

UC Riverside

UCR Honors Capstones 2017-2018

Title

Relations of Personality Disorder Traits with Variability in Self-Reported and Informant Rated Personality

Permalink

<https://escholarship.org/uc/item/46x9h4b7>

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Publication Date

2018-04-01

By

A capstone project submitted for
Graduation with University Honors

University Honors
University of California, Riverside

APPROVED

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Abstract

Acknowledgments

Table of Contents

Abstract.....	ii
Acknowledgments.....	iii

Introduction

PD and Dimensional Trait Model (FFM)

Research in personality psychology has conceptualized personality in many different ways over the years. Currently, one of the most influential and most widely used approaches to personality is the Five-Factor Model of personality. This idea postulates that personality is made up of five traits: Extraversion, Conscientiousness, Agreeableness, Neuroticism, and Openness to Experience. These five traits are conceptualized to lie on a continuum. This model was originally developed for non-clinical, ordinary personalities to better see and appreciate the wide variety of personality traits that make people different from others. However, researchers soon discovered that commonly, “socially desirable” levels of traits fall towards the center of the trait continuum; socially undesirable levels of traits are considered “maladaptive” are thought to fall on either the low or high extremes of the personality trait continuums (Funder, 2013).

Often when investigating personality disorders, the Dimensional Model of PD is paired with the FFM to provide a more complete explanation of the individual’s personality. The dimensional model conceptualizes personality pathology as a “multifactorial profile description” that picks up on a collection of maladaptive traits that are quantitatively different from normal personality (Widiger & Trull, 2007). Similar to FFM, the dimensional model suggests that personality lies on a continuum. Research suggests that personality pathology is an extreme variant of regular, adaptive personality (Carlson & Oltmanns, 2015). Many personality traits have been found to prominently and consistently correlate with many personality disorders (Saulsman & Page, 2004). The traits continuums of the FFM were found to have moderate to high congruence with the dimensional model data, thus they are often used together (O’Connor 2005; Samuel & Widiger, 2008). The dimensional model combined with FFM can illustrate the

maladaptive traits that constitute an individual's personality disorder. The information about personality pathologies, discovered through the FFM and the Dimensional Model, have been found to provide precise and individualized descriptions of personality structure (Trull & Widiger, 2013). The data from the FFM can be used in research fields to predict and understand personality disorders.

These two models have allowed researchers to develop personality prototypes that summarize the "ideal exemplars" of each specific personality disorder (Funder, 2013). When the maladaptive trait extremes are looked at together, they form a personality pathology prototype that can be used to predict PD. Most individuals do not match perfectly with the prototype, but it is still meaningful to evaluate to what degree the individual align with the prototypic model (Funder, 2013). These researched personality prototypes are considered consistently accepted and thought accurate by many experts (Lynam & Widiger, 2001). Furthermore, these personality prototypes have been found to match other expert created profiles (Miller, Bagby, & Pilkonis, 2005). This indicates that among researchers there is a consensus of what dimensional level of traits predict a personality disorder.

Informant-Rating and Personality Disorder

In most personality research data about personality is ascertained from a person of interest, or a "target", by simply administering a personality assessment. This simple methodology is not entirely effective to assess individuals with personality disorders, because personality pathology, by nature, is unusual, social, and affects social relationships (Funder, 2013). Explained another way, personality disorders are dysfunctions of normal personality, which consequently can impact the individual's interpretation of their personality and its effects on others. Research has shown that individuals with PD do not poses the self-knowledge or self-

awareness needed to properly see the affects that their maladaptive personality traits have on others (Miller, Pilkonis, & Clifton, 2005; Carlson & Oltmanns, 2015). Furthermore, some PDs are also ego-syntonic, meaning the traits that others see as clearly dysfunctional are not even seen as a problem by individuals with PD (Funder, 2013). This asymmetry of experience is what makes the personality pathology a clinical problem. Most people can understand this self-knowledge asymmetry through the example of Narcissistic personality disorder. Someone with Narcissistic PD may think so highly of themselves that they believe they are rightfully allowed to cut in front of a line in which others have been waiting. Others clearly see the problem with this behavior, but the individual may not know that this is wrong because their personality pathology prevents them from seeing the maladaptive nature of their behavior. The common asymmetries in perception between the individual and others have led researchers to surmise that self-report of personality for individuals with PD are often incomplete and could be biased (Human & Biesanz, 2013). Informant-rating, therefore, are essential to provide significant portions of information needed to understand personality pathology (Miller, J. D., Pilkonis, P. A., & Clifton, 2005).

Informants that are commonly used in personality and personality pathology research are individuals who are familiar with the target person through an inter-personal relationship or social interaction. They should be close to the target and have good knowledge of how the target expresses their personality in a variety of situations. These people are usually a target's spouse, family member, close friend, or roommate. When conducting research with informants, the use of a single informant-rating of personality is good, but more current research into the number of informant-ratings suggests that using two informants, rather than just one, is more informative (Klonsky & Oltmanns, 2002). The more comprehensive information that informants can provide about a target's maladaptive personality trait, the more researcher can understand.

The nature of personality pathologies, requires informants to understand an individual's personality pathology, but the mechanisms that allow informants to rate this information are also important to consider. Drawing from the Realistic Accuracy Model, personality traits are considered real attributes of an individual and thus, they can be evaluated by informants (Funder, 1995). For an informant to be effective at evaluating a target's personality, they need have access to situations where the target expresses relevant behavioral cues that the informant can detect and utilize in forming an evaluation (Funder, 1995; Kaurin, Sauerberger, & Funder, 2018). If an informant does not have proper access to view behavioral cues, it makes an informant's job of evaluating personality more difficult and possibly less descriptive. This is expected to be the case for certain pathologies in which the targets do not demonstrate much visible behavioral cues (i.e. Avoidant PD) (Furr, Dougherty, Marsh, & Mathias, 2007). In cases like this, self-report of personality could be more descriptive. In considering this possibility, researchers developed the Self-Other Asymmetry Model that suggests that there are different aspects of personality that the self and the informant have varying knowledge on, depending on the individual. The theory states that the self has exclusive access to internal thoughts and emotions, while informants have access to overt behavior. The access and utilization principle aligns with the RAM, while the SOKA extends this to suggest that the self should be more descriptive for traits that are internal and unobservable to informants; informants should be more descriptive on traits that are external and highly observable (Vazire, 2010; Carlson, Vazire, & Oltmanns, 2013). An example of an internalized trait is openness because usually only one's self can really say how open they feel to a new idea or experience. Conversely, agreeableness is an externalized trait because others can observe behaviors that make them feel positive and agreeable, or negative and disagreeable. This difference in personality knowledge appears in regular personality research and personality

pathology research, therefore, demonstrating that self-report and informant-ratings are both important to being able to fully understand personality pathology.

Self-Other Agreement

The nature of personality pathologies perpetuates the asymmetries between self-reported personality and informant-rated personality. This asymmetry naturally implies a low consensus on personality and thus is referred to as *self-other agreement* (Funder & West, 1993). Different PD have different overall self-other agreements, but in general researchers have found the agreements to be modest at best for PD (Klonsky & Oltmanns, 2002). Further, different traits also have different self-other agreements because sometimes either the self or the informant can provide a more descriptive report of personality (Klonsky & Oltmanns, 2002). In general, research seems to suggest that the self is more informative at reporting FFM personality traits when the pathology is internalizing or when the traits is internalized (Carlson & Oltmanns, 2015; Carlson, Vazire, & Oltmanns, 2013). Conversely, informants are more informative at reporting FFM personality traits when the pathology is externalizing or the trait is externalized (Carlson & Oltmanns, 2015; Carlson, Vazire, & Oltmanns, 2013). Furthermore, informant ratings of the traits of agreeableness for both internalizing and externalizing pathologies were more informative than self-report of these same traits (Carlson, Vazire, & Oltmanns, 2013). These results suggest that the self is could be more descriptive only when the informant has limited to no access to seeing behaviors affected by pathology. This explanation aligns with the SOKA model and the RAM discussed previously.

Present Study

In the present study, we seek to investigate the relationship between self-reported personality, informant-rated personality and informant-rated pathology to see which traits are associated with

which specific personality disorders. We look to find who is more informative on personality disorders by investigating the traits associated pathology. A question similar to the latter question was posed by Klonsky and Oltmanns (2002) and the data from this present study could provide some answers. Additionally, we seek to explore if the variation in agreement between the self-report and informant rating of personality are also related to the specific personality pathology.

Method

Participants

Targets. The sample for this study consisted of 256 undergraduate students who were recruited from the University of California, Riverside (UCR). The students are a non-clinical sample with no officially diagnosed personality disorders. Participants were compensated with course research credit and up to \$115. The ages of the undergraduate participants range from 17-25 years of age. The diversity of the sample was 48.8% Asian, 23% Hispanic/Latino, 8.2% Caucasian, 4.3% Middle Eastern, 3.1% African American, and 12.5% other.

Informants. This study also involved informants nominated by the participant to report on the target's personality traits. There were 453 informants, two per target, ranging from 16 to 33 years of age. 74% of the informants were friends of the target and the remaining informants were 16% roommates, 5% significant other, 2% classmates, 2% sibling, and 1% co-workers. The length of time that informants knew the target ranged from one month to 22 years. When two informants were available, a composite of their ratings was created by averaging each item.

Measures

Personality assessment. Self-reports of personality were provided by target participants using the 44-item Big Five Inventory (BFI) and the 100-item California Q-Sort (CAQ). Each item response was recorded and used in later statistical analysis.

Personality pathology assessment. In addition to the BFI and CAQ, informants nominated by the targets completed the MAPP to ascertain an evaluation of the target's personality pathology. This assessment has 81 question items and correlates with an evaluation of the ten PDs listed in the DSM-IV and referenced in the DSM-V. The technical description of all ten PDs were turned into questions and then translated into language that could be understood by informants.

Procedure

For the entirety of this study, participants were scheduled to come to the lab four times in the time frame of about one month period. In this specific analysis, only data from the first lab visit was utilized. Information on the follow-up visits can be found in Morse, Sauerberger, Todd, and Funder (2015) and Sauerberger and Funder (2017). In the first visit, participants provided demographic information and completed personality questionnaires including the BIF and the CAQ Sort. Target participants were also asked to nominate two people who knew the participant well and could serve as an informant of the participant's personality.

The two informants that were nominated by the participant made a single, independent visit to the lab. Informants provided demographic information and completed the same personality inventories as the target participants: the BFI and the CAQ. To assess possible personality pathologies in the targets, informants completed the MAPP regarding the participant for whom they are serving as an informant.

Analytic Strategy

Self-report and informant-report were recorded as responses for each item on the respective personality assessments. For analysis of the informant-report assessments, each informant's score on each item was correlated with the other informant to get an overall

agreement score. This method was used on the BFI, the CAQ, and the MAPP to ascertain informant agreement scores. The self-report on each assessment was correlated to ascertain a self-report correlation on each item. The self-report and the informant-report correlations were then correlated. This number indicated how much variability there was on each assessment between the self-report and the informant-report.

Further analysis included sectioning out the informant-report on the BFI and correlating for each of the five factors of the BFI: Extraversion, conscientiousness, agreeableness, neuroticism, and openness. The correlation for each factor was also completed for the self-report. The informant-report and the self-report for each personality assessment were correlated. The amount was labeled as Self-Informant Correlation.

Finally, certain items on the MAPP that were intended to measure for certain PDs were added and averaged to get an overall informant rating of target's respective personality pathology traits. This served as the indicator of personality pathology in this research study.

Results

In this study, results indicate that there is some variability between self-report and informant-rating, however, the degree of the variability varies by the specific personality disorder. There is also some level of variability between the correlations when correlation is separated out by each trait of the BFI.

Correlations between informant-report on all three assessments validate the agreement of the different scales with correlations ranging between $r = .34$ to $r = .65$ ($p < .001$). Correlations between agreement scores validate the validity of the Self-Informant Agreement correlation ($r = .60$; $p < .001$).

Relation of Self-Reported Personality Traits to Pathology

In Table 1, self-report of the five BFI traits were correlated with informant-ratings of personality pathology given in the MAPP assessment. This method produced 50 correlations sectioned out by BFI trait. High correlation indicated personality and personality pathology agreement scores varied together, while a low correlation indicated that agreement scores of personality and personality pathology did not co-vary. Further, positive correlations indicated a high PD score and a high rating of the specific trait. However, negative correlations showed an inverse correlation, indicating that the target was low on this trait and high on the PD.

Previous research has indicated that certain pathologies demonstrate certain levels of personality (Widiger, Trull, Clarkin, Sanderson, & Costa, 2002). Most of my results line up with these previous findings. Extraversion was positively associated with Histrionic PD ($r = .47; p < .001$), Narcissistic PD ($r = .21; p < .001$), Antisocial PD ($r = .32; p < .001$), and Schizotypal PD ($r = .24; p < .001$) and negatively associated with Schizoid PD ($r = -.20; p = .003$) and Avoidant PD ($r = -.16; p = .02$). Agreeableness was negatively correlated with Narcissistic PD ($r = -.25; p < .001$), Borderline PD ($r = -.20; p = .002$), Paranoid PD ($r = -.16; p < .05$), Dependent PD ($r = -.13; p < .05$), and Antisocial PD ($r = -.13; p < .05$). Conscientiousness was positively associated with Obsessive-Compulsive PD ($r = .18; p < .05$), Narcissistic PD ($r = .13; p = .01$) and negatively associated with Avoidant PD ($r = -.17; p = .01$) and Dependent PD ($r = -.16; p = .016$). Neuroticism was positively correlated with Avoidant PD ($r = .35; p < .001$), Dependent PD ($r = .27; p < .001$), and Borderline PD ($r = .22; p = .001$). Openness was negatively correlated with Avoidant PD ($r = -.26; p < .001$) and Dependent PD ($r = -.18; p = .01$).

Relation of Informant-Rated Personality Traits to Pathology

The correlations presented in Table 2 depict the relationship between informant-rated personality traits and informant-rated personality pathology. Therefore, this set of correlations

are subject to method bias which will be addresses further in the discussion section. In this set, there were 27 negative correlations and eight positive correlations, for a total of 35 significant correlations. This is ten more correlations than the self-reported section which only had 25 total correlations. These negative correlations appeared predominantly in the Conscientiousness and Agreeableness traits of the BFI. Negative correlations did appear sporadically in other traits and other PDs.

Each of the Big Five traits had various significant relationship with the personality pathology. Extraversion was positively associated with Histrionic PD ($r = .37; p < .001$) and Antisocial PD ($r = .22; p = .001$) and negatively associated with Avoidant PD ($r = -.40; p < .001$) and Schizoid PD ($r = -.32; p < .001$). Agreeableness was negatively correlated with Narcissistic PD ($r = -.55; p < .001$), Borderline PD ($r = -.48; p < .001$), Antisocial PD ($r = -.48; p < .001$), Paranoid PD ($r = -.42; p < .001$), and Histrionic PD ($r = -.31; p < .001$). Conscientiousness was positively associated with Obsessive-Compulsive PD ($r = .31; p < .001$) and negatively associated with Antisocial PD ($r = -.46; p < .001$), Dependent PD ($r = -.33; p < .001$), Histrionic PD ($r = -.29; p < .001$), Borderline PD ($r = -.25; p < .001$), and Avoidant PD ($r = -.22; p = .001$). Neuroticism was positively correlated with Borderline PD ($r = .57; p < .001$), Paranoid PD ($r = .44; p < .001$), Avoidant PD ($r = .44; p < .001$), Dependent PD ($r = .37; p < .001$), Histrionic PD ($r = .37; p < .001$), and Narcissistic PD ($r = .31; p < .001$). Openness was positively correlated with Schizotypal PD ($r = .23; p < .001$) and negatively correlated with Avoidant PD ($r = -.31; p < .001$), Dependent PD ($r = -.17; p = .01$) and Schizoid PD ($r = -.15; p = .026$).

Differences Between Self-Report Correlations and Informant-Rated Correlations

This section will report differences between self-reported traits and informant-rated traits with personality pathology using Fishers r to z test (Table 3). Overall, each Big Five trait except

openness had at least one significant difference between self and informant rated traits and personality pathology. On the trait of extraversion, the relationship between the trait and Avoidant PD was significant for self-report ($r = -.16; p = .02$) and informant-rating ($r = -.40; p < .001$), and this difference was statistically significant ($z = 2.77, p = .14$). For extraversion and paranoid PD, the self-report ($r = .21; p < .001$), but not the informant-rating ($r = -.04; p = .57$) were significant, and the difference between the two was significant ($z = 2.68, p = .01$). On Borderline PD, the self-report ($r = .23; p < .001$), but not the informant-rating ($r = .05; p = .41$) were significant, and the difference between the two was significant ($z = 1.95, p = .05$). On Narcissistic PD, self-report ($r = .32; p < .001$) and informant-rating were significant ($r = .16; p = .02$), and the difference between the two was also significant ($z = 1.8, p = .07$). In general, the self-report of extraversion was more consistently correlated with personality pathology.

For the trait of Agreeableness, the relationship between the personality trait agreeableness and Antisocial PD was significant for self-report ($r = -.13; p = .05$) and informant-rating ($r = -.48; p < .001$), and this difference was also statistically significant ($z = 4.15, p = .00$). For Narcissistic PD, self-report ($r = -.25; p < .001$) and informant-rating ($r = -.55; p < .001$) were significant, and this difference was also statistically significant ($z = 3.84, p = .00$). On Borderline PD, self-report ($r = -.20; p = .002$) and informant-rating ($r = -.48; p < .001$) were significant, and this difference was also statistically significant ($z = 3.39, p = .001$). For Paranoid PD, self-report ($r = -.16; p = .01$) and informant-rating ($r = -.42; p < .001$) were significant, and this difference was also statistically significant ($z = 3.03, p = .002$). On Histrionic PD, self-report was not significant ($r = -.12; p = .08$), but informant-rating ($r = -.31; p < .001$) was significant, and this difference was statistically significant ($z = 2.11, p = .04$). In general, the informant-report of agreeableness was more consistently correlated with personality pathology.

For the trait of Conscientiousness, the relationship between the personality trait conscientiousness and Antisocial PD was not significant for self-report ($r = -.10; p = .16$), but was significant for informant-rating ($r = -.46; p < .001$), and this difference was statistically significant ($z = 4.2, p = .00$). For Narcissistic PD, self-report ($r = .13; p = .05$) and informant-rating ($r = -.16; p = .02$) were significant, and this difference was also statistically significant ($z = 3.09, p = .002$). On Histrionic PD, self-report was not significant ($r = -.01; p = .84$), but informant-rating ($r = -.29; p < .001$) was significant, and this difference was also statistically significant ($z = 3.05, p = .002$). For Dependent PD, self-report ($r = -.16; p = .02$) and informant-rating ($r = -.33; p < .001$) were significant, and this difference was marginally statistically significant ($z = 1.92, p = .06$). On Borderline PD, self-report was not significant ($r = -.09; p = .183$), but informant-rating ($r = -.25; p < .001$) was significant, and this difference was marginally statistically significant ($z = 1.75, p = .08$). In general, the informant-report of conscientiousness was more consistently correlated with personality pathology.

For the trait of Neuroticism, the relationship between the personality trait neuroticism and Borderline PD was significant for self-report ($r = .22; p = .001$) and informant-rating ($r = .57; p < .001$), and this difference was also statistically significant ($z = -4.48, p = .00$). For Paranoid PD, self-report ($r = .15; p = .03$) and informant-rating ($r = .44; p < .001$) were significant, and this difference was also statistically significant ($z = -3.39, p = .001$). On Histrionic PD, self-report was not significant ($r = .08; p = .21$), but informant-rating was significant ($r = .37; p < .001$), and this difference was statistically significant ($z = -3.26, p = .001$). For Narcissistic PD, self-report was not significant ($r = .06; p = .34$), but informant-rating was significant ($r = .31; p < .001$), and this difference was statistically significant ($z = -2.75, p = .01$). In general, the informant-report of neuroticism was more consistently correlated with personality pathology.

Overall, the personality disorders with the biggest difference between self and informant reported personality traits were Borderline PD, Narcissist PD, Histrionic PD, and Paranoid PD. Antisocial PD, Dependent PD, Avoidant PD, and Schizoid PD, had a few BFI traits with relevant differences in correlations, while Schizotypal PD and Obsessive-Compulsive PD had no significant differences on any BFI traits.

Self-Informant Agreement Scores and Personality Pathology

The next set of results seen in Table 4 indicate correlation between self and informant reports which form an agreement score on both the CAQ or the BFI. This agreement score was then correlated with the informant-rated personality pathology. Six of the correlations on the CAQ are significant: Avoidant PD ($r = -.37; p < .001$), Dependent PD ($r = -.29; p < .001$), Schizoid PD ($r = -.22; p < .001$), Narcissistic PD ($r = -.20; p < .001$), Borderline PD ($r = -.19; p < .001$), and Paranoid PD ($r = -.17; p < .001$). There were three significant correlations for the BFI on Avoidant PD ($r = -.21; p < .001$), Dependent PD ($r = -.17; p = .01$), and Schizoid PD ($r = -.14; p = .04$). Avoidant PD, Dependent PD, and Schizoid PD were the only three PDs that demonstrated significant correlations at $p < .05$ on both the CAQ and the BFI. Note that all significant correlations are negative, indicating inverse relationships.

BFI Traits Accounting for Disparity in Self-Other Agreement

To see if any one specific trait of personality was contributing to a disparity in self-other agreement, the agreement scores were reconstructed by correlating the self-report and informant-rating on only the BFI questions that related to each BFI trait. These BFI trait-specific agreement scores were then correlated with pathology (Table 5). Extraversion was positively correlated with Histrionic PD ($r = .28; p < .001$), Antisocial PD ($r = .21; p < .001$), Schizotypal PD ($r = .20; p < .001$), Narcissistic PD ($r = .16; p = .02$), and Borderline PD ($r = .14; p = .04$). Extraversion

was the only BFI trait with positive correlations. It was expected that since previous results on this trait were negative, these correlations would also be positive; this was not the case. With more positive agreement, this indicated higher PD. Conversely, all other traits were negatively correlated. Agreeableness was negatively correlated with Narcissistic PD ($r = -.41; p < .001$), Antisocial PD ($r = -.33; p < .001$), Borderline PD ($r = -.32; p < .001$), Paranoid PD ($r = -.23; p < .001$), and Histrionic PD ($r = -.21; p < .001$). Conscientiousness was negatively associated with Avoidant PD ($r = -.17; p = .01$), Dependent PD ($r = -.16; p = .01$), and Obsessive-Compulsive PD ($r = -.16; p = .02$). Neuroticism had one significant negative correlation on Avoidant PD ($r = -.16; p = .01$). Openness demonstrated no significant correlations. These results indicated that the extraversion and agreeableness trait agreement had the most correlations with personality disorders. However, take note that the correlations in the agreeableness agreement trait were negative, while the correlation in the extraversion agreement trait were positive.

Discussion

In the present study, we investigated the relationship between self-reported personality, informant-rated personality and informant-rated pathology to see which traits are associated with which specific personality disorders. By investigating the traits associated pathology, we found information that suggests either the self or the informant could be more informative on specific traits of personality disorders. The results show that the self is most informative on the trait of extraversion for predicting personality disorders, while the informant is more informative on the trait of agreeableness for predicting personality disorders. We also explored the variation in agreement between the self-report and informant rating to see if it was related to specific personality pathologies. Overall, results indicate that there is variation in agreement that is related to pathology.

Self-Reported Personality Traits

Most of our results on self-reported personality align with previous research that assessed the relationship between self-reported FFM traits and personality pathology. For example, high extraversion was correlated with Antisocial PD, Histrionic PD, and Schizotypal PD; low extraversion was correlated with Schizoid PD. These self-reported descriptions align with previously established associations with personality pathology (Widiger, Trull, Clarkin, Sanderson, & Costa, 2002). However, our data did show a unique association between Narcissistic PD and high extraversion that wasn't necessarily found in past research. For example, the general personality prototype for Narcissistic PD describes individuals with this disorder to "come across as extraverted, confident, and even charismatic," so possibly this outwards demeanor is representative of how they view themselves internally: as highly extraverted (Funder, 2013).

Self-reported agreeableness is a trait that has a high likelihood of being biased in self-report because it can be especially difficult for individuals with dysfunctional personalities to know how others experience their social interactions. Nonetheless, there were select groups of target individuals who perceived and self-reported low agreeableness which was correlated with high levels of informant rated personality pathology. The disorders that showed this relationship to self-reported low agreeableness were Antisocial PD, Borderline PD, Paranoid PD, and Narcissistic PD. This data aligns with previous pathology and trait relationships and matches the prototypic description of each of the pathologies (Widiger et al., 2002; Funder, 2013).

In our study, self-report of high conscientiousness was associated with Obsessive-Compulsive PD. This single finding aligned with previous research (Widiger et al., 2002). However, the latter research also found results that indicated low conscientiousness was

associated with Antisocial PD and Borderline PD. Our results were trending in a similar direction but did not reach statistical significance.

Our study found several disorders that were associated with high neuroticism, including Borderline PD, Dependent PD, and Avoidant PD. High levels of neuroticism indicates a tendency towards unstable and negative emotions, which usually appear as anxiety or unhappiness. This trait description aligns with the prototypic behaviors of each disorder. Individuals with Borderline PD are emotionally unstable and intense; Individuals with Dependent PD become anxious when the people they are dependent upon are not around; Individuals with Avoidant PD can be unhappy and usually feel highly anxious in social situations. Our results are consistent with expected personality pathology prototypes and with previous research (Widiger et al., 2002; Funder, 2013).

Finally, our data showed an association between the trait of openness with both Dependent PD and Avoidant PD, respectively. These results conflict with past findings that found few to any significant associations between PD and openness. It seems counterintuitive to think that someone who is dependent on others and someone who avoids others would be open to new experiences. These results we found in our study were significant but relatively small and could be due to a spurious correlation. Furthermore, associations between openness and PD are often unreliable and not consistently reported in the literature. This trait could be considered as the least reliable for consistent associations with PD and this fact could explain why our research findings are misaligned with previous research.

Informant-Rated Personality Traits

As discussed in the previously, self-report personality can be biased or incomplete, so supplementing this with informant rating of personality can provide a more complete description

of a target's personality. Overall, results indicate that the self-report of personality and the informant rating of personality generally correlated in the same direction but differed magnitude. The only correlation between self and informant-rated personality with pathology where the correlation changed from a positive association to a negative association was for Narcissistic PD and conscientiousness. The self-reported association between conscientiousness and narcissism was $r = .13$ ($p < .05$), while the correlation between informant-rated conscientiousness and narcissism was $r = -.16$ ($p < .05$). Although these correlations are small, they were statistically significant, which implies an interaction may be occurring. This difference between the two correlations indicates a difference in self-other agreement, which will be discussed further in the following sections.

Overall, informants provided more informative personality ratings on personality pathologies that had observable behaviors or traits, as opposed to personality pathologies that had unobservable behaviors or traits. This is consistent with the Realistic Accuracy Model and previous research that found personality pathologies with "externalized" behaviors or traits are reported most by informants because they are easier to observe (Carlson, Vazire, & Oltmanns, 2013). Our results provide support to this idea. For example, Histrionic PD, characterized by exaggerated expression of emotion, showed significant correlations in four out of five FFM traits. Similarly, Antisocial PD, characterized by dysfunctional social interactions, also produced the same patterns of significant correlations on four out of five traits. These two pathologies are classically labeled "externalizing". On the other hand, Narcissistic PD, characterized by self-centered disregard for others, which is classically characterized as neither externalizing nor internalizing, was found to have the same pattern of four out of five significant correlations as Histrionic PD and Antisocial PD. Since the same pattern of trait reporting as the other two PDs is

present, informants likely had enough observable behavioral cues to report on the target's personality. Another example is Avoidant PD, which is characterized by consistently avoiding social contact and is classically labeled an internalizing pathology. However, it has significant correlations on all five traits of the FFM traits. Similarly labeled as internalizing, Schizotypal PD, which involves strange personal beliefs, also had four significant correlations. Based on previous research, it would be expected that the personality pathologies labeled "externalizing" would have more correlations between personality and pathology, however our results indicate some pathologies labeled as "non-externalizing" also showed significant relationships between personality and personality pathology. This could be because informants simply had enough information about maladaptive behaviors to report on, regardless of the label. Another factor that could be contributing to the count of significant correlation is method bias. Since the correlational design of this study had informant rating of personality traits correlated with informant rating of pathology, the resulting statistics could be inflated because ratings from the same people were being correlated together. Method bias could explain why more significant correlations appeared on the informant rating personality and pathology data, as opposed to the self-reported personality and pathology data.

Differences Between Self and Informant Rated Personality Trait and Pathology Correlates

To assess the difference between the self-reported personality and the informant-rated personality with personality disorders, Fisher's r to z test was used to calculate significant differences between the correlations. Some personality disorders demonstrated more significant differences between self and informant rated personality, while some showed no significant difference between the self-report and the informant rating of personality. Specifically, Borderline PD, Paranoid PD, Narcissistic PD and Histrionic PD had the most significant

differences between self and informant-rated traits. Borderline PD and Histrionic PD are classically labeled externalizing PDs, while Paranoid PD and Narcissistic PD are classically labeled as “non-externalizing”. The calculated differences indicate a disparity between the self and the informants rating of the targets personality. Since the disparity appears on both “externalizing” and “non-externalizing” pathologies, it is possible that the difference goes beyond simple categorization. Instead the difference in pathology might be a manifestation of the specific disorders. Remember that all personality pathologies are classified by unusual and problematic social interactions that are often ego-syntonic. Due to these inherent characteristics of personality disorders, it is logical that the self and informants would disagree on the how each experience a target individual’s personality. Thus, disagreement could simply be another inherent quality of personality disorders. It is possible that the difference was just significant on these specific disorders in this specific study because these PDs are the most extreme. But we suspect that in a retest, a similar trend of disagreement could appear.

Self-Informant Agreement Scores and Personality Pathology

To assess if difference between self-informant agreement scores could be attributed to specific traits, the difference scores were sectioned out by trait and correlated with only the questions that pertained to the trait. Our data indicates that certain traits had more difference between self-report and informant rating of personality, with some leaning in favor of the self, while others leaned in favor of the informants. For example, there was more difference in favor of the self-report of personality and its association with personality pathology, over informant rating of personality and its association with personality pathology on the trait of extraversion. These results indicate that the self could be more descriptive when evaluating extraversion as opposed to an informant. These results appeared on Antisocial PD, Borderline PD, Histrionic

PD, Schizotypal PD, and Narcissistic PD. This difference could be possible because extraversion is both an observable trait and an internal state known only to the self. Usually, the outward behavior of an individual matches the internal experience of extraversion or introversion. However, there could be cases where the individual acts observably extroverted, but feels internally less extraverted (more introverted). In this case, the informant sees the extraverted behavior and reports higher extraversion, while the self feels the introverted feeling and reports themselves as less extraverted. Situations like this could be more common for individuals with personality disorders because the individual experiences their personality differently than how others experience the effects of their personality.

Another data trend indicated more difference in favor of the informant rating of personality and its association with personality pathology, over self-report of personality and its association with personality pathology, on the trait of agreeableness. These correlational results appeared on Narcissistic PD, Antisocial PD, and Borderline PD, but was also found in a smaller magnitude on Paranoid PD, Schizotypal PD, Dependent PD, and Histrionic PD. To explain this difference in self-other agreement on the trait of agreeableness, we can again look to the inherent characteristics of personality pathology as unusual and problematic personality traits that affect social relationships and the RAM. As previously discussed, maladaptive traits are accessible to informants based on the RAM and informants should, therefore, have a reasonable ability to rate and report on these traits. Most research claims that self-report for individuals with personality disorders can often be inaccurate, biased, or incomplete because of the inherent characteristics of personality pathology (Klonsky & Oltmanns, 2002; Carlson, Vazire, & Oltmanns, 2013). Put simply, it is possible that individuals with PDs could just have an inability to accurately perceive

themselves on how agreeable they are with other people. This inability to properly see how their personality affects those around them could account for discrepancies in self-other agreement.

Limitations and Future Directions

This study was limited by the target population. First, our target population was not a clinical sample of individuals with proper personality pathology diagnoses, but rather a sample of students who were assessed by informants on potentially incipient PDs. Since we do not have diagnoses, our results only indicate the relation of personality pathology traits to the self and informant rating of personality.

Future research could investigate who is more *accurate* at describing personality pathology traits. This study only sought to investigate the relationship between self-report, informant rating, and personality pathology to find who is more descriptive on which traits. This study does not determine who is the most accurate, but does provide insight into the difference between self and informant experience of PDs as a result of the inherent characteristics of personality pathologies.

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Table 1

<i>Self-Reported Personality and Informant-Rated Pathology</i>										
	Antisocial	Borderline	Histrionic	Dependent	Schizotypal	Avoidant	Schizoid	Obsessive-Compulsive	Narcissistic	Paranoid
Extraversion	.32**	.23**	.47**	.03	.24**	-.16*	-.20**	.16*	.32**	.21**
Agreeableness	-.13*	-.20**	-.12	-.13*	-.06	-.11	-.09	-.09	-.25**	-.16*
Conscientiousness	-.10	-.09	-.01	-.16*	-.01	-.17*	-.06	.18**	.13*	.07
Neuroticism	-.08	.22**	.08	.27**	.02	.35**	.05	.16*	.06	.15*
Openness	.11	-.03	.06	-.18**	.09	-.26**	-.03	-.12	.11	-.01

Note: * $p < .05$. ** $p < .001$; $N = 226$

Table 2

Informant-Personality and Informant Pathology

	Antisocial	Borderline	Histrionic	Dependent	Schizotypal	Avoidant	Schizoid	Obsessive-Compulsive	Narcissistic	Paranoid
Extraversion	.22**	.05	.37**	-.09	.18**	-.40**	-.32**	.03	.16*	-.04
Agreeableness	-.48**	-.48**	-.31**	-.20**	-.19**	-.14*	-.12	-.17*	-.55**	-.42**
Conscientiousness	-.46**	-.25**	-.29**	-.33**	-.15*	-.22**	.04	.31**	-.16*	.00
Neuroticism	.14*	.57**	.37**	.37**	.12	.44**	.08	.28**	.31**	.44**
Openness	.10	.02	.04	-.17**	.23**	-.31**	-.15*	-.11	.02	-.01

Note: * $p < .05$. ** $p < .001$; $N = 227$

Table 3

Difference Between Self-reported and Informant-rated Personality Trait Correlates with Personality Disorders

	Antisocial	Borderline	Histrionic	Dependent	Schizotypal	Avoidant	Schizoid	Obsessive-Compulsive	Narcissistic	Paranoid
Extraversion		+				-			+	+
Agreeableness	-	-	-						-	-
Conscientiousness	-	-	-	-					-	
Neuroticism		+	+						+	+
Openness										

Note: Blue denotes Self-report correlation with pathology is larger. Red denotes that Informant-rating correlation is larger. "+" indicates the correlation is positive and "-" indicates the correlation is negative.

Table 4

Self-Other Personality Agreement by Assessment and Pathology

	Antisocial	Borderline	Histrionic	Dependent	Schizotypal	Avoidant	Schizoid	Obsessive-Compulsive	Narcissistic	Paranoid
CAQ	-.08	-.19**	-.05	-.29**	-.02	-.37**	-.22**	-.10	-.20**	-.17*
BFI	.00	-.12	.03	-.17*	.02	-.21**	-.14*	.01	-.05	-.05

Note: * $p < .05$. ** $p < .001$; $N = 225$

Table 5

Self-Other Personality Agreement and Pathology

	Antisocial	Borderline	Histrionic	Dependent	Schizotypal	Avoidant	Schizoid	Obsessive-Compulsive	Narcissistic	Paranoid
Extraversion	.21**	.14*	.28**	.05	.20**	.01	-.05	.09	.16*	.07
Agreeableness	-.33**	-.32**	-.21**	-.15*	-.16*	-.05	-.10	-.10	-.41**	-.23**
Conscientiousness	-.08	-.10	.00	-.16*	-.05	-.17*	-.03	.16*	.10	.08
Neuroticism	.09	-.04	.02	-.05	.03	-.16*	-.09	.04	.06	.03
Openness	.04	.04	-.03	-.11	.10	-.09	-.03	-.02	.04	-.03

Note: * $p < .05$. ** $p < .001$; $N = 222$. Average Extraversion agreement correlation: $r = .35$, Average Agreeableness agreement correlation $r = .60$, Average Conscientiousness agreement correlation: $r = .33$, Average Neuroticism agreement correlation: $r = .41$, and Average Openness agreement correlation: $r = .28$.