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Personality Psychopathology and the Role of Self-Compassion[1]

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Previous research has examined the relationship between particular personality disorders (PDs) and self-compassion. However, the field has developed new methods for assessing and diagnosing personality psychopathology, and previous work has not extended to the Alternative Model for Personality Disorders (AMPD) of the DSM-5. The current study aimed to examine associations between self-compassion and personality psychopathology using an evidence-based assessment and diagnosis approach. The study used Neff's Self-Compassion Scale (SCS) in addition to Criterion A (elements of personality functioning) and Criterion B (pathological traits) of the AMPD in order to observe associations between PDs and self-compassion. The results indicated that there were strong associations between identity and self-compassion, as well as that self-compassion and its components were moderately negatively associated with the majority of the AMPD personality traits. The findings can help to establish working treatment methods for individuals with PDs as well as provide support for the evidence-based hybrid dimensional-categorical model of personality assessment.

Keywords: Self-compassion, empathy, personality psychopathology, alternative model for personality disorders, DSM-5.

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[1] The data used for this project as well as supplementary materials are publicly available and can be found at: https://osf.io/49sdc/?view_only=31a7040ebd3244d7b815d060ea51d256

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Психопатология личности и роль самосострадания[2]

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В предыдущих исследованиях изучалась взаимосвязь между определенными расстройствами личности (PDs) и самосостраданием. Однако в этой области были разработаны новые методы оценки и диагностики психопатологии личности, и предыдущие исследования не касались альтернативной модели расстройств личности (AMPD) DSM-5. Текущее исследование направлено на изучение связей между самосостраданием и психопатологией личности с использованием подхода к оценке и диагностике, основанного на эмпирических данных. В исследовании используется Шкала самосострадания Кристин Нефф (SCS) в дополнение к критерию A (элементы личностного функционирования) и критерию B (черты патологической личности) альтернативной модели расстройств личности, чтобы обнаружить ассоциации между расстройством личности и самосостраданием. Результаты показали, что существует высокая корреляция между идентичностью и самосостраданием, а также что самосострадание и его компоненты умеренно негативно связаны с большинством личностных черт альтернативной модели расстройств личности. Полученные результаты могут помочь в разработке методов лечения людей с расстройством личности, а также обеспечить поддержку основанной на эмпирических данных гибридной размерно-категориальной модели оценки личности.

Ключевые слова: самосострадание, эмпатия, психопатология личности, альтернативная модель расстройств личности, DSM-5.

[2] Данные, использованные для этого проекта, а также дополнительные материалы находятся в открытом доступе по ссылке: https://osf.io/49sdc/?view_only=31a7040ebd3244d7b815d060ea51d256

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Personality Psychopathology and the Role of Self-Compassion

Personality disorders (PDs) are widely defined as being configurations of maladaptive personality traits accompanied by functional impairment. Research into the DSM-5's current taxometric approach to diagnosis suggests that PDs are better assessed via a dimensional approach [24; 26]. With the introduction of the Alternative Model for Personality Disorders (AMPD), clinicians are able to focus on the expressed symptoms within a broad range of personality psychopathology rather than relying on the specific symptom lists within each disorder. This can lead to better evidence-based case conceptualization and potentially assist in tailoring treatment to each individual to maximize symptom reduction.

A strictly categorical approach to PD diagnosis is currently used in the DSM-5. However, due to numerous criticisms of this model, many have argued a dimensional approach should be implemented [6; 8; 19; 63]. Indeed, there is an absence of research supporting the clinical utility of the categorical model [62], and there is substantial diagnostic overlap [40; 67], resulting in an extensive amount of comorbidity and heterogeneity between and among PD diagnoses. The current conceptualization of PD diagnosis is, therefore, complex, and there is a dearth of evidence-based assessment strategies currently being utilized in clinical settings [53]. Given the stigma associated with PDs [54], and the lack of evidence-based treatment for the variety of PDs listed in the DSM-5 [3; 11], it is concerning that our current method of diagnosing PDs also lacks much empirical support.

In response to these limitations, the DSM-5 created an alternative model for the assessment and diagnosis of personality psychopathology. Section III of the manual includes an Alternative Model for Personality Disorders (AMPD), which takes a hybrid, dimensional-categorical approach. This hybrid model attempts to separate PD "severity" (*Criterion A*) from "style" (*Criterion B*). Criterion A focuses on significant impairments of the self (e.g., identity and self-direction) and interpersonal functioning (e.g., empathy and intimacy), and Criterion B focuses on pathological personality trait domains and facets. Criterion B consists of 25 pathological trait facets subsumed under five pathological domains (Antagonism, Detachment, Disinhibition, Negative Affect, and Psychoticism) that can be conceptualized as a pathological variant of the well-established Five-Factor Model of personality [66]. The model allows for a more dimensional perspective of personality psychopathology in clinical work but also maintains the categorical diagnoses using Criterion A and B (see Appendix 1). Numerous studies have supported the AMPD and the validity of its measures [6; 33; 37]. Given that the model is relatively new and not yet routinely used for diagnosing PDs, research surrounding the model is still somewhat

limited, whereas research studying personality psychopathology using the categorical model is abundant. However, given the lack of a cohesive evidence-based approach to PD assessment and diagnosis using the previous model, it is imperative to further explore the new empirically based system.

Impairment in Personality Functioning in Personality Disorders

Important to the AMPD conceptualization of personality psychopathology, PDs are characterized by impairment in personality functioning. Indeed, numerous studies have shown associations between personality psychopathology and impairment in personality functioning [e.g., 5; 34; 46; 55].

Relevant to the current study is impairment in empathy. Indeed, impairment in empathy has been demonstrated across several PDs [2], with each PD having an explicit profile for impairment in empathy according to the AMPD Criterion A. Additionally, numerous studies supported a lack of empathy, or alteration in empathy, in individuals with borderline personality disorder (BPD), which was predicted to impact the level of impairment in interpersonal relationships of those individuals [9; 20; 45]. Of additional import, numerous studies have suggested that empathy and compassion are strongly related to one another, and research frequently conceptualizes compassion as falling within the broader concept of empathy [4; 13; 23; 70]. Therefore, compassion-focused research, including research into self-compassion, may be relevant to better understanding personality psychopathology both in the categorical and hybrid models. Expanding our understanding of the various facets of impairment associated with personality psychopathology will help researchers to improve the tools used to assess PDs and, in turn, lead to more empirically supported diagnostic strategies.

Self-Compassion

Self-compassion is an ability to understand one's own emotions without judgment or blame. Self-compassion includes three main principles: self-kindness, common humanity, and mindfulness [42]. Self-kindness encompasses an understanding of oneself rather than holding onto judgments of shortcomings. Common humanity is the understanding that no one is perfect and that all humans are flawed. Finally, mindfulness refers to one's ability to have a clear understanding of one's own suffering [42]. Much of the literature on self-compassion supports the idea that individuals with high levels of self-compassion have better emotional coping skills [43]. On the other hand, individuals with low levels of self-compassion tend to judge themselves more harshly than they do others [41]. Not surprisingly, previous work has shown links between self-compassion and the constructs of anxiety and depression. Numerous studies have suggested that self-compassion moderates the relationship between symptoms of depression and anxiety in the presence of psychological stressors [5; 7; 12; 21; 22; 28; 29]. Cumulatively, these studies suggest that higher levels of self-compassion reduce the severity of anxious and depressive symptoms, suggesting that self-compassion is beneficial in times of adversity [41].

Most of the research regarding self-compassion and PDs has specifically focused on BPD, with limited research focused on other PDs. For example, Rivera [50] found evidence supporting the idea that reduced levels of self-compassion increase symptoms of BPD. Relatedly, another study found that Compassion Focused Therapy (CFT), which involved promoting self-compassion, reduced BPD patients' self-loathing symptoms over time [31].

However, the same study found that many individuals with BPD associate self-compassion with self-destructive behaviors, which can lead to a developed fear of self-compassion [31]. Other work has examined shame in NPD populations, where the authors found that shame could potentially be resolved by having patients access their underlying self-compassion in psychotherapy [25]. More recent research into models of self-compassion and PDs have found that paranoid, avoidant, dependent, and borderline PDs all evidence deficits in self-compassion [61].

Although the studies above included a variety of methods and measures of self-compassion, the Self-Compassion Scale [41], appears most frequently in research. The SCS was designed based on the three principle features of self-compassion, including self-kindness vs. self-judgment, common humanity vs. isolation, mindfulness vs. over-identification. Furthermore, the previous studies examining PDs and self-compassion have been limited to the categorical model, which lacks empirical support [19]. Therefore, the utilization of the AMPD and its associations with self-compassion would allow for insight into the specific trait domains and facets, as well as areas of impairment in personality functioning that have the strongest correlations with self-compassion and its facets. Additionally, utilizing both of these measures would increase our understanding of the interplay between self-compassion and personality psychopathology using evidence-based methods. Notably, the AMPD Criterion A provides an explicit profile of impairment in empathy, along with other elements of impairment in personality functioning across PDs that would allow for associations between such areas of impairment and self-compassion to be examined. In addition, the AMPD Criterion B provides pathological trait domains and facets for each PD that can be used to further examine the role of self-compassion in PDs. Therefore, the use of the AMPD is advantageous as it will allow for a more nuanced and empirically supported view of the role of self-compassion in personality psychopathology.

Current Study

The current study aimed to examine self-compassion and its relationship with impairment in personality functioning and pathological personality traits in the AMPD using evidence-based methods of assessment. These concepts are important in considerations for the treatment of individuals with personality psychopathology. Although some research has been conducted regarding the relationship between self-compassion, as measured by the Self-Compassion Scale [41], and personality psychopathology [25; 31; 41; 50], this work has been limited and has utilized strictly categorical approaches that lack the empirical support observed in the AMPD's hybrid dimensional-categorical approach [19]. Therefore, this study examined personality psychopathology and its impairment using a categorical-dimensional approach to increase the relevance of findings from an empirical standpoint.

Although self-compassion and its facets were expected to show at least moderate associations with personality impairment (AMPD Criterion A) in both self and interpersonal functioning broadly, a particularly strong association was expected with impairment in empathy. As noted, past research has supported the interchangeability between empathy and compassion [4; 13; 23; 70]. Therefore, although Empathy in the AMPD model refers to empathy towards others, empathy was expected to show strong associations with self-compassion. Furthermore, at least moderate relationships were expected between self-compassion and its facets and several dimensional personality traits

(AMPD Criterion B). At the domain level, the strongest (negative) association was expected between self-compassion and Negative Affectivity. Given the previous work showing associations between categorical BPD and self-compassion [31; 50], as well as the level of negative affectivity common in individuals with BPD [2; 17; 18], it is expected that self-compassion will show strong associations with trait-based BPD and its associated impairment. Therefore, the strongest associations at the trait facet level were expected between self-compassion and Anxiousness (-), Emotionality Lability (-), Submissiveness (-), and Impulsivity (-), given their prevalence in the dimensional conceptualization of BPD.

Methods

Participants and Procedures

The current study used both an undergraduate sample (n=155) and an Amazon Mechanical Turk (MTurk) sample (n=278). G*Power analysis [10] suggested a sample of 79 to capture a medium effect; therefore, the anticipated sample was adequate for all proposed analyses. All measures were administered online using Qualtrics software, following the participants reading an informed consent document and providing digital consent to participate. Undergraduate students received course credit for their participation. Individuals on Amazon Mturk were compensated $1.50 USD for their participation. All data collection was approved by the Sam Houston State University (SHSU) Institutional Review Board. Groups were analyzed separately in order to focus on similar findings across both samples.

Three hundred and twenty students were included in the undergraduate sample. Using a built-in validity measure (described below), 165 participants were excluded from the analyses, leaving a total of 155 participants. Of the remaining sample, participants were 89.8% female, with a mean age of 20.48 years (SD=3.86). Participants were primarily Caucasian (47.8%), followed by Hispanic/Latino (24.8%), African American (19.7%), Asian (3.2%), and Other race/ethnicities (3.2%; other included participants who identified as “mixed,” “Caucasian/Native American” and “multi-ethnic”). The majority of participants identified as straight/heterosexual (80.3%), with the remainder identifying as bisexual (15.9%), lesbian (0.6%), and gay (0.6%). Of the sample, 25.5% reported having been previously diagnosed with a mental illness.

One thousand responses were included in the MTurk sample, with 722 participants being removed after failing to pass the validity measure, leaving a total of 278 participants. These participants were cleared via the validity check, and their completion time was also evaluated to ensure valid participation. Initial data evaluation also supported the validity of the 278 remaining responses. Of the remaining sample, participants were 59.3% female, with a mean age of 36.70 (SD=12.08). Participants were primarily Caucasian (68.9%), followed by Asian (10.4%), African American (10%), Hispanic/Latino (6.4%), Pacific Islander (0.7%), Native American (0.4%), and Other (2.5%; other included participants who identified as Middle Eastern, European, African European, and “mixed”). Approximately 38.2% of individuals reported a bachelor’s degree as their highest level of education, while 23.9% reported high school as their highest level of education, 18.6% reported having an associate’s or technical degree, 15% reported having a master’s degree, and 3.6% reported having a doctorate. The majority of participants identified as straight/heterosexual

(81.4%), with the remainder identifying as bisexual (10.7%), lesbian (3.2%), gay (2.5%), demisexual/polyamorous (0.4%), and fluid (0.4%). Of the sample, 25.4% reported having been previously diagnosed with a mental illness.

The data used for this project as well as supplementary materials are publicly available and can be found at: https://osf.io/49sdc/?view_only=31a7040ebd3244d7b815d060ea51d256

Measures

Self-Compassion Scale (SCS). The SCS [41] is a 26-item self-report questionnaire designed to assess an individual's level of self-compassion as characterized by the three components of Self-Kindness, Common Humanity, and Mindfulness. Each of the 26 items is answered on a 5-point scale ranging from 1 (almost never) to 5 (almost always). The three components of the SCS are then integrated to identify a single higher-order self-compassion scale. The internal consistencies for both samples are shown in Appendix 1.

Personality Inventory for DSM-5 (PID-5). The PID-5 [2] is a 220-item self-report questionnaire developed to measure the pathological personality traits in Criterion B of the AMPD. Items are answered on a 4-point scale ranging from 0 (very false or often false) to 3 (very true or often true). It assesses five-dimensional trait domains (Negative Affect, Disinhibition, Antagonism, Detachment, and Psychoticism), which are further divided into 25 facets. Previous research has supported the reliability, validity, and factor structure of this measurement of pathological traits (see [1] for a review). The current study used the official PID-5 scoring algorithm, and all scores were derived using the mean across all items on each domain or facet. The internal consistencies for both samples are shown in Appendix 1.

Level of Personality Functioning Scale Self-Report (LPFS-SR). The LPFS-SR [36] is an 80-item self-report questionnaire designed to measure the severity of one's personality psychopathology across the four dimensions included in Criterion A of the AMPD. These four dimensions of personality functioning include identity, self-direction, empathy, and intimacy. Each item is measured on a 4-point scale ranging from 1 (totally false) to 4 (very true). Previous research supports the overall reliability and validity of the measure [36]. The internal consistencies for both samples are shown in Appendix 1.

Validity Indicator. Because the measures used in this study do not have built-in validity scales, six validity items were dispersed throughout to ensure participants were responding appropriately to the item content. Validity indicator items were written as statements that a majority of participants would disagree with, such as "I am only friends with people born in August." Individuals who agreed with two or more validity items were removed from analyses.

Results

Given the number of comparisons in the current study, there is an inflated possibility for Type I error. Therefore, we used a Bonferroni corrected alpha of $p<.001$ to determine statistical significance. This was calculated by dividing the original alpha value ($p<.05$) by the number of tests being conducted with each dependent variable ($n=48$). In addition, we only interpreted moderate correlations ($r>.30$) as meaningful. All moderate correlations

were also statistically significant in the current study. Finally, we included associations between demographic variables and main study variables (See Supplemental Tables 2 through 6 at https://osf.io/49sdc/?view_only=31a7040ebd3244d7b815d060ea51d256). The two samples differed significantly from one another in both gender, $\chi^2(2, 429)=47.01$, $p>.05$, and ethnicity, $\chi^2(6, 430)=52.07$, $p>.05$. As age was significantly correlated with multiple variables of interest, we controlled for this in our analyses.

First, we evaluated the zero-order associations between the LPFS-SR impairment in personality functioning and self-compassion. These results are shown in Appendix 2. All LPFS-SR Total and subscale scores were moderately or largely correlated with the SCS Total and subscale scores in both samples. However, the LPFS Identity subscale and the LPFS Total scale were the only scales that showed strong correlations across the majority of facets of self-compassion in both samples. Additionally, although the LPFS Empathy subscale was expected to have particularly strong correlations with self-compassion, it showed the weakest correlations with all facets of self-compassion compared with the other total and subscales of functional impairment.

Next, we evaluated the zero-order associations between AMPD pathological personality domains and trait facets on the PID-5-SF and self-compassion using the SCS. These results are shown in Appendix 3. The majority of AMPD domains and traits facets were moderately correlated with SCS total and subscale scores in both samples. The strongest association was found between the trait domains Negative Affectivity, followed by Detachment and Disinhibition. The majority of Negative Affectivity trait facets had moderate negative correlations, with the facets of Anxiousness and Emotional Lability exhibiting the strongest correlations. Additionally, particular facets of Detachment (i.e., Withdrawal, Anhedonia, Depressivity, and Suspiciousness) and Disinhibition (i.e., Impulsivity and Distractibility) showed moderate associations with SCS total and subscale scores. However, no associations were found between the trait facet Grandiosity and self-compassion in either sample.

Discussion

The primary purpose of the current study was to investigate the role of self-compassion in personality psychopathology, as measured in the DSM-5 AMPD. Two samples were examined in the study to investigate the convergence of self-compassion and the AMPD scores across both samples. We examined self-compassion and its associations with impairment in personality functioning and pathological personality domains and traits. The utilization of two samples allowed us to see if the findings would be similar across undergraduate and community populations. We focus this discussion on findings that were compared across both samples.

Our results showed a pattern of moderate to strong negative associations between impairment in personality functioning and the three facets of self-compassion. This was not surprising, given that previous research indicates self-compassion is associated with better emotional coping skills [2; 43]. However, we predicted that impairment in personality functioning in empathy, specifically, would have the strongest association with self-compassion and its facets due to previous research suggesting that empathy and compassion are interchangeable terms [4; 13; 70]. Despite our prediction, the results

showed that although impairment in empathy had moderate negative associations with self-compassion and its facets (as expected), the associations were weaker compared with other total and subscales of the LPFS. Instead, Identity evidenced the strongest associations with self-compassion. This may be accounted for by previous research that indicated that individuals that judge themselves more harshly tend to have lower levels of self-compassion [41], which may be better accounted for by impairment in empathy. In addition, it is possible that empathy and compassion are interchangeable terms but that the operationalization of empathy in the AMPD is different from empathy operationalized by self-empathy. Nonetheless, this finding extends beyond previous literature in regard to the relationship between self-compassion and impairment in personality functioning and provides further insight into the underlying components of the assessment tools used.

The second aim of the study was to investigate associations between self-compassion and its facets and specific trait domains and facets of Criterion B. The domain of Negative Affectivity was shown to have the strongest (negative) associations with self-compassion, followed by Detachment and Disinhibition. These findings are consistent with expectations. More specifically, moderate associations were found with Negative Affectivity's traits of Anxiousness, Emotional Lability, and Submissiveness, with the first two showing the strongest associations. Given previous research suggesting that low levels of self-compassion can impact and exacerbate BPD symptomology [50], it is unsurprising that Negative Affectivity (a core feature of BPD) and its composite traits were found to have strong negative associations.

Furthermore, particular traits of the domains of Detachment (i.e., Withdrawal, Anhedonia, Depressivity, and Suspiciousness) and Disinhibition (i.e., Impulsivity and Distractibility) were found to have moderate negative associations. Although these were not hypothesized to be among the strongest associations, past findings have shown a relationship between higher levels of self-compassion and both anxious and depressive symptoms [7; 21; 22; 28; 29; 41], making the Detachment associations less surprising. Furthermore, this finding provides additional evidence that using a dimensional approach to personality psychopathology allows for a more in-depth understanding of the specific underlying facets of personality psychopathology, rather than limiting our understanding to a single PD.

Implications

Overall, our findings have implications for the role self-compassion plays in personality psychopathology. More specifically, given the lack of research on the relationship between self-compassion and personality psychopathology from the dimensional perspective, the current study examined each element of impairment in personality functioning and pathological trait domains and facets. These associations helped to provide insight into areas of dysfunction associated with particular traits. For instance, the study found notably stronger associations between self-compassion and particular subscales of impairment in personality functioning (i.e., identity). The identity subscale was found to have even stronger associations with self-compassion than empathy, which could be a subject for further research. Examining different facets of identity and their associations with self-compassion may aid in a better understanding of how to treat those with identity impairment (e.g., by working to improve self-compassion). The findings

also have implications for how identity and empathy are measured in the AMPD, in that empathy toward oneself is better accounted for in the identity subscale. Though not necessarily surprising (and not inherently problematic), this is important in understanding how to best classify areas of impairment in the AMPD.

Further, the implications also extend to the trait model of the AMPD. Three trait domains (i.e., Negative Affectivity, Detachment, and Disinhibition) showed the largest associations with self-compassion. Of note, the strong correlations between Negative Affectivity and self-compassion in the current study indicate a need to further examine the similarities between these two constructs. Though the associations between Detachment and self-compassion were not surprising given previous research on self-compassion and its role in anxiety and depression, these findings extend previous work into the AMPD. Indeed, as we move toward integrating the AMPD and other evidence-based methods for diagnosis into general clinical practice, it will be important to have a thorough understanding of the way in which pathological personality traits coexist with other problematic areas of functioning (such as lacking in self-compassion).

Importantly, treatment methods, such as Compassion-Focused Therapy (CFT), have been developed to increase compassion for the self and others [31; 57; 59]. Therefore, the strong negative associations found between particular trait domains and facets and self-compassion suggest the need for further research into the use of CFT in PD populations. For instance, it is possible that trait domains and facets with strong negative associations with self-compassion would be more likely to benefit from therapy that targets that particular area of impairment. However, there has been limited work related to treatment efforts focused on the AMPD. Therefore, further research might contribute to a better understanding of shared impairment, which could impact the way working treatment plans are approached and established.

Limitations and Future Directions

There are several limitations of the current study that should be noted. First, the number of statistical analyses leads to inflated error. Although we attempted to mitigate this by using two samples, using a Bonferroni corrected alpha, and focusing on findings with moderate effect sizes, the possibility for error should not be ignored. In addition, the Cronbach's alphas for some trait facets of the PID-5-SF were found to have poor internal consistencies (i.e., Suspiciousness, Perceptual Dysregulation, Unusual Beliefs and Experiences, Deceitfulness, and Irresponsibility). However, none of the aforementioned traits were predicted to have a particularly strong association with self-compassion.

Another limitation was the imbalance of gender within our undergraduate sample. Although our MTurk sample had a more balanced proportion of men to women, our undergraduate sample was largely female. Therefore, our results related to undergraduate men should be interpreted with caution, and future directions may benefit from looking further into these results in men. Furthermore, no clinical samples were utilized in the study. Therefore, the potential range restriction at the more pathological ends of the domains is another limitation. Future directions should include a possible replication of the study in clinical samples to account for the more extreme expressions of pathological trait domains. Finally, the utilization of self-report measures in the current study was another

potential limitation. The use of multi-method assessments that include behavioral indicators and interview rated data, along with self-report, would be beneficial in understanding these relationships in the future and should be considered for future research.

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Appendix 1

Descriptive and Inferential Statistics for SCS, PID-5-SF, and LPFS

	Undergraduate			Community		
	α	M	SD	α	M	SD
SCS						
Self-kindness vs. Self-judgment	**.90**	3.02	.93	**.87**	2.71	.81
Common humanity vs. Isolation	**.83**	3.12	.86	**.78**	3.01	.76
Mindfulness vs. Overidentification	**.87**	3.24	.90	**.76**	3.01	.72
SCS total	**.95**	3.13	.85	**.93**	2.91	.70
PID-5-SF						
Antagonism	**.90**	.56	.54	**.84**	.35	.39
Manipulative	**.80**	.69	.65	**.76**	.47	.55
Deceitfulness	**.80**	.53	.62	.67	.36	.47
Grandiosity	**.85**	.48	.64	**.71**	.24	.40
Attention Seeking	**.84**	.72	.72	**.90**	.88	.81
Callousness	**.85**	.35	.57	**.84**	.20	.41
Detachment	**.90**	.76	.63	**.86**	.70	.56
Withdrawal	**.84**	.99	.78	**.76**	.84	.66
Intimacy Avoidance	**.85**	.59	.71	**.83**	.61	.73
Anhedonia	**.90**	.72	.81	**.72**	.66	.77
Depressivity	**.90**	.53	.76	**.90**	.46	.71
Restrict Affect	**.79**	2.04	.72	**.83**	2.22	.74
Suspiciousness	**.77**	.74	.70	.67	.70	.60
Disinhibition	**.90**	.72	.60	**.88**	.75	.57
Irresponsibility	**.74**	.41	.56	.63	.26	.42
Impulsivity	**.88**	.75	.74	**.90**	.65	.78
Distractibility	**.90**	1.00	.85	**.89**	1.33	.92
Risk Taking	**.87**	.63	.68	**.78**	.64	.61
Rigid Perfectionism	**.82**	2.01	.76	**.86**	1.92	.84
Negative Affectivity	**.91**	1.01	.70	**.90**	1.29	.71
Emotional Lability	**.88**	.79	.77	**.85**	1.05	.86
Anxiousness	**.90**	1.33	.94	**.84**	1.65	.85
Separation Insecurity	**.82**	.91	.80	**.85**	1.17	.89

Submissiveness	**.85**	1.12	.75	**.83**	1.03	.74
Hostility	**.86**	.73	.77	**.83**	.86	.77
Perseverance	**.84**	.95	.75	**.81**	.90	.73
Psychoticism	**.90**	.62	.60	**.84**	.56	.50
Unusual Beliefs & Experiences	**.76**	.53	.64	.62	.48	.57
Eccentricity	**.89**	.99	.91	**.88**	.93	.86
Perceptual Dysregulation	**.76**	.33	.52	.60	.26	.40
LPFS						
LPFS_Identity	**.87**	80.94	24.17	**.84**	84.92	21.88
LPFS_Self-direction	**.83**	55.59	18.27	**.81**	56.71	17.37
LPFS_Empathy	**.77**	40.24	13.30	**.74**	38.53	11.59
LPFS_Intimacy	**.86**	65.43	21.21	**.80**	66.46	18.69
LPFS_Total	**.95**	241.75	69.33	**.93**	246.36	59.90

Notes. PID-5-SF — Personality Inventory of DSM-5 Short Form; LPFS — Level of Personality Functioning. Significant alpha values are presented in boldface font.

Appendix 2

Pearson Correlations for SCS and AMPD Criterion A: LPFS controlling for age

	SelfKind_SelfJ	ComHum_Isol	Mindf_Overid	SCS total
LPFS_Identity	**-.60*/-.58***	**-.63*/-.62***	**-.66*/-.59***	**-.67*/-.65***
LPFS_Self-direction	**-.40*/-.38***	**-.47*/-.36***	**-.49*/-.49***	**-.48*/-.44***
LPFS_Empathy	**-.33*/-.31***	**-.41*/-.29***	**-.42*/-.42***	**-.41*/-.37***
LPFS_Intimacy	**-.37*/-.33***	**-.46*/-.37***	**-.46*/-.46***	**-.46*/-.42***
LPFS_Total	**-.48*/-.48***	**-.56*/-.49***	**-.57*/-.57***	**-.57*/-.55***

Notes. SelfKind_SelfJ — Self-kindness vs. Self-judgment; ComHum_Isol — Common humanity vs. Isolation; Mindf_Overid — Mindfulness vs. Overidentification); LPFS — Level of Personality Functioning The correlations prior to the slash represent the community sample and the correlations following the slash represent the undergraduate sample. Significant values are presented in boldface font; * — correlations that met the threshold for the Bonferroni correction.

Appendix 3

Pearson Correlations for SCS and AMPD Criterion B: PID-5-SF controlling for age

	SelfKind_SelfJ	ComHum_Isol	Mindf_Overid	SCS total
Antagonism	-.09/-.06	-.12/-.03	-.17/-.12	-.14/-.07
Manipulative	-.02/-.10	-.00/-.02	-.02/-.14	-.00/-.09
Deceitfulness	-.16/-.18	-.21*/-.15	-.26*/-.21	-.23*/-.20
Grandiosity	.02/.05	-.06/-.02	-.10/-.08	-.06/-.01
Attention Seeking	-.08/-.11	-.07/-.10	-.17/-.20	-.11/-.14
Callousness	-.14/-.10	-.16/-.11	-.15/-.15	-.16/-.13
Detachment	-.53*/-.51*	-.49*/-.46*	-.52*/-.45*	-.55*/-.52*
Withdrawal	-.46*/-.44*	-.43*/-.47*	-.43*/-.40*	-.47*/-.48*
Intimacy Avoidance	-.20/-.23	-.15/-.15	-.18/-.15	-.19/-.20
Anhedonia	-.58*/-.51*	-.56*/-.48*	-.59*/-.47*	-.62*/-.53*
Depressivity	-.53*/-.50*	-.53*/-.53*	-.54*/-.47*	-.58*/-.55*
Restricted Affectivity	-.05/.15	-.01/.12	-.07/-.02	-.01/.09
Suspiciousness	-.40*/-.37*	-.43*/-.37*	-.44*/-.47*	-.46*/-.43*
Disinhibition	-.44*/-.29*	-.42*/-.23	-.51*/-.44*	-.49*/-.34*
Irresponsibility	-.27*/-.16	-.24*/-.12	-.30*/-.28	-.29*/-.20
Impulsivity	-.27*/-.28*	-.24*/-.22	-.37*/-.35*	-.32*/-.31*
Distractibility	-.49*/-.34*	-.43*/-.29*	-.49*/-.40*	-.51*/-.37*
Risk Taking	-.04/-.05	-.06/-.00	-.09/-.14	-.06/-.07
Rigid Perfectionism	.38*/.30*	.27*/.34*	.38*/.31*	.37*/.34*
Negative Affectivity	-.65*/-.47*	-.60*/-.43*	-.73*/-.60*	-.70*/-.54*
Emotional Lability	-.40*/-.40*	-.37*/-.37*	-.54*/-.54*	-.57*/-.47*
Anxiousness	-.66*/-.49*	-.60*/-.45*	-.70*/-.52*	-.70*/-.53*
Separation Insecurity	-.38*/-.42*	-.34*/-.32*	-.46*/-.51*	-.42*/-.45*
Submissiveness	-.39*/-.31*	-.36*/-.28	-.44*/-.26	-.42*/-.31*
Hostility	-.46*/-.36*	-.40*/-.37*	-.56*/-.43*	-.51*/-.42*
Perseverance	-.47*/-.46*	-.45*/-.37*	-.56*/-.47*	-.53*/-.47*

Psychoticism	**-.31***/-.12	**-.30***/-.16	**-.36***/-.15	**-.35***/-.16
Unusual Beliefs & Experiences	**-.18***/-.05	-.15/-.09	**-.21**/-.05	**-.19**/-.07
Eccentricity	**-.34***/-.19	**-.33*/-.24**	**-.37***/-.17	**-.37***/-.22
Perceptual Dysregulation	**-.16**/.00	**-.18***/-.06	**-.20***/-.09	**-.19***/-.05

Note. SelfKind_SelfJ — Self-kindness vs. Self-judgment; ComHum_Isol — Common humanity vs. Isolation; Mindf_Overid — Mindfulness vs. Overidentification); PID-5-SF — Personality Inventory of DSM-5 Short Form. The correlations prior to the slash represent the community sample and the correlations following the slash represent the undergraudate sample. Significant values are presented in boldface font; * — correlations that met the threshold for the Bonferroni correction.

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