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RELATIONS BETWEEN PERSONALITY AND STRESSFUL LIFE EVENTS

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Abstract

There is some evidence for a relationship between personality or personality-disordered (PD) traits and stressful life events (SLE) among young adults. Yet, the issue of how personality dispositions may be related to SLEs among middle age and older adults remains unresolved. In this prospective study, both self- and informant-report data were collected to examine the relationship between personality or PD traits and SLEs, and how these personality dispositions may moderate the effect of SLEs. Data were collected from 213 participants and their informants as part of the St. Louis Personality and Aging Network (SPAN) study, a longitudinal study of personality being conducted with a representative community sample of adults between the ages of 55 and 64 years from the St. Louis area. In general, neither self-reports nor informant-reports of personality or PD traits were generally predictive of the number of stressful life events. However, informant-reports of histrionic PD traits were associated with greater likelihood of experiencing interpersonal problems. Although the effects of stressful life events on subsequent psychosocial or marital adjustment were not generally moderated by personality or PD traits, informant-reports of cluster C PDs were associated with maladjustment for subsequent parental role adjustment and depressive symptoms. These results add significantly to the current understanding of not only the types and prevalence of stressful life events, but also in illustrating how associations between personality and stressful life events may be different among late middle-age adults compared to previous studies conducted with younger adults.

Acknowledgments and Dedication

This work could not have been completed without the help of my dissertation committee. I would like to first and foremost thank Tom Oltmanns for his unwavering commitment to my professional and personal development, for his friendship, and for continually challenging me to strive for success. I would like to thank Mike Strube for his dedication to teaching me to think critically and for all of his statistical wisdom. I would like to thank Tom Rodebaugh for his guidance, encouragement, friendship, and for patiently listening to various project ideas. Finally, I would like to thank Randy Larsen for his insightful comments and constructive criticisms at different stages of this project. Without the advice, encouragement and support of my committee, this project would not have been possible.

I would like to dedicate this work to my family: my wonderful husband, Dan, who patiently encouraged and supported me throughout this challenging endeavor; my parents, Osamu and Ikuko Okada, for their unconditional love and support; my sister, for her unwavering dedication to her life goals that have inspired me to persevere in reaching mine; and my late grandfather, Kazuo Okada, who I know is beaming with pride from heaven (Ojichan: hakase ni narimashita!).

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Chapter 1: Introduction

It has been well established that stress is associated with the onset and relapse of various psychological and physical illnesses, including post-traumatic stress disorder, depression, coronary heart disease, infectious diseases, cancer and autoimmune conditions. As we learn more about the costs associated with life stress, there has been increasing interest in determining factors that contribute to the occurrence and impact of stressful life events. One variable that has received considerable interest is personality.

The purpose of this dissertation was to examine how personality, measured by both self- and informant-reports, may relate to the occurrence and severity of subsequent life stressors. The goal was to identify specific personality characteristics that can predict life experiences in a community sample of adults who are on the cusp of late life. Specifically, this dissertation examined if and how self- and informant-reports of personality and personality disorder traits may differ in their associations with the occurrence and severity of subsequent stressful life events, as well as psychosocial and marital adjustment subsequent to these life stressors.

Stress

The concept of stress has long been a "source of immense interest" among physicians, psychologists, sociologists and many other professionals (Doublet, 2000, p.41). Yet, there is very little agreement about how "stress" should be defined. For instance, Van Dijkhuizen (1980) found more than 40 ways of conceptualizing stress, all of them at least slightly different. Despite disagreement about its exact definition, most conceptualizations generally converge in suggesting that stress consists of environmental pressures (objective or subjective) that disrupt the individual's typical physiological,

emotional, cognitive and behavioral functioning such that they interfere with adaptive capabilities. For example, Lazarus and Folkman (1984) emphasized the interaction between the environmental stimulus or change and the individual's subjective appraisal of that stimulus in their definition of stress, whereas Holmes and Rahe (1967) emphasized the occurrence of objective life events in their conceptualization of stress.

Within the stress literature, three basic categories of psychosocial stressors have been identified: acute life events, such as the death of a family member, chronic stressors, like caring for a disabled relative, and daily hassles, such as traffic jams. Traditionally, stress researchers have focused on acute life events because unlike chronic stressors or daily hassles, acute events can be pinpointed in time and are relatively easy to define, making it possible to analyze the temporal sequence between life events and illness onset (Steptoe & Ayers, 2004).

Measuring Stressful Life Events

Life events research and the assessment of stress can be traced back to various sources including Meyer's (1951) use of the "life chart" procedure in medical diagnosis and Selye's (1956) concept of the general adaptation syndrome (for reviews see Holmes, 1979; Rahe, 1978). But, the major impetus towards systematically studying life events was provided by the Schedule of Recent Experiences (SRE; Hawkings, Davies & Holmes, 1957) and its revision, the Social Readjustment Rating Scale (SRRS; Holmes & Rahe, 1967). The SRE represented one of the first attempts to measure life changes using more objective procedures to study variations in health as a function of psychosocial experiences. The original measure contained 43 common major experiences (e.g., marriage, change in residence, major personal illness or injury). Recognizing that some

of the 43 SRE items required considerably more change (e.g., death of a spouse) than others (e.g., Christmas), the SRE was revised to include standardized weights for each event. These weights, also known as "life change units" or LCUs, were developed upon the premise that events involving more change would have more impact on the individual and that the events summate in their impact. That is, some events are more stressful and that the more events a person experienced, the more "stressed" they would be.

The wide use of the SRRS and other similar checklist measures is not surprising given that they are quick, inexpensive and easy to administer (Baldwin, 2000; Bersoff & Bersoff, 2000). There are, however, several shortcomings associated with this method. One, checklists do not include rare events that are potentially very distressing. Given the vast array of life events that people experience, it is nearly impossible to list every single event, but failing to include such events could result in imprecise estimations of stress exposure (Shrout, 1981). Two, checklists confound the occurrence of external life stressors with the individual's own perceptions of the events. Studies using checklists have found that many respondents report relatively minor events in response to questions that are designed to elicit only severely stressful events (Dohrenwend, Link, Kern, Shrout & Markowitz, 1990). For example, participants may report the death of a distant relative as the death of someone "close" or a broken toe as a serious injury. Additionally, checklists do not allow for clarification about events. This may be especially important for cases where events may be related or a single event is reported multiple times (McQuaid et al., 1992).

Another criticism, especially of weighted checklists like the SRRS, is that they incorrectly assume that similar events cause the same level of stress for everyone.

Although these pre-assigned weights may capture how different types of events have varying impact potentials, they do not accurately describe the impact potentials for each individual because these weights fail to consider the meaning of the event(s) for the individual. To illustrate, take two individuals who were "laid off." Person A is a free-lance analyst who had come to the end of a contracted engagement, and Person B is an engineer who had been employed by the same engineering firm for the last fifteen years. Although both were technically "laid off," it would most likely affect Person B more than Person A because of what the event signifies. As this example shows, failing to account for the importance or meaning of events can lead to incorrectly rating the impact of life stressors.

To circumvent some of these limitations, Brown and Harris (1978) developed the Life Events and Difficulty Schedule (LEDS), an interview to measure stressful life events (SLEs). This life event interview collects detailed information about the event itself, circumstances that led to and followed the event, and any relevant contextual information, such as event severity, how the individual may have construed the event (positive and/or threatening to current adjustment) or how the event may have changed or threatened life plans or commitments. Based on this contextual information, the threat for each event is rated by a panel of raters using a standardized rating procedure drawn from hundreds of examples.

Although the LEDS bypasses many, if not all, of the limitations associated with the SRRS and other checklists, it is not as widely used as the checklists. Many researchers are deterred by the cost and complexity of using semi-structured interviews. Interview methods, including the LEDS are expensive. Data collection requires both a

long interview (on average, 2 hours) and separate rating sessions (on average, 14 hours), taking up the time of several trained interviewers. With such long interviews, issues of cost and respondent burden must also be considered.

The ideal measure of stressful life events would be one that was as efficient as checklists that could gather as much information as the interviews. In attempts to develop such measures, a number of investigators modified the interview method, namely the LEDS, by generating structured probe questions that assess the severity or impact of the events in a shorter amount of time. An example of one such instrument is the Structured Life Events Inventory (SLI; Wethington, Kessler & Brown, 1993), which consists of a series of questions designed to elicit events. During the interview, interviewers make judgments about the severity of the events based on the series of questions that are provided. Although the SLI takes less time to administer compared to the LEDS interview (9 hours versus 16 hours, respectively), the SLI still requires considerable time and training without being as effective as the LEDS in eliciting and rating difficulties (Dohrenwend, 2006).

Others have attempted to increase economy by developing screening procedures designed to reduce the number of events for labor-intensive investigation. In this two-step approach, participants first fill out a screening checklist before they are interviewed, and they are only asked about those events that they had indicated on the screening instrument (Costello & Devins, 1988; Kubany et al., 2000). For example, Brugha and Cragg's (1990) method first uses the *List of Threatening Events*, a 12-item life events checklist that was developed using data derived from administering the LEDS interview (LTE-Q: Brugha et al., 1985). Any events that are identified on the LTE-Q are then

followed up with detailed probing questions. All salient details are recorded in the form of a brief vignette for later contextual ratings by trained raters. Given its high agreement with interview methods (Cohen's kappa = 0.83), and its high sensitivity (.89 to 1.0) and specificity (.74 to.88), this two-step method has been recommended for use in studies when resources do not allow for the use of extensive interview measures of stress.

Personality

A large proportion of the literature on the relationship between personality and stressful life events has conceptualized personality using the Five-Factor Theory of Personality, also known as the Five Factor Model (FFM; Costa & McCrae, 1985). This model focuses on the global dispositions that describe individual differences using traits that are theorized to be stable across time and context. In this model, personality is described in terms of five broad traits labeled Neuroticism, Extraversion, Openness to Experience, Agreeableness and Conscientiousness.

Neuroticism represents individual differences in the tendency to experience negative emotions, notably anxiety, depression and anger. Individuals high in neuroticism can be characterized by their tendency to experience anxiety, as opposed to the typically calm, relaxed personalities of low neuroticism or emotionally stable individuals. In addition, individuals high in neuroticism also tend to interpret neutral stimuli negatively (Judge, Bono, Ilies & Gerhardt, 2002; Lanyon & Goodstein, 1997). The primary facets of neuroticism are anxiety, angry hostility, depression, self-consciousness, impulsiveness and vulnerability.

Extraversion refers to the preferred level of interpersonal interactions, activity, need for stimulation and capacity for positive emotions. Extraverts tend to be sociable,

active, talkative, person-oriented, optimistic, fun-loving and affectionate. Conversely, low extraversion or introversion is characterized by quiet, restrained, and withdrawn behavioral patterns (Costa & Widiger, 2002). The primary facets of extraversion are warmth, gregariousness, assertiveness, activity, excitement seeking and positive emotions.

Openness to Experience is derived from the ideas of Coan (1974) and represents the tendency to engage in intellectual activities and experience new sensations and ideas. It is also correlated with creativity as measured by tests of divergent thinking (McCrae, 1987). Its primary facets include fantasy, aesthetics, feelings, actions, ideas and values. In a general sense, openness to experience is associated with intellectual curiosity, aesthetic sensitivity, vivid imagination, behavioral flexibility and unconventional attitudes. People high on this trait tend to be dreamy, imaginative, attentive to inner feelings, inventive and non-conservative in their thoughts and opinions (Costa & McCrae, 1992).

Agreeableness, also known as sociability, refers to friendly, considerate and modest behavior. Thus, agreeableness is associated with a tendency towards friendliness, cooperation and nurturance and its primary facets include trust, straightforwardness, altruism, compliance, modesty and tender mindedness. Agreeable people can be characterized as caring, friendly, warm, tolerant, and generally likeable. They also have an optimistic view of human nature and tend to believe that most people are honest, decent, and trustworthy. In general, they are more responsive to the needs of others and are more likely to go out of their way to help others (Graziano, Habashi, Sheese, & Tobin, 2007; Tobin, Graziano, Vanman, & Tassinary, 2000).

Conscientiousness is associated with proactivity, responsibility, and self-discipline. This factor includes the primary facets of competence, order, dutifulness, achievement-striving, and self-discipline. Conscientious individuals are best identified for their efficiency, organization, determination and productivity. People who are low on conscientiousness tend to be more laid back and less goal-oriented.

As with other trait theories of personality, the FFM assumes that (a) traits are relatively stable over time, (b) traits differ among individuals (e.g., some people are outgoing while others are shy; some people are more agreeable compared to others), and (c) traits influence behavior. Although there is substantial empirical support for the reliability and validity of the FFM, one major criticism is that it is not based on any underlying theory and that it is merely an empirical finding that certain descriptors cluster together under factor analysis. As Briggs (1989) stated, proponents of the FFM "prompted no *a priori* predictions as to what factors should emerge, and a coherent and falsifiable explanation for the five factors has yet to be put forward" (p.249). Despite such criticism, the FFM has become and remains "the grand unified theory of personality traits" (McAdams, 1992, p. 337).

Personality Disorders

Traditionally, personality disorders have been regarded as extreme variants of normal personality that are associated with significant distress or impairment in various areas of functioning. However, they are not just extreme variants of normal personality since they are conceptualized categorically, meaning that they are presumably either present or absent, and are "qualitatively distinct syndromes" (APA, 2000, p. 689). Personality disorders first appeared in the third edition of the *Diagnostic and Statistical*

Manual of Mental Disorders (DSM-III; APA, 1980) and were defined as "enduring pattern(s) of inner experience and behavior that deviates markedly from the expectations of the individual's culture" (p.305). These patterns are thought to be inflexible and pervasive across many domains, including cognition (ways of thinking about the self and others), emotional responses (ways of displaying emotions), interpersonal functioning (ways of interacting with others), and impulse control. The onset of these inflexible and pervasive behavioral patterns can typically be traced back to adolescence or early adulthood.

The current edition of the DSM (DSM-IV-TR; APA, 2000) includes ten personality disorders that are organized into three clusters on the basis of broadly defined characteristics. Cluster A, consisting of Paranoid, Schizoid and Schizotypal Personality Disorders is known as the odd or eccentric disorders. Cluster B personality disorders are known as the dramatic, erratic or emotional disorders and include Antisocial, Borderline, Histrionic and Narcissistic PDs. Lastly, Cluster C PDs, consisting of Avoidant, Dependent and Obsessive-Compulsive Personality Disorders, are known as the anxious or fearful disorders. All ten personality disorders are defined by a set of seven to nine criteria and a diagnosis is warranted when an individual fulfills a subset of the criteria.

In addition to the ten personality disorders just described, criteria sets for Depressive and Passive-Aggressive Personality Disorders are included in the appendix of the DSM along with other proposed diagnoses requiring further study. Although there are specific thresholds and durations specified for both of these personality disorders, they are only considered to be tentative. Currently, individuals whose presentation meets the research criteria for either of these proposed personality disorders are diagnosed with

Personality Disorder Not Otherwise Specified. The essential features of the ten DSM-IV-TR personality disorders are listed in Appendix A.

Measuring Personality and Personality Disorders

Personality is often, if not always, measured using self-report instruments. Self-report instruments are assessment techniques that rely mostly, if not solely, on the respondent for information. Often, these assessments take the form of a questionnaire on which the respondent is asked to report, for example, on his or her level of neuroticism. A self-report assessment may also take the form of an interview. Although interviews also rely heavily on the respondent, they provide opportunities for behavioral observations that are not typically afforded when using questionnaires.

Researchers have identified at least two barriers encountered when asking participants to provide information about themselves on self-report surveys that can potentially affect the accuracy and validity of the construct being measured (Greenwaldet al., 2002; Haines & Sumner, 2006). The first barrier, response factors, is an acknowledgement that when participants are asked to self-report, there may be differing levels of motivation to purposefully distort aspects of oneself depending upon the topic and context. Self-reports are susceptible to demand characteristics (Orne, 1962), evaluation apprehension (Rosenberg, 1969), and impression management (Tedeschi, Schlenker, & Bonoma, 1971; Weber& Cook, 1972, Paulhus, 1984). Social desirability or the tendency to give the most socially acceptable response (also known as the tendency to "fake good") can be a major problem for personality questionnaires. It can lead respondents to understate their attitudes or behaviors that they may be ashamed of and overstate those that they consider to be praiseworthy.

The second barrier, introspective limits, warrants calling into question people's ability to accurately assess their attitudes. It refers to the idea that participants may be unaware of, and therefore are unable to accurately report on the intended content domain. There is an impressive amount of evidence that individuals process information about themselves and their environment in both explicit (i.e., controlled) and implicit (i.e., automatic) modes (Greenwald et al., 2002). Independent of motivation or willingness, individuals may not be able to report on cognitive and affective processes that operate in their implicit modes because they are simply not aware of them.

Some have argued that introspective limits may be even more problematic in individuals with personality disorders. Unlike other psychiatric disorders that are "ego-dystonic" or conflicting with the ideal self-image and characterized by pain and suffering on the part of the patient, personality disorders are generally "ego-syntonic" or congruent with the ideal self-image and thus are considered to be intrinsic and integral parts of themselves (Hirschfeld, 1993). Personality disordered individuals often believe that any interpersonal difficulties that they may have encountered are independent of their own behavior. They often describe being victimized by others and have little idea that they may have contributed to their own problems. Even when confronted, they tend to express feelings of suitability regarding their own behaviors and feel quite justified in continuing on with their maladaptive patterns. This blindness or lack of insight that is characteristic of people with personality disorders may make it even more difficult to obtain accurate personality information from these individuals.

To gather more complete information about personality, personality researchers sometimes collect information from other sources such as peer ratings. These informant

ratings can be a valuable source of personality information. In some circumstances, informant-reports of personality have been found to be more related to certain outcomes compared to self-reports. For example, Klein (2003) compared the utility of self-reports and informant-reports of personality disorders in predicting depressed mood, social adjustment and global functioning in a 7.5 years follow-up study of depressed outpatients. Although personality disorder diagnoses derived from both self-reports and informant-reports independently predicted depressed mood at follow-up, only informant-reports accounted for unique variance in global functioning and social adjustment at follow-up. Similarly, Fiedler, Oltmanns and Turkheimer (2004) found that compared to self-reports, peer ratings of PD traits were more predictive of early discharge from the military which are often granted on an involuntary basis for repeated disciplinary problems, serious interpersonal difficulties or poor performance records. These studies suggest that information gathered from peers provide incremental validity to self-reports of personality. That is, informants can provide information about the target individual that may otherwise be missed that may be useful in predicting certain outcomes.

Personality and Stressful Life Events

Lazarus's transactional stress theory has been the leading model in psychological stress research since the 1970s (Lazarus, 1966). This model, which holds that stress responses arise when the perceived environmental demands exceed the perceived personal or social resources, has stimulated a tremendous amount of research on the potential components of the stress response, including life events, social support and coping (e.g., Ferguson & Horwood, 1987; Heller et al., 1984; Lazarus & Folkman, 1984). However, personality was relatively neglected in stress research even though its

importance for stress outcomes had long been established (e.g., Friedman & Rosenman, 1974). Furthermore, studies that considered the effects of personality investigated "new" narrow constructs that were designed to tap aspects of personality that protected individuals from the negative effects of stress, such as Hardiness (Kobasa, 1979), Easygoingness (Holahan & Moos, 1986) or Sense of Coherence (Antonovsky, 1993).

For example, hardiness is a personality trait that was derived from comparing the personality structure of those who became ill when stressed versus those who did not. There are three components to the hardy personality: (a) commitment or "the tendency to involve oneself in (rather than experience alienation from) whatever one is doing or encounters" (Kobasa, Maddi & Kahn, 1982, p. 169); (b) challenge or "the belief that change rather than stability is normal in life and that the anticipation of changes are interesting incentives to growth rather than threats to security" (pp. 169-170); and (c) perceived control and "feel and act as if one is influential (rather than helpless) in the face of the varied contingencies of life" (p. 169).

The original measure of hardiness, called the Personal Views Survey, was derived by borrowing items from other tests that seemed relevant to the concepts of commitment, challenge and perceived control (Maddi, 1997). For example, the control dimension was measured using items from four different instruments including the Internal-External Locus of Control Scale (Lefcourt, 1973; Rotter, Seeman & Liverant, 1962), the Alienation Test (Maddi, Kobasa & Hooover, 1979), the Personality Research Form (Jackson, 1974; Wiggins, 1973) and the California Life Goals Evaluation Schedules (Hahn, 1966).

Although the construct of hardiness had been developed to explain individual differences in stress-response, its effect has been inconsistent. Like Kobasa (1979), the initial study that prompted the concept of hardiness, Rhodewalt and Zone (1989) found that hardiness acted as a buffer against undesirable life change in a sample of women. However, others like King et al. (1998) found that hardiness did not moderate the relationship between war-related stressors and posttraumatic stress disorder (PTSD). Similarly, in a sample of university staff members, Schmied and Lawler (1986) found that hardiness did not buffer the relationship between negative life events and illness.

In addition to the inconsistent findings, hardiness research has been met with a number of criticisms. One major criticism concerns its measurement. Rather than measuring hardiness directly, many studies use negative indicators of hardiness even though it has not been established that negative indicators are valid measures of hardiness or the lack of hardiness (Funk & Houston, 1987). For example, a measure of alienation is used to assess the lack of commitment and a measure of powerlessness is used to assess low levels of perceived control. It has been suggested that these negative indicators are actually measures of maladjustment or psychopathology and overlap significantly with neuroticism (Sinclair & Tetrick, 2000). Also because of its heavy overlap with the FFM traits of personality, namely neuroticism, these "new" or "unique" personality constructs are most likely re-inventions of old traits under new labels (Wiebe & Smith, 1997). There is growing evidence that Hardiness, Optimism, Hope, Self-efficacy, Sense of Coherence and Internal Locus of Control load very heavily on neuroticism, and to a lesser extent onto extraversion and conscientiousness (Larsson & Kallenberg, 1999; Marshall et al., 1994; Smith et al., 1989; Williams, Wiebe & Smith, 1992).

Neuroticism and Stressful Life Events

The personality variable that has received the most attention with respect to stress is neuroticism (Gunthert, Cohen & Armeli, 1999). Associations between neuroticism and stressful life events raise the question of mechanisms underlying these effects. One possibility is that the correlation between neuroticism and stressful life events is a measurement artifact. In other words, people who report negative affect are also more likely to report experiencing negative events. This possibility has been supported by laboratory studies that have shown that neuroticism increased the recall of negatively toned information and memories (e.g., Chan, Goodman & Harmer, 2007; Lloyd & Lishman, 1975; Martin, Ward & Clark, 1983; Ruiz-Caballero & Bermudez, 1995).

In addition, individuals with higher neuroticism scores may recall more stressful events because they experience greater distress in response to both major and everyday life stressors (Bolger & Schilling, 1991; Marco & Suls, 1993; Ormel & Wohlfarth, 1991; Suls, Martin & David, 1998). For example, Bolger and Zuckerman (1995) found that individuals with higher neuroticism scores were more likely to feel angry or depressed in reaction to stressors. This heightened negative reactivity associated with neuroticism has also been demonstrated in laboratory studies, such as in negative mood induction procedures (Larsen & Ketelaar, 1989, 1991; Rusting, 1998).

It is also possible that neuroticism actually increases the likelihood of experiencing stressful life events. This may be true given that personality influences decisions to enter different types of situations and people usually choose situations that foster, promote and encourage behavioral manifestations of their personality traits (Allport, 1937; Endler, 1988; Magnusson, 1981, 1988, 1990; Mischel, 1969, 1977, 2004).

This explains why extraverts are more likely than introverts to seek out stimulating social situations that involve assertiveness, competitiveness and intimacy (Furnham, 1981).

In addition to the consistency in the choice of environments, there is also consistency in the types of actions that individuals' enduring features elicit. Studies from both social and personality psychology have documented this phenomenon (for a review, see Bogaert, Boone & Declerch, 2008). For example, Kelly and Stahleski (1970) showed that during a prisoner's dilemma game (a game in which two players may cooperate with or betray the other player), competitive people unknowingly elicited competition even from cooperative people. It may be that individuals elicit certain types of reactions not only because of enduring traits but also because they alter, change or influence the situation. As summarized by Wachtel (1973) "the understanding of any one person's behavior in an interpersonal situation solely in terms of the stimuli *presented to* him gives only a partial and misleading picture. For to a very large extent, these stimuli are *created by* him. They are responses to his own behaviors, events he has played a role in bringing about…" (p. 330). In other words, in any situation, people are not only responding to but are also creating and shaping the situation. This would suggest that individuals high in neuroticism may be exposed to considerable stress by virtue of their characteristics and behaviors since they generate the stressors that befall them to some degree.

Many studies have suggested that neuroticism increases the likelihood of experiencing stressful life events (i.e., Bolger & Zuckerman, 1995; David et al., 1997; Gunthert et al., 1999; Magnus, Diener, Fujita & Pavot, 1993; Ormel & Wohlfarth, 1991; Suls, Martin & David, 1998). The strongest evidence of this was provided by Kendler, Gardner and Prescott (2003) which found that informant-repots of neuroticism was

predictive of self-reports of stressful life events. Although encouraging, these studies, especially the earlier ones, had methodological limitations that make their results less than definitive. Possibly the most problematic is their exclusive reliance on self-report questionnaires and checklists to measure neuroticism and stressful life events. First, there are the limitations of self-report personality measures (such as social desirability and introspective limits biases) and the limitations of checklists (such as potentially excluding important events, incorrectly estimating the impact of life events, and the lack of opportunity to clarify about events). Second, personality dispositions may significantly color responses on the event checklists given that neuroticism seems to increase the recall of negative memories. To understand the influence of personality on stressful life events, it is important to consider studying objective life experiences that are verified by external sources, such as informants.

Personality Disorders and Stressful Life Events

High levels of neuroticism and psychosocial dysfunctions are hallmark traits of PDs. Thus, people with personality disorders would be expected to experience many negative life stressors and react poorly to them. Samuels et al. (1994) found that more than 28% of the subjects with self-reported PDs had five or more life events in the past year compared with 11% of those without PDs. Many of the events suggested difficulties with interpersonal relationships, such as involvement in extramarital affairs, fights and/or quarrels. They also commonly reported alcohol- and drug-related problems and criminal activities. These findings are consistent with those reported by Rey, Singh, Morris-Yates and Andrews (1997) who found that those with self-reported personality disorders were more often in trouble with the law, unemployed, and had problems in their relationships.

Using data from the Collaborative Longitudinal Personality Disorder Study (CLPS), Pagano et al. (2004) examined the extent to which patients with borderline, avoidant, or obsessive-compulsive PDs differed in the frequency with which they experienced stressful life events. Patients with borderline PD experienced more total negative life events compared to those with other personality disorders or with mood disorders. Furthermore, those with borderline PD reported experiencing significantly more interpersonal, health, and legal problems compared to those with other PDs. These findings are consistent with other studies that have relied almost exclusively on self-report measures of personality and psychosocial stressors (e.g., Daley et al., 1998; Jovev & Jackson, 2006; Perry, 1988; Perry et al., 1992). It is not yet clear if and how the relationship between personality disorders and stressful life events would have changed had informant-reports (of PDs or life stressors) had been used. Given that a defining characteristic of individuals with personality disorders is their lack of insight about their behavior and their effects on others, it seems most appropriate and helpful to supplement the traditional self-report measures with other measurement approaches, such as informant-reports.

Relationship between Personality and Stressful Life Events among Older Adults

Although it is widely accepted that SLEs are experienced throughout life and that virtually every age group is faced with their own set of stressors, most of the research on the relationship between personality and SLEs has been conducted with younger adult populations. Unlike those conducted with younger adults, the two that have examined this issue among older adults did not find a relationship between personality and SLEs. Zautra, Finch, Reich and Guaranaccia (1991) examined the relationship between

personality and daily hassles in a sample of older adults (N = 206, M age = 70 years) and found that personality variables only played a small part in predicting everyday life experiences. Similarly, Oldehinkel, Ormel and Brilman (2003) failed to find a relationship between personality characteristics and the occurrence of stressful life events among older adults (N = 86, M age = 72 years). Given the very few number of studies and the limited measurements of the constructs involved (i.e., the exclusive use of self-report measures), more research is clearly warranted.

Even more ignored than the older adults are those in their late fifties and early sixties. This is somewhat surprising given that many significant life events during this time. For example, it is common for people in their late fifties or early sixties to retire or to lose important relatives, including spouses and/or parents. Additionally, it has been suggested that as people enter "the late adult transition" beginning at around the age of sixty years, they often start experiencing many mental and physical changes that intensify their experiences of aging and mortality (Levinson et al., 1978). In the interest of learning more about the relationship between personality and stressful life events, it would be helpful to study individuals as they transition between middle and late adulthood. In this population, as well as in younger populations, research that better captures the constructs of personality and psychosocial stressors by collecting collateral information is warranted. This is especially important when studying individuals with PDs as they often lack insight regarding their behavior.

Research Objectives

This dissertation sought to add to the extant research on the relationship between personality and stressful life events by examining how personality and PD traits are

related to the occurrence and severity of life stressors using data collected from both participants and informant sources. Additionally, this study advanced the current literature by exploring if and how personality traits moderated the relationship between major life stressors and psychosocial functioning. Specifically, this study had seven objectives:

1. Examine the prevalence rates of stressful life events based on self-reports and informant-reports in a sample of late middle-age adults recruited from the greater St. Louis community. Informant sources included spouses/partners, family members, friends, neighbors, or colleagues.
2. Calculate the prevalence of PDs based on self-reports and informant-reports.
3. Evaluate levels of participant and informant agreement on measures of personality traits, PD traits, stressful life events, and psychosocial functioning.
4. Assess the relationship between personality/PD traits and baseline social and marital adjustment.
5. Examine the relationship between personality/PD traits and the frequency and severity of stressful life events using both participant and informant reported data.
6. Describe the relationship between stressful life events, psychosocial adjustment and marital adjustment.
7. Determine if and how personality/PD traits may moderate the effects of stressful life events on subsequent psychosocial and marital adjustment.

Based on previous research and the objectives set forth above, several hypotheses were generated. Specifically, it was hypothesized that:

1. Based on previous studies that have used the LTE-Q, approximately 60% of participants would report experiencing at least one stressful life event in the six months between their baseline and follow-up appointments.
    a. Given the age of the sample, participants would be most likely to experience illnesses/injuries (personal or those of close relatives), deaths, and major changes in family responsibilities (i.e., caring for elderly parents, grandchildren, spouse, etc.)
    b. Due to the nature of these events, there would be at least moderate agreement (kappa > .41) between self-reports and informant-reports of events.
2. Based on previous studies, the overall prevalence of PDs in this community-based sample would be approximately 10%.
3. Based on previous studies, correlations between self-reports and informant-reports of personality and PD traits would be at least modest ($r > .30$).
4. After accounting for the overlap in variance using regression procedures, both self-reports and informant reports of PD and personality traits would significantly ($p < .05$) predict social and marital adjustment. Higher scores on both social and marital adjustment scales indicate poorer functioning and adjustment.
5. Again using regression procedures, both self-reports and informant reports of PD traits and neuroticism would significantly ($p < .05$) account for the number and severity of stressful life events.

a. Both self-reports and informant-reports of PD traits would positively predict the total number of participant-reported events (including those events that may or may not meet the criteria for "stressful" life events) as well as the severity of these events.

b. Both self-reports and informant-reports of cluster B PD traits, especially borderline PD, would positively predict the number and severity of threatening events experienced.

c. Participants with higher neuroticism scores (both self-reported and informant-reported) would be more likely to report having experienced stressful life events, and events with greater impact or severity.

d. Additionally, participants with greater cluster B PD traits (both self-reported and informant-reported) or neuroticism scores would be more likely to experience stressful life events that are interpersonal in nature (marital separation, breaking off of a steady relationship and serious problems with a neighbor, close relative or friend).

6. After accounting for the overlap in variance using regression procedures, the number and severity of stressful life events would significantly ($p < .05$) account for unique variance in psychosocial functioning and marital adjustment as detailed below.

    a. The greater number of stressful life events experienced, the higher the scores on psychosocial and marital adjustment as well as depression scores. Higher scores on the adjustment scales indicate poorer

adjustment and higher scores on the depression scale indicates greater levels of depressed mood.

b. The greater the severity of events experienced, the higher the psychosocial and marital adjustment scores as well as depression scores.

7. Again using regression procedures, both self-reports and informant-reports of PD traits and neuroticism would significantly ($p < .05$) moderate the effects of stressful life events on subsequent social and marital adjustment.

    a. Participants with greater PD criteria (both self-reported and informant-reported) would be more negatively affected by the number and severity of stressful life events.

        b. Participants with higher neuroticism scores (both self-reported and informant-reported) would be more negatively affected by the number and severity of stressful life events.

Chapter 2: Methods

This investigation was a part of the St. Louis Personality and Aging Network (SPAN) study. The SPAN study is a prospective, longitudinal study of personality pathology being conducted with a representative community sample of adults between the ages of 55 and 64 years residing in the St. Louis area. The following is an overview of the study participants and assessment procedures relevant to the present investigation.

Participants

Data were collected from 213 participants and their informants who had completed their baseline and first six-month follow-up appointment for the SPAN study. One hundred and eighteen (55%) participants were female and 95 (45%) were male. The average age of the participants was 61.5 years (*SD* = 2.8 years). One hundred and seventy four participants (81.7%) identified their race as Caucasian, 34 (16%) as African-American, 2 (0.9%) as Middle Eastern, and 3 (1.4%) did not specify. Of the 213 participants, 23 (10.8%) were single and had never been married, 121 (56.8%) were married, 10 (4.7%) were not married but in committed relationships, 3 (1.4%) were separated, 45 (21.1%) were divorced, and 11 (5.2%) were widowed.

At the time of baseline assessment, all participants denied having life-threatening illnesses. Any participants that were experiencing psychotic symptoms at the time of the baseline assessment were excluded. Participation in this study was completely voluntary and required each person to read and sign an informed consent statement prior to participation.

Informant data from at least one informant were collected for all (100%) of the participant sample. One hundred and forty-eight (69.5%) informants were female and 65

(30.5%) were male. The average age of the informants was 57.5 years (*SD* = 10.8 years). One hundred and seventy-one informants (80.3%) identified their race as Caucasian, 38 (17.8%) identified as African-American, 1 (.5%) as East Asian, 2 (.9%) as South Asian, and 1 (.5%) as Biracial. A spouse or significant other accounted for 110 of the 213 (51.4%) informants. Fifty-three (24.8%) of the informants were other family members, 48 (22.4%) were friends, 1 (.5%) was a neighbor, and 2 (.9%) were coworkers. On average, the participants reported knowing their informants for 33 years (*SD* = 15.3 years).

More detailed information about the participants and their informants can be found in Table 1.

Measures

Structured Interview for DSM-IV Personality. The SIDP-IV (Pfohl, Blum & Zimmerman, 1997) is a semi-structured interview designed to assess the diagnostic criteria for the ten PDs listed in *DSM-IV*. Questions are arranged by themes rather than by disorders (e.g., work style, interpersonal relationships, emotions, interests, and activities), and each criterion is rated on a scale from 0 to 3. For each PD, criterion scores are summed, and these summed scores are used as an index of PDs. The SIDP has been found to be reliable across different types of samples (for a review, see Zimmerman, 1994 or Pfhol et al., 1997). The SIDP-IV was administered to the target participant only by a staff member of the SPAN study.

Multisource Assessment of Personality Pathology. The Multisource Assessment of Personality Pathology (MAPP; Oltmanns & Turkheimer, 2006) consists of 106 items designed to measure the ten PDs included in the *DSM-IV-TR* axis II and Passive-

Aggressive PD. There are two versions of the MAPP, a self-report version to be completed by the target individual and an informant-report version to be completed by someone who is well acquainted with the target individual. The two versions contain the same items, however, the informant-report version is written in the third-person to facilitate this response set. On the self-report version, the respondent is asked to rate the extent to which he or she displays specific personality traits on a 5-point Likert scale (0 = *never like this*, 4 = *always like this*). On the informant-report version, the respondent is asked to rate the extent to which the target individual displays the personality traits on the same 5-point Likert scale. The MAPP is a revised version of the Peer Inventory for Personality Disorders (PIPD; Thomas et al., 2003); the PIPD had moderate reliability (r = .54 – .74) when using the median coefficient alpha for each PD criterion. The self-report version of the MAPP can be found in Appendix B.

The NEO Personality Inventory—Revised. The NEO Personality Inventory—Revised (NEO PI-R; Costa & McCrae, 1992) yields five domain scores that represent the personality domains of the five-factor model: Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness. Within each domain, there are six scores that correspond to specific personality traits or facets. The NEO PI-R has substantial psychometric research to support its use as a comprehensive measure of normal adult personality and has been used in hundreds of clinical and basic research studies of personality. On the basis of several large normative samples, internal consistency reliabilities ranged from .86 to .95 for the 48-item domain scores and .56 to .90 for the 8-item individual facet scores. Similarly, retest reliabilities for the domain and facet scores ranged from .66 to .92 across various samples and time frames (range 3 months to 6

years). Form R of the NEO PI-R is specifically designed for "other" or informant ratings; that is, for the informant to report on the personality characteristics of the target participant. For the Form R, the items are written in the third person to facilitate this response set.

Beck Depression Inventory. The Beck Depression Inventory (BDI-II) is a 21-item self-report measure that has been widely used to measure the severity of depressive mood in clinical and non-clinical samples (Beck, Steer & Garbin, 1988). BDI-II is positively correlated with the Hamilton Depression Rating Scale (r = .71), demonstrating good concurrent validity. The test also has high internal consistency (α = .91). The BDI-II was only completed by the participants.

Social Adjustment Scale Self-Report. The Social Adjustment Scale Self-Report (SAS-SR; Weissman & Bothwell, 1976; Weissman et al., 2001) contains 54 questions that measure instrumental and expressive role performance over a two week period. It includes questions on: (a) work, including work for pay, unpaid work, and work as a student; (b) social and leisure activities; (c) relationships, including relationships with extended family, marital partner, one's children, and relationships within the family unit; and (d) perception of economic functioning. The questions within each area cover performance at expected tasks, friction with people, finer aspects of interpersonal relationships, and feelings and/or satisfactions. Each item is scored on a 5-point scale with higher scores indicating poorer functioning. For the purposes of this study, the six items that are concerned with the student role were dropped because only a small percentage of the participants were full-time students. In a community sample of older

adults (*M* age = 72.3 years), the average internal consistency of subscales was satisfactory with mean coefficient alpha of .62 (Zweig & Turkel, 2007).

Only the participants completed the SAS-SR. Informants completed an 8-item questionnaire that was developed for the purposes of measuring informants' perceptions of how the participants were functioning in the areas of role performance included in the SAS-SR. These items included: (a) How well has the person been able to do his or her work in the last 4 weeks? (b) How well has the person been able to do work around the house? (c) How many friends did the person see (or has the person been in contact with) in the last 4 weeks? (d) How many times in the last 4 weeks has the person gone out socially with other people? (e) Has the person had any open arguments with friends or relatives in the last 4 weeks? (f) Has the person avoided contact with friends or relatives in the last 4 weeks? (g) How dependent is the person on friends or family members? and (h) How well has the person been getting along with other people, including friends and relatives?

Dyadic Adjustment Scale. The original version of the Dyadic Adjustment Scale (DAS; Spanier, 1976) is a 32-item self-report questionnaire that assesses the quality of the relationship between mates. In this study, the 4-item version (DAS-4; Sabourin, Valois & Lussier, 2005) that was developed for epidemiological studies was used. The DAS-4 has shown to have high internal consistency ($\alpha = .84$) and temporal stability (r = .83 to .87 for 1 year test-retest reliability). It has also been shown to be an effective predictor of couple dissolution. All participants involved in intimate relationships completed the DAS-4. All informants who were spouses or romantic partners of target

participants also completed the DAS-4. A copy of the DAS-4 can be found in Appendix C.

List of Threatening Experiences. This scale contains 12 items of extreme life stress (e.g., death in family, unemployment, or serious illness) and the participant is asked to identify if any have occurred in the past six months. It has good concurrent validity with formal life event interviews—approximately 80% of events identified on the LTE were rated by expert judges to have significant long-term threat (Brugha, Bebbington, Tennant & Hurry, 1985; Brugha & Cragg, 1990). The LTE-Q was revised to include three additional events: being a victim of a serious crime, major changes in family responsibilities, and other major event(s) that caused changes in day-to-day life. All participants and informants completed the revised LTE-Q. This revised LTE-Q can be found in Appendix D.

Procedure

Baseline Appointments. For their baseline (or first) appointments, participants met with a member of the SPAN study in person at the Psychology Department at Washington University. They first read and signed an informed consent and were given an opportunity to ask any questions regarding the study. Participants were then interviewed using the SIDP-IV. After the interview, they completed a battery of questionnaires, including a demographics questionnaire, the self-report versions of the MAPP and the NEO PI-R, BDI-II, and the SAS-SR. Additionally, those who were involved in an intimate relationship at the time of their baseline assessment completed the DAS-4. Upon completion of these measures, participants were then asked to provide names of up to two informants, including a spouse or partner, family members, friends,

neighbors or co-workers with the expectation that at least one informant would be contacted for information. Participants were then asked how long they had known the potential informant, how often they saw or spoke to them (everyday, at least once a week, at least once a month, at least once a year, less than once a year), how well they knew and liked the informant (better/more than anyone else, very well, fairly well, a little bit, not well), and how close they felt to the informant (closer than anyone else, very close, somewhat close, a little bit, not at all). At the conclusion of their baseline appointments, participants were asked to contact the potential informants and ask him or her to contact the study coordinator.

Informants residing in the St. Louis area also met with the member of the SPAN study in person at the Psychology Department at Washington University. For those residing outside of the St. Louis area, information was collected using the internet or mailed questionnaires. Most informants (~80%) completed the questionnaires on the internet. After reviewing and signing the informed consent, informants completed a demographics questionnaire, a questionnaire about his or her relationship with the target person, and the informant versions of the MAPP and the NEO PI-R, as well as the 8-item social adjustment questionnaire. Additionally, spouse/partner informants of target participants completed the DAS-4.

Six-Month Follow-Up Appointment. Approximately six months after the participants' baseline appointment, participants and their informants completed their first six-month follow-up assessment. The average lag time between participants' follow-up appointment and their informants' follow-up appointment was 10.6 days (SD = 24.2 days). Of the 213 total participant-informant pairs, only 29 (13.6%) had a lag time of

greater than 30 days. All participants and informants were given the option of completing the follow-up session via mailed questionnaires, on the internet or in the lab. The majority (~78%) chose to complete the follow-up assessment via mailed questionnaires or the internet. During the six-month follow-up assessment, participants and informants completed a battery of questionnaires regarding the target participants' experiences during the last six months. Participant packets included the revised LTE-Q, SAS-SR, and the BDI-II. They were also asked to complete the DAS-4 if they were in an intimate relationship at the time of the follow-up assessment. Informant packets included the revised LTE-Q, and the 8-item social adjustment questionnaire. They also completed the DAS-4 if they were in an intimate relationship with the target participant at the time of the follow-up assessment.

A follow-up phone call was made to all participants who reported experiencing at least one event from the LTE-Q. During these phone calls, participants were reminded of the event(s) that they had endorsed and asked to briefly describe each event. Their description of the event(s) served to ensure that the event(s) were acute in nature rather than ongoing problems, and that they were truly major events. For those who had reported experiencing two or more events, their description also served to determine the independence of the event(s).

Most of the time, participants' descriptions of the event(s) were sufficient in determining if the event(s) met the three criteria (acute, major, and independent) for further inquiry. Events were considered acute if it had a distinct onset, and its onset occurred in the six months between their baseline and follow-up assessments. For example, a participant who had reported experiencing "serious problems with a relative"

needed to demonstrate that a specific incident (e.g., argument that led to a falling out, etc.) had occurred in the last six months. The same type of rule was used for illnesses. For illnesses and injuries, only those that required medical attention (i.e., a visit to their primary care physician) because of an onset or a worsening of a pre-existing condition in the six months between their baseline and follow-up assessments were considered.

Events were considered independent if one event did not cause or lead to another event. For example, a commonly reported combination of events was "serious illness or injury of a family member" and "death of a family member." In the case that the two were related (i.e., the relative became ill and died), the death, but not the illness, was recorded. Another common combination was "serious illness or injury of a family member" and "major changes in family responsibilities." As with the previous example, if the illness led to the changes in family responsibilities, then only the illness was considered. There were, however, cases in which the two were separate. For example, a participant recounted that at around the same time that her sister became ill, she began babysitting her grandchildren on a daily basis (major changes in family responsibilities) because her daughter returned to work. In this case, because the two events were independent of each other, further inquiries were made regarding both of these events.

In addition to assessing for the acuteness and the independence of the event(s), the participants' descriptions were also used to gauge the seriousness of the event(s). Most of the events that participants considered when answering the LTE-Q were large, threatening events. There were, however, instances in which "minor" events were reported. For example, several participants reported that "something valuable was lost or

stolen" when the lost or stolen item was easily replaced, such as a lawn mower or articles of clothing. Some "minor" illnesses, such as influenza, were also reported.

For the most part, the participants' description of the events provided enough information to determine the significance and severity of the event(s). It was, however, much more difficult to discern the severity of "major financial crises." Given the recessive state of the economy when participants were completing the LTE-Q, it was not surprising that many people reported experiencing a "major financial crisis." Most of the time, their descriptions of the financial problems adequately illustrated what they meant by the term "major financial crisis." It was most helpful to ask about how their "major financial crisis" had affected their lives. Those who reported, for example, that they were now "cutting back on leisure activities or hobbies" or were "more worried about retirement plans" were not considered to have experienced a "major financial crisis." Individuals who were severely affected by their financial problems described, for example, how they had "lost about 90% of [their] retirement income and [were] coming out of retirement to look for a job," or that they were "foreclosing on [their] home."

Participants reported a total of 437 events per the LTE-Q, however, only 174 (39.8%) met the criteria of true life stressors (acute, independent, major). Only those that met the criteria of stressful life events were probed further with the following questions. For all fifteen types of events listed in the LTE-Q, participants were asked: (a) if the event was expected or planned (and if expected or planned, for how long: hours, days, weeks, months, years); (b) if they felt prepared for the event (10-point scale, 1 = *not at all prepared*, 10 = *extremely well prepared)*; (c) the impact of the event on day-to-day life at the time of the event and now (*no change, small change, moderate change, significant*

change, big change, complete change); (d) whether the event had changed the participants' self views (i.e., event made them feel better, worse, or had no change on how they felt about themselves); and (e) if the event prevented them from doing anything that they had planned (*yes, no, maybe*).

A similar phone call was made to the informant if the informant indicated that the participant had experienced any of the events listed in the LTE-Q. The informant was also asked to briefly describe the event(s), and the same guidelines were used to determine if the event(s) met the criteria for stressful life events.

Statistical Analysis

All analyses were conducted using SPSS software (SPSS). Statistical significance was set at $p = .05$ for all analyses. Scaled (dimensional) scores and the number of criteria met were calculated for each of the ten PDs using information from the two versions of the MAPP (participant-report and informant-report) and the SIDP. The number of criteria met using the MAPP was calculated by summing the number of PD items that were endorsed at a '3' or a '4' on the 0 to 4 Likert scale. From the SIDP, number of criteria met was calculated by totaling the number of PD items for which the interviewer scored at a '2' (present) or a '3' (strongly present) on the 0 to 3 Likert scale. Using this information, a binary diagnostic score (0=PD absent, 1=PD present) was derived for each of the ten PDs; this score indicated whether the participant met the threshold requirements for each of the ten PDs. Additionally, to provide an indication of the level of Axis II comorbidity in this sample, a "total PD" variable was created by counting the number of PDs that participants met criteria for based on the DSM-IV-TR threshold requirements.

Analyses were first conducted using scaled scores from the SIDP and the participant and informant versions of the MAPP. However, analyses using the participant-MAPP scores were dropped because most of the analyses indicated that participant-MAPP sores were not significantly predictive of various outcome variables. SIDP and informant-MAPP scores, on the other hand, were significantly predictive of many outcome variables. Given that the current gold standard for the assessment of personality disorders is a standardized structured interview, participant-MAPP scores were excluded from this manuscript. Thus, analyses were conducted using scores from the SIDP and the informant-MAPP.

Chapter 3: Results

Participant-Informant Information

Table 1 provides frequencies and means (where appropriate) of the demographic variables for participants and their informants.

Table 1

Frequencies and Means (where appropriate) of Demographic Variables for Participants and Informants

	Participant		Informant	
Variable	Frequency	Mean (SD)	Frequency	Mean (SD)
Age		61.5(2.8)		57.5(10.8)
Gender				
Male	95		65	
Female	118		149	
Race				
White	174		171	
Black	34		39	
Asian, Pacific Islander	0		3	
Biracial	0		1	
Other	5		0	
Marital status				
Single, never married	23		26	
Married or Commited Rel	131		147	
Separated or Divorced	48		30	
Widowed	12		9	
Unreported	0		2	

Table 2 provides information about the about the nature of relationships between participants and their informants. Participants and informants gave similar ratings for the number of years they have known each other, how much they know and like each other, and how close they consider their relationship to be. In general, both participants and informants reported that they knew and liked each other very much, and that they felt very close with one another.

Table 2

Nature of Participant-Informant Relationships

	Participant		Informant	
Variable	Frequency	Mean (SD)	Frequency	Mean (SD)
Nature of Participant- Informant Relationships				
Spouse or Romantic Partner	110			
Family member	53			
Friends	48			
Neighbors	1			
Coworkers	2			
Years knowing each other		32.8(15.2)		33.0 (15.0)
Frequency of Contact				
Everyday	125		130	
At least once a week	51		54	
At least once a month	27		24	
Once a year or less	10		6	
Knowing rating (0-4)		3.49 (0.58)		3.53 (0.55)
Liking rating (0-4)		3.55 (0.50)		3.48 (0.54)
Closeness rating (0-4)		3.45 (0.58)		3.48 (0.60)

Note. Knowing rating 0=do not know well, 1=know a little bit, 2=know fairly well, 3=know very well, 4=know better than anyone else. Liking rating: 0=do not like at all, 1=like a little bit, 2=like somewhat, 3=like very much, 4=like more than anyone else. Closeness rating: 0=not at all close, 1=a little bit close, 2=somewhat close, 3=very close, 4=closer than anyone else.

Hypothesis One: Agreement and Prevalence Rates of Stressful Life Events

Prevalence rates (Hyp 1). Generally consistent with the hypothesis that approximately 60% of participants would experience stressful life events, 54.9% (N=107) of participants had experienced stressful life events. This value was not statistically significant from the hypothesized proportion of 60% (2 tailed Z = -1.52, $p > .05$).

Of the 107 participants, 77 (36.2% of total sample) reported one event, 28 (13.1%) reported two events, 9 (4.2%) reported three events, 1 (.5%) reported four events and 2 (.9%) reported experiencing five events. Informants reported similar event frequencies. From informant-report data, 100 (46.9%) of the participants did not experience any events, 63 (29.6%) experienced one event, 37 (17.4%) experienced two events, 8 (3.8%) experienced three events and 5 (2.3%) experienced four events.

As predicted (Hyp1a), illnesses/injuries and deaths were the most commonly reported categories of events with illnesses/injuries of close relatives and deaths of close friends or relatives being reported the most. However, major changes in family responsibilities were not commonly reported. The least experienced events were separation due to marital difficulties and problems with the police or court appearance. Table 3 shows the frequency with which the fifteen major life events were experienced. In addition, this table includes participant-reports of changes in residence and retirement. Informants were not asked about the latter two events.

Table 3

Frequency of Stressful Life Events as reported by Participants and their Informants and Agreement between Participants and Informants on the Occurrence of Events

	P	I	Agreement %	Agreement k
Illness or injury of self	19	16	94.8	0.66
Illness or injury of others	40	39	84.5	0.49
Death-partner, parent, child	12	14	97.2	0.75
Death-close friend or relative	41	37	83.6	0.45
Marital separation	2	2	98.6	0.50
Breaking off steady relationship	4	5	97.2	0.39
Problem w/friend, neighbor, relative	7	11	92.5	0.07
Unemployment for > 1 mos	3	7	96.2	0.18
Fired from a job	3	4	98.6	0.56
Major financial crisis	14	12	94.4	0.51
Problems w/police, court appearance	1	1	100.0	1.00
Valuable item lost or stolen	4	4	97.2	0.24
Victim of serious crime	4	4	98.1	0.49
Major changes in family responsibilities	10	11	94.8	0.45
Other events that changed day-to-day life	10	14	90.6	0.12
Changes in residence	13	--	--	--
Retirement	28	--	--	--

Note. P = Participant report; I = Informant-report; Percentage agreement (%) = (# where both participant and informant reported event + # where both participant and informant did not report event) / (numerator + # where participant reported event but informant did not + # where informant reported event but participant did not). k = Kappa.

Participant and Informant Agreement on SLEs (Hyp 1b). Level of agreement between participants and their informants regarding the occurrence of the fifteen SLEs were calculated using percentage agreement and kappa. To calculate percentage agreement, the number of instances in which both participants and informants agreed about either the presence or absence of the events (total # cases where participants' reports of either experiencing or not experiencing the events were corroborated by informants' reports) were divided by the total number of cases in which the participants and informants agreed and disagreed (# participant endorsing events corroborated by informants + # participant denial of events corroborated by informants + # participant endorsing event NOT corroborated by informants + # participant denial of events NOT corroborated by informants). Based on this non-chance corrected index of agreement, participants and informants agreed 94.6% of the time. However, using kappa, a chance corrected index of agreement, agreement between participants and informants was moderate at best. The average kappa value across the fifteen events was .38.

A series of logistic regressions were used to determine if the lower than expected level of agreement between participants and informants may have been due to the time lag in completing the follow-up assessments. Separate logistic regressions were conducted for each of the fifteen types of events. For each of these analyses, the dependent variable was whether or not the participant reported experiencing that event, and the predictor variables were whether or not informants reported experiencing the event, the time lag (in days) between the time that participants completed the LTE-Q and when their informants completed the LTE-Q, and the interaction between time lag and informant-reports of events. Although regression equations for ten of the fifteen events

were statistically significant, the interaction between time lag and informant-reports of events were not independently predictive of participant-reports of events (all Wald < 1.74, $p > .18$). Results of these logistic regression analyses can be found in Appendix E.

Due to the modest level of agreement between participants and informants about the occurrence of stressful life events, further analyses only used self-reported event data. This decision was driven by the fact that the primary concern of this project was participants' reports of events.

Hypothesis Two: Prevalence of Personality Disorders

The prevalence rates of PDs varied depending on the instrument used. Table 4 shows the frequencies and prevalence rates for each of the ten PDs using the SIDP and both self-reports and informant-reports MAPP diagnostic scores.

Table 4

Prevalence of Personality Disorders based on the SIDP and the MAPP

PD Category	SIDP (%)	P-MAPP (%)	I-MAPP (%)
Paranoid	1 (0.5)	22 (10.3)	28 (13.1)
Schizoid	0	31 (14.5)	41 (19.2)
Schizotypal	0	6 (2.8)	15 (7.0)
Antisocial	1 (0.5)	7 (3.3)	26 (12.1)
Borderline	0	4 (1.9)	12 (5.6)
Histrionic	0	8 (3.7)	15 (7.0)
Narcissistic	1 (0.5)	7 (3.3)	25 (11.7)
Avoidant	6 (3.0)	15 (7.0)	17 (7.9)
Dependent	0	2 (0.9)	4 (1.9)
Obsessive-compulsive	21 (9.8)	56 (26.2)	75 (35.0)
Total # diagnoses	30	158	261

Note. SIDP = Structured Interview for DSM-IV Personality, P-MAPP = Self-report MAPP, I-MAPP = Informant-report MAPP.

The prevalence rate based on the SIDP (~14%; 30 diagnoses in a sample of 213 participants) is consistent with the hypothesis and data from other community-based studies. This value was also not statistically significant from the hypothesized proportion

of 10% (2 tailed Z = 1.93, p >.05). Prevalence rates based on the MAPP were much higher, especially if based on informant-reports (158 diagnoses per self-report and 261 diagnoses per informants). Furthermore, the number of PD diagnoses based on informant-report MAPP was significantly higher than those based on self-report (paired t = -4.63, p = .001).

Hypothesis Three: Agreement between Self-reports and Informant-reports of Personality and PD Traits

Personality traits (Hyp 3). To test the hypothesis that correlations between self-reports and informant-reports of personality would at least be moderate (r > .30), Pearson correlations between the participant and informant versions of the NEO PI-R factor and facet scores were calculated. These results are displayed in Table 5. As predicted, correlations between self- and informant-NEO factor scores were moderate, with the least agreement for Neuroticism and Agreeableness (r = .45) and the most agreement for Openness (r = .58). There was much more variability in the correlations at the facet level. Of the facets, least agreement was observed on the Straightforwardness facet of Agreeableness (r = .21) and the most agreement was found for the Aesthetics facet of Openness (r = .63).

Table 5

Correlations between Participant and Informant-Reports on the NEO PI-R

NEO PI-R Factors Facets	
Neuroticism	.45
Anxiety (N1)	.42
Hostility (N2)	.39
Depression (N3)	.51
Self-Consciousness (N4)	.33
Impulsiveness (N5)	.35
Stress Vulnerability (N6)	.36
Extraversion	.50
Warmth (E1)	.45
Gregariousness (E2)	.48
Assertiveness (E3)	.45
Activity (E4)	.34
Excitement Seeking (E5)	.44
Positive Emotion (E6)	.49
Openness	.58
Fantasy (O1)	.35
Aesthetics (O2)	.63
Feelings (O3)	.39
Actions (O4)	.52
Ideas (O5)	.44
Values (O6)	.59
Agreeableness	.45
Trust (A1)	.44
Straightforwardness (A2)	.21
Altruism (A3)	.33
Compliance (A4)	.39
Modesty (A5)	.29
Tendermindedness (A6)	.43
Conscientiousness	.46
Competence (C1)	.35
Order (C2)	.59
Dutifulness (C3)	.24
Achievement Striving (C4)	.44
Self-Discipline (C5)	.38
Deliberation (C6)	.29

Note. All correlations above .20 significant at $p < .01$, correlations above .14 significant at $p < .05$, correlations below .14 non-significant.

Personality Disorders (Hyp 3). Similarly, to test the hypothesis that correlations between self-reports and informant-reports of PDs would be at least moderate ($r > .30$),

Pearson correlations between self-reports and informant-reports of PDs were calculated using scaled (dimensional) and criterion scores from the MAPP and the SIDP. Results are displayed in Table 6. Correlations between self-reported and informant-reported PD scores were significantly lower than those for the NEO personality traits (Z = -2.29, *p* =.02).

Table 6

Agreement between Participant-Reports and Informant-Reports of PD Traits

	SIDP vs MAPP (p)	**MAPP(p) vs MAPP (i)**	**SIDP vs MAPP (i)**
1. Scaled Scores			
Paranoid PD	.46	.26	.22
Schizoid PD	.40	.32	.27
Schizotypal PD	.43	.25	.28
Antisocial PD	.28	.24	.30
Borderline PD	.41	.32	.42
Histrionic PD	.41	.16	.24
Narcissistic PD	.36	.13	.28
Dependent PD	.67	.26	.42
Avoidant PD	.52	.10	.26
Obs Comp PD	.50	.20	.27
2. Criteria scores			
Paranoid PD	.22	.21	.15
Schizoid PD	.37	.28	.25
Schizotypal PD	.37	.25	.24
Antisocial PD	.19	.20	.13
Borderline PD	.35	.26	.34
Histrionic PD	.26	.21	.14
Narcissistic PD	.27	.05	.28
Dependent PD	.60	.22	.41
Avoidant PD	.50	.09	.25
Obs Comp PD	.45	.18	.24

Note. All correlations above .21 significant at p < .01, correlations above .15 significant at p < .05, correlations below .14 non-significant; (p) = participant version of the MAPP; (i) = informant version of the MAPP.

Between the SIDP and the informant-MAPP, average correlations were .30 using scaled scores and .24 using criteria scores. Average correlations between the participant-

and informant-MAPP scores were .22 using scaled scores and .20 using criteria scores. Agreement at the diagnostic level was not calculated because of the relatively low prevalence rates of PDs produced by the SIDP interview.

Hypothesis Four: Relationship between Personality Disorders and Baseline Psychosocial and Marital Adjustment

The hypothesis that levels of self-reports and informant-reports of PD traits are related to psychosocial adjustment was tested by a series of multiple regression analyses. The ten SIDP PD scores and the ten informant-MAPP PD scores were centered before they were entered as predictors. Separate regression analyses were conducted for each of the five subscales from the SAS-SR[1] for which the majority of participants had responded (e.g., work for pay, social and leisure, family outside the home, primary relationships, and family unit), as well as the summary score from the informant-report social adjustment scale. For each regression analysis, scaled SIDP and IMAPP scores for each of the ten PDs were entered as independent predictors. Significant findings are reported in Table 7.

As hypothesized, self-reports and informant-reports of PD scores accounted for a significant portion of the variance in participant-reports of social adjustment in the realms of work for pay, social and leisure, family outside the home and BDI scores. PD scores were also predictive of informant-reports of participants' baseline social adjustment. After Bonferroni correction, however, none of the PD scales were independently predictive of adjustment scores. PD scores were not predictive of participant-reports of adjustment in the realms of primary relationships [$F(20, 124) = 1.19$, $p = .28$] nor family unit [$F(20, 185) = 1.26$, $p = .22$].

Table 7

Results of Multiple Regression Analyses Predicting Various Social Adjustment Scores at Baseline from PD Scores

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
1. Work for Pay (P)			**20**	**.23***
SIDP Paranoid	-.04	.12	1	<.01
SIDP Schizoid	-.17	.16	1	<.01
SIDP Schizotypal	-.01	.24	1	<.01
SIDP Antisocial	.26	.20	1	.01
SIDP Borderline	.09	.19	1	<.01
SIDP Histrionic	-.03	.14	1	<.01
SIDP Narcissistic	.18	.14	1	.01
SIDP Dependent	-.01	.19	1	<.01
SIDP Avoidant	.28	.10	1	.06
SIDP Obs Comp	-.06	.08	1	<.01
IMAPP Paranoid	.08	.07	1	<.01
IMAPP Schizoid	.07	.06	1	<.01
IMAPP Schizotypal	.05	.10	1	<.01
IMAPP Antisocial	-.15	.09	1	.02
IMAPP Borderline	.13	.11	1	.01
IMAPP Histrionic	-.01	.09	1	<.01
IMAPP Narcissistic	-.20	.10	1	.03
IMAPP Dependent	.19	.09	1	.04
IMAPP Avoidant	-.14	.07	1	.03
IMAPP Obs Comp	.02	.06	1	<.01
2. Social/Leisure (P)			**20**	**.25****
SIDP Paranoid	.17	.12	1	.01
SIDP Schizoid	.35	.15	1	.03
SIDP Schizotypal	-.36	.23	1	.01
SIDP Antisocial	-.30	.20	1	.01
SIDP Borderline	.19	.17	1	.01
SIDP Histrionic	-.04	.13	1	<.01
SIDP Narcissistic	.01	.13	1	<.01
SIDP Dependent	.07	.17	1	<.01
SIDP Avoidant	.15	.10	1	.01
SIDP Obs Comp	-.08	.07	1	.01
IMAPP Paranoid	-.08	.06	1	.01
IMAPP Schizoid	.09	.06	1	.01
IMAPP Schizotypal	.18	.09	1	.02
IMAPP Antisocial	-.04	.08	1	<.01
IMAPP Borderline	.01	.10	1	<.01
IMAPP Histrionic	.02	.08	1	<.01
IMAPP Narcissistic	-.01	.09	1	<.01
IMAPP Dependent	-.04	.07	1	<.01
IMAPP Avoidant	.10	.06	1	.01
IMAPP Obs Comp	-.04	.06	1	<.01

Table 7 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
3. Family Outside Home (P)			**20**	**.19****
SIDP Paranoid	.02	.10	1	<.01
SIDP Schizoid	.05	.13	1	<.01
SIDP Schizotypal	.08	.19	1	<.01
SIDP Antisocial	-.02	.17	1	<.01
SIDP Borderline	.36	.14	1	.03
SIDP Histrionic	.02	.11	1	<.01
SIDP Narcissistic	.03	.11	1	<.01
SIDP Dependent	.41	.14	1	.04
SIDP Avoidant	-.14	.08	1	.02
SIDP Obs Comp	.03	.06	1	<.01
IMAPP Paranoid	.06	.06	1	.01
IMAPP Schizoid	.03	.05	1	<.01
IMAPP Schizotypal	-.10	.08	1	.01
IMAPP Antisocial	-.07	.07	1	.01
IMAPP Borderline	.08	.09	1	<.01
IMAPP Histrionic	-.07	.07	1	<.01
IMAPP Narcissistic	.04	.07	1	<.01
IMAPP Dependent	.05	.06	1	<.01
IMAPP Avoidant	.02	.06	1	<.01
IMAPP Obs Comp	-.05	.05	1	<.01
4. Informant Social Adjustment			**20**	**.45****
SIDP Paranoid	.39	1.20	1	<.01
SIDP Schizoid	1.99	1.74	1	.01
SIDP Schizotypal	3.29	2.07	1	.02
SIDP Antisocial	5.32	2.11	1	.06
SIDP Borderline	-1.99	1.79	1	.01
SIDP Histrionic	.08	1.63	1	<.01
SIDP Narcissistic	-1.90	1.58	1	.01
SIDP Dependent	-.05	2.08	1	<.01
SIDP Avoidant	-2.10	1.37	1	.02
SIDP Obs Comp	1.33	.81	1	.03
IMAPP Paranoid	1.88	.84	1	.05
IMAPP Schizoid	1.63	.75	1	.04
IMAPP Schizotypal	-.20	1.20	1	<.01
IMAPP Antisocial	.05	.89	1	<.01
IMAPP Borderline	2.32	1.26	1	.03
IMAPP Histrionic	-2.13	1.01	1	.04
IMAPP Narcissistic	-.58	1.05	1	<.01
IMAPP Dependent	-.28	.92	1	<.01
IMAPP Avoidant	1.46	.80	1	.03
IMAPP Obs Comp	-1.02	.77	1	.02

Table 7 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
5. BDI Scores (P)			**20**	**.34****
SIDP Paranoid	-1.72	1.53	1	.01
SIDP Schizoid	1.24	1.95	1	<.01
SIDP Schizotypal	3.97	2.95	1	.01
SIDP Antisocial	.08	2.59	1	<.01
SIDP Borderline	6.38	2.17	1	.04
SIDP Histrionic	-2.74	1.72	1	.01
SIDP Narcissistic	2.23	1.71	1	.01
SIDP Dependent	2.66	2.18	1	.01
SIDP Avoidant	3.9	1.27	1	.05
SIDP Obs Comp	-1.00	.95	1	.01
IMAPP Paranoid	.16	.85	1	<.01
IMAPP Schizoid	.68	.74	1	<.01
IMAPP Schizotypal	-.33	1.15	1	<.01
IMAPP Antisocial	-.57	1.01	1	<.01
IMAPP Borderline	2.43	1.31	1	.02
IMAPP Histrionic	1.25	1.08	1	.01
IMAPP Narcissistic	-2.37	1.12	1	.02
IMAPP Dependent	-.46	.93	1	<.01
IMAPP Avoidant	-.44	.84	1	<.01
IMAPP Obs Comp	-.52	.81	1	<.01

Note. SIDP = Structured Interview for DSM-IV Personality; IMAPP = Informant MAPP (Multi-source

Same types of analyses were used to determine the relationship between PD traits and marital adjustment for the 94 participants whose informants were spouses or partners. Significant results are displayed in Table 8. Partially supporting the study hypothesis, self-reported PD traits were predictive of self-reports of marital adjustment [$F(10, 94) = 2.10$, $p = .03$]. This effect was driven by self-report scores for borderline PD traits, which was independently associated with worse marital adjustment. Informant-reports of PD traits were not predictive of either the self- or the informant-report of marital adjustment (all Fs > 1.61, $p > .12$).

Table 8

Results of Multiple Regression Predicting Marital Adjustment from PD Scores

Dependent Variable Independent Predictors	B	SE	df	R^2 / pr^2
Marital Adjustment (P)			**10**	**.19***
SIDP Paranoid	.02	.88	1	<.01
SIDP Schizoid	-2.11	1.15	1	.03
SIDP Schizotypal	.59	1.71	1	<.01
SIDP Antisocial	2.45	1.66	1	.02
SIDP Borderline	-4.25	1.16	1	.22*
SIDP Histrionic	-.38	.95	1	<.01
SIDP Narcissistic	.30	.88	1	<.01
SIDP Dependent	1.11	1.35	1	.01
SIDP Avoidant	.35	.72	1	<.01
SIDP Obs Comp	-.17	.51	1	<.01

*Note. SIDP = Structured Interview for DSM-IV Personality; IMAPP = Informant MAPP (Multi-source Assessment of Personality Pathology). * p < .05, ** p < .01.*

Hypothesis Five: Relationship between Personality or Personality Disorder traits and Stressful Life Events

Number of Participant-Reported Events (Hyp 5a). Standard Poisson regressions were used to test the hypotheses that PD traits or personality traits would predict the number of participant-reported events. In these analyses, the dependent variable was the number of participant-reported events; even events that were later excluded for not meeting the criteria of "stressful" life events (i.e., acute, independent and major) were included. These results can be found in Table 9. As hypothesized (Hyp 5a), self-reports and informant-reports of PD traits were significantly predictive of the number of participant-reported events (Likelihood ratio chi-square = 914.71, df = 20, *p < .01)*. A Bonferroni correction was applied before analyzing effects of independent predictors. Controlling for all other participant-reported and informant-reported PD scores, all self-reported PD scales except for Schizotypal PD were significantly predictive of the number

of participant-reported events. Additionally, controlling for all other participant-reported and informant-reported PD scores, informant-reports of paranoid, schizoid, borderline, narcissistic and avoidant PDs were significantly predictive of participant-reported events.

Table 9

Results of Standard Poisson Regression Analysis Predicting Number of Participant -reported Events from PD Scores

Variables	B	SE	Wald-Chi Square
SIDP Paranoid	-1.25	.28	2.08**
SIDP Schizoid	1.39	.33	18.61**
SIDP Schizotypal	.69	.42	2.70
SIDP Antisocial	-2.39	.68	12.52**
SIDP Borderline	1.53	.44	12.05**
SIDP Histrionic	3.68	.25	22.59**
SIDP Narcissistic	-1.20	.28	18.53**
SIDP Dependent	-4.31	.47	83.04**
SIDP Avoidant	.79	.22	13.11**
SIDP Obs Comp	-.82	.16	25.53**
IMAPP Paranoid	-.48	.13	12.89**
IMAPP Schizoid	.67	.12	31.34**
IMAPP Schizotypal	.21	.17	1.39
IMAPP Antisocial	-.31	.18	3.06
IMAPP Borderline	2.15	.16	175.34**
IMAPP Histrionic	-.37	.18	4.46
IMAPP Narcissistic	-1.01	.21	23.96**
IMAPP Dependent	-.48	.25	3.86
IMAPP Avoidant	-.65	.17	13.95**
IMAPP Obs Comp	-.18	.14	1.63

Note. SIDP = Structured Interview for DSM-IV Personality; IMAPP = Informant MAPP (Multi-source Assessment of Personality Pathology). * $p < .05$, ** $p < .01$.

Number of Stressful Life Events (Hyp 5b-5c). To determine if the findings above hold true when only events that met the three criteria of "stressful" life events are considered, another set of standard Poisson regression analyses were used. In the first set of analyses, the dependent variable was the count of the number of "stressful" life events. Inconsistent with hypothesis 5b, neither self-reported nor informant-reported PD traits

were significantly predictive of the number of stressful life events (Likelihood ratio chi square = 20.37, p =.44). Additionally, after Bonferroni correction, neither self-reported nor informant-reported cluster B PD traits were predictive of the number of stressful life events (all Wald chi square < = 1.80, p > = .18).

Similarly, neither self-reported nor informant-reported personality traits were significantly predictive of the number of stressful life events (Likelihood ratio chi square = 12.80, p = .24). Moreover, inconsistent with hypothesis 5c, neither self-reported nor informant-reported neuroticism scores were predictive of the number of stressful life events (both Wald chi square < = 2.46, p >= .12).

As the purpose of this dissertation was to determine the relationship between stressful life events and personality, further analyses only included those events that met the three criteria of "stressful" life events.

Severity of Stressful Life Events (Hyp 5b-5c). A series of multiple regression analyses were used to explore if personality dispositions were predictive of the severity or impact of SLEs. For these analyses, only participants who had reported experiencing at least one stressful life event (N=107) were included.

To carry out these analyses, event severity was first computed using the seven follow-up LTE questions. To do so, the seven follow-up questions were entered into a principal components analysis with varimax rotations. One factor that accounted for approximately 68.3% of the total variance was extracted. The average loading size of the seven questions was .82; the average item communality was .68. A composite score was created based on the mean of the seven items; this composite score reflected the impact of events.

Neither self-reported nor informant-reported personality or PD traits were significantly predictive of the severity of stressful life events, [$F(10, 97) = 1.27$, $p = .26$] and [$F(20, 87) = .97$, $p = .51$], respectively.

Interpersonal Problems and PD and Personality traits (Hyp 5d). To test the hypothesis that levels of self-reported and informant-reported cluster B PD traits and neuroticism would predict the presence of interpersonal problems, a binary variable was created to differentiate the participants who experienced at least one of the interpersonal events (marital separation, breaking off of a steady relationship, and serious problems with a neighbor, close relative or friend) from those who had not experienced any of these interpersonal events. A logistic regression was conducted using this binary variable (1= experienced at least one interpersonal event and 0 = did not experience any interpersonal events) as the dependent variable and participant and informant-reported PD traits as the independent predictors.

A total of three regression analyses were conducted. In the first analysis, the independent variables included self-reported PD scores; in the second, informant-reported PD scores were entered as independent predictors; in the final analysis, both self-reported and informant-reported PD scores were entered. Significant findings are reported in Table 10.

Table 10

Logistic Regressions Predicting Occurrence of Interpersonal Stressful Events

DV				**Chi square**
IV	B	SE	Df	Wald
1. Relationship Problems (P)			**10**	**24.51****
IMAPP Paranoid	1.41	1.03	1	1.88
IMAPP Schizoid	.95	.72	1	1.76
IMAPP Schizotypal	-.34	1.10	1	.10
IMAPP Antisocial	-.09	.91	1	.01
IMAPP Borderline	-3.09	1.37	1	5.11*
IMAPP Histrionic	4.19	1.16	1	13.04**
IMAPP Narcissistic	-2.80	1.23	1	5.17*
IMAPP Dependent	-1.42	1.33	1	1.14
IMAPP Avoidant	-.96	.92	1	1.10
IMAPP Obs Comp	-.39	.72	1	.29
2. Relationship Problems (P)			**20**	**30.91***
SIDP Paranoid	-1.85	1.62	1	1.31
SIDP Schizoid	-1.47	3.13	1	.22
SIDP Schizotypal	1.26	2.03	1	.39
SIDP Antisocial	-.48	2.04	1	.06
SIDP Borderline	1.86	2.44	1	.58
SIDP Histrionic	-.80	1.84	1	.19
SIDP Narcissistic	-.99	2.23	1	.20
SIDP Dependent	-.54	3.27	1	.03
SIDP Avoidant	-.29	1.94	1	.02
SIDP Obs Comp	1.49	.90	1	2.78
IMAPP Paranoid	1.66	1.26	1	1.74
IMAPP Schizoid	1.29	.85	1	2.28
IMAPP Schizotypal	-.12	1.33	1	.01
IMAPP Antisocial	-.26	1.08	1	.06
IMAPP Borderline	-3.81	1.58	1	5.83
IMAPP Histrionic	4.86	1.52	1	1.23**
IMAPP Narcissistic	-3.14	1.44	1	4.74
IMAPP Dependent	-1.13	1.36	1	.70
IMAPP Avoidant	-1.24	1.08	1	1.32
IMAPP Obs Comp	-.85	.86	1	.98

Note. SIDP = Structured Interview for DSM-IV Personality; IMAPP = Informant MAPP (Multi-source Assessment of Personality Pathology). * $p < .05$, ** $p < .01$.

In the first analysis, self-reports of PD traits were not significantly predictive of interpersonal events (χ^2 (10, N = 213) = 10.57, p = .39). Informant-reports of PD scores were, however, predictive of interpersonal events. Controlling for all other informant-reported PD scores, informant-reports of histrionic PD was independently predictive of experiencing interpersonal events whereas informant-reports of borderline and narcissistic PDs were associated with decreased odds of experiencing interpersonal events. Finally, a regression equation with both self-reports and informant-reports of PD scores was significantly predictive of interpersonal events. After Bonferroni correction, only informant-reports of histrionic PD traits were independently predictive. There were no contributions of self-reported PDs independent of informant-reported PDs.

Logistic regressions were also used to clarify the relationship between interpersonal problems and the NEO personality factors. Again, three separate regressions were analyzed. The first analysis only included self-reports of NEO personality factor scores, the second included only informant-reports of NEO personality factor scores, and the third included both self-reports and informant-reports of NEO personality factor scores. Contrary to prediction, neither the self-reported NEO personality factor scores (χ^2 (5, N = 213) = 2.21, p = .82) nor the informant-reported NEO personality factor scores were predictive of interpersonal problems (χ^2 (5, N = 213) = 5.98, p = .31). Additionally, the combination of self-reported and informant-reported NEO factor scores were not predictive of interpersonal problems (χ^2 (10, N = 213) = 6.68, p = .76).

Hypothesis Six: Relationship between Stressful Life Events and Psychosocial or Marital Adjustment

Only participants who had reported experiencing at least one stressful life event (N=107) were included in the following analyses that tested the hypotheses that the number and severity of stressful life events would significantly account for unique variances in psychosocial functioning and marital adjustment at follow-up. Using the composite score representing "event severity" previously calculated [see above, Severity of Stressful Life Events (Hyp 5b-5c)], a series of multiple regression analyses were executed to determine how baseline adjustment, number and severity of stressful life events were related to adjustment at follow-up. Analyses were conducted with a subset of the SAS-SR indices, including Work for Pay, Social and Leisure, Outside Family, Primary Relationships, and Family Unit adjustment scores, as well as BDI scores, marital adjustment scores, and informant-reports of social adjustment. From the SAS-SR, subscales of Housework and Parental Role adjustment were excluded since only a small proportion of participants had answered the items related to these subscales. Approximately 66 (31%) and 30 (14%) participants had responded to the items related to Housework and Parental Role adjustment, respectively.

Dependent variables were follow-up adjustment scores and depression scores, and the independent variables included their respective baseline score score, and the number and severity of stressful life events. Additionally, interactions between baseline scores and the number of stressful life events (e.g., participant's report of baseline work adjustment * number of stressful life events) were entered to determine if stressful life events had differing effects on follow-up adjustment or depressive symptoms depending

on the level of participants' baseline adjustment or BDI score (Hyp 6c). Lastly, to analyze if the severity of stressful life events differentially affected the follow-up adjustment or BDI scores for individuals with varying levels of baseline or BDI scores, interactions between baseline adjustment or depression scores and the severity of events (e.g., participant's report of baseline work adjustment * severity of stressful life events) were also entered.

As shown in Table 11, all regression analyses were statistically significant. Contrary to study predictions (Hypothesis 6a-6b), however, in most cases, neither the number nor the severity of life events were independently predictive of worse psychosocial or marital adjustment. After Bonferroni correction, all follow-up scores except for participant-reports of family unit adjustment were independently predicted by their respective baseline measures.

Table 11

Results of Multiple Regression Analyses Predicting Various Social Adjustment Scores at Follow-Up From Baseline Adjustment Scores and Stressful Life Events

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 pr^2
1. Participant Work for Pay			**5**	**.15****
Baseline Participant Work for Pay	.40	.12	1	.08**
Number of Stressful Life Events	.24	.13	1	.02
Severity of Stressful Life Events	-.04	.13	1	< .01
Baseline Work for Pay*# of Events	-.14	.10	1	.01
Baseline Work for Pay*Event Severity	.04	.10	1	<.01
2. Participant Social/Leisure			**5**	**.52****
Baseline Social/Leisure	.79	.09	1	.27**
Number of Stressful Life Events	-.03	.16	1	<.01
Severity of Stressful Life Events	.05	.14	1	<.01
Baseline Social/Leisure*# of Events	.02	.09	1	<.01
Baseline Social/Leisure*Event Severity	-.01	.08	1	<.01
3. Participant Family Outside the Home			5	.32**
Baseline Family Outside the Home	.62	.08	1	.21**
Number of Stressful Life Events	.29	.14	1	.02
Severity of Stressful Life Events	-.16	.10	1	.01
Baseline Family*# of Events	-.20	.09	1	.02
Baseline Family*Event Severity	.13	.07	1	.01

Table 11 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 pr^2
4. Participant Primary Relationships			**5**	**.48****
Baseline Primary Relationships	.69	.11	1	.26**
Number of Stressful Life Events	.14	.18	1	<.01
Severity of Stressful Life Events	.16	.16	1	.01
Baseline Primary Rel*# of Events	-.10	.11	1	.01
Baseline Primary Rel*Event Severity	-.07	.09	1	<.01
5. Participant Family Unit			**5**	**.21****
Baseline Family Unit	.27	.09	1	.05**
Number of Stressful Life Events	-.06	.14	1	<.01
Severity of Stressful Life Events	.39	.11	1	.07**
Baseline Family Unit*# of Events	.08	.09	1	.01
Baseline Family Unit*Event Severity	-.21	.06	1	.06**
6. Informant Social Adjustment			**5**	**.52****
Baseline Informant Soc Adj	.87	.14	1	.30**
Number of Stressful Life Events	3.76	1.53	1	.06
Severity of Stressful Life Events	-1.85	1.49	1	.02
Baseline Inf Soc Adj*#of Events	-.22	.10	1	.05
Baseline Inf Soc Adj*Event Severity	.11	.10	1	.01
7. Depressed mood (P)			**5**	**.34****
Baseline BDI	-1.72	1.53	1	.01
Number of Stressful Life Events	1.24	1.95	1	<.01
Severity of Stressful Life Events	3.97	2.95	1	.01
Baseline BDI*# of Events	.08	2.59	1	<.01
Baseline BDI*Event Severity	6.38	2.17	1	.04
8. Marital Adjustment (P)			**5**	**.31****
Baseline Participant Marital Adj	.68	.13	1	.23**
Number of Stressful Life Events	1.69	1.35	1	.02
Severity of Stressful Life Events	.23	1.22	1	<.01
Baseline Marital Adj (P)*# of Events	-.16	.12	1	.02
Baseline Marital Adj (P)*Event Severity	.01	.11	1	<.01
9. Marital Adjustment (I)			**5**	**.35****
Baseline Informant Marital Adj	.77	.13	1	.28**
Number of Stressful Life Events	2.92	1.47	1	.04
Severity of Stressful Life Events	-2.47	1.32	1	.04
Baseline Marital Adj (I)*# of Events	-.24	.13	1	.03
Baseline Marital Adj (I)*Event Severity	.19	.11	1	.03

Note. (P) = Participant-report, (I) = Informant-report. * p<.05, **p<.01.

Participant-reports of follow-up adjustment scores in the role of family unit were significantly predicted by the interaction between event severity and baseline adjustment score. This interaction is depicted in Figure 1.

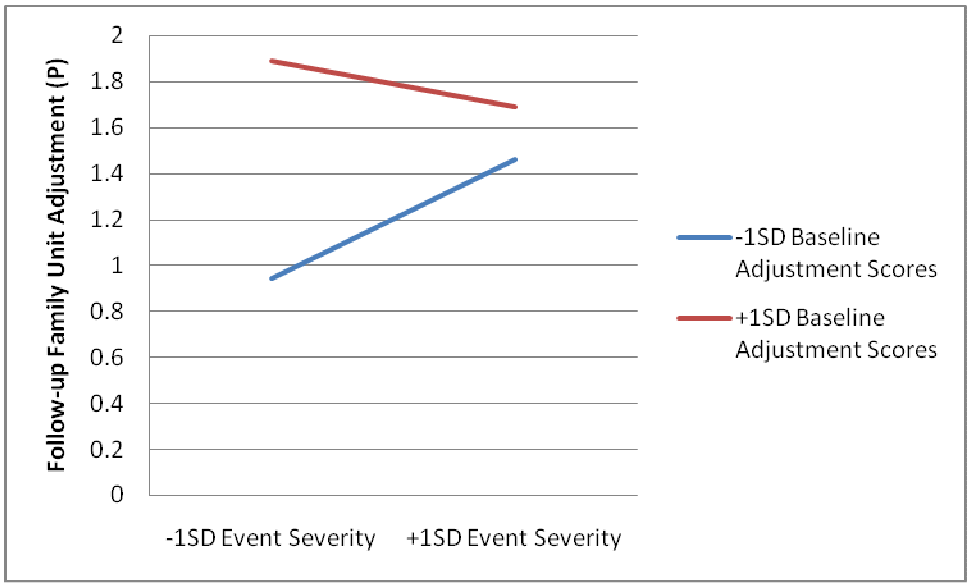

Figure 1. Interaction between Baseline Family Unit Adjustment and Event Severity in Predicting Follow-up Family Unit Adjustment.

Contrary to hypothesis 6c, individuals with better (-1 SD) baseline family unit adjustment scores were more affected by the severity of stressful life events compared to those with worse (+1 SD) baseline family unit adjustment scores. In other words, the less adjusted someone is in the realm of family unit at baseline, the less the likelihood there is that increased severity of life events would be associated with worse family unit adjustment at follow-up. Conversely, for individuals with better family unit adjustment at baseline, the greater likelihood there is that increased severity of events would be associated with worse family unit adjustment at follow-up.

Hypothesis Seven: Relationship between Personality or Personality Disorder traits and Psychosocial or Marital Adjustment after Stressful Life Events

Personality Disorders (Hyp 7a). To determine if individuals who met greater number of PD criteria (either by self-report or informant-report) would be more affected by stressful life events, a series of multiple regression analyses were conducted. Again,

analyses were carried out for a subset of the SAS-SR indices, BDI scores, and marital adjustment scores. In addition to the baseline adjustment scores, number of stressful life events and severity of stressful life events, number of PD criteria met using the SIDP interview, number of PD criteria met using the informant-MAPP, and their respective interactions with the number of stressful life events and severity of stressful life events (i.e., # of SIDP PD criteria*# stressful life events; # SIDP PD criteria*severity of stressful life events) were entered into the analyses. Results of these regression analyses are displayed in Table 12.

Table 12

Results of Multiple Regression Analyses Predicting Follow-Up Adjustment Scores From Baseline Scores, Number of SLEs, Severity of SLEs, and PD Scores

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
1. Work for Pay (P)			**9**	**.20****
Baseline Work for Pay	.26	.08	1	.08**
Number of SLEs	.25	.09	1	.05*
Severity of SLEs	-.09	.08	1	.01
SIDP Criteria Met	.08	.03	1	.04*
IMAPP Criteria Met	.01	.01	1	<.01
SIDP*#SLEs	-.04	.04	1	.01
IMAPP*#SLEs	-.01	.01	1	.01
SIDP*Event Severity	.04	.03	1	.01
IMAPP*Event Severity	.01	.01	1	<.01
2. Social/Leisure (P)			**9**	**.56****
Baseline Social/Leisure	.76	.06	1	.48**
Number of SLEs	-.05	.07	1	<.01
Severity of SLEs	.11	.07	1	.01
SIDP Criteria Met	.05	.03	1	.01
IMAPP Criteria Met	-.01	.01	1	<.01
SIDP*#SLEs	.01	.03	1	<.01
IMAPP*#SLEs	.01	.01	1	<.01
SIDP*Event Severity	-.03	.03	1	.01
IMAPP*Event Severity	-.01	.01	1	<.01

Table 12 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
3. Outside Family (P)			**9**	**.33****
Baseline Outside Fam	.47	.06	1	.26**
Number of SLEs	.13	.06	1	.02
Severity of SLEs	-.05	.06	1	<.01
SIDP Criteria Met	.04	.02	1	.01
IMAPP Criteria Met	.01	.01	1	.02
SIDP*#SLEs	-.04	.03	1	.01
IMAPP*#SLEs	-.01	.01	1	.01
SIDP*Event Severity	.02	.02	1	<.01
IMAPP*Event Severity	.01	.01	1	<.01
4. Primary Relationships (P)			**9**	**.49****
Baseline Primary Rel	.63	.07	1	.43**
Number of SLEs	-.10	.09	1	.01
Severity of SLEs	.03	.07	1	<.01
SIDP Criteria Met	.01	.03	1	<.01
IMAPP Criteria Met	-.02	.01	1	.04*
SIDP*#SLEs	.01	.04	1	<.01
IMAPP*#SLEs	.01	.01	1	<.01
SIDP*Event Severity	.01	.03	1	<.01
IMAPP*Event Severity	.01	.01	1	<.01
5. Family Unit (P)			**9**	**.17****
Baseline Family Unit	.14	.04	1	.06**
Number of SLEs	-.04	.13	1	<.01
Severity of SLEs	.16	.12	1	.01
SIDP Criteria Met	.07	.05	1	.01
IMAPP Criteria Met	-.02	.02	1	.01
SIDP*#SLEs	.05	.06	1	<.01
IMAPP*#SLEs	.03	.02	1	.01
SIDP*Event Severity	.03	.05	1	<.01
IMAPP*Event Severity	-.02	.01	1	.01
6. Informant Soc Adj			**9**	**.54****
Baseline Inf Soc Adj	.58	.08	1	.39**
Number of SLEs	1.49	.83	1	.04
Severity of SLEs	-.94	.85	1	.01
SIDP Criteria Met	.05	.35	1	<.01
IMAPP Criteria Met	.21	.13	1	.03
SIDP*#SLEs	.07	.37	1	<.01
IMAPP*#SLEs	-.15	.11	1	.02
SIDP*Event Severity	.43	.31	1	.02
IMAPP*Event Severity	-.01	.11	1	<.01

Table 12 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
7. BDI Scores (P)			**9**	**.56****
Baseline BDI	.62	.05	1	.42**
Number of SLEs	-1.01	.91	1	.01
Severity of SLEs	1.16	.85	1	.01
SIDP Criteria Met	.86	.35	1	.03
IMAPP Criteria Met	-.16	.11	1	.01
SIDP*#SLEs	-.42	.37	1	.01
IMAPP*#SLEs	.28	.11	1	.03*
SIDP*Event Severity	-.14	.32	1	<.01
IMAPP*Event Severity	-.07	.09	1	<.01
8. Marital Adj (P)			**9**	**.37****
Baseline Marital Adj (P)	.49	.09	1	.24**
Number of SLEs	.65	.64	1	.01
Severity of SLEs	.07	.55	1	<.01
SIDP Criteria Met	-.32	.22	1	.02
IMAPP Criteria Met	.12	.07	1	.03
SIDP*#SLEs	.03	.26	1	<.01
IMAPP*#SLEs	-.13	.08	1	.03
SIDP*Event Severity	.13	.20	1	<.01
IMAPP*Event Severity	-.01	.06	1	<.01
9. Marital Adj (I)			**9**	**.40****
Baseline Marital Adj (I)	.58	.10	1	.27**
Number of SLEs	.82	.64	1	.02
Severity of SLEs	-1.16	.53	1	.05*
SIDP Criteria Met	.42	.28	1	.02
IMAPP Criteria Met	-.12	.10	1	.02
SIDP*#SLEs	-.88	.45	1	.04
IMAPP*#SLEs	.12	.12	1	.01
SIDP*Event Severity	.46	.26	1	.03
IMAPP*Event Severity	.01	.08	1	<.01

Note. (P)=Participant-report, (I)=Informant-report. * p<.05, **p<.01.

Although all regression analyses were statistically significant, it was only for participant-reports of BDI scores that stressful life events moderated the effects of PD scores. This interaction is shown in Figure 2. After controlling for baseline BDI scores, the increase in the number of stressful life events was associated with more depressive

symptoms (i.e., greater BDI scores) for participants with fewer informant-reported PD Scores (-1 SD), but not for those with greater informant-reported PD scores (+1 SD). That is, the fewer the informant-reported PD score, the greater the likelihood there is that increased number of stressful life events would be associated with more depressive symptoms at follow-up.

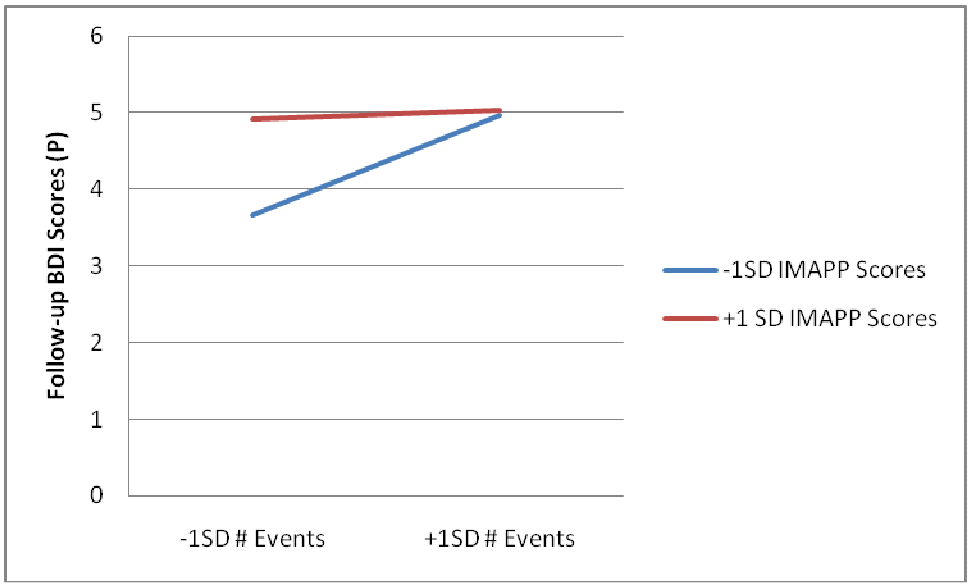

Figure 2. Interaction between IMAPP Scores and Number of Events in Predicting Follow-up BDI Scores.

Further analyses were conducted to determine if there were differences among the PD clusters in moderating the effects of the number of SLEs. A multiple regression analysis was carried out with the following predictors: baseline scores, number of stressful life events, severity of stressful life events, informant-reports of the number of criteria met for the three clusters of PDs (i.e., # of cluster A PD criteria met by Informant MAPP), and the interactions between the number of PD criteria met for each cluster of PDs and the number of stressful life events (i.e., # of cluster A PD criteria met by IMAPP * # of SLEs). Results of the regression analysis are shown in Table 13.

Table 13

Results of Multiple Regression Analyses Predicting Follow-up Scores from Baseline Scores, Number and Severity of SLEs, and Informant-reports of PDs by Clusters

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
BDI Scores			**9**	**.55****
Baseline BDI Score	.66	.05	1	.47**
Number of SLEs	-.82	.61	1	.01
Severity of SLEs	.47	.38	1	.01
# Cluster A Criteria Met (I)	.12	.20	1	<.01
# Cluster B Criteria Met (I)	.03	.12	1	<.01
# Cluster C Criteria Met (I)	-.16	.15	1	.01
# Cluster A*# SLEs	.08	.15	1	<.01
# Cluster B*# SLEs	-.18	.11	1	.01
# Cluster C*# SLEs	.34	.1	1	.06**

Note. (I) Informant MAPP (Multi-source Assessment of Personality Pathology). * p < .05, ** p < .01.

Figure 3 depicts the interaction between informant-reports of cluster C PDs and the number of stressful life events. As shown, the greater the informant-reported cluster C PD scores (+1 SD), the greater the likelihood there is that increased number of events would be associated with worse (i.e., greater) BDI scores at follow-up.

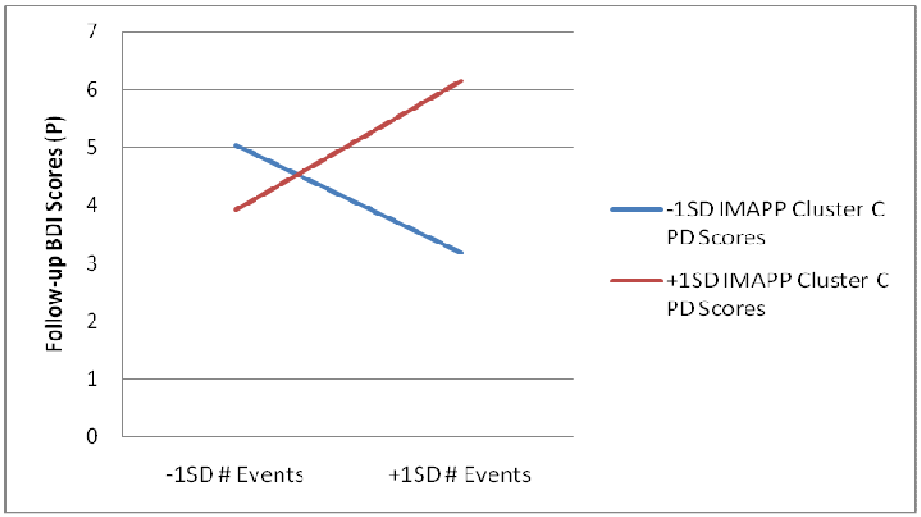

Figure 3. Interactions between IMAPP Cluster C PD Scores and Number of SLEs in Predicting Follow-up BDI Scores (P)

Neuroticism (Hyp 7b). A series of multiple regression analyses were used to test the hypothesis that neuroticism would moderate the effects of stressful life events. Separate analyses were carried out for each of the five subscales from SAS-SR, BDI scores, informant-report of social adjustment, and both participant-reports and informant-reports of marital adjustment. As with the previous analyses, the independent predictors were baseline adjustment scores, number and severity of stressful life events, as well as participant-reports of neuroticism, informant-reports of neuroticism, and their respective interactions with the number of stressful life events (i.e., participant-report of neuroticism*number of SLEs). Results are shown in Table 14.

Table 14

Results of Multiple Regression Analyses Predicting Follow-up Scores from Baseline Scores Number and Severity of SLEs, and Neuroticism Scores

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
1. Work for Pay (P)			**9**	**.22****
Baseline Adj Score	.20	.08	1	.05*
Number of SLEs	.23	.15	1	.02
Severity of SLEs	-.12	.14	1	.01
Neuroticism (P)	.21	.09	1	.04*
Neuroticism (I)	.03	.08	1	<.01
Neuroticism(P)*# SLEs	.01	.09	1	<.01
Neuroticism(I)*# SLEs	-.10	.08	1	.01
Neuroticism(P)*SLE Severity	.04	.09	1	<.01
Neuroticism(I)*SLE Severity	.03	.07	1	<.01
2. Social Leisure (P)			**9**	**.56****
Baseline Adj Score	.74	.06	1	.45**
Number of SLEs	.08	.14	1	<.01
Severity of SLEs	.14	.12	1	0.01
Neuroticism (P)	.08	.08	1	<.01
Neuroticism (I)	.15	.07	1	.02*
Neuroticism(P)*# SLEs	.04	.08	1	<.01
Neuroticism(I)*# SLEs	-.08	.07	1	.01
Neuroticism(P)*SLE Severity	-.11	.07	1	.01
Neuroticism(I)*SLE Severity	.03	.06	1	<.01

Table 14 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
3. Outside Family (P)			**9**	**.35****
Baseline Adj Score	.42	.06	1	.21**
Number of SLEs	.21	.12	1	.02
Severity of SLEs	-.13	.10	1	.01
Neuroticism (P)	.11	.07	1	.01
Neuroticism (I)	.12	.05	1	.02*
Neuroticism(P)*# SLEs	.02	.07	1	<.01
Neuroticism(I)*# SLEs	-.13	.06	1	.03*
Neuroticism(P)*SLE Severity	-.02	.06	1	<.01
Neuroticism(I)*SLE Severity	.10	.05	1	.01
4. Primary Relationships (P)			**9**	**.50****
Baseline Adj Score	.60	.07	1	.41**
Number of SLEs	.01	.14	1	<.01
Severity of SLEs	-.14	.11	1	.01
Neuroticism (P)	.18	.09	1	.03*
Neuroticism (I)	-.09	.07	1	.02
Neuroticism(P)*# SLEs	-.07	.08	1	.01
Neuroticism(I)*# SLEs	.05	.07	1	<.01
Neuroticism(P)*SLE Severity	.14	.07	1	.02
Neuroticism(I)*SLE Severity	-.03	.06	1	<.01
5. Family Unit (P)			**9**	**.19****
Baseline Adj Score	.14	.04	1	.05**
Number of SLEs	.22	.24	1	.01
Severity of SLEs	-.11	.20	1	<.01
Neuroticism (P)	.28	.15	1	.02
Neuroticism (I)	.04	.12	1	<.01
Neuroticism(P)*# SLEs	-.04	.15	1	<.01
Neuroticism(I)*# SLEs	-.04	.13	1	<.01
Neuroticism(P)*SLE Severity	.08	.13	1	<.01
Neuroticism(I)*SLE Severity	.01	.11	1	<.01
6. Informant Soc Adj			**9**	**.52****
Baseline Adj Score	.58	.08	1	.40**
Number of SLEs	2.57	1.41	1	.04
Severity of SLEs	-2.10	1.26	1	.03
Neuroticism (P)	-.12	.98	1	<.01
Neuroticism (I)	1.56	.81	1	.04
Neuroticism(P)*# SLEs	-.08	.93	1	<.01
Neuroticism(I)*# SLEs	-1.14	.67	1	.03
Neuroticism(P)*SLE Severity	.29	.82	1	<.01
Neuroticism(I)*SLE Severity	.91	.68	1	.02

Table 14 (continued)

Dependent Variable Predictor Variables	*B*	*SE*	*Df*	R^2 or pr^2
7. BDI Scores (P)			**9**	**.55****
Baseline Adj Score	.54	.06	1	.31**
Number of SLEs	.59	1.68	1	<.01
Severity of SLEs	.53	1.45	1	<.01
Neuroticism (P)	2.27	1.05	1	.02
Neuroticism (I)	1.47	.80	1	.02
Neuroticism(P)*# SLEs	.04	.96	1	<.01
Neuroticism(I)*# SLEs	-.19	.83	1	<.01
Neuroticism(P)*SLE Severity	-.31	.87	1	<.01
Neuroticism(I)*SLE Severity	.08	.71	1	<.01
8. Marital Adjustment (P)			**9**	**.34****
Baseline Adj Score	.54	.09	1	.28**
Number of SLEs	1.23	1.07	1	.01
Severity of SLEs	-.86	.89	1	.01
Neuroticism (P)	-.58	.69	1	.01
Neuroticism (I)	.54	.60	1	.01
Neuroticism(P)*# SLEs	-.26	.64	1	<.01
Neuroticism(I)*# SLEs	-.48	.59	1	.01
Neuroticism(P)*SLE Severity	.72	.61	1	.01
Neuroticism(I)*SLE Severity	-.05	.55	1	<.01
9. Marital Adjustment (I)			**9**	**.38****
Baseline Adj Score	.58	.10	1	.28**
Number of SLEs	1.75	.93	1	.04
Severity of SLEs	-1.10	.76	1	.02
Neuroticism (P)	.88	.70	1	.02
Neuroticism (I)	-.59	.60	1	.01
Neuroticism(P)*# SLEs	-.84	.94	1	.01
Neuroticism(I)*# SLEs	-.15	.79	1	<.01
Neuroticism(P)*SLE Severity	.45	.60	1	.01
Neuroticism(I)*SLE Severity	.05	.53	1	<.01

Note. (P)=Participant-Reports from NEO PI-R. (I)=Informant-Reports from NEO PI-R Form R. *p<.05, **p<.01.

Contrary to prediction, neuroticism did not generally moderate the effects of stressful life events on follow-up adjustment scores. For participant-reports of adjustment in the realm of outside family, however, there was a significant interaction between neuroticism and stressful life events. As shown in Figure 4, the effect of the

increased number of events were moderated by informant-reports of neuroticism, such that greater the informant-reported neuroticism scores, the less the likelihood for the increased number of events to be associated with worse adjustment in the realm of outside family.

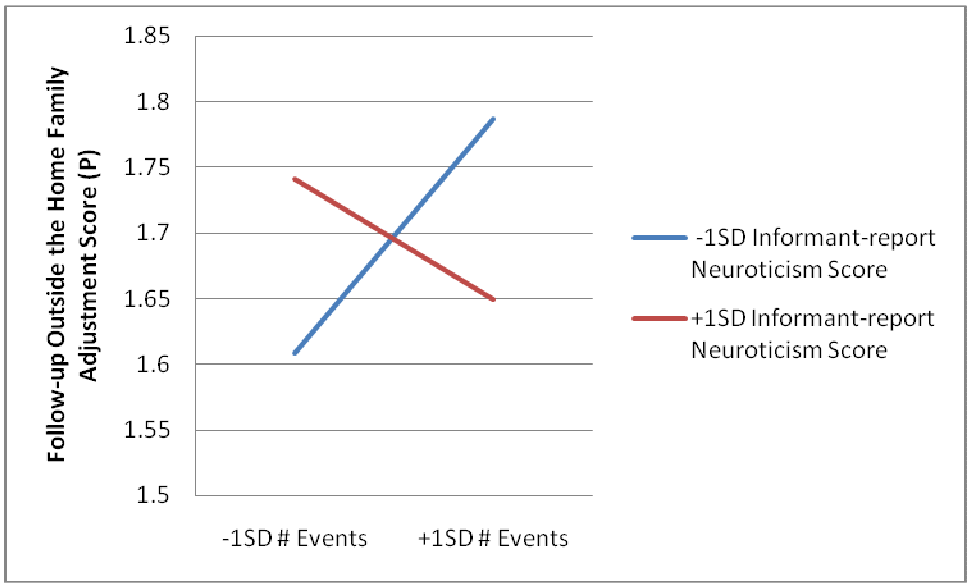

Figure 4. Interaction between Informant-reported Neuroticism Score and Number of SLEs in Predicting Follow-up Outside the Home Family Adjustment Scores.

Chapter 4: General Discussion

It has been well established that psychosocial stressors are associated with the onset and relapse of various physical and psychological illnesses. Previous research with young adults has indicated that certain personality and personality disorder traits may contribute to the occurrence of stressful life events. However, this effect has not been well researched among older adults, and mostly ignored among late middle-age adults. Increasing our understanding of psychosocial stressors and their relationship with personality and personality disorder traits among late middle-age and older adults would improve our ability to identify those that may be at increased risk of developing or re-experiencing physical and psychological illnesses.

Study Goals

To contribute to that understanding, this dissertation used data from a population-based sample of adults between the ages of 55 and 65 years to address six primary objectives. The first was to examine the prevalence rates of fifteen stressful life events and to compare the level of agreement between self-reports and informant-reports of these major life stressors. The second was to calculate the prevalence of personality disorders using information from both participants and their informants. The third was to evaluate the level of agreement among participant and informant reports on measures of personality and PD traits, as well as psychosocial and marital adjustment. The fourth objective was to use these data to examine the relationship between personality or PD traits and psychosocial and marital adjustment. The fifth objective was to assess the validity of participant and informant reports of personality and PD traits in predicting the experience of stressful life events. The sixth aim was to evaluate how the frequency and

the severity of stressful life events affected participant-reports and informant-reports of psychosocial and marital adjustment. The seventh (and final) goal was to examine if and how personality disorders or neuroticism moderated the effects of stressful life events. A table summarizing the hypotheses and the results are displayed below in table 15.

Table 15

Qualitative Summary of Hypotheses and Results.

Hypothesis	**Description**	**Result**	**Table Reference**
Hyp 1	Approximately 60% of the sample will report experiencing LTEs.	supported	
Hyp1a	Participants are more likely to experience illness/injury, death, and major changes in family responsibilities.	supported	Table 2
Hyp1b	Relatively moderate agreement (kappa>.41) between participants and informants regarding SLEs.	not supported	Table 2
Hyp2	Approximately 10% overall prevalence of PDs.	supported	Table 3
Hyp3	Relatively modest agreement (r > .30) between self- and informant-reports of personality and PD traits.	partially supported	Table 4, 5
Hyp4	Both self-reports and informant-reports of PD traits and neuroticism will significantly predict worse social and marital adjustment.	supported	Table 6, 7
Hyp5	Both self-reports and informant-reports of PD traits and neuroticism will significantly account for the number and severity of SLEs.	partially supported	
Hyp5a	Both self-reports and informant-reports of PD traits will positively predict total number of participant-reported events (including non-stressful events).	supported	Table 8
Hyp5b	Both self-reports and informant-reports of PD traits, especially borderline PD, will positively predict number of SLEs.	not supported	
Hyp5c	Both self-reports and informant-reports of neuroticism will positively predict number of SLEs.	not supported	

Table 15 (continued)

Hypothesis	Description	Result	Table Reference
Hyp5d	Participants with greater self-reports and informant-reports of cluster B PD traits and neuroticism will be more likely to experience interpersonal events.	partially supported	Table 9
Hyp6	Both the number and severity of SLEs will predict social and marital adjustment at follow-up.	partially supported	
Hyp6a	The greater the number of SLEs, the higher the scores on psychosocial and marital adjustment at follow-up (high scores=worse adjustment).		
Hyp6b	The greater the severity of SLEs, the higher the scores on psychosocial and marital adjustment at follow-up.		
Hyp6c	Baseline adjustment scores will moderate the effects of SLEs. Participants with worse baseline adjustment scores will be more affected by SLEs.	partially supported	Table 10
Hyp7	Both self-reports and informant-reports of PD traits and neuroticism will significantly moderate the effects of SLES on subsequent adjustment.	partially supported	
Hyp7a	Participants with greater PD criteria met (via self-reports and informant-reports) will be more negatively affected by the number and severity of SLEs.	partially supported	Table 11
Hyp7b	Participants with higher neuroticism scores (via self-reports and informant-reports) will be more negatively affected by the number and severity of SLEs.	partially supported	Table 13

Stressful Life Events

Results from this dissertation using a diverse population-based sample of older adults indicated that slightly more than half of the participants experienced at least one stressful life event in the six-months time period (55% per participant-reports and 53% per informant-report). Furthermore, participants and informants reported similar frequencies for the fifteen event types. As hypothesized, the most commonly

experienced events were illnesses, injuries or deaths of close relatives and the least commonly experienced were problems with the police.

Compared to the frequency of events reported by Brugha and Cragg (1990), the creators of the *List of Threatening Experiences-Questionnaire,* this study sample generally reported fewer life events with the exception of illnesses and deaths. Given that the participants in this study were older, it is not surprising that participants in this study reported experiencing more illnesses and deaths (Zautra et al., 1994).

It is also not surprising that there were generally fewer life events reported in this current study given that the protocol involved a telephone interview following the LTE. Events were only coded when it was confirmed during the telephone interview that they had experienced truly stressful acute independent life events. Overall, people tended to over-report the number of events that they had experienced either by reporting events that were not truly stressful (e.g., influenza as a serious illness), or by reporting events that were related (e.g., an illness that lead to death).

Agreement between participants and their informants regarding the occurrence of these events ranged from being very low (kappa = .07) to very high (kappa = 1.0), with the mean level kappa of .38. Although these values were much lower than the kappa values of .7 to .9 reported by Brugha and Cragg (1990), they are consistent with other studies that have used informant reports of stressful life event. In a review of studies that have used informant reports, Dohrenwend (2006) reported that agreement between participants and informants usually ranged from 0 to .42.

These results suggest that although participants and informants are reporting that approximately the same proportion of participants had experienced these stressful life

events and they also seemed to agree on the frequency with which the fifteen event types were experienced, they disagreed on who actually experienced these events. Changing the recall period (i.e., asking both participants and informants to report about events that happened during a 3-month period as opposed to six months) may slightly affect the level of agreement between the two sources (i.e., Brugha & Cragg, 1990). However, it seems more likely that the disparity between self-reports and informant-reports of stressful life events may be highlighting a fundamental issue that cannot be altered by merely changing the recall period. The disparity between the two sources may reflect that informants are not aware of or may only have limited information about the events that participants experience.

One possibility is that the informants never knew about the stressors that participants had experienced. This may occur among participant-informant pairs that may not be in frequent contact with each other, such as distant relatives or friends who live afar. For example, one participant described that his friend (who served as his informant) may not know of all the stressors that he had recently experienced, such as the death of his cousins. He explained that even though they share a close friendship, he and his friend do not get to speak often because his friend lives in Germany. He also added that when they are able to connect on the phone, he prefers to talk with him about their shared interests in golf and other hobbies, their mutual friends, their work, and news concerning their immediate family members (i.e., mother, father, children, and siblings).

It is also likely that even among friends and relatives, some participants prefer to keep the details of some stressful events to themselves. This is a very likely explanation for those events that participants may perceive as poor self-reflections, such as financial

difficulties or certain mental health issues. For example, one informant (the participant's close friend from childhood) described that her friend (i.e., the participant) may be experiencing some financial difficulties, but she did not know the extent or the gravity of her financial situation. It turned out that her friend (i.e., the participant) had lost almost half of the money that she had invested in her retirement plan. Another participant described that she had told her informant (the participant's close friend through church) about her nephew move in with her, but that she (i.e., the participant) had never shared with her informant that he had moved in with her so that she could take care of him after his recent suicide attempt.

Even when informants had known about the occurrence of these stressors, it may be difficult for them to understand how these events were experienced, and/or how they may have affected the participants. By virtue of not having experienced the events themselves, informants may not have all of the information about the events, and more importantly, they may not completely understand the impact of the events on the participants. In other words, because the informants are reporting about events that other people (i.e., the participants) had experienced, their understanding of the event(s) will most likely be different from those of the participants'. This disparity between the participants' experience of the events and the informants' understanding of the events may lead to very different conclusions regarding the severity of the events. For example, one informant (the participant's sister) reported that her brother (i.e., the participant) had been unsuccessfully looking for employment for the last several months. She (i.e., the informant) had perceived that this situation had not affected her brother because she felt that he was not putting forth much effort in securing a position. When speaking with the

participant, however, he not only described the situation as distressing but how this event had negatively affected the way that he felt about himself.

On a related note, it may also be that participants and informants have different ideas regarding what constitute "stressful" life events. In other words, what may be "stressful" for one may not be "stressful" for the other. To control for the various ways in which people may define "stressful" life events, information about events were first gathered using a standardized list (i.e., the revised LTE-Q), and only those events that met the criteria (events must be major, acute and independent) were considered for further analyses. Although these attempts were helpful, especially in weeding out those events that may not have been truly stressful, if the participant and the informant began with different definitions of "stressful life events," it would be difficult to obtain high levels of agreement about the events. For example, one participant reported that she had experienced a significant worsening of her emphysema symptoms that had troubled her enough to seek care from her pulmonologist. Her informant husband, however, did not report this event. When asked about the participant's visit to the pulmonologist, the husband explained that he had not perceived that to be a "stressful" event because it did not include a trip to the emergency room nor did it result in a hospitalization.

Compared to previous studies, the level of agreement between self-reports and informant-reports of stressful life events were lower in this sample. Given that this is the first study to have examined this issue in a sample of late middle-age adults, it would be valuable to conduct other studies with similar age groups to determine if there may be a relationship between level of agreement and age. If there is such a relationship, it would be of further interest to determine if and how age may be related to any of the factors

considered above (i.e., participant does not share information about events, participants and informants have different understandings of the events, or participants and informants have different criteria for what constitute stressful life events).

Personality and Personality Disorders

Data from this dissertation indicated significant personality pathology and Axis II comorbidity, if based on self-report and informant-report questionnaires. Using information from the structured interview (SIDP), the prevalence rate of PDs was much less, although consistent with the overall prevalence rate of PDs in the general population. Consistent with previous epidemiological studies, OCPD and avoidant PD traits were common among this sample of late middle-age adults (Abrams & Horowitz, 1996; Coolidge, Burns, Nathan & Mull, 1992).

The disparity in the diagnostic rates between questionnaires and interviews are also consistent with previous research that has found that questionnaires generally yield higher diagnostic base rates (i.e., McDermutt & Zimmerman, 2005). The questionnaires' tendency to "overdiagnose" may be attributed to several factors, one of which may be the ways in which the questions are worded and/or interpreted. In general, items on PD questionnaires seem to be "less pathologizing" compared to parallel items from structured interviews. Consequently, endorsing an item on a PD questionnaire may seem less pathological compared to endorsing an item during a structured interview. Furthermore, in learning to administer structured interviews, interviewers learn to discern between levels of pathology; it is only when they detect that the participant's responses are at least moderately pathological that the interviewer endorses that particular question.

Correlations between participant and informant PD measures were lower than expected based on past studies. The average participant-informant correlation, using criteria scores, ranged from r = .20 to .24 (participant MAPP vs. informant MAPP, and SIDP vs. informant MAPP, respectively), which is lower than the r = .36 average reported by Klonsky et al. (2002). However, correlations between participant and informant versions of the NEO PI-R were higher (average correlation at the factor level r = .49) and consistent with past studies using the NEO PI-R (McCrae, Stone, Fagan & Costa, 1998).

Personality, Personality Disorders and Psychosocial or Marital Adjustment

Current results provide further support that both participants and informants provide unique and important information about the participants' level of social functioning (e.g., Clark et al., 1997; Foltz et al., 1999; Hill et al., 1998; Klonsky et al., 2002; Ready et al., 2002). Similar to Klein (2003) and Fiedler et al. (2004), this study also found that both self-reports and informant-reports of PDs provide information about the participants' social and familial adjustment. However, after Bonferroni correction, none of the self-reported or informant-reported PD traits were independently predictive of adjustment scores. This suggests that although PD traits, on the whole, may provide information about adjustment scores, at the individual PD level, none are neither more nor less predictive of adjustment scores.

Personality, Personality Disorder Traits and Stressful Life Events

Results from this present study indicated that self-reported personality and PD traits are not associated with greater levels of stressful life events among late-middle age adults. However, informant-reports of PD traits significantly predicted the likelihood that

participants experienced relationship problems, and that informant-reports of histrionic PD traits in particular were associated with greater likelihood of experiencing relationship problems.

These results are somewhat inconsistent with previous research among young adults that have found that individuals with greater self-report of PD traits, especially cluster B PD traits, were more likely to experience interpersonal problems (Pagano et al., 2004; Jovev & Jackson, 2004). Discrepancies between this study and previous research may be driven by the strict criteria that were used to define "stressful" events. Only 39.8% of the total participant-reported events were considered to meet the criteria of "stressful life events." Many times during the follow-up phone interview, events that participants reported as "serious problem with a close friend, neighbor or relative" were dismissed as non-events because they failed to meet the three criteria of stressful life events (acute, major, independent). Additionally, it was demonstrated statistically that including all participant-reported events would have led to different results since individuals with greater PD traits were more likely to report experiencing more events than they actually had. It is possible that previous findings of the relationship between borderline PD and stressful life events may not apply to major stressful life events. That is, while individuals with borderline PD traits may be more likely to experience what they may consider to be stressful interpersonal problems, they are not any more or less likely to experience events that are objectively stressful interpersonal problems.

Stressful Life Events and Psychosocial or Marital Adjustment

The majority of studies that have examined the impact of stressful life events on psychological health have been concerned with how life stress may lead to symptoms of

"mental disorders" (Horwitz, 2007). This study, however, focused on how life events may affect the individuals' performance and adjustment in various realms of life. Current results suggest that neither the number nor severity of stressful life events were independently predictive of psychosocial functioning or marital adjustment. That is, stressful life events neither increased nor decreased levels of psychosocial functioning or marital adjustment. Although counterintuitive, these findings are consistent with previous studies that have noted that life events only have a small effect on levels of psychosocial functioning among young adults and that the impact of life events decline with age (Pagano et al., 2004; Jorm et al., 2005).

Impact of Personality Disorders and Neuroticism on Psychosocial or Marital Adjustment following Stressful Life Events

In general, overall level of PD pathology (defined as total number of PD criteria met either via self- and/or informant-reports) did not moderate the effects of stressful life events. Thus, in most areas of adjustment, individuals with more PD features (either by self- and/or informant-report) were neither more nor less affected by stressful life events compared to those with fewer PD traits. Informant-reports of PD traits did, however, significantly moderate the effects of stressful life events in the realm of parental role adjustment and depression scores, such that stressful life events had a greater impact on individuals with more PD features compared to those with fewer PD features.

Furthermore, it was informant-reports of cluster C PD traits that had a significant effect on the relationship between recent life events and levels of depression as well as parental role adjustment. This suggests that individuals who are perceived by others as possessing greater numbers of cluster C PD traits were more sensitive to the effects of

stressful life events. The heightened reactivity among individuals with cluster C PD traits may be due to the anxiogenic cognitive style that is characteristic of cluster C PDs. It may be that their anxiogenic cognitive schema fuels individuals with cluster C PD traits to make negative inferences regarding the cause, consequences, and self-implications of stressful life events (Abramson, Metalsky & Alloy, 1989). It is noteworthy that this effect was only observed with informant-report scores, again suggesting the incremental validity of collecting information from both participants and their informants.

It is surprising that neuroticism did not generally moderate the effects of stressful life events. A possible explanation for the paucity of findings is the restricted range of possible values on the neuroticism scale. Like other studies that have been conducted with older adults, the current study also found that late middle-age adults reported low levels of neuroticism (Mroczek & Almeida, 2004; Roberts et al., 2006; Terracino et al., 2005). The exceptions to the general finding regarding neuroticism were adjustment in the areas of housework and family outside the home. For housework, the effects of the number of stressful life events were more pronounced for individuals with higher self-reported neuroticism scores, but the effects of the severity of these events were in the opposite direction. On the one hand, the data seem to suggest that higher the self-reported neuroticism score, the greater the likelihood that the effects of the number of stressful life events would negatively affect adjustment. But, the data also suggested that the higher the self-reported neuroticism score, the less the likelihood that the effects of the severity of stressful life events would negatively affect adjustment. It is not yet clear how best to interpret these findings, except to say that the effects of the number of

stressful life events may be different from the effects of the severity of stressful life events.

Limitations and Future Directions

The present research has several limitations. One major limitation is that information about threatening events was collected retrospectively. Previous studies have shown that retrospective reports are less reliable compared to longitudinal data collected over shorter recall periods (Raphael et al., 1991). Although the recall period was only six months in this study, the accuracy and reliability of event data may have been improved had this information been collected monthly.

On the other hand, it is also possible that the recall period of six months was too short to observe any relations between personality and stressful life events. In other words, had information about life events been collected over a longer period of time (for example, one year), it may have been possible to find connections between personality and life events. Compared to young adults, late middle-age and older adults are less likely to experience stressful life events. Thus, although six months may be sufficiently long enough to study relations between personality and life events among young adults, it may not be for late-middle age and/or older adults. By extending the time period, which would naturally increase the probability of experiencing stressful life events, it may be possible to find more robust effects regarding the connection between personality and stressful life events in this age group. Given the problems with longer recall periods, future studies may consider collecting information about events on a more regular basis (i.e., monthly or every three months), but continue to collect data over a longer period of time (i.e., one year).

Another limitation of this study is the reliability of the data concerning the impact of threatening events and the participants' perceptions of these events. These data may have been more accurate and/or reliable had the follow-up questions for the events been asked immediately after the LTE-Q questionnaire. More often than not, participants and informants were asked about the occurrence of the fifteen threatening events during their follow-up session, but they were not asked to describe the events nor were they asked the follow-up questions about the events until a later time. Efforts were made to decrease the time lapse between the LTE-Q and the follow-up event interview, however, it was not always possible to reach them on the telephone immediately or even soon after they had completed the LTE-Q. Although most were reached within a week, there were some that could not be reached for several (six to seven) weeks, and some that were never reached. Among those who were reached a few weeks after the LTE-Q, there were several instances where the informant (rarely a participant) could not recall why he/she had checked off a particular event. Although only participant-informant pairs that could recall the events that they had endorsed on the LTE-Q were included in this study, such instances emphasize the importance of decreasing the recall period to increase accuracy and reliability. Future studies would be best served by probing for additional information about stressful life events immediately after the completion of the LTE-Q. It may also be helpful to ask respondents to write short notes regarding the event that they endorse; these notes can later be used as reminders when conducting the phone interviews. For example, if a participant reports experiencing a death of a family member, it would be helpful to ask him/her to specify which family member he/she had recently lost. These short notes may also help in cutting down the interview time.

In addition to these short reminder notes, it may be possible to shorten the event interview by asking respondents to specify if and how any of the stressful life events are related to each other as they complete the LTE-Q or other screening questionnaire. Again, this can be done by asking participants to jot down a few phrases or even by asking them to draw arrows between events that are related. For example, for a participant whose family member became ill and then passed away, the participant could be asked to specify his/her relationship with this family member (i.e., brother, cousin, etc.) and also prompted to draw an arrow from "illness of a family member" to "death of a family member."

Another limitation of this study is that the impact of stressful life events was not thoroughly assessed. In an attempt to reduce the burden on the participants, the impact of the stressful life events was assessed using seven multiple-choice questions adapted from the LEDS interview. Future studies with more time and resources would most likely benefit from administering the full LEDS interview. Given the constraints faced by many researchers that make the LEDS interview an unviable option, it would be beneficial to develop a questionnaire that may adequately capture the impact of stressful life events. The seven-item questionnaire used in this study included various types of questions, including yes/no items, multiple choice items and scaled questions (i.e., Likert scales). For the sake of obtaining the most amount of information in the fewest number of questions, it may be helpful to construct future follow-up questions using only scaled questions. For example, instead of asking the participant whether or not the event was expected or not, then following up with another question about for how long that event was expected, it may be more economical to ask the participant to rate the expectedness

of the event using a Likert scale (i.e., On a scale of 1 to 10, where 1 = not at all expected and 10 = completely expected, how expected was this event?). Using scaled questions would also help to retain the most amount of information possible. Participants had much more difficulty answering multiple choice questions because they felt that none of the options could fully capture their experience. One item that seemed to trouble many participants was "Did this event prevent you from doing anything that you had planned?" for which the response options were "yes," "no," or "maybe." Several participants reported that although the stressful life event(s) had prevented them from participating in what they had originally planned, they felt wary of responding "yes" since they had only been kept from what they considered to be "minor" events. Although the "maybe" option was offered, the "maybe" option also did not reliably capture their experiences because the stressful life event(s) directly prevented them from doing what that they had planned. It would have been more helpful to rephrase this question so that participants could provide graded responses. For example, it may have been helpful to rephrase the question to read "On a scale of 1 to 10, where 1 signifies that the event had no impact at all, and 10 signifies that the event completely changed your plans, how did this stressful life event prevent you from doing what you had originally planned?"

Future research may also consider expanding the follow-up questionnaire about stressful life events. In addition to asking about the expectedness of events and the changes that may have resulted from the events, it would be of interest to ask about the desirability of the event(s) as well as of the change resulting from the event(s), how physically threatening the event was, and the degree to which the participant had control over the occurrence of the event (Skodol, Dohrenwend, Link & Shrout, 1990).

A final issue worth considering is related to the measurement of social adjustment. In this study, social adjustment was measured using the Social Adjustment Scale—Self Report (SAS-SR), a reliable and valid measure of social adjustment that has been used with a wide range of age groups (e.g., Zweig & Turkell, 2007). Although the SAS-SR purports to measure role impairment by areas of functioning, some of the analyses were that were conducted as part of this study suggest otherwise. Results from a principal component analysis found that the items were not grouped by areas of functioning or by any other identifiable themes. For example, it was observed that an item about work interest loaded onto the same component as the question about being able to talk to relatives about problems.

Furthermore, the wording for a substantial proportion of the items seemed vulnerable to the effects of neuroticism. Given that levels of depression is related to levels of neuroticism and that the SAS-SR was originally developed to assess role impairment of depressed women (Weissman & Bothwell, 1976; Weissman & MHS Staff, 1999), it is not surprising that many of the items from the SAS-SR seem to tap into neuroticism. In fact, it may be because of this that the SAS-SR has been found to effectively differentiate psychiatric patients from community samples (Weissman et al., 1978). While this may not be a cause for concern in studying depression, this may pose a problem when used in nonclinical populations. It is certainly troubling if the SAS-SR is used as an objective measure of social functioning.

All subsections of the SAS-SR contain multiple questions regarding the participants' feelings about his or her performance in that area of functioning. For example, in the work section which consists of six questions, four of them ask about the

participants' feelings about his/her work and work performance. It seems likely that levels of neuroticism would have some effect, if not a significant one, on how these items are answered. From what is known about neuroticism, it is likely that individuals with higher scores on neuroticism would be more inclined to respond to these items negatively (e.g., they would be more likely to report that they never found their work to be interesting or that they felt upset all the time), whereas those with lower scores on neuroticism would be more likely to respond to these items in a more positive manner. Without these four questions that seem to be related to neuroticism, the work section consists only of two items, one of which asks about work attendance and the other refers to how well the participant may have gotten along with people at work. Because of the limited sample size of this study (especially for some of the sections of the SAS-SR), it was not possible to test the relationship between neuroticism and the SAS-SR. It is, however, important that future studies clarify this issue. Furthermore, future studies may benefit from considering measures of social adjustment that are more objective in nature. It would be of interest to study if and how relationships between stressful life events and psychosocial adjustment may be changed when objective measures of social functioning are used.

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Footnotes

[1] For the sake of providing results that are comparable to those previously presented regarding the SAS-SR, the standard scoring rules for the SAS-SR was used to arrive at seven subscale summary scores. The seven subscale summary scores were used for all analyses. As described by Suzuki et al. (2003), the standard scoring procedures involve averaging the answered items when the individual answers at least half of the items for the subscale.

Originally, all items from the SAS-SR and the 8-item social adjustment questionnaire given to informants were entered into a PCA to arrive at a statistically driven reduced number of variables. Promax rotation was chosen as it allows components to be correlated (i.e., oblique rotation). Examination of eigenvalues and scree plot suggested five components; the five components accounted for approximately 41.40% of the total variance. Component loadings were generally high, and a cutoff of .40 was used for inclusion of a variable in interpretation. Although one component was easily identified as the informant-reports of social adjustment, items for other components seemed to be randomly scattered across the four components (i.e., question about finding work interesting loaded onto the same component as the item about talking about feelings and problems with relatives). Given the difficulties in identifying themes that united the various items that loaded onto the components, and for the sake of presenting results that would generalize to other studies that have used the SAS-SR, seven subscale summary scores from the SAS-SR and one summary score from the informant-report version of the social adjustment scale were derived.

Appendix A: Personality Disorders and their Essential Features

Paranoid	Pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent.
Schizoid	Detachment from social relationships and a restricted range of expression of emotions in interpersonal settings.
Schizotypal	Social and interpersonal deficits marked by acute discomfort with and reduced capacity for close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior.
Antisocial	Disregard for, and violation of, the rights of others.
Borderline	Instability of interpersonal relationships, self-image, and affects and marked impulsivity.
Histrionic	Excessive emotionality and attention-seeking behavior.
Narcissistic	Grandiosity, need for admiration, and lack of empathy.
Avoidant	Social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.
Dependent	Excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation.
OCPD	Preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency.
Depressive	Depressive cognitions and behaviors.
Passive-Aggressive	Negativistic attitudes and passive resistance to demands for adequate performance in social and occupational situations.

Appendix B: Multisource Assessment of Personality Pathology (MAPP) Self-Report Version

Instructions

The questions in this survey provide you with an opportunity to describe your personality. We are interested in ways that you behave, think, and feel across a variety of situations. In other words, we want to know what you are like when you are your usual self. Please answer in terms of your behaviors and experiences during the past 12 months.

We understand that your behavior may vary from one situation to the next. In order to allow you to describe the extent to which particular characteristics vary, please use the following scale to describe your personality.

I am never like this	0% of the time
I am occasionally like this	25% of the time
I am sometimes like this	50% of the time
I am often like this	75% of the time
I am always like this	100% of the time

Choose "I am always like this" if you always act or think in this manner, regardless of the situation. Choose "I am often like this" if you act or think in this manner most of the time. Choose "I am sometimes like this" if you act or think in this manner about half of the time. Choose "I am occasionally like this" if you only act or think in this way some of the time. Finally, choose "I am never like this" if you never act or think in this manner, regardless of the situation.

Multisource Assessment of Personality Pathology (MAPP)
Self-Report Version

Please rate how strongly you agree or disagree with the statements below using a scale from 0 to 5.

0: I am never like this	0% of the time
1: I am occasionally like this	25% of the time
2: I am sometimes like this	50% of the time
3: I am often like this	75% of the time
4: I am always like this	100% of the time

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
1.	I prefer to do things alone	0	1	2	3	4	
2.	I am superstitious or believe in mind-reading	0	1	2	3	4	
3.	I feel emotionally unfulfilled or that life is meaningless	0	1	2	3	4	
4.	I find myself daydreaming about power, success and/or the perfect relationship that will be mine someday	0	1	2	3	4	
5.	I display strong emotional response to challenges, such as conflict with family.	0	1	2	3	4	
6.	I am reserved or shy when meeting new people because I worry that I might not measure up	0	1	2	3	4	
7.	I depend on other people to take care of me	0	1	2	3	4	
8.	If I don't want to do something, I intentionally work slowly so that a goal will not be achieved	0	1	2	3	4	
9.	I am on guard about being controlled by others, including my family members and peers	0	1	2	3	4	
10.	I am a perfectionist and my perfectionism gets in the way of getting things done	0	1	2	3	4	
11.	I am not interested in close relationships	0	1	2	3	4	
12.	I have little interest in having a sexual relationship	0	1	2	3	4	
13.	I act or dress in an eccentric (or odd) manner	0	1	2	3	4	

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
14.	Some people may think I dress inappropriately for my age	0	1	2	3	4	
15.	I can be deceitful when I need to be	0	1	2	3	4	
16.	Compared to others, my opinions and preferences change more frequently	0	1	2	3	4	
17.	I am not afraid to show my emotions and my emotions can change quickly	0	1	2	3	4	
18.	Being noticed and/or admired by others is important to me	0	1	2	3	4	
19.	I tend to dominate most conversations.	0	1	2	3	4	
20.	I worry that other people will criticize or reject me	0	1	2	3	4	
21.	I am afraid of being left alone to care for myself	0	1	2	3	4	
22.	Others often demand too much from me	0	1	2	3	4	
23.	I can be rigid and stubborn	0	1	2	3	4	
24.	I become upset (irritated, angry, or anxious) at deviations from my routine	0	1	2	3	4	
25.	I have a hard time trusting other people and I often wonder if I can trust my friends	0	1	2	3	4	
26.	Close relationships are not important to me (including being part of a family)	0	1	2	3	4	
27.	When I see other people talking, I begin to think that they may be talking about me	0	1	2	3	4	
28.	I like to do things on the fly without planning ahead	0	1	2	3	4	
29.	I have been told I complain a lot	0	1	2	3	4	
30.	I expect to be catered to	0	1	2	3	4	

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
31.	I have strong mood swings in response to events; I have frequent periods of intense sadness, irritation or anxiety	0	1	2	3	4	
32.	In conversations with other people (such as about my personal beliefs), I usually emphasize my personal feelings and impressions and am bored by details	0	1	2	3	4	
33.	It is important to let other people know when they are incompetent and I don't worry about whether they will like me	0	1	2	3	4	
34.	I manipulate other people to secure my own personal gains (such as prescription drugs, money, place to stay, etc.)	0	1	2	3	4	
35.	I am not as much fun or as attractive as other people	0	1	2	3	4	
36.	After I break up with a girlfriend/boyfriend, I am likely to jump into another relationship	0	1	2	3	4	
37.	I am more concerned with saving money than my peers are	0	1	2	3	4	
38.	Other people are responsible for many of the problems I am experiencing	0	1	2	3	4	
39.	I do not want to share personal information with other people because I am afraid that it may get into the wrong hands	0	1	2	3	4	
40.	I don't enjoy doing anything	0	1	2	3	4	
41.	I find myself laughing or crying when those around me are not	0	1	2	3	4	
42.	I have failed to do what was expected of me, such as completing my work or paying bills. (Not due to circumstances that you could not control)	0	1	2	3	4	
43.	In close relationships (with friends and family members), I often switch back and forth between loving a person and hating him or her	0	1	2	3	4	

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
44.	I lean heavily on family	0	1	2	3	4	
45.	I have threatened to hurt, or kill myself	0	1	2	3	4	
46.	My expressions of emotion are stronger than most others'	0	1	2	3	4	
47.	It is not my job to listen to, or solve other people's problems	0	1	2	3	4	
48.	I do not like to do or try new things because they might be embarrassing	0	1	2	3	4	
49.	I think others should respond quickly to my needs and wishes	0	1	2	3	4	
50.	I sometimes avoid obligations by pretending to forget	0	1	2	3	4	
51.	I feel scared or uncomfortable when left alone to care for myself	0	1	2	3	4	
52.	I need to do everything myself because no one else will do them right	0	1	2	3	4	
53.	Rather than taking what people say at face value, I try to read between the lines and figure out what they really mean	0	1	2	3	4	
54.	I have no close friends (other than family members)	0	1	2	3	4	
55.	Things make sense to me in a way that they may not for other people	0	1	2	3	4	
56.	Some people may think that I have abused (physically, financially, or emotionally) or neglected other people	0	1	2	3	4	
57.	I get mad easily and often get in fights	0	1	2	3	4	
58.	I seldom feel sorry or guilty for doing things that may have hurt others because I feel that my actions were justified	0	1	2	3	4	
59.	I have sudden, intense outbursts of anger	0	1	2	3	4	
60.	I am easily influenced by other people (suggestible)	0	1	2	3	4	

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
61.	I avoid confrontation with other people	0	1	2	3	4	
62.	I think other people are jealous of me	0	1	2	3	4	
63.	I am very controlled or inhibited with close friends because I am afraid people will make fun of me	0	1	2	3	4	
64.	I don't like to disagree with other people because I fear that they may reject me	0	1	2	3	4	
65.	I can't throw out old things even if they are of no use to me	0	1	2	3	4	
66.	I worry that I am too old to accept new challenges	0	1	2	3	4	
67.	I am not very good at showing my feelings	0	1	2	3	4	
68.	I become annoyed and argumentative when asked to do something I don't want to do	0	1	2	3	4	
69.	I repeatedly get in trouble with the police	0	1	2	3	4	
70.	I will do almost anything to keep those that I love from leaving me	0	1	2	3	4	
71.	When I am under stress, I may become paranoid or suspicious of people I usually trust, or have other strange experiences that are hard to explain	0	1	2	3	4	
72.	I have had a lot of trouble accepting the effects of aging on my appearance, or on my physical or cognitive abilities	0	1	2	3	4	
73.	I have gotten hurt in relationships because I thought that the relationship was closer (more intimate) than the other person did	0	1	2	3	4	
74.	I expect other people to do what I say	0	1	2	3	4	
75.	I avoid working in teams because I am afraid someone will criticize or reject me	0	1	2	3	4	

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
76.	I find it hard to make a simple decision without lots of advice from other people	0	1	2	3	4	
77.	I am afraid to start or do things by myself	0	1	2	3	4	
78.	I am very concerned with details, rules, lists and schedules; I spend a great deal of time getting organized (i.e.-making lists, schedules, etc.)	0	1	2	3	4	
79.	I disagree openly with other people, but then apologize or feel guilty	0	1	2	3	4	
80.	I become angry quickly when I am criticized	0	1	2	3	4	
81.	I tend to alienate family, peers, coworkers, or others	0	1	2	3	4	
82.	I don't care whether other people praise or criticize me	0	1	2	3	4	
83.	I am nervous around other people because I don't trust them	0	1	2	3	4	
84.	I insist on receiving personal attention, even if others have to make sacrifices	0	1	2	3	4	
85.	I am adventurous; I like to do things even if it could be dangerous to me or others	0	1	2	3	4	
86.	I like being the center of attention and feel disappointed when I am not	0	1	2	3	4	
87.	I am unwilling to get involved with other people unless I am certain of being liked	0	1	2	3	4	
88.	I will do just about anything to get other people to take care of me	0	1	2	3	4	
89.	My work is more important than spending time with friends and family, and/or having fun	0	1	2	3	4	
90.	I should receive attention for the burdens I carry	0	1	2	3	4	

		0% of the time	25% of the time	50% of the time	75% of the time	100% of the time	
91.	I am constantly on the lookout to make sure that other people are not taking advantage, lying to, or harming me	0	1	2	3	4	
92.	I see, hear, or experience things differently from the way other people do	0	1	2	3	4	
93.	I am impulsive and have done things that could be dangerous to me	0	1	2	3	4	
94.	I think people are often rewarded for things they do not deserve	0	1	2	3	4	
95.	I am more flirtatious than other people	0	1	2	3	4	
96.	I think that I am much better than most other people	0	1	2	3	4	
97.	Compared to others, I have very high standards when it comes to morals and ethics	0	1	2	3	4	
98.	I feel that my family and peers have abandoned me or will abandon me when I need them	0	1	2	3	4	
99.	I have concerns that my sexual partner is not being faithful to me	0	1	2	3	4	
100.	I use physical appearance to draw attention to myself	0	1	2	3	4	
101.	Because I am so unique, only other special people understand me	0	1	2	3	4	
102.	Things usually go badly for me in life	0	1	2	3	4	
103.	I am constantly on edge to make sure that other people don't take advantage of me	0	1	2	3	4	
104.	I will do just about anything to get what I need or think I deserve even if it means having to "step on a few toes"	0	1	2	3	4	
105.	I hold grudges for a long time if I am insulted or injured	0	1	2	3	4	
106.	I am jealous of other people	0	1	2	3	4	

Appendix C: Dyadic Adjustment Scale-4 (DAS-4)

The following questionnaire is about your relationship with your spouse or partner. Please indicate approximately how often the following mentioned items occur between you and your spouse or partner by checking the box that indicates your choice.

1. How often do you discuss or have considered divorce, separation or terminating your relationships?
   - ☐ All the time
   - ☐ Most of the time
   - ☐ More often than not
   - ☐ Occasionally
   - ☐ Rarely
   - ☐ Never
2. In general, how often do you think that things between you and your partner are going well?
   - ☐ All the time
   - ☐ Most of the time
   - ☐ More often than not
   - ☐ Occasionally
   - ☐ Rarely
   - ☐ Never
3. Do you confide in your mate?
   - ☐ All the time
   - ☐ Most of the time
   - ☐ More often than not
   - ☐ Occasionally
   - ☐ Rarely
   - ☐ Never
4. The following choices represent different degrees of happiness in your relationship. The middle point, "Happy", represents the degree of happiness of most relationships. Please choose which one best describes the degree of happiness, all things considered, of your relationship.
   - ☐ Extremely unhappy
   - ☐ Fairly unhappy
   - ☐ A little unhappy
   - ☐ Happy
   - ☐ Very happy
   - ☐ Extremely happy
   - ☐ Perfect

Appendix D: Revised List of Threatening Experiences (LTE-Q)

This is a list of major events that can occur in ones life. Please check the item/s that have occurred in your life in the last six months (since we last met).

☐ Personal serious illness or injury

☐ Serious illness, or injury happened to a close relative

☐ Death of a partner, parent or child

☐ Death of a close friend or another relative

☐ Separation due to marital difficulties

☐ Breaking off a steady relationship

☐ A serious problem with a close friend, neighbor or relative

☐ Unemployment or seeking work unsuccessfully for more than one month.

☐ Fired from a job

☐ Major financial crisis

☐ Problems with the police and a court appearance

☐ Something valuable was lost or stolen.

☐ Was victim of a serious crime.

☐ Major change in family responsibilities (i.e., caring for elderly parents, children, grandchildren, etc.).

☐ Other major events that caused changes in activities and/or responsibilities of day-to-day life.