

PERSONALITY DISORDERS AND DEPRESSION

A Dissertation

by

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Submitted to the Office of Graduate and Professional Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

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August 2017

Major Subject: Clinical Psychology

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ABSTRACT

Individuals with personality disorders (PDs) may be unaware of or unwilling to report on their own PD-related maladaptive behaviors and how these behaviors affect others. This set of circumstances makes the assessment of the PD continuum challenging. Informants who know individuals with PD symptoms may be uniquely situated to aid the assessment of the PD continuum. Indeed, they may have better access to and more willingness to report PD-related symptoms than targets. The primary aim of the present study was to investigate whether informants report PD symptoms with more precision and at lower levels of PD intensity than targets. Further, research has shown that PD pathology is linked to clinical disorders in different ways. Depression is one of the most widely-researched clinical disorders in psychiatry, and research has shown that PDs affect its etiology, assessment, and treatment. Thus, a secondary aim of the present study was to analyze the relationship between self- and informant-reported PD features and depression. The sample consisted of 1387 targets, ages 55 to 65 (56% women), who were recruited for an epidemiological longitudinal study examining the effects of PDs on health and social functioning. In addition, for each target an informant—an acquaintance who provided information about the target’s personality—was included. Results for the present study largely supported the hypotheses. Informants identified PD pathology earlier in the development of the PD, and more precisely than targets. Furthermore, informant-reported PD pathology accounted for more variance in informant-reported depression than self-reported PD pathology accounted for the variance in self-reported depression. Results highlight the diagnostic benefits of informant report.

CONTRIBUTORS AND FUNDING SOURCES

Contributors

Part 1, faculty committee recognition

This work was supervised by a dissertation committee consisting of Professor Steve Balsis [advisor], Robert W. Heffer, and Rebecca J. Schlegel of the Department of Clinical Psychology and Professor Anita L. Sohn McCormick of the Department of Educational Psychology.

Part 2, student/collaborator contributions

The analyses depicted in Section 4 were conducted in part by Professor Steve Balsis of the Department of Clinical Psychology.

All other work conducted for the dissertation was completed by the student independently.

Funding Sources

There are no outside funding contributions to acknowledge related to the research and compilation of this document.

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1. INTRODUCTION

Individuals with a well-adapted personality enjoy a broad range of affective experiences and behaviors across a variety of different settings, without the loss of impulse control. They also possess an internalized system of values that is free from the influence of others (Clarkin, Yeomans, & Kernberg, 2007). In addition, individuals with a well-adapted personality have accurate self-knowledge and accurate person perception. These features grant individuals the capacity to derive pleasure from intimate relationships and to have a realistic evaluation of others.

In contrast, individuals with personality disorders (PDs) exhibit patterns of cognition (perceptions of self, others and events), affectivity (emotional responses), interpersonal functioning, and impulse control that are considered markedly deviant from the cultural norms of the individual, as defined by the Diagnostic and Statistical Manual of Mental Disorders 5th edition (American Psychiatric Association, 2013). These features can impair a person's ability to develop close relationships, have successful careers, and they may influence the development and/or maintenance of other clinical disorders (APA, 2013).

One of the most prevalent and widely researched clinical disorders is depression. PDs have been reported to affect the etiology, maintenance and treatment of depression. Because of their effects on clinical disorders like depression, it is imperative that PDs be well understood and accurately diagnosed. Understanding the interactions between depression and PDs will improve the treatments available and thus the quality of life of individuals suffering from these conditions.

Due to the detrimental effects of PDs, there has been significant research devoted to their diagnosis. However, disagreements abound in this area of research. For example, some argue that PDs exist along a continuum with normal personality on one extreme and pathological personality at the other. Others argue that PDs are distinct disorders and they should be diagnosed based on binary diagnostic criteria. The DSM diagnostic system differentiates disordered personality from healthy personality using a categorical system whereby individuals who endorse a given number of the criteria that is said to characterize a given PD will be eligible for a diagnosis. However, research has shown evidence to support that personality exists along a continuum that begins with normal personality at one extreme and ends with disordered personality at the other (Trull, & Durrett, 2005; Samuel, Simms, Clark, Livesley & Widiger, 2010). As such, personality disorders are believed to be “maladaptive, extreme versions of general personality structure” (Samuel, et al., 2010).

As it will become evident, the diagnosis of PDs remains imprecise. Part of the reason for the category vs. dimension debate is related to the use of different research methods to test the two positions. It has been suggested that the methods used in support of a categorical diagnostic system are at best insufficient and at worst flawed (Eysenck, Wakefield & Friedman, 1983; Morey, 1988; Widiger, Frances, Pincus, Davis, & First, 1991). Another factor affecting diagnosis of PDs is that most research has been conducted using self-reported data. This is problematic because PDs are characterized by lack of self-awareness. Thus, information gathered from these individuals may be

insufficient to make accurate assessments and thus may require additional information, perhaps from a knowledgeable informant.

The first goal of the present research was to examine the value of informant-reported PD symptoms relative to self-reported PD symptoms. A second goal of the current study was to examine the effect of PD symptoms on symptoms of depression from the perspective of both target individuals and informants. Results will provide further understanding about PDs in general, in addition to and their effect on depression, specifically. In the next section, I will expand on these goals.

1.1. Classification System

Although evidence suggests that personality exists along associated dimensions (Trull, & Durrett, 2005; Samuel, et al., 2010), PD classification has been made using a categorical system. Part of the reason for the adoption of a categorical system of classification is that the first taxonomies for mental disorders were developed and/or modeled after the medical model of classification (Eysenck et al., 1983; Morey, 1988; Widiger et al., 1991), which involves describing syndromes based on their symptoms. The tradition of classifying mental disorders using a categorical model in the U.S. began with the American Psychiatric Association's classification of mental disease in 1917. It was followed by the Standard Classified Nomenclature of Disease (American Psychiatric Association, 1933), and these were followed by classification systems developed by the Armed Forces and by the Veterans Affairs Administration (Widiger et al., 1991). The categorical classification of mental disorders was also pursued by the international community. In 1948, the sixth edition of the World Health Organization's

(WHO) Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (ICD-6) included, for the first time, a mental health disorders section (Widiger et al., 1991).

The development of the current American system of classification: the Diagnostic and Statistical Manual of Mental Disorders (DSM), was prompted to resolve the problem of the variability in labels for mental disorders. The first edition of the DSM (DSM-I; American Psychiatric Association, 1952) was developed in order to consolidate the various labels being used in the U.S. at the time. However, the final result was incompatible with the ICD-6. This gave the American Psychiatric Association (APA) the impetus to revise the document to increase its compatibility with the ICD-8, thereby developing the second edition of the DSM (DSM-II; American Psychiatric Association, 1968). This tradition of categorical classification of mental disorders has continued, at least in part, until the present including all subsequent editions of the DSM and the ICD.

As early as the time of the publication of the DSM-II, the classification system has elicited criticism due to the quantity or quality of the research on which the PD diagnoses have been based. The DSM-II stimulated criticism that the manual was based on the clinical observations of a group of psychiatrists and that it “was not field tested for reliability of diagnostic accuracy” (Eysenck, et al., 1983). Therefore, the APA sought to revise it to include an improved psychiatric classification system with more meaningful diagnostic categories that were more reliable and consistent with research data (DSM-III, APA 1980a, as cited in Eysenck et al., 1983). Though the DSM-III included many positive changes compared to the DSM-II, it was criticized due to the low

reliability of the PDs as compared to clinical disorders—or Axis I disorders, as they were classified at the time (Frances, 1980 as cited in Eysenck et al., 1983). An additional drawback of the DSM-III was the high degree of overlap between PDs. These were hypothesized to be a result of two things, the possible overrepresentation/underrepresentation of some domains of PD pathology which affect discriminant validity, and the overlap of items between PDs.

To address the latter, overlapping items that were not considered central to the diagnosis of a given PD were deleted from that set of criteria and were only retained for the PDs for which they were central. Regarding the matter of over/underrepresentation of some domains of PD pathology, some of the criteria for some of the PDs were qualitatively changed to add incremental validity (Widiger et al., 1988). Some of the changes follow below.

To improve the discriminant validity of antisocial PD, the item “lacks remorse” was added to the diagnostic criteria. Changes made to avoidant PD included items related to the “inhibited phobic character” such as “an exaggeration of the risks in everyday life” and “an inordinate fear of being embarrassed” (Widiger et al., 1988). Items such as “low self-esteem” and “desire for affection and acceptance” were deleted because they were considered too broad. Changes in borderline PD included the deletion of the item “intolerance of being alone”, and the addition of the item “frantic efforts to avoid real or imagined abandonment”. In regards to dependent PD, nine items were added to broaden its definition by including submissiveness and fears of separation. The items were also developed in such a way as to decrease the bias against women that was

present in the previous edition (Widiger et al., 1988). Changes made to the histrionic PD criteria included the deletion of items that overlapped with borderline PD, and the addition of the more prototypical feature “inappropriate sexually seductive in appearance or behavior”. As for narcissistic PD, items were added tapping into conflicts about envy and the belief that one’s problems are unique. Moreover, the items deleted included the alternation between idealization and devaluation of others, and cool or indifferent response to criticism or indifference. Obsessive-compulsive PD did not undergo many changes besides the inclusion of items more representative of the constructs of parsimony, orderliness and obstinacy. Paranoid PD was changed by the deletion of the four items about restricted affect. Moreover, other items were combined into a single item concerned with suspiciousness. Finally, a new item was added, “bears grudges or is unforgiving of insults or slights”. Passive-aggressive PD remained intact with the exception of the deletion of the condition that it may only be assigned in the absence of any other PD. Schizoid PD was expanded to include an additional seven items tapping into social indifference, blunted affect, and anhedonia. Finally, the changes made to schizotypal PD included the addition of the item “odd, eccentric, or peculiar behavior or appearance”. For a more detailed description of the changes made in the DSM-III-R and their rationale, please refer to Widiger et al. (1988). Though most concerns about the DSM-III were addressed by the DSM-III-R, they were not fully resolved. This led to further changes in subsequent editions of the DSM.

It became the goal of the DSM-IV (American Psychiatric Association, 1994) taskforce and workgroups to minimize arbitrary and biased revisions of the classification

manual. As such, a systematic and scientific method of study was enforced for this fourth revision (Widiger, 1991). This method of study required that all PD diagnoses be systematically examined using three methods. The first method involved conducting systematic and comprehensive reviews of all available research literature regarding PDs. These reviews were required for both empirical and clinical literature to provide evidence that addressed each criticism of the extant diagnoses, and each proposed change. Moreover, the reviews themselves were subjected to critical review (Widiger, 1991). The second method involved the reanalysis of data using existing data sets. These reanalyses aimed to evaluate the performance of the current criteria sets as well as to generate and pilot proposals for new criteria (Widiger et al., 1991). The third and final method included field trials in order to assess the “acceptability, feasibility, coverage, generalizability, reliability, and construct validity of the criteria sets and their diagnostic algorithms” (Widiger et al., 1991).

Following the DSM-III-TR reanalyses, the DSM-IV Axis-II section was revised to improve upon the specificity of the PDs. Passive aggressive PD was deleted due to its poor factor loading (Blais & Norman, 1997). The antisocial PD criteria set was revised by deleting two items: parental irresponsibility and failure to sustain a monogamous relationship for more than 1 year. Furthermore, the two items concerning financial obligations and inconsistent work, were combined into one item: consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations (Widiger et al., 1996). Further revisions included the addition of criteria to avoidant PD (views self as socially inept, personally unappealing, or

inferior to others), borderline PD (transient, stress-related paranoid ideation or severe dissociative symptoms), narcissistic PD (shows arrogant, haughty behaviors or attitudes), histrionic PD (considers relationships to be more intimate than they actually are), and obsessive compulsive PD (shows rigidity and stubbornness). Finally, criteria were deleted from avoidant PD (exaggerates the potential difficulties, physical dangers, or risks involved in doing something ordinary but outside usual routines), histrionic PD (constantly seeks or demands reassurance, approval, or praise), dependent PD (is easily hurt by criticisms or disapproval), narcissistic PD (reacts to criticism with feelings of rage, shame, or humiliation--even if not expressed), and obsessive compulsive PD (indecisiveness, and restricted expression of affection). The wording of some of the remaining criteria was changed.

Though there was a revision of the DSM-IV (American Psychiatric Association, 2000) PD criteria remained unchanged in this revision. However, the controversy regarding PD diagnoses continued and revisions were proposed for the fifth edition of the DSM (Skodol, et al., 2011).

Given the ongoing debate surrounding the PD diagnostic criteria, the DSM-5 Personality and Personality Disorders Work Group, and the DSM-5 Task Force, were charged with making revisions to the DSM-5 that reflected the vast empirical data that were available. Though changes were suggested by the Work Group, and endorsed by the DSM-5 Task Force, they were ultimately not approved by the Board of Trustees of the American Psychiatric Association (Morey & Skodol, 2013). In this revision of the DSM, the multiaxial system was abandoned. It was divided into three sections (I =

DSM-5 basics; II = Diagnostic criteria and codes; III = Emerging measures and models). PDs are described in section II unchanged from the DSM-IV “to preserve continuity with current clinical practice, while also introducing a new approach that aims to address numerous shortcomings of the current approach to personality disorders” (American Psychiatric Association, 2013). The suggested changes from the DSM 5 workgroup were included in section III.

The proposed changes to the PD section of the DSM 5 resulted from the field’s consensus that the DSM-IV-TR PDs contained excessive comorbidity, had limited validity for some existing types, lacked specificity in the definition of PD, had instability of current PD criteria sets, and had arbitrary diagnostic thresholds (Skodol, et al., 2011). These criticisms were addressed, respectively, by reducing the number of PD types by eliminating less valid ones, adding a requirement that core impairments be evident in self and interpersonal functioning, adding specific traits to behavioral PD criteria, and by using a dimensional rating of the PD types (Skodol, et al., 2011). Given the recency of the publication of the DSM 5, research evaluating the changes proposed to the PDs diagnostic system are still forthcoming. This research will improve the clarity of the diagnosis of PDs, which has been opaque from the inception of the diagnostic system.

1.2. Self- vs. Informant Report

In addition to the challenges mentioned earlier (i.e., excessive comorbidity between PDs, limited validity for some PDs, lack of specificity in the definition of PD, instability of current PD criteria sets, and arbitrary diagnostic thresholds), PD diagnosis is further muddled due to its reliance on self-reported data. Self-report measures of PD

symptoms have the limitation that identity disturbances and lack of insight are inherent in PDs (Klonsky & Oltmanns, 2002). Research has shown that individuals suffering from PDs exhibit deficits in recognition of symptoms, as well as deficits in their ability to understand the consequences of their behaviors and the perceptions of others (Vazire & Wilson, 2012, chapter 16). Consequently, results from self-report measures of PD symptoms are fundamentally biased. There are extant measures that assess self-knowledge (clinical rating scales and self-report questionnaires), including the Scale to Assess Unawareness of Mental Disorder (SUMD; Amador & Strauss, 1990), the Brown Assessment of Beliefs Scale (BABS; Eisen et al., 1998) and the Beck Cognitive Insight Scale (BCIS; Beck, Baruch, Balter, Steer, & Warman, 2004). These measures assess whether the level of insight in individuals is high enough to yield accurate and useful diagnostic information. However, mostly what these instruments do is provide information about the validity of the information gathered. If the level of insight is low, the information gathered by the self-report measures of PDs will remain biased and uninformative. These measures do little to resolve the problem of inaccurate reporting.

In order to counteract the biases associated with self-reported PD symptomatology (i.e., lack of recognition of symptoms and lack of understanding of the effects of their behaviors on others), researchers have suggested gathering informant perspective data (Vazire & Wilson, 2012, chapter 16). Thus, PD diagnostic instruments such as the Structured Interview for DSM (II-IV) Personality (SIDP) and the Structured Clinical Interview for DSM Axis-II (SCID-II) have been adapted (posing the questions in the third person) to administer to informants. Moreover, The Standardized Assessment

of Personality (SAP; Mann, Jenkins, Cutting & Cowen, 1981) was developed, and it was one of the first measures developed to gather informant data. It was developed in a clinical setting in order to gather informant data instead of self-report for when individuals were unable to provide information about themselves (Klonsky et al., 2002). Though these measures are helpful as informant report measures, they have limitations. The SIDP-IV and the SCID-II are limited in that there are no specific instructions or follow-up questions for their use with informants, while the SAP is limited because it was not designed to be used with non-clinical populations.

To improve upon the existing informant report measures of PDs, the Peer Nomination Inventory (PNI) was developed (Thomas, Turkheimer & Oltmanns, 2003). It was created to gather self-report and informant report of PDs and PD traits, and to compare the two accounts. It was later renamed the Multisource Assessment of Personality Pathology (MAPP; Oltmanns & Turkheimer, 2006). It consists of 103 items, 79 based on features of 10 PDs from the DSM-IV and 24 additional items describing additional traits with a positive valence.

After the development of the MAPP, several studies have focused on the differences found in self-report and informant report for the identification of PDs. The goal of these studies was to explore whether informants can provide useful information to improve PD diagnosis, given the self-knowledge errors characteristic of some individuals with PDs that lead to inaccurate reporting. In studies looking at various PDs, informants added incremental validity to the information acquired through self-report

(Oltmanns, & Strauss, 1998; South, Oltmanns, and Turkheimer, 2003; Cooper, Balsis, and Oltmanns, 2012).

An important finding when comparing self- and informant report of PD symptoms is that the correlation between reports is modest at best (Clifton, Turkheimer, and Oltmanns, 2005; Friedman, Oltmanns, Gleason, & Turkheimer, 2006; Oltmanns, & Strauss, 1998; Oltmanns, Gleason, Klonsky, and Turkheimer, 2005; Sharp, Mosko, Chang, & Ha, 2011; South, et al, 2003). Researchers have hypothesized that target individuals tend to endorse different symptoms than those observed by informants. One reason points to blind spots or lack of insight on the part of the targets (Oltmanns, Friedman, Fiedler, and Turkheimer, 2004; Friedman, Oltmanns and Turkheimer, 2007), and another is that target individuals are less likely to endorse symptoms in themselves that describe negative qualities (Oltmanns et al, 1998) even when they recognize that others identify those qualities in them (Oltmanns, et al, 2005). Additionally, target individuals are less accurate than informants in identifying interpersonal functioning deficits (Clifton et al, 2005; South, et al, 2003). These findings provide evidence of the added value of informant perspectives in the identification of personality pathology.

Some studies suggest that an important contributor to the discrepancies between self- and informant report may be that informants can identify PD traits earlier in the course of the disorder than target individuals. This has been shown in a study comparing adolescent self-report and informant (parent) report on clinical disorder symptoms in youths with borderline personality disorder traits (Sharp, Mosko, Chang, & Ha, 2010). Although borderline PD features in children (ages 8-18) correlated moderately and

significantly when comparing self and informant (parent) report, informants were able to identify borderline PD traits in a majority of youths that did not report clinical disorder symptoms. These results suggest that parents were able to identify borderline PD traits before the PD reached a high degree of severity. Self-reported borderline PD traits, however, were only recognized by targets when they reached a severity where clinical disorder symptoms were also present. Approximately 40% of the children whose parents identified them as high borderline PD trait also identified themselves as experiencing clinical levels of DSM-IV Axis I problems (as assessed by The Youth Self Report; YSR; Achenbach & Rescorla, 2001). In contrast approximately 62% of children who identified themselves as high borderline PD trait also identified themselves as experiencing clinical levels of DSM-IV Axis I problems. This suggests that self- and informant report may be identifying individuals with PDs at different levels of severity of the disorder, such that informants, but not targets, are observing and thus reporting PD symptoms at lower levels of the pathology.

Similarly, in an evaluation of the psychometric properties of the borderline PD Severity Index—IV—adolescent and parent versions (BPDSI-IV-ado/p) Schuppert, Bloo, Minderaa, Emmelkamp, and Nauta (2012) showed, in an ROC analysis calculated against meeting two borderline PD criteria using the SCID-II, that in order to reach acceptable sensitivity and specificity, adolescents would have to meet a cut-off score of six, while parents would only have to meet a cut-off score of four. This suggests that the parent report was able to identify borderline PD at lower levels of the disorder than can be identified by self-report. Furthermore, this study showed the strongest criterion

correlation between affective instability and relationships, and affective instability and emptiness for the BPDSI-IV-ado. In contrast, the strongest correlations for the BPDSI-IV-p were found between impulsivity and affect instability and impulsivity and anger control. These latter findings may be evidence of the quality of criteria that are more easily identifiable by informant versus self-report, which suggest informants' ability to provide diagnostic information above and beyond that of which self-report may provide.

In a study comparing the utility of self- and informant report in identifying narcissistic personality disorder symptoms, informants identified more pathological narcissism, and were better able to identify narcissistic PD at lower levels of the disorder than could the target individuals (Cooper, et al. 2012). This study used data from the St. Louis Personality and Aging Network (SPAN; Oltmanns, Rodrigues, Weinstein, & Gleason, 2014) and used Item Response Theory (IRT) to conduct their analyses. A benefit of using IRT for comparing self- and informant report is that it is able to provide a visual representation of both the degree of item relatedness to a latent trait as well as show the severity of the latent trait being experienced as reported by targets and informants. More research could use these types of analyses in order to bring further clarity and precision to the diagnosis of PDs.

1.3. Modern Psychometrics and Multisource Assessment

Because of the historical difficulties in diagnosing PDs, including limitations of self-report, methodology like the one used in the study by Cooper et al. (2012) may be indicated in order to explore the value of informant report for identifying personality pathology in targets. One of the benefits of IRT is that it can illustrate what items in a

scale are able to identifying where along a trait continuum a person is located. Similarly, an additional benefit of IRT is that it can identify which items are better at discriminating between people that fall in different severity levels (or ranges) along the latent trait continuum.

The way in which IRT is able to show which items are superior at identifying an individual's location along a given trait continuum is through estimating an Item Response Function (IRF) or Item Characteristic Curve (ICC) for each of the items in a scale. An ICC is simply a curve that illustrates the probability that an individual will endorse an item given that person's standing on the latent trait continuum. The ICC is formed by determining certain item parameters calculated based on a collection of individual responses to those items. The equation for an ICC also takes into account other items in order to identify their parameters relative to the other items. Finally, ICCs are combined to yield a Test Characteristic Curve (TCC) which simply illustrates the probability that an individual will endorse that scale, given that person's standing on the latent trait continuum. There are several models that may be used in IRT. But for the purposes of the current study, only the two parameter model (2PL) will be discussed. For more detailed descriptions of IRT and the remaining models please refer to more comprehensive sources (Emberson & Reise, 2000; Hambleton, Swaminathan & Rogers, 1991; Lord, & Novick, 1968; Morizot, Ainsworth & Reise, 2007; Thomas, 2011).

In the 2PL model, two item parameters must be estimated in order to develop ICCs, the item difficulty parameter (b), and the item discrimination parameter (a). The difficulty parameter (b) in an ICC—also referred to as the location parameter—

represents the point at which an individual has the same probability of endorsing the item or not endorsing the item (i.e., 0.5 probability) given that individual's standing on the latent trait continuum. The discrimination (a) parameter is the slope of the ICC, which is located at b . This a parameter illustrates how strongly related to the latent trait an item is. Items with a steeper slope are more useful at separating individuals at different levels of severity in the latent trait continuum than items with less steep slopes (Hambleton et al., 1991).

Once ICCs are estimated, it is possible to create item information functions (IIF). Information is a concept parallel to reliability in classical test theory. Information demonstrates the precision with which an item is able to differentiate individuals at all levels of the latent trait. Information illustrates where along the latent trait continuum an item provides the most precision in differentiating individuals with different degrees of the latent trait. The discrimination parameter (a) determines the amount of information provided by an item, and the difficulty parameter (b) determines where (location) along the latent trait continuum the item is able to provide that information.

When IIFs are combined, they form a scale information function (SIF). This function is able to demonstrate where along the latent trait continuum the scale, as a whole, provides the most information. For example, a scale with a SIF that peaks closer to the higher range of the trait continuum, will be better at identifying individuals with higher levels of that trait.

Visual and statistical analyses of these functions can be used to examine which diagnostic items are best at identifying individuals at different levels of the various PD

continua. In addition, these analyses may be used to assess which items and which scales are more precise in identifying pathology at different severity levels of the pathology. Finally, they may be used to compare between two perspectives (i.e., self-report and informant report) and determine whether different items and/or scales differ in their ability to identify individuals at different levels of PD pathology, and where along the continua they are the most useful. In order to test this, recent preliminary analyses were performed by the dissertation chair to compare self-report and informant report on an individual's ability to observe borderline PD symptoms at different severity levels of the disorder. The analyses performed replicated the methods used in Cooper et al. (2012) using data from the SPAN study sample (Oltmanns, et al., 2014).

1.4. Preliminary Analyses

In the preliminary analyses it was hypothesized that given the targets' blind spots, self-report would provide more information about borderline PD features at higher levels of the pathology because, at higher levels of the pathology, borderline PD symptoms would be more difficult for targets to ignore or deny. Conversely, it was hypothesized that informant report would provide more information than self-report about borderline PD features at lower levels of pathology because informant reports are less likely to be biased.

The results from the preliminary study of the ICCs revealed that the difference in responses from targets and informants were statistically significant for 7 out of the 9 criteria. Overall, 7 criteria were statistically significant as defined by confidence intervals. The self-report b parameters (difficulty parameters) fell outside of the

confidence interval for the informants' *b* parameters on 7 of the 9 criteria (all $p < 0.05$). There were not statistically significant differences between targets and informants responses on item 1 (efforts to avoid abandonment), or on item 3 (identity disturbance).

Additionally, the results from the SIF revealed that within a borderline PD intensity range from 0 to 4, the information provided by informants peaked at 1.61 SDs whereas for targets it peaked at 2.1 SDs. The difference in information provided by targets and informants was of 0.49 SD, which is significant by most standards in the social sciences literature.

These preliminary results show that the hypotheses were largely supported. That informants provided more information overall and at relatively lower levels of borderline PD intensity and targets provided more information at higher levels of borderline PD intensity, for 7 out of the 9 borderline PD subscale items as demonstrated by the ICCs, and overall as demonstrated by the SIFs. These analyses provide support for the benefits of using IRT to explore the value of informant report for identifying personality pathology in targets. In addition, they support the hypothesis that informant-reported PD pathology may be able to identify PD symptoms at lower levels of the disorder, whereas self-reported PD pathology may only be able to identify problems at later stages of the disorder. As a result, it would be of great value to test whether IRT analyses could yield similar results for the remaining PDs.

1.5. Primary Aim

There is a long history of challenges in the diagnosis of PDs, including evidence that self-reported data alone are vulnerable to significant bias and that there exist

discrepancies between self- and informant reported personality psychopathology. Modern psychometrics, namely IRT, have provided models that facilitate and improve the precision with which data can be analyzed. As such, the first aim of the present study was to compare self- and informant reports of PD pathology. Within this aim, two questions were explored: 1) First, replicating previous studies, we tested the degree of agreement between self- and informant reported personality psychopathology. It was hypothesized that self- and informant reported PD pathology would only be mildly associated. 2) Second, we used IRT in order to compare self- and informant report on an individual's ability to observe PD symptoms at different levels of severity of each of the disorders, both at an item and scale level. It was hypothesized that informant report would provide more information about PD symptoms at lower levels of PD psychopathology, whereas self-report would provide more information about PD symptoms at higher levels of PD psychopathology.

1.6. PDs and Depression

It was the aim of this study to show, using IRT, whose perspective, target or informant, can more accurately identify an individual's level of PD pathology at different levels of the disorder. However, if informant report proves to be as valuable as hypothesized, it would behoove us to further examine how informant report may benefit our understanding of PDs and their impact on mental health. For example, research has shown that depression, one of the most ubiquitous and well researched clinical disorders, often is intimately linked to PDs. Research has shown that the etiologies of PD pathology and depression are often closely associated, PD pathology can also muddle the

assessment of depression and complicate its treatment. The majority of these studies, however, have only used self-reported data, which may be yielding results that are at best insufficient. Therefore, including informant report to the assessment depression in individuals with PDs may bring needed clarity to our understanding of the relationship between PD pathology and depression, and it may inform the type of treatment provided to these individuals.

1.6.1. Etiology

Theorists and researchers have described different ways in which PD pathology and depression may be related (Bagby, Quilty, & Ryder, 2008; Farmer & Nelson-Gray, 1990; Gunderson & Phillips, 1991; Klein, Bufferd, Ro, Clark, 2014; Shea & Yen, 2005). However, there continues to be debate around this matter. Some have theorized that PDs and depression share a common etiology (common cause model; Bagby, et al., 2008; Farmer & Nelson-Gray, 1990; Gunderson & Phillips, 1991; Klein, et al., 2014; Shea & Yen, 2005). Others have suggested that specific personality traits may be risk factors for the development of depression (precursor model; Bagby, et al., 2008; Farmer & Nelson-Gray, 1990; Gunderson & Phillips, 1991; Klein, et al., 2014; Shea & Yen, 2005). Additionally, some have suggested that PDs influence depression in its presentation, severity, and response to treatment, after the onset of depression (pathoplasty model; Bagby, et al., 2008; Klein, et al., 2014; Shea & Yen, 2005).

There is support for the co-occurrence of PDs and depression, but there is insufficient evidence to determine whether the relationship is causal. For example, there is evidence to suggest a shared familial risk factor for both borderline PD and depression

based on findings of elevated depressive symptoms in family members of individuals with borderline PD, even after controlling for comorbid depressive symptoms in the individuals with borderline PD, suggesting that the family members' depressive symptoms are not accounted for by the depression in the individual with borderline PD but with his/her borderline PD diagnosis (Klein et al., 2014). Similarly, it has been shown that children of parents with comorbid major depressive disorder and borderline PD experienced higher levels of depressive symptoms than children of parents with major depressive disorder alone, and they were 6.84 times more likely to exhibit current or past diagnosis of major depressive disorder (Abela, Skitch, Auerbach, & Adams, 2005). Furthermore, there is also some support for a common cause model based on neurobiological evidence (Klein et al., 2014). Individuals with both disorders have been found to have reduced activity in serotonin neurotransmission anomalies in the volumes of their hippocampus and anterior cingulate cortex, and reactivity from the amygdala to emotional content. Conversely, however, individuals with major depressive disorder were found to exhibit increased reactivity to emotional content in the anterior cingulate cortex, whereas individuals with borderline PD exhibited decreased reactivity. In addition, individuals with both conditions were able to be differentiated based on the type of emotional stimuli that elicited a response in the amygdala. This provides some evidence for a common cause for both conditions due to the similarities in their neurological responses, but differences in the manner in which these responses occur (Goodman, New, Triebwasser, Collins, & Siever, 2010, as cited in Klein et al., 2014). Finally, two studies have shown that borderline PD was a better predictor of depressive

symptoms than the converse (Gunderson et al., 2004; Klein & Schwartz, 2002 as cited in Klein et al., 2014). Together, these studies suggest that personality disorders have a central role in the development of depressive symptoms.

Though there is some evidence to suggest the role of PDs in the etiology of depression, the data are not conclusive. Part of the difficulty in reaching a consensus is due to the variability in assessment instruments and data analysis methods used in exploring these links (Klein et al., 2014). More research is needed to further understand the nature of the link between PDs and development of depression. However, when considering the DSM 5 diagnostic criteria and supplemental text for each PD and depression, it is reasonable to deduce some of the mechanisms through which PDs may cause depression.

1.6.1.1. Paranoid PD

Individuals with paranoid PD are characterized by their suspiciousness that others are exploiting them. They may be reluctant to confide in others for fear that they will use the information against them. They may also be regularly concerned about the loyalty of their friends, associates and or romantic partners. Finally, they may also believe that people are attacking or criticizing them, and they may bear grudges. Due to these irrational beliefs, individuals with paranoid PD tend to display hostility, be secretive, and may present as uncaring. As a result of these behaviors, they may elicit hostility from others and are unlikely to forge meaningful relationships. Given these tendencies, individuals with paranoid PD may experience relationship difficulties with both romantic and platonic partners, as well as occupational difficulties. They may

develop painful feelings due to their beliefs about being wronged, or may become lonely if people reject them due to their attitude toward others. They may also develop depressive feelings due to their inability to maintain relationships. They may experience anhedonia at the thought of engaging in pleasurable activities with individuals whom they don't trust. They may also develop feelings of hopelessness at the thought that there are no people who are worthy of trust. They may also develop difficulties concentrating given their vigilance for potential threats. These symptoms may lead to clinical levels of depression.

1.6.1.2. Schizoid PD

Individuals with schizoid PD have little interest in many of the experiences that bring joy and fulfillment to a person's life. For example, they have little interest in close relationships and sexual experiences, and they take pleasure in few activities. Individuals with schizoid PD also tend to prefer solitary activities. Typically, they may not demonstrate disappointment or sadness, but under some circumstances when they feel comfortable to display emotional vulnerability, they may reveal experiencing hurtful feelings (DSM 5). Although these individuals tend to favor solitude and have little interest in forming relationships, they may still need a modicum of human connection. But, because they spend most of their time engaging in solitary activities, they may not have the skills to secure such bonds. Additionally, because of their preference for seclusion, their vocational options may be limited as many jobs require collaborating with others. As a result, individuals with schizoid PD may develop depressed moods due to their inability to engage with others, even if their need to do so is minimal.

Furthermore, they may develop depressive feelings if they are unable to secure employment due to their need for isolation.

1.6.1.3. Schizotypal PD

Individuals who suffer from schizotypal PD, like those with paranoid PD and schizoid PD, experience suspiciousness, constricted affect, and they lack close friends. In addition, they experience social anxiety. Finally, they may have unusual perceptual experiences, magical thinking, odd thinking and ideas of reference. As a result of these symptoms, they have difficulty making connections with others, yet unlike individuals with schizoid PD, they have a desire to create these connections. When these connections prove challenging, they may be prone to develop depression. Depression symptoms may result from the feelings of isolation due to their inability to create meaningful connections. Their odd appearance, behaviors and speech may make them targets for harassment, which may lead to painful feelings and feelings of worthlessness. Finally, their paranoid fears and ideas of reference may include beliefs that may also cause depressive symptoms.

1.6.1.4. Narcissistic PD

Individuals with narcissistic PD are characterized by grandiosity, need for admiration, and lack of empathy. These characteristics may make them vulnerable to disappointment and painful feelings in a few different ways. Because of their constant need for admiration, they may be emotionally vulnerable when they do not receive it, as their self-concept is wrapped up in their beliefs of superiority and the lack of admiration may lead them to experience feelings of worthlessness. In addition, their lack of empathy

and exploitativeness leads them to often evoke hostile feelings in others, which may lead to rejection from others and/or isolation and loneliness. Finally, individuals with narcissistic PD may experience frequent envy, which, again, may lead to negative feelings about themselves such as worthlessness.

1.6.1.5. Histrionic PD

Individuals with histrionic PD are characterized by their constant need for attention, and excessive emotionality. They tend to become wounded if they are not the center of attention and may engage in erratic behaviors in order to receive that attention. As a result, relationships are difficult for these individuals because people tend to tire of their antics, or because they may reject those who do not give them attention. Additionally, they tend to believe that their relationships are more intimate than they really are. As a result, they may become distressed when others do not reciprocate their vision of the relationship. Furthermore, they may be highly suggestible, which may lead to people taking advantage of them or misleading and manipulating them, and thus leading them to have depressive feelings as a result of the realization that they were manipulated, or as another result of the manipulation. Finally, individuals with histrionic PD may be at an increased risk for suicidal gestures because of their need for attention. Given these maladaptive behaviors from individuals with histrionic PD, major depressive disorder is frequently diagnosed in these individuals.

1.6.1.6. Borderline PD

Individuals with borderline PD are highly prone to developing depression. These individuals have deficits in multiple areas of their life that may lead to major depressive

episodes. They experience deficits in function in the areas of identity, self-direction, and intimacy. They have an unstable sense of self, volatile relationships and labile affect, all of which are sensitive to environmental changes. As a result, they are prone to experience depressive symptoms from a perceived (including imagined) threat of abandonment, from real consequences of their impulsive behaviors (e.g., excessive spending, promiscuity, and/or substance abuse), and/or from an inability to tolerate the strong emotions that are endemic to this condition. Thus, these individuals may develop major depressive episodes in response to frequent dissolution of platonic and/or romantic relationships, loss of employment due to their impulsivity, or their chronic feelings of emptiness.

1.6.1.7. Antisocial PD

Individuals with antisocial PD are characterized by deceitfulness, impulsivity, aggressiveness, and/or disregard for social norms/laws and the rights of others. The mechanism through which these individuals may develop depression may be related to disappointment, and loneliness. Because of these characteristics, these individuals are prone to enemies, and a lack of social support and/or close/healthy relationships, which may lead to depressed feelings. In addition, they tend to be irresponsible which may lead to financial problems and/or homelessness, and other significant stressors. Furthermore, because of their disregard for laws, they may frequent correctional institutions, where they may become further isolated and where their positive experiences are limited. Thus, the outcomes of their personality pathology may in turn lead these individuals to develop major depression.

1.6.1.8. Avoidant PD

Individuals with avoidant PD are characterized by feelings of inadequacy that lead them to avoid social and even occupational activities that require moderate amounts of interaction, for fear of being criticized, rejected or ridiculed. Their fears lead them to become isolated, which prevents them from developing intimate relationships which may result in depressive feelings. In addition, because of their fear of acting laughably they tend to develop a demeanor that can be seen as reluctant or afraid, which, in turn, may become a source for ridicule. This ridicule may also cause some depressive feelings. Finally, by definition, individuals with avoidant PD perceive themselves as inferior to others, these feelings of worthlessness are consistent with the diagnosis of a major depressive episode.

1.6.1.9. Dependent PD

Individuals suffering from dependent PD worry that they will have to fend for themselves. As a result, they become subservient to the needs of others in order to ensure that they will not be abandoned. This tendency often leads them to agree to things that they view as unpleasant. Dependent PD may lead to depression because these individuals tend to lead a life in which they are not the ones making the major decisions. Additionally, they require constant reassurance from others. As such, they may develop depressive symptoms if they do not receive this reassurance. Finally, like those with avoidant PD, they undervalue their abilities, which may also lead to feelings of worthlessness and depression.

1.6.1.10. Obsessive-Compulsive PD

Obsessive compulsive PD is characterized by perfectionism, rigidity, and interpersonal control. As a result, unpredictable situations or plans not unfolding as expected can be highly distressing for these individuals. This rigidity causes difficulties with relationships when they are unable to control romantic partners, family members, or acquaintances, or when they are required to collaborate with others at work. In addition, they may avoid delegating work to others, which may result in overwhelming amounts of work and/or delays in productivity which in turn may compromise their success in their profession thereby causing distress. As a result of these deficits these individuals may be prone to experience depression.

Though there is limited research that describes the causal relationship of PD pathology and depression, it is evident that PDs and depression are frequently comorbid. Additionally, given the traits that are inherent in PDs, it is sensible to make hypotheses of the mechanisms through which PDs may cause depression. Relatedly, the traits inherent in PDs may not only lead to depression, but they also complicate the already-challenging task of diagnosing depression.

1.6.2. Assessment

Comorbid PD can complicate the assessment and diagnosis of depression. A reasonable mechanism through which PDs may complicate the assessment of depression is that of the lack of insight and understanding of these individuals about their behaviors and emotional experience. As such, self-report of these behaviors and emotions may lead to inaccurate assessment of depression in these individuals. One way to improve the

assessment of depression in individuals with PDs may be to include informant report during the diagnostic process. This may add data that would be otherwise inaccessible through self-report and potentially improve our understanding of how the two disorders develop and/or interact.

1.6.2.1. Paranoid PD

Individuals who experience paranoid PD may complicate the assessment of depression by underreporting of symptoms given the suspiciousness that is inherent in paranoid PD. As such, they may not be open about their experiences for fear that they will be exploited. In addition, they may believe that the results from diagnostic assessments may harm their reputation, and as a result they may not be truthful, or avoid these assessments altogether. It is also possible that because of the way that some of the assessment items are worded (e.g., suicidality, feelings of worthlessness, etc.) these individuals may perceive assessment questions as critical insinuations about their character. Thus, because of the distrust inherent in paranoid PD, symptoms of depression may be difficult to assess in these individuals. Because of these individual's reluctance to be transparent during the assessment process, informant report may be helpful because the informant will not have a vested interest in underreporting the target's symptoms and are less likely to view assessment questions as threatening, thereby providing the information that may not be collected directly from the personality disordered individual.

1.6.2.2. Schizoid PD

Diagnostic difficulties in individuals with schizoid PD may result from their lack of insight into their emotional needs. Because of the characteristic detachment experienced by individuals with schizoid PD they may not be able to identify depressive symptoms. They may not recognize emotional distress and/or the need to seek help. As such, schizoid PD may complicate the assessment of depression because these individuals may not acknowledge that they are experiencing depression and may not even seek assessment and/or treatment. In addition, because of their detachment and lack of social networks, they may not have many relations that would otherwise encourage them to seek services or to bring attention to their changes in mood. Additionally, the diagnosis of depression in these individuals may also be complicated by the fact that many of the symptoms of schizoid PD overlap with those of depression (e.g., flattened affectivity, anhedonia, and isolation). However, even though these individuals may have few relationships, they may still have close relatives that would be cognizant of differences in behavior from the individual with schizoid PD. Because of the limitations of self-reported data from these individuals, informant report may be valuable in assessing depression in individuals with schizoid PD, because close relatives may be able to speak to depressive symptoms such as changes in appetite, changes in sleep patterns, or loss of interest in engaging in activities that they may have enjoyed in the past, especially if these activities were few, as is common with schizoid PD.

1.6.2.3. Schizotypal PD

One of the ways in which schizotypal PD may complicate the assessment of depression is through their odd thinking and speech. Because of this characteristic of schizotypal PD, it may be difficult for clinicians to gauge the individual's experience of depressive feelings because it may not be described in a comprehensive way by the sufferer. In addition, like individuals suffering from paranoid PD, those with schizotypal PD may experience suspiciousness or paranoid ideation. Thus, these individuals may not be forthcoming when being evaluated. Informant report would be an asset in the assessment of depression in individuals with schizotypal PD because informants that know the individual well may be better able to articulate the experiences of the target individual thereby eliminating the potential inaccuracies that may be interpreted as a result of the target individual's odd thinking and speech. In addition, informant report may also help by providing information that the target individuals may be reluctant to share due to their suspiciousness or paranoid ideation.

1.6.2.4. Narcissistic PD

Given the narcissist's sense of grandiosity, it may be difficult for individuals with narcissistic PD to admit to vulnerabilities and thus they underreport feelings of distress. Additionally, they may experience feelings of worthlessness, but these may be disguised as the characteristic narcissistic PD criterion of envy toward others, and thus be unacknowledged as a symptom of depression. It may also be difficult to diagnose depression in these individuals because their sense of entitlement may make it such that only a limited group of clinicians have access to these individuals because they may

have more renown. As such, a number of individuals with narcissistic PD that do not have access to more recognized clinicians may be reluctant to seek mental health services. Informant report may be helpful in assessing depression in individuals with narcissistic PD because informants will not have the same reluctance to respond candidly regarding symptoms experienced by the target individual. In addition, they may also be better equipped to report on behaviors which the target individual may be unaware.

1.6.2.5. Histrionic PD

Due to the characteristically rapid shifting and shallow expression of emotions in histrionic PD, it may be difficult to assess the degree and even the frequency and chronicity of depressive symptoms in these individuals. Additionally, due to their excessively impressionistic and impoverished descriptive style it may be challenging for assessment instruments and diagnosticians to obtain accurate information regarding the individual's clinical symptoms. In addition, their exaggerated expression of emotion may result in a false positive diagnosis of depression. Finally, individuals with histrionic PD may be suggestible, which can lead them to either underestimate or overestimate their distress based on the influence of other individuals or even the wording of diagnostic items. Informant report would add value to the assessment of depression in individuals with histrionic PD because individuals that are close to the target individual may be able to report on their more consistent patterns of behavior, without being biased by behaviors or moods that are merely circumstantial. Informants may also be more accurate reporters because they do not experience the characteristic impoverished

descriptive style of the histrionic PD individual. Finally, informants may not be as suggestible as the target individual, thereby being less likely to be influenced by the language found in assessment instruments.

1.6.2.6. Borderline PD

Depression may be particularly difficult to diagnose in individuals with borderline PD because of the frequency with which these individuals experience grief over a relationship dissolution, identity confusion, suicidality, and chronic feelings of emptiness. The symptoms of depression and borderline PD are highly comorbid and as such it is difficult to distinguish whether someone with borderline PD is experiencing a major depressive episode or whether what they are experiencing are classic symptoms of borderline PD. Informant report may be especially enlightening in the accurate diagnosis of depression in individuals with borderline PD, because individuals that know the target well may be specially equipped to report on the target's depressive symptoms because they may be particularly able to discriminate between moments of crisis and more lasting depressive symptoms in the borderline individual.

1.6.2.7. Antisocial PD

The challenge in diagnosing depression in individuals with antisocial PD may rest in these individual's deceitfulness. They may overreport depressive symptoms in order to receive external gains (e.g., social, pharmacological and/or financial gain through federal mechanisms designed to help individuals with chronic emotional disturbance). It may also be difficult to diagnose depression in individuals with antisocial PD because of some overlapping symptoms of both disorders (e.g., irritability,

failure to plan ahead/indecisiveness.). Informants who are well acquainted with these individuals may be able to report on depressive symptoms in these individuals because they would not have anything to gain from being deceitful, and they may be more willing than the target individuals to put in effort in a diagnostic assessment situation.

1.6.2.8. Avoidant PD

Part of the reason that it may be difficult to diagnose depression in individuals with avoidant PD is because of their fears of being rejected, criticized or disliked. Given this fear, they may be prone to socially desirable responding, which may lead to underreporting of depressive feelings. In addition, they tend to shy away from new interpersonal relationships, and may avoid pursuing romantic relationships unless certain that the feelings are reciprocated. This may lead to a limited social network and thus a limited group of individuals to comment on changes in mood or to encourage them to seek mental health services when they do experience depressive symptoms. Like with other PDs, the diagnosis of avoidant PD may also complicate the diagnosis of depression due to the overlap in some of their features; for example social isolation, feelings of inferiority/worthlessness, and their reluctance to engage in new activities may be confounded with anhedonia. Although these individuals may not have a vast social network, they do pursue close relationships once they are certain of the reciprocity of the relationship, and they may be particularly candid with these individuals. As such, informant report may be particularly helpful in accurately assessing depressive symptoms in individuals with avoidant PD, because they may possess great knowledge about the target individual and his/her emotional/mental status, and they would be less

hesitant than the target individual to be forthcoming. Furthermore, close relatives may be well equipped to report on behavioral or mood changes in target individuals based on familiarity.

1.6.2.9. Dependent PD

Individuals with dependent PD may be difficult to diagnose with depression because of their acquiescence. They may be reluctant to disagree with an interviewer and as such inaccurately report their symptomatology. In addition, they have difficulty making decisions about their own life. Thus it is possible that unless someone in their life encourages them to seek mental health help, they may not seek it out. On the other hand, it is possible that these individuals may underreport their symptoms for fear that a diagnosis of depression may take them away from their care-takers, or they will be encouraged to seek treatment and work toward becoming more independent. Finally, some of the symptoms of dependent PD may be misidentified as symptoms of depression. For example, their reluctance to initiate activities or do things independently may be confounded with anhedonia. Informant report may be beneficial in this case, because, once again, informants may not have a reason to be acquiescent and thus are more likely to be forthcoming regarding the target's symptoms. Additionally, individuals close to those with dependent PD may feel taxed by the high reliance placed upon them, thus, they may be particularly invested in the dependent PD person receiving an accurate diagnosis and subsequent care. Therefore, informants may be especially cooperative in these cases.

1.6.2.10. Obsessive-Compulsive PD

Individuals with obsessive compulsive PD have a characteristic need for control, interpersonally and otherwise. As such, they may be reluctant to admit to depressive symptoms because that would require an admission of helplessness. In addition, some of the symptoms of obsessive compulsive PD may overlap with symptoms of depression. For example, an excessive devotion to work and productivity may be confounded with anhedonia. Perfectionism that interferes with task completion may be mistaken for indecisiveness. Due to the elevated impression management exhibited by individuals with obsessive compulsive PD, informant report may be beneficial in revealing the vulnerabilities that individuals with this PD may be reluctant to disclose. Furthermore, informants may be able to clarify whether some of the symptom criteria exhibited by target individuals, which overlap between obsessive compulsive PD and depression, are characterological or symptoms of depression.

1.6.3 Treatment

In addition to affecting the etiology and assessment of depression, PDs may also complicate the treatment of depression. One way that this has been shown is in the response of individuals with PDs to psychopharmacological treatment for depression (Gorwood, et al., 2010; Gunderson and Phillips, 1991; Newton-Howes Tyrer & Johnson, 2006). Though most of these studies have been done exclusively on borderline PD, this effect may be true for other PDs. Antidepressant medications have been shown to be less effective in resolving depressive symptoms in depressed individuals with borderline PD than in depressed individuals without borderline PD. It has also been shown that when

antidepressants are effective in depressed individuals with borderline PD they tend to affect behavior and not mood. More specifically, they tend to act upon impulse control and aggressivity (Gunderson and Phillips, 1991). This finding suggests that borderline PD is a contributor to the resistance of treatment-resistant depression, and as such, the PD could take treatment priority in order to ameliorate depressive symptoms in these individuals. Similarly, research has shown some evidence that improvements in borderline PD are followed by improvements in MDD, but the inverse has not been found (Gunderson et al., 2004).

The effects of PDs on depression treatment can also be seen in traditional psychotherapy. In his 2003 review of the effects of PDs on treatment outcomes of clinical disorders, Reich concluded that being diagnosed with a PD had a negative outcome of the treatment of depressive disorders. Individuals with PDs were found to be less responsive to psychotherapy and pharmacotherapy, and if they improved, it was not as completely or as quickly (Shea, Widiger & Klein, 1992 as reviewed by Reich, 2003; Reich & Vasile, 1993). Findings from the 2003 review by Reich suggested that maladaptive personality traits predicted poorer outcome to depression treatment. It also showed that poor treatment alliance in treatment with PD individuals mediated poor response to depression treatment. Furthermore, it suggested that people with PDs respond differentially to treatment and that those depressed without PDs responded better to self-help and cognitive therapy, whereas those with PDs responded better to pharmacotherapy.

In contrast, however, several studies (Davidson, Miller, & Strickland, 1985; Stuart, Simons, Thase, & Pilkonis, 1992; Hirschfeld et al., 1998; Joyce, Mulder & Cloninger, 1994; Fava et al., 1994; Fava et al., 2002; Mulder, 2002) suggest that a comorbid PD does not hinder the successful treatment of depression. Some studies (Mulder, 2002; Schiavone, Dorz, Conforti, Scarso & Borgherini, 2006) argue that findings suggesting the contrary are the result of methodological weaknesses in those studies. Finally, however, Newton-Howes et al. (2006) conducted a meta-analysis to further explore past findings regarding PDs and the outcome of depression treatments, and concluded that PD diagnoses do not in fact negatively affect the outcome of depression treatment as long as the PD is treated concurrently. Thus, the research literature provides sufficient evidence to support that PDs may have significant effects on the treatment of depression.

Though there is some evidence to show the effects of PDs on the treatment of depression, it is of import to note that most of the research done in this area, has relied on self-reported data. As mentioned before, this may at best be yielding incomplete information regarding the relationship between PDs and how they may impact the treatment of depression. Thus, more research needs to make use of informant report in order to more accurately diagnose both PDs and depression in individuals with PDs, in order to treat these disorders more successfully.

As it has been shown, PDs can affect the etiology of depression because PD features may result in behaviors that will lead to depression, many of which are associated with their interpersonal relationships. In addition, PDs can affect the

assessment of depression because of the deficits in insight or impression management that are inherent in PDs that lead to inaccurate reporting. Finally, PDs can also interfere with the successful treatment of depression if the PD is not diagnosed and treated, which cannot be done unless the PD is accurately assessed. Hence, the assessment of PDs may need improvement, and one way in which it may be improved is by the inclusion of informant report, which is not compromised by deficits in insight or impression management and may improve upon the diagnoses of PDs and the diagnosis of depression in those with PDs, which will lead to more appropriate and successful treatment of these conditions.

1.7. Secondary Aims

Thus far, evidence has been presented in support of the numerous benefits to including informant report to improve diagnosis of PDs. As a result, it may be of great utility to explore the merits of informant-reported depressive symptoms in individuals who suffer from PDs. Thus, a secondary aim of this study was to explore whether informant-reported PD pathology would bring added value to the identification of depression.

Within the secondary aim, there were two queries that were tested: First, I was interested to examine whether self- or informant-reported PD pathology could better predict depression in target individuals. Second, I was interested in testing whether informant-reported PD pathology captures unique variance in self-reported depression above and beyond the variance accounted for by self-reported PD pathology.

2. CURRENT STUDY

To complete the current study, data were used from the St. Louis Personality and Aging Network (SPAN; Oltmanns, Rodrigues, Weinstein, & Gleason, 2014). The SPAN study was conducted following research showing that PD traits can predict mood and substance use disorders, and that they can have an effect on individuals' perception of health and their use of health care resources. The SPAN study focused on the effects of PDs in later life using a prospective cohort study design. In the SPAN study, many assessments were used, including The Life Narrative Interview (adapted from McAdams, 1993), The Structured Interview for DSM-IV Personality SIDP-IV (Pfohl, Blum, & Zimmerman, 1997), The Multisource Assessment of Personality Pathology, (MAPP; Oltmanns & Turkheimer, 2006), the NEO-Personality Inventory-Revised (NEO-PI-R; Costa & McCrae, 1992), the Diagnostic Interview Schedule (C-DIS ; Blouin, Perez, & Blouin, 1988), diagnostic items for substance abuse from the MINI-International Neuropsychiatric Interview (Lecrubier et al., 1997), the RAND-36 Health Status Inventory (HSI; Hays, Prince-Embury, & Chen, 1998) and the Dyadic Adjustment Scale (DAS-4; Sabourin, Valois, & Lussier, 2005). The participants involved in the SPAN study are described below, as they are the same sample that will be included in the present study.

2.1. Method

2.1.1. Participants

Participants included a community-based sample of 2774 adults recruited to participate in the SPAN study. A more detailed description of the participant demographics and recruitment is described in Oltmanns et al. (2014).

Target participants consisted of 1387 individuals aged 55-65 years. Over half of the sample was female (56%, $n = 770$). The racial distribution of the sample included Caucasian (68.5%, $n = 950$), African American (30%, $n = 416$), multiracial (0.5%, $n = 7$), Asian American (0.2%, $n = 3$), Alaska Native/Pacific Islander (0.1%, $n = 2$), Native American (0.1%, $n = 1$) and “other” (0.6%, $n = 8$). Of the sample, 2% identified as Hispanic. The marital status distribution of the sample was as follows: married (49%, $n = 684$), widowed (7%, $n = 94$), separated (2%, $n = 23$), divorced (28%, $n = 386$), and never married (14%, $n = 200$). Finally, their education distribution consisted of “less than a high school degree” (2.2%, $n = 30$), “high school degree or equivalent” (28.7%, $n = 398$), “less than a bachelor’s degree” (16.2%, $n = 225$), “bachelor’s degree” (26%, $n = 360$), “master’s degree” (19.2%, $n = 266$), “doctorate degree” (7.7%, $n = 107$) and “don’t know” (0.1%, $n = 1$).

In addition to collecting target participant information, data were also collected from informants who knew the target participants well and who were able to provide information about the targets’ personality. Informants consisted of 1387 individuals whose mean age was 55 years ($SD = 11.5$). Over 69% of the informants were female. Approximately one half of the informants were the target participants’ spouses and the

other half included other family members. All informants knew the target participant for a mean of 30 years. The racial distribution of the informant sample included Caucasian (67.6%, $n = 938$), African American (30.1%, $n = 417$), multiracial (0.6%, $n = 8$), Asian American (0.6%, $n = 8$), Alaska Native/Pacific Islander (0.0%, $n = 0$), Native American (0.1%, $n = 2$), “other” (0.8%, $n = 11$), and 0.2% ($n = 3$) of informant racial data were missing. Of the sample, 1.4% identified as Hispanic and ethnicity data for 3.7% were missing. Finally, their education distribution consisted of “less than a High school degree” (1.4%, $n = 19$), “high school degree of equivalent” (13.8%, $n = 192$), “less than a bachelor’s degree” (32.9%, $n = 457$), “bachelor’s degree” (22.9%, $n = 317$), “master’s degree” (20.2%, $n = 280$), and “doctorate degree” (7.6%, $n = 106$); informant educational data were missing for 1.2% ($n = 16$) of the sample.

The current sample has several advantages. First, it is a very well represented, relatively large epidemiological sample of a major U.S. city and catchment area. Second, it is an important age group to include in the research of PDs because recent research has shown that contrary to long-held beliefs, PDs continue to cause problems into later life (Oltmanns & Balsis, 2011). Finally, this sample is particularly well-suited for this investigation because it includes informants, who have known the target individuals for a long period of time and can speak to their behaviors across their life-span and across different settings.

2.1.2. Materials

2.1.2.1. Personality Disorder Assessment

2.1.2.1.1. Multisource Assessment of Personality Pathology (MAPP)

Target participants and informants were administered the Multisource Assessment of Personality Pathology (MAPP; Oltmanns & Turkheimer, 2006). It includes 79 items based on each of the diagnostic criteria for all of the 10 PDs from the DSM-IV, which were transformed into items that replaced technical jargon with layman's terms. This instrument was designed with the purpose of gathering PD symptom information from a self-report and informant report perspectives. Participants are asked to respond to items on the degree to which the statements apply to them (self-report) or the person about whom the data are being collected (informant report). The response options range from 0 (I am/s/he is never like this, or 0% of the time) to 4 (I am/s/he is always like this, or 100% of the time). In order to meet criteria, individuals have to respond with a 2 (sometimes like this, or 50%) or higher.

2.1.2.2. Depressive Symptoms Assessments

2.1.2.2.1. NEO-personality Inventory-revised (NEO-PI-R)

Participants were administered the NEO-Personality Inventory-Revised (NEO-PI-R; McCrae, & Costa, 1997), a 240-item measure of personality. It assesses the degree to which individuals endorse the five personality domains of the Five Factor Model (i.e., neuroticism, extraversion, openness, agreeableness, and conscientiousness). Within each domain there are subscales or facets. The neuroticism domain includes a depression facet comprised of the following 8 items: I rarely feel lonely or blue (R); sometimes I feel

completely worthless; I am seldom sad or depressed (R); I have sometimes experienced a deep sense of guilt or sinfulness; I tend to blame myself when anything goes wrong; I have a low opinion of myself; sometimes things look pretty bleak and hopeless to me; and too often, when things go wrong, I get discouraged and feel like giving up. The NEO-PI-R has a self-report version and an informant report version. Data from both of these were available for the present study.

2.1.2.2.2. Beck Depression Inventory Second Edition (BDI-II)

Target participants were administered the Beck Depression Inventory second edition (BDI-II; Beck, Steer, & Brown, 1996), a 21-item measure of severity of self-reported depression in adolescents and adults.

3. DATA ANALYSES

3.1. Primary Aim

The first aim of the present study is to compare self- and informant reports of PD pathology. In order to explore this aim, two hypotheses were tested. First, it was hypothesized that self- and informant-reported PD pathology would only be mildly associated. In order to test this hypothesis, a chi-square analyses of independence was performed to test whether the proportion of individuals endorsing PD items and PD diagnoses differed between self- and informant report. Chi-square analyses of independence were chosen over t-tests as they are more appropriate when variables are categorical. In addition, kappas were calculated to determine the level of agreement between targets and informants for all 79 items in the MAPP and all 10 PD scales. Second, it was hypothesized that informant report would provide more information about PD symptoms in individuals at lower levels of PD psychopathology, whereas self-report would provide more information about PD symptoms at higher levels of PD psychopathology. In order to test this hypothesis, IRT analyses were conducted using a two-parameter logistic model (2PL) to determine the item characteristics of the PD criteria (difficulty parameters and discrimination parameters). ICCs were estimated for all 79 items in the MAPP for both self-report and informant report. TCCs were calculated for all 10 PD scales. Finally, SIFs were also be estimated for all 10 PD scales for both self- and informant report.

3.2. Secondary Aim

A secondary aim for the present study is to explore the relationship between PD pathology and depression. I compared the 10 PD scales across self- and informant report in order to assess whether the source of the reported PD pathology (i.e., self- vs informant) influenced the relationship between PDs and depression. To do this I ran regressions to examine the scale's ability to predict depression across 3 different depression outcomes (i.e., self-reported depression as assessed by the depression subscale of the NEO-PI-R, informant-reported depression also as assessed by the NEO-PI-R, and self-reported depression as assessed by the BDI-II). It was expected that the unique variance accounted for by informant-reported PD on informant-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on self-reported NEO-PI-R depression. Similarly, it was expected that the unique variance accounted for by informant-reported PD on self-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on informant-reported NEO-PI-R depression. Finally, it was expected that informant-reported PD would account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD.

In addition to comparing the 10 PD scales across self- and informant report, I made these comparisons at an item level, comparing all 79 PD items across self- and informant report. I analyzed each PD item's ability to predict depression across 3 different depression outcomes (i.e., self-reported depression as assessed by the depression subscale of the NEO-PI-R, informant-reported depression also as assessed by

the NEO-PI-R, and self-reported depression as assessed by the BDI-II). Here too, it was expected for the unique variance accounted for by informant-reported PD items on informant-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD items on self-reported NEO-PI-R depression. At the same time, it was expected that the unique variance accounted for by informant-reported PD items on self-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD items on informant-reported NEO-PI-R depression. Finally, it was expected that informant-reported PD items would account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD items.

Because I am interested in exploring whether informant-reported PD symptoms can predict self-reported depressive symptoms above and beyond self-reported PD symptoms, the exploratory analyses comparing self- and informant-reported PDs on their ability to predict self-reported depression using the BDI-II, were conducted using hierarchical multiple regressions. I first identified the amount of variance in BDI-II depression that is explained by self-reported PD. Then, I analyzed whether informant-reported PD explains additional variance in BDI-II depression. Then, I tested whether informant-reported PD explains any additional variance in depression where self-reported depression symptoms (as assessed by the BDI-II) were entered as a dependent variable and three sets of variables were entered as independent variables in the following order: 1) demographic variables, 2) self-reported PD symptoms (as assessed by the MAPP) and 3) informant-reported PD symptoms (as assessed by the MAPP).

4. RESULTS

4.1. Primary Analyses

4.1.1. Perspective Comparison

First, replicating previous studies, I compared the difference in the proportion of self- and informant reported personality psychopathology. In other words, I tested whether the proportion of individuals endorsing PD items and PD diagnosis differed between self and informant report. Results from chi-square tests of independence for full scale comparisons showed that there was a significant difference in the proportion of self- and informant-reported PD pathology for schizoid PD, Antisocial PD, and obsessive-compulsive PD. Results also showed that there were no significant differences in the proportion of individuals in the two groups for schizotypal PD, paranoid PD, borderline PD, narcissistic PD, histrionic PD, avoidant PD, and dependent PD.

The difference in the proportion of self- and informant-reported PD pathology was also tested at an item level. Results showed that there were significant differences in the proportion of self-reported and informant reported pathology in 5 out of 7 items for the schizoid PD scale; in 7 out of the 9 items for schizotypal PD; in 7 out of 7 items for the paranoid PD scale; in 7 out of the 9 items for the borderline PD scale; in 4 out of the 10 items (item 8 was separated into 2) for the narcissistic PD scale; in 6 out of the 7 items for the antisocial PD scale; in 7 out of the 8 items for the histrionic PD scale; in 4 out of the 7 items for the avoidant PD scale; in 4 out of the 8 items for the dependent PD scale; and in 8 out of the 8 items for the obsessive-compulsive PD scale.

More specifically, for schizoid PD there was a significant difference between self- and informant report for items 2, 3, 6 and 7 as well as for the full scale comparison such that the proportion of informants who endorsed items 3, 6, 7, and the full diagnosis was larger than the proportion of target participants who endorsed these items. In contrast, however, the proportion of target participants who endorsed item 2 was larger than the proportion of informants who endorsed that item (Table 1). For schizotypal PD there was a significant difference for items 1, 3, 4, 5, 7, 8, and 9 such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 2). For paranoid PD there was a significant difference for items 1 through 7 such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 3).

For borderline PD there was a significant difference for all items except items 3 and 4, or for the full scale comparison such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 4). For narcissistic PD there was a significant difference for items 1, 4, 5, and 8.2 (jealous of others) such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 5). For antisocial PD there was a significant difference for all items except for item 4. There was also a significant difference for the full scale comparison. The difference was such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 6). For histrionic PD there

was a significant difference for all items except item 5 and the full scale comparison such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 7).

For avoidant PD there was a significant difference for items 4 through 7. For items 4, 6, and 7, the difference was such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them. In contrast, for item 5 (inhibition due to feelings of inadequacy) the proportion of target participants endorsing this item was larger than the proportion of informants (Table 8). For dependent PD there was a significant difference for items 2, 3, 7 and 8 such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 9). Finally, for obsessive-compulsive PD there was a significant difference for all items, including the full scale comparison such that the proportion of informants who endorsed these items was larger than the proportion of target participants who endorsed them (Table 10).

In addition to the chi-squared analyses, I calculated Cohen's kappas to determine the level of agreement between self-report and informant report for the 10 PD scales. Both perspectives agreed if both endorsed full diagnostic criteria for the same PD scale. Results show that there was only mild agreement between perspectives. For the schizoid PD scale ($\kappa = .09$), the borderline PD scale ($\kappa = .07$), the antisocial PD scale ($\kappa = .06$), and the obsessive-compulsive PD scale ($\kappa = .08$), there was statistically significant agreement between the two perspectives, however, the strength of the agreement was

only slight. For the rest of the PD scales (schizotypal, paranoid, narcissistic, and histrionic) agreement between the two sources did not reach statistical significance.

In addition to calculation Cohen's kappas on a scale level, I also calculated them for each item within the scales. Results show that agreement was only mild between self- and informant report on an item level. The strongest level of agreement between sources for any of the items were $\kappa = .24$, followed by $\kappa = .21$, which constitute a "fair" level of agreement. The next strongest level of agreement on any given item was $\kappa = .20$, which constitutes a "slight" level of agreement.

More specifically, the calculated kappas revealed the following. For schizoid PD, there was statistically significant agreement between self- and informant report for items 2, 3, 6 and 7. However, the strength of the agreement was only slight to fair (item 2) with coefficients ranging from 0.09 to 0.25 (Table 1). Similarly, the full scale comparison was significant but only slight agreement ($\kappa = .09$; $p \leq .001$). For schizotypal PD, there was statistically significant agreement between self- and informant report for items 1, 3, 4, 5, 7, 8, and 9. However, the strength of the agreement was only slight with coefficients ranging from 0.02 to 0.18 (Table 2). For paranoid PD, there was statistically significant agreement between self- and informant report for all items except the full scale comparison. However, the strength of the agreement was only slight with coefficients ranging from 0.06 to 0.15 (Table 3).

For borderline PD, there was statistically significant agreement between self- and informant report for items 1, 2, 5, 6, 7, 8, and 9. However, the strength of the agreement was only slight with coefficients ranging from 0.07 to 0.16 (Table 4). Similarly, the full

scale comparison was significant but only slight agreement ($\kappa = .07$; $p \leq .001$). For narcissistic PD, there was statistically significant agreement between self- and informant report for items 1, 4, 5, 6, 8a and 8b (is jealous of others). However, the strength of the agreement was only slight with coefficients ranging from 0.05 to 0.15 (Table 5). For antisocial PD, there was statistically significant agreement between self- and informant report for items 1, 2, 3, 5, 6, 7, and the full scale comparison. However, the strength of the agreement was only slight with coefficients ranging from 0.05 to 0.16 (Table 6). For histrionic PD, there was statistically significant agreement between self- and informant report for items 1, 2, 3, 4, 6, 7, and 8. Again, however, the strength of the agreement was only slight with coefficients ranging from 0.05 to 0.16 (Table 7).

For avoidant PD, there was statistically significant agreement between self- and informant report for items 4, 5, 6, and 7. However, the strength of the agreement was only slight with coefficients ranging from 0.08 to 0.20 (Table 8). For dependent PD, there was statistically significant agreement between self- and informant report for items 2, 3, 4, 7, and 8. However, the strength of the agreement was only slight with coefficients ranging from 0.06 to 0.14 (Table 9). Finally for obsessive-compulsive PD, there was statistically significant agreement between self- and informant report for all items. However, the strength of the agreement was only slight to fair (item 5) with coefficients ranging from 0.07 to 0.21 (Table 10). Similarly, the full scale comparison was significant but with only slight agreement ($\kappa = .08$; $p \leq .001$).

4.1.2. Item Parameter Comparison

Second, two-parameter logistic (2PL) IRT analyses were conducted to determine the item characteristics of the PD criteria (difficulty parameters and discrimination parameters) in order to test the hypothesis that informant report would provide more information about PD symptoms in individuals at lower levels of PD psychopathology whereas self-report would provide more information about PD symptoms at higher levels of psychopathology.

4.1.2.1. Discrimination Parameter Comparison

The comparison analyses of the a parameters for all PD items are being presented in two levels of stringency. The first method was the most conservative method where significant differences were only considered if confidence intervals for the a parameters did not overlap between the two groups. Using this method, results show that there was a significant difference between self-report and informant report, such that self-reported PD symptoms, relative to informant-reported PD symptoms, were less related to the following PD dimensions. For schizoid PD, on item 2, self-report was less related to the schizoid PD dimension than informant report (Table 11). In contrast, there was no significant difference on any items for schizotypal PD (Table 12) when using this method. For paranoid PD, on item 6, self-report was less related to the paranoid PD dimension than informant report (Table 13). For antisocial PD, on item 7, self-report was less related to the antisocial PD dimension than informant report (Table 14). For narcissistic PD, on items 1, 5, and 9 (haughty), self-report was less related to the narcissistic PD dimension than informant report (Table 15). For histrionic PD, on item 5,

self-report was less related to the histrionic PD dimension than informant report (Table 16). For borderline PD (Table 17), avoidant PD (Table 18), and dependent PD (Table 19) no significant differences were identified using this method. For obsessive-compulsive PD, on item 3, self-report was less related to the obsessive-compulsive PD dimension than informant report. In contrast, on items 4, 7, and 8, informant report was less related to obsessive compulsive PD than self-report (Table 20).

A second analysis was performed such that the difference between self- and informant report was considered significant if the confidence interval for one of the sources (e.g., informant-reported symptom) did not overlap with the a parameter of the other source (e.g., self-reported symptom). Using this method, results show that there was a significant difference between self-report and informant report, such that self-reported PD symptoms, relative to informant-reported PD symptoms, were less related to the following PD dimensions. For schizoid PD, on items 2, 3, 5, 6, and 7, self-report was less related to the schizoid PD dimension than informant report (Table 11). Conversely, for schizotypal PD, on item 6, informant report was significantly less related to the schizotypal PD dimension than self-report (Table 12). For paranoid PD, on item 6, self-report was less related to the paranoid PD dimension than informant report (Table 13).

For antisocial PD, on item 7, self-report was less related to the antisocial PD dimension than informant report. In contrast, for antisocial PD, on items 2, 4, and 5, informant report was less related to the antisocial PD dimension than self-report (Table 14). For narcissistic PD, on items 1, 5, 7, and 9, self-report was less related to the narcissistic PD dimension than informant report. However, for narcissistic PD on item 6,

informant report was less related to the narcissistic PD dimension than self-report (Table 15). For histrionic PD, on item 5, self-report was less related to the histrionic PD dimension than informant report (Table 16). For borderline PD, on items 2, 4, 5, and 7 self-report was less related to the borderline PD dimension than informant report. In contrast, for borderline PD on item 1, informant report was less related to the borderline PD dimension than self-report (Table 17).

Similarly, for avoidant PD, on items 4, 5, and 6, self-report was less related to the avoidant PD dimension than informant report. In contrast, on item 3, informant report was less related to the avoidant PD dimension than self-report (Table 18). For dependent PD, on items 5, and 8, self-report was less related to the dependent PD dimension than informant report. However, for dependent PD on items 1, and 3, informant report was less related to the dependent PD dimension than self-report (Table 19). Finally, for obsessive-compulsive PD, on items 3 and 6, self-report was less related to the obsessive-compulsive PD dimension than informant report. Conversely, however, for obsessive-compulsive PD on items 1, 4, 7, and 8, informant report was less related to the obsessive-compulsive PD dimension than self-report (Table 20).

In sum, informant-reported PD symptoms were significantly more related to their corresponding PD concept than self-reported PD symptoms for schizoid PD (5 out of 7 items), paranoid PD (1 out of 7 items), narcissistic PD (4 out of 10 items), histrionic PD (1 out of 8 items), borderline PD (4 out of 9 items), and avoidant PD (3 out of 7 items). For dependent PD the same number of items (2 out of 8) favored each perspective. Finally, self-reported PD symptoms were significantly more related to their

corresponding PD concept than informant-reported PD symptoms for schizotypal PD (1 out of 9), antisocial PD (3 out of 7), and obsessive-compulsive PD (4 out of 8).

4.1.2.2. Difficulty Parameter Comparison

The comparison analyses of the *b* parameters for all PD items are being presented in the same two levels of stringency as was done with the *a* parameters. Using the first method, where significant differences were only considered if confidence intervals for the *b* parameters did not overlap between the two groups, the results are as follow.

Informant and self-report were significantly different such that informants identified PD symptoms at lower levels of the disorder than self-report for the following items. For schizotypal PD, through item 3, informant report identified PD pathology earlier than self-report (Table 12). The same was true for paranoid PD and items 1 through 6 (Table 13).

For antisocial PD informant report was able to identify PD pathology at lower levels of the pathology than self-report through items 2, 3, 4, 6, and 7 (Table 14). For narcissistic PD, items 1, 4, 5, 6, 8b, and 9 differed between the two groups, such that informant report was able to identify PD pathology earlier in the course of the disorder (Table 15). For histrionic PD, this was also true for items 1, 5, and 6 (Table 16). For borderline PD, informant report identified PD pathology earlier through items 2, 4, 6, 7, 8, and 9 (Table 17). This was also the case for avoidant PD's item 4 (Table 18). For dependent PD informant-report identified pathology at lower levels in items 2, 5, 6, and 8 (Table 19). This was also the case for obsessive-compulsive PD and items 1, 3, 4, 6, and 8 (Table 20).

The second analysis was performed such that the difference was considered significant if the confidence interval for one source (e.g., the informant report) did not overlap with the *b* parameter of the remaining source (e.g., self-reported symptom). The results are as follow: For schizoid PD 6 out of 7 items (items 1, 2, 3, 5, 6 and 7) differed between groups (Table 11) such that self-report identified pathology at lower levels of the disorder than informant-report did. For schizotypal PD, 6 out of 9 items (Items 1, 3, 4, 5, 7, and 9) differed between groups such that informant report identified pathology earlier than did self-report (Table 12). The same was true for paranoid PD, all items differed between the two groups (Table 13). This was also observed in antisocial PD, where 6 out of 7 items (items 1, 2, 3, 4, 6 and 7) differed between the two groups (Table 14). For narcissistic PD, seven of nine items (items 1, 3, 4, 5, 6, 7, 8b and 9) differed between the two groups, with informant report identifying pathology at lower levels of the disorder (Table 15). For histrionic PD, 6 of 8 items (items 1, 3, 4, 5, 6, and 8) differed between the two groups such that informant report was able to identify psychopathology at a lower level of the disorder than self-report could (Table 16). This was also the case for borderline PD, in 7 out of 9 items (items 2, 4, 5, 6, 7, 8, and 9) (Table 17). For avoidant PD, informant report was able to identify psychopathology at lower levels through item 4, however the opposite was the case for item 5 (Table 18). For dependent PD 6 out of 8 items (Items 2, 4, 5, 6, 7, and 8) differed between the two groups such that informant report was able to identify psychopathology at lower levels of the disorder (Table 19). Finally, for obsessive-compulsive PD, 6 out of 8 items (items

1, 3, 4, 5, 6, and 8) differed between the two groups such that informant report was able to identify PD pathology at lower levels of the disorder than self-report could (Table 20).

In sum, for most PDs informants were able to identify personality psychopathology at lower levels of the disorder than self-report could. This was the case for schizotypal PD (items 1, 3, 4, 5, 7, and 9), paranoid PD (all items), antisocial PD (all items but 5), narcissistic PD (all items except 2, 7, and 8a), histrionic PD (items 1, 3, 4, 5, 6, and 8), borderline PD (all items but 1 and 3), avoidant PD (item 4), dependent PD (items 2, 4, 5, 6, 7, and 8) and obsessive-compulsive (items 1, 3, 4, 5, 6, and 8).

4.1.3. Visual Comparison

Additionally, SIFs were estimated for all 10 PD scales for both self- and informant report, and ICCs were estimated for all 79 items in the MAPP for both self- and informant report. This provides a visual representation of the comparison of the two reports.

4.1.3.1. Scale Information Functions

Results show that for schizoid PD informant report provided the most information 0.5 SD earlier, along the continuum, than self-report (Figure 1). For schizotypal PD, informants provided the most information 0.2 SD earlier, along the continuum, than target participants (Figure 2). For paranoid PD, informant report provided the most information 0.5 SD earlier, along the continuum, than self-report (Figure 3). For borderline PD informant report provided the most information 0.6 SD earlier, along the continuum, than self-report (Figure 4). For narcissistic PD, informant report provided the most information 0.7 SD earlier, along the continuum, than self-

report (Figure 5). For antisocial PD informant report provided the most information 0.6 SD earlier, along the continuum, than self-report (Figure 6). For histrionic PD informant report provided the most information 0.3 SD earlier, along the continuum, than self-report (Figure 7). For avoidant PD informant report provided the most information 0.3 SD earlier, along the continuum, than self-report (Figure 8). For dependent PD informant report provided the most information 0.5 SD earlier, along the continuum, than self-report (Figure 9). Finally, for obsessive-compulsive PD informant report provided the most information 0.1 SD earlier, along the continuum, than self-report (Figure 10).

4.1.3.2. Item Characteristic Curves

As mentioned above, ICCs were also estimated for all 79 PD items. These show a graphical representation of both item parameters demonstrating the item difficulty parameter (*b* parameter) and the item discrimination parameter (*a* parameter). As mentioned earlier, for schizoid PD items 1, 2, 3, 5, 6, and 7 yielded significant differences in item parameters between the two reports (Figure 11). For schizotypal PD, these differences were seen in items 1, 3, 4, 5, 7, and 9 (Figure 12). For paranoid PD differences were significant for all items (Figure 13). For antisocial PD, the items that yielded significant differences in the item parameters comparing self- and informant report were 1, 2, 3, 4, 6, and 7 (Figure 14). For narcissistic PD, these differences were seen in items 1, 3, 4, 5, 6, 8b and 9 (Figure 15). For histrionic PD differences were significant for items 1, 3, 4, 5, 6, and 8 (Figure 16). For borderline PD items 2, 4, 5, 6, 7, 8 and 9 yielded significant differences in item parameters between the two reports (Figure 17). For avoidant PD, these differences were seen in items 4, and 5 (Figure 18).

For dependent PD differences were significant for items 2, 4, 5, 6, 7, and 8 (Figure 19). Finally, for obsessive-compulsive PD, the items that yielded significant differences in the item parameters comparing self- and informant report were 1, 3, 4, 5, 6, and 8 (Figure 20).

4.2. Secondary Analyses Continuous Data

4.2.1. Scale Level Analyses

4.2.1.1. Hypothesis 1

In order to test the relationship between PD pathology and depression from the two different perspectives at a scale level, I performed regression analyses. First, I tested the hypothesis that the unique variance accounted for by informant-reported PD on informant-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on self-reported NEO-PI-R depression. Results (table 21) suggest that the variance accounted for by informant-reported PD on informant-reported depression was larger than the variance accounted for by self-reported PD on self-reported depression for the following scales when the data for the PD scales were continuous: schizotypal PD, paranoid PD, antisocial PD, narcissistic PD, histrionic PD, borderline PD, avoidant PD, and dependent PD. In contrast, the variance accounted for by self-reported PD on self-reported depression was larger than the variance accounted for by informant-reported PD on informant-reported depression for the following scales: schizoid PD and obsessive-compulsive PD. Additionally, an analysis comparing all scale totals (Table 22) suggests that the variance accounted for by informant-reported PD on

informant-reported depression was larger than the variance accounted for by self-reported PD on self-reported depression when the PD data were continuous.

4.2.1.2. Hypothesis 2

Second, I tested the hypothesis that the unique variance accounted for by informant-reported PD on self-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on informant-reported NEO-PI-R depression. Results (table 21) suggest that the variance accounted for by informant-reported PD on self-reported depression was larger than the variance accounted for by self-reported PD on informant-reported depression for the following scales when the data for the PD scales were continuous: schizotypal PD, borderline PD, and avoidant PD. In contrast, the variance accounted for by self-reported PD on informant-reported depression was larger than the variance accounted for by informant-reported PD on self-reported depression for the following scales: schizoid PD, paranoid PD and dependent PD. Finally, an analysis comparing all scale totals (Table 22) suggests that the variance accounted for by self-reported PD on informant-reported depression was larger than the variance accounted for by informant-reported PD on self-reported depression when the PD data were continuous.

The above analyses were also performed using dichotomous PD data. Results (table 23) suggest that the variance accounted for by informant-reported PD on informant-reported depression was larger than the variance accounted for by self-reported PD on self-reported depression for borderline PD. In contrast, the variance accounted for by self-reported PD on self-reported depression was larger than the

variance accounted for by informant-reported PD on informant-reported depression for schizotypal PD, antisocial PD and avoidant. Additionally, an analysis comparing all scale totals (Table 24) suggests that the variance accounted for by self-reported PD on informant-reported depression was larger than the variance accounted for by informant-reported PD on self-reported depression when the PD data were dichotomous.

4.2.2. Item Level Analyses

4.2.2.1. Hypothesis 1

In order to test the relationship between PD pathology and depression from the two different perspectives at an item level, I performed regression analyses. Like the scale level analyses, first I tested the hypothesis that the unique variance accounted for by informant-reported PD on informant-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on self-reported NEO-PI-R depression.

Results for schizoid PD (table 25) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 4, and 6. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 2 and 7.

Results for schizotypal PD (table 26) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items

1, 2, 3, 5, and 9. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 7 and 8.

The unique variance accounted for by informant-reported paranoid PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 5, and 8 (table 27). In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 2 and 7 (table 27).

The unique variance accounted for by informant-reported antisocial PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 2, 4 and 5 (table 28). In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for item 6 (table 28).

Results for narcissistic PD (table 29) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 4, 5, and 8.2 (is jealous of others). In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 1, 2, and 3.

Results for histrionic PD (table 30) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 2, 5, 6 and 7. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 3 and 8.

The unique variance accounted for by informant-reported borderline PD (table 31) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 4, 5, 6 and 7. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for item 2.

The unique variance accounted for by informant-reported avoidant PD (table 32) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 4, and 6. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 3 and 5.

The unique variance accounted for by informant-reported dependent PD (table 33) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 2, 6, and 8. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was

greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 1, 3 and 4.

Results for obsessive-compulsive PD (table 34) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 4, 5, and 8. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 2 and 6.

4.2.2.2. Hypothesis 2

Second, I tested the hypothesis that the unique variance accounted for by informant-reported PD on self-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on informant-reported NEO-PI-R depression. Results for schizoid PD (table 25) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item 4.

Results for schizotypal PD (table 26) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 9. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for items 6 and 8.

The unique variance accounted for by self-reported paranoid PD (table 27) on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 7. The unique variance accounted for by self-reported antisocial PD (table 28) on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for items 4 and 6.

Results for narcissistic PD (table 29) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item 8.2 (is jealous of others). In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for items 1, and 8.1 (believes others are jealous of him/her).

Results for histrionic PD (table 30) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item 6. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 8. The unique variance accounted for by informant-reported borderline PD (table 31) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 3, 5, 6 and 7.

The unique variance accounted for by informant-reported avoidant PD (table 32) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 1, and 6. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for items 4 and 5.

The unique variance accounted for by informant-reported dependent PD (table 33) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 3 and 8. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 4. Results for obsessive-compulsive PD (table 34) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item 1.

4.3. Exploratory Analyses of Continuous Data

Finally, I performed exploratory analyses to test whether informant-reported PD symptoms can predict self-reported depressive symptoms above and beyond self-reported PD symptoms.

4.3.1. Scale Level Analyses

I tested the hypothesis that Informant reported PD would account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-

reported PD. Results show that informant-reported PD did not account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD (table 21).

4.3.2. Item Level Analyses

I tested the hypothesis that Informant reported PD would account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD. Results suggest that Informant reported PD accounted for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD for schizotypal PD (items 2 and 6); histrionic PD (items 2 and 6); and obsessive-compulsive PD (item 3).

4.4. Secondary Analyses Dichotomous Data

4.4.1. Scale Level Analyses

4.4.1.1. Hypothesis 1

Similar to the above-shown results, I tested the relationship between PD pathology and depression from the two different perspectives at a scale level, through linear regressions but this time using dichotomous PD data. First, I tested the hypothesis that the unique variance accounted for by informant-reported PD on informant-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on self-reported NEO-PI-R depression. Results (table 23) suggest that the variance accounted for by informant-reported PD on informant-reported depression was larger than the variance accounted for by self-reported PD on self-reported depression for the following scales: paranoid PD, antisocial PD, narcissistic PD, histrionic PD,

borderline PD, and dependent PD. In contrast, the variance accounted for by self-reported PD on self-reported depression was larger than the variance accounted for by informant-reported PD on informant-reported depression for the following scales: schizoid PD, schizotypal PD, avoidant PD and obsessive-compulsive PD. Additionally, an analysis comparing all scale totals (Table 24) suggests that the variance accounted for by self-reported PD on self-reported depression was larger than the variance accounted for by informant-reported PD on informant-reported depression when the PD data were dichotomous.

4.4.1.2. Hypothesis 2

Second, I tested the hypothesis that the unique variance accounted for by informant-reported PD on self-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on informant-reported NEO-PI-R depression using dichotomous PD data. Results (table 23) suggest that the variance accounted for by informant-reported PD on self-reported depression was larger than the variance accounted for by self-reported PD on informant-reported depression for borderline PD. In contrast, the variance accounted for by self-reported PD on informant-reported depression was larger than the variance accounted for by informant-reported PD on self-reported depression for schizotypal PD, antisocial PD, and avoidant PD. Additionally, an analysis comparing all scale totals (Table 24) suggests that the variance accounted for by self-reported PD on informant-reported depression was larger than the variance accounted for by informant-reported PD on self-reported depression when the PD data were dichotomous.

4.4.2. Item Level Analyses

4.4.2.1. Hypothesis 1

In order to test the relationship between PD pathology and depression from the two different perspectives at an item level, I performed regression analyses using dichotomous PD data. Like the scale level analyses, first I tested the hypothesis that the unique variance accounted for by informant-reported PD on informant-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on self-reported NEO-PI-R depression.

Results for schizoid PD (table 35) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 4, 5 and 6. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 2, 3 and 7.

Results for schizotypal PD (table 36) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 2, 3, 5, and 8. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 7 and 9.

The unique variance accounted for by informant-reported paranoid PD (table 37) on informant-reported depression was greater than the unique variance accounted for by

self-reported PD on self-reported depression for items 4 and 5. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 2, 6 and 7.

The unique variance accounted for by informant-reported antisocial PD (table 38) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 2, and 3. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for item 5.

Results for narcissistic PD (table 39) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 4, 5, 7 and 8.2 (is jealous of others). In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for item 1.

Results for histrionic PD (table 40) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 5, 6 and 7. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 1, 2, and 8.

The unique variance accounted for by informant-reported borderline PD (table 41) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 1, 6 and 7. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 3, 5, and 9.

The unique variance accounted for by informant-reported avoidant PD (table 42) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 4, and 6. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 5 and 7.

The unique variance accounted for by informant-reported dependent PD (table 43) on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 2, and 8. In contrast, the unique variance accounted for by self-reported PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for items 1, 3, 4 and 7.

Results for obsessive-compulsive PD (table 44) suggest that the unique variance accounted for by informant-reported PD on informant-reported depression was greater than the unique variance accounted for by self-reported PD on self-reported depression for items 2, 4, 5, and 8. In contrast, the unique variance accounted for by self-reported

PD on self-reported depression was greater than the unique variance accounted for by informant-reported PD on informant-reported depression for item 6.

4.4.2.2. Hypothesis 2

Second, I tested the hypothesis that the unique variance accounted for by informant-reported PD on self-reported NEO-PI-R depression would be greater than the unique variance accounted for by self-reported PD on informant-reported NEO-PI-R depression using dichotomous PD data. Results for schizoid PD (table 35) suggest that the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 2.

Results for schizotypal PD (table 36) suggest that the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for items 7 and 8. The unique variance accounted for by informant-reported paranoid PD (table 37) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item 5. The unique variance accounted for by self-reported antisocial PD (table 38) on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 5.

Results for narcissistic PD (table 39) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item

8.2 (is jealous of others). Results for histrionic PD (table 40) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 5, 6 and 8. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 3.

The unique variance accounted for by informant-reported borderline PD (table 41) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 5, 6 and 7. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 3.

The unique variance accounted for by informant-reported avoidant PD (table 42) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 4, 5 and 6. The unique variance accounted for by informant-reported dependent PD (table 43) on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for items 3 and 8. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 2.

Results for obsessive-compulsive PD (table 44) suggest that the unique variance accounted for by informant-reported PD on self-reported depression was greater than the unique variance accounted for by self-reported PD on informant-reported depression for item 8. In contrast, the unique variance accounted for by self-reported PD on informant-reported depression was greater than the unique variance accounted for by informant-reported PD on self-reported depression for item 1.

4.5. Exploratory Analyses Dichotomous Data

Finally, I performed exploratory analyses to test whether informant-reported PD symptoms can predict self-reported depressive symptoms above and beyond self-reported PD symptoms.

4.5.1. Scale Level Analyses

I tested the hypothesis that Informant reported PD would account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD using dichotomous data. Results suggest that this was only the case for borderline PD when the data were dichotomous (table 23).

4.5.2. Item Level Analyses

I tested the hypothesis that Informant reported PD would account for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD. Results suggest that Informant reported PD accounted for significant variance in BDI-II depression beyond the variance in depression accounted for by self-reported PD for schizotypal PD (item 8); antisocial PD (item 1); histrionic PD (items 5 and 6); avoidant PD (item 4) and obsessive-compulsive PD (items 3 and 5).

5. CONCLUSION

The findings from the chi-square and kappa comparisons supported the hypothesis that Self- and Informant-reported PD symptoms tend to differ significantly. These findings are consistent with research that shows that self- and informant report are not strongly correlated (Clifton., et al 2005; Friedman., et al 2006; Oltmanns, & Strauss, 1998; Oltmanns., et al 2005; Sharp., et al 2011; South., et al 2003). Some experts suggest that the reason for these discrepancies is a lack of self-awareness of the target participants, or unwillingness to endorse items with unfavorable connotations, and/or their limitations in recognizing their own deficits in interpersonal relationships (Clifton et al, 2005; Friedman., et al 2007; Oltmanns., et al 2004;; Oltmanns et al, 1998; Oltmanns, et al, 2005; South, et al, 2003). Though it is outside of the scope of the present study, these observations may well be supported by the current results, as it can be seen that for many of the PD items and/or full scale comparisons, a large proportion of informants observed PD symptoms in the target participants when target participants denied experiencing those symptoms (Tables 1-10). Future research should be aimed at identifying the specific qualities of the instrument items in order to identify and potentially correct items whose language may be biased and thus inhibiting target participants from endorsing them despite their meeting the criterion. However, the present study also shows that regardless of language, some criteria are uniquely identifiable by informants. As such, it is imperative that when diagnosing PDs, informant report be considered. This way, PD pathology will be better identified and

appropriate interventions may be provided in order to prevent the negative effects of these conditions.

Similarly, the hypothesis that informants would be able to identify PD pathology earlier in the development of the PD, was also supported. In addition to detecting PD pathology earlier than target participants, informants' responses also provided more information about a participant's standing along the PD continuum than were the target participants'. In other words, informants' responses were better able to discriminate between levels of severity than could target participants' responses and their responses were more closely associated with dysfunction. These findings are consistent with research that has found informant report able to identify PD symptoms at lower levels of the disorder (Cooper, et al. 2012; Sharp., et al 2010; Schuppert., et al 2012). These results point to the importance of including informant-reported measures when diagnosing PD pathology, because PD may be able to be identified in individuals at a lower degree of severity and potentially decrease their risk for later developing serious employment/financial difficulties, marital discord, and/or other clinical disorders such as depression.

In regards to how PDs and their diagnosis affect clinical disorders such as depression, the hypothesis that the unique variance of Informant-reported PD symptomatology accounted for a significantly larger portion of the Informant-reported depression symptoms than did the unique variance of self-reported PD symptoms on self-reported depressive symptoms was largely supported. This suggests that informant-reported PD symptoms were superior at predicting the presence of depressive symptoms

as identified by the informants than self-reported PD symptoms were at predicting depressive symptoms as identified by self-report. These findings may indicate that informant perspective may be less vulnerable to deficits in self-awareness or insight and thus may be better suited to recognize both PD symptoms as well as depressive symptoms than those who are experiencing them.

However, the hypothesis stating that the unique variance of Informant-reported PD symptomatology accounted for a significantly larger portion of the self-reported depression symptoms than did the unique variance of self-reported PD symptoms on informant-reported depressive symptoms was not supported. This may be consistent with the results from the IRT analyses, because it shows that when target participants identify PD pathology, informants are likely to identify depressive symptoms whereas if Informants report PD symptoms, target participants may not report depressive symptoms. This may be because when target participants identify PD symptomatology, they may be experiencing a higher level of the disorder, which is when other clinical disorders are more likely to be present and when multiple areas of their lives have gone into disarray. At that higher degree of psychopathology, it may be clearer for both target participants and informants that these individuals are experiencing symptoms of depression. Conversely, if informants are better able to identify PD symptoms at lower levels of the disorder, other clinical disorders, like depression, and other dysfunctions may not have become manifest enough for target participants to report them.

Finally, exploratory analyses suggested that informant-reported PD was not able to predict self-reported depressive symptoms beyond that which self-reported PD could

predict. This may be the result of a true effect, but it may also be the result of an instrument effect given that only target participants were administered the BDI-II. Future studies may do well to include informant-reported BDI-II data in order to make comparisons such as the ones performed in the present study using the NEO-PI-R in order to determine whether informants may in fact predict self-reported depressive symptoms beyond that which self-reported PD could predict.

One of the limitations of the present study is that the sample has a low number of individuals from racial/ethnic backgrounds beyond Caucasian and African American, thereby potentially limiting the generalizability of the findings to other racial/ethnic groups. Though the sample of this study is a very well represented, relatively large epidemiological sample of a major U.S. city and catchment area, future studies may benefit from studying how informant report compares to self-report of PD symptoms in other racial/ethnic populations specifically. A limitation regarding instrument selection is that since there is not an informant report version of the BDI-II, only self-report data were collected using this instrument. As such, the comparison between self- and informant report on depression as predicted by PD psychopathology may have been affected by this method effect. One way in which this study counteracted this limitation was to compare the variance accounted for by self- vs. informant reported PD pathology on depression assessed by the NEO-P-R. However, the benefit of the BDI-II vs. the NEO-PI-R depression subscale is that the BDI-II was designed to identify depression severity in clinical populations. Future studies may benefit from using measures of

depression designed for clinical populations that include both self- and informant perspectives.

Results from the present study provide strong support for the importance of informant report in the diagnosis of personality disorders. However, future studies are recommended and these may include, as mentioned before, a more racially diverse sample, and participants from different age brackets, including adolescents. Finally, future research may focus on identifying mechanisms through which individuals with PDs and informants disagree so widely in their perspectives regarding PD symptoms. This may be helpful in refining our ability to diagnose and treat individuals with personality disorders before their condition becomes so severe that other areas of their life become negatively impacted, such as romantic relationships, employment, and so that other clinical disorders such as depression may be prevented.

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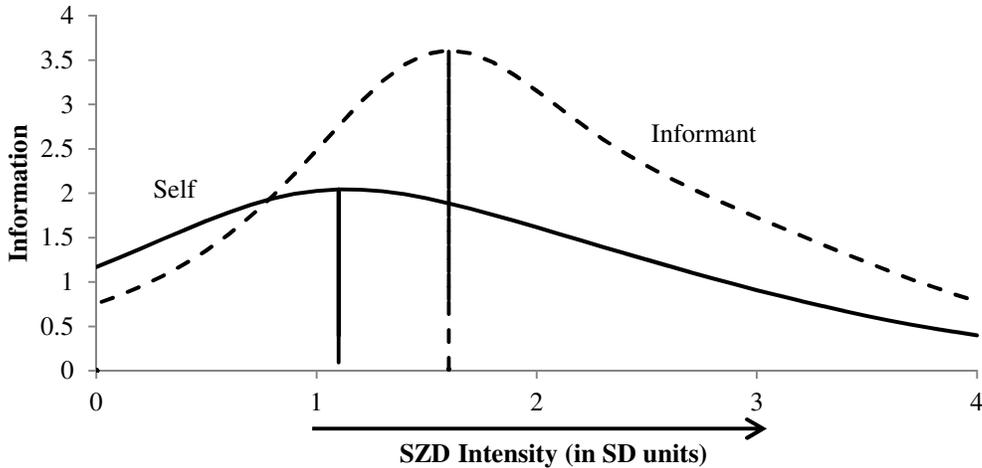
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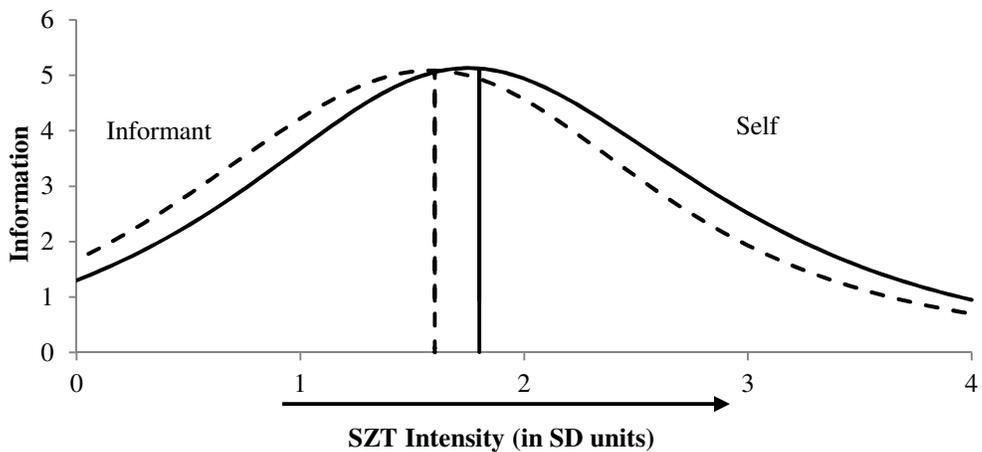
APPENDIX

Figure 1. Scale Information Functions for Schizoid PD Self- and Informant-reported Data



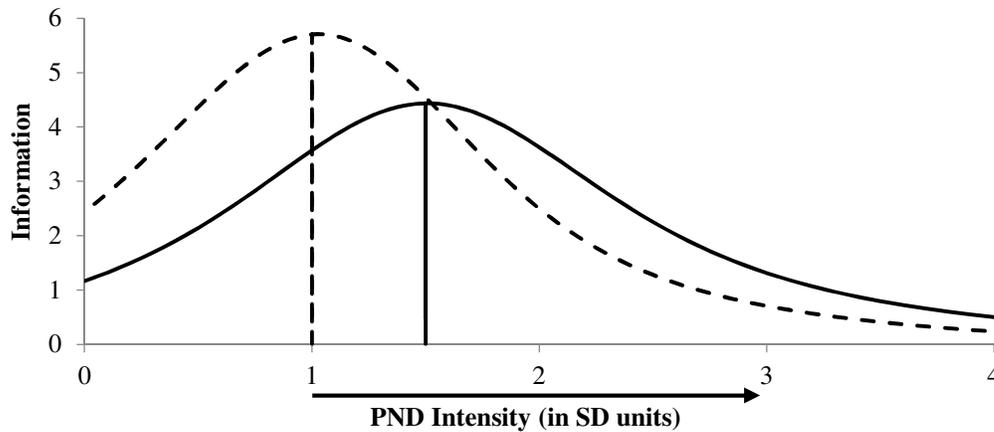
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of schizoid PD intensity where each group provided the most information. Informants provided the most information at 1.6 SDs whereas target participants reported the most information at 1.1 SDs, yielding a difference of .5 SD between the two groups.

Figure 2. Scale Information Functions for Schizotypal PD Self- and Informant-reported Data



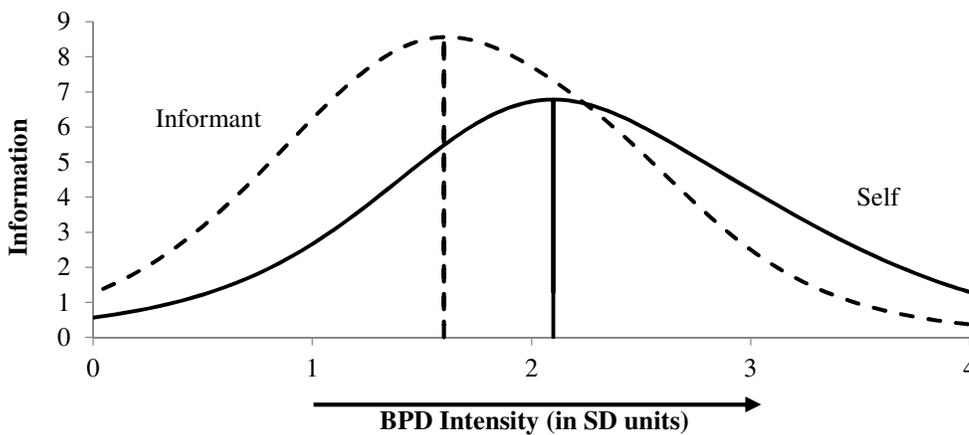
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of schizotypal PD intensity where each group provided the most information. Informants provided the most information at 1.6SDs whereas target participants reported the most information at 1.8SDs, yielding a difference of .2SD between the two groups.

Figure 3. Scale Information Functions for Paranoid PD Self- and Informant-reported Data



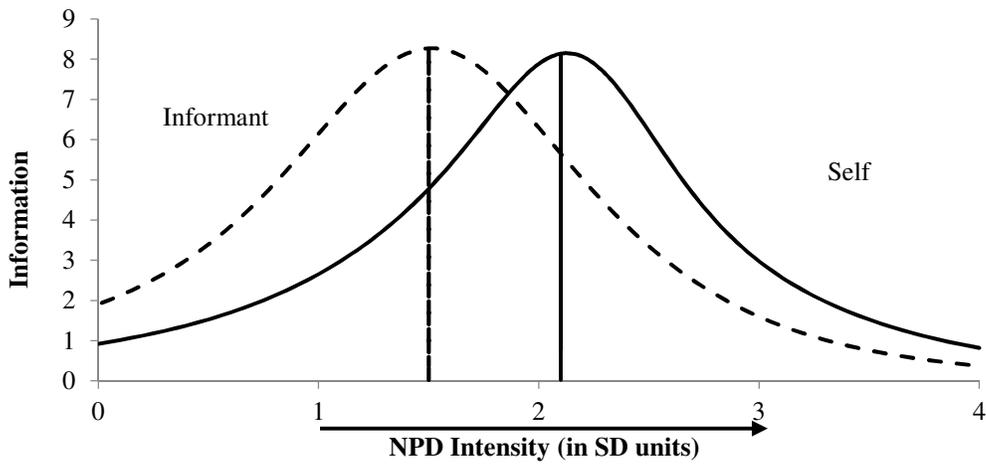
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of paranoid PD intensity where each group provided the most information. Informants provided the most information at 1SDs whereas target participants reported the most information at 1.5SDs, yielding a difference of .5SD between the two groups.

Figure 4. Scale Information Functions for Borderline PD Self- and Informant-reported Data



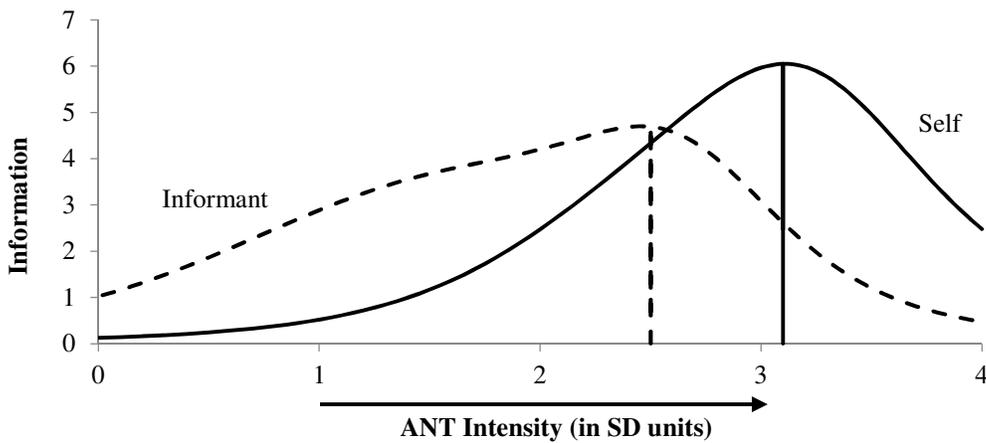
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of borderline PD intensity where each group provided the most information. Informants provided the most information at 2.5SDs whereas target participants reported the most information at 3.1SDs, yielding a difference of .6SD between the two groups.

Figure 5. Scale Information Functions for Narcissistic PD Self- and Informant-reported Data



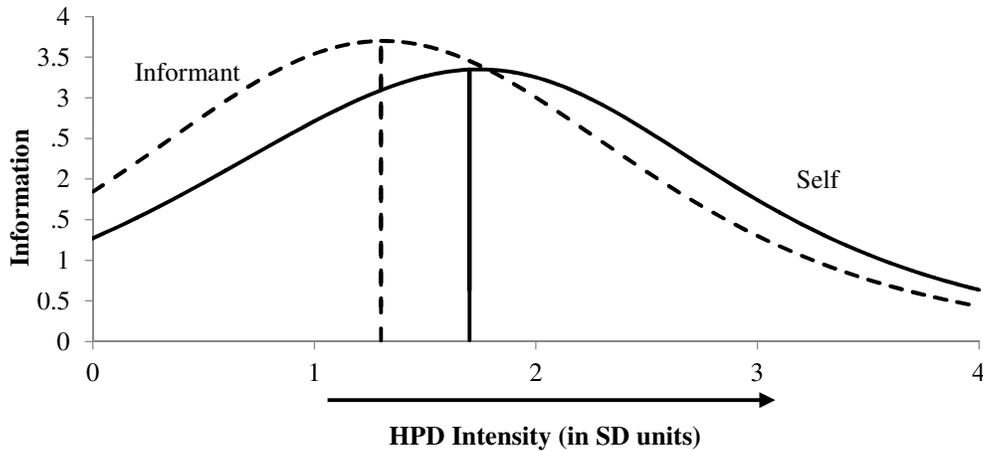
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of narcissistic PD intensity where each group provided the most information. Informants provided the most information at 1.5SDs whereas target participants reported the most information at 2.1SDs, yielding a difference of .6SD between the two groups.

Figure 6. Scale Information Functions for Antisocial PD Self- and Informant-reported Data



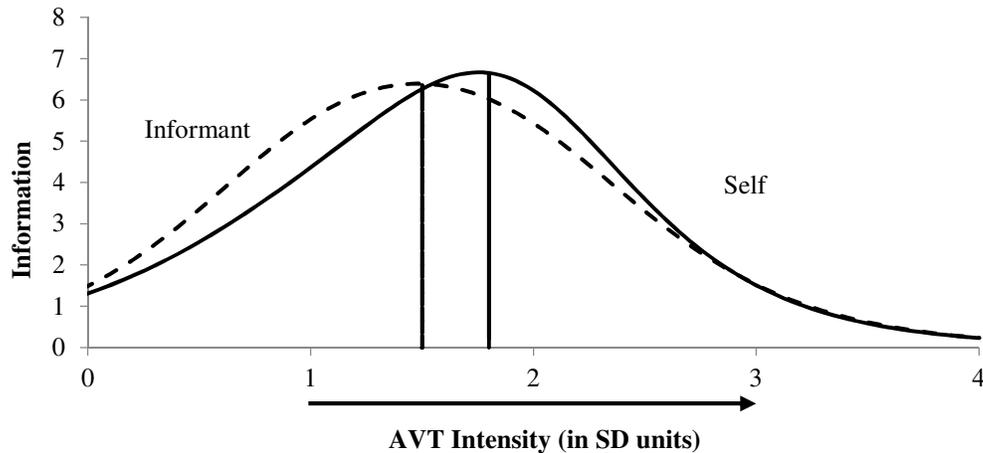
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of antisocial PD intensity where each group provided the most information. Informants provided the most information at 2.5SDs whereas target participants reported the most information at 3.1SDs, yielding a difference of .6SD between the two groups.

Figure 7. Scale Information Functions for Histrionic PD Self- and Informant-reported Data



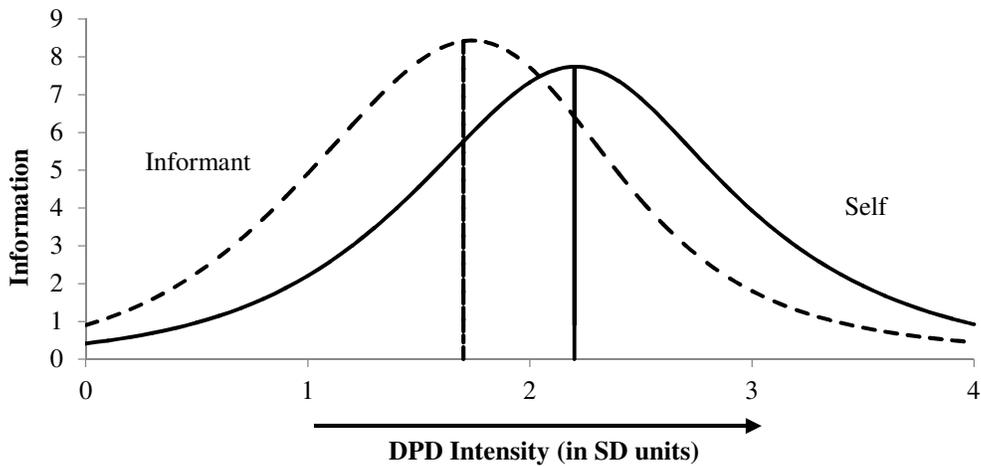
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of histrionic PD intensity where each group provided the most information. Informants provided the most information at 1.3SDs whereas target participants reported the most information at 1.7SDs, yielding a difference of .3SD between the two groups.

Figure 8. Scale Information Functions for Avoidant PD Self- and Informant-reported Data



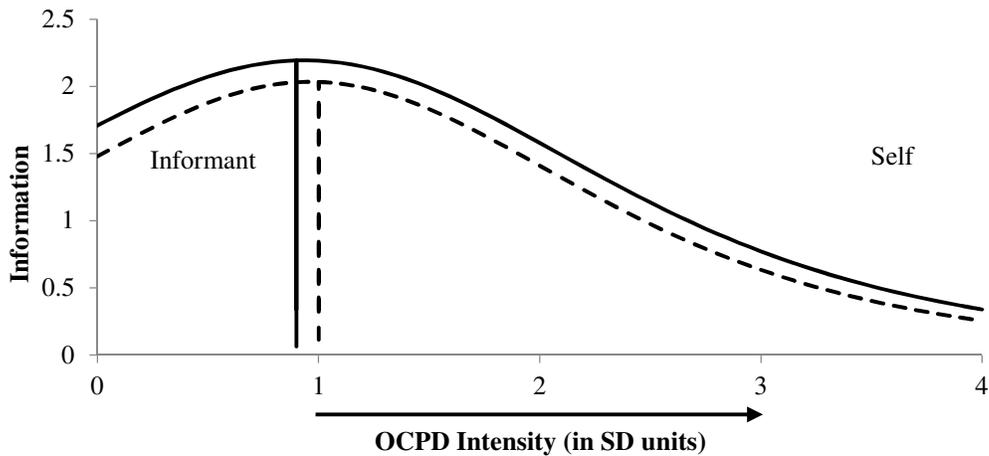
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of avoidant PD intensity where each group provided the most information. Informants provided the most information at 1.5SDs whereas target participants reported the most information at 1.5SDs, yielding a difference of .3SD between the two groups.

Figure 9. Scale Information Functions for Dependent PD Self- and Informant-reported Data



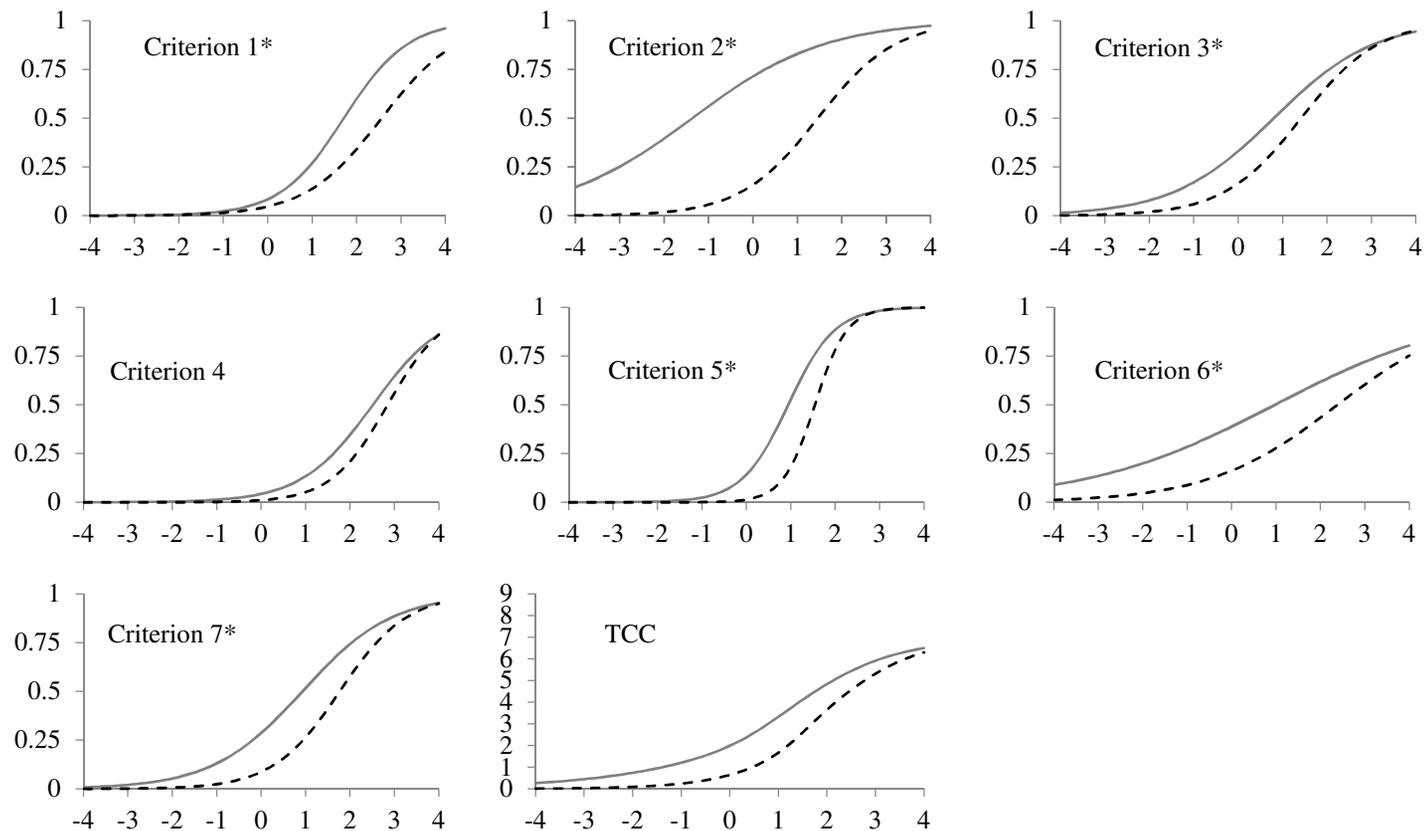
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of dependent PD intensity where each group provided the most information. Informants provided the most information at 1.7SDs whereas target participants reported the most information at 2.2SDs, yielding a difference of .5SD between the two groups.

Figure 10. Scale Information Functions for Obsessive-Compulsive PD Self- and Informant-reported Data



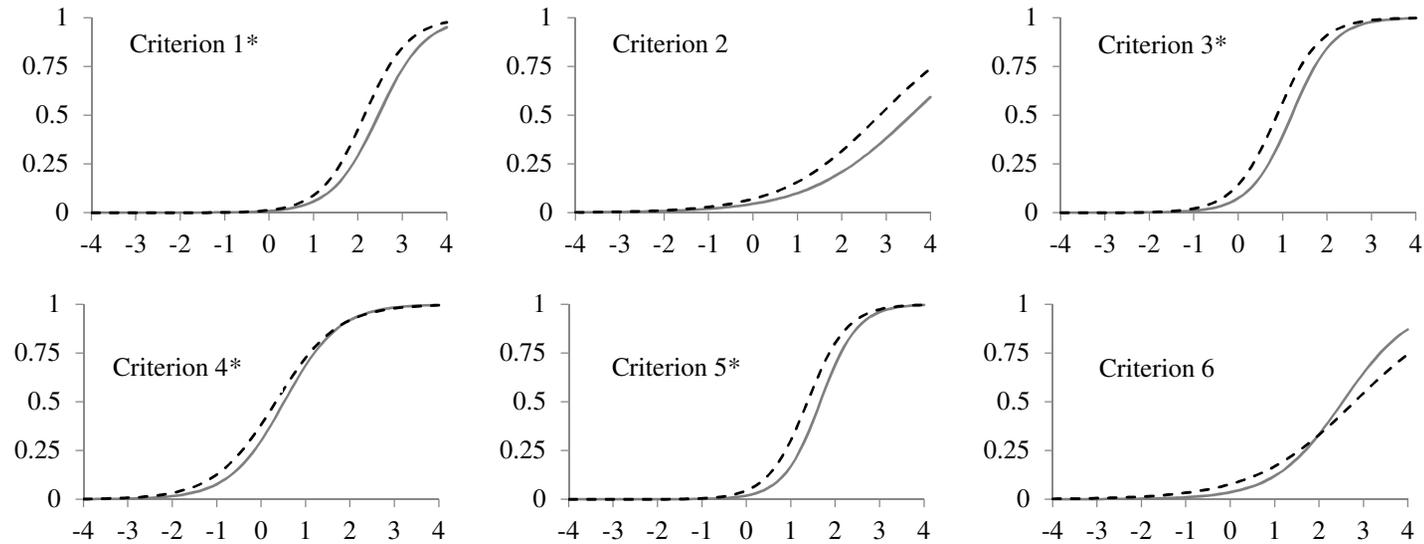
The solid line represents the overall self-reported data and the segmented line represents the overall informant-reported data. The dotted lines represent the point along the continuum of obsessive-compulsive PD intensity where each group provided the most information. Informants provided the most information at 1SDs whereas target participants reported the most information at .9SDs, yielding a difference of .1SD between the two groups.

Figure 11. ICCs and TCC for the Self- and Informant-reported Schizoid Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent Schizoid PD trait in SD units (range from low, -4.0, to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from .00 (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. $*p \leq .05$.

Figure 12. ICCs and TCC for the Self- and Informant-reported Schizotypal Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent Schizotypal PD trait in *SD* units (range from low, -4.0, to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from .00 (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. * $p \leq .05$.

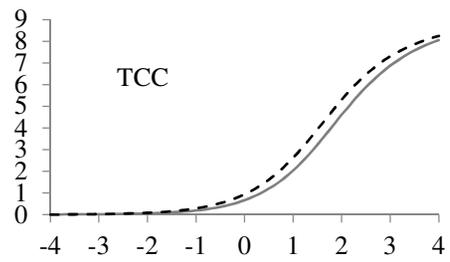
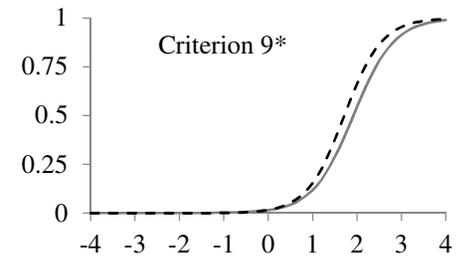
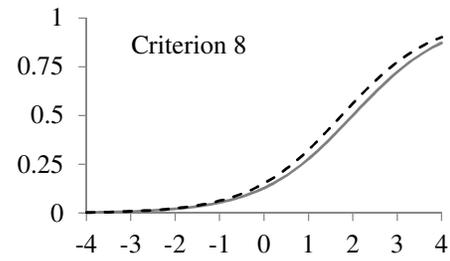
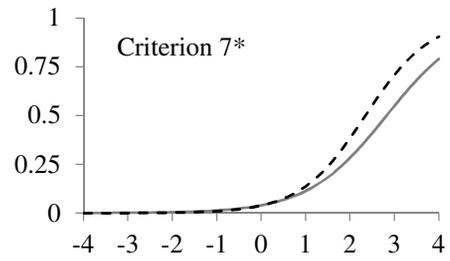
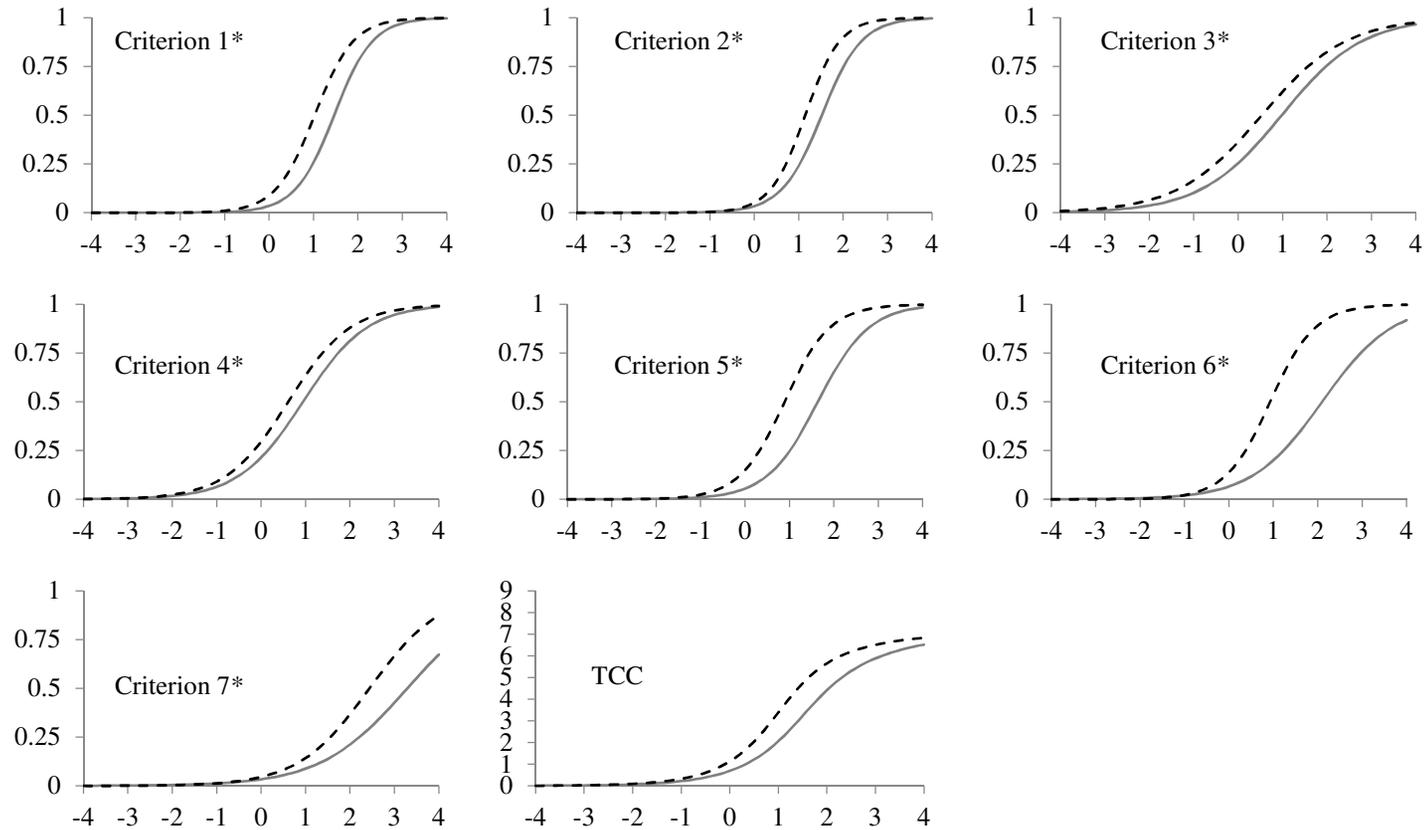


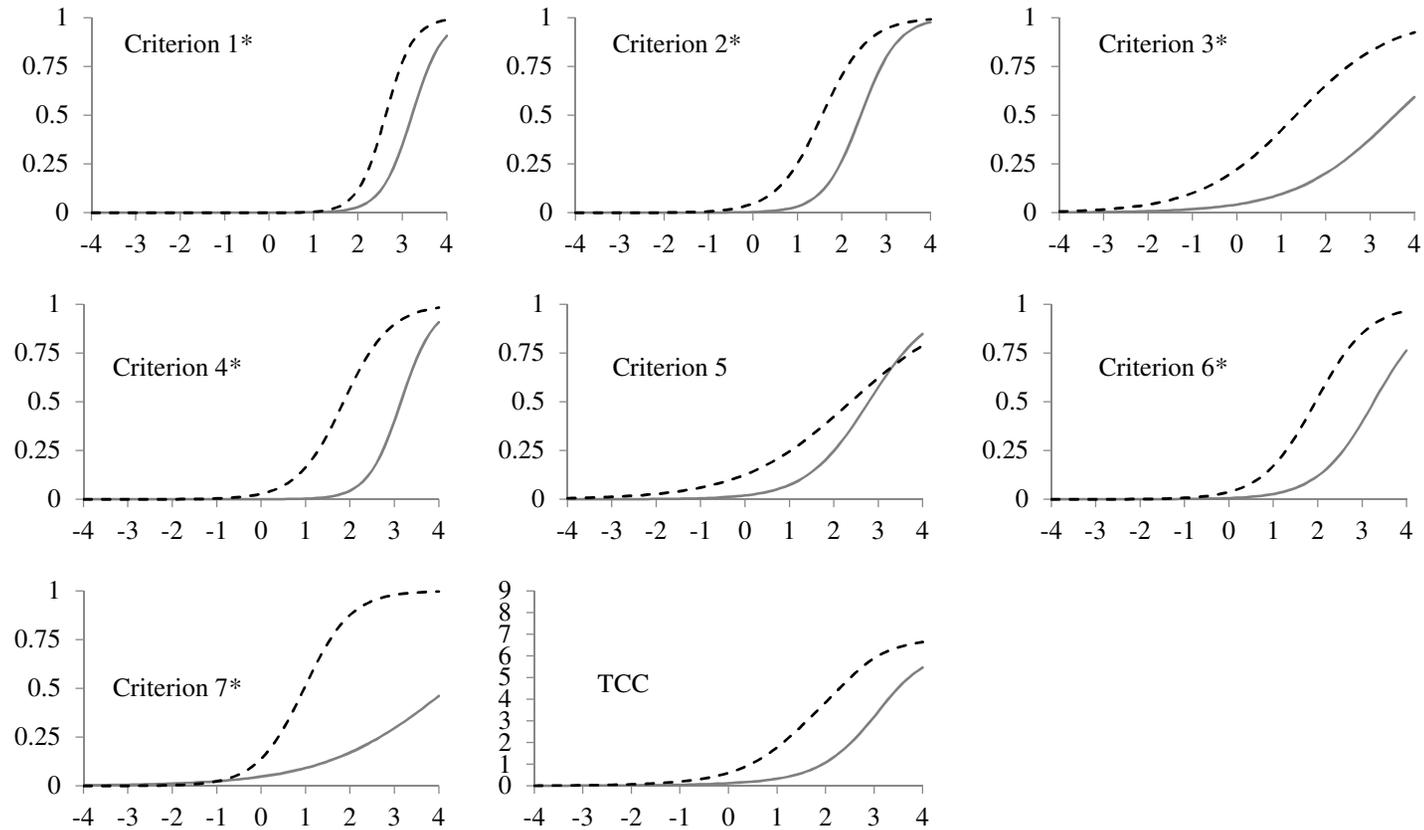
Figure 12 Continued.

Figure 13. ICCs and TCC for the Self- and Informant-reported Paranoid Personality Disorder Diagnostic Criteria



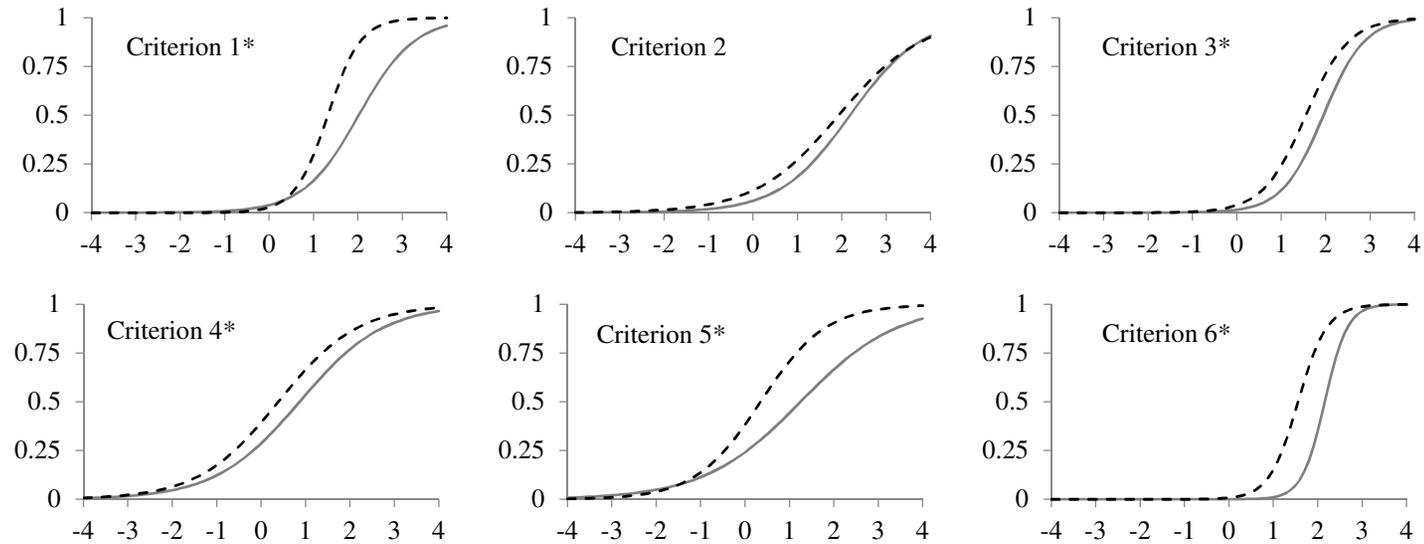
In all graphs, the horizontal axis represents the latent paranoid PD trait in *SD* units (range from low, -4.0 , to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from $.00$ (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. $*p \leq .05$.

Figure 14. ICCs and TCC for the Self- and Informant-reported Antisocial Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent antisocial PD trait in *SD* units (range from low, -4.0, to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from .00 (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. * $p \leq .05$.

Figure 15. ICCs and TCC for the Self- and Informant-reported Narcissistic Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent narcissistic PD trait in *SD* units (range from low, -4.0 , to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from $.00$ (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. $*p \leq .05$.

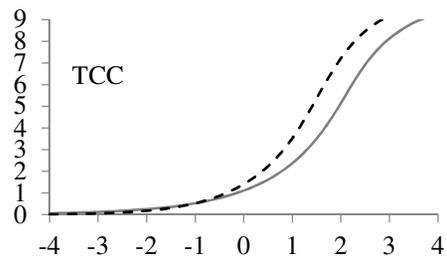
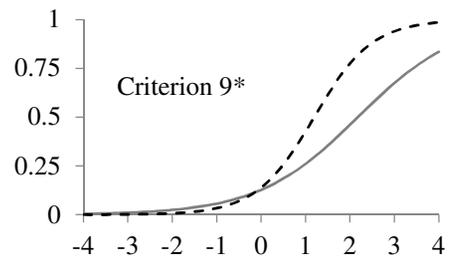
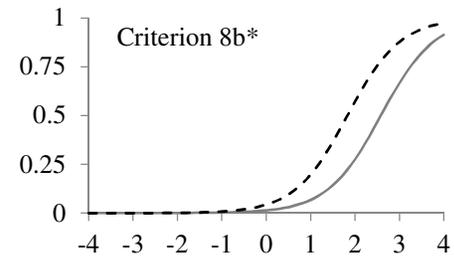
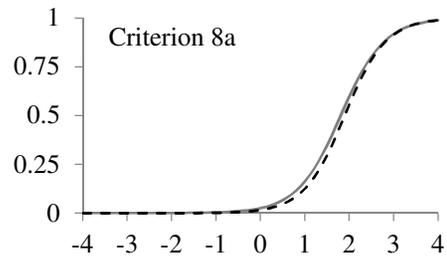
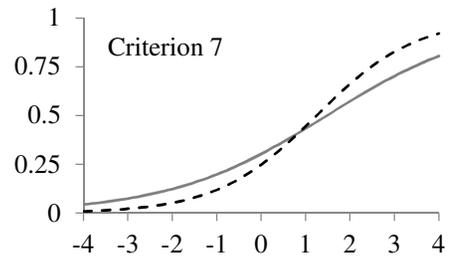
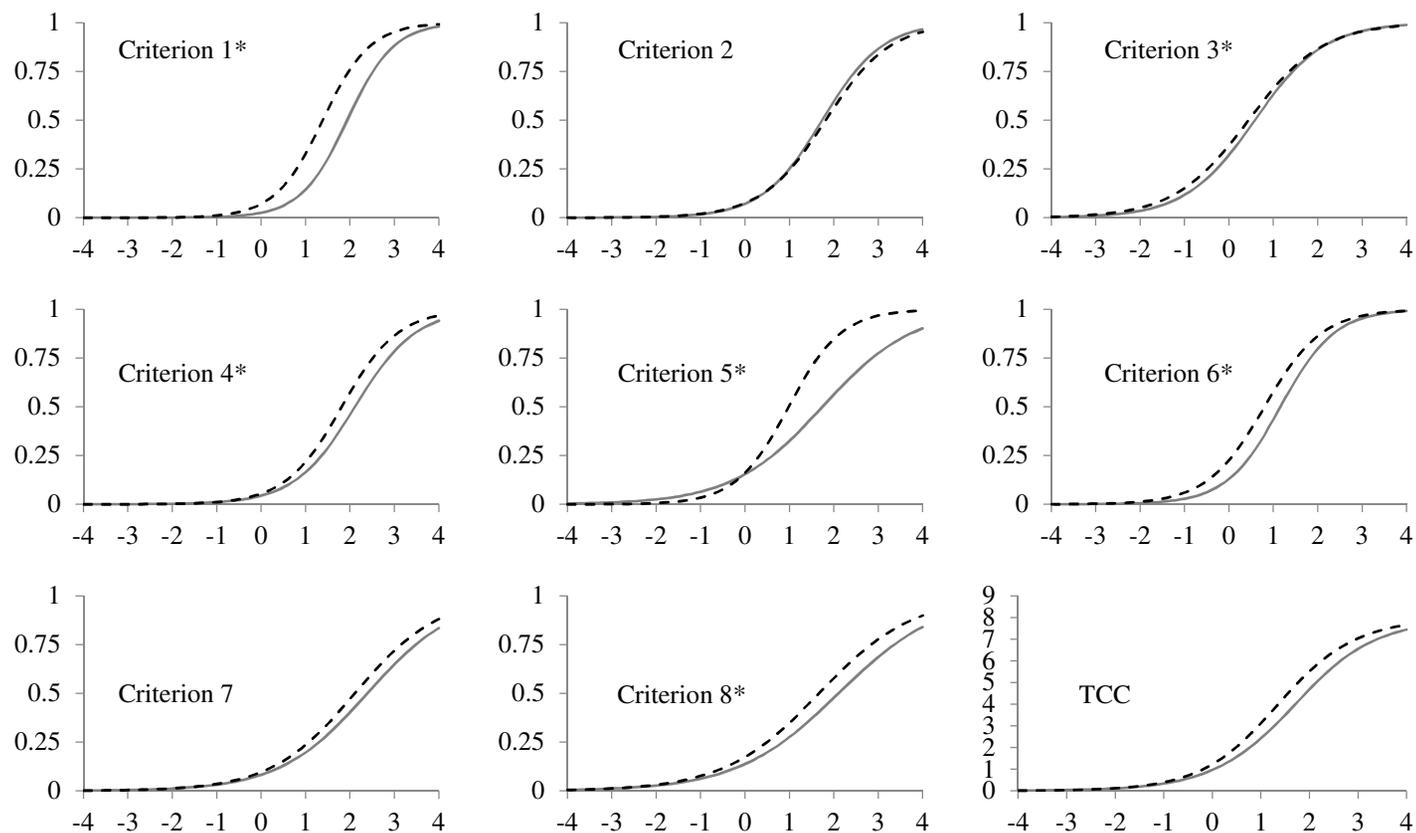


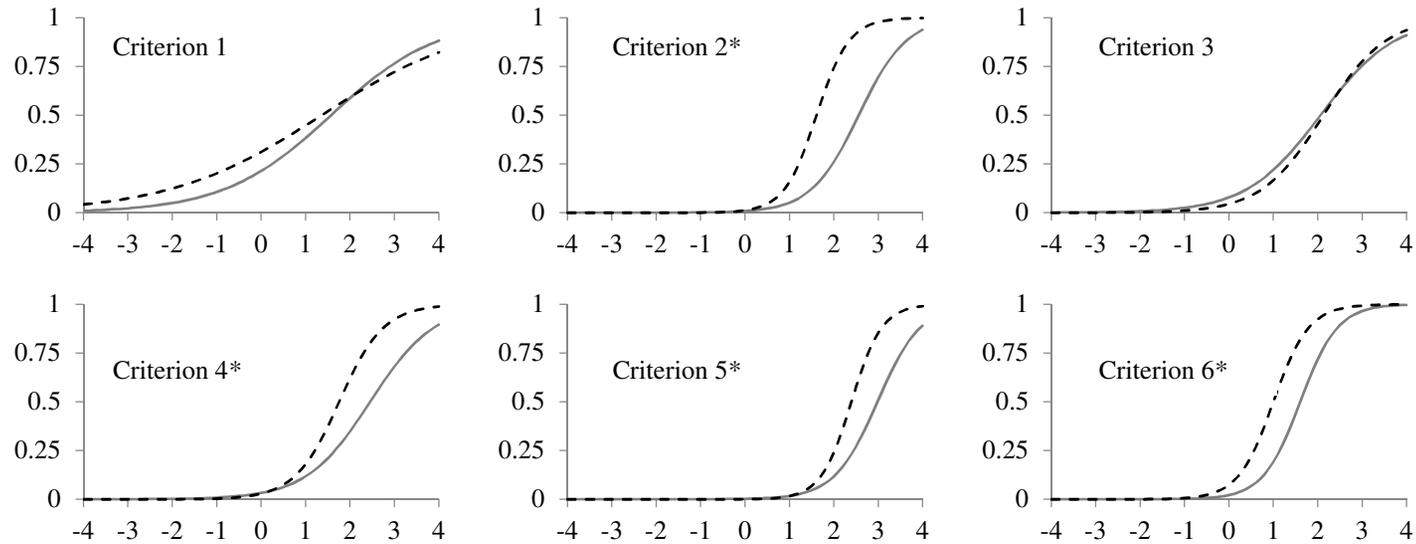
Figure 15 Continued.

Figure 16. ICCs and TCC for the Self- and Informant-reported Histrionic Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent histrionic PD trait in *SD* units (range from low, -4.0, to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from .00 (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. * $p \leq .05$.

Figure 17. ICCs and TCC for the Self- and Informant-reported Borderline Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent borderline PD trait in *SD* units (range from low, -4.0, to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from .00 (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. * $p \leq .05$.

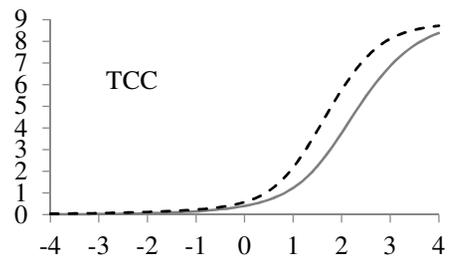
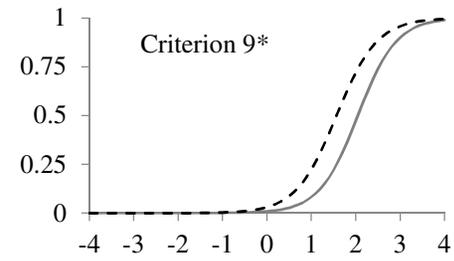
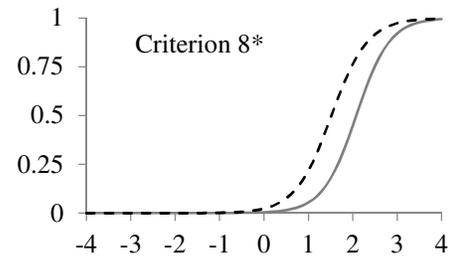
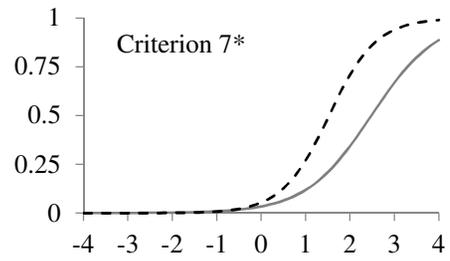
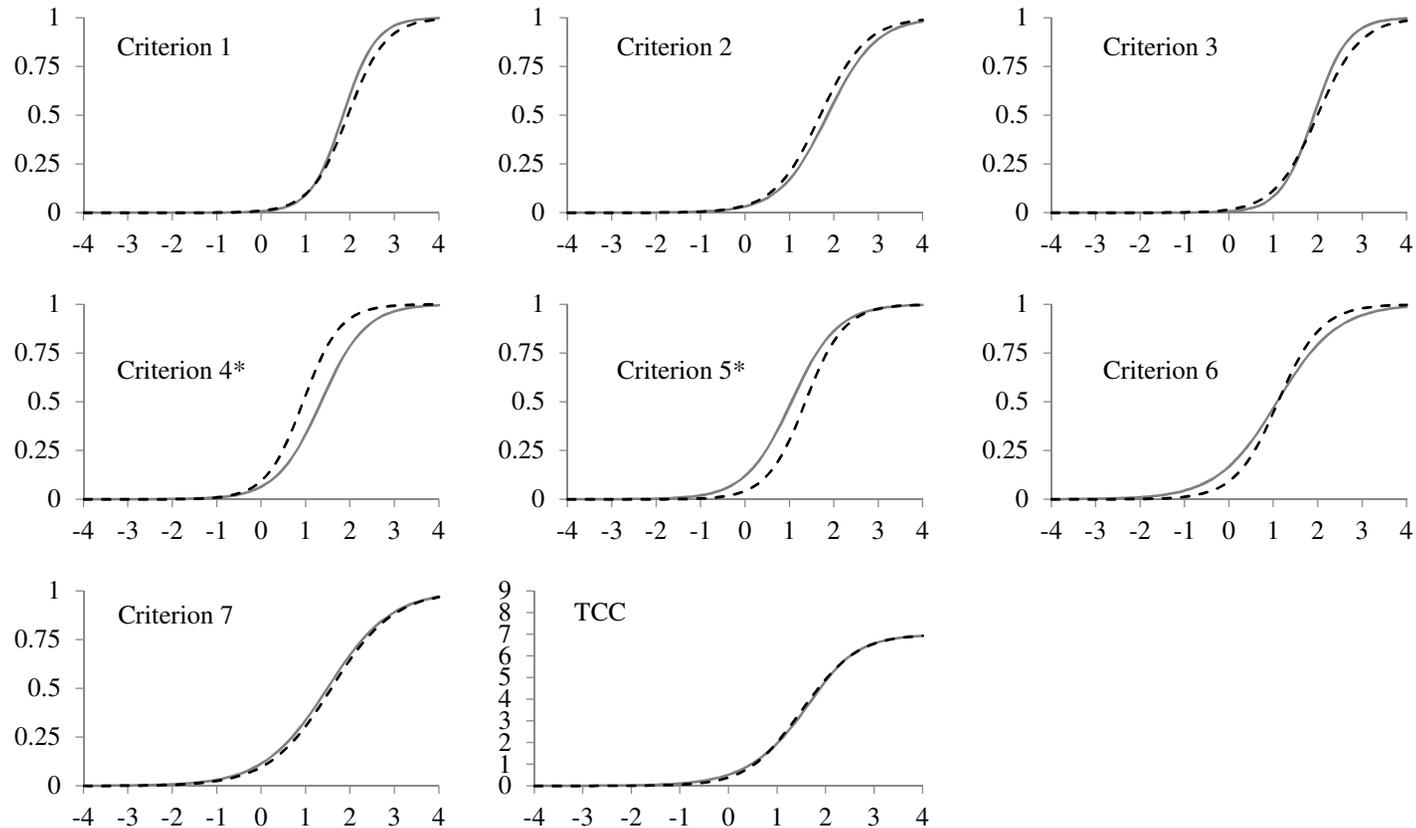


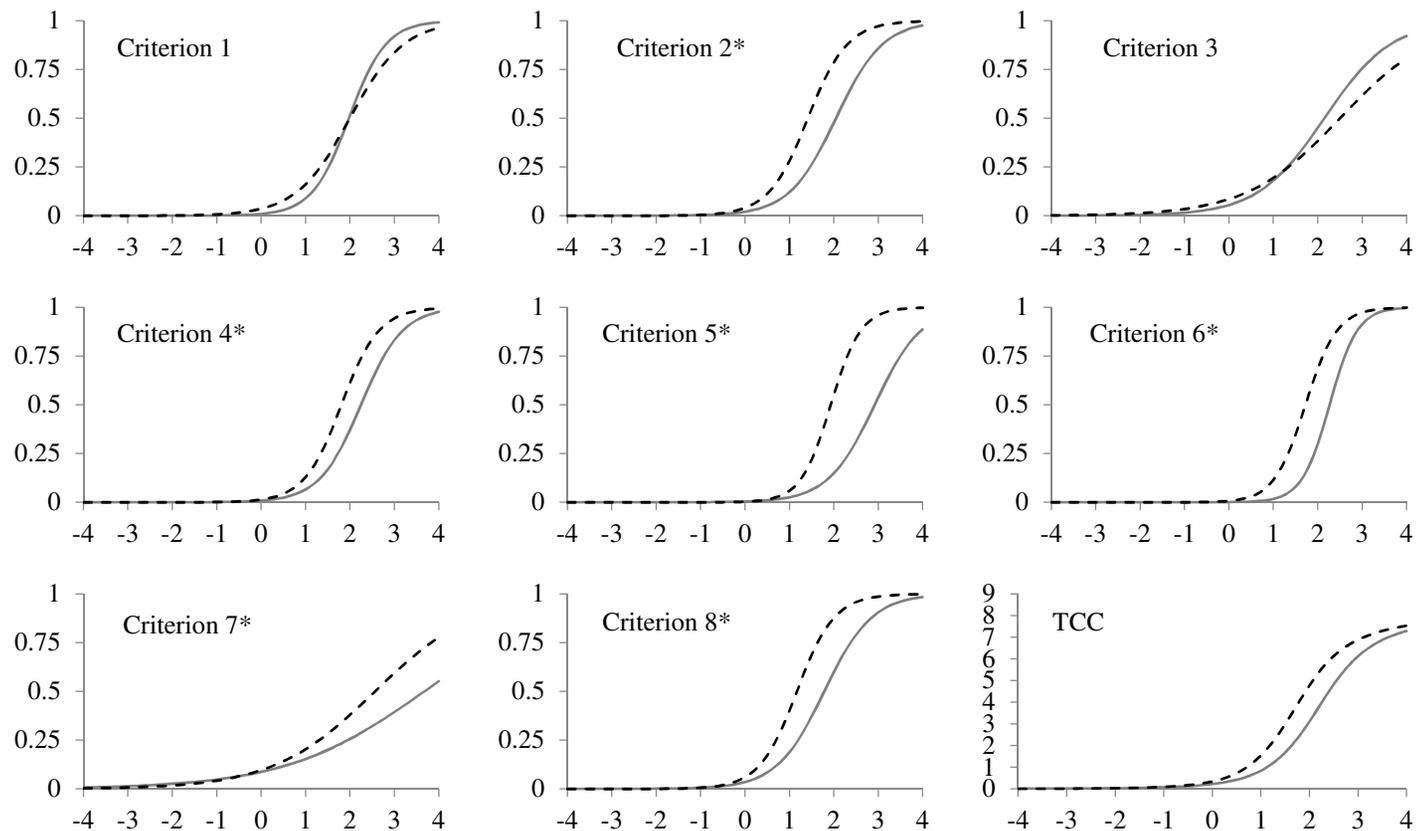
Figure 17 Continued.

Figure 18. ICCs and TCC for the Self- and Informant-reported Avoidant Personality Disorder Diagnostic Criteria



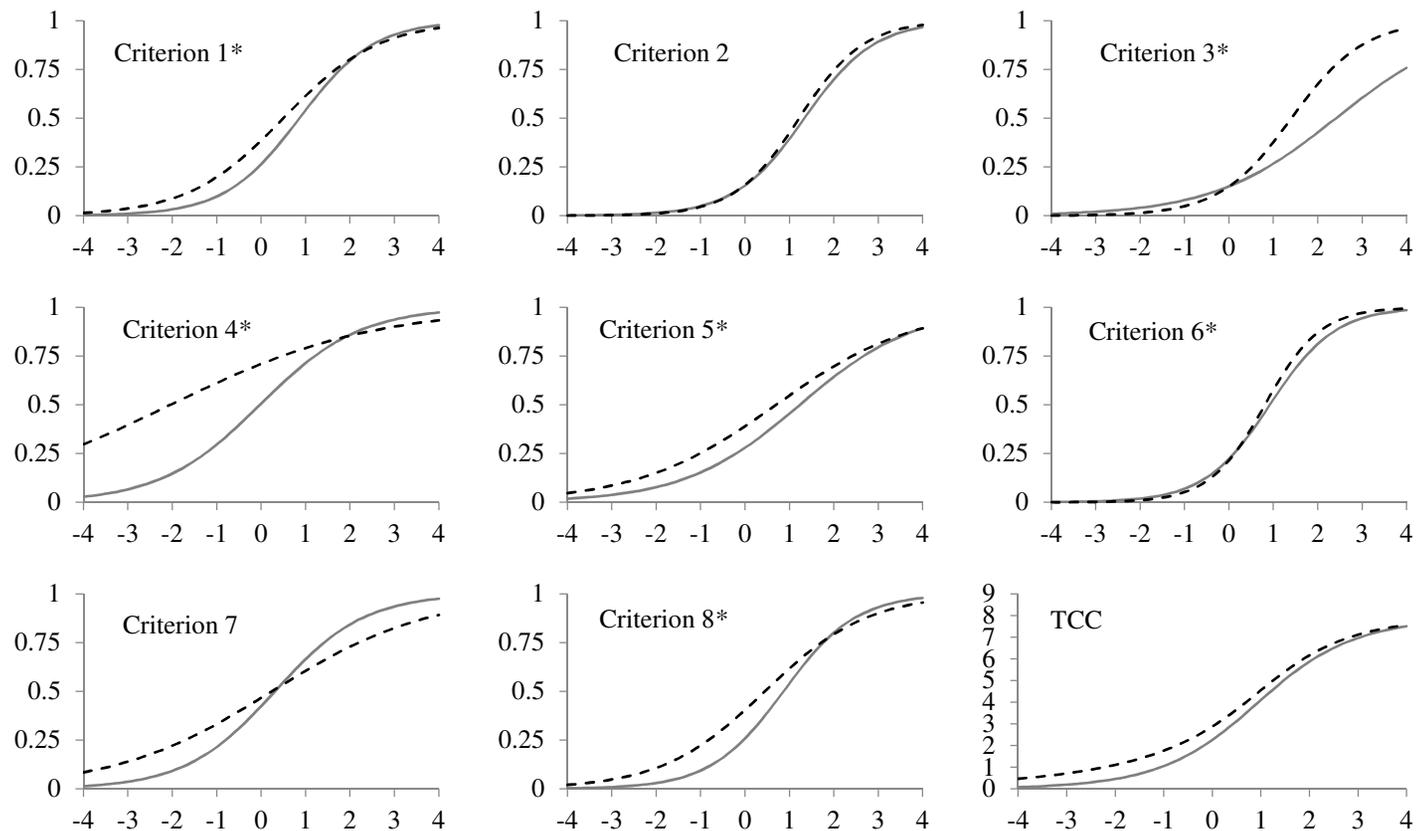
In all graphs, the horizontal axis represents the latent avoidant PD trait in *SD* units (range from low, -4.0 , to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from $.00$ (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. $*p \leq .05$.

Figure 19. ICCs and TCC for the Self- and Informant-reported Dependent Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent dependent PD trait in *SD* units (range from low, -4.0 , to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from $.00$ (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. $*p \leq .05$.

Figure 20. ICCs and TCC for the Self- and Informant-reported Obsessive-compulsive Personality Disorder Diagnostic Criteria



In all graphs, the horizontal axis represents the latent obsessive-compulsive PD trait in *SD* units (range from low, -4.0 , to high 4.0) and the vertical axis represents the probability that an item would be endorsed, from $.00$ (no probability) to 1.00 (certainty). Solid lines represent the self-reported ICCs; segmented lines represent the informant-reported ICCs. $*p \leq .05$.

Table 1 *Schizoid PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Close relationships are unimportant	112	106	1.44	1152	100	94	12	.032
2 Solitary	359	282	86.9***	853	223	146	136	.250***
3 Little interest in sexual relationships	210	290	30.5***	933	135	215	75	.147***
4 Doesn't enjoy doing anything	25	43	1.94	1292	23	41	2	.036
5 No interest in close relationships	111	133	1.89	1129	96	118	15	.037
6 Indifference to praise or criticism	234	248	4.4*	930	180	194	54	.057*
7 Not good at showing feelings	145	191	27.12***	1063	104	150	41	.140***
Diagnosis	41	70	13.87**	1352	34	63	70	.094***

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

Table 2 *Schizotypal PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Thinks others gossip about her/him	14	18	17.95**	1314	12	16	2	.115***
2 Odd beliefs or magical thinking	29	50	3.63	1268	26	47	3	.050
3 Unusual perceptual experiences	83	138	4.18*	1137	69	124	14	.054*
4 Odd thinking and speech	163	211	14.21***	1012	121	169	42	.102***
5 Suspicious	47	86	18***	1221	37	76	10	.110***
6 Inappropriate or constricted affect	19	36	.49	1290	18	35	1	.018
7 Acts or dresses in an eccentric manner	24	42	25.32***	1284	19	37	5	.132***
8 Has no close friends (besides family)	104	141	44.79***	1130	73	110	31	.180***
9 Social anxiety due to paranoid fears	23	33	54.56***	1294	17	27	6	.198***
Diagnosis	8	12	.07	1436	8	12	0	-.007

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 3 *Paranoid PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Suspects others are exploiting him/her	71	152	22.23***	1170	51	132	20	.117***
2 Unjustified doubts about others' loyalty	50	112	33.05***	1226	35	97	15	.142***
3 Reluctant to confide in others	195	273	23.88***	969	131	209	64	.129***
4 Reads meaning into innocuous remarks	142	198	5.77**	1063	112	168	30	.064*
5 Holds grudges	80	183	38.64***	1139	51	154	29	.152***
6 Perceives attacks on character & quickly retaliates	41	179	12.99***	1166	28	166	13	.073***
7 Recurrent suspicions of infidelity	33	47	32.37***	1300	26	40	7	.151***
Diagnosis	20	53	2.33	1383	18	51	2	.036

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

Table 4 *Borderline PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Will do almost anything to avoid abandonment	191	244	12.68***	1003	140	193	51	.095***
2 Pattern of unstable relationships	11	48	18.82**	1331	8	45	3	.09***
3 Has identity disturbance	30	36	.07	1322	29	35	1	.007
4 Impulsive	25	50	1.42	1314	23	48	2	.03
5 Frequent suicidality	5	9	29.15*	1374	4	8	1	.139***
6 Affective instability	41	149	55.84***	1216	22	130	19	.161***
7 Chronic feelings of emptiness	26	57	15.37***	1309	21	52	5	.1***
8 Intense anger	17	73	31.13***	1303	11	67	6	.116***
9 Paranoia/dissociation due to stress	18	60	14.11**	1313	14	56	4	.084***
Diagnosis	5	22	11.53	1430	4	21	1	.069***

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 5 Narcissistic PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	κ
1 Grandiose self-image	34	79	39.09***	1273	24	69	10	.148***
2 Fantasizes about power and success	36	64	3.48	1280	32	60	4	.048
3 Believes is special	30	64	.12	1283	29	63	1	-.009
4 Requires admiration	152	284	29.66***	997	95	227	57	.137***
5 Entitled	126	278	13.09***	1013	85	237	41	.088***
6 Interpersonally exploitative	11	54	5.98	1313	9	52	2	.049**
7 Lacks empathy	97	153	.55	1139	84	140	13	.02
8a believes others are jealous of him/her	18	31	6.5	1329	16	29	2	.07**
8b Is jealous of others	9	54	20.78**	1316	6	51	3	.085***
9 Haughty	67	125	2.91	1194	57	115	10	.044
Diagnosis	5	48	.171	1403	5	48	0	-.006

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

Table 6 Antisocial PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	κ
1 Frequent arrests	5	7	38.1*	1380	4	6	1	.163***
2 Deceitful	37	71	9.7**	1289	31	65	6	.079**
3 Impulsive	78	119	18.52***	1211	61	102	17	.112***
4 Irritable/aggressive	7	51	.268	1333	7	51	0	-.009
5 Disregards safety	59	76	15.74***	1266	49	66	10	.105***
6 Irresponsible	24	53	29.92***	1320	18	47	6	.135***
7 Lack of remorse	81	169	4.66*	1157	65	153	16	.053*
Diagnosis	10	51	8.11*	1397	8	49	2	.055**

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 7 *Histrionic PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Has to be the center of attention	29	90	5.65*	1274	24	85	5	.054*
2 Provocative	56	70	25.97***	1273	45	59	11	.136***
3 Rapid shifting and shallow emotions	195	288	7.67**	960	140	233	55	.072**
4 Uses physical appearance for attention	34	58	5.01*	1300	30	54	4	.058*
5 Impressionistic, undetailed speech	53	132	2	1211	45	142	8	.034
6 Theatricality	85	172	17.94***	1154	62	149	23	.106***
7 Is suggestible	27	66	11.52**	1300	22	61	5	.082***
8 Overestimates intimacy in relationships	80	115	36.06***	1214	59	94	21	.158***
Diagnosis	9	18	.114	1427	9	18	0	-.008

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

Table 8 *Avoidant PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Avoids team work	18	26	.344	1362	18	26	0	-.015
2 Needs certainty of being liked to engage with others	30	50	.865	1328	28	48	2	.024
3 Restrained with close friends for fear of ridicule	20	31	.457	1355	20	31	0	-.018
4 Worries that others will be critical or rejecting	84	128	36.06***	1217	61	105	23	.156***
5 Inhibited in new social situations due to feeling inadequate	127	92	60.59***	1216	98	63	29	.204***
6 Views self as socially inept	87	116	9.9**	1218	72	101	15	.083**
7 Wary to try new things lest they be embarrassing	54	76	9.72**	1284	46	68	8	.082**
Diagnosis	27	25	.643	1405	26	24	1	.021

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 9 *Dependent PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Needs advice to make simple decisions	22	47	2.20	1313	20	45	2	.037
2 Dependent on others	18	76	9.8**	1290	14	72	4	.065**
3 Does not disagree with others to avoid rejection	39	40	14.04**	1306	34	35	5	.101***
4 Afraid to start or do things by him/herself	13	43	6.54	1326	11	41	2	.058**
5 Will do just about anything to be taken care of	8	32	3.68	1341	7	31	1	.041
6 Fear of inability to care for him/herself	11	39	1.59	1331	10	38	1	.028
7 Jumps into a new relationship when one ends	56	79	26.67***	1257	44	67	12	.137***
8 Scared to be left to care for her/himself	45	108	22.9***	1239	33	96	12	.116***
Diagnosis	2	11	.015	1443	2	11	0	-.002

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

Table 10 *Obsessive-Compulsive PD Self- and Informant-Reported Frequencies of Item Endorsements and Agreement*

Criterion	S _{Yes}	I _{Yes}	χ^2	S _{No} , I _{No}	S _{Yes} , I _{No}	S _{No} , I _{Yes}	S _{Yes} , I _{Yes}	K
1 Focused on details at the cost of efficiency	196	328	15.21***	927	128	260	68	.1***
2 Perfectionistic at the cost of productivity	85	133	20.17***	1185	65	113	20	.117***
3 Devoted to work at the cost of leisure	57	115	30.43***	1227	41	99	16	.139***
4 Overly scrupulous	364	692	18.13***	544	147	475	217	.101***
5 Doesn't discard objects (with no sentimental value)	223	350	64***	914	119	246	104	.207***
6 Does all him/herself so it'll be done right	110	164	11.34***	1133	86	140	24	.088***
7 Miserly	256	364	53.73***	877	142	250	114	.192***
8 Rigid and stubborn	139	291	9.11**	996	96	248	43	.074**
Diagnosis	81	179	12.23***	1216	61	159	20	.084***

Note. S_{Yes} = The number of selves who reported that the item (criterion or diagnosis) was present; I_{Yes} = The number of informants who reported that the item was present; S_{No}, I_{No} = The number of cases that both selves and informants reported that the item was absent (Agree); S_{Yes}, I_{No} = The number of cases that selves reported that the item was present and informants reported that the item was absent (Disagree); S_{No}, I_{Yes} = The number of cases that selves reported that the item was absent and informants reported that item was present (Disagree); S_{Yes}, I_{Yes} = The number of cases that both selves and informants reported that the item was present (Agree). Items are abbreviated for copyright reasons.

* $p < .05$. ** $p \leq .01$. *** $p \leq .001$.

Table 11 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Schizoid Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Close relationships are unimportant	1.39 (0.14)	1.72 (0.12)*	1.17 (0.15)	2.56 (0.26)*
2 Solitary	0.67 (0.08)*	-1.36 (0.19)*	1.14 (0.12)*	1.46 (0.13)*
3 Little interest in sexual relationships	0.88 (0.09)*	0.80 (0.10)*	1.14 (0.11)*	1.41 (0.12)*
4 Doesn't enjoy doing anything	1.24 (0.17)	2.52 (0.26)	1.57 (0.28)	2.85 (0.31)
5 No interest in close relationships	1.92 (0.16)*	0.94 (0.06)*	2.77 (0.29)*	1.54 (0.07)*
6 Indifference to praise or criticism	0.47 (0.08)*	0.98 (0.22)*	0.69 (0.10)*	2.38 (0.33)*
7 Not good at showing feelings	0.98 (0.10)*	0.93 (0.11)*	1.33 (0.14)*	1.77 (0.14)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 12 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Schizotypal Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Thinks others gossip about her/him	1.92 (0.27)	2.47 (0.21)*	2.01 (0.28)	2.15 (0.15)
2 Odd beliefs or magical thinking	0.86 (0.16)	3.56 (0.58)	0.90 (0.15)	2.85 (0.38)
3 Unusual perceptual experiences	2.11 (0.19)	1.21 (0.07)*	2.05 (0.16)	0.87 (0.05)*
4 Odd thinking and speech	1.63 (0.13)	0.52 (0.06)*	1.45 (0.12)	0.33 (0.06)*
5 Suspicious	2.38 (0.25)	1.67 (0.09)*	2.23 (0.20)	1.37 (0.07)*
6 Inappropriate or constricted affect	1.30 (0.18)*	2.53 (0.25)	0.89 (0.14)*	2.79 (0.36)
7 Acts or dresses in an eccentric manner	1.13 (0.17)	2.83 (0.33)*	1.36 (0.19)	2.35 (0.22)
8 Has no close friends (besides family)	0.96 (0.12)	2.00 (0.21)	0.98 (0.11)	1.74 (0.18)
9 Social anxiety due to paranoid fears	2.18 (0.25)	1.92 (0.12)*	2.38 (0.25)	1.71 (0.09)

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 13 Item Parameters (and Standard Errors) for Self- and Informant-Reported Paranoid Personality Disorder Features

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Suspects others are exploiting him/her	2.28 (0.21)	1.47 (0.07)*	2.28 (0.19)	1.02 (0.06)*
2 Unjustified doubts about others' loyalty	2.21 (0.21)	1.52 (0.08)*	2.55 (0.22)	1.14 (0.06)*
3 Reluctant to confide in others	1.10 (0.10)	0.98 (0.10)*	1.05 (0.10)	0.53 (0.08)*
4 Reads meaning into innocuous remarks	1.38 (0.12)	0.94 (0.08)*	1.43 (0.12)	0.61 (0.07)*
5 Holds grudges	1.74 (0.17)	1.64 (0.11)*	1.96 (0.16)	0.89 (0.06)*
6 Perceives attacks on character & quickly counterattacks	1.27 (0.15)*	2.10 (0.18)*	1.97 (0.16)*	0.93 (0.06)*
7 Recurrent suspicions of infidelity	1.02 (0.18)	3.29 (0.47)*	1.24 (0.17)	2.44 (0.24)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 14 Item Parameters (and Standard Errors) for Self- and Informant-Reported Antisocial Personality Disorder Features

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Frequent arrests	2.91 (0.93)	3.22 (0.42)*	3.25 (0.71)	2.62 (0.20)
2 Deceitful	2.39 (0.38)*	2.43 (0.18)*	1.95 (0.18)	1.55 (0.09)*
3 Impulsive	0.88 (0.17)	3.57 (0.59)*	0.94 (0.10)	1.33 (0.14)*
4 Irritable/aggressive	2.70 (0.81)*	3.15 (0.39)*	1.90 (0.20)	1.86 (0.11)*
5 Disregards safety	1.42 (0.22)*	2.79 (0.30)	0.81 (0.11)*	2.38 (0.29)
6 Irresponsible	1.58 (0.32)	3.27 (0.44)*	1.66 (0.18)	1.95 (0.14)*
7 Lack of remorse	0.71 (0.16)*	4.22 (0.82)*	1.89 (0.15)*	0.96 (0.06)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 15 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Narcissistic Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Grandiose self-image	1.59 (0.18)*	2.02 (0.15)*	2.69 (0.25)*	1.32 (0.06)*
2 Fantasizes about power, success and/or the perfect relationship	1.25 (0.15)	2.19 (0.20)	1.06 (0.12)	1.93 (0.19)
3 Believes is special	2.16 (0.25)	1.95 (0.12)*	2.06 (0.20)	1.55 (0.09)*
4 Requires admiration	1.06 (0.10)	0.87 (0.10)*	1.12 (0.10)	0.38 (0.08)*
5 Entitled	0.92 (0.10)*	1.25 (0.14)*	1.36 (0.11)*	0.35 (0.06)*
6 Interpersonally exploitative	3.93 (0.70)*	2.16 (0.11)*	3.09 (0.34)	1.55 (0.07)*
7 Lacks empathy	0.56 (0.08)*	1.49 (0.24)	0.89 (0.10)*	1.24 (0.14)
8a Believes others are jealous of him/her	2.03 (0.22)	1.81 (0.11)	2.17 (0.24)	1.90 (0.11)
8b Is jealous	1.66 (0.24)	2.58 (0.23)*	1.69 (0.18)	1.83 (0.13)*
9 Haughty	0.89 (0.12)*	2.18 (0.25)*	1.53 (0.14)*	1.19 (0.09)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 16 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Histrionic Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Has to be the center of attention	1.89 (0.20)	1.94 (0.13)*	1.86 (0.17)	1.38 (0.08)*
2 Provocative	1.48 (0.15)	1.74 (0.13)	1.38 (0.15)	1.81 (0.14)
3 Rapid shifting and shallow emotions	1.28 (0.11)	0.58 (0.07)*	1.20 (0.10)	0.44 (0.07)
4 Uses physical appearance for attention	1.46 (0.16)	2.12 (0.17)*	1.57 (0.17)	1.81 (0.13)
5 Impressionistic, undetailed speech	0.98 (0.11)*	1.75 (0.17)*	1.68 (0.14)*	0.98 (0.07)*
6 Theatricality	1.64 (0.14)	1.17 (0.08)*	1.53 (0.12)	0.80 (0.07)*
7 Is suggestible	1.01 (0.13)	2.40 (0.26)	1.06 (0.13)	2.11 (0.20)
8 Overestimates intimacy in relationships	0.87 (0.11)	2.11 (0.23)*	0.94 (0.11)	1.66 (0.17)

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 17 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Borderline Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Will do almost anything to avoid abandonment	0.83 (0.10)*	1.58 (0.18)	0.58 (0.09)*	1.36 (0.22)
2 Pattern of unstable relationships	1.87 (0.28)*	2.56 (0.22)*	2.73 (0.28)*	1.61 (0.08)*
3 Has identity disturbance	1.20 (0.14)	2.06 (0.18)	1.43 (0.17)	2.12 (0.18)
4 Impulsive	1.39 (0.18)*	2.46 (0.23)*	2.00 (0.21)*	1.75 (0.11)*
5 Frequent suicidality	2.06 (0.39)	2.98 (0.31)*	2.92 (0.58)*	2.39 (0.16)
6 Affective instability	2.38 (0.24)	1.61 (0.08)*	2.51 (0.21)	1.00 (0.05)*
7 Chronic feelings of emptiness	1.35 (0.18)*	2.49 (0.24)*	1.88 (0.18)*	1.52 (0.09)*
8 Intense anger	2.67 (0.34)	2.08 (0.12)*	2.45 (0.24)	1.52 (0.07)*
9 Paranoia/dissociation due to stress	2.31 (0.29)	2.05 (0.12)*	2.20 (0.22)	1.56 (0.09)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 18 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Avoidant Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Avoids team work	2.72 (0.32)	1.85 (0.09)	2.35 (0.28)	1.95 (0.11)
2 Needs to be certain of being liked to be involved with others	1.84 (0.20)	1.86 (0.12)	1.92 (0.20)	1.69 (0.10)
3 Restrained with close friends for fear of ridicule	2.65 (0.32)*	1.92 (0.10)	2.07 (0.25)	1.99 (0.12)
4 Worries that others will be critical or rejecting	1.98 (0.18)*	1.35 (0.08)*	2.40 (0.19)*	0.94 (0.05)*
5 Inhibited in new social situations due to feeling inadequate	1.92 (0.16)	1.05 (0.07)*	2.28 (0.21)*	1.36 (0.07)*
6 Views self as socially inept	1.47 (0.13)*	1.09 (0.08)	2.06 (0.17)*	1.11 (0.07)
7 Wary to try new things lest they be embarrassing	1.39 (0.13)	1.49 (0.11)	1.42 (0.14)	1.57 (0.11)

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 19 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Dependent Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Needs advice to make simple decisions	2.39 (0.29)*	1.98 (0.12)	1.64 (0.19)*	2.00 (0.15)
2 Dependent on others	1.89 (0.22)	2.05 (0.14)*	2.23 (0.21)	1.41 (0.08)*
3 Does not disagree with others to avoid rejection	1.33 (0.16)*	2.15 (0.19)	0.95 (0.13)*	2.50 (0.29)
4 Afraid to start or do things by him/herself	2.13 (0.28)	2.25 (0.16)*	2.36 (0.26)	1.81 (0.10)*
5 Will do just about anything to be taken care of by others	1.90 (0.39)*	2.92 (0.33)*	2.96 (0.40)*	1.93 (0.10)*
6 Fear of inability to care for him/herself	3.21 (0.55)	2.27 (0.13)*	2.83 (0.32)	1.72 (0.08)*
7 Is likely to jump into another relationship when one dissolves	0.64 (0.13)	3.68 (0.66)*	0.87 (0.13)	2.56 (0.32)
8 Scared to be left to care for her/himself	1.86 (0.20)*	1.79 (0.12)*	2.36 (0.20)*	1.16 (0.06)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 20 *Item Parameters (and Standard Errors) for Self- and Informant-Reported Obsessive-Compulsive Personality Disorder Features*

Criterion	Selves		Informants	
	<i>a</i> (SE)	<i>b</i> (SE)	<i>a</i> (SE)	<i>b</i> (SE)
1 Focused on details, rules, lists & plans at the cost of efficiency	1.19 (0.11)*	0.86 (0.08)*	0.93 (0.09)*	0.50 (0.09)*
2 Perfectionistic at the cost of productivity	1.27 (0.11)	1.34 (0.11)	1.37 (0.11)	1.21 (0.09)
3 Devoted to work at the cost of leisure	0.72 (0.10)*	2.42 (0.32)*	1.23 (0.13)*	1.40 (0.11)*
4 Overly scrupulous	0.89 (0.09)*	-0.02 (0.08)*	0.44 (0.08)*	-2.05 (0.39)*
5 Unable to discard objects even without sentimental value	0.77 (0.09)	1.24 (0.15)*	0.64 (0.08)	0.69 (0.13)*
6 Does all him/herself so it'll be done right	1.36 (0.11)	0.92 (0.08)*	1.60 (0.13)*	0.81 (0.06)
7 Miserly	0.99 (0.09)*	0.31 (0.08)	0.56 (0.08)*	0.24 (0.13)
8 Rigid and stubborn	1.22 (0.09)*	0.87 (0.08)*	0.86 (0.08)*	0.44 (0.09)*

Note. *a* = discrimination; *b* = difficulty.

**p* < .05. Items are abbreviated for copyright reasons.

Table 21 *Unique and Shared Variances of Self and Informant Reported PD Scales Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD					N	df	F	Sig.
	Demo- graphics	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Schizoid PD									
NEO-PI-R (informant)	.071	.001	.055*	.005	.132	1317	13	15.248	.000
NEO-PI-R (self)	.062	.065*	.000	.004	.131	1317	13	15.103	.000
BDI-II (self)	.078	.079*	.000	.006	.163	1278	13	19.003	.000
Schizotypal PD									
NEO-PI-R (informant)	.068	.008*	.157*	.02	.253	1303	13	33.515	.000
NEO-PI-R (self)	.065	.122*	.009*	.017	.213	1303	13	26.855	.000
BDI-II (self)	.086	.111*	.008*	.015	.220	1269	13	27.288	.000
Paranoid PD									
NEO-PI-R (informant)	.063	.007**	.134*	.027	.231	1322	13	30.302	.000
NEO-PI-R (self)	.063	.129*	.004**	.025	.221	1322	13	28.466	.000
BDI-II (self)	.084	.117*	.004***	.021	.226	1286	13	28.535	.000
Antisocial PD									
NEO-PI-R (informant)	.067	.000	.080*	.007	.154	1345	13	18.614	.000
NEO-PI-R (self)	.066	.047*	.001	.007	.121	1345	13	14.124	.000
BDI-II (self)	.083	.048*	.003***	.008	.142	1304	13	16.468	.000
Narcissistic PD									
NEO-PI-R (informant)	.066	.000	.065*	.001	.132	1330	13	15.339	.000
NEO-PI-R (self)	.061	.025*	.000	.001	.087	1330	13	9.646	.000
BDI-II (self)	.082	.034*	.000	.001	.117	1296	13	13.101	.000
Histrionic PD									
NEO-PI-R (informant)	.067	.001	.110*	.013	.191	1342	13	24.078	.000
NEO-PI-R (self)	.064	.074*	.002	.009	.149	1342	13	17.912	.000
BDI-II (self)	.081	.073*	.004***	.013	.171	1302	13	20.376	.000
Borderline PD									
NEO-PI-R (informant)	.062	.010*	.275*	.049	.396	1341	13	67.031	.000
NEO-PI-R (self)	.059	.216*	.015*	.048	.338	1341	13	52.152	.000
BDI-II (self)	.081	.194*	.012*	.042	.329	1305	13	48.598	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD								
	Demo- graphics	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total	N	df	F	Sig.
Avoidant PD									
NEO-PI-R (informant)	.063	.005**	.247*	.037	.352	1362	13	56.282	.000
NEO-PI-R (self)	.060	.223*	.015*	.049	.347	1362	13	55.053	.000
BDI-II (self)	.080	.121*	.005**	.022	.228	1323	13	29.818	.000
Dependent PD									
NEO-PI-R (informant)	.064	.012*	.177*	.034	.287	1336	13	40.873	.000
NEO-PI-R (self)	.062	.176*	.005**	.025	.268	1336	13	37.137	.000
BDI-II (self)	.073	.139*	.005**	.021	.238	1297	13	30.765	.000
Obsessive-Compulsive PD									
NEO-PI-R (informant)	.062	.002	.037*	.005	.106	1338	13	12.094	.000
NEO-PI-R (self)	.061	.059*	.000	.004	.124	1338	13	14.374	.000
BDI-II (self)	.075	.066*	.001	.006	.148	1299	13	17.160	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 21 Continued

Table 22 *Unique and Shared Variances of Self and Informant Reported PD Scale Totals Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD								
	Demo- graphics	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total	N	df	F	Sig.
Combined PD scales									
NEO-PI-R (informant)	.067	.012*	.224*	.026	.329	996	13	37.062	.000
NEO-PI-R (self)	.059	.215*	.008**	.022	.304	996	13	33.016	.000
BDI-II (self)	.074	.189*	.008**	.02	.291	974	13	30.305	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 23 *Unique and Shared Variances of Self and Informant Reported PD Scales Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					N	df	F	Sig.
	Demographics	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Schizoid PD									
NEO-PI-R (informant)	.071	.001	.009***	0.001	.082	1317	13	8.483	.000
NEO-PI-R (self)	.062	.010***	.000	0.000	.072	1317	13	7.778	.000
BDI-II (self)	.078	.030***	.000	0.002	.110	1278	13	12.007	.000
Schizotypal PD									
NEO-PI-R (informant)	.068	.005**	.007**	0.000	.080	1303	13	8.607	.000
NEO-PI-R (self)	.065	.015***	.001	0.000	.081	1303	13	8.778	.000
BDI-II (self)	.086	.020***	.000	-0.001	.105	1269	13	11.373	.000
Paranoid PD									
NEO-PI-R (informant)	.063	.001	.021***	0.001	.086	1322	13	9.416	.000
NEO-PI-R (self)	.063	.018***	.001	0.001	.083	1322	13	9.050	.000
BDI-II (self)	.084	.021***	.003*	0.000	.108	1286	13	11.862	.000
Antisocial PD									
NEO-PI-R (informant)	.067	.010***	.019***	0.002	.098	1345	13	11.180	.000
NEO-PI-R (self)	.066	.007***	.001	0.000	.074	1345	13	8.212	.000
BDI-II (self)	.083	.007***	.002	0.002	.094	1304	13	10.273	.000
Narcissistic PD									
NEO-PI-R (informant)	.066	.000	.003*	0.001	.070	133	13	7.616	.000
NEO-PI-R (self)	.061	.000	.000	0.001	.062	1330	13	6.632	.000
BDI-II (self)	.082	.002	.000	0.000	.084	1296	13	9.048	.000
Histrionic PD									
NEO-PI-R (informant)	.067	.001	.004**	0.000	.072	1329	13	7.872	.000
NEO-PI-R (self)	.064	.002	.000	0.000	.066	1342	13	7.212	.000
BDI-II (self)	.081	.001	.001	0.000	.083	1302	13	8.961	.000
Borderline PD									
NEO-PI-R (informant)	.062	.003*	.036***	0.002	.103	1341	13	11.702	.000
NEO-PI-R (self)	.059	.013***	.007***	0.003	.082	1341	13	9.060	.000
BDI-II (self)	.081	.015***	.021***	0.004	.121	1305	13	13.729	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD				Total	N	df	F	Sig.
	Demographics	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Avoidant PD									
NEO-PI-R (informant)	.063	.009***	.028***	0.001	.101	1362	13	11.621	.000
NEO-PI-R (self)	.060	.074**	.005**	0.001	.140	1349	13	16.828	.000
BDI-II (self)	.080	.058***	.006**	0.001	.145	1323	13	17.036	.000
Dependent PD									
NEO-PI-R (informant)	.064	.001	.011***	-0.001	.075	1336	13	8.272	.000
NEO-PI-R (self)	.062	.004*	.000	-0.001	.065	1336	13	7.113	.000
BDI-II (self)	.073	.028***	.001	0.000	.102	1284	13	11.159	.000
Obsessive-Compulsive PD									
NEO-PI-R (informant)	.062	.001	.014***	0.001	.078	1338	13	8.584	.000
NEO-PI-R (self)	.061	.015***	.001	0.001	.078	1338	13	8.564	.000
BDI-II (self)	.075	.028***	.004	0.002	.109	1299	13	12.043	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 23 Continued

Table 24 *Unique and Shared Variances of Self and Informant Reported PD Scale Totals Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD				Total	N	df	F	Sig.
	Demographics	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Combined PD scales									
NEO-PI-R (informant)	.067	.006**	.059***	0.003	.135	997	13	11.787	.000
NEO-PI-R (self)	.059	.071***	.002	0.002	.134	997	13	11.680	.000
BDI-II (self)	.074	.099***	.006**	0.003	.182	975	13	16.398	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 25 Unique and Shared Variances of Self and Informant Reported Schizoid PD Items Predicting Self- and Informant-reported Depression (Continuous)

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Schizoid PD										
Lack of importance given to family										
NEO-PI-R (informant)	.071	.132	.000	.004**	.001	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.136	.000	.000	0	.198	1317	25	12.739	.000
BDI-II (self)	.078	.131	.001	.000	-.001	.209	1278	25	13.270	.000
Preference for solitary activities										
NEO-PI-R (informant)	.071	.136	.000	.000	.001	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.121	.016*	.001	-.002	.198	1317	25	12.739	.000
BDI-II (self)	.078	.126	.005**	.000	0	.209	1278	25	13.270	.000
Little interest in sexual experiences										
NEO-PI-R (informant)	.071	.135	.001	.002	-.001	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.135	.002	.000	-.001	.198	1317	25	12.739	.000
BDI-II (self)	.078	.127	.005**	.000	-.001	.209	1278	25	13.270	.000
Few pleasurable activities										
NEO-PI-R (informant)	.071	.064	.010*	.055*	.008	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.072	.048*	.011*	.005	.198	1317	25	12.739	.000
BDI-II (self)	.078	.072	.053*	.003***	.003	.209	1278	25	13.270	.000
No interest in close relationships										
NEO-PI-R (informant)	.071	.136	.000	.000	0.001	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.134	.000	.002	0	.198	1317	25	12.739	.000
BDI-II (self)	.078	.131	.000	.001	-0.001	.209	1278	25	13.270	.000
Indifference to criticism/praise										
NEO-PI-R (informant)	.071	.132	.000	.004**	0.001	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.136	.000	.000	0	.198	1317	25	12.739	.000
BDI-II (self)	.078	.129	.002	.000	0	.209	1278	25	13.270	.000
Struggles to show feelings										
NEO-PI-R (informant)	.071	.132	.001	.004***	0	.208	1317	25	13.523	.000
NEO-PI-R (self)	.062	.123	.012*	.002	-0.001	.198	1317	25	12.739	.000
BDI-II (self)	.078	.123	.008*	.001	-0.001	.209	1278	25	13.270	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 26 *Unique and Shared Variances of Self and Informant Reported Schizotypal PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD						N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Schizotypal PD										
Ideas of reference										
NEO-PI-R (informant)	.068	.210	.002	.018***	0.001	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.167	.017***	.001	0.001	.251	1303	29	14.707	.274
BDI-II (self)	.086	.166	.002	.001	0	.255	1269	29	14.611	.000
Superstition										
NEO-PI-R (informant)	.068	.227	.000	.004**	0	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.183	.002	.001	0	.251	1303	29	14.707	.000
BDI-II (self)	.086	.159	.003**	.007***	0	.255	1269	29	14.611	.000
Unusual perceptual experiences										
NEO-PI-R (informant)	.068	.225	.001	.006***	-0.001	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.182	.004*	.000	0	.251	1303	29	14.707	.000
BDI-II (self)	.086	.163	.006**	.000	0	.255	1269	29	14.611	.000
Odd thinking and speech										
NEO-PI-R (informant)	.068	.229	.002	.001	-0.001	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.185	.001	.000	0	.251	1303	29	14.707	.000
BDI-II (self)	.086	.169	.000	.000	0	.255	1269	29	14.611	.000
Suspiciousness										
NEO-PI-R (informant)	.068	.227	.001	.004**	-0.001	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.181	.004	.001	0	.251	1303	29	14.707	.000
BDI-II (self)	.086	.150	.017***	.001	0.001	.255	1269	29	14.611	.000
Inappropriate affect										
NEO-PI-R (informant)	.068	.226	.002*	.003*	0	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.180	.003*	.002	0.001	.251	1303	29	14.707	.000
BDI-II (self)	.086	.161	.003*	.005**	0	.255	1269	29	14.611	.000
Odd appearance										
NEO-PI-R (informant)	.068	.231	.000	.000	0	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.181	.004**	.000	0.001	.251	1303	29	14.707	.000
BDI-II (self)	.086	.168	.001	.001	-0.001	.255	1269	29	14.611	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Lack of close friends										
NEO-PI-R (informant)	.068	.210	.004**	.013***	0.004	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.170	.014***	.000	0.002	.251	1303	29	14.707	.000
BDI-II (self)	.086	.155	.008***	.003**	0.003	.255	1269	29	14.611	.000
Social anxiety										
NEO-PI-R (informant)	.068	.217	.001	.012***	0.001	.299	1303	29	18.734	.000
NEO-PI-R (self)	.065	.171	.009***	.004**	0.002	.251	1303	29	14.707	.000
BDI-II (self)	.086	.163	.004**	.002	0	.255	1269	29	14.611	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 26 Continued

Table 27 *Unique and Shared Variances of Self and Informant Reported Paranoid PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Paranoid PD										
Suspiciousness										
NEO-PI-R (informant)	.066	.202	.000	.000	0	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.192	.000	.000	0	.261	1279	26	17.000	.000
BDI-II (self)	.085	.166	.001	.000	0.001	.253	1247	26	15.880	.000
Preoccupied with loyalty of friends										
NEO-PI-R (informant)	.066	.182	.002	.016***	0.002	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.161	.030***	.000	0.001	.261	1279	26	17.000	.000
BDI-II (self)	.085	.156	.011***	.001	0	.253	1247	26	15.880	.000
Reluctance to confide in others										
NEO-PI-R (informant)	.066	.203	.000	.000	-0.001	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.192	.000	.000	0	.261	1279	26	17.000	.000
BDI-II (self)	.085	.166	.001	.000	0.001	.253	1247	26	15.880	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Views benign remarks as hostile										
NEO-PI-R (informant)	.066	.197	.001	.006**	-0.002	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.191	.001	.000	0	.261	1279	26	17.000	.000
BDI-II (self)	.085	.167	.000	.001	0	.253	1247	26	15.880	.000
Bears grudges										
NEO-PI-R (informant)	.066	.198	.000	.004**	0	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.182	.009***	.000	0.001	.261	1279	26	17.000	.000
BDI-II (self)	.085	.152	.015***	.000	0.001	.253	1247	26	15.880	.000
Quick to anger when criticized										
NEO-PI-R (informant)	.066	.185	.006***	.009***	0.002	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.162	.028***	.000	0.002	.261	1279	26	17.000	.000
BDI-II (self)	.085	.150	.016***	.000	0.002	.253	1247	26	15.880	.000
Suspicious of infidelity										
NEO-PI-R (informant)	.066	.191	.000	.012***	-0.001	.268	1279	26	17.647	.000
NEO-PI-R (self)	.069	.190	.002	.000	0	.261	1279	26	17.000	.000
BDI-II (self)	.085	.155	.008***	.002*	0.003	.253	1247	26	15.880	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 27 Continued

Table 28 *Unique and Shared Variances of Self and Informant Reported Antisocial PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Antisocial PD										
Fails to conform to social norms										
NEO-PI-R (informant)	.067	.163	.000	.002	0	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.117	.000	.000	0	.183	1345	25	11.839	.000
BDI-II (self)	.083	.144	.003*	.001	0.002	.233	1304	25	15.510	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Deceitfulness										
NEO-PI-R (informant)	.067	.158	.000	.006***	0.001	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.115	.001	.001	0	.183	1345	25	11.839	.000
BDI-II (self)	.083	.148	.001	.000	0.001	.233	1304	25	15.510	.000
Impulsivity										
NEO-PI-R (informant)	.067	.164	.001	.000	0	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.117	.000	.000	0	.183	1345	25	11.839	.000
BDI-II (self)	.083	.149	.000	.000	0.001	.233	1304	25	15.510	.000
Irritability										
NEO-PI-R (informant)	.067	.117	.003*	.041***	0.004	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.081	.032***	.001	0.003	.183	1345	25	11.839	.000
BDI-II (self)	.083	.096	.046***	.003*	0.005	.233	1304	25	15.510	.000
Disregard for safety										
NEO-PI-R (informant)	.067	.162	.000	.002*	0.001	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.116	.001	.000	0	.183	1345	25	11.839	.000
BDI-II (self)	.083	.147	.000	.002	0.001	.233	1304	25	15.510	.000
Consistent irresponsibility										
NEO-PI-R (informant)	.067	.128	.005**	.026***	0.006	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.079	.028***	.004*	0.006	.183	1345	25	11.839	.000
BDI-II (self)	.083	.098	.038***	.005**	0.009	.233	1304	25	15.510	.000
Lack of remorse										
NEO-PI-R (informant)	.067	.164	.001	.000	0	.232	1345	25	15.916	.000
NEO-PI-R (self)	.066	.115	.001	.001	0	.183	1345	25	11.839	.000
BDI-II (self)	.083	.147	.002*	.000	0.001	.233	1304	25	15.510	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 28 Continued

Table 29 Unique and Shared Variances of Self and Informant Reported Narcissistic PD Items Predicting Self- and Informant-reported Depression (Continuous)

	Reported PD									
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total	N	df	F	Sig.
Narcissistic PD										
Grandiosity										
NEO-PI-R (informant)	.066	.185	.005**	.005**	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.146	.005**	.001	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.112	.001	.002	-0.001	.196	1296	31	9.956	.000
Fantasies of success										
NEO-PI-R (informant)	.066	.192	.000	.003*	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.144	.007***	.001	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.111	.002	.002	-0.001	.196	1296	31	9.956	.000
Believes is special										
NEO-PI-R (informant)	.066	.193	.001	.001	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.145	.005**	.001	0.001	.213	1330	31	11.329	.000
BDI-II (self)	.082	.101	.013***	.000	0	.196	1296	31	9.956	.000
Requires admiration										
NEO-PI-R (informant)	.066	.192	.000	.003*	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.151	.001	.000	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.114	.000	.000	0	.196	1296	31	9.956	.000
Entitlement										
NEO-PI-R (informant)	.066	.193	.000	.002*	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.152	.000	.000	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.113	.001	.000	0	.196	1296	31	9.956	.000
Interpersonally exploitative										
NEO-PI-R (informant)	.066	.193	.002	.000	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.152	.000	.000	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.114	.000	.000	0	.196	1296	31	9.956	.000
Lacks empathy										
NEO-PI-R (informant)	.066	.195	.001	.000	0	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.151	.000	.001	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.114	.000	.000	0	.196	1296	31	9.956	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Believes others are jealous										
NEO-PI-R (informant)	.066	.189	.004**	.001	0.002	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.148	.001	.002	0.001	.213	1330	31	11.329	.000
BDI-II (self)	.082	.111	.004*	.000	-0.001	.196	1296	31	9.956	.000
Is jealous of others										
NEO-PI-R (informant)	.066	.086	.012***	.088***	0.01	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.048	.066***	.025***	0.013	.213	1330	31	11.329	.000
BDI-II (self)	.082	.051	.043***	.013***	0.007	.196	1296	31	9.956	.000
Arrogance										
NEO-PI-R (informant)	.066	.194	.001	.000	0.001	.262	1330	31	14.852	.000
NEO-PI-R (self)	.061	.151	.001	.000	0	.213	1330	31	11.329	.000
BDI-II (self)	.082	.113	.001	.001	-0.001	.196	1296	31	9.956	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 29 Continued

Table 30 *Unique and Shared Variances of Self and Informant Reported Histrionic PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Histrionic PD										
Needs to be center of attention										
NEO-PI-R (informant)	.067	.223	.002	.000	-0.001	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.169	.001	.002	-0.002	.234	1342	27	14.907	.000
BDI-II (self)	.081	.156	.000	.000	0	.237	1302	27	14.692	.000
Sexually seductive										
NEO-PI-R (informant)	.067	.218	.000	.006***	0	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.169	.001	.001	-0.001	.234	1342	27	14.907	.000
BDI-II (self)	.081	.150	.000	.005**	0.001	.237	1302	27	14.692	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Shallow emotions										
NEO-PI-R (informant)	.067	.220	.001	.003*	0	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.161	.010***	.000	-0.001	.234	1342	27	14.907	.000
BDI-II (self)	.081	.145	.009***	.001	0.001	.237	1302	27	14.692	.000
Uses appearance to draw attention										
NEO-PI-R (informant)	.067	.221	.002	.001	0	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.168	.001	.001	0	.234	1342	27	14.907	.000
BDI-II (self)	.081	.153	.002*	.000	0.001	.237	1302	27	14.692	.000
Impressionistic speech										
NEO-PI-R (informant)	.067	.212	.001	.012***	-0.001	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.169	.001	.001	-0.001	.234	1342	27	14.907	.000
BDI-II (self)	.081	.152	.004*	.000	0	.237	1302	27	14.692	.000
Exaggerated expression of emotions										
NEO-PI-R (informant)	.067	.209	.000	.015***	0	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.163	.000	.008***	-0.001	.234	1342	27	14.907	.000
BDI-II (self)	.081	.146	.004**	.005**	0.001	.237	1302	27	14.692	.000
Suggestible										
NEO-PI-R (informant)	.067	.173	.001	.048***	0.002	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.135	.032***	.002	0.001	.234	1342	27	14.907	.000
BDI-II (self)	.081	.140	.013***	.001	0.002	.237	1302	27	14.692	.000
Overestimates closeness of relationships										
NEO-PI-R (informant)	.067	.192	.006***	.020***	0.006	.291	1342	27	19.978	.000
NEO-PI-R (self)	.064	.119	.046***	.001	0.004	.234	1342	27	14.907	.000
BDI-II (self)	.081	.115	.037***	.000	0.004	.237	1302	27	14.692	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 30 Continued

Table 31 *Unique and Shared Variances of Self and Informant Reported Borderline PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD						N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Borderline PD										
Avoids real or imagined abandonment										
NEO-PI-R (informant)	.062	.464	.001	.003**	0	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.410	.000	.000	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.346	.004**	.000	0	.431	1305	29	33.325	.000
Unstable relationships										
NEO-PI-R (informant)	.062	.468	.000	.000	0	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.408	.002*	.000	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.349	.001	.001	-0.001	.431	1305	29	33.325	.000
Identity disturbance										
NEO-PI-R (informant)	.062	.467	.000	.001	0	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.408	.000	.002*	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.349	.000	.001	0	.431	1305	29	33.325	.000
Impulsivity										
NEO-PI-R (informant)	.062	.465	.001	.002*	0	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.409	.001	.000	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.351	.000	.000	-0.001	.431	1305	29	33.325	.000
Suicidality										
NEO-PI-R (informant)	.062	.464	.001	.004***	-0.001	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.406	.000	.004**	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.350	.000	.000	0	.431	1305	29	33.325	.000
Affective instability										
NEO-PI-R (informant)	.062	.387	.004***	.072***	0.005	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.338	.062***	.005***	0.005	.469	1341	29	39.970	.000
BDI-II (self)	.081	.302	.043***	.002*	0.003	.431	1305	29	33.325	.000
Feelings of emptiness										
NEO-PI-R (informant)	.062	.403	.001	.063***	0.001	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.344	.053***	.008***	0.005	.469	1341	29	39.970	.000
BDI-II (self)	.081	.282	.059***	.005***	0.004	.431	1305	29	33.325	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD									
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total	N	df	F	Sig.
Intense anger										
NEO-PI-R (informant)	.062	.467	.001	.001	-0.001	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.408	.001	.001	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.348	.003*	.000	-0.001	.431	1305	29	33.325	.000
Paranoia/dissociative symptoms										
NEO-PI-R (informant)	.062	.465	.000	.004**	-0.001	.530	1341	29	50.927	.000
NEO-PI-R (self)	.059	.406	.004**	.000	0	.469	1341	29	39.970	.000
BDI-II (self)	.081	.345	.005***	.000	0	.431	1305	29	33.325	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 31 Continued

Table 32 *Unique and Shared Variances of Self and Informant Reported Avoidant PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD									
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total	N	df	F	Sig.
Avoidant PD										
Avoids group activities										
NEO-PI-R (informant)	.063	.337	.000	.007***	0	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.310	.003*	.002*	0	.375	1362	25	32.111	.000
BDI-II (self)	.080	.155	.010***	.000	0	.245	1323	25	16.846	.000
Isolates unless certain s/he is liked										
NEO-PI-R (informant)	.063	.342	.001	.001	0	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.315	.000	.000	0	.375	1362	25	32.111	.000
BDI-II (self)	.080	.165	.000	.000	0	.245	1323	25	16.846	.000
Restraint within relationships										
NEO-PI-R (informant)	.063	.344	.000	.000	0	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.312	.003*	.000	0	.375	1362	25	32.111	.000
BDI-II (self)	.080	.163	.002*	.000	0	.245	1323	25	16.846	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Worries about being criticized										
NEO-PI-R (informant)	.063	.290	.002*	.051***	0.001	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.284	.028***	.002	0.001	.375	1362	25	32.111	.000
BDI-II (self)	.080	.155	.007***	.002*	0.001	.245	1323	25	16.846	.000
Feelings of inadequacy										
NEO-PI-R (informant)	.063	.340	.002*	.002*	0	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.292	.021***	.001	0.001	.375	1362	25	32.111	.000
BDI-II (self)	.080	.160	.004**	.001	0	.245	1323	25	16.846	.000
Views self as socially inept										
NEO-PI-R (informant)	.063	.307	.001	.035***	0.001	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.302	.008***	.004**	0.001	.375	1362	25	32.111	.000
BDI-II (self)	.080	.149	.009***	.005**	0.002	.245	1323	25	16.846	.000
Reluctant to take personal risks										
NEO-PI-R (informant)	.063	.343	.000	.001	0	.407	1362	25	36.654	.000
NEO-PI-R (self)	.060	.313	.001	.002	-0.001	.375	1362	25	32.111	.000
BDI-II (self)	.080	.165	.000	.000	0	.245	1323	25	16.846	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 32 Continued

Table 33 *Unique and Shared Variances of Self and Informant Reported Dependent PD Items Predicting Self- and Informant-reported Depression (Continuous)*

Dependent PD	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Indecisiveness										
NEO-PI-R (informant)	.064	.250	.000	.003*	0	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.235	.005**	.000	-0.001	.301	1336	27	20.856	.000
BDI-II (self)	.073	.179	.007***	.000	0	.259	1297	27	16.448	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo- graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Dependent on others										
NEO-PI-R (informant)	.064	.248	.000	.005**	0	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.239	.000	.000	0	.301	1336	27	20.856	.000
BDI-II (self)	.073	.183	.000	.002*	0.001	.259	1297	27	16.448	.000
Reluctant to express disagreement										
NEO-PI-R (informant)	.064	.238	.001	.013***	0.001	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.200	.032***	.004**	0.003	.301	1336	27	20.856	.000
BDI-II (self)	.073	.160	.022***	.001	0.003	.259	1297	27	16.448	.000
Does not initiate projects										
NEO-PI-R (informant)	.064	.239	.010***	.003**	0.001	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.224	.015***	.000	0	.301	1336	27	20.856	.000
BDI-II (self)	.073	.176	.010***	.000	0	.259	1297	27	16.448	.000
Requires nurturance from others										
NEO-PI-R (informant)	.064	.251	.001	.000	0.001	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.239	.000	.000	0	.301	1336	27	20.856	.000
BDI-II (self)	.073	.184	.000	.002	0	.259	1297	27	16.448	.000
Helplessness										
NEO-PI-R (informant)	.064	.249	.001	.003*	0	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.238	.001	.000	0	.301	1336	27	20.856	.000
BDI-II (self)	.073	.184	.000	.002	0	.259	1297	27	16.448	.000
Must always be in a relationship										
NEO-PI-R (informant)	.064	.252	.000	.001	0	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.239	.000	.000	0	.301	1336	27	20.856	.000
BDI-II (self)	.073	.182	.004**	.000	0	.259	1297	27	16.448	.000
Fears having to care for self										
NEO-PI-R (informant)	.064	.224	.001	.027***	0.001	.317	1336	27	22.464	.000
NEO-PI-R (self)	.062	.222	.014***	.003*	0	.301	1336	27	20.856	.000
BDI-II (self)	.073	.175	.009***	.001	0.001	.259	1297	27	16.448	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 33 Continued

Table 34 *Unique and Shared Variances of Self and Informant Reported Obsessive-Compulsive PD Items Predicting Self- and Informant-reported Depression (Continuous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Obsessive-Compulsive PD										
Excessive fixation with structure										
NEO-PI-R (informant)	.062	.147	.002	.000*	0.001	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.116	.000	.005**	-0.001	.181	1338	27	10.720	.000
BDI-II (self)	.075	.110	.002	.001	0	.188	1299	27	10.875	.000
Perfectionism										
NEO-PI-R (informant)	.062	.130	.002	.016***	0.002	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.092	.025***	.001	0.002	.181	1338	27	10.720	.000
BDI-II (self)	.075	.098	.015***	.000	0	.188	1299	27	10.875	.000
Devotion to work over leisure										
NEO-PI-R (informant)	.062	.149	.000	.001	0	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.120	.000	.000	0	.181	1338	27	10.720	.000
BDI-II (self)	.075	.111	.000	.002*	0	.188	1299	27	10.875	.000
Overconscientiousness										
NEO-PI-R (informant)	.062	.143	.000	.006***	0.001	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.120	.000	.000	0	.181	1338	27	10.720	.000
BDI-II (self)	.075	.113	.000	.000	0	.188	1299	27	10.875	.000
Hoarding behaviors										
NEO-PI-R (informant)	.062	.141	.000	.006***	0.003	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.114	.005**	.000	0.001	.181	1338	27	10.720	.000
BDI-II (self)	.075	.104	.006**	.001	0.002	.188	1299	27	10.875	.000
Reluctance to delegate										
NEO-PI-R (informant)	.062	.150	.000	.000	0	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.112	.007***	.002	-0.001	.181	1338	27	10.720	.000
BDI-II (self)	.075	.103	.010***	.001	-0.001	.188	1299	27	10.875	.000
Miserly										
NEO-PI-R (informant)	.062	.148	.000	.002	0	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.118	.001	.002	-0.001	.181	1338	27	10.720	.000
BDI-II (self)	.075	.111	.002	.000	0	.188	1299	27	10.875	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Rigidity										
NEO-PI-R (informant)	.062	.085	.003*	.058***	0.004	.212	1338	27	13.043	.000
NEO-PI-R (self)	.061	.095	.020***	.003*	0.002	.181	1338	27	10.720	.000
BDI-II (self)	.075	.095	.015	.002	0.001	.188	1299	27	10.875	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 34 Continued

Table 35 *Unique and Shared Variances of Self and Informant Reported Schizoid PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Schizoid PD										
Family holds low importance										
NEO-PI-R (informant)	.071	.052	.000	.003*	0.000	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.066	.000	.000	0.000	.128	1317	25	7.585	.000
BDI-II (self)	.078	.078	.001	.000	0.000	.157	1278	25	9.321	.000
Preference for solitary activities										
NEO-PI-R (informant)	.071	.048	.003*	.002	0.002	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.047	.018***	.000	0.001	.128	1317	25	7.585	.000
BDI-II (self)	.078	.071	.006**	.000	0.002	.157	1278	25	9.321	.000
Little interest in sexual acts										
NEO-PI-R (informant)	.071	.052	.000	.003*	0.000	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.063	.004*	.000	-0.001	.128	1317	25	7.585	.000
BDI-II (self)	.078	.072	.006**	.001	0.000	.157	1278	25	9.321	.000
Few pleasurable activities										
NEO-PI-R (informant)	.071	.047	.001	.007***	0.000	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.064	.003*	.000	-0.001	.128	1317	25	7.585	.000
BDI-II (self)	.078	.032	.017***	.000	0.030	.157	1278	25	9.321	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
No interest in close relationships										
NEO-PI-R (informant)	.071	.052	.000	.003*	0.000	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.064	.002	.000	0.000	.128	1317	25	7.585	.000
BDI-II (self)	.078	.069	.006**	.004*	0.000	.157	1278	25	9.321	.000
Apathy when criticized/praised										
NEO-PI-R (informant)	.071	.051	.001	.004**	-0.001	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.066	.000	.001	-0.001	.128	1317	25	7.585	.000
BDI-II (self)	.078	.076	.002	.000	0.001	.157	1278	25	9.321	.000
Struggles to show feelings										
NEO-PI-R (informant)	.071	.051	.001	.003*	0.000	.126	1317	25	7.452	.000
NEO-PI-R (self)	.062	.048	.018***	.002	-0.002	.128	1317	25	7.585	.000
BDI-II (self)	.078	.070	.008***	.002	-0.001	.157	1278	25	9.321	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 35 Continued

Table 36 *Unique and Shared Variances of Self and Informant Reported Schizotypal PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Schizotypal PD										
Ideas of reference										
NEO-PI-R (informant)	.068	.101	.000	.004*	0.000	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.084	.000	.000	0.001	.150	1303	29	7.742	.000
BDI-II (self)	.086	.117	.001	.000	-0.001	.203	1269	29	10.885	.000
Superstition										
NEO-PI-R (informant)	.068	.102	.000	.004*	-0.001	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.084	.001	.000	0.000	.150	1303	29	7.742	.000
BDI-II (self)	.086	.110	.006**	.001	0.000	.203	1269	29	10.885	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo- graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Unusual perceptual experiences										
NEO-PI-R (informant)	.068	.095	.000	.010***	0.000	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.079	.006**	.000	0.000	.150	1303	29	7.742	.000
BDI-II (self)	.086	.112	.006**	.000	-0.001	.203	1269	29	10.885	.000
Odd thinking and speech										
NEO-PI-R (informant)	.068	.105	.000	.000	0.000	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.084	.000	.001	0.000	.150	1303	29	7.742	.000
BDI-II (self)	.086	.117	.000	.001	-0.001	.203	1269	29	10.885	.000
Suspiciousness										
NEO-PI-R (informant)	.068	.095	.001	.010***	-0.001	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.077	.004**	.002	0.002	.150	1303	29	7.742	.000
BDI-II (self)	.086	.098	.016***	.003*	0.000	.203	1269	29	10.885	.000
Inappropriate affect										
NEO-PI-R (informant)	.068	.104	.000	.001	0.000	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.082	.002	.000	0.001	.150	1303	29	7.742	.000
BDI-II (self)	.086	.111	.005**	.001	0.000	.203	1269	29	10.885	.000
Odd appearance										
NEO-PI-R (informant)	.068	.101	.004**	.000	0.000	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.076	.008***	.000	0.001	.150	1303	29	7.742	.000
BDI-II (self)	.086	.113	.003*	.001	0.000	.203	1269	29	10.885	.000
Lack of close friends										
NEO-PI-R (informant)	.068	.079	.004**	.019***	0.003	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.071	.010***	.002	0.002	.150	1303	29	7.742	.000
BDI-II (self)	.086	.105	.005**	.006**	0.001	.203	1269	29	10.885	.000
Social anxiety										
NEO-PI-R (informant)	.068	.105	.000	.000	0.000	.173	1303	29	9.193	.000
NEO-PI-R (self)	.065	.080	.003*	.001	0.001	.150	1303	29	7.742	.000
BDI-II (self)	.086	.112	.005**	.000	0.000	.203	1269	29	10.885	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 36 Continued

Table 37 Unique and Shared Variances of Self and Informant Reported Paranoid PD Items Predicting Self- and Informant-reported Depression (Dichotomous)

Paranoid PD	Reported PD						Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)						
Suspiciousness											
NEO-PI-R (informant)	.063	.126	.000	.000	0.000	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.113	.000	.000	0.001	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.137	.001	.000	-0.001	.221	1286	25	14.328	.000	
Worried about loyalty of friends											
NEO-PI-R (informant)	.063	.117	.002	.008***	-0.001	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.101	.012***	.000	0.001	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.123	.012***	.002	0.000	.221	1286	25	14.328	.000	
Reluctance to confide in others											
NEO-PI-R (informant)	.063	.126	.000	.000	0.000	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.111	.002	.000	0.001	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.135	.003*	.000	-0.001	.221	1286	25	14.328	.000	
Views benign remarks as hostile											
NEO-PI-R (informant)	.063	.118	.000	.008***	0.000	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.109	.005**	.000	0.000	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.135	.002	.000	0.000	.221	1286	25	14.328	.000	
Bears grudges											
NEO-PI-R (informant)	.063	.115	.000	.011***	0.000	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.102	.007***	.004*	0.001	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.129	.006***	.002	0.000	.221	1286	25	14.328	.000	
Quick to anger when criticized											
NEO-PI-R (informant)	.063	.113	.002	.010***	0.001	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.098	.015***	.000	0.001	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.113	.023***	.000	0.001	.221	1286	25	14.328	.000	
Suspicious of infidelity											
NEO-PI-R (informant)	.063	.123	.000	.003*	0.000	.189	1322	25	12.113	.000	
NEO-PI-R (self)	.063	.108	.006**	.000	0.000	.177	1322	25	11.159	.000	
BDI-II (self)	.084	.124	.009***	.003*	0.001	.221	1286	25	14.328	.000	

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 38 *Unique and Shared Variances of Self and Informant Reported Antisocial PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD						N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Antisocial PD										
Fails to conform to social norms										
NEO-PI-R (informant)	.067	.089	.000	.002	-0.001	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.043	.000	.000	0.000	.109	1345	25	6.467	.000
BDI-II (self)	.083	.066	.001	.003*	0.001	.154	1304	25	9.276	.000
Deceitfulness										
NEO-PI-R (informant)	.067	.086	.000	.004**	0.000	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.043	.000	.001	-0.001	.109	1345	25	6.467	.000
BDI-II (self)	.083	.070	.000	.000	0.001	.154	1304	25	9.276	.000
Impulsivity										
NEO-PI-R (informant)	.067	.090	.000	.000	0.000	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.043	.000	.000	0.000	.109	1345	25	6.467	.000
BDI-II (self)	.083	.070	.000	.000	0.001	.154	1304	25	9.276	.000
Irritability										
NEO-PI-R (informant)	.067	.067	.000	.023***	0.000	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.039	.002	.002	0.000	.109	1345	25	6.467	.000
BDI-II (self)	.083	.061	.006**	.003*	0.001	.154	1304	25	9.276	.000
Disregard for safety										
NEO-PI-R (informant)	.067	.088	.002	.001	-0.001	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.042	.001	.000	0.000	.109	1345	25	6.467	.000
BDI-II (self)	.083	.068	.002	.000	0.001	.154	1304	25	9.276	.000
Consistent irresponsibility										
NEO-PI-R (informant)	.067	.067	.003*	.018***	0.002	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.018	.020***	.003*	0.002	.109	1345	25	6.467	.000
BDI-II (self)	.083	.024	.029***	.012***	0.006	.154	1304	25	9.276	.000
Lack of remorse										
NEO-PI-R (informant)	.067	.089	.001	.001	-0.001	.157	1345	25	9.854	.000
NEO-PI-R (self)	.066	.041	.002	.000	0.000	.109	1345	25	6.467	.000
BDI-II (self)	.083	.068	.002	.000	0.001	.154	1304	25	9.276	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 39 *Unique and Shared Variances of Self and Informant Reported Narcissistic PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD						N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Narcissistic PD										
Grandiosity										
NEO-PI-R (informant)	.066	.085	.001	.002	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.059	.000	.001	0.001	.122	1330	31	5.799	.000
BDI-II (self)	.082	.097	.001	.000	-0.001	.179	1296	31	8.916	.000
Fantasies of success										
NEO-PI-R (informant)	.066	.085	.001	.002	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.055	.006**	.000	0.000	.122	1330	31	5.799	.000
BDI-II (self)	.082	.095	.001	.001	0.000	.179	1296	31	8.916	.000
Believes is special										
NEO-PI-R (informant)	.066	.088	.000	.000	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.058	.002	.001	0.000	.122	1330	31	5.799	.000
BDI-II (self)	.082	.082	.015***	.000	0.000	.179	1296	31	8.916	.000
Requires admiration										
NEO-PI-R (informant)	.066	.083	.000	.005**	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.054	.004**	.002	0.001	.122	1330	31	5.799	.000
BDI-II (self)	.082	.095	.002	.000	0.000	.179	1296	31	8.916	.000
Entitlement										
NEO-PI-R (informant)	.066	.080	.000	.007***	0.001	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.060	.000	.000	0.001	.122	1330	31	5.799	.000
BDI-II (self)	.082	.096	.001	.000	0.000	.179	1296	31	8.916	.000
Interpersonally exploitative										
NEO-PI-R (informant)	.066	.087	.001	.000	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.060	.001	.000	0.000	.122	1330	31	5.799	.000
BDI-II (self)	.082	.096	.001	.001	-0.001	.179	1296	31	8.916	.000
Lacks empathy										
NEO-PI-R (informant)	.066	.083	.002	.003*	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.060	.001	.000	0.000	.122	1330	31	5.799	.000
BDI-II (self)	.082	.094	.002	.002	-0.001	.179	1296	31	8.916	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Believes others are jealous										
NEO-PI-R (informant)	.066	.087	.001	.001	-0.001	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.060	.000	.000	0.001	.122	1330	31	5.799	.000
BDI-II (self)	.082	.097	.000	.000	0.000	.179	1296	31	8.916	.000
Is jealous of others										
NEO-PI-R (informant)	.066	.046	.004*	.034***	0.004	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.027	.012***	.017***	0.005	.122	1330	31	5.799	.000
BDI-II (self)	.082	.047	.030***	.014***	0.006	.179	1296	31	8.916	.000
Arrogance										
NEO-PI-R (informant)	.066	.088	.000	.000	0.000	.154	1330	31	7.638	.000
NEO-PI-R (self)	.061	.060	.000	.000	0.001	.122	1330	31	5.799	.000
BDI-II (self)	.082	.096	.001	.001	-0.001	.179	1296	31	8.916	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 39 Continued

Table 40 *Unique and Shared Variances of Self and Informant Reported Histrionic PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Histrionic PD										
Needs to be center of attention										
NEO-PI-R (informant)	.067	.137	.000	.000	0.000	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.119	.003*	.001	-0.001	.186	1342	27	11.147	.000
BDI-II (self)	.081	.135	.005**	.000	0.000	.221	1302	27	13.419	.000
Sexually seductive										
NEO-PI-R (informant)	.067	.136	.001	.001	-0.001	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.119	.003*	.001	-0.001	.186	1342	27	11.147	.000
BDI-II (self)	.081	.135	.002*	.002*	0.001	.221	1302	27	13.419	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo- graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Shallow emotions										
NEO-PI-R (informant)	.067	.128	.002*	.008***	-0.001	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.115	.008***	.000	-0.001	.186	1342	27	11.147	.000
BDI-II (self)	.081	.127	.013***	.000	0.000	.221	1302	27	13.419	.000
Uses appearance to draw attention										
NEO-PI-R (informant)	.067	.136	.001	.001	-0.001	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.120	.000	.002	0.000	.186	1342	27	11.147	.000
BDI-II (self)	.081	.133	.005**	.002	0.000	.221	1302	27	13.419	.000
Impressionistic speech										
NEO-PI-R (informant)	.067	.130	.001	.007***	-0.001	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.119	.000	.003*	0.000	.186	1342	27	11.147	.000
BDI-II (self)	.081	.137	.000	.003*	0.000	.221	1302	27	13.419	.000
Exaggerated expression of emotions										
NEO-PI-R (informant)	.067	.125	.000	.013***	-0.001	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.109	.003*	.009***	0.001	.186	1342	27	11.147	.000
BDI-II (self)	.081	.128	.004*	.008***	0.000	.221	1302	27	13.419	.000
Suggestible										
NEO-PI-R (informant)	.067	.109	.002	.026***	0.000	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.109	.012***	.001	0.000	.186	1342	27	11.147	.000
BDI-II (self)	.081	.126	.011***	.002*	0.001	.221	1302	27	13.419	.000
Overestimates closeness of relationships										
NEO-PI-R (informant)	.067	.119	.002	.015***	0.001	.204	1342	27	12.498	.000
NEO-PI-R (self)	.064	.081	.036***	.003*	0.002	.186	1342	27	11.147	.000
BDI-II (self)	.081	.095	.038***	.003*	0.004	.221	1302	27	13.419	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 40 Continued

Table 41 *Unique and Shared Variances of Self and Informant Reported Borderline PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Borderline PD										
Avoids real or imagined abandonment										
NEO-PI-R (informant)	.062	.259	.002	.012***	-0.001	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.168	.000	.000	0.001	.228	1341	29	13.334	.000
BDI-II (self)	.081	.237	.003**	.000	0.000	.321	1305	29	20.786	.000
Unstable relationships										
NEO-PI-R (informant)	.062	.273	.000	.000	-0.001	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.167	.001	.000	0.001	.228	1341	29	13.334	.000
BDI-II (self)	.081	.238	.002*	.001	-0.001	.321	1305	29	20.786	.000
Identity disturbance										
NEO-PI-R (informant)	.062	.269	.003**	.000	0.000	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.165	.003*	.000	0.001	.228	1341	29	13.334	.000
BDI-II (self)	.081	.237	.002*	.001	0.000	.321	1305	29	20.786	.000
Impulsivity										
NEO-PI-R (informant)	.062	.272	.000	.001	-0.001	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.168	.000	.000	0.001	.228	1341	29	13.334	.000
BDI-II (self)	.081	.240	.000	.000	0.000	.321	1305	29	20.786	.000
Suicidality										
NEO-PI-R (informant)	.062	.270	.002	.001	-0.001	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.162	.003*	.004**	0.000	.228	1341	29	13.334	.000
BDI-II (self)	.081	.235	.002*	.002*	0.001	.321	1305	29	20.786	.000
Affective instability										
NEO-PI-R (informant)	.062	.162	.007***	.095***	0.008	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.101	.039***	.019***	0.010	.228	1341	29	13.334	.000
BDI-II (self)	.081	.198	.030***	.008***	0.004	.321	1305	29	20.786	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Feelings of emptiness										
NEO-PI-R (informant)	.062	.260	.000	.013***	-0.001	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.152	.008***	.007***	0.002	.228	1341	29	13.334	.000
BDI-II (self)	.081	.185	.034***	.018***	0.003	.321	1305	29	20.786	.000
Intense anger										
NEO-PI-R (informant)	.062	.272	.000	.000	0.000	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.167	.001	.001	0.000	.228	1341	29	13.334	.000
BDI-II (self)	.081	.234	.006***	.000	0.000	.321	1305	29	20.786	.000
Paranoia/dissociative symptoms										
NEO-PI-R (informant)	.062	.268	.001	.003*	0.000	.334	1341	29	22.699	.000
NEO-PI-R (self)	.059	.164	.004**	.000	0.001	.228	1341	29	13.334	.000
BDI-II (self)	.081	.235	.005**	.002	-0.002	.321	1305	29	20.786	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 41 Continued

Table 42 *Unique and Shared Variances of Self and Informant Reported Avoidant PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Avoidant PD										
Avoids group activities										
NEO-PI-R (informant)	.063	.220	.000	.002	-0.001	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.209	.002	.001	-0.001	.271	1362	25	19.896	.000
BDI-II (self)	.080	.140	.001	.000	-0.001	.220	1323	25	14.674	.000
Isolates unless certain of being liked										
NEO-PI-R (informant)	.063	.220	.001	.001	-0.001	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.208	.002	.001	0.000	.271	1362	25	19.896	.000
BDI-II (self)	.080	.137	.002	.002	-0.001	.220	1323	25	14.674	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Restraint within relationships										
NEO-PI-R (informant)	.063	.220	.000	.001	0.000	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.211	.000	.000	0.000	.271	1362	25	19.896	.000
BDI-II (self)	.080	.138	.003*	.000	-0.001	.220	1323	25	14.674	.000
Preoccupied with being criticized										
NEO-PI-R (informant)	.063	.174	.004**	.041***	0.002	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.181	.023***	.005**	0.002	.271	1362	25	19.896	.000
BDI-II (self)	.080	.132	.002	.006**	0.000	.220	1323	25	14.674	.000
Feelings of inadequacy										
NEO-PI-R (informant)	.063	.213	.001	.006***	0.001	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.191	.013***	.005**	0.002	.271	1362	25	19.896	.000
BDI-II (self)	.080	.130	.009***	.000	0.001	.220	1323	25	14.674	.000
Views self as socially inept										
NEO-PI-R (informant)	.063	.186	.002*	.032***	0.001	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.199	.009***	.003*	0.000	.271	1362	25	19.896	.000
BDI-II (self)	.080	.124	.009***	.006***	0.001	.220	1323	25	14.674	.000
Reluctant to take personal risks										
NEO-PI-R (informant)	.063	.221	.000	.000	0.000	.284	1362	25	21.235	.000
NEO-PI-R (self)	.060	.207	.004**	.000	0.000	.271	1362	25	19.896	.000
BDI-II (self)	.080	.131	.007***	.002	0.000	.220	1323	25	14.674	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 42 Continued

Table 43 *Unique and Shared Variances of Self and Informant Reported Dependent PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

Dependent PD	Reported PD						N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)	Total				
Indecisiveness										
NEO-PI-R (informant)	.064	.150	.001	.002*	0.000	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.114	.007***	.000	0.000	.183	1336	27	10.855	.000
BDI-II (self)	.073	.122	.002	.000	0.000	.197	1270	27	11.561	.000
Dependent on others										
NEO-PI-R (informant)	.064	.133	.007***	.012***	0.001	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.111	.011***	.000	-0.001	.183	1336	27	10.855	.000
BDI-II (self)	.073	.116	.007***	.000	0.001	.197	1270	27	11.561	.000
Does not express disagreement										
NEO-PI-R (informant)	.064	.146	.001	.006**	0.000	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.096	.018***	.006**	0.001	.183	1336	27	10.855	.000
BDI-II (self)	.073	.098	.022***	.002*	0.002	.197	1270	27	11.561	.000
Does not initiate projects										
NEO-PI-R (informant)	.064	.147	.001	.005**	0.000	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.111	.010***	.000	0.000	.183	1336	27	10.855	.000
BDI-II (self)	.073	.118	.006**	.000	0.000	.197	1270	27	11.561	.000
Requires nurturance from others										
NEO-PI-R (informant)	.064	.151	.001	.001	0.000	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.121	.000	.000	0.000	.183	1336	27	10.855	.000
BDI-II (self)	.073	.124	.000	.000	0.000	.197	1270	27	11.561	.000
Helplessness										
NEO-PI-R (informant)	.064	.153	.000	.000	0.000	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.121	.001	.000	-0.001	.183	1336	27	10.855	.000
BDI-II (self)	.073	.123	.001	.000	0.000	.197	1270	27	11.561	.000
Must always be in a relationship										
NEO-PI-R (informant)	.064	.151	.001	.002	-0.001	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.118	.003*	.000	0.000	.183	1336	27	10.855	.000
BDI-II (self)	.073	.112	.012***	.000	0.000	.197	1270	27	11.561	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Fears having to care for self										
NEO-PI-R (informant)	.064	.115	.001	.035***	0.002	.217	1336	27	13.410	.000
NEO-PI-R (self)	.062	.106	.011***	.004*	0.000	.183	1336	27	10.855	.000
BDI-II (self)	.073	.113	.009***	.002	0.000	.197	1270	27	11.561	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 43 Continued

Table 44 *Unique and Shared Variances of Self and Informant Reported Obsessive-Compulsive PD Items Predicting Self- and Informant-reported Depression (Dichotomous)*

	Reported PD					Total	N	df	F	Sig.
	Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Obsessive-Compulsive PD										
Excessively preoccupied with structure										
NEO-PI-R (informant)	.062	.105	.003*	.000	0.000	.170	1338	27	9.940	.000
NEO-PI-R (self)	.061	.076	.000	.002	0.000	.139	1338	27	7.809	.000
BDI-II (self)	.075	.097	.002	.001	-0.001	.174	1299	27	9.946	.000
Perfectionism										
NEO-PI-R (informant)	.062	.098	.000	.010***	0.000	.170	1338	27	9.940	.000
NEO-PI-R (self)	.061	.066	.009***	.002	0.001	.139	1338	27	7.809	.000
BDI-II (self)	.075	.089	.011***	.000	-0.001	.174	1299	27	9.946	.000
Devotion to work over leisure										
NEO-PI-R (informant)	.062	.108	.000	.000	0.000	.170	1338	27	9.940	.000
NEO-PI-R (self)	.061	.077	.001	.000	0.000	.139	1338	27	7.809	.000
BDI-II (self)	.075	.097	.000	.003*	-0.001	.174	1299	27	9.946	.000
Overconscientiousness										
NEO-PI-R (informant)	.062	.101	.000	.007***	0.000	.170	1338	27	9.940	.000
NEO-PI-R (self)	.061	.076	.002	.000	0.000	.139	1338	27	7.809	.000
BDI-II (self)	.075	.099	.001	.000	-0.001	.174	1299	27	9.946	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

		Reported PD					Total	N	df	F	Sig.
		Demo-graphics	All Other Items	Self (Unique)	Informant (Unique)	Self and Informant (Shared)					
Hoarding behaviors											
	NEO-PI-R (informant)	.062	.097	.000	.009***	0.002	.170	1338	27	9.940	.000
	NEO-PI-R (self)	.061	.074	.002	.001	0.001	.139	1338	27	7.809	.000
	BDI-II (self)	.075	.085	.005**	.006**	0.003	.174	1299	27	9.946	.000
Reluctance to delegate											
	NEO-PI-R (informant)	.062	.107	.001	.000	0.000	.170	1338	27	9.940	.000
	NEO-PI-R (self)	.061	.064	.012***	.002	0.000	.139	1338	27	7.809	.000
	BDI-II (self)	.075	.087	.013***	.001	-0.002	.174	1299	27	9.946	.000
Miserly											
	NEO-PI-R (informant)	.062	.107	.000	.001	0.000	.170	1338	27	9.940	.000
	NEO-PI-R (self)	.061	.077	.000	.000	0.001	.139	1338	27	7.809	.000
	BDI-II (self)	.075	.099	.001	.000	-0.001	.174	1299	27	9.946	.000
Rigidity											
	NEO-PI-R (informant)	.062	.064	.002	.042***	0.000	.170	1338	27	9.940	.000
	NEO-PI-R (self)	.061	.058	.015***	.004**	0.001	.139	1338	27	7.809	.000
	BDI-II (self)	.075	.083	.015***	.002	-0.001	.174	1299	27	9.946	.000

* $p < .05$, ** $p \leq .01$, *** $p \leq .001$

Table 44 Continued