derive meaning from past events in positive or negative ways. Lilgendahl and McAdams (2011) found positive processing to be negatively related to neuroticism and positively related to well-being. Examining overall exploratory processing might offset positive and negative effects. Also, the SCIM conceptualizes identity formation as a process unfolding over time (Kaufman et al., 2015). Given its consideration of temporal identity integration, the additional value of narrative identity might decrease. Finally, whereas the SCIM explicitly taps into identity disturbance characteristic of PD (Kaufman et al., 2015), narrative identity is rooted in typical or nonclinical personality and may not adequately tap into disturbed, clinical aspects of identity.

Moreover, none of the narrative identity dimensions exhibited incremental validity in explaining the dimensional model of PD, beyond sex and self-rated identity. This finding may be attributed to the strong correlations between self-rated identity dimensions and self- and interpersonal dysfunction (.48–.78), leaving little variance to be explained by narrative identity. In line with our results, Sajjadi et al. (2022) found agency and communion to be only weakly or non-significantly linked to self- and interpersonal dysfunction in college students. Similarly, Baaijens et al. (2024) identified significant, albeit again weak, negative associations of agency and communion with self- and/or interpersonal dysfunction in youth with severe mental disorders. Taken together, these findings suggest that narrative identity themes of agency and communion address different facets of identity and relatedness than the AMPD's self- and interpersonal functioning in community individuals (Sajjadi et al., 2022). Possibly related to this, research has argued that current self-reports of self- and interpersonal (dys)function (such as the LPFS-BF 2.0 used in this study) seem unable to adequately assess self- and interpersonal (dys)function and might require revision (Morey et al., 2022; Sleep et al., 2019). Further investigation into the associations between narrative identity dimensions and dimensional PD models is essential for formulating more conclusive insights.

The Incremental Value of a Self-Rated Assessment of Identity in Understanding PD

A self-rated identity assessment showed incremental validity in understanding both dimensional and categorical PD models, beyond the effects of sex and a narrative identity assessment. Disturbed identity and/or lack of identity positively explained small to large proportions of variance in self- and interpersonal dysfunction, as well as in borderline and antisocial PD features. Specifically, disturbed identity positively explained variance in self- and interpersonal dysfunction and borderline and antisocial PD features, whereas lack of identity positively explained variance in self- and interpersonal dysfunction and borderline PD features. Interestingly, lack of identity did not show a significant relationship with antisocial PD features.

These findings align with previous research conducted in adults with and without PD features (Bogaerts, Luyckx, et al., 2021; Bogaerts et al., 2023) and suggest that PDs may differ in terms of the severity and nature of their self-dysfunction or identity disturbance.

Given the strong positive associations observed between self- and interpersonal dysfunction, borderline PD features, and lack of identity, these constructs may encapsulate a fundamental level of self-dysfunction, manifested in feelings of emptiness, fragmentation, and a sense of being broken. In line with this perspective, theorists such as Marcia (2006), Kernberg (1975), Kohut (1977), Mahler et al. (1975), and Fuchs (2007) have delineated (a) a sense of self, emerging in infancy and manifesting in the ongoing awareness of one's existence and differentiation from others, and (b) a sense of identity, emerging in adolescence and manifesting in a stable and coherent set of values, beliefs, and goals that enable one to move through life with purpose and direction. In addition, these theorists posited that a certain level of self-awareness is necessary for identity development (Kernberg, 1984; Marcia, 2006). If one's sense of self is impaired or fragmented, one's very sense of being becomes fragile and easily threatened, thereby derailing identity development. In this context, individuals with borderline PD features may primarily suffer from a lack of identity or an impaired self.

Consistent with these assumptions, research suggests that individuals with borderline PD (features) have difficulty delineating clear boundaries between themselves and others (De Meulemeester et al., 2021). Moreover, they frequently express feelings of emptiness (Jørgensen & Bøye, 2022; Meisner et al., 2021; Price et al., 2022). In this study, participants with higher levels of lack of identity also conveyed their feelings of emptiness through their narratives. For instance, one participant reflected:

> I changed during the transition from ninth to tenth grade when I grappled with depression. I felt empty for 2 years, and struggled to know who I was. I withdrew from my family and spent a lot of time alone. I felt lonely and unimportant.

Another participant reflected:

> The passing of my grandmother made me realize the harsh realities of life. It was the first time I experienced a profound sense of emptiness, an unsafe depth. It served as a stark reminder of the finite nature of our time on earth. From that moment forward, I made a conscious effort to prepare myself for life's inevitable challenges.

The positive associations observed between disturbed identity and all measures of personality pathology highlight identity as a central area of dysfunction in personality pathology (Bogaerts, Luyckx, et al., 2021; Vizgaitis & Lenzenweger, 2022). Participants who reported higher levels of self- and interpersonal dysfunction and borderline and/or antisocial PD features also seemed to lack a sense of what is important to them and experienced rapid shifts in their opinions, interests, and values. In addition, they seemed to depend on others to experience a sense of coherence and satisfaction (Kaufman et al., 2015).

Limitations and Future Directions

Some limitations should be taken into account when interpreting the findings. First, our sample predominantly consisted of community females, limiting the generalizability of our results to more diverse and clinical populations. Future research should strive to include an equal representation of gender identities, and replicate the findings within clinical samples of individuals experiencing personality pathology. As these samples are likely to exhibit clinical levels of identity disturbance, studies within these samples may illuminate different facets of identity disturbance and their relationships with PD features.

Second, our study design showed some limitations. Its cross-sectional design prevented conclusions regarding the directionality of the observed associations. To overcome this limitation, future research should adopt longitudinal designs that can better inform prevention and treatment efforts. Additionally, and as mentioned above, self-rated identity dimensions had a substantial advantage in predicting PD models due to shared method variance as all measures were self-reports (Podsakoff et al., 2003). Future studies should incorporate a multimethod assessment of personality pathology as well (e.g., by using interviews or informant reports) to more reliably investigate the importance of (narrative) identity in models of PD.

Third, while this study investigated different narrative identity dimensions, they were derived from a single turning point event, potentially offering an incomplete or distorted understanding of these dimensions. Subsequent studies could benefit from collecting life story chapters and/or multiple key scenes (e.g., high point, low point, and turning point events) to compute individuals' average tendencies for narrative identity dimensions. Additionally, this approach could allow for a better investigation of (a) the extent to which individuals steadily build and shape context integration, temporal integration, ego integration, and person–society integration (Mitchell et al., 2021; Syed & McLean, 2016); and (b) the extent to which these dimensions of identity integration relate to personality pathology.

Fourth, the timing of turning point events varied greatly among participants. Whereas some recounted events from their childhood or teenage years (e.g., parental divorce or the loss of a family member), others reflected on quite recent events (e.g., the transition from high school to higher education or forming new relationships). Although all these events can redirect individuals' life trajectory through the ways in which they currently make meaning out of them, events may differ significantly in intensity, duration, and impact. Moreover, the timing of events could (partly) determine the extent to which individuals were able to experience a sense of agency and/or communion, as well as their ability to actively reflect on the significance and impact of the event. Future research should consider this.

Implications of the Study

Consistent with research by Vizgaitis and Lenzenweger (2022) and Baaijens et al. (2024), our results substantiate identity disturbance as a key dysfunction within both categorical and dimensional conceptualizations of personality pathology. While predominantly self-rated identity exhibited incremental value in explaining PD (likely in part attributable to shared method variance), our results advocate for multimethod research aimed at advancing our understanding of how identity disturbance manifests across different indicators of PD. Interestingly, identity accounted for a comparable proportion of variance in the dimensional approach to PD ($R^2 = .61/.62$) and the categorical approach to borderline PD ($R^2 = .58$), suggesting that personality dysfunction encapsulates the fundamental deficits of borderline PD.

Additionally, our results hold important (clinical) implications. First, as we were able to observe significant associations between

(narrative) identity and subclinical levels of PD in a community-based sample of young adults, our findings speak directly to the importance of prevention and early intervention programs aimed at fostering healthy identity development and mitigating self- and interpersonal dysfunction and PD features during adolescence and young adulthood (Hutsebaut et al., 2023). Second, as individuals' narratives often reflect self- and interpersonal (dys)function, they hold potential value for diagnostic evaluation and psychotherapeutic interventions. Notably, considering prior evidence indicating the modifiability of narratives through interventions (Adler et al., 2012; Lind, Jørgensen, et al., 2019), narrative therapy focused on reconstructing and reprocessing life stories emerges as a promising approach to promote identity integration.

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