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Aging: Empirical Contribution A Longitudinal Analysis of Personality Disorder Dimensions and Personality Traits in a Community Sample of Older Adults: Perspectives from Selves and Informants

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Abstract

Research has indicated that personality disorders (PDs) and normal-range personality traits generally “get better” with time, as evidenced by mean-level decreases in PD traits and mean-level increases in broad factors such as emotional stability, agreeableness, and conscientiousness. One limitation of many of these studies is their reliance on self reported data. In the current study, the authors analyzed the 2.5-year course of PD dimensions and normal personality traits in a representative sample of adults approaching later life (originally ages 55–65) by using a semistructured diagnostic interview as well as self- and informant-reported data from two personality inventories. Consistent with previous literature, many self-reported PD traits showed mean-level decreases over time, and self-reported normal-range personality traits generally showed positive aging effects (e.g., mean-level increases in emotional stability, agreeableness, and conscientiousness). Surprisingly, however, informant-reported PD traits often demonstrated small but significant increases over time, and informant-reported normal-range personality generally “worsened” with age (e.g., mean-level decreases in extraversion, agreeableness, and conscientiousness). Informant reports may challenge the finding that personality and PDs tend to “improve” over time.

Historically, a hallmark of personality disorders (PDs) has been their presumed stability across the entirety of the adult life span. In the text revised fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*, for example, PDs are described as being “enduring,” “inflexible,” and “long-term” (American Psychiatric Association, 2000, p. 686). Cross-sectional and longitudinal studies of PD, however, have usually failed to find support for the level of stability implied by the *DSM* definitions. Cross-sectional studies have generally concluded that many PDs are less prevalent among older adults than younger and/or middle-aged adults (Cohen et al., 1994; Coid, Yang, Tyrer, Roberts, & Ullrich, 2006; Gutiérrez et al., 2012; Samuels et al., 2002; Segal, Hook, & Coolidge, 2001); and longitudinal evidence suggests that, on average, most PDs show mean-level decreases over

time in both clinical (Ferro, Klein, Schwartz, Kasch, & Leader, 1998; Grilo et al., 2004) and nonclinical samples (Crawford et al., 2005; Johnson et al., 2000; Lenzenweger, Johnson, & Willett, 2004). In short, self-reported data suggest that many PDs do “become less evident or remit with age,” as stated in the *DSM-IV-TR* (American Psychiatric Association, 2000, p. 688). One estimate indicates that this decline occurs at a rate of 1.4 PD diagnostic criteria per year (Lenzenweger et al., 2004).

But not all PDs decrease with age. Schizoid and obsessive-compulsive PDs, for example, are often found to be more prevalent in older adults than among younger age groups (Engels, Duijsens, Haringsma, & van Putten, 2003; Segal et al., 2001). And although many individuals report a mean-level decrease in PD over time, a subset of individuals do report greater levels of personality pathology over time (Johnson et al., 2000; see Figure 1 in Lenzenweger et al., 2004, p. 1019), indicating that PDs can persist and even increase across the life span. Extant empirical evidence, therefore, suggests that PDs vary in their life span stability, with most disorders decreasing over time, and some disorders persisting or increasing over time.

As with the PDs, normal-range personality was initially thought to be more stable in adulthood than recent studies have indicated. Rather than remaining stable after the age of 30 (e.g., Costa & McCrae, 1988, 1994), personality does not begin to stabilize until around the age of 50 according to a study by Roberts and DelVecchio (2000). Other recent studies suggest that mean levels of broad personality traits often fluctuate across the adult life span (Roberts, Walton, & Viechtbauer, 2006; Srivastava, John, Gosling, & Potter, 2003). Specifically, the mean levels of emotional stability, agreeableness, and conscientiousness generally increase with age, while extraversion and openness generally remain stable at the factor level (Roberts et al., 2006; Srivastava et al., 2003). Previous literature suggests that normal-range personality traits, like PD traits, generally “improve” with age.

These studies often share one major limitation: their reliance on self-reported data. Self-reports, whether gathered via questionnaire or diagnostic interview, are a common and convenient source of information that is often used to assess PDs and normal-range personality traits; but self-reports are not without their limitations. At the highest level of abstraction, self-reports are limited by two considerations: individuals' motivation and ability. First, individuals may be motivated, intentionally or otherwise, to present themselves in a particular manner—usually, more positively (or less pathologically) than they may actually be. A brief read of the *DSM-IV-TR* PD definitions, for example, reveals that many criteria assess socially undesirable characteristics, which individuals may be hesitant to endorse or admit to themselves. Second, individuals may lack the intrapersonal and interpersonal insight needed to report accurately on their own personality features. Individuals, for example, may have “blind spots” in their personality or not view their thoughts, behaviors, or emotions to be unusual or problematic (Oltmanns & Powers, 2012).

In an attempt to circumvent limitations associated with the use of self-reports, PD and normal-range personality researchers have sometimes supplemented self-reported data with alternate sources of information, the most common being from another person who is well acquainted with the target individual. The importance of including informant reports in the

assessment of PD has been recognized for decades (e.g., Zimmerman, Pfohl, Stangl, & Corenthal, 1986; see Klonsky, Oltmanns, & Turkheimer, 2002, for a review of the levels of agreement and mean-level differences between selves and informants in the assessment of PDs). Nevertheless, little is known about the course of PD traits in adulthood from the perspective of another individual. Because individuals' motivation and insight may affect their willingness and ability to report symptoms of PDs and maladaptive personality traits, informant reports may offer a unique second perspective on the longitudinal course of traits—a perspective that could reveal additional psychopathology or personality features that relate to important behavioral and health outcomes.

Longitudinal studies of personality pathology have analyzed data from older adolescent (Johnson et al., 2000), college student (Lenzenweger et al., 2004), younger adult (Crawford et al., 2005), younger to middle-aged adult (Grilo et al., 2004), and mixed age samples (e.g., Durbin & Klein, 2006; Seivewright, Tyrer, & Johnson, 2002). The longitudinal course of PDs in a sample approaching older adulthood remains in question. Because individuals in this age range are faced with important issues such as the “empty nest,” the financial and social ramifications of retirement, role changes, the potential burden of care giving, the death of parents, and declines in physical health and abilities, it is an important and dynamic time of life to study. Furthermore, as self-reported normal-range personality traits begin to stabilize around this age (Roberts & DelVecchio, 2000), questions remain as to whether informant reports of these traits stabilize around this age and whether personality pathology also begins to stabilize in adults as they approach later life and its associated challenges.

In the current study, we sought to determine the 2.5-year course of symptoms of PDs and normal personality traits in a community sample of adults approaching later life ($M = 59.7$ years old) from the perspectives of selves and their nominated informants. Consistent with previous studies using self-reported data, we expected many features of PDs to decrease over time and some normal personality traits to increase over time (i.e., emotional stability, agreeableness, and conscientiousness). To our knowledge, no published study has analyzed the longitudinal course of PD symptoms in adulthood using informant-reported data, so there was no empirical or theoretical evidence to suggest that the informant-reported course of PD symptoms would follow a different trajectory than that of self-reported data. Therefore, we hypothesized that the levels of informant-reported PD features would also “improve” with time. For informant-reported normal-range personality, however, previous research has shown that informants tend to report a relative worsening of personality over time (Jackson, Fraley, Vicary, & Brumbaugh, 2013; Watson & Humrichouse, 2006). We therefore hypothesized that our results would follow the same trend.

Method

Participants and informants were selected from the larger St. Louis Personality and Aging Network (SPAN) database, a representative, community-based sample of adults in the latter half of middle age (initially ages 55–65) from the St. Louis area. Normal personality traits and PD symptoms were assessed via self- and informant report at two time points approximately 2.5 years apart ($M = 2.59$, $SD = .20$). To be included in the current analyses, SPAN participants were required to have Time 1 and Time 2 data for one standard measure

of PDs, the Structured Interview for *DSM-IV* Personality (SIDP-IV; Pfohl, Blum, & Zimmerman, 1997), as well as Time 1 and Time 2 self- and informant-reported data for two additional measures of personality, the Multisource Assessment of Personality Pathology (MAPP; Oltmanns & Turkheimer, 2006) and the Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 1992). See Oltmanns and Gleason (2011) for a more complete description of the SPAN study's recruitment procedures and its sample characteristics.

Participants and Informants

Because some cases had the required data (Time 1 and Time 2 data for both selves and informants) for one measure of personality but not the others, we split the sample into three subsets of individuals: those who had the required data for the SIDP-IV ($n = 836$), MAPP ($n = 550$), and NEO-PI-R ($n = 547$). Participants in the SIDP subset were initially ages 55-65 ($M = 59.70$; $SD = 2.73$). They were 56% female ($n = 464$), 70% Caucasian ($n = 585$), and 28% African American ($n = 233$). Almost half were married (49%, $n = 408$), followed by divorced or separated (29%, $n = 250$), never married (15%, $n = 126$), and widowed (6%, $n = 52$). Most participants were well educated, with the majority earning a bachelor's degree or higher (59%, $n = 495$). Participants in the MAPP and NEO subsets were initially ages 55-65 ($M = 59.7$, $SD = 2.8$) and 55% female ($ns = 302$ and 300 , respectively). In terms of race, 74% were Caucasian ($ns = 407$ and 405 , respectively) and 24% African American ($ns = 132$ and 131 , respectively). Just over half were married (54%; $ns = 297$ and 295 , respectively), followed by divorced or separated (26%, $ns = 141$), never married (14%, $ns = 77$), and widowed (6%; $ns = 34$ and 33 , respectively). Most participants in the MAPP and NEO-PI-R subsets were well educated, with the majority earning a bachelor's degree or higher (65%; $ns = 356$ and 355 , respectively).

The participant-nominated informants for the MAPP ($n = 550$) and NEO-PI-R ($n = 547$) subsets ranged in age from 18 to 85 ($M = 56.07$; $SD = 10.73$) and were 71% female ($ns = 391$ and 388 , respectively). Just over half of the informants were the spouses or romantic partners of the participant (54%; $ns = 297$ and 295 , respectively), 24% were other family members ($ns = 132$ and 131 , respectively), and 20% were friends of the participants ($ns = 110$ and 109 , respectively). The participant-informant pairs were generally very well acquainted and had known each other for an average of about 30 years ($M = 31.73$, $SD = 15.34$).

Measures

The SIDP-IV (Pfohl et al., 1997) is a semistructured diagnostic interview used to assess personality disorders. To administer the SIDP-IV, trained interviewers ask participants a series of open-ended questions, each of which correspond to a *DSM-IV-TR* diagnostic criterion. For each criterion, the interviewer codes the participant's responses to the corresponding question using a 4-point dimensional scale ranging from 0 (*Not present*) to 3 (*Strongly present*). A participant is asked to respond about his or her "usual self" over the past 5 years (Pfohl et al., 1997, p. 1). Only self-reported data were collected with the SIDP-IV.

The MAPP (Oltmanns & Turkheimer, 2006) was designed to measure personality pathology using multiple sources of information (i.e., selves and their informants). To minimize method variance, the only difference between the self- and informant-report versions of the MAPP is that the self-report items are worded in the first person (e.g., “I can be rigid and stubborn”) and the informant-report items are worded in the third person (e.g., “He/she can be rigid and stubborn”). MAPP items were derived from the *DSM-IV-TR* PD diagnostic criteria. Except for one narcissistic PD diagnostic criterion, which was split into two items, each MAPP item corresponds to one *DSM-IV-TR* criterion. The MAPP has a five-point response scale, ranging from 0 (*I am never like this/0% of the time*) to 4 (*I am always like this/100% of the time*), and exhibits convergent validity with two other self-report measures of personality pathology (Okada & Oltmanns, 2009).

The NEO-PI-R (Costa & McCrae, 1992) is a widely used and researched measure of the five-factor model (FFM) of personality. Each of the five factors is further divided into six facets, for a total of 30 facets. Responders rate how much they agree with each of the 240 items on a five-point scale ranging from 0 (*Strongly disagree*) to 4 (*Strongly agree*). In the current study, we used both the self- and observer-report versions of the NEO-PI-R and used the data in two ways. First, we used the NEO-PI-R as a measure of the FFM to determine how normal-range personality traits change over time. Second, we used the NEO-PI-R to approximate personality pathology by constructing PD “prototypes” from the NEO-PI-R facets.

The basic assumption underlying the PD prototypes is that PDs can be conceptualized as constellations of maladaptive variants of normal personality traits. In this sense, the PD prototypes represent the integration of normal personality traits and the *DSM-IV-TR* PDs. Each PD prototype is a summed collection of NEO-PI-R facets and was calculated using the formulas provided by Miller, Bagby, Pilkonis, Reynolds, and Lynam (2005), which were informed in part by the expert consensus approach outlined by Lynam and Widiger (2001). For an example of how the prototypes were constructed, the dependent PD prototype was constructed by summing individuals' responses to items on seven NEO-PI-R facets: anxiety, self-consciousness, vulnerability, passiveness (the assertiveness facet scored in the reverse direction), trust, compliance, and modesty (Miller et al., 2005). The remaining nine PD prototypes were constructed in a similar manner (i.e., by combining NEO-PI-R facets or reverse-coded facets relevant to each *DSM-IV-TR* PD).

Miller et al. (2005) found that their obsessive-compulsive PD prototype did not significantly correlate with its *DSM-IV-TR* diagnostic criteria, and their histrionic PD prototype had a significant gender difference in one of their samples such that only women's NEO-PI-R facet scores were significantly correlated with the histrionic *DSM-IV-TR* PD construct. The remaining eight PD prototypes, however, each correlated positively and significantly with their corresponding *DSM-IV-TR* disorders (Miller et al., 2005).

Data Analyses

For the SIDP-IV, which did not have informant reports, we conducted a series of paired-samples *t* tests to analyze whether interview-assessed PD traits change over time. For the MAPP, PD prototypes, and normal personality data, which had both self and informant

reports, we conducted a series of mixed-design repeated-measures ANOVAs to determine whether PD and normal personality traits change over time from the perspectives of selves and informants. Analyses were conducted separately for each of the 10 *DSM-IV-TR* PD types as assessed by each measure of personality pathology, and each of the five NEO-PI-R factors. We also conducted an “omnibus” test of the course of PD traits over time by calculating total scores on the SIDP-IV, MAPP, and PD prototypes from the perspectives of selves and informants at Time 1 and Time 2.

In the current analyses, we were interested only in how PD symptoms and normal personality traits change over time, and not whether there were mean-level differences between selves and informants. Whether there are mean-level differences between selves and informants is an important question. For the circumscribed purposes of the current article, however, we were interested in change alone. Hence, we chose to calibrate the baseline scores to 0 at Time 1 and use mean change scores at Time 2. This process allowed a more straightforward interpretation of the results. For the interested reader, means and standard deviations for all measures from each perspective at both time points are presented in the Appendix.

Results

SIDP-IV

As revealed by the results of our repeated-measures *t* tests, participants' total SIDP-IV scores decreased significantly over time, $t(835) = -10.72, p < .001$, by a mean of 3.14 response option points. Furthermore, 8 of the 10 scores for individual PD types decreased significantly over time. Only schizoid PD, which trended toward a significant increase over time, $t(835) = 1.65, p = .10$, and schizotypal PD, which was nonsignificant (i.e., stable over time), did not decrease over time. This finding in part confirmed our first hypothesis—that PD symptoms measured by a standard semistructured interview would decrease over time for many types of disorder.

MAPP

The MAPP total score revealed a significant interaction effect, $F(1, 1092) = 7.59, p < .01$, such that self reports decreased and informant reports slightly increased over time (see Figure 1). We also found significant interactions for 5 of the 10 individual PD types: antisocial, borderline, histrionic, avoidant, and dependent (see Figure 2). For four of the five significant interactions (all but histrionic), self-reports slightly decreased and informant reports slightly increased or remained stable over time. For the histrionic PD type, both selves and informants reported a decrease over time. The remaining five interactions were nonsignificant. The MAPP total score interaction confirmed our first hypothesis, that some self-reported PD types would decrease with time, but disconfirmed our second hypothesis, that informant-reported PD types would also decrease over time.

PD Prototypes

The summed PD prototype score interaction was significant, $F(1, 1098) = 35.75, p < .001$, with self reports decreasing and informant reports increasing over time (see Figure 1). Nine

of the 10 individual PD scores (all but histrionic) had significant interaction effects. For eight of the PD prototype scores with significant interactions (all but obsessive-compulsive), selves reported a decrease and informants reported a relative increase over time (“relative” because the informant-reported trajectory for borderline PD was slightly negative). For obsessive-compulsive PD, selves reported an increase and informants reported a decrease over time. Recall, however, that histrionic and obsessive-compulsive were the only PD prototype scores (during their development) that Miller et al. (2005) found to not always significantly correlate with their corresponding *DSM-IV-TR* diagnostic categories. This may be why these two findings were inconsistent with the remaining trajectories. Similar to the MAPP findings, findings from the PD prototype scores suggest that for many PD types, selves reported decreases and informants reported increases.

NEO-PI-R

Four of the five domains from the NEO-PI-R (neuroticism, extraversion, agreeableness, and conscientiousness) showed a significant interaction effect. For neuroticism, selves reported a decrease and informants reported a slight increase over time, $F(1, 1098) = 22.65, p < .001$; for extraversion, selves reported a slight increase and informants reported a decrease over time, $F(1, 1098) = 19.30, p < .001$; for agreeableness, selves reported an increase and informants reported a decrease over time, $F(1, 1098) = 21.05, p < .001$; and for conscientiousness, selves reported an increase and informants reported a decrease over time, $F(1, 1098) = 48.51, p < .001$. Only the openness factor did not have a significant interaction effect. These results parallel the MAPP and PD prototype findings in that selves reported that they were getting “better” (i.e., more emotionally stable, agreeable, and conscientious) over time, while informants reported that the selves were getting “worse” (i.e., less extraverted, conscientious, and agreeable) over time.

Discussion

The purpose of the current study was to examine the longitudinal course of PD dimensions and personality traits in community-dwelling adults from the perspectives of selves and their self-selected informants. The current study is the first to examine symptoms of PDs longitudinally in a community-based sample of adults nearing later life, and it is also the first to study PDs longitudinally in adulthood from the perspective of informants. A review of the literature led us to hypothesize that selves would report a decrease in PD symptoms and an increase in positive personality traits over time. Lacking any precedent to suggest otherwise, we assumed that informant-reported PD symptoms would follow the same trend. For informant-reported levels of normal-range personality traits, two previous studies with young adults led us to expect that informants might report a general worsening of personality traits over time. Consistent with our hypothesis as well as previous longitudinal research, selves often reported mean-level decreases in PD features over time. This trend was consistent across the SIDP-IV, MAPP, and PD prototype data (from the NEO-PI-R). Informant-reported data, however, often trended toward an increase of PD symptoms and prototype scores over time. The informant-reported trajectories offer a different perspective than the common conclusion that mean levels of PD features tend to decrease over time.

For normal personality traits, our self-reported results parallel the findings of Roberts et al. (2006), with mean-levels of emotional stability (the converse of neuroticism), agreeableness, and conscientiousness all increasing slightly over time. From the informants' perspective, however, extraversion, agreeableness, and conscientiousness each decreased over time. Similar to the PD symptoms, therefore, the mean-level trajectory of many normal personality traits depends on which source (self or informant) one asks. The FFM results were also noteworthy because selves generally reported improvements in normal personality, similar to their reported improvements in PD symptoms, while informants reported the opposite trends for both normal personality traits and PD symptoms.

Although there were slight differences in the trajectories between the overall MAPP and PD prototype scores, we believe that their similarities are quite remarkable (see Figure 1), especially considering that these results arose from two different methods of assessing personality pathology: The MAPP consists of items that focus directly on PD symptoms, and the PD prototypes are constructed entirely by summing select facets of normal personality traits. At the level of individual PD types (see Figures 2 and 3), the change trajectories usually created a “less than”-shaped pattern (<), with informant-reported data trending toward an increase over time and self-reported data trending toward a relative decrease over time. The fact that this pattern of trajectories across disorders and assessment methodologies is generally consistent is, we believe, testament to the robustness of this finding.

Our results lend some support to the general conclusion reached by Samuel et al. (2011) that the mean-level of stability and change for PDs depends in part on the method of assessment used (i.e., diagnostic interview vs. self-report questionnaire). In Samuel et al., their self-report PD questionnaire was more stable than their diagnostic interview-based assessment. In our study, 8 of the 10 PDs assessed via the SIDP-IV significantly decreased over time, whereas only 5 of the 10 PDs assessed via the self-report MAPP significantly decreased over time. Therefore, our self-report measure yielded a greater number of stable PD dimensions than our diagnostic interview. Our results extend the findings of Samuel et al. by showing that the stability of features of PDs also depends on the source that one uses. Specifically, while selves often reported mean-level decreases in PD symptoms over time, informants often reported increases in PD symptoms over time.

Although we found many significant changes and interactions over time, the effect sizes for the interactions were very small—on the order of .01 (partial eta squared). On the MAPP, for example, the overall self-reported decrease of PD traits over time was about three points on a scale that ranges from 0 to 320. This corresponds to less than one *DSM-IV-TR* PD diagnostic criterion decrease per 3 years. On the SIDP-IV, the total score decreased 3.14 response option points over about 2.5 years, which corresponds to about one diagnostic criterion every 3 years. Compared to Lenzenweger et al. (2004), who estimated that the PDs decrease at a mean-level rate of about 1.4 diagnostic criteria per year, the current study's change is relatively small. We believe that the ages of the participants could be a determining factor in the rate of change of personality disorder symptoms. The findings from Lenzenweger et al. were from a sample of college-aged adults. It is possible that our lower rate of change reflects a general solidification of personality in older adulthood (see

Roberts & DelVecchio, 2000) relative to younger adulthood. Personality disorder dimensions, along with personality traits, may change less over time in older adulthood relative to younger adults.

From the standpoint of developmental psychopathology, the beginning of later life is not without its challenges. As stated earlier in the article, individuals in this phase of their lives are faced with many difficult transitions, including declines in physical health and mental capacities, and changing social roles (e.g., retirement, the “empty nest,” and grandparenthood); they begin to face their own mortality, as well as the deaths of their parents and friends. We also know that, as individuals age, self-reported PD symptoms are likely to remit (based on average profiles); self-reported normal-range personality traits generally improve; and self-reported positive affect increases, while negative affect decreases (Mroczek & Kolarz, 1998). From the perspective of selves, therefore, it seems that most adults handle the transition to later life well. For those who do not, however, these new life challenges may lead to the onset or exacerbation of psychopathology.

One interpretation of our data is that informant reports are more likely than self-reports to identify those people who do experience an increase in various kinds of personality problems during this stage of the life span. In a previous analysis of data from this project, we reported that informants tend to report features of narcissistic PD at lower levels of the latent trait of narcissism than selves are able or willing to report (Cooper, Balsis, & Oltmanns, 2012). Similar analyses have not been completed for the other PD types, but the same pattern may hold for some other forms of personality pathology. Perhaps enhanced sensitivity to absolute levels of maladaptive personality traits would also translate into an improved ability to detect and report *changes* in traits that are associated with social impairment. Informants who are well acquainted with the participant might be quicker than the self to report the appearance or exacerbation of various negative personality characteristics. Most of the people in our large sample of middle-aged adults probably did not experience true changes in personality over this 2.5-year follow-up. Some probably did show positive changes, while others showed negative changes. Our overall pattern of changes in mean scores may indicate that informant reports are more likely than self-reports to identify those people whose personality problems did increase over time.

Why would informants be more likely than the self to detect and report negative personality changes? We don't know. From the perspective of social cognition, this pattern provides one more intriguing example of actor observer asymmetries in interpersonal perception (Malle, Knobe, & Nelson, 2007). The self and others are continuously engaged in the observation of a participant's interpersonal behaviors. Some of those events are interpreted as reflecting meaningful dispositions, and some are not. The literature on social cognition suggests that there are important differences between the self and others in terms of complex processes that govern inferences regarding the person's intentions, motives, and beliefs as well as the consistency with which changes in behavior might be expected to be maintained.

From the perspective of contemporary personality theory, our findings extend the consideration of self-other knowledge asymmetries, that is, who knows what about a person? Vazire (2010) found that internal states are better predicted by self-reports while

ego-involved traits such as intelligence are better predicted by informant reports. Perhaps certain PD features are more accurately assessed via self-reports, while others are more accurately assessed via informant reports (Cundiff, Smith, & Frandsen, 2012; Smith et al., 2008; Vazire & Carlson, 2011). Future research is needed to determine which source is more accurate in assessing which features of PDs. Perhaps “accuracy,” though, is not as important as the ability of each source to predict outcomes, such as health and functional impairment. Most likely, self-reports are a better predictor for some variables, whereas informant reports are a better predictor for other variables (Oltmanns & Turkheimer, 2006).

It is also possible that a relatively simple methodological artifact may be responsible for the diverging patterns of mean-level change that we observed for self and informant data. At the outset of the study, selves may be fully disclosing in an attempt to be cooperative, while informants may start off being hesitant to describe their spouses, family members, or friends in a negative way. After time, however, selves may become more accustomed to repeated self-disclosures about themselves and be less likely to “over report” their problems and weaknesses. Informants, on the other hand, may become more disclosing with time, as they become comfortable answering questions about the target individuals. This explanation of our findings can be examined as we continue to follow our participants over time because this effect would not be expected to persist through additional assessments.

One important limitation of the present findings is, in fact, that we were only able to consider personality data collected at two points in time. If we had three or more assessments, we would be able to use multilevel models to test whether personality pathology improves or deteriorates and whether this change occurs linearly or quadratically. In addition, these models would allow us to explore whether trajectories vary systematically between persons. As our longitudinal study progresses over time, we hope to take advantage of these more sophisticated analytic procedures.

Conclusions

Previous research has suggested that PD dimensions and personality traits generally improve over time. In the current study, our results both supported and questioned this conclusion. With self-reported data, we observed the mean-level PD decreases and personality trait increases that were consistent with previous research. With informant-reported data, however, the results often revealed a trend in the opposite direction, with PD dimensions increasing and positive personality traits decreasing. In short, selves and informants often provide contradictory perspectives on the trajectory of PD symptoms and normal personality traits. Although there were compelling trends among the trajectories over time, the magnitude of the mean-level changes was small. The findings presented here probably raise more questions than they answer. Should we rely on selves or informants when analyzing PD dimensions and personality traits? Which perspective is more useful in predicting outcomes? Why do the two perspectives reveal different trends? Is our current understanding about PD change limited by reliance on self-reported data? Do these findings replicate in other age groups? We hope that the current study promotes inquiry into these important questions.

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Figure 1.
Summed personality disorder trait change trends.
Note. * = a significant interaction effect at the $p < .01$ level.

Figure 2.

Changes in personality disorder traits over time as measured by the MAPP.

Note. In each figure, the vertical axis corresponds to the change over time in the PD trait as measured by the MAPP. * = a significant interaction effect at the $p = .05$ level.

Figure 3.

Changes in personality disorder traits over time as measured by the PD prototypes.

Note. In each figure, the vertical axis corresponds to the amount of change over time. * = a significant interaction effect at the $p < .05$ level.