Personality Judgment and Personality Pathology: Self-Other Agreement in Adolescents With Conduct Disorder

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ABSTRACT We examine two issues linking personality pathology and judgment of traits within the Five-Factor Model of personality. We hypothesize that pathology moderates self-other agreement—“target” participants with pathology should be less judgable than participants without pathology. In addition, we hypothesize that pathology could partially produce agreement across a variety of traits, particularly those traits fundamental to the pathology. In an adolescent sample including a group with Conduct Disorder (CD) and a Control group, we examine agreement between adolescents’ self-reports and their mothers’ informant reports. Using trait-centered and person-centered perspectives, we find support for both hypotheses. Results have implications for understanding the processes affecting personality judgment, for increasing integration of traditional personality research and personality pathology, and for personality assessment.

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For at least 70 years, personality psychologists have been interested in the way in which people judge each other’s personalities (Allport, 1937). Although personality psychology has seen important developments in theory and research related to personality judgment (Funder, 1995; Kenny, 2004), these developments have not been examined extensively in the context of personality pathology. With increasing integration of “normal” and “pathological” personality (e.g., Markon, Krueger, & Watson, 2005; Widiger, 2005), such an examination has implications for our understanding of personality judgment and for our understanding and assessment of personality pathology. In the current study, we examine the effect of personality pathology on personality judgments. Specifically, we examine two ways in which Conduct Disorder (CD) among adolescents affects agreement between adolescents’ self-perceptions across a wide range of personality traits and their mothers’ perceptions of the adolescents.

**Personality Pathology as a Moderator of Self-Other Agreement in Personality Judgments**

One way in which CD might affect personality judgments is as a moderator of self-other agreement. There are theoretical and practical reasons to expect that samples with some form of personality pathology would manifest lower self-other agreement than non-pathological samples.

Contemporary models of personality judgment outline factors affecting the judgmental process and the accuracy with which personality judgments are made. According to the Realistic Accuracy Model of personality judgment (RAM; Funder, 1995) and the PERSON model of interpersonal perception (Kenny, 2004), one key factor is the personality of the individual being judged—some target people are easier to understand and to perceive accurately than are others. From the perspective of RAM, this difference emerges because some people emit behavioral cues that are inconsistent and incoherent across social interactions, which creates ambiguous information about their personality. Ambiguous personality-relevant information prevents others from forming accurate personality judgments. For example, Colvin (1993a) found that college students who were well-adjusted and behaviorally consistent were more judgable than those who were inconsistent and less well-adjusted. Based on
several lines of research, Funder (1995; Funder & Colvin, 1997) concludes that the “good target” of personality judgment is consistent, self-controlled, emotionally stable, honest, open, and psychologically well-adjusted.

Many characteristics of personality pathology are contradictory to the characteristics of the good target. For example, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) (American Psychiatric Association, 1994) states that CD is associated with externalizing behavior such as aggression toward other people or to animals, deceitfulness, theft, extreme rule violations, and behavior that leads to property loss or damage. Recent research in CD and similar disorders reveals connections with a range of broad personality traits such as elevated Psychoticism, low Agreeableness, and low Conscientiousness, and this research also indicates that CD is somewhat associated with elements of Extraversion and Neuroticism (Center, Jackson, & Kemp, 2005; Dâderman, 1999; De Clercq & De Fruyt, 2003; Jang, Livesley, & Vernon, 1999; Knyazev & Wilson, 2004; Larstone, Jang, Livesley, Vernon, & Wolf, 2002; Tranah, Harnett, & Yule, 1998). In addition, Dâderman (1999) reported that conduct-disordered juvenile males are more impulsive, suspicious, and detached than non-conduct-disordered juvenile males. In sum, the impulsivity, reactivity, and generally low psychological well-being that characterize CD are qualities that RAM suggests would likely create inconsistent behavioral cues across many facets of personality. In addition, the deceitfulness, social detachment, and suspiciousness could create a tendency to avoid clear self-disclosure to others. Therefore, we hypothesize that adolescents with CD will be less judgable than adolescents without CD.

From a different tradition, researchers have examined self-other agreement on personality disorder traits themselves. Klonsky, Oltmanns, and Turkheimer (2002) reviewed 12 studies of self-other agreement using various measures of personality disorders. Each study included either a clinical sample or a non-clinical sample, and each included at least one judge for each target participant. Klonsky and his colleagues speculated that clinical samples have poorer self-insight than non-clinical samples, resulting in lower self-other agreement. However, they also noted that clinical samples might gain insight through the therapeutic process, thereby increasing their self-other agreement as compared to non-clinical samples. Their review was inconclusive, revealing that studies of clinical samples produced
a median self-other agreement correlation that was very similar to the median correlation found in studies of non-clinical samples. As Klonsky et al. acknowledge, the results of their review should be viewed with caution. For example, none of the studies included both clinical and non-clinical samples. In addition, the measures of personality disorder traits differed across studies. Such methodological differences between studies might obscure a true difference in self-other agreement between clinical and non-clinical samples.

In sum, there are reasons to expect lower self-other agreement within clinical samples than within non-clinical samples, but the empirical evidence is mixed. Although the RAM (Funder, 1995) predicts lower self-other agreement within clinical samples, there are no empirical tests of this hypothesis in terms of normal personality traits. Similarly, although Klonsky et al.’s (2002) review of self-other agreement in personality disorder traits revealed no difference between clinical and non-clinical samples, there are several reasons to view their results as inconclusive.

In the current study, we examine personality judgment in a sample that includes adolescents with CD and adolescents without CD. Specifically, we examine agreement between adolescent’s self-ratings and their mothers’ ratings across traits relevant to the Five-Factor Model of personality (FFM; Widiger, 2005), and we expect to find lower agreement among adolescents with CD than among adolescents without CD. By examining the effect of CD across many traits, we extend the RAM to the study of personality pathology. By including both a pathological and a non-pathological group within a single sample, we obtain more direct evaluation of group differences in self-other agreement than Klonsky et al. (2002) could achieve in their review of a heterogeneous set of studies.

There are at least three important implications if self-other agreement is lower within a group of CD adolescents than within a group of adolescents without CD. First, self-other agreement has implications for the validity of personality ratings. Although a high level of agreement between self-ratings and informant ratings does not definitively indicate that ratings are valid, a low level of agreement should certainly raise concerns about the accuracy of the ratings. A relatively low level of self-other agreement within a sample of CD adolescents would suggest that personality ratings within this sample should be interpreted with particular caution, which has implications for research and for practice. Second, self-other agreement has
implications for our understanding of self-knowledge and self-presentation. A high level of agreement between targets’ and informants’ self-reports indicates that targets view themselves in ways that correspond with the ways in which they present themselves to others. A relatively low level of self-other agreement among CD adolescents could indicate a low level of self-knowledge, a low level of correspondence between self-perceptions and self-presentations, or both. Third, the correspondence—or lack thereof—between one’s self-perceptions and others’ perceptions can affect the quality of relationships. A low level of self-other agreement among CD adolescents might reflect a mutual misunderstanding that could create problems for their interpersonal relationships.

**Personality Pathology as a Contributor to Self-Other Agreement**

A second way in which CD might affect self-other agreement in personality judgments is by producing high levels of agreement across a heterogeneous sample of participants. Self-other agreement is often examined by correlating self-ratings on a trait with informant-ratings on the trait (e.g., Watson, Hubbard, & Weise, 2000). From this approach, a positive correlation indicates that targets and informants agree on which targets have relatively high trait levels and which have relatively low levels. Therefore, agreement exists only if there are clearly detected trait-level differences among targets. The observation that a single categorical distinction can contribute to high levels of agreement in a heterogeneous sample is partly definitional (as we show below), but we are not aware of an explicit acknowledgement of this in the personality judgment literature. To demonstrate this effect, we examine self-other agreement in a sample that is heterogeneous with regard to CD.

Furthermore, we hypothesize that self-other agreement across the entire sample will be larger for traits relevant to CD than for traits that are not relevant to CD. To test this hypothesis and because we were unable to find FFM-based profiles for CD, we compare our self-other agreement analyses to a FFM-based profile of Antisocial Personality Disorder (ASPD) obtained in a sample of adolescents (de Clercq & de Fruyt, 2003). Although the DSM-IV does not recognize personality disorders prior to age 18, CD is closely aligned with ASPD. In fact, a childhood CD diagnosis is a criterion for an
adult ASPD diagnosis. Therefore, we assume that the ASPD trait profile is the best available profile for use among adolescents with CD.

The fact that heterogeneity among targets can partially create self-other agreement has at least three implications for research in personality judgment and personality pathology. First, a single categorical difference among targets might affect self-other agreement across a wide range of personality traits. If one fundamental distinction, such as CD, is related to differences across a range of personality characteristics, then such a distinction can produce apparently high levels of self-other agreement in those traits in a sample that is heterogeneous with regard to that distinction. Second, if agreement is examined in a sample that is heterogeneous in terms of an important categorical distinction, such as CD, then the level of agreement observed across the entire sample might be unrepresentative of the agreement within sub-groups. That is, if we examined a sample that includes a group of participants with a particular personality pathology and a group of participants without personality pathology, then the self-other agreement we find across groups might be dramatically higher than agreement within either group. Third, self-other agreement might differ across traits, indicating that the group distinction is clearer for some traits than for others. This would reveal the domains in which self-reports and informant-reports provide different and complementary information (Clifton, Turkheimer, & Oltmanns, 2004).

Two Perspectives on Self-Other Agreement

Personality judgments can be examined from at least two complementary ways of conceptualizing and operationalizing self-other agreement (Funder & Colvin, 1997). In the current study, we examine both perspectives.

Trait-Centered Perspective

The trait-centered perspective focuses attention on differences among targets for a trait, and it conceptualizes self-other agreement as the consistency of inter-individual differences in a trait across raters. Adam and Brian rate themselves and are rated by their mothers on three traits—Neuroticism, Extraversion, and Openness. From the trait-centered approach, we examine the degree to which the difference between Adam and Brian in their self-ratings on each trait is
similar to the difference between Adam and Brian in their mothers’
ratings. For each trait, the correlation between self-ratings and
mothers’ ratings reflects the level of self-other agreement. Research
in self-other agreement has often adopted the trait-centered perspec-
tive (e.g., Bernieri, Zuckerman, Koestner, & Rosenthal, 1994;
Borkneau & Liebler, 1993; Funder & Dobroth, 1987; John &
Robins, 1993; Marsh & Byrne, 1993; Watson et al., 2000).

From a trait-centered perspective, our two core research questions
are integrated into a single framework. For a sample that includes
two groups, total self-other agreement correlation for a trait is de-
termined by: a) the degree to which self-ratings are correlated with
others’ ratings within each group, and b) the size of between-group
differences in the trait. More specifically (Pedhazur, 1997; p. 684):

\[ r_t = r_w \sqrt{1 - r_s^2} \sqrt{1 - r_o^2} + r_s r_o \]  

Equation 1

In this equation, \( r_t \) is the total self-other agreement correlation
across the entire sample. In addition, \( r_w \) is the pooled within-group,
self-other agreement correlation, which is conceptually akin to the
average of the self-other agreement correlations computed within
each of the two groups. The group differences in mean trait levels are
represented by \( r_s \) and \( r_o \) (the point-biserial correlation between group
membership and either self-reported trait ratings or other-reported
trait ratings, respectively).

In the current study, we examine all elements of this framework.
First, we hypothesize that self-other agreement will be lower within a
CD group than within a non-CD group. Therefore, we expect that
the elements of the pooled within-group agreement correlation (\( r_w \))
will differ. To examine this, we will contrast the self-other agreement
correlations within a CD sample of adolescents with the self-other
agreement correlations within a Control sample of adolescents. Sec-
ond, we demonstrate that trait level differences between the groups
(as reflected by \( r_s \) and \( r_o \) for self-reports and other-reports, respec-
tively) are linked to total self-other agreement correlations (\( r_t \)),
particularly for traits that are relevant to CD.

**Person-Centered Perspective**

A person-centered perspective on self-other agreement focuses
on raters’ agreement on a target’s profile of trait levels, and it
conceptualizes self-other agreement (or “judgability”) as the consistency or stability of a person’s *intra-individual differences among traits* across raters. Consider again Adam and Brian. Adam rates himself as high on Neuroticism, average on Extraversion, and low on Openness. To address person-centered self-other agreement for Adam, we examine the degree to which Adam’s mother provides a similar rank-ordered pattern or profile of trait scores in her description of Adam.

A person-centered self-other agreement correlation can be obtained for each target (independent of other targets), reflecting the degree to which the target’s overall self-reported profile of trait scores is similar to the profile of trait scores provided by a judge. Person-centered or “profile” correlations are computed by transposing the two sets of ratings (target and judge) so that they form two columns, with each row representing a different trait. In essence, a strong positive correlation indicates that the target and judge agree on which traits are more and less characteristic of the target. The person-centered perspective has been used frequently in the analysis of self-other agreement (e.g., Baker & Block, 1957; Bernieri et al., 1994; Blackman & Funder, 1998; Chaplin & Panter, 1993; Colvin, 1993a, 1993b).

At the most basic person-centered level, the correlation between a target’s profile of self-reported trait scores and an informant’s profile of trait scores is that target’s *Overall person-centered judgability*. Although this has an intuitive appeal, its apparent simplicity masks substantial complexity (Cronbach, 1955; Cronbach & Gleser, 1953). An informant could produce a high Overall agreement correlation even if he or she has never met the target participant. Imagine that the informant rater knows that the target participant is an adolescent but has never met the target. In such a situation, the informant might provide trait ratings only intended to describe the typical or “normative” adolescent. If the target adolescent happens to describe himself as the typical adolescent, then we will find a high Overall agreement correlation. The apparently high level of Overall agreement might then be considered an artifact that does not reflect a truly accurate perception of that particular target participant. Instead, it reflects a general normativeness that is coincidentally inherent in both the informant ratings and in the self-ratings.

To account for this possibility, profiles of trait ratings can be decomposed (Furr, 2006). An individual’s score on a trait can be
conceptualized as the sum of the group’s mean rating on the trait and the individual’s distinctiveness on the trait. Distinctiveness reflects the degree to which the person is higher or lower than the typical person in the group. Expanding to the level of a profile of trait scores, the “Overall” trait profile is the sum of a “normative” trait profile (i.e., profile of group mean scores) and a “distinctive” trait profile (i.e., profile of deviation scores). This decomposition can be applied to a target’s self-report trait profile and to an informant-reported trait profile.

By extension, an Overall agreement correlation can be decomposed into meaningfully different components. A Distinctive agreement component reflects the degree to which the unusual or distinctive aspects of a participant’s trait profile—his or her differences from the group average—are agreed upon by two raters. More concretely, it is the correlation between the target’s self-report distinctive profile and the informant’s distinctive profile. A Normativeness-Self component reflects the degree to which the target’s profile of self-ratings is similar to the normative (i.e., averaged) profile of all targets’ self-ratings. A Normativeness-Informant component reflects the degree to which the informant’s profile of ratings is similar to the normative (i.e., averaged) profile of all informants’ ratings.¹ Note that a high degree of homogeneity among profiles indicates that most people have rather “average” profiles, which precludes a large amount of Distinctive agreement. That is, greater homogeneity among the profiles increases the size of the Normativeness components but it decreases the potential size of the Distinctiveness component.

In addition to its importance as a conceptually unique perspective on self-other agreement, the person-centered perspective has added relevance for personality pathology. Profile-oriented approaches are emerging as a way of conceptualizing and assessing personality disorders. Widiger and others have examined personality disorders in terms of profiles based on the FFM (Lynam & Widiger, 2001; McCrae, Yang, Costa, Dai, Yao, Cai, & Gao, 2001; Miller, Lynam, Widiger, & Leukefeld, 2001; Miller, Pilkonis, & Morse, 2004; Miller, Reynolds, & Pilkonis, 2004; Widiger, Trull, Clarkin, Sanderson, &

¹. The Overall agreement correlation can be decomposed in several ways (Furr, 2006). All methods include some form of Distinctive agreement and some forms of Normativeness.
Costa, 2002). Similarly, Westen and Shedler (1999a, 1999b, 2000; Shedler & Westen, 2004) developed a Q-sort instrument for assessing personality disorders, and they suggest that the instrument be used in a profile-matching procedure. The important potential of these approaches require a deeper understanding of the factors affecting profile agreement scores and their components in the context of personality pathology.

**Overview and Summary of Hypotheses**

In the current study, we examine the influence of CD on self-other agreement in personality judgments. We examine the possibility that self-other agreement is different for people differing in CD status. Based on the personality judgment literature (RAM; Funder, 1995) and on the personality characteristics associated with CD, we hypothesize that CD should be associated with relatively low self-other agreement. We also examine the possibility that CD partially produces self-other agreement, particularly in traits that are relevant to CD. Two perspectives will be taken to examine these issues. A trait-centered perspective integrates both issues into one statistical framework, and a person-centered perspective provides a complementary in-depth analysis of the “moderator” question.

**METHOD**

*Participants and Screening Procedures*

Participant recruitment and screening proceeded through several steps. Adolescents and their mothers were recruited through two local newspaper advertisements for a study of attention and memory. The first advertisement asked for “healthy, well-adjusted children” between the ages 13 and 17. The second advertisement asked for children between the ages of 13 and 17 who have “severe behavior problems at home and at school,” and it specified examples such as temper tantrums, arguing, fighting, lying, breaking rules, and theft. Mothers responded to the advertisements, and they participated in a telephone screening in which they described the adolescent’s general health and symptoms related to CD.

Potential participants were invited for an onsite screening interview that included tests of medical/psychiatric symptoms, general intellectual functioning, and history of aggression. A psychiatrist supervised the interview process, which involved administration of a semi-structured
diagnostic interview (Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime Version [K-SADS-PL]; Kaufman et al., 1997) for DSM-IV (American Psychiatric Association, 1994) by a trained interviewer who conducted the interview with the parent and the adolescent separately. The information from the interviews was reviewed by a research team (the second author, a psychiatrist, an interviewer) that assigned diagnoses using the Best Estimate Diagnostic Procedure (Kosten & Rounsaville, 1992; Leckman, Sholomskas, Thompson, Belanger, & Weissman, 1982). To avoid potential biases, mothers were informed of the diagnostic outcomes only after completing the personality ratings. Intellectual functioning of the adolescents was tested using the Wechsler Abbreviated Scale of Intelligence™ (WASI; 1999).

Finally, previous experience with fighting was assessed using the Lifetime History of Aggression (Coccaro, Berman, & Kavoussi, 1997).

Based on the screening process, two groups of adolescents were recruited. The Control group (M = 14.32 years) included healthy adolescents with no evidence of a psychiatric disorder, and the CD group (M = 14.27 years) included adolescents meeting DSM-IV criteria for Conduct Disorder. Exclusionary criteria for all participants included (1) IQ less than 70 and (2) use of any psychoactive medications, including Ritalin, within the past year (determined with the K-SADS-PL). Additionally, potential Controls where excluded if they had any history of DSM-IV psychiatric disorder or were physically aggressive (three or more physical fights in their lifetime). Fighting experience was considered for potential controls to avoid overlap with CD symptoms (DSM-IV, 1994). Potential CD participants were excluded if they met criteria for any DSM-IV disorder other than CD (although comorbidity with Attention Deficit/Hyperactivity Disorder was not exclusionary due to the high degree of co-occurrence of these disorders; Jensen, Martin, & Cantwell, 1997). Through this screening process, 98 adolescents qualified and participated in the study. An additional 58 potential participants were screened but excluded (n = 22 for other psychiatric disorder, n = 19 did not meet criteria for CD, n = 10 for IQ less than 70, n = 5 did not meet criteria for Control, and n = 2 drug use). Even with this as an exclusionary criterion, based on the comorbidity rates of other larger scale studies (MTA, 1999) we would expect that our findings would generalize to 50% of the CD population.

Ninety-eight (53 Control, 45 CD) pairs of adolescents and mothers participated. The adolescents were ethnically diverse (51% African American, 21% Caucasian, 21% Hispanic, 1% Asian, and 4% reporting multiple identifications), with 53 females and 45 males. Mothers provided informed consent, adolescents provided assent, and each person received approximately $8/hour for participation.
Instruments

Participants rated the adolescents’ personality on the Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 1992) on the day of the onsite screening interview. The NEO-PI-R assesses the factors of the Five-Factor Model of personality, including six facet scales for each factor. Internal consistency estimates range from .86 to .95 for factors (.56 to .90 for facets), and stability estimates range from .51 to .83 (Costa & McCrae, 1992). Each factor includes 48 questions rated on a 5-point Likert scale. Adolescents completed the NEO-PI-R self-report version (Form S), and mothers completed the observer version (Form R). The NEO-PI-R and similar scales have demonstrated acceptable validity among adolescents as young as 12 years old (de Fruyt, Mervielde, Hoekstra, & Rolland, 2000; Markey, Markey, Tinsley, & Erikson, 2002; McCrae et al., 2002; Parker & Stumpf, 1998; Sherry, Henson, & Lewis, 2003; Sneed, Gullone, & Moore, 2002). As in previous research in which adolescents responded to NEO-based measures, the respondents were free to ask questions regarding any of the items.

ASPD/NEO-PI-R Profiles

We hypothesize that self-other agreement in the current sample should be strongest for traits relevant to CD. Although we are not aware of personality profiles based on NEO-PI-R facets for adolescents with CD, there are several NEO-PI-R facet profiles for ASPD, which is likely to be a close approximation of CD. For our analyses, we use results from de Clercq and de Fruyt (2003), who present correlations between ASPD scores and each of the NEO-PI-R facets. Within a sample of 419 adolescents (age 13 to 19 years, \( M = 16.4 \)), ASPD was negatively correlated with most facets of Agreeableness and Conscientiousness, reflecting distrust, deceitfulness, disregard for others, a lack of self-discipline, and a lack of responsibility. In addition, ASPD was associated with Angry

2. Although we present only our analyses of the ASPD profile derived from de Clercq and de Fruyt (2003), we examined two additional ASPD profiles. Widiger et al. (2002) translated DSM-IV diagnostic criteria for ASPD in terms of NEO-PI-R facets. This profile consisted of two facets judged to be high (Angry Hostility and Excitement Seeking) and seven facets judged to be low (Straightforwardness, Altruism, Compliance, Tender Mindedness, Dutifulness, Self-discipline, Deliberation) in ASPD. In addition, Lynam and Widiger (2001) obtained NEO-PI-R ratings from ASPD experts to create a set of predicted facet means for a “prototypic” ASPD case. Our analysis of these two alternative profiles produced results that are very similar those reported in the current article.
Hostility, Impulsiveness, Excitement-seeking, and low Warmth. See Table 2 for the complete set of correlations.

RESULTS

Although the two groups of adolescents did not differ in age ($d = .04$, $p > .05$) or ethnicity ($X^2(4) = 1.77$, $p > .05$), they did differ in gender and IQ. Consistent with the gender prevalence rates of CD (DSM-IV, 1994; Lahey, Miller, Gordon, & Riley, 1999), more boys than girls qualified for the CD group and more girls qualified for the Control group ($\Phi = .26$, $p < .05$). Consistent with previous reports on intellectual functioning (Harada et al., 2002; Simonoff et al., 2004), the CD group had a lower mean IQ score than the Control group ($d = 1.06$, $p < .05$).

Table 1 presents the means, standard deviations, and internal consistencies for the NEO-PI-R factors and facets. Among the self-report ratings, internal consistency ranged from .71 to .90 ($M = .83$) for the factors and from .22 to .78 ($M = .60$) for the facets. Among the mother-report ratings, internal consistency ranged from .71 to .96 ($M = .87$) for the factors and from .21 to .91 ($M = .67$) for the facets.

Group Differences in Personality

As described earlier (Equation 1), group differences in trait levels can contribute to total self-other agreement across the entire sample. Reflecting these group differences, Table 1 presents point biserial correlations between CD status and each NEO-PI-R scale, for self-ratings ($r_s$) and for mothers’ ratings ($r_o$).

Results reveal differences between CD and Control adolescents across many traits. The largest differences were within Agreeableness and Conscientiousness, revealing distrust, deceitfulness, disregard

3. We examined the possibility that group (CD vs Control) differences in self-other agreement effects could be explained by group differences in gender or intelligence, but the group differences were not affected by controlling for either variable. In addition, we examined the possibility that self-other agreement effects could be explained by group differences in ADHD. We conducted analyses on the 27 CD adolescents who did not exhibit evidence of ADHD, and results were highly similar to the results obtained with the complete sample of CD adolescents.
### Table 1
Descriptive Statistics and Group Differences on the NEO-PI-R

<table>
<thead>
<tr>
<th>Factor/Facet</th>
<th>Adolescents Self-Reports</th>
<th></th>
<th>Mothers’ Reports</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
<td>CD</td>
<td>Control</td>
<td>CD</td>
</tr>
<tr>
<td></td>
<td>z</td>
<td>M (SD)</td>
<td>M (SD)</td>
<td>r_s</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>.87</td>
<td>77.08 (16.57)</td>
<td>97.36 (18.34)</td>
<td>.51*** 1.23</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.57</td>
<td>13.42 (4.33)</td>
<td>15.98 (4.22)</td>
<td>.29** .95</td>
</tr>
<tr>
<td>Angry Hostility</td>
<td>.74</td>
<td>13.08 (4.06)</td>
<td>19.38 (5.37)</td>
<td>.56*** 1.75*</td>
</tr>
<tr>
<td>Depression</td>
<td>.60</td>
<td>11.62 (4.23)</td>
<td>15.44 (4.61)</td>
<td>.40*** 1.19</td>
</tr>
<tr>
<td>Self-Consciousness</td>
<td>.43</td>
<td>13.53 (4.17)</td>
<td>14.47 (3.67)</td>
<td>.12 .77</td>
</tr>
<tr>
<td>Impulsiveness</td>
<td>.22</td>
<td>14.85 (2.72)</td>
<td>17.07 (3.38)</td>
<td>.34*** 1.54</td>
</tr>
<tr>
<td>Vulnerability</td>
<td>.71</td>
<td>10.58 (3.48)</td>
<td>15.02 (4.64)</td>
<td>.48*** 1.78*</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.81</td>
<td>120.75 (14.18)</td>
<td>110.44 (16.54)</td>
<td>−.32** 1.36</td>
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<tr>
<td>Warmth</td>
<td>.78</td>
<td>23.30 (3.80)</td>
<td>17.33 (5.17)</td>
<td>−.56*** 1.85*</td>
</tr>
<tr>
<td>Gregarious</td>
<td>.58</td>
<td>20.49 (3.86)</td>
<td>19.02 (4.91)</td>
<td>−.17 1.62*</td>
</tr>
<tr>
<td>Assertive</td>
<td>.40</td>
<td>18.21 (4.34)</td>
<td>16.89 (2.95)</td>
<td>−.17 .46*</td>
</tr>
<tr>
<td>Activity</td>
<td>.31</td>
<td>17.43 (3.11)</td>
<td>17.67 (3.45)</td>
<td>.04 1.23</td>
</tr>
<tr>
<td>Excitement Seeking</td>
<td>.51</td>
<td>20.92 (3.41)</td>
<td>22.20 (4.91)</td>
<td>.15 2.07**</td>
</tr>
<tr>
<td>Positive Emotions</td>
<td>.65</td>
<td>20.40 (4.33)</td>
<td>17.33 (4.35)</td>
<td>−.33*** 1.01</td>
</tr>
<tr>
<td>Openness</td>
<td>.71</td>
<td>109.26 (14.25)</td>
<td>99.40 (9.50)</td>
<td>−.37*** 1.44*</td>
</tr>
<tr>
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Note: CD = Conduct Disorder; r_s = Spearman's rank-order correlation; F = F-statistic; n = not applicable; ***p < .001; **p < .01; *p < .05; ns = not significant.
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Note: n = 98. rs = group difference in adolescents’ self-ratings, r0 = group difference in mothers’ ratings, F = F test of group difference in variance, with the CD variance divided by the Control variance. `aThese values are statistically significant when the Control variance is divided by the CD variance, which reverses the F value. 

**p<.001, **p<.01, *p<.05 for rs and r0, control = 0, CD = 1.
for others, a lack of self-discipline, and a lack of responsibility among adolescents with CD. In addition, large differences revealed that CD adolescents were relatively hostile, vulnerable to stress, and interpersonally cold. Although self-reports showed weaker group differences on average (mean absolute value for $r_s = .35$) than did mothers’ reports (mean absolute value for $r_o = .54$), the pattern of differences was very similar. Further, the differences in Table 1 are very similar to de Clercq and de Fruyt’s (2003) analysis of adolescent ASPD. The de Clercq and de Fruyt pattern of correlations is highly correlated with the pattern of point-biserial correlations in Table 1 ($r = .87$ for self-reports, $r = .87$ for mothers’ reports).

Results also indicate that ratings of CD adolescents had somewhat greater intra-group variability than ratings of Control adolescents. Among the adolescents, $F$ tests of group differences in variance revealed greater variance within the CD group for nine traits (e.g., Angry Hostility, Vulnerability to Stress, Warmth, Excitement seeking), but greater variance within the Control group for only two traits (i.e., Assertiveness, Openness). Among the mothers, $F$ tests of group differences in variance revealed greater variance within the CD group for eleven traits (e.g., Vulnerability to stress, Warmth, Trust, Altruism), but no traits with greater variance within the Control group.

**Self-Other Agreement at the Trait Level**

*Total Self-Other Agreement*

From a trait-centered perspective, we examined self-other agreement separately for each factor and facet. For each scale, we computed the correlation between adolescents’ self-ratings and mothers’ ratings. Table 2 reveals generally high levels of total self-other agreement ($r_t$, from Equation 1) for nearly all factors and facets. The mean factor-level agreement correlation is .56, the mean facet-level agreement correlation is .39, and only one of the 35 correlations was below .20 (Actions).

Despite the generally high levels of self-other agreement, there is variability among the traits. Agreement was strongest for Angry Hostility, Vulnerability to stress, Warmth, Compliance, Orderliness, and Deliberateness, and it was lowest for several facets of Openness to Experience, along with Self-consciousness and Modesty. The overall pattern of agreement reveals that traits with the largest
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Note: \( n = 98 \).

***\( p < .001 \), **\( p < .01 \), *\( p < .05 \).
self-other agreement tend to be more relevant to ASPD. To examine this, we squared each correlation reported by de Clercq and de Fruyt (2003), producing a profile representing the degree to which each NEO scale is relevant to ASPD. The correlation between this “ASPD-relevance” profile and the profile of total self-other agreement correlations reported in Table 2 was fairly strong ($r = .47$).

**Self-Other Agreement Within Groups**

As shown in Equation 1, total self-other agreement is determined by between-group differences in trait levels (see Table 1) and by within-group levels of self-other agreement. While the total self-other agreement correlations presented in Table 2 reveal generally strong levels of agreement across the sample as a whole, the groups themselves might manifest lower levels of self-other agreement. In addition, we hypothesized that CD and Control groups will differ in self-other agreement. To examine these issues, we computed self-other agreement correlations within each group, with results presented in Table 2.

Results provide mixed evidence regarding the difference between groups’ levels of agreement. In general, the CD group appeared to have lower agreement correlations than the Control group. For the CD group, correlations ranged from $-0.09$ to $0.50$ ($M$ factor-level correlation $= .21$, $M$ facet-level correlation of $0.17$). For the Control group, correlations ranged from $-0.04$ to $0.69$ ($M$ factor-level correlation $= .47$, $M$ facet-level correlation $= .31$). Despite these results, formal tests revealed few significant differences between the two groups’ correlations. As shown in Table 2, $z$ tests for independent correlations indicated significant differences for only 6 of the 35 tests. However, all six significant results revealed that the CD group manifested significantly lower agreement than did the Control group.

The largest differences emerged for facets of Openness, Agreeableness, and Conscientiousness. Although Control adolescents and their mothers agreed relatively well on these traits, CD adolescents and their mothers had very low agreement. Although we had no specific hypotheses, we explored the association between ASPD-relevance and the group differences in self-other agreement. There was a weak correlation ($r = .22$) between the ASPD-relevance profile and a profile of group differences in self-other agreement. This indicates that the relatively low self-other agreement among CD
adolescents was slightly more pronounced for ASPD-relevant traits than for ASPD-irrelevant traits.

**Self-Other Agreement at the Person Level**

From a person-centered perspective on self-other agreement, an adolescent’s Overall agreement is the correlation between his or her self-reported trait profile and the mother-reported profile. Again, this was obtained by transposing the two sets of ratings (target self-report and mother-report) into two columns, with each row representing a different trait, and then computing the correlation between the two columns. As described earlier, Normativeness and Distinctive agreement are computed in relation to group mean profiles, reflecting the degree to which an individual is similar to the norm and the degree to which two raters agree on the Distinctive aspects of a target’s personality. For the current analyses, we computed mean trait profiles separately for the Control group and for the CD group. Therefore, each adolescent’s Distinctive agreement and Normativeness were computed in relation to his or her group.

One clear finding is that self-other agreement and normativeness are generally positive. The first column in Table 3 presents mean agreement/normativeness correlations, averaged across all participants. These means are all positive, ranging from .27 to .77. Figure 1 is even more telling, presenting Overall agreement and Distinctive agreement correlations. Among the 97 target adolescents, 94 have positive Overall self-other agreement correlations and 76 have positive Distinctive agreement correlations. Thus, adolescents and their mothers generally agreed on the adolescents’ trait profiles.

4. Analyses of profile correlations were also conducted using Cohen’s (1969) index of profile similarity, which adjusts profile correlations for potential effect of the direction of scoring for each trait in the profile. Analyses of Cohen’s index lead to the identical conclusions as those reported here. In addition, we omitted one CD adolescent from these analyses. This participant’s Overall and Distinctive agreement correlations were extremely discrepant from the rest of the sample. His Overall agreement correlation was nearly 4 standard deviations below the mean, and his Distinctive agreement correlation was nearly 3 standard deviations below the mean. Therefore, to enhance the representativeness of the results, this participant was dropped from the “person-centered” analyses. Therefore, the sample size for the remaining analyses is $n = 97$. Results change only slightly when the participant is included.
A second finding is that CD adolescents have lower self-other agreement than Control adolescents. For both Overall agreement and Distinctive agreement, Table 3 and Figure 1 reveal clear and statistically significant differences between CD and Control adolescents. These robust differences stand in sharp contrast to the relatively ambiguous results from trait-level analyses of group differences in agreement.

A third (and unexpected) finding is that CD adolescents are less homogeneous than the Control adolescents. The normativeness components indicate that the CD adolescents manifested a relatively low level of homogeneity both within their self-ratings and within their mothers’ ratings (see Table 3). That is, the Control adolescents are more alike than are the CD adolescents. For another perspective on this, we computed a correlation between the self-report trait profile of each adolescent in the Control group with every other adolescent in the Control group. The mean of these 1,378 profile similarity correlations is .41, and the mean of the 1,378 profile similarity correlations among their mothers’ informant-report trait profiles is .62. The mean similarity correlations within the CD group are considerably lower—only .21 for the self-report and .43 for the informant-reports (each based on 946 profile similarity correlations).

Table 3
Person-Level Analyses

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Note: ***p<.001. **p<.01. The effect size reflects the degree of difference between the CD and Control means.

5. The means, significance tests, and effect sizes reported in Table 3 are based on Fisher’s $r$ to $z$ transformations of the profile correlations (Rosenthal & Rosnow, 1991). The means in the Table are transformed back to the $r$ metric from the $z$ metric.
The current study demonstrates the effects of personality pathology on self-other agreement in the judgment of personality traits. From two complementary perspectives on self-other agreement, results...
show that CD partially moderates self-other agreement and partially contributes to self-other agreement. In addition, results provide unexpected indications that a group with personality pathology was more heterogeneous than a group without personality pathology.

**CD as a Moderator of Self-Other Agreement**

Previous research and theory suggests that self-other agreement would be weaker within a “personality pathology” group than within a non-pathological group. Based on the Realistic Accuracy Model of personality judgment (Funder, 1995), on the nature of the characteristics of CD, and on arguments by Klonsky et al. (2002), we hypothesized that targets with CD would be less “judgable” than targets without CD. Although the person-centered analyses provided clearer evidence than did the trait-centered analyses, the results generally support the prediction.

The trait-centered perspective provided mixed support for the predicted group difference in self-other agreement. Results indicated that self-other agreement among CD adolescents tends to be lower than among Control adolescents, although the differences are not large enough to produce statistical significance across many traits. The largest group differences in trait-level agreement occurred mainly for facets of Openness, Agreeableness, and Conscientiousness. Although Agreeableness is often found to have relatively low self-other agreement (e.g., Gosling, Rentfrow, & Swann, 2003; John & Robins, 1993; Watson et al., 2000), it is important to note that Agreeableness and Conscientiousness are particularly relevant to CD (de Clercq & de Fruyt, 2003). Thus, CD adolescents seem to have particularly low self-other agreement for traits that are particularly relevant to their pathology. This counterintuitive finding is not due to restricted range within the CD group. In fact, the variability within the CD group is close to, if not greater than the variability within the Control group for most facets of Agreeableness and Conscientiousness. In addition, this finding is not due to poorer reliability among the Agreeableness and Conscientiousness traits. In fact, the sample-level reliabilities are higher for these traits than for traits from the other factors. Even further, an examination of the reliabilities within each group (not included in Table 1) reveals that the reliabilities for Agreeableness and Conscientiousness are high in comparison to the other traits. Thus, there is no clear psychometric
basis for the relatively lower agreement among the CD group for the Agreeableness and Conscientiousness traits. Future research can attempt to replicate this finding for CD groups and for other forms of personality pathology, and it can evaluate psychological explanations. For example, perhaps individuals with personality pathology are most susceptible to self-deception or impression management for precisely those traits that are most relevant to their pathology.

The person-centered perspective provided stronger evidence of group differences in self-other agreement. Although the Overall agreement correlations were generally large, CD adolescents had significantly lower Overall agreement scores than did Control adolescents. Although this difference is compelling, it should be interpreted in the context of the other components of person-centered agreement. The relatively lower normativeness within the CD group might indicate that the group difference in Overall agreement is solely a function of group differences in normativeness, rather than differences in true personality-based agreement with their mothers. However, the analysis of Distinctive agreement refutes this possibility. Analyses indicated that the CD adolescents manifest a low level of Distinctive agreement, as compared to Control adolescents. Thus, the group difference in agreement remains significant even after controlling for the group difference in Normativeness.

Aside from their implications for the group difference in self-other agreement, the person-centered analyses revealed a somewhat paradoxical finding. On one hand, the CD group is less homogeneous than the Control group, indicating a greater degree of Distinctiveness among the CD adolescents. On the other hand, the CD group has lower Distinctive agreement than the Control group. The unexpected finding that the CD group was less homogeneous than the Control group is particularly striking, because the members of the CD group were selected precisely because they share qualities associated with CD. Although the source of this unexpected and somewhat counterintuitive finding is unclear, a few possibilities can be considered. First, we might suspect that the CD adolescents have less self-knowledge and that their personality ratings are a more random set of responses. Second, we might suspect that some CD adolescents engaged in self-presentational manipulations of their responses, creating inaccurate profiles. Although these possibilities could partially account for the greater distinctiveness within the CD group’s self-ratings, they cannot explain the greater distinctiveness within the CD.
group’s mother-ratings, unless mothers were engaging in the same processes. This would seem unlikely, given the level of distress the mothers typically mentioned when discussing their adolescents CD traits.

Although the connections between trait-level variability and profile-level variability are complex, it is worth noting that the CD group seems to have greater variability at both levels. Table 1 suggests that differences within the CD group are greater than differences within the Control group for several traits, particularly for traits related to CD. Similarly, Table 3 shows that the CD group has greater distinctiveness among their trait profiles than does the Control group. Trait-level differences in variability arise because the CD group has a much wider range of scores on CD-relevant traits than does the Control group. For example, Angry Hostility ranged from 7 to 32 within the CD group, but only from 6 to 21 within the Control group. Thus, the group differences in trait-level variability emerge because CD adolescents extend into an extreme range for traits that are particularly relevant to CD. A full analysis of the complex statistical connections between trait-level variability and profile-level variability would be a potentially valuable avenue for future research, but it is beyond the scope of the current article. These connections are complex in part because trait-level variability can reflect differences in profile elevations as well as difference in profile shape and scatter. At this point, the results of our person-centered analyses lead us to conclude that each CD adolescent might manifest high levels of distinctiveness, but the way in which he sees himself as distinctive is not the same way in which his mother sees him as distinctive.

The selection procedures used in the current study were designed to ensure that the CD and Control groups were similar in as many ways as possible, aside from CD status. However, as with any non-experimental design, we cannot eliminate all possible extraneous variables that might relate to our primary variable of interest (CD). Nevertheless, we were able rule out ADHD status, gender, and intelligence as potential alternative explanations of the group difference in self-other agreement.

**CD as Source of Self-Other Agreement**

The second primary issue examined in the current study was the possibility that CD differences would partially create or drive
self-other agreement across a variety of personality traits, particularly those related to CD. Results from the trait-centered perspective were consistent with this prediction.

From the trait-centered perspective, total self-other agreement (across the entire sample) was statistically significant for all factors and all but one facet. For the factors, the agreement correlations were within or above the “.40 and higher” that Watson et al. (2000) cited as being the “well-established” range of self-other agreement correlations observed across a variety of traits (p. 546). One possible explanation for the relatively high level of total self-other agreement in this sample is that the CD difference produces a larger self-other agreement than is typically found in more homogeneous college samples. As shown in Equation 1, a group difference in trait scores has a direct effect on the total self-other agreement observed across groups. Indeed, analyses revealed large differences between the CD and Control adolescents across a range of NEO-PI-R scales. Furthermore, the differences were strongest for facets such as Angry Hostility, Straightforwardness, Compliance, and Deliberateness—traits that are related to ASPD (de Clercq & de Fruyt, 2003). Consequently, total self-other agreement was particularly strong for personality traits relevant to ASPD, and, ostensibly, for traits relevant to CD.

These findings demonstrate that a categorical distinction among people in a sample can have implications for personality judgment across a variety of traits. This is particularly important as traditional personality expands its integration with personality pathology. In the current data, the distinction between CD and Control adolescents produces strong differences in self-report ratings and in mother-report ratings of personality traits that are relevant to CD. Because both sets of raters detected the differences on these traits, the trait-centered agreement correlations are particularly strong for the traits. These findings also underscore the point that self-other agreement observed across an entire sample might not reflect self-other agreement within subgroups. As shown in Table 2, within-group self-other agreement correlations were generally lower than total self-other agreement correlations. Although this finding is at least partly due to the variability within groups, it is an issue that should be recognized by researchers examining self-other agreement within heterogeneous samples.
Implications for Other Forms of Personality Pathology

The current analyses focus on CD, but they raise issues relevant to other forms of personality pathology. The effects of personality pathology on personality judgment might be more or less pronounced for other forms of pathology. Researchers have recently examined dimensional approaches to personality pathology, attempting to identify basic characteristics that cut across different kinds of personality pathology (e.g., Livesley, Jackson, & Schroeder, 1992; Westen & Shedler, 1999b). This work has implications for the likely effects of personality pathology on personality judgment.

The effect of a particular pathology might be driven by the core characteristics of the pathology, and some characteristics might have greater impact on personality judgment than others. Consider several DSM-IV diagnostic criteria for various personality disorders. Paranoid, Schizoid, Schizotypal, and Antisocial personality disorders are characterized by suspiciousness, deceitfulness, or distance from others. Such characteristics should diminish the likelihood that others will gather accurate information about targets, thereby reducing self-other agreement. Other disorders, such as Narcissistic and Borderline personality disorders, are characterized by inaccurate or unstable self-perceptions, which would also reduce self-other agreement. In contrast, some pathologies might manifest themselves in highly “visible” behavior to a greater extent than others. For example, Clifton et al. (2004) argued that ASPD and Histrionic disorder are relatively visible because they are manifested overtly in behaviors such as fighting, criminal activity, and dramatic behavior. Pathologies that are manifested in visible behaviors might be more accurately perceived than those that are more purely cognitive or affective in nature, because they provide clearer information to judges. Indeed, trait visibility has been commonly associated with greater self-other agreement (Funder, 1995). Thus, the impact of a particular pathology on personality judgment is likely determined by an interaction among the characteristics at the heart of the pathology. A disorder such as ASPD is characterized by some dimensions that might reduce self-other agreement and by some that might actually enhance it. Future research can systematically examine the dimensions that cut across personality pathology, and evaluate their impacts on personality judgment.
In an examination of personality judgment and personality pathology, the nature of the traits being examined must be considered. Some forms of pathology might have greater breadth of impact than others, in relation to a particular set of traits. For example, de Clercq and de Fruyt (2003) found that ASPD had broader range of impact on the FFM than other disorders. They correlated the 30 facets of the NEO-PI-R with measures of the 10 personality disorders, and the number of significant correlations varied across the disorders—ASPD produced the largest number of significant correlations (20), and Obsessive-Compulsive Disorder (OCD) produced the least (11). Thus, analyses of personality judgment using the NEO-PI-R facets are likely to find a wider range of effects for ASPD than for OCD. Of course, the breadth of impact would be different if a different set of traits were used in the analysis.

Acquaintanceship is an important aspect of personality judgments, but its effect might vary for different forms of personality pathology. In general, judges who are well acquainted with targets are likely to have obtained greater (i.e., more and better) information about their targets. Consequently, they make more accurate judgments than do judges who are not well-acquainted with targets (Funder & Colvin, 1988). In the current study, we examined self-other agreement between highly acquainted individuals—mothers and their adolescent children. The current study indicates that, within a high-acquaintanceship relationship, self-other agreement is lower among adolescents with CD than among adolescents without CD. This difference might be even more pronounced in low-acquaintanceship relationships. As suggested earlier, self-other agreement among adolescents with CD might be affected by characteristics that reduce behavioral coherence, behavioral consistency, and honest self-disclosure (e.g., Dåderman, 1999). Such factors may operate particularly strongly in low-acquaintanceship relationships, such as relationships with new classmates or teachers. New classmates and teachers may have relatively little consistent and honest “information” from CD adolescents (as compared to mothers), and therefore have less opportunity to identify the potentially subtle consistency and coherence exhibited by CD adolescents. In addition, new teachers and classmates may be viewed with greater suspicion and, consequently, be treated with less openness than would mothers or other long-term “acquaintances.” These factors could magnify difference in self-other agreement observed between adolescents with CD and
those without CD in low-acquaintance relationships. Thus, the effect of acquaintanceship on personality judgment might be particularly strong for people with pathologies characterized by distrust or interpersonal distance. In contrast, some pathologies might minimize the effect of acquaintanceship. For example, pathologies characterized by highly visible behaviors might show a weaker acquaintance-ship effect. A highly visible behavioral pattern—one in which “what you see is what you get”—might create fairly strong self-other agreement relatively quickly (i.e., with minimal acquaintance). Thus, increasing acquaintance might have a weaker cumulative effect.

Implications for Personality Assessment

Aside from this study’s substantive implications for personality pathology and personality judgment, it also has implications for personality assessment. Although an extensive discussion of the effect of CD and age on the psychometric properties of the NEO-PI-R is beyond the scope of the current article, several specific issues can be addressed.

To the degree that self-other agreement reflects accurate personality judgments and thus valid responses to personality questionnaires, low agreement correlations raise concerns about ratings for adolescents with CD. The validity of ratings provided by CD adolescents is an important issue for researchers and practitioners in personality pathology. Researchers and practitioners are likely to rely on self-reports and parental reports of personality when working with adolescents. The current results suggest that both sources are potentially weak for NEO-PI-R responses for adolescents with CD. Despite these concerns, it should be noted that previous research shows that adolescents with disruptive behavior disorders (i.e., conduct disorder or oppositional defiant disorder) do show acceptable levels ($r = .35$) of correspondence between self-reported and behavioral measures of impulsivity (Dougherty et al., 2003).

Examinations of the FFM have begun including young samples (e.g., McCrae et al., 2002; Shiner, 2005), and the current results are relevant in at least two ways. First, they provide a mixed view of the psychometric quality of the NEO-PI-R for young adolescents, at least for facet scores. Estimates of facet-level internal consistency of adolescents’ self-reports ranged widely. Although alpha underestimates reliability under certain circumstances (i.e., when items are not
Tau equivalent; Osburn, 2000), several facet-level internal consistency estimates are low enough to raise concerns about psychometric quality. However, self-other agreement was fairly strong for a number of traits within the Control group, suggesting that these scores are psychometrically sound. Second, the relatively poor psychometric quality of some facets is probably due to the limited applicability of item content among adolescents. The pattern of internal consistency in the mother-report ratings was quite similar to the pattern in the adolescent self-report ratings, which suggests that poor psychometric quality was not due to language difficulty of the items. For example, adolescents might differ on “Openness to Activities,” but the item content of the NEO-PI-R might not reflect this difference in terms that are applicable to adolescents. As an example, one item refers to trying new and foreign foods, but this behavior might be more reflective of parental preferences and family norms than the adolescent’s personality. A recent revision of the NEO-PI-R may help reduce such problems (McCrae et al., 2005).

Inaccuracy or Complementary Information?

Finally, it is possible that low self-other agreement does not imply inaccuracy in a way that is entirely problematic. Previous research (e.g., Fiedler, Oltmanns, & Turkheimer, 2004) has shown that self-reports and peer reports reflect meaningfully different information, in terms of predictive validity. That is, peer reports provide incremental validity in predicting external criteria, beyond self-reports. Thus, a low level of agreement might indicate that the two sources of information (self and other) are useful complements to each other. Although such issues require additional examination, we concur with Clifton et al. (2005) who suggest that “whenever possible, peer sources of information be obtained in addition to self-report” (p. 130).

Summary

There is increasing integration of traditional personality psychology research and the study of personality disorders. The current study found support for two hypotheses regarding the effect of personality pathology on self-other agreement in judgments of personality traits in the Five-Factor Model. On one hand, the distinctions between a pathological group and a non-pathological group are robust, and
they are clearly recognized by targets and by judges, particularly for traits relevant to the pathology. On the other hand, the distinctions within a pathological group seem to be obscure either to targets, to judges, or to both, possibly most strongly for traits relevant to the pathology. We hope that the current article advances the understanding of the processes affecting person perception, and we hope that it furthers the integration of mainstream personality psychology and personality pathology.

REFERENCES


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