

# Is Personality Pathology Associated with Self-Other Agreement?

Kimberly Tom

Faculty Advisor: Leonard J. Simms

## Introduction

- Personality disorders are characterized by deviating patterns of thinking and behavior involving interpersonal functioning, cognition, affectivity, and impulse control (American Psychiatric Association, 2013). Such dysfunction may lead others to view someone with a personality disorder differently than how this person would view themselves. Such differences call into question the utility of personality judgements made by the self or an informant.
- Self-other agreement is the relationship between self-reports and informant-reports on an assessment.
- Discrepancies between self- and informant-reports could mean individuals with personality pathology are not being assessed accurately.
- Many variables influence agreement (e.g., the visibility of different traits, how well the informant knows the person they are judging, the self's consistency of behavior).
- Due to biases, both self- and informant reports provide valid and unique information, and both may be necessary for accurate depiction of someone with personality pathology (Carlson, Vazire, & Oltmanns, 2013)
- Hypothesis: When judging an individual with more personality pathology, agreement between the self and an informant on a particular measure would be lower than those with less personality pathology.

## Participants and Procedures

- 80 dyads recruited from Western NY mental health clinics.
  - Recruited individuals were asked to bring a close friend or family member. Those who from the larger sample who were able to provide an informant are the participants of the current study.
  - Each completed a battery of assessments and structured interviews.
  - The clinical participants answered questions about themselves  
Ex. "I see myself as someone who is talkative."
  - Informants answered the exact same items, but slightly rephrased to be about the target participant instead. (Except for items on the Personal Acquaintance Measure)  
Ex. "I see the person I came with today as someone who is talkative."
- Measures**
- Structured Clinical Interview for DSM-IV Personality Questionnaire
  - The Big Five Inventory
  - Personal Acquaintance Measure
  - The Personality Inventory for DSM-5

## Data Analysis

- Profile self-other agreement correlations for each measure in the study were calculated for each dyad (see below).

### Agreement Correlation Descriptive Statistics

	Mean	Std. Deviation	Minimum	Maximum
<i>Agreement Correlations:</i>				
PAM	0.57	0.36	-0.73	1
SCID-II PQ	0.35	0.36	-0.89	0.97
PID-5	0.48	0.26	-0.24	0.89
BFI	0.41	0.47	-0.98	0.96

- Self-other agreement correlations were then correlated with personality disorder criterion counts and personality trait ratings.

## Results

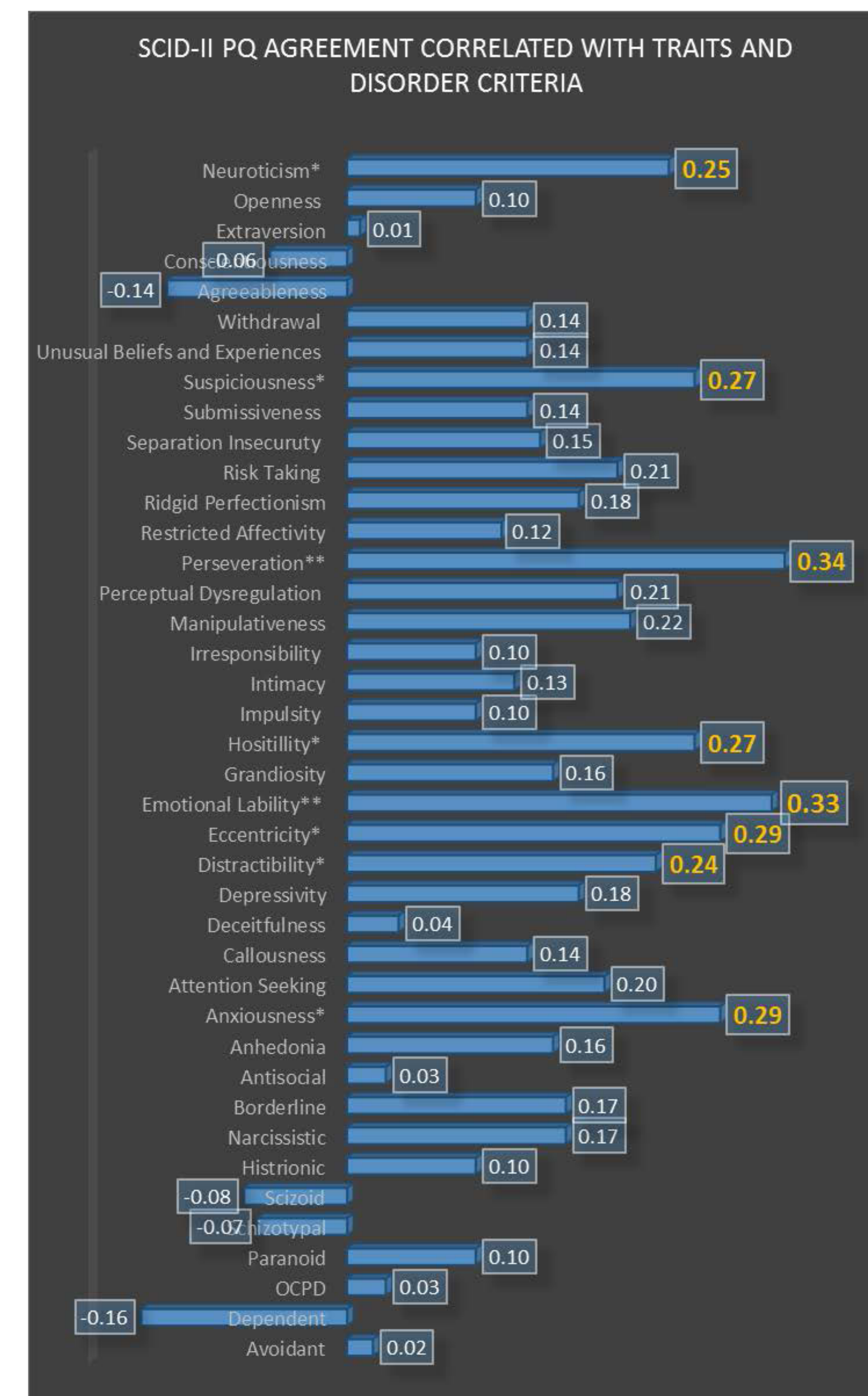
### Correlation Matrix of Agreement Coefficients with Personality Disorder Criteria and Personality Traits

	SCID-II PQ	PID-5	PAM	BFI
<i>Personality Disorder Criteria:</i>				
Avoidant	0.02	0.03	0.17	0.18
Dependent	-0.16	0.05	0.03	<b>0.27*</b>
Obsessive Compulsive	0.03	<b>0.35**</b>	0.08	0.24
Paranoid	0.10	0.14	0.07	0.07
Schizotypal	-0.07	0.13	0.07	0.12
Scizoid	-0.08	-0.07	0.01	-0.03
Histrionic	0.10	0.04	0.01	0.16
Narcissistic	0.17	0.18	0.03	0.22
Borderline	0.17	0.22	0.16	0.15
Antisocial	0.03	0.04	0.18	0.10
<i>PID-5 Traits:</i>				
Anhedonia	0.16	0.09	0.23	-0.03
Anxiousness	<b>0.29*</b>	<b>0.30*</b>	0.15	0.14
Attention Seeking	0.2	0.16	-0.08	0.12
Callousness	0.14	0.10	0.13	0.12
Deceitfulness	0.04	0.07	0.02	0.05
Depressivity	0.18	0.19	0.2	0.05
Distractibility*	<b>0.24*</b>	0.20	0.08	0.2
Eccentricity	<b>0.29**</b>	0.07	<b>0.26*</b>	<b>0.31*</b>
Emotional Lability	<b>0.33**</b>	<b>0.29*</b>	0.23	0.22
Grandiosity	0.16	-0.15	-0.09	0.03
Hostility	<b>0.27*</b>	<b>0.35**</b>	<b>0.24*</b>	0.17
Impulsivity	0.10	0.17	-0.03	0.07
Intimacy	0.13	-0.18	0.08	-0.1
Irresponsibility	0.10	-0.04	0.11	-0.010
Manipulativeness	0.22	0.08	-0.07	0.04
Perceptual Dysregulation	0.21	0.00	0.15	0.20
Perseveration	<b>0.34**</b>	0.14	0.09	0.18
Restricted Affectivity	0.12	-0.05	0.22	0.12
Rigid Perfectionism	0.18	0.17	0.19	0.07
Risk Taking	0.21	<b>0.29*</b>	0.00	0.08
Separation Insecurity	0.15	0.23	-0.13	0.15
Submissiveness	0.14	0.06	0.17	0.01
Suspiciousness	<b>0.27*</b>	0.09	0.11	0.06
Unusual Beliefs and Experiences	0.14	-0.17	0.14	<b>0.28*</b>
Withdrawal	0.14	-0.04	<b>0.24*</b>	0.04
<i>Big Five Traits:</i>				
Agreeableness	-0.14	-0.12	-0.15	-0.03
Conscientiousness	-0.06	0.11	0.08	0.09
Extraversion	0.01	0.13	-0.24	0.12
Openness	0.10	0.13	0.09	0.24
Neuroticism	<b>0.25*</b>	<b>0.35**</b>	0.23	0.20

Note: ns p > .05; \* p ≤ .05; \*\* p ≤ .01

- My hypothesis predicting more personality pathology would be associated with lower self-other agreement was false. Any significant correlations were positive.
- Nearly all correlations were positive (see graph).

## Graphical Example



Note: ns p > .05; \* p ≤ .05; \*\* p ≤ .01

## Discussion

- People with personality pathology are supposed to exhibit lower insight, and therefore would be less likely to see negative qualities that outside observers see.
- Previous research has indicated that higher personality pathology is associated with lower self-other agreement (Furr, Dougherty, Marsh, & Mathias, 2007, Tandler, Mosch, Wolf, & Borkenau, 2015).
- Contrary to the current hypothesis and previous findings, presence of personality pathology and antagonistic personality traits appears to be associated with higher self-other agreement.
- Personality disorder criteria yielded only two significant results. This could be indicative of the problems with the categorical approach to personality disorder diagnosis.

## Conclusions

- Significant positive associations indicate that personality pathology is related to self-other agreement.
- Contrary to my hypothesis, higher personality pathology is actually associated with more self-other agreement.
- A possible explanation for these results could be that given the targets in the study have previously received mental health treatment, they are more likely to have more insight about their negative personality characteristics, resulting in more congruent judgments with their informants.
- Future research will assess a non-clinical college dataset to see if findings are consistent.

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## References

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