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Understanding malignant self-regard and its implications for achievement

Carly D. Evich

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Abstract

The latest *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013a) includes a dimensional model of personality assessment, which has been widely suggested as a better way to understand personalities than the current categorical model. The dimensional model highlights impairment in personality functioning and pathological traits as the hallmark features of personality pathology. *Malignant Self Regard* (MSR; Huprich, 2014), an emerging personality construct, is an example of a personality aligned with this model, in that it is characterized by pathological features that negatively affect the way one views themselves and relates to others. Given that MSR is insidious in nature, its underlying pathology could lead to significant functional impairment in everyday life. Therefore, the objective of the current study was to better understand functional impairment in relation to MSR. An online survey was utilized at two Midwestern universities to evaluate the constructs of academic achievement and achievement striving as potential domains of dysfunction for MSR sufferers. Contrary to hypotheses, preliminary findings did not demonstrate a relationship between MSR, academic achievement, and achievement striving. Suggested explanations of these findings are addressed, along with implications for future research aimed at expanding our understanding of the nature of MSR.

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Natalie Dove

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AND ITS IMPLICATIONS FOR ACHIEVEMENT

By

Carly D. Evich

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Abstract

The latest *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013a) includes a dimensional model of personality assessment, which has been widely suggested as a better way to understand personalities than the current categorical model. The dimensional model highlights impairment in personality functioning and pathological traits as the hallmark features of personality pathology. *Malignant Self-Regard* (MSR; Huprich, 2014), an emerging personality construct, is an example of a personality aligned with this model, in that it is characterized by pathological features that negatively affect the way one views themselves and relates to others. Given that MSR is insidious in nature, its underlying pathology could lead to significant functional impairment in everyday life. Therefore, the objective of the current study was to better understand functional impairment in relation to MSR. An online survey was utilized at two Midwestern universities to evaluate the constructs of academic achievement and achievement striving as potential domains of dysfunction for MSR sufferers. Contrary to hypotheses, preliminary findings did not demonstrate a relationship between MSR, academic achievement, and achievement striving. Suggested explanations of these findings are addressed, along with implications for future research aimed at expanding our understanding of the nature of MSR.

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Understanding Malignant Self-Regard and its Implications for Achievement

Personality has been defined as “the characteristic manner in which one thinks, feels, behaves, and relates to others” (Widiger, 2011a, p. 103). According to the latest *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association [APA], 2013a), “[this] pattern of perceiving, relating to, and thinking about the environment and oneself” is a complex attribute of all humans (p. 763). However, there are many individual differences in personality based on both broad and specific personality traits, which can range from being healthy to disordered. In turn, Krueger and Markon (2014) noted that as a whole, “Personality is assumed to range from adaptive and nonpathological, through normal or typical trait levels, to maladaptive and pathological” (p. 484). Researchers have recently suggested that the complexity and range of personalities call for assessment in terms of elements or aspects of personality, rather than a simplistic assessment of personality as a whole (Bender, Morey, & Skodol, 2011; Hopwood, 2011).

Dimensional Model of Personality Assessment

The Personality Disorders Workgroup of the DSM-5 proposed a dimensional model of personality assessment in Section III: Emerging Measures and Models. A dimensional model has been widely suggested as an improved way to understand personalities over the current categorical model, because it accounts for pathology that fails to neatly fit into a diagnostic category (Clark, 2007; Hopwood, et al., 2011; Livesley, 2007; Morey, et al., 2011; Shedler, et al., 2010; Widiger, 2011b; Widiger & Simonsen, 2005). Diagnosing a personality disorder in accordance with the dimensional

model depends largely on two elements or criterion: Criterion A: personality functioning, and Criterion B: pathological personality traits.

The DSM-5, Section III states that “Disturbances in self and interpersonal functioning constitute the core of personality psychopathology” (APA, 2013a, p. 762) and are an essential feature of a personality disorder. Personality functioning (Criterion A) is defined as the way an individual understands and experiences themselves, along with how they relate to others. This self and interpersonal functioning is evaluated on a continuum using the Level of Personality Functioning Scale (LPFS; APA, 2013b), which delineates five levels of impairment that range from Level 0 (little or no impairment) to Level 4 (extreme impairment). Impairment is manifested in four domains: Identity, Self-Direction, Empathy, and Intimacy. An impaired level of personality functioning signifies “difficulties establishing coherent working models of self and others” (Krueger & Markon, 2014, p. 482) observed within any or all of the four domains. In other words, an individual with impaired personality functioning might have a distorted sense of self, trouble pursuing and achieving goals, difficulty expressing empathy, and/or struggle to sustain healthy relationships. Ultimately, “Impairment in personality functioning predicts the presence of a personality disorder” and therefore needs to be assessed (APA, 2013a, p. 762).

Criterion B of the dimensional model represents pathological personality traits, which denote characteristic “dispositions to behave or feel in certain ways” that are generally inflexible and tend to cause significant and continued distress within an individual across situations (APA, 2013a, p. 763). According to Widiger (2003), “Personality traits are integral to each person's sense of self, as they include what people

value, how they view themselves, and how they act most every day throughout much of their lives” (p. 131). The current dimensional model identifies twenty-five, unipolar trait facets that represent “specific elements of maladaptive personality variation” (Krueger & Markon, 2014, p. 486), such as depressivity and rigid perfectionism. High scores indicate pathology, whereas low scores are considered normal (Keeley, Flanagan, & McCluskey, 2014). These trait facets, which must be evaluated for personality disorder diagnosis, are broadly captured by five overarching trait domains “understood as maladaptive variants of the domains of the five-factor model of personality (FFM)” (Krueger & Markon, 2014, p. 487). The domains include Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism (APA, 2013a). Implications of problematic personality content coupled with impaired personality functioning might include not only the development of a personality disorder, but also significant functional impairment throughout daily life. One example of a pathological personality that is defined by personality functioning and pathological features is Malignant Self-Regard.

Malignant Self-Regard

Malignant Self-Regard (MSR; Huprich, 2014) is an emerging personality construct derived from Masochistic (Self-Defeating), Depressive, and Vulnerably Narcissistic personality disorders. For individuals afflicted by these disorders, they possess a common self-structure or identity that interacts with how they view others and, in turn, leaves them vulnerable to being influenced by others’ opinions (Huprich, 2014; Huprich & Nelson, 2014). For example, when their desires to be loved by others become hindered by self-critical thoughts, their interpersonal relationships might suffer. Failed interrelatedness could lead to a dysregulation of their self-concept, thereby creating a

pathological understanding and manifestation of the self (i.e., MSR) (Huprich & Nelson, 2014).

As a suggested organizational framework for the overlap between Masochistic (Self-Defeating), Depressive, and Vulnerably Narcissistic personality disorders, MSR gives attention to the common features of those who suffer from these forms of personality pathology. “[These] personality features...involve characteristics that the person has come to accept as an integral part of the self” (Widiger, 2003, p. 131). They include perfectionism, self-criticism, depression proneness, pessimism, desires for recognition and approval, feelings of guilt, shame, and inadequacy, along with difficulty expressing anger (Huprich & Nelson, 2014). Although the exact trait profile of the MSR personality is not yet known, the aforementioned features are fairly consistent with pathological traits, particularly depressivity and rigid perfectionism, in that they are pervasive and stable across time with onset during early childhood (Huprich, 2014; Lengu, Evich, Nelson, & Huprich, under review). Clearly understood, however, is the idea that through the expression of these features, the personality functioning of MSR is evidenced.

In terms of self functioning, individuals with high levels of MSR largely reflect pathology in the domain of Identity. They define themselves as being undeserving of recognition or pleasure, despite unconsciously desiring to be appreciated and acknowledged. In fact, many MSR sufferers will go to great lengths to assist others, even choosing to put themselves in seemingly critical environments that make them uncomfortable, all for the chance at interpersonal relatedness or approval. However, Huprich (2014) explains that if they are unrecognized, disapproved of, or met with low

levels of interest, MSR sufferers will likely feel hurt, angry, disappointed in themselves, and possibly engage in self-defeating behaviors as a result of their underlying needs for approval and acceptance going unmet. Failed interrelatedness and poor emotional regulation highlight MSR sufferers' problematic interpersonal and self functioning, specifically in the domains of Intimacy and Identity. They desire to connect with others, but struggle with developing meaningful relationships due to an inaccurate appraisal of their own self-worth. Furthermore, with the two primary interrelated dimensions that contribute to MSR involving "being particularly self-critical and negative while also having perfectionistic and high-seeking aspirations," impairment in the Self-Direction domain of self functioning is also evident (Huprich & Nelson, 2014, p. 995).

Malignant Self-Regard and Functional Impairment

In terms of MSR, while there is a burgeoning understanding of its pathological features and effects on how one views themselves and others, there is a lack of knowledge regarding how these criteria promote or impair one's *everyday* functioning, otherwise known as functional impairment. Functional impairment in this context signifies difficulties in the social and occupational areas of life as a result of personality pathology symptoms (Üstün & Kennedy, 2009). These areas "could reasonably include communication skills, emotional well-being, self-care, occupational functioning, and many others" (Keeley et al., 2014, p. 660). According to Keeley et al. (2014), "Beginning with the DSM-IV [APA, 1994], documenting impairment in one or more areas of functioning has been an integral part of the definition of mental disorder...known as the 'clinical significance' criterion" (p. 659). Moreover, Section III of the DSM-5 remarks that the maladaptive nature and inflexibility of personality functioning and traits

associated with personality pathology “leads to disabilities in social, occupational, or other important pursuits” (APA, 2013a, p. 763).

Impairment in Academic Achievement

One domain of everyday functioning commonly related to personality is achievement, specifically in the area of *academic* achievement (Chamorro-Premuzic & Furnham, 2003; Ozer & Benet-Martínez, 2006; Wagerman & Funder, 2007). For instance, Nofle and Robins (2007) found Conscientiousness to be the best predictor of college students’ academic success out of all the Big Five personality traits, with perfectionism displaying a significant association. They also noted, “With personality traits established as important predictors of academic outcomes... future researchers should be able examine the interplay between traits and other factors in academic achievement” (p. 128). Current literature, for instance, demonstrates an achievement-striving attitude as being associated with behaviors that boost academic performance (Furnham & Chamorro-Premuzic, 2004). Moreover, goal-orientation, self control, and achievement motivation have been found to be the most important aspects of conscientiousness that contribute to academic achievement (Nofle & Robins, 2007; Paunonen & Ashton, 2001).

However, personality is not always associated with positive academic outcomes, as recognized by the World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), a recognized measure of functional impairment that identifies academic difficulties as examples of dysfunction (Üstün, Kostanjsek, Chatterji, & Rehm, 2010). Pathological personalities characterized by emotional instability, a lack of impulse control, maladaptive perfectionism, and/or interpersonal difficulties have been found to

be related to, and even predictive of negative academic outcomes. Examples include Borderline Personality Disorder (Trull, Useda, Conforti, & Doan, 1997; Bagge, et al., 2004), covert narcissism (Weikel, Avara, Hanson, & Kater, 2010), as well as Schizotypal, Avoidant, and Obsessive-Compulsive personality disorders (Skodol, et al., 2002).

Achievement Dysfunction and MSR

Due to their perfectionistic tendencies, it is likely that individuals high in MSR will often exhibit an achievement-striving attitude. Vulnerability to criticism is another factor that motivates MSR sufferers to want to achieve, for it is the individual's hope that his/her accomplishments will deflect criticism and, instead, merit acceptance (Huprich, 2014). However, actual academic achievement for an individual with high MSR levels might ultimately be impaired as a result of the maladaptive nature of their underlying perfectionism. Grzegorek, Slaney, Franze, and Rice (2004) highlighted that "Maladaptive perfectionists, given similar results in terms of achievement, felt less satisfied with these results than did adaptive perfectionists" (p. 198). Nevertheless, Slaney, Chadha, Mobley, and Kennedy (2000) found that, despite experiencing negative affectivity (e.g. guilt, self-criticism, shame), perfectionistic individuals would still be unwilling to give up their perfectionism, believing it was a contributor to their overall success (as cited in Grzegorek, et al., 2004). Therefore, it's suggested that MSR sufferers are largely unaware that their pathological self functioning is a primary contributor to their own functional impairment.

Rationale and Hypotheses

As of late, there has yet to be a formal investigation of functional impairment in relation to MSR, though it is important to study this area in order to advance

understanding of the outcomes of MSR's underlying pathology (Huprich & Nelson, 2014). Therefore, the current study examined functional impairment in relation to MSR as part of a larger study aimed at enhancing overall understanding of the nature of MSR. Functional impairment was defined by academic achievement and an achievement-striving attitude, as objectively measured by self-reported, cumulative grade point average (GPA), expected cumulative GPA, and the Achievement facet of the Conscientiousness domain presented on the Five Factor Model Rating Form (Mullins-Sweatt, Jamerson, Samuel, Olson, Widiger, 2006). Hypotheses about study findings included the following:

1. Self-reported, current cumulative GPA will be positively correlated with expected GPA.
2. Self-reported, current cumulative GPA and expected GPA will relate positively with the FFMRF Achievement facet.
3. Self-reported, current cumulative GPA and expected GPA will be negatively correlated with MSR.
4. The FFMRF Achievement facet will be positively correlated with MSR.
5. MSR will predict lower current and expected GPA and positively predict scores on the Achievement facet.

Methods

Participants

Participants in the overall study included eight hundred nine ($n = 809$) undergraduate students from a mid-size, public university in the Midwestern United States, as well as one hundred seven undergraduate students ($n = 107$) from another mid-

size, Midwestern public university, all of whom were recruited through the universities' respective *SonaSystem*, an online human subject management system. The present study, however, included only those participants that completed measures relevant for current study analyses (Midwest 1: $n = 801$; Midwest 2: $n = 105$). Excluded participants were not found to be significantly different from included participants on any of the current study measures. The combined undergraduate sample ($N = 906$) ultimately included 24.5% ($n = 222$) men and 74.8% ($n = 678$) women (6 participants did not report a gender). The mean age was 21.24 years ($SD = 5.02$) and ranged between 17 and 56 years. The sample self-reported as 67.7% ($n = 613$) Caucasian, 15.2% ($n = 138$) African-American, 4% ($n = 36$) Hispanic/Latino, 3.8% ($n = 34$) Multicultural, 2.5% ($n = 23$) Asian-American, and 2.4% ($n = 22$) Asian/Pacific-Islander. The remaining 4.4% reported themselves as Native-American, Other, or did not endorse a category. All participants completed the study voluntarily with the option of withdrawing at any point in time without penalty. Research credit or extra credit in a psychology course was also awarded for study participation.

Procedure

Upon receiving approval from both universities' institutional review boards, overall data collection was conducted at the first Midwestern university from November 2014 to April 2015, and at the second university from January to March 2015. The procedure for the study involved a secure online survey administered at both universities on a computer of participants' choosing. Through the *SonaSystem*, interested participants were provided with the website link for the survey, which was located on *Qualtrics*, an online survey platform, and took approximately forty-five minutes to complete.

After electronically consenting to take part in the study, the release by the university registrars to the principle investigator of participants' actual cumulative GPAs, as well as their total number of attempted and obtained course credits was requested. Participants' consent to releasing this data was entirely optional and did not affect their ability to participate in the rest of the survey or receive credit for participation. Next, self-reported, current cumulative GPAs were requested if they were available at the time of taking the survey. Participants were also asked to self-report the cumulative GPA they expected to receive at the end of the present semester, along with their high school GPA and its scale of measurement. Afterwards, participants completed demographics questions that asked them to indicate gender, age, ethnicity, and current year in school. Finally, participants completed a series of self-report questionnaires that captured various aspects of their personalities. These aspects included the Big Five personality factors, as well as the constructs of MSR, perfectionism, effortful control, impression management, relationship satisfaction, and achievement striving.

For the present study, the measure of MSR was the only questionnaire included in its entirety in analyses. Additionally, actual GPA was the intended measure for academic achievement, while attempted/obtained course credits were the intended measures for achievement striving. High school GPA and scale were collected to demonstrate stability of academic achievement. However, these data points were either not yet available or not yet converted into a standard scale at the time of writing this paper, and thus could not be included in subsequent analyses. Therefore, for the purposes of the current study, self-reported current/expected GPA and the FFMRF Achievement facet were utilized as measures of academic achievement and achievement striving.

Measures

MSR. *The Malignant Self-Regard Questionnaire* (MSRQ; Huprich, 2011) is a 52-item, self-report measure designed to capture the construct of MSR. Responses are rated on a Likert-scale, with scores ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Items assess the core features of MSR, including depression, self-criticism, feelings of guilt, shame, and inadequacy, hypersensitive self-focus, pessimism, perfectionism, desires for approval and acceptance, masochism, and problematic expression of anger. Total scores are calculated by adding together the values for all items, with higher total scores indicating higher levels of MSR. Internal consistency for the MSRQ in the present sample was excellent ($\alpha = .93$) and consistent with findings ($\alpha = .93$) of Huprich and Nelson (2014).

Achievement striving. *The Five Factor Model Rating Form* (FFMRF; Mullins-Sweatt, et al., 2006) consists of 30 items measuring the five core domains of personality and their respective facets (six for each domain). The five domains include Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Responses for each facet range from 1 (Extremely Low) to 5 (Extremely High), with trait descriptors provided at each pole of every facet. For example, the Achievement facet of the Conscientiousness domain is assessed with the descriptors “workaholic, ambitious” versus “aimless, desultory.” Scores for each domain are determined by summing the values of the domain’s facet items, where greater scores capture highly neurotic, extroverted, open, agreeable, and/or conscientiousness individuals. Facet scores are represented by the values of individual facets or items, with a higher score reflecting a higher degree of the trait measured by a particular facet. Domain levels of internal consistency have ranged

from $\alpha = .63$ (Openness) to $\alpha = .80$ (Conscientiousness) (Samuel, Mullins-Sweatt, & Widiger, 2013). In the current study, Chronbach's alpha values ranged from acceptable to excellent, including Neuroticism ($\alpha = .76$), Extraversion ($\alpha = .75$), Openness ($\alpha = .69$), Agreeableness ($\alpha = .69$), and Conscientiousness ($\alpha = .80$). Ultimately, the Achievement facet of the Conscientiousness domain was utilized as the measurement of achievement striving and thus was the only FFMRF item included in current analyses.

Academic achievement. In efforts to capture academic achievement, self-reported, current cumulative GPA and expected cumulative GPA following the end of the current semester were included in present analyses. Previous studies have found self-reported GPA to correlate strongly and positively with actual GPA (Gray & Watson, 2002; Noffle & Robins, 2007).

Results

To test study hypotheses, bivariate correlations were examined between average GPA scores, scores on the FFMRF Achievement facet, and total MSR scores (see Table 1). Results showed that self-reported, current and expected GPA were significantly and positively correlated with one another, which supports Hypothesis 1. Hypothesis 2 was also found to be supported in that both forms of GPA correlated positively with the FFMRF Achievement facet, though the strength of the relationships was very weak. Hypotheses 3 and 4 stated that there would be a negative correlation between self-reported, current GPA/expected GPA and MSR, along with a positive correlation between the Achievement facet of the FFMRF and MSR. Contrary to these hypotheses, however, a correlation did not exist between MSR and either cumulative or expected GPA in the present study.

Table 1

Correlations between Current GPA, Expected GPA, MSR, and FFMRF Achievement Facet (N=906)

Variables	1	2	3	4
1. Current GPA	–			
2. Expected GPA	0.882**	–		
3. MSR	0.070	0.008	–	
4. FFMRF Achievement	0.134**	0.157**	-0.021	–

Note. **p < 0.01

Finally, Hypothesis 5 stated that MSR would negatively predict GPA and positively predict scores on the FFMRF Achievement facet. Given that the current data for each variable were collected on the same day, predictive utility of MSR could not be determined with confidence. Therefore, the current study did not test this hypothesis. Future plans to do so, however, will be discussed in turn.

Discussion

The primary objective of the current study was to evaluate functional impairment associated with MSR. This objective stemmed from an interest in broadening awareness of potential, everyday outcomes associated with the pathological functioning and features of the MSR personality. One way to study functional impairment is to examine one's achievement, particularly in the area of academic achievement when sampling from an undergraduate population. Given the maladaptive perfectionism underlying MSR that seemingly hinders the actualization of sufferers' grandiose fantasies and goals, it was hypothesized that high levels of MSR would be associated with lower GPA and high levels of achievement striving. Preliminary results suggested no correlation between

MSR and self-reported current GPA, expected cumulative GPA, or achievement striving. These findings were contrary to initial expectations, as well as current literature that demonstrates an association between personality and academic achievement (Costa & McCrae, 1992; De Raad, 1996; Wagerman & Funder, 2007). Study limitations might help to explain current results, which therefore could have implications for how GPA and an achievement-striving attitude are measured in future studies.

Strengths and Limitations

Strengths of the present study include the robust sample size, which consisted of participants from two American universities. These factors could ultimately lend themselves to better generalizability of study findings (Streiner, 2006). However, the study was notably limited by several aspects of its research design. First, the sample consisted entirely of undergraduate students, whom might not display the same level or form of functional impairment found in clinical samples, which could make detection of impairment quite difficult. There also exists the possibility that academic performance is more a function of intellectual ability than personality, which might explain the lack of relationship between MSR and GPA, though Nettle and Robins (2007), Furnham, Chamorro-Premuzic, and McDougall (2003), and many others argue against this. Additionally, Wakefield (2013) noted that “the levels of impairment that are supposed to indicate dysfunction are too modest, are vaguely drawn, and are consistent with normal variation” (p. 178). This might provide insight into the lack of impairment demonstrated in academic achievement.

Second, the current study was based entirely upon self-reported data, which could lead to inaccurate findings (Wagerman & Funder, 2007). Moreover, the current measure

for achievement striving was just one item of the FFMRF. “A single-item measure, which is inherently unreliable,” is likely not comprehensive enough to capture an achievement-striving attitude (Calabrese & Simms, 2014, p. 315).

Conclusions and Future Directions

Given the insignificant findings produced by the current study, along with its inherent limitations, it is difficult to conclude how academic achievement and an achievement-striving attitude are related to the functional impairment of MSR sufferers, if at all. Therefore, future studies will focus on utilizing measures that better capture these constructs. For instance, in keeping with an undergraduate sample, the forthcoming measure of achievement striving will involve the relationship between the number of course credits attempted by an undergraduate student in comparison to the number the student actually obtains. Academic achievement will subsequently be measured by actual cumulative GPA, as maintained by the university registrars.

Going forward, the second phase of the current study will evaluate the ability of MSR to predict academic achievement and achievement striving. Since obtaining approval from both Midwestern universities’ institutional review boards, actual GPA and course credits attempted and obtained are being collected from consenting participants as measures of academic achievement and achievement striving. The current study analyses will be re-conducted with anticipation of differing results. To test Hypothesis 5 of the present study, a regression analysis will be conducted using MSR as the predictive variable and actual GPA/course credit information as the outcome variables. It’s anticipated that MSR will predict lower GPA and high levels of achievement striving, as measured by a higher level of course credits attempted, but not necessarily obtained.

New research questions have also been raised, such as will high levels of MSR be associated with poor academic outcomes, as measured by actual GPA? Will greater discrepancies between self and actual GPA be more frequent among individuals with high levels of MSR? Are MSR sufferers more likely to inflate their self-reported GPA as a result of their self-critical and perfectionistic tendencies? And finally, do MSR individuals attempt more credit hours, but ultimately drop courses?

In conclusion, with the field of personality research moving towards dimensional models of assessment, pathological traits and functioning are of marked importance for future diagnosis and treatment of personality disorders. Therefore, it is important to examine emerging personality constructs, such as MSR, with regard for these new conceptualizations of pathology. This examination will consequently further the understanding of everyday outcomes that surface as a function of underlying personality pathology.

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