Assessment

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What is This?

Level of Agreement Between Self and Spouse in the Assessment of Personality Pathology

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Abstract

Informant reports can provide important information regarding the presence of pathological personality traits, and they can serve as useful supplements to self-report instruments. Ratings from a spouse may be a particularly valuable source of personality assessment because spouses are very well acquainted with the target person, have typically known the person for a long time, and witness behaviors across a variety of situations. In the current study, self- and spouse report measures based on the *Diagnostic and Statistical Manual of Mental Disorders*–Fourth Edition (*DSM-IV*) personality disorder criteria were collected from a nonclinical sample of 82 couples (*N* = 164). Agreement between self- and spouse report for several pathological personality factors was significant and somewhat higher than has been found for self and peer agreement. Nevertheless, the magnitude of self–spouse agreement was still moderate in size (mean *r* = .36). Findings are discussed with regard to using spouse report in the assessment of personality pathology.

Keywords

pathological personality, assessment, informant, spouse

Informant reports have a long history in personality research. Ratings by knowledgeable others were used in early factor analyses of personality traits and in the development of several personality scales. Although good convergent validity was found between self-report of five-factor model (FFM) traits and ratings by acquaintances (Norman & Goldberg, 1966), some researchers in the 1970s concluded that "there is no consistent agreement between people's self-perceptions and how they are actually perceived by others" (Schraugher & Schoeneman, 1979, p. 549). Over the past several decades, the field of interpersonal perception has used self- and other reports of normal personality to show that interjudge agreement is usually statistically significant, although varying with acquaintanceship and type of trait being measured (Funder, 1999; John & Robins, 1993; McCrae, 1994; Watson & Clark, 1991). A recent meta-analysis of the FFM traits (Connolly, Kavanaugh, & Viswesvaran, 2007), for instance, found congruence between self- and observer report ranging from .46 (Agreeableness) to .62 (Extraversion). Despite the substantial overlap, information provided by self- and informant report is not symmetrical (Vazire & Carlson, 2010), and informants may describe aspects of a target's personality not captured by self-report alone (Vazire, 2010; Vazire & Mehl, 2008).

The use of informant ratings for the study of pathological personality traits is less common, although the use of ratings by knowledgeable others is growing. The *Diagnostic and Statistical Manual of Mental Disorders*–Fourth Edition, Text Revision (*DSM-IV-TR*; American Psychiatric Association, 2000) explicitly recommends the supplementation of self-report by report from other informants, and investigators have suggested that informants may be more willing or able to endorse the target's negative behaviors (Bernstein et al., 1997; First, Spitzer, Gibbon, & Williams, 1995; Zimmerman, 1994). Certainly, informant reports should not be considered a replacement for self-report (Paunonen & O'Neill, 2010); rather, both forms of report appear to provide unique and important information about personality pathology (Klein, 2003; Lara, Ferro, & Klein, 1997; Ready, Watson, & Clark, 2002). Klonsky, Oltmanns, & Turkheimer (2002) conducted a literature review of all informant studies of personality disorders (PDs) published since *DSM-III* (American Psychiatric Association, 1980) and reported that agreement was higher for dimensional

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ratings of PDs and personality pathology outside the *DSM* categories (median correlation for dimensional scores = .36, median kappa for categorical diagnoses = .14). Whereas Narcissistic PD had the lowest interrater agreement across the studies, the rest of the Cluster B disorders had higher agreement than Cluster A and Cluster C disorders, although these differences were not statistically significant. Not enough studies reported who the informant was to provide comparisons (i.e., whether agreement was higher for spouses vs. parents vs. friends), and findings were mixed as to whether targets or informants reported higher levels of pathology in the target.

Level of acquaintanceship between the target and the informant will certainly affect the magnitude of self–other agreement. Increased acquaintance and greater intimacy are typically associated with higher interjudge agreement and rater–target agreement on normal personality traits (Connolly et al., 2007; Funder, 1999; Vazire, 2010). Since the spousal relationship is assumed to be the apex of acquaintanceship (McCrae, Stone, Fagan, & Costa, 1998), self–informant agreement may increase when the informant is the target's spouse. Spousal agreement has been widely studied for normal personality traits, most often using some version of the FFM. McCrae (1982) found self–spouse correlations from .36 to .58 on the Anxiety, Hostility, Depression, and Positive Emotions facet scales of the NEO Personality Inventory (NEO-PI). More recently, Smith et al. (2008) reported similar self–spouse correlations (between .44 and .57) for Anxiety, Hostility, and Depression, as well as substantial agreement on dimensions of dominance and affiliation. Other studies have found correlations ranging from .47 (Extraversion, male target) to .68 (Agreeableness, female target; Foltz, Morse, Calvo, & Barber, 1997), .49 (Conscientiousness) to .61 (Extraversion; Watson, Hubbard, & Wiese, 2000b) and .46 (Neuroticism) to .74 (Extraversion; McCrae et al., 1998).

Only two previous studies have examined self–spouse agreement on more problematic or maladaptive personality features. In a community sample of young adult couples completing the Inventory of Interpersonal Problems Circumplex (IIP-C; Alden, Wiggins, & Pincus, 1990), Foltz et al. (1997) reported that the correlation between women's self-report and men's partner ratings ranged from .18 to .51 across the eight IIP-C scales, whereas agreement between men's self-report and women's partner ratings ranged from .22 to .59. In the only previous study to measure the convergence between self- and spouse report of PD criteria, Coolidge, Burns, and Mooney (1995) found an average correlation of .51 across the 13 *DSM-III-R* PD scales. The authors collected self-report and spousal ratings from each participant (one member of a married couple) as well as informant reports from a friend of each participant. The mean self–friend correlation was .36, and the mean spouse–friend correlation was .41. There was considerable variability in the findings, with self–spouse agreement ranging

from −.40 to .99, self–friend ranging from −.76 to .94, and spouse–friend ranging from −.47 to .96. Thus, the average level of self–spouse convergence for dysfunctional personality traits and behaviors appears moderate, although there may be greater variation in agreement than has been found for more normative personality features.

The current study adds to the literature on self–other agreement by collecting self- and spouse report of PD criteria from both members of 82 married community couples. Our primary research goal was to determine the level of agreement between self- and spouse report of pathological personality traits. Getting multiple perspectives has promise to increase the breadth and depth of psychological assessment, and knowing which PD traits demonstrate the highest and lowest self–other agreement can help guide when to use other report information. There is reason to believe that the substantial self–spouse agreement found for normal personality traits may extend to PD features. Ready and Clark (2002), in a sample of nonpsychotic female patients, found no significant differences in magnitude of self–other agreement on the Schedule for Nonadaptive and Adaptive Personality (SNAP; Clark, 1993) between patients with a PD diagnosis and patients without a PD diagnosis. Although PD diagnosis was treated as a dichotomous variable, the growing consensus is that PDs are best represented dimensionally rather than categorically (Widiger & Trull, 2007). Ready and Clark's findings indicate that one's level of personality pathology may, in general, have only a minimal effect on self–other agreement on PD traits.

There is also reason to believe, however, that self–spouse agreement regarding features of PDs may be relatively modest. Many of the PDs are characterized by limited insight, guardedness, lying, or self-serving biases (Zimmerman, 1994). Therefore, information obtained from the target person may not be completely accurate (Bernstein et al., 1997). Research on socially desirable responding from individuals high in personality pathology (McKeeman & Erickson, 1997) and self- versus informant report of personality pathology (Oltmanns & Turkheimer, 2006) provides tentative empirical support for this hypothesis. Even persons who are relatively free from the types of maladaptive behavior and cognition found in those with PDs may interact with the world in an idiosyncratic way motivated by reasons unknowable even to that person (Wilson, 2002; Wilson & Dunn, 2004). A person's explanation of his or her own actions and behavior often focuses on factors that are only tangentially related to the behavior (Oltmanns, Gleason, Klonsky, & Turkheimer, 2005), and presence of psychopathology increases the likelihood of distortions in self- and other perception (Erickson & Pincus, 2005). The possibility of such effects should temper expectations about the magnitude of self–spouse agreement.

Furthermore, factors that limit agreement on normal personality traits may be magnified in regard to PD traits. Accumulating data have established the existence of a *trait*

visibility effect—that is, easily observable personality traits (i.e., those with clear, frequent behavioral manifestations) yield better interjudge agreement and higher self–other correlations than do more internal, subjective traits (e.g., Funder & Colvin, 1988; John & Robins, 1993; Watson & Clark, 1991). Low-visibility traits such as neuroticism that are composed of more internal cognitive and affective components require a greater degree of acquaintanceship before they can be accurately judged (Vazire, 2010; Watson, 1989; but see Paunonen & O'Neill, 2010). The observability of pathological personality traits may be important for level of self–informant agreement (Klonsky et al., 2002). For instance, there is evidence that the maladaptive nature of narcissism is more apparent as familiarity increases between the rater and target (Paulhus, 1998). John and Robins (1993) also found that the *evaluativeness* of traits demonstrated a curvilinear relation with self–other agreement; traits rated as being very desirable or undesirable showed lower self–other agreement than traits that are more neutral in tone. Simms, Yufik, Thomas, and Simms (2008) and Simms, Zelazny, Yam, & Gros (2010) reported that self–informant agreement is higher for normal personality traits (i.e., Big 5) than for traits with strong evaluative components. The fact that most PD criteria are related to internal thoughts and motivations, and/or relatively (often negative) extreme behaviors, would suggest lower agreement between self- and spouse reports.

We also examined two potential sources of influence that might produce spurious levels of self–spouse agreement (Cronbach, 1955; Kenny, 1994). First, we determined whether there was significant *similarity* between self-reports of both partners (i.e., assortative mating). As others have noted, dyadic data are inherently nonindependent. Married couples, in particular, because of similar daily milieu and situational contexts, present various issues of nonindependence. So far, there is little evidence for similarity of normal personality traits (Botwin, Buss, & Shackelford, 1997; Buss, 1991; Watson, Hubbard, & Wiese, 2000a), but some support for similarity for antisocial behavior (Galbaud du Fort, Boothroyd, Bland, Newman, & Kakuma, 2002; Krueger, Moffitt, Caspi, Bleske, & Silva, 1998). Therefore, we hypothesized that if there was any significant similarity for the couples in our sample, it would be for antisocial personality traits. We also examined the other potential source of influence, *assumed similarity*, in which one partner's personality colors how he or she views his or her spouse. Kenny (1994) showed that people do have a tendency to rate others as they rate themselves, particularly on the trait of agreeableness. Watson et al. (2000b) found correlations ranging from .17 to .20 for assumed similarity on the FFM traits; correlations for affect scales were higher, particularly for negative affect. To our knowledge, no evidence in the literature has been reported with regard to assumed similarity for pathological personality traits in married couples.

Method

Participants and Procedure

Participants were recruited through newspaper advertisements, television bulletins on a community access channel, and community flyers inviting couples to "participate in a research project examining personality and marriage." Flyers were also sent to professionals working with potential study participants (therapists, physicians). Couples responding to the advertisements were screened in a telephone interview to determine whether (a) both participants were at least 21 years old, (b) both spouses were comfortable with reading and writing English, (c) the couple had been married for at least 1 year but less than 11 years,[1] and (d) the couple was currently living together. Persons were excluded if they had a history of, were currently in treatment for, or were taking medication for a psychotic illness. All participants attended a 2-hour laboratory session during which they completed the self-report measures. Written consent was obtained from all participants. Husbands and wives were separated from each other and placed in different rooms while they completed the questionnaires. Participants were given $50 per couple as compensation for their participation in the study.[2]

The sample consisted of 82 married heterosexual couples from central Virginia. Participants had been married an average of 3.7 years ($SD = 2.6$), with a minimum of 12 months and a maximum of 10 years and 11 months. The number of children per couple ranged from zero to four children ($M = 0.5$, $SD = 0.85$). Overall, 23% of wives and 20% of husbands reported having been in couples counseling and/or psychotherapy with their current spouse.

Husbands ranged from 23 to 69 years old, with a mean of 34 ($SD = 9.55$). Wives ranged in age from 21 to 59 years, with a mean of 32 years ($SD = 8.60$). A majority of husbands (92%) and wives (84%) identified themselves as Caucasian. Most of the husbands had at least a college degree (72%), 38% had been in individual therapy, and 18% had been married previously. A majority of the wives had at least a college degree (85.4%), 50% had been in individual therapy at some point, and 13% had been married previously.

Personality Assessment

Multisource Assessment of Personality Pathology. The Multisource Assessment of Personality Pathology (MAPP; Oltmanns & Turkheimer, 2006) consists of 105 items, with 81 based on the features of the 10 PDs listed in *DSM-IV* (Paranoid, Schizoid, Schizotypal, Antisocial, Borderline, Histrionic, Narcissistic, Avoidant, Dependent, Obsessive–Compulsive) and an additional 24 items based on other, mostly positive, personality characteristics. MAPP items were constructed by translating the *DSM-IV* criterion sets for PDs into lay language. The 79 *DSM-IV* PD criteria were rewritten in

Table 1. Descriptive Statistics and Internal Consistency Reliabilities for Pathological Personality Traits

Scale (No. of Items)	Wife								Husband							
	Self-Report				Spouse Report				Self-Report				Spouse Report			
	M	SD	Range	α	M	SD	Range	α	M	SD	Range	α	M	SD	Range	α
Histrionic–Narcissistic (24)	8.98	5.86	0-31	.83	7.04	6.50	0-33	.88	7.11	4.73	0-24	.80	5.38	5.38	0-35	.86
Dependent–Avoidant (22)	11.32	7.54	1-34	.90	10.00	7.88	0-41	.91	8.88	6.29	0-31	.87	6.91	5.09	0-29	.75
Detachment (13)	6.12	3.77	0-19	.76	5.56	4.14	0-20	.78	6.99	3.80	0-21	.70	5.52	4.37	1-26	.72
Aggression–Mistrust (12)	6.27	4.95	0-22	.86	5.51	5.12	0-24	.88	4.30	3.25	0-15	.75	3.67	3.62	0-18	.81
Antisocial (7)	1.34	1.51	0-7	.60	1.22	1.31	0-5	.40	1.54	1.42	0-6	.50	1.83	2.08	0-12	.69
Obsessive–Compulsive (6)	5.10	2.55	0-12	.59	4.23	2.75	0-15	.62	5.16	2.63	0-12	.61	4.44	2.67	0-13	.62
Schizotypal (3)	1.23	1.40	0-6	.63	1.32	1.22	0-5	.40	1.45	1.34	0-5	.57	1.07	1.19	0-5	.49

Note. N = 164.

such a way as to avoid the use of technical psychopathological terms and psychiatric jargon. One of the criteria for Narcissistic PD, "is often envious of others or believes that others are envious of him or her," was split into two items ("is jealous of other people" and "thinks other people are jealous of him/her"). Similarly, the Schizotypal PD criterion, "inappropriate or constricted affect" was split into the items "shows emotional responses that seem strange or 'out of sync'" and "is cold; doesn't show any feelings."

The MAPP consists of both a self-report version and an informant report version. For both, the participant assigns a score (0, 1, 2, or 3) on each item to the target, indicating that the person "never," "sometimes," "often," or "always" displays this characteristic. In the current study, each participant (husband and wife) completed the self-report version of the MAPP and the informant report version regarding their spouse. The self-report version of the MAPP has good test–retest reliability, and comparisons between the MAPP and other standard PD questionnaires have shown moderate agreement (Okada & Oltmanns, 2009). The level of agreement between MAPP and two commonly used PD instruments, averaged across the PD scales and across time, was .73 for the MAPP and the *Personality Diagnostic Questionnaire—4+* (PDQ-4+; Hyler, 1994), and .77 for MAPP and the *Structured Clinical Interview for DSM-IV Axis II Personality Disorders Questionnaire* (SCID-IIQ; Spitzer, Williams, Gibbon, & First, 1990). In general, the MAPP tended to be more conservative than the PDQ-4+ or the SCID-IIQ.

A previous factor analysis of the MAPP items in two different samples identified seven factors that resemble the *DSM-IV* PDs (Thomas, Turkheimer, & Oltmanns, 2003): Detachment, Schizotypal, Aggression–Mistrust, Antisocial, Histrionic–Narcissistic, Dependent–Avoidant,

and Obsessive–Compulsive. The first two factors correspond to *DSM-IV* Cluster A disorders, the next three are similar to the Cluster B disorders, and the last two factors are comparable with Cluster C. For the current study, personality scales based on these factors were calculated by summing the items associated with each one, as reported in Thomas et al. (2003). The number of items per factor is reported in Table 1. For ease of presentation, we refer to the scales based on these seven factors as the MAPP scales throughout the rest of the article.

Results

Table 1 presents basic descriptive statistics and internal consistency reliabilities for the MAPP scales as assessed by self- and spouse report. Internal consistency ranged from .59 to .90 for wife self-report and .50 to .87 for husband self-report, and from .40 to .91 for wife spouse report and .49 to .86 for husband spouse report. Reliabilities were good to excellent for self- and spouse report for husbands and wives on four of the seven scales (Detachment, Aggression–Mistrust, Histrionic–Narcissistic, and Dependent–Avoidant), whereas lower reliability was found for the Antisocial, Obsessive–Compulsive, and Schizotypal scales. Alphas for three spouse report scales (wife Antisocial and Schizotypal, husband Schizotypal) were particularly low, although comparable with previous research using informant-report temperament and trait scales (Ready & Clark, 2002).

For each personality scale, the scores of the individual items (0 to 3) scale were summed, with the range of scores listed in the third column. The means and standard deviations presented are averages of the sums of the items for each particular scale. In general, self- and spouse ratings were low on

Table 2. Self–Spouse Agreement, Assumed Similarity, and Actual Similarity for Pathological Personality Traits

Scale	Actual Similarity	Agreement			Assumed Similarity		
		Husband Target	Wife Target	Total Sample	Husband Rater	Wife Rater	Total Sample
Histrionic–Narcissistic	0.13	0.27*	0.36**	0.32***	0.64***	0.50***	0.54***
Dependent–Avoidant	0.04	0.39***	0.43***	0.42***	0.45***	0.40***	0.38***
Detachment	0.11	0.40***	0.33**	0.36***	0.29**	0.52***	0.40***
Aggression–Mistrust	0.20	0.42***	0.47***	0.47***	0.42***	0.44***	0.38***
Antisocial	−0.40***	0.40***	0.32**	0.37***	0.10	0.02	0.04
Obsessive–Compulsive	0.15	0.28*	0.40***	0.34***	0.55***	0.39***	0.48***
Schizotypal	0.24*	0.21	0.23*	0.21**	0.62***	0.54***	0.58***

Note. N = 82 couples (164 individuals).
*$p < .05$. **$p < .01$. ***$p < .001$.

personality pathology. Self-report ratings tended to be higher than ratings by spouses, significantly so for wife on the Histrionic–Narcissistic—$t(81) = 2.11$, $p < .05$—and Obsessive–Compulsive—$t(81) = 2.54$, $p < .05$—scales and for husband on the Histrionic–Narcissistic—$t(81) = 2.38$, $p < .05$, Dependent–Avoidant—$t(81) = 2.61$, $p < .05$, Detachment—$t(81) = 2.98$, $p < .01$, Obsessive–Compulsive—$t(81) = 2.11$, $p < .05$, and Schizotypal—$t(81) = 2.13$, $p < .05$, scales. Wife self-report was significantly higher than husband self-report for the Histrionic–Narcissistic—$t(81) = 2.29$, $p < .05$, Dependent–Avoidant—$t(81) = 2.30$, $p < .05$, and Aggression–Mistrust—$t(81) = 3.25$, $p < .01$, scales.[3]

Similarity

We began by examining levels of similarity between couples on personality pathology. Determining the level of actual similarity between married couples is important for two reasons. First, significant similarity between spouses, in combination with significant assumed similarity, can lead to spuriously high levels of self–other agreement (Cronbach, 1955; Kenny, 1994). If self-report personality ratings from both spouses are not significantly related, this nullifies the possibility of concluding that assumed similarity artificially inflated self–other agreement. Second, similarity of personality can also introduce a level of nonindependence into the data, which would make it inappropriate to examine individual-level data (Kenny, Kashy, & Cook, 2006). Kenny (1995) recommended that if the level of nonindependence (essentially the similarity correlation when the dyad is a married couple) is less than |.30|, then the individual can be used as the level of analysis.

Table 2 presents the similarity correlations for the MAPP scales. To handle the skewed personality data, all MAPP scale scores were normalized with a log transformation. Only the Schizotypal scale ($r = .24$) was significantly

positively correlated between the spouses in this sample. (The members of a heterosexual married couple are distinguishable, or nonexchangeable, and can be readily identified by gender. Thus, the similarity correlations in Table 2 are simple Pearson product–moment correlations.) There was also a negative relationship between husband and wife self-report for the Antisocial scale ($r = −.40$). The other five similarity correlations were small and nonsignificant, indicating that, in general, there was little support for spousal similarity for pathological personality traits. These findings also suggested that there was little evidence of nonindependence in this sample, and that it was appropriate to use individual-level data, rather than the dyad, as the unit of analysis (except for the Antisocial scale). However, to guard against the possibility of any bias potentially distorting our results, we used Kenny's (1995) program to calculate adjusted p values for the self–spouse agreement and assumed similarity correlations.[4] These corrected values are shown in Table 2.

Self–Spouse Agreement

As expected, there was significant self–spouse agreement for almost all the scales (see Table 2). When looking at agreement for husband as target, six of the seven MAPP scales were significantly correlated, with the exception of the Schizotypal scale. All the seven agreement correlations for wife as target were significant. For the combined sample, all the correlations were significant and ranged from $r = .21$ (Schizotypal) to $r = .47$ (Aggression–Mistrust)—mean $r = .36$. In general, these agreement statistics are somewhat higher than has been found in previous studies of self and peer agreement of pathological personality traits using the same inventory (Oltmanns & Turkheimer, 2006), but they are also lower than self–spouse agreement found for normal personality traits (Watson et al., 2000b).

Assumed Similarity

Finally, we conducted analyses to determine the level of assumed similarity—or the tendency to judge your spouse as you see yourself. Actual similarity between spouses was generally low or nonsignificant, with the exception of the Schizotypal and Antisocial scales, indicating that even if found here, assumed similarity would most likely not be a source of spurious levels of self–other agreement. These analyses were conducted separately by gender and for the total combined sample: for each scale, correlations were computed between a person's own self-rating and his or her spouse rating (i.e., husband self-report and his ratings of his wife, wife self-report and her ratings of her husband; see Table 2). For husband-as-rater correlations, six of the seven scales were significantly related. When looking at correlations between wife ratings, six of the seven scales were again significantly correlated. For the total combined sample, six of the seven assumed similarity correlations were significant, ranging from $r = .38$ (Aggression–Mistrust, Dependent–Avoidant) to $r = .58$ (Schizotypal). The only MAPP scale with a nonsignificant correlation for assumed similarity ($r = .04$) was Antisocial, the only scale to demonstrate a significant negative similarity correlation. The large, positive assumed similarity correlation for the Schizotypal scale, in combination with the finding of significant positive actual similarity, suggests that the self–other agreement correlation of .21 for this scale may reflect a higher level of accuracy than truly exists in this sample.

Discussion

The current study provides important information on the presence of personality pathology and level of self–other agreement in a sample of married couples from the community. Previous studies have reported moderate levels of agreement between targets and informants with regard to presence of psychopathology, including pathological personality features (Achenbach, Krukowski, Dumenci, & Ivanova, 2005; Klonsky et al., 2002). In line with these results, we found evidence of generally modest agreement between self- and spouse report, along with little evidence of any actual similarity of self-report. Evidence of significant assumed similarity also suggests the presence of a self-based heuristic at work. Overall, the findings from the current study confirmed our prediction that greater acquaintance would increase self–informant agreement of pathological personality. Our results also suggest that factors that limit absolute levels of self–informant agreement are particularly relevant for assessment of PD traits.

As expected in a community sample, participants in this study endorsed relatively low levels of personality pathology. In fact, targets tended to rate themselves as higher in pathological personality features than they were rated by their spouses. This pattern of self-derogation, where informant reports are more positive than self-reports, has been replicated across different cultures (Allik et al., 2010) and is particularly robust when other ratings come from close others (Vazire, 2010). Of all possible informants, spouses are most likely to both know and like the target, and certainly liking is significantly correlated with positivity of judgments, even after taking into account level of knowing (Leising, Erbs, & Fritz, 2010). Recent work suggests that wording of informant items may reduce this positivity bias. Simms et al. (2010) found that traditional informant ratings (i.e., ratings on traits that are translated from first-person descriptors) were more positive and less negative than self-report ratings; however, this other-enhancement bias was greatly reduced or eliminated when compared with informant report on items that were written to tap the informant's perceptions of the target's self-view. Other enhancement as found in the current study with regard to PD traits may have been reduced with different item wording, an important step for future research.

As predicted, self–spouse agreement for pathological personality features as measured by the MAPP was significant and somewhat higher than has been found previously in studies of self–peer agreement (Oltmanns & Turkheimer, 2006; Thomas et al., 2003). In the current study, mean and median self–spouse agreement was $r = .36$. This is analogous to the median agreement found in a review of 17 major studies of self–other agreement that used different assessment inventories and types of informants (Klonsky et al., 2002). The magnitude of agreement found in the current sample is also comparable to the findings of Ready and Clark (2002), who reported a mean correlation of $r = .34$ in a psychiatric sample where targets and informants completed either the full SNAP or an informant version. Notably, in that study, self–other agreement on scales of Aggression ($r = .61$), Dependency ($r = .36$), Detachment ($r = .42$), and Eccentric Perceptions ($r = .24$) are broadly comparable with the findings of the current study: Aggression–Mistrust ($r = .47$), Dependent–Avoidant ($r = .42$), Detachment ($r = .36$), and Schizotypal ($r = .21$). This suggests consistency in the magnitude of self–other agreement for pathological personality traits across clinical and community samples.

The results of the current study suggest that, in general, self–spouse agreement was not spuriously influenced by the combination of similarity and assumed similarity. Our findings provide little evidence of spousal similarity of personality, which indicates that assumed similarity generally does not exert a substantial influence on the accuracy of these particular trait ratings (Cronbach, 1955; Kenny, 1994). However, self-reports of schizotypal features were significantly positively related. This, in combination with the significant assumed similarity correlation for the Schizotypal scale, suggests the need for caution in interpreting the significant self–other agreement for this scale. There

was also a negative correlation between self-reports of antisocial features. This stands in contrast to research that has found similarity (e.g., positive assortative mating) for antisocial behaviors (Galbaud du Fort et al., 2002; Krueger et al., 1998). Rather, this may be evidence of complementarity (e.g., negative assortative mating), that is, the idea that we are attracted to others whose personality traits complement our own. Research has generally found little evidence of complementarity for personality (e.g., Berscheid & Reis, 1998; Bouchard & Loehlin, 2001; Luo & Klohnen, 2005), although Watson et al. (2004) found evidence for modest complementarity for extraversion. It may be that the MAPP items capture an antisocial personality style, which shows less evidence of similarity (Krueger et al., 1998) than socially disruptive behaviors per se. Persons with this antisocial style of interacting with the world, without concurrent deviant and/or illegal behavior, may be drawn to spouses with a relative absence of these antisocial features.

There was significant evidence of assumed similarity for almost all the MAPP scales. When actual similarity is minimal, as was the case for most of the personality scales in this sample, significant assumed similarity can attenuate self–other agreement (Kurtz & Sherker, 2003). Watson and colleagues (2000b, p. 557) suggested that "other ratings should be viewed with caution if assumed similarity correlations far surpass the corresponding agreement correlations." Assumed similarity as found here may represent evidence of a self-based heuristic (Dawes, 1990; Funder, Kolar, & Blackman, 1995; Ready & Clark, 2005), such that people rely on their own personality when making difficult judgments about another person's personality. Spouses should have less need to rely on this type of heuristic because, by virtue of their access to the target, they have an abundant supply of observations to personality trait-relevant behaviors (Watson et al., 2000b). As one method of determining how much assumed similarity affected self–spouse agreement, we computed partial self–other agreement correlations, controlling for the self-rating of the spouse rating the target (thereby eliminating the assumed similarity effect). These correlations were generally similar to those reported in Table 2,[5] with three increasing slightly (.01 to .05 higher), three decreasing slightly (.01 to .03 lower), and one decreasing substantially (the Schizotypal scale, reflecting the spurious influence of both significant similarity and assumed similarity). We cannot rule out the possibility that people rely on perceptions of their own personalities when rating their spouse.

Another factor that may affect the level of self–spouse agreement is the quality of the marital relationship. Certainly, the knowledge that a spouse can provide regarding his or her partner's personality will be confounded by his or her global evaluation of the relationship (Kurtz & Sherker, 2003). Research has shown that negative sentiment toward one's partner can affect perceptions of that partner's behavior (Christensen, Sullaway, & King, 1983; Jacobson & Moore, 1981). Persons in unhappy or distressed marriage report higher daily frequencies of negative events, tend to overestimate the rate of occurrence of negative behaviors, and focus on displeasing behavior by their spouse (Floyd & Markman, 1983; Jacobson, Follette, & McDonald, 1982; Johnson & O'Leary, 1996; Sillars, Roberts, Leonard, & Dun, 2000). Thus, the relationship between spouse report and important outcome measures may be attributed to marital quality (but see Smith et al., 2008). Anyone wishing to use spouse report as a source of personality assessment may wish to also assess relationship satisfaction.

Having established that there is moderate overlap between self- and spouse report in the assessment of pathological personality features, it is important for future research to examine the incremental validity of spouse report. For example, Klein (2003) compared patients' versus informants' reports of PDs in predicting depressive symptoms, global functioning, and social adjustment 7½ years after treatment for depression. Although both sources of information were predictive of outcomes, informant reports of any PD symptoms *uniquely* predicted global functioning and social adjustment at follow-up. The informants in Klein's study were a mix of friends, spouses, and other relatives, although the size of the sample most likely precluded analyzing outcomes by type of informant. However, future studies could examine which types of informants are most informative in regard to different outcome measures, including continued PD diagnosis, Axis I diagnosis, social and interpersonal relationships, or other types of adjustment (e.g., physical health, Smith et al., 2008).

Several limitations of this study deserve comment. First, internal reliability of three scales, Antisocial, Obsessive–Compulsive, and Schizotypal, was less than .70, a minimal standard of acceptability. The low reliability of the Schizotypal scale might be explained by the small number of items (three) composing the scale; in fact, previous studies have found low reliabilities for personality scales with only a few items (Harlan & Clark, 1999; Ready & Clark, 2002). It is possible that self–spouse agreement on these scales might have been attenuated by the low internal consistency of the scales. Thus, caution must be used in interpreting the self–other agreement correlations for these personality features. Second, we studied a largely white, well-educated, and relatively high-functioning community sample. It is unknown whether the findings reported here are generalizeable to different ethnic groups, persons from different SES levels, or individuals with greater levels of psychopathology who may be struggling with various issues that were largely not at play with the current sample. Ready and Clark's (2002) findings do provide room for optimism in this regard. Furthermore, self–other agreement was computed using self- and spouse reports of PD features assessed through questionnaire methods. It is unknown how

the self–spouse agreement correlations found in the current study would compare with results of self–informant agreement using different informants (friends, family members, clinicians, or objective observers) and/or different assessment instruments (interview, behavioral observation). Presumably, spouses would possess more comprehensive and detailed knowledge of participants than would other informants. It is possible, however, that certain traits are systematically more salient to other types of informants because of systematic differences in the situations in which they interact.

Despite these limitations, this study adds to the growing literature on the use of informant reports for the assessment of personality pathology. Agreement found here was higher than previous studies of cross-informant agreement using peer report, possibly, in part, due to a spouse being a better "judge" of the target's personality. Self–spouse agreement for personality features as assessed in the current study was generally lower in magnitude than correlations between self- and spouse report of normal personality, a not unexpected finding given the low observability and highly evaluative nature of many PD criteria. The discrepancy between self- and spouse report could also suggest inattentiveness on the part of the spouse or a lack of insight on the part of the target. The challenge for future studies will be to determine how to use both types of information, self-report and informant report, to assess current personality pathology and predict future functioning.

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The authors declared no potential conflicts of interest with respect to the authorship and/or publication of this article.

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Notes

1. A secondary goal of the current study was to examine the relationship between pathological personality traits and marital satisfaction ((South, 2008). As part of that goal, we decided to collect a sample that had gotten beyond the "honeymoon" period of their marriage, when any ratings of satisfaction might be most positively biased but had not yet reached the point of already separating or divorcing because of dissatisfaction with their marriage. As such, we settled on these constraints (married at least 1 year but less than 11 years) for the sample used in these analyses.

2. At the time of the assessments, participants were asked to provide the names of up to two informants (family members and friends) per spouse. Each collateral informant completed the informant report version of the MAPP. Complete data was collected from at least one of the two selected informants for 41 wives and 39 husbands. For 26 wives and 23 husbands, data

were collected from both informants provided. This limited the ability of our analysis to detect significant agreement between informants and spouses, if such an effect was there. Therefore, these analyses are not presented, but they are available from the first author on request.

3. Additionally, self-report ratings were significantly different from ratings of one's spouse for wives on the Histrionic–Narcissistic—$t(81) = 6.56$, $p < .0001$, Dependent–Avoidant—$t(81) = 5.56$, $p < .0001$, Aggression–Mistrust—$t(81) = 5.02$, $p < .0001$, and Obsessive–Compulsive—$t(81) = 2.03$, $p < .05$, scales and for husbands on the Detachment—$t(81) = 2.79$, $p < .01$, Aggression–Mistrust—$t(81) = 2.15$, $p < .05$, and Obsessive–Compulsive—$t(81) = 3.11$, $p < .01$, scales. Husbands' ratings of wives were significantly different from wives' ratings of husbands for Dependent–Avoidant—$t(81) = 3.18$, $p < .01$, Aggression–Mistrust—$t(81) = 2.84$, $p < .01$, and Antisocial—$t(81) = 2.13$, $p < .05$, scales.

4. Adjusted p values were calculated only for the Total Sample correlations. Correlations for husbands as rater/target and wife as rater/target do not need to be corrected for any potential bias because the two variables of interest, self- and spouse report, each come from only one member of the dyad.

5. Partial correlations were as follows: Histrionic–Narcissistic ($r = .33$), Dependent–Avoidant ($r = .46$), Detachment ($r = .35$), Aggression–Mistrust ($r = .45$), Antisocial ($r = .42$), Obsessive–Compulsive ($r = .31$), and Schizotypal ($r = .09$).

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