The Connections between Pathological Personality Traits and Interpersonal Behavior

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Abstract

An alternative model of pathological personality traits was recently developed in an effort to address the challenges associated with the categorical model of personality disorder classification (e.g., high rates of comorbidity, minimal overlap with modern conceptualizations of personality structure). More specifically, this alternative model provides a dimensional framework through which personality disorders can be understood in terms of their level of impairment in personality functioning. The development of this alternative model led to the construction of the Personality Inventory for the DSM-5 (PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012) which assesses the presence and level of the following pathological personality traits: negative affectivity, detachment, antagonism, disinhibition, and psychoticism. These pathological personality traits are considered to be maladaptive variants of the basic personality dimensions described by the Big Five model (i.e., neuroticism, extraversion, agreeableness, conscientiousness, and openness; Thomas et al., 2013). We will focus our review on previous research concerning the interpersonal outcomes associated with the PID-5 pathological personality traits and suggest possible directions for future research.

Keywords: personality, pathological, DSM-5, interpersonal

The categorical model for personality disorder (PD) diagnosis has maintained that PDs are maladaptive constellations of personality traits that cause significant distress and/or functional impairments because of their stability across time and situations (American Psychiatric Association, 2013). Although the categorical model has been the accepted method for personality disorder diagnosis since it was introduced in the third edition of the DSM (American Psychiatric Association, 1980), it is important to note that this system of classification presents a number of challenges. The categorical model is a hierarchical taxonomic system in which the PDs are defined by

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approximately seven to nine criteria, of which a subset (approximately five) must be met in order for the diagnostic threshold to be reached (American Psychiatric Association, 2013). Because this classification system allows individuals to reach diagnostic thresholds in a multitude of ways, there is considerable heterogeneity within each PD such that individuals with very different patterns of symptoms may receive the same diagnosis (e.g., American Psychiatric Association, 2013; Trull & Durrett, 2005). The discrete boundaries around each PD are rather narrow which has resulted in an overreliance on Not-Otherwise-Specified (NOS) diagnoses as well as the high rates of comorbidity that are frequently observed (e.g., American Psychiatric Association, 2013; Krueger, 2013; Trull & Durrett, 2005).

To mitigate the challenges associated with the categorical model of personality disorders, an alternative classification model was added to Section III ("Emerging Measures and Models" in need of further study) of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013). This alternative model approaches PDs from a dimensional perspective that characterizes PDs by the presence of pathological personality traits (which better accommodates the natural variations in individual personality; e.g., Krueger et al., 2012) and the level of impairment in personality functioning (which provides clearer, more appropriate boundaries between PD diagnoses; American Psychiatric Association, 2013; Few et al., 2013; James et al., 2015).

Personality Inventory for DSM-5 (PID-5)

Pathological personality traits are assessed within the alternative model using the Personality Inventory for DSM-5 (PID-5; Krueger et al., 2012). The PID-5 consists of 220 items that measure 25 facets across five pathological personality traits: *negative affectivity* (i.e., the tendency to experience an array of negative emotions), *detachment* (i.e., characterized by introversion, social isolation, and anhedonia), *antagonism* (i.e., aggressive tendencies accompanied by assertions of dominance and grandiosity), *disinhibition* (i.e., impulsivity and sensation seeking), and *psychoticism* (i.e., a disconnection from reality and a tendency to experience illogical thought patterns; American Psychiatric Association, 2013; Kruger et al., 2012). The PID-5 has consistently demonstrated strong internal validity at the trait level (e.g., Bastiaens et al., 2016; De Fruyt et al., 2013; Few et al., 2013; Gutiérrez et al., in press; Krueger et al., 2012). However, facet level internal validity has not been as consistent (e.g., grandiosity; Al-Dajani, Gralnick, & Bagby, 2016). In addition to the 220-item version of the PID-5, pathological personality traits can also be assessed using the Personality Inventory for DSM-5 – Brief Form (PID-5-BF; Krueger et al., 2012) which is a 25-item inventory that measures only the five pathological personality traits (i.e., the PID-5-BF does not capture the facets).

The PID-5 pathological personality traits can be conceptualized as maladaptive variants of the Big Five traits (Thomas et al., 2013). That is, negative affectivity, detachment, antagonism, disinhibition, and psychoticism converge with neuroticism, (low) extraversion, (low) agreeableness, (low) conscientiousness, and openness to experience, respectively. The PID-5 has demonstrated adequate construct validity such that negative affectivity, detachment, antagonism, and disinhibition correlate strongly with their Big Five counterparts (e.g., Few et al., 2013; Quilty, Ayearst, Chimielewski, Pollock, & Bagby, 2013; Thomas et al., 2013). However, the association between PID-5 psychoticism and openness to experience is less consistent and one of the most notable weaknesses of the PID-5 (e.g., De Fruyt et al., 2013; Few et al., 2013; Gore & Widiger, 2013; Watson, Stasik, Ro, & Clark, 2013). The PID-5 has also been found to overlap with other measures of aversive personality traits (e.g., psychopathy, narcissism; see McCabe, Vrabel, & Zeigler-Hill, 2016, for a review).

Clinical Utility of the PID-5

The clinical value of the PID-5 as a prognostic tool has been investigated with promising results. The PID-5 has been shown to be a useful prognostic tool in treatment-seeking adults (e.g., Few et al., 2013; Gutiérrez et al., in press). For example, the PID-5 traits of detachment and psychoticism – as well as PID-5 facets related to internalizing psychopathology – were found to predict posttraumatic stress disorder in a veteran sample (James et al., 2015). Further, higher levels of negative affectivity, antagonism, and disinhibition have been found in inpatient samples compared to outpatient samples (Bastiaens et al., 2016). High levels of antagonism and disinhibition have also been shown to predict greater alcohol use in older and younger individuals, respectively (Creswell, Bachrach, Wright, Pinto, & Ansell, 2016; see McCabe et al., 2016, for a review).

In addition to its potential as a useful assessment and prognostic tool (e.g., Few et al., 2013; Wright et al., 2015), the PID-5 may serve an added function of improving – and expanding – the ways personality disorders are characterized within the DSM (Al-Dajani et al., 2016). That is, the PID-5 may serve to broaden the relatively narrow boundaries that are currently used to diagnose personality disorders which may reduce the rates of comorbidity and reliance on NOS diagnoses. For example, the conceptualization of antisocial personality disorder has important similarities to the personality construct of psychopathy but the narrow boundaries around antisocial personality disorder exclude the affective and interpersonal components of psychopathy (e.g., Strickland, Drislane, Lucy, Krueger, & Patrick, 2013). Although unrecognized by the DSM, psychopathy's affective and interpersonal components may be of clinical importance. That is, individuals with high levels of psychopathy have

been found to experience less physiological arousal in response to threatening stimuli compared to those meeting diagnostic criteria for an antisocial personality disorder diagnosis (Drislane, Vaidyanathan, & Patrick, 2013). This physiological response deficit was accounted for by the affective and interpersonal features of psychopathy (Drislane et al., 2013), which suggests that there may be clinically relevant physiological differences that are unidentifiable through the relatively narrow boundaries of antisocial personality disorder. Strickland et al. (2013) found that the PID-5 was able to adequately capture antisocial personality disorder as well as the affective and interpersonal features of psychopathy. Further, the current conceptualization of narcissistic personality disorder in the DSM-5 does not recognize the vulnerable elements of narcissism (American Psychiatric Association, 2013). However, the PID-5 has been shown to account for a moderate portion of the variance in both grandiose and vulnerable narcissism (Miller, Gentile, Wilson, & Campbell, 2013; Wright et al., 2013).

Interpersonal Functioning

A key feature of personality pathology is interpersonal dysfunction (American Psychiatric Association, 2013). Therefore, it is not surprising that previous research has shown that the PID-5 traits are associated with diminished interpersonal functioning (e.g., Williams & Simms, 2015). Previous research has examined the interpersonal styles associated with the PID-5 traits using the interpersonal circumplex which is a common method of empirically mapping interpersonal dysfunction consisting of an orthogonal two-dimensional model of interpersonal behaviors (i.e., agency and communion; Wiggins, Phillips, & Trapnell, 1989). For example, Wright et al. (2012) found that negative affectivity fell within the Warm-Agreeable octant, detachment fell between the Aloof-Introverted and Unassured Submissive octants, antagonism within the Assured-Dominant octant, and disinhibition and psychoticism within the Arrogant-Calculating octant of the interpersonal circumplex. More recently, Southard, Noser, Pollock, Mercer, and Zeigler-Hill (2015) found that negative affectivity fell within the Unassured-Submissive octant, detachment and psychoticism fell within the Aloof-Introverted octant, and antagonism and disinhibition fell within the Cold-Hearted octant of the interpersonal circumplex. Taken together, the findings from Wright et al. (2012) and Southard et al. (2015) suggest that – with the possible exception of negative affectivity (i.e., Wright et al., 2012) – the interpersonal styles of individuals with high levels of pathological personality features are marked by a lack of concern for others (Wright et al., 2012) and hostility (Southard et al., 2015).

Humor Styles

Humor has many different functions (Martin, 2007) and can provide insight into how an individual feels about the self (Besser & Zeigler-Hill, 2011). For example, humor has been conceptualized as a defense mechanism (Freud, 1928) as well as an intrapsychic (e.g., stress management; Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003) and interpersonal regulator (e.g., relationship maintenance; Martin, 2007). Martin (2007) proposed that humor could be understood through two underlying dimensions – the first dimension distinguishes benign humor from injurious humor, and the second dimension distinguishes humor designed to enhance relationships with others from humor designed to enhance the self (Martin, 2007). These dimensions of humor form four specific humor styles: affiliative humor (benign relationship-enhancing), self-enhancing humor (benign self-enhancing), self-defeating humor (injurious relationship-enhancing), and aggressive humor (injurious self-enhancing; Martin, 2007). Recent research examining the connections between PID-5 traits and humor found that the PID-5 traits are related to humor styles (i.e., Zeigler-Hill, McCabe, & Vrabel, 2016). The PID-5 traits of negative affectivity and detachment were found to be negatively associated with self-enhancing humor and affiliative humor (i.e., benign humor styles; Zeigler-Hill et al., 2016). This suggests that individuals who are prone to experiencing negative emotions (i.e., individuals with high levels of negative affectivity; Krueger et al., 2012) and those with a tendency to be cold and avoidant (i.e., individuals with high levels of detachment; Wright et al., 2012) are less likely to engage in harmless humor styles designed to enhance the self or strengthen relationships. Antagonism was found to be positively associated with the aggressive humor (i.e., injurious self-enhancing) and negatively associated with the self-enhancing humor (i.e., benign self-enhancing; Zeigler-Hill et al., 2016), which suggests that individuals who are prone to interpersonal manipulation and aggression (i.e., individuals with high levels of antagonism; Krueger et al., 2012) are interested in self-enhancement, but only when it is at the expense of others. Disinhibition was found to be positively associated with self-defeating humor and aggressive humor (i.e., injurious humor styles; Zeigler-Hill et al., 2016), which suggests that anhedonic and introverted individuals (i.e., individuals with high levels of disinhibition; Krueger et al., 2012) may be less concerned about the possibility of harming others in the process of enhancing either the self or relationships through humor. One possible explanation for this is that disinhibited individuals are more likely to engage in behaviors that are impulsive and destructive to themselves and others (American Psychiatric Association, 2013; Zeigler-Hill et al., 2016). Psychoticism was found to have a positive relationship with self-defeating humor (i.e., injurious humor designed to strengthen relationships; Zeigler-Hill et al., 2016), which may have developed because individuals with high levels of psychoticism tend to engage in behaviors that are related to

physical self-harm (Hopwood et al., 2013). Taken together, these findings suggest that individuals with high levels of negative affectivity and detachment may be less likely to employ benign humor styles whereas individuals with high levels of antagonism, disinhibition, and psychoticism may be more likely to employ injurious humor styles. This is consistent with previous research showing that antagonism and disinhibition were negatively associated with individualizing moral values (Noser et al., 2015). In other words, individuals with high levels of either antagonism or disinhibition may be less concerned about the rights and welfare of others when making moral decisions. This research suggests that the PID-5 may be an important framework for understanding individual differences in humor styles.

Romantic Relationship Behaviors

Romantic partners can serve an integral role in one's social environment. In fact, research has shown that mate seeking and mate retention are adaptive systems that have evolved over time to minimize the costs of recurrent social threats and maximize the benefits associated with mating (i.e., reproductive fitness; Neel, Kenrick, White, & Neuberg, 2016). However, research suggests that the interpersonal dysfunction associated with pathological personality traits may also impact romantic relationship functioning. For example, Holden, Roof, McCabe, and Zeigler-Hill (2015) found that certain pathological personality traits were uniquely associated with various mate retention behaviors in an adult community sample. Specifically, negative affectivity and antagonism were positively associated with benefit-provisioning (i.e., engaging in behaviors that highlight the positive aspects of maintaining one's current romantic relationship) and cost-inflicting mate retention behaviors (i.e., engaging in behaviors that generate costs to the partner if he or she decides to leave the relationship or behave unfaithfully), whereas detachment was negatively associated with both forms of mate retention behaviors (Holden et al., 2015). These findings suggest that individuals who experience an excess of negative emotions or aggression may be more likely to employ multiple strategies in order to retain their romantic partners. In contrast, those prone to introversion and anhedonia may be less likely to attempt to retain their mates. These findings may be, at least partially, explained by the low levels of concern for the rights and welfare of others observed in individuals with high levels of antagonism and disinhibition (Noser et al., 2015). Certain pathological personality traits have also been shown to predict individual's motives for remaining in the lives of former romantic partners. Mogilski and Welling (2016) found that negative affectivity and antagonism both positively predicted pragmatic motives for remaining friends with a former romantic partner, whereas only negative affectivity positively predicted sentimental motives for remaining friends with a former romantic partner. Taken together, these

findings suggest that individuals with high levels of negative affectivity and antagonism may be more inclined to retain their mates as well as more motivated to remain close to former romantic partners when the relationship ends. These findings may be, at least partially, explained by previous research showing that each of the PID-5 traits are associated with a lack of behavioral control during negative emotional experiences, which may, at least partially, explain some of the negative intrapersonal and interpersonal outcomes linked to pathological personality traits (Pollock, McCabe, Southard, & Zeigler-Hill, 2016).

Future Directions

There are clear disadvantages associated with the categorical model of personality disorders employed by the DSM (see McCabe et al., 2016, for a review). However, despite the mounting evidence in support of the alternative model of personality pathology that was proposed in DSM-5, there is still significant resistance to this dimensional model (American Psychiatric Association, 2013). More research into the pathological personality traits captured by the PID-5 is needed if the transition to a dimensional model is likely to occur in future editions of the DSM. We discuss some potential areas for future research in the sections that follow.

Interpersonal

Workplace Behavior. Previous research has extensively examined the associations between normal personality traits and workplace behavior, often finding conscientiousness to be one of the strongest predictors of workplace outcomes. For example, in a meta-analysis examining the predictors of work performance, conscientiousness was found to be directly and indirectly – through self-efficacy – associated with work performance (Brown, Lent, Telander, & Tramayne, 2011). Barrick, Stewart, Neubert, and Mount (1998) found that the average level of conscientiousness within teams of workers was positively associated with supervisor ratings of performance. Salgado's (2002) meta-analysis of personality and job-related behavior found that extraversion, openness, agreeableness, and emotional stability predicted turnover, while conscientiousness predicted turnover and deviant behaviors (e.g., theft, substance use in the workplace). Further, Bowling and Eschleman (2010) found that low levels of conscientiousness moderated the association between work stressors (e.g., interpersonal conflict) and counterproductive work behaviors. These findings suggest that disinhibition – which is the maladaptive variant of conscientiousness – may have important implications for the study of workplace behavior. As high levels of conscientiousness have been found to be associated with high levels of work performance (e.g., Barrick et al., 1998;

Brown et al., 2011) and low levels of employee turnover (e.g., Salgado, 2002), deviant behavior, and counterproductive work behaviors (e.g., Bowling & Eschleman, 2010), individuals with high levels of disinhibition may be more likely perform poorly and behave defiantly in the workplace. This may be particularly important in law enforcement and medical professions where poor work performance and deviant behavior can be life threatening.

Romantic Relationship Behavior. Previous research has demonstrated that certain personality traits are closely associated with relationship behaviors. For example, in a study spanning 10 world regions, Schmitt (2004) found that low agreeableness, low conscientiousness, and high extraversion predicted self-reported relationship infidelity and sexual promiscuity. Similarly, Orzeck and Lung (2005) found that low levels of conscientiousness and high levels of extraversion and openness were associated with infidelity within monogamous romantic relationships. These findings suggest that the maladaptive variants of conscientiousness, agreeableness, and extraversion (i.e., disinhibition, antagonism, and detachment), may provide intriguing evidence into the associations between pathological personality traits and romantic relationship infidelity. This is consistent with previous work demonstrating strong associations between impulsive sensation-seeking – most commonly linked to low conscientiousness (i.e., disinhibition) and low agreeableness (i.e., antagonism) – and risky sexual behaviors (e.g., Hoyle, Fejfar, & Miller, 2000).

Intrapersonal

Disgust. The behavioral immune system is comprised of mechanisms that are able to identify possible infectious microorganisms, and prevent contact with and consumption of pathogens (Schaller, 2006; Schaller & Duncan, 2007). More importantly, the emotion of disgust is a significant part of the behavioral immune system because it motivates instant behavioral reactions to perceived pathogens (see, Schaller & Duncan, 2007, for an extended discussion). It has been suggested that disgust functions as a means of self-preservation (e.g., Miller, 2004) by which potentially harmful people, substances, and situations are identified (Tybur, Lieberman, & Griskevicius, 2009), and physiological responses (i.e., nausea) are evoked (Rozin & Fallon, 1987). Recent research has found that disgust can be conceptualized into the three distinct domains of pathogen disgust, sexual disgust, and moral disgust (Tybur et al., 2009). More importantly, disgust has been found to have unique associations with the Big Five personality traits. For example, agreeableness and conscientiousness had unique positive associations with sexual and moral disgust, whereas neuroticism was positively related to pathogen disgust (Tybur et al., 2009). Taken together, these findings suggest that the Big Five personality traits predict disgust sensitivity. Future research should consider whether

pathological personality features also predict individual differences in disgust sensitivity.

Self-Esteem. Self-esteem can be defined as a global judgment of self-worth (Rosenberg, 1965) and has been found to be related to an array of issues (e.g., interpersonal relationship functioning; Murray, 2006). More recent studies have suggested that self-esteem is more complex than merely being high or low (e.g., Crocker & Park, 2004; Crocker & Wolfe, 2001). For instance, self-esteem can either be secure (e.g., well-anchored) or fragile (e.g., vulnerable; Jordan & Zeigler-Hill, 2013). One aspect of fragile self-esteem is whether an individual's self-esteem is unstable (i.e., fluctuations in one's state self-esteem around his or her self-esteem level; Jordan & Zeigler-Hill, 2013). Another aspect of fragile self-esteem is whether an individual's feelings of self-worth are contingent. Contingent self-esteem occurs when an individual's self-worth is dependent upon success in a particular domain (e.g., academics; Crocker, Luhtanen, Cooper, & Bouverette, 2003). Past research has found significant relationships between self-esteem and the Big Five personality dimensions. For example, individuals with high self-esteem are more likely to be extraverted and conscientious (e.g., Robins, Tracy, Trzesniewski, Potter, & Gosling, 2001). However, there is an absence of knowledge concerning the relationship that the PID-5 traits may have with self-esteem. Specifically, future research should address this gap in the literature by focusing on the associations that the PID-5 traits may have with aspects of fragile self-esteem. These findings may be important because they may increase our knowledge regarding the connections between pathological aspects of personality and feelings of self-worth. For instance, individuals who have certain pathological personality features may be more likely to experience fluctuations in their self-esteem (i.e., unstable self-esteem) or base their feelings of self-worth on success in a particular domain (i.e., contingent self-esteem).

Self-Conscious Emotions. Shame and guilt are self-conscious emotions that promote moral interpersonal behavior (e.g., Tangney, 1995). Shame involves feeling publicly exposed to social disapproval, whereas guilt concerns a private sense of having done wrong. Previous research has demonstrated that shame and guilt are associated with different interpersonal outcomes and suggests that shame and guilt are not equally moral emotions (e.g., Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996). Shame-prone individuals have been found to experience difficulties maintaining their interpersonal relationships because the internalized hostility that accompanies shame is easily redirected toward others (e.g., aggressive interpersonal behaviors; Tangney, Wagner, Fletcher, & Gramzow, 1992). In contrast, guilt is considered to function as a relationship-enhancer because it keeps individuals focused on the interpersonal consequences of their actions (Baumeister, Stillwell, &

Heatherton, 1994). Recent research has begun to shed light on the associations between the PID-5 and the self-conscious emotions of shame and guilt. McCabe and Zeigler-Hill (2016) found that individuals with high levels of negative affectivity were more likely to experience shame, individuals with high levels of detachment and disinhibition were less likely to experience guilt, and individuals with high levels of antagonism were less likely to experience either shame or guilt. These findings suggest that individuals with high levels of certain pathological personality traits (i.e., detachment, antagonism, and disinhibition) may be less likely to worry about the consequences of their behavior or engage in the reparative actions that enhance interpersonal relationships.

Additional Validation

Facet Loadings. An interesting area for future research focuses on whether other pathological personality traits exist (e.g., Krueger et al., 2012). In other words, the 25 personality facets that make up the PID-5 may not be exhaustive. For example, 10 out of the 25 PID-5 facets (i.e., attention seeking, callousness, depressively, hostility, preservation, restricted affectivity, rigid perfectionism, risk taking, submissiveness, and suspiciousness) load on more than one PID-5 trait. The possibility of other pathological personality traits may be significant for the diagnostic criteria for specific personality disorders.

Trait Stability. Past research has found associations between age and the Big Five personality traits. For example, conscientiousness and neuroticism have been found to predict life course functioning. Specifically, neuroticism in younger adulthood has been found to predict depression in older adulthood (Soldz & Vaillant, 1999). Future research should focus on the maladaptive variants of these domains. That is, future research should investigate whether pathological personality features are associated with life course functioning. These findings would add to our knowledge concerning the complexity of age and personality disorders.

Relatedly, researchers have discovered that the age of the participant should be taken into consideration when interpreting results using the PID-5 (see McCabe et al., 2016, for a review). For example, results from an item-response theory analysis showed that the DSM-IV Axis II criteria did not meet adequate face validity in older age samples (Balsis, Gleason, Woods, & Oltmanns, 2007). In addition, research has found that younger adults are more likely to endorse certain items (e.g., "I love getting attention", "I see unusual connections between things") than older adults (Van den Broeck, Bastiaansen, Rossi, Dierckx, & De Clercq, 2013). Taken together, future research may consider using items that are written specifically for younger adults and older adults (Van den Broeck et al., 2013).

Conclusion

The PID-5 is an empirically driven method of identifying pathological personality traits in clinical and nonclinical samples and deserves further research. To date, researchers have found associations between PID-5 traits and an array of intrapersonal (e.g., morality; Noser et al., 2015; emotion dysregulation; Pollock et al., 2016) and interpersonal outcomes (e.g., mate retention; Holden et al., 2015; humor; Zeigler-Hill et al., 2016), yet research concerning the PID-5 is still in its earliest stages. Additional research concerning the PID-5 traits may offer significant clinical advantages and may contribute to a depature from the categorical model of personality disorder classification.

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Conexión entre los rasgos patológicos de la personalidad y la conducta interpersonal

Resumen

Un modelo alternativo de rasgos patológicos de la personalidad se ha desarrollado últimamente con la intención de abordar los retos relacionados con el modelo categórico de clasificación de trastornos de la personalidad (p. ej. alta tasa de comorbilidad, coincidencia mínima con conceptualizaciones modernas de la estructura de la personalidad). Más específico, este modelo alternativo ofrece un marco dimensional que posibilita que los trastornos de la personalidad se entiendan en términos de su nivel de deterioro del funcionamiento de la personalidad. El desarrollo de este modelo alternativo llevó a cabo el Inventario de la Personalidad para el DSM-5 (PID-5; Krueger, Derringer, Markon, Watson y Skodol, 2012) que valora la presencia y el nivel de los siguientes rasgos patológicos de la personalidad: afectividad negativa, desapego, antagonismo, desinhibición y psicoticismo. Estos rasgos patológicos de la personalidad se consideran variantes mal adaptadas de las dimensiones básicas de la personalidad descritas por el Modelo de los cinco grandes (neuroticismo, extraversión, amabilidad, responsabilidad y apertura a nuevas experiencias, Thomas et al., 2013). Enfocaremos nuestro análisis en las investigaciones previas que tratan el tema de resultados interpersonales relacionados con los rasgos patológicos de la personalidad PID-5 y sugeriremos posibles direcciones para las investigaciones futuras.

Palabras claves: personalidad, patológico, DSM-5, interpersonal