ABSTRACT
Personality disorder trait predictors of the quality and durability of close personal friendships have rarely been examined in the literature. Links between Acquaintance Description Form (ADF-F2) friendship qualities and Millon Clinical Multiaxial Inventory (MCMI-II) personality disorder attributes were explored in this study of 363 college students. Passive–Aggressive, Avoidant, Schizotypal, Sadistic–Aggressive, Antisocial, Borderline, and Self-Defeating features were most closely associated with friendship insecurity. Participants exhibiting Passive–Aggressive, Self-Defeating and Borderline features tended to view their closest friendship as being more strongly influenced by external social forces. Passive–Aggressive scores and Personal Maintenance Difficulty were positively related. Histrionic traits were associated with descriptions of the closest friend as affirming and useful in utilitarian value. Sex differences were minimal in the prediction of relationship qualities using the MCMI-II personality disorder dimensions.

KEY WORDS: Acquaintance Description Form (ADF-2) • closest friend • friendship qualities • Millon Clinical Multiaxial Inventory (MCMI-II) • personality disorders
The diagnosis of a DSM-IV (American Psychiatric Association [APA], 2002) personality disorder requires evidence of an ‘enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individuals’ culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment’ (p. 685). This pattern must be manifested in two or more areas including interpersonal functioning, thought processes, emotional reactions or impulse control. The specific cognitive, behavioral and emotional response tendencies that potentially disrupt the initiation and maintenance of close interpersonal relationships have been discussed in many theoretical writings (Beck, Freeman, Davis, & Associates, 1990; Kernberg, 1986; Linehan, 1993; Millon, 1996).

The DSM-IV provided the most formal and precise descriptions to date of personality disorder attributes that detract from smooth interpersonal relations. Paranoid personality disorder was characterized by tendencies to perceive and respond angrily to attacks to character or reputation not apparent to others (criterion A6; APA, 2002, p. 694). Reference was made (pp. 697, 701) to the lack of close friends or confidants shown in schizoid personality disorder (criterion A5) and the odd, eccentric or peculiar behavior or appearance evident (criterion A7) in schizotypal personality disorder. Antisocial personality disorder was linked to a variety of disruptive features (p. 706) such as deceitfulness (criterion A2), aggressiveness (criterion A4), reckless disregard for others (criterion A5), consistent irresponsibility (A6), and a lack of remorse for hurting others (criterion A7). Reference was made to the self-dramatization (criterion A6), emotional lability (criterion A3), and attention-seeking (criterion A1) of histrionic personality disorder (p. 714). Borderline personality functioning was distinguished (p. 710) by intense and inappropriate anger (criterion A8) associated with a pattern of unstable interpersonal relationships (criterion A2). Avoidant individuals were described (p. 721) as inhibited in interpersonal situations (criterion A5) because of fear of ridicule (criterion A3) or rejection (criterion A4). Tendencies to circumvent interpersonal conflicts (criterion A3) because of exaggerated fears of abandonment (criterion A8) represent dependent personality disorder features. Narcissists were said (p. 717) to be arrogant (criterion A9), lacking in empathy (criterion A7), and interpersonally exploitative (criterion A6). Compulsive individuals were distinguished (p. 729) by their perfectionism (criterion A2), stubbornness (criterion A8), and inflexibility about matters of morality (criterion A4). Tendencies toward sullen (criterion A3), scornful (criterion A4), defiant (criterion A7), and envious (criterion A5) interpersonal reactions were linked to passive–aggressive personality (p. 791).

Empirical links between these personality attributes and their interpersonal outcomes have been more difficult to establish. The formal diagnosis of a personality disorder requires evidence of clinically significant personal distress or impaired functioning in ‘social, occupational or other important areas of functioning’ (APA, 2002, p. 689) that emerges as a recurrent consequence of the specified maladaptive response tendencies. These negative
outcomes may or may not involve disruptions in the quality or durability of close interpersonal relationships. Personality disorder traits in their broader distribution have been linked as well to negative social, cognitive and occupational, but not specifically relational, outcomes (King & Pate, 2003, 2004; Matano & Locke, 1995; Sim & Romney, 1990; Thomas-Peter, 1993). While search terms such as ‘personality’ and ‘friendship’ generate many citations, studies of relationships between personality traits and friendship qualities have been more difficult to identify. Most studies exploring personality and friendship have focused on the value of a relatively small subset of trait dimensions (e.g., big five factors) in predicting childhood or adolescent social withdrawal, loneliness, low self-esteem, victimization (particularly bullying), aggression, or other forms of peer rejection (Cheng & Furnham, 2002; Graziano, Jensen-Campbell, & Hair, 1996; Jensen-Campbell, Adams, Perry, & Workman, 2002; Jensen-Campbell, Graziano, & Hair, 1996). The value of personality disorder trait measures in predicting the rewards, strength and durability of best friendships in adulthood has not yet been reported. This state of the literature is unexpected given the central importance of recurrent interpersonal conflict in the personality disorder conceptualization.

**Measurement of friendship qualities**

Friendship represents but one class of interpersonal relationship examined in the close relationships literature. Cramer and Donachie (1999) found that reductions over the prior 2 weeks in platonic (for men) and romantic (for women) relationship closeness were associated with diminished psychological health (e.g., self-esteem and mixed emotional features). This study represented one of the few in the literature that attempted to link a relationship quality (i.e., closeness as measured by a six-item scale) with specific symptoms of psychological maladjustment. Close relationships researchers have relied extensively on this sort of brief, self-report, global index of relationship satisfaction. Other measures have included the Locke–Wallace Marital Adjustment Test (Locke & Wallace, 1959), Spouse-Observations Checklist (Patterson, 1976), Marital Satisfaction Inventory (Snyder, 1979), Dyadic Adjustment Scale (Spanier, 1976), and Marital Assessment Questionnaire (Hendrick, 1981). This last scale was revised and extended (from five to seven items) for application as the Relationship Assessment Scale (RAS; Hendrick, 1988). The RAS has been applied to both romantic (usually defined by physical intimacy and feelings of love) and other relationships. The RAS items were scaled on a 5-point metric with high reliability (Hendrick, Dicke, & Hendrick, 1998), face validity, and linkage to a variety of other relationship qualities including nonverbal sensitivity (Miczo, Segrin, & Allspach, 2001), destructive disagreement (Cramer, 2001), perceptual attributions (Schaefer-Porter & Hendrick, 2000), conflict style (Cramer, 2000, 2002a, 2000b), and need for approval (Cramer, 2003).

The Acquaintance Description Form (ADF: Wright, 1985; ADF-F2: Wright, 1989) provided a sophisticated method for assessment of specific
relationship values. Wright’s relationship model identified Voluntary Inter-
dependence (INT) and Person-qua-Person (PQP) as two central dimen-
sions that reflected the overall strength of close friendships. He speculated
that stronger relationships were characterized by choices to interact in the
absence of external pressures (INT) with partners viewed as unique and
irreplaceable (PQP). Wright further theorized that a number of specific
rewards served to facilitate the formation and maintenance of friendships
(Wright, 1969, 1974, 1978). A friend described as interesting, stimulating
and capable of expanding and elaborating personal knowledge and
perspective would score high on the Stimulation Value (STI) scale. A
partner who was predictable, disarming, and trustworthy would be viewed
as having high Security Value (SEC). Ego Support Value (EGO) was
provided by friends viewed as encouraging, supportive and affirming of
perceived self-worth and competence. Partners who encouraged the recog-
nition and expression of highly valued personal attributes would rate high
on Self-Affirmation Value (AFF). Some relationships were thought to be
strengthened by the Utility Value (UTI), or help and support provided by
the friend, in the management of daily stressors. The level of tension and
strain experienced in a particular relationship was quantified using the
Personal Maintenance Difficulty (PMD) scale. Situational stressors that
affected relationship maintenance difficulty (SMD) were also tallied. The
Exclusiveness (EXC) scale reflected the degree to which the individual
regarded the relationship as strictly dyadic. The Permanence (PER) scale
quantified the extent to which the individual viewed the relationship as
permanent, bound, and inappropriate to dissolve. Social Regulation (SOC)
referred to the extent to which interactions within the relationship were
influenced by social norms and expectations. The importance to the respon-
dent of overt expressions of affection in a particular friendship was
reflected as Salience of Emotional Expression (EXP).

Wright (1982) initially speculated that women would tend to emphasize
personal closeness, self-disclosure and gestures of support in their friend-
ships, whereas men would value more heavily on mutual external interests
and activities to sustain personal relationships. He anticipated that men
would be less likely to recognize relationship tension and strain identified
by their partner. These hypotheses were not strongly supported by subse-
quent studies (Wright, 1991; Wright & Scanlon, 1991). Men were more
likely to find female friends encouraging and emotionally supportive than
women. Similarly, women found cross-sex friendships more interesting and
appealing than men. Elkins and Peterson (1993) also contrasted same and
cross-sex friendships among men and women. Male friendships with other
men were described as least satisfying. Women rated friendships with men
as more satisfying than those describing same-sex relationships.

Wright (1991) provided normative data regarding his friendship model
from respondents who were instructed to describe an unspecified ‘acquain-
tance’ rather than a particular friend or romantic partner. It was not his
intention to restrict ADF applications to particular types of relationships.
His normative data reflected respondent impressions of a ‘target individ-
ual’ that included friends, relatives, lovers or potentially even foes. Specialty
norms were provided for men and women who described relationships with their ‘spouse,’ ‘fiancé,’ ‘romantic partner,’ ‘same-sex friend’ and ‘cross-sex friend’. The present analysis contributed to this normative base with college student descriptions of their non-romantic ‘best friend.’

**Personality disorder dimensions**

Personality disorder measures provided in the MCMI-II (Millon, 1987; Millon, Millon, & Davis, 1994), Coolidge Axis II Inventory (CATI: Coolidge & Merwin, 1992), and Minnesota Multiphasic Personality Inventory (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) have assisted practitioners in the differential diagnosis of the DSM-IV Axis II conditions. Factor analytic research has demonstrated similarities in dimensional structure between the personality disorder scales provided by these three particular inventories (Watson & Sinha, 1998). Meta-analyses of factor analytic studies have led to a widely accepted conclusion that five basic trait dimensions (e.g., neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness) are sufficient to account for most of the variance in general personality functioning (Digman, 1990). NEO-PI (Costa & McCrae, 1992) measures of these five factor dimensions have been increasingly linked to the DSM personality disorder clusters in both clinical and community samples (O’Connor & Dyce, 2002). A recent meta-analysis (Saulsman & Page, 2004) found evidence that personality disturbance was most closely linked to traits of high neuroticism (particularly borderline, avoidant, schizotypal, and paranoid) and low agreeableness (particularly antisocial, paranoid, and narcissistic). Broader interpersonal problems were associated with neuroticism (e.g., anxiety, anger, hostility, depression, self-consciousness, impulsiveness, and vulnerability) particularly when combined with hesitancy to agree and accommodate to the wishes and desires of others. Self-defeating, sadistic–aggressive, and passive–aggressive were not included in these prior analyses.

Millon (1987) derived scales from his theoretical model to measure 13 personality disorder dimensions that have been found useful in the differential diagnosis of DSM-IV Axis II disorders. The unique ‘base rate’ score conversions used in the MCMI-II (and later MCMI-III) were designed to estimate the probability of particular personality disorder diagnoses among clients seeking treatment. One interesting concurrent validation method used by Millon and his team was to identify the extent to which descriptions of client response tendencies provided by independent practitioners corresponded with his or her undisclosed MCMI-II profile. The Millon Personality Diagnostic Checklist (MPDC; Millon, 1987) was developed to identify ‘clinical attributes’ in the areas of Behavior/Activation, Mood/Affect, Cognitive Style/Content, Interpersonal Conduct, and Self Image/Perception. A total of 600 MPDC descriptive phrases were found to discriminate between elevated and normal base rate scores for one or more MCMI-II personality disorder dimension. Many of the MPDC attributes reflect MCMI-II response tendencies that could reasonably influence the initiation and maintenance of personal friendships.

Although the MCMI-II has proved useful in the differential diagnosis of
personality disorders, these 13 scales also can be conceptualized as non-clinical dimensional personality measures (Choca, Shanley, & Van Denburg, 1992). Elevated MCMI-II scores have been associated with both favorable and unfavorable consequences depending on the outcome measure. Leaf and his colleagues found relatively low psychosocial distress and symptoms among individuals with higher MCMI histrionic, antisocial, narcissistic or compulsive base scores (Leaf, Alington, Ellis, DiGiuseppe, & Mass, 1992; Leaf, Alington, Mass, DiGiuseppe, & Ellis, 1991; Leaf et al., 1990).

Higher global adaptive functioning has been found among diagnosed histrionic or compulsive individuals compared to those with other personality disorder classifications (Nakao et al., 1992). Higher academic performance has been associated with compulsive or dependent personality features (Bornstein & Kennedy, 1994; King, 1998, 1999; Organ & Hui, 1995; Waldron, 1980). A lower level of emotional exhaustion was found among family practice residents with higher MCMI antisocial scores (Lemkau, Purdy, Rafferty, & Rudisill, 1988). Most research, however, points to psychosocial and psychiatric problems associated with MCMI passive-aggressive, avoidant, schizoid, borderline, paranoid, antisocial, or schizotypal elevations (Chick, Martin, Nevels, & Cotton, 1994; King, 1998, 1999; Leaf et al., 1990, 1991, 1992; Nakao et al., 1992; Patterson, DeBaryshe, & Ramsey, 1989).

**Present study**
Paranoid, narcissistic, antisocial, avoidant, schizotypal and borderline personality disorder features were expected to be most strongly linked with the PMD, SMD, SEC, UTI, STI, EGO and AFF scales of the ADF-F2. Sex differences in these personality–friendship links were not anticipated.

**Method**

**Participants**
A total of 363 college students enrolled in abnormal, personality, introductory, and clinical psychology undergraduate college classes participated in this study. The 46-item Developmental History Questionnaire (DHQ: King, Bailly, & Moe, 2003) was useful in establishing sample homogeneity in regard to a number of variables that might influence friendship values. Most of the participants were women (73%) with an average age of 23.4 ($SD = 6.1$) years. The average participant had successfully completed 3 years of college credit ($M = 74, SD = 35$). This sample was primarily White (94%), with smaller numbers of Native American (2.2%) and students from other (Hispanic, Asian, or Mixed) ethnic heritages (3.8%). Most participants were single (73%), 23% were married (or living with a partner) and 4% divorced. Most of these college students were raised in relatively small ($M = 2.4$ siblings, $SD = 1.9$) and intact family structures (parental divorce and bereavement rates prior to age 18 only 19% and 5% respectively).
Measures

**Acquaintance Description Form (ADF-F2).** The 70-item ADF-F2 (Wright, 1989) was administered to generate information about the relationship qualities of the respondent with his or her closest nonromantic friend. Each scale is comprised of five items scored using a Likert metric. T-scores were generated for each scale using the means and standard deviations from the normative sample described by Wright (1989). Wright (1997) provided internal consistency estimates for a sample of 485 college students (INT = .80, PQP = .77, STI = .76, SEC = .64, EGO = .76, AFF = .85, UTI = .82, PMD = .62, SMD = .70, EXC = .94, PER = .69, SOC = .63, EXP = .74, FAV = .80).

**Millon Clinical Multiaxial Inventory (MCMI-II)**

The MCMI-II (Millon, 1987) is a 175-item true-false psychometric inventory, which provides dimension in 3 validity, 13 personality disorder, and 9 clinical symptom scales. Three to five week test–retest correlations range from .79 (Borderline) to .89 (Compulsive and Schizotypal) for the personality disorder scales (internal consistency > .86 for all scales).

Procedure

Participants were invited to complete the ADF-F2 and MCMI-II privately and anonymously at the office of the primary researcher on a date of convenience during their course of enrollment. Participants were directed to describe their ‘best friend’ when completing the ADF-F2. They were instructed not to describe a friend who was also a ‘spouse or other romantic partner’. The sex of the target friend was left to the discretion of the participant. The two inventories were administered in random sequence with participants provided no test feedback.

Exclusion criteria

A total of 45 individuals were excluded at the outset of the study due to their generation of an uninterpretable MCMI-II profile (Validity > 0; Desirability or Debasement Base Rates > 85; raw Disclosure > 590 or <145) as determined by recommended guidelines (Choca et al., 1992; Millon, 1987).

Results

Significant sex differences were found for the Dependent, $F(1,361) = 14.96$, $p < .001$, Histrionic, $F(1,361) = 3.90$, $p < .049$, Narcissistic, $F(1,361) = 16.36$, $p < .001$, Antisocial, $F(1,361) = 21.7$, $p < .001$, Sadistic–Aggressive, $F(1,361) = 20.35$, $p < .001$, Compulsive, $F(1,361) = 13.93$, $p < .001$, Passive–Aggressive, $F(1,361) = 11.07$, $p < .001$, and Schizotypal, $F(1,361) = 4.18$, $p = .04$, scales. As in previous MCMI-II literature, men scored higher on the Narcissistic, Antisocial, Sadistic–Aggressive, Passive–Aggressive and Schizotypal scales. Women provided higher Dependent, Histrionic and Compulsive scores.

Table 1 provides descriptive statistics for the ADF-F2 data. Significant sex differences were found for the Voluntary Interdependence, $F(1,361) = 5.89$, $p = .02$, Permanance, $F(1,361) = 10.39$, $p < .001$, Person-qua-Person, $F(1,361) = 18.56$, $p < .001$, Salience of Emotional Expression, $F(1,361) = 24.09$, $p < .001$, Utility Value, $F(1,361) = 8.86$, $p = .003$, Stimulation Value,
$F(1,361) = 5.61, p = .02$, Self-Affirmation Value, $F(1,361) = 19.1, p < .001$, Security, $F(1,361) = 30.46, p < .001$, Situational Maintenance Difficulty, $F(1,361) = 8.63, p < .003$, Personal Maintenance Difficulty, $F(1,361) = 5.02, p = .03$, Social Regulation, $F(1,361) = 3.65, p < .01$, and Favorability, $F(1,361) = 8.62, p < .003$, scales. Women scored significantly higher on all of the above ADF-F2 scales except Situational Maintenance Difficulty, Personal Maintenance Difficulty and Social Regulation.

Table 2 provides the correlation matrix between the MCMI-II and ADF-F2 scales. Over a third (36%) of these correlations were found initially to be statistically significant (all those where $r > .10$), with the emphasis subsequently placed on the 15 bolded coefficients that remained significant ($p < .05$) after a Bonferroni error rate correction ($p < .00027$). ADF and MCMI-II subscale covariance was pervasive. At least one MCMI-II scale was significantly correlated with each of ten ADF-F2 dimensions. The MCMI-II scales were most frequently linked to ADF-F2 Security (11 of 13 scales), Situational Maintenance Difficulty (6 of 13 scales), Personal Maintenance Difficulty (6 of 13 scales), Social Regulation (5 of 13 scales) and Favorability (4 of 13 scales). The Bonferroni correction procedure provided a focus on those 15 relationships that appeared most replicable.

**MCMI-II profile analyses.** MCMI-II interpretive guidelines utilize a base rate score of 75 as a useful threshold in the identification of clinically relevant features (Choca et al., 1992; Millon, 1987; Millon et al., 1994). Interpretations of extreme low base rate scores have not been discussed routinely in the literature. The Schizotypal, Borderline, Paranoid and Schizoid scales were excluded from group analyses because of the small numbers of participants with elevated

### TABLE 1

ADF-2 score means and standard deviations

| Scale | Men $^a$ | | | Women $^b$ | | | Total | |
|-------|-------|-----|-------|-------|-----|-------|-----|
|       | $M$   | $SD$ |       | $M$   | $SD$ |       | $M$ | $SD$ |
| INT   | 19.0  | 4.6  |       | 20.5  | 5.1  |       | 20.1 | 5.0* |
| PER   | 14.9  | 5.8  |       | 16.9  | 5.0  |       | 16.4 | 5.3*** |
| EXC   | 9.3   | 7.3  |       | 9.1   | 7.6  |       | 9.1  | 7.5  |
| POP   | 23.6  | 4.0  |       | 25.7  | 4.1  |       | 25.2 | 4.2*** |
| EXP   | 15.5  | 4.9  |       | 18.2  | 4.6  |       | 17.5 | 4.8*** |
| UTI   | 22.6  | 4.6  |       | 24.1  | 4.4  |       | 23.7 | 4.5** |
| STI   | 19.8  | 4.7  |       | 21.1  | 4.6  |       | 20.8 | 4.7* |
| EGO   | 22.4  | 4.1  |       | 24.6  | 4.2  |       | 24.0 | 4.2*** |
| AFF   | 23.6  | 4.4  |       | 25.7  | 4.0  |       | 25.1 | 4.2*** |
| SEC   | 22.9  | 3.7  |       | 25.6  | 4.2  |       | 24.9 | 4.2*** |
| SMD   | 7.4   | 5.3  |       | 5.8   | 4.4  |       | 6.2  | 4.7** |
| PMD   | 8.4   | 4.6  |       | 7.2   | 4.6  |       | 7.5  | 4.7* |
| SOC   | 10.8  | 4.8  |       | 9.4   | 4.7  |       | 9.7  | 4.8* |
| FAV   | 24.7  | 3.9  |       | 26.1  | 4.0  |       | 25.7 | 4.0** |

$^a$ $n = 97$.  
$^b$ $n = 266$.  
* $p < .05$; ** $p < .01$; *** $p < .001$.  

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**Notes:**
TABLE 2
MCMI-II scale correlates with dimensions of the ADF among 363 college students

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Note. Coefficients’ significant at the $p < .05$ (after Bonferroni’s adjustment) indicated in bold.
scores (< 4%). The distributions for the remaining personality disorder scales all included a sufficient number (> 25) of participants with elevated scores to provide meaningful group comparisons. A series of 2 (elevated vs remaining MCMI-II scores) by 2 (sex ANOVA) were conducted on each of these remaining 11 variable combinations where a significant correlation was found after a Bonferroni.

Significant MCMI-II group (elevated vs remaining) differences were found for 8 of the 11 significant corrected MCMI-II and ADF-F2 relationships. Anti-social base rate elevations were associated with lower scores on Security, \( F(1,359) = 14.73, p < .001, d = 1.01 \). Passive–Aggressive base rate elevations which were associated with lower Security, \( F(1,359) = 12.41, p < .001, d = .78 \), and higher Personal Maintenance Difficulty, \( F(1,359) = 3.98, p = .041 \), and Social Regulation, \( F(1,359) = 6.98, p = .01, d = .55 \). Avoidant base rate elevations were associated with lower Utility Value, \( F(1,359) = 5.32, p < .02, d = .77 \). Sadistic–Aggressive base rate elevations were associated with lower Security, \( F(1,359) = 18.0, p < .001, d = .75 \). Lower Security scores were associated with elevations in Avoidant, \( F(1,359) = 11.97, p < .001, d = .67 \), and Self-Defeating, \( F(1,359) = 10.82, p = .001, d = .72 \).

The total sample size did not permit examination of relationships between specific MCMI-II profile types and ADF-F2 scores. Simple bivariate correlations were calculated for the total number of MCMI-II personality disorder elevations (BR > 75) and the 14 ADF-F2 dimensions. Significant correlations were found between total number of MCMI-II elevations and the Security, \( r(361) = –.25, p < .001 \), Personal Maintenance Difficulty, \( r(361) = .19, p < .001 \), Social Regulation, \( r(361) = .17, p < .001 \), Situational Maintenance Difficulty, \( r(361) = .15, p = .003 \), and Utility Value, \( r(361) = –.11, p = .04 \), scales of the ADF-2. These correlation strengths between total elevations and particular ADF-F2 scales were comparable with those found using the single MCMI-II dimensions in isolation.

**Sex interaction analyses.** A major goal of the present study was to assess the extent to which relationship strengths between personality disorder symptoms and friendship qualities differed significantly between men and women. The series of 11 sex by group ANOVAs described previously using the Fisher’s \( z \) transformation procedure (Ferguson, 1981) (excluding the Schizotypal, Borderline, Paranoid and Schizoid scales due to the infrequency of high scores) yielded no significant effect by group interaction effects.

Men (69%) and women (75%) were equally inclined to describe a closest friend of the same sex, \( \chi^2(1, N = 291) = 1.3, p = .25 \). The impact of participant and closest friend sex on ADF-F2 and MCMI-II scores was assessed in a series of two-by-two ANOVAs. The relatively small percentage of participants with MCMI-II elevations precluded inclusion of closest friend sex in the group by participant sex analyses reported previously. The endorsement of opposite-sex closest friends was associated with significantly higher scores on the ADF-F2 Permanance, \( F(1,286) = 6.02, p = .01 \), Exclusiveness, \( F(1,286) = 7.51, p < .01 \), and Person-qua-Person, \( F(1,286) = 5.48, p = .02 \), scales. Significantly higher scores were found among women who described a closest friend of the opposite sex on Situational Maintenance Difficulty, \( F(1,286) = 5.06, p = .02 \), and the Compulsive Scale of the MCMI-II, \( F(1,286) = 3.93, p = .04 \). MCMI-II scores otherwise did not differ significantly as a function of closest friend sex.
Depression or anxiety comorbidity

ADF-F2 Security scores showed the most pervasive associations with the MCMI-II personality disorder dimensions. A set of additional correlation analyses was conducted after controlling for the MCMI-II Anxiety and Dysthymia scales (in succession). Security correlations with the personality disorder dimensions were reduced only slightly when Anxiety and then Dysthymia variance was controlled. All of the basic Security findings (significant vs not significant) were unaffected by extraction of these additional sources of variance. Only one of the 11 MCMI-II group comparisons (high vs remaining participants) described earlier was altered by statistical control of variance associated with the Anxiety and Dysthymia scales. Passive–Aggressive scale was unrelated to Personal Maintenance Difficulty after control for Anxiety or Dysthymia.

Discussion

The present finding of 65 (36%) significant ($p < .05$) correlations suggested that MCMI-II and ADF-F2 covariation was pervasive but modest in strength (maximum $r^2$ of about 8%). A Bonferroni correction focused attention on the 15 most reliable ADF-F2 relationships with the MCMI-II. The MCMI-II personality disorder attributes appeared to be most closely associated with participant evaluations of the security and maintenance difficulty of their closest friendship.

Friendship security (SEC)

Passive–Aggressive, Avoidant, Schizotypal, Sadistic–Aggressive, Antisocial, Borderline, and Self-Defeating traits were all associated with participant tendencies to view his or her closest friend as unsafe, untrustworthy and likely to cause feelings of embarrassment or uncomfortableness during interaction. In the case of the Passive–Aggressive, Avoidant, Sadistic–Aggressive, Antisocial and Self-Defeating scales, base rate scores of 75 or greater predicted significantly lower security than that found for participants in the remainder of the sample. Links between Passive–Aggressive and Antisocial inclinations with friendship insecurity were particularly strong.

Consideration might be given to the pervasive sense of injustice, resentment and feelings of being misunderstood and unappreciated associated with Passive–Aggressive elevations. Individuals exhibiting Avoidant tendencies may be apt to anticipate ridicule, humiliation, and future difficulty and disappointment in their closest friendships. Antisocial and Sadistic–Aggressive elevations were predictive of tendencies to carry grudges, read threatening meaning into benign events, and react to criticism with rage or shame. Closest friendship security was diminished among individuals with inclinations to feel unappreciated, inadequate or dominant in their interpersonal relationships. Personality disturbance may be predominantly reflected in a pervasive sense of insecurity over personal ability to initiate, cultivate and maintain close long-term relationships.
Personal Maintenance Difficulty (PMD)
Participant inclinations to view the habits or mannerisms of their closest friends as frustrating or undesirable were most closely linked to Passive–Aggressive features. The Compulsive, Dependent and Histrionic dimensions were found to be unrelated to Personal Maintenance Difficulty. The absence of findings for these scales was consistent with other accounts of the relative resiliency of individuals with elevations on these, as opposed to other, personality disorder scales (Bornstein & Kennedy, 1994; King, 1998, 1999; Leaf et al., 1990, 1991, 1992; Organ & Hui, 1995; Waldron, 1980). Such attributes as ‘subordinating desires to please others’ (Dependent), ‘easily being persuaded by others’ (Histrionic), and ‘valuing restraint and emotional control’ (Compulsive) could reduce those expressions of criticism and negativity that are potentially so damaging to relationships. Histrionic features were associated with closest friendships that were higher in self-affirmation (AFF) and utilitarian value (UTI).

Sex considerations
Reliable sex differences in ADF-F2 scale scores have not been identified in the literature. Rather strong differences were found in this study regarding how men and women described their closest friendships (see Table 1). This inconsistency with the published research may involve the selection of the respondent’s closest friend as the target person. Women found their closest friendships to be stronger (Person-qua-Person and Voluntary Interdependence), more permanent (Permanance), more rewarding (Self-Affirmation, Ego Support Value, Security, Utility Value, Stimulation Value), and less difficult to maintain (Personal and Situational Maintenance Difficulty) than men. Conversely, the nature and strengths of relationships between the ADF-2 and MCMI-II personality disorders scales were similar across sex. Men and women were equally inclined (about 75% of the time) to identify closest friends of the same sex, and cross-sex closest friendships were perceived as being relatively more permanent (PER), special (PQP), and exclusive (EXC) with relatively more maintenance difficulty (SMD) for men. The effects of cross-sex closest friendships were thought to be equally distributed among the men and women participants, and evidence of significant participant by closest friend interaction effects were restricted to two variables (Situational Maintenance Difficulty, Compulsive Personality) that were not a central focus of the analysis.

Implications and design limitations
Collateral analyses found similar relationships using raw rather than base rate MCMI-II scores. The latter scores were reported because they provide a familiar metric to practitioners that would prove beneficial as a comparison group if these analyses were later replicated in a clinical sample. The infrequency of extreme scores on the severe personality disorder dimensions (Borderline, Schizotypal and Paranoid) prevented meaningful analyses of those particular scales. Interpersonal problems can occur as either a cause or effect of maladaptive reaction tendencies, and the directionality of these
associations should vary from person to person. Personality disorder features such as arrogance and self-centeredness may contribute to relationship conflicts. Conversely, weak, unrewarding, and pressured relationships could magnify feelings of irritability, victimization, and other signature personality disorder features. The uncontrolled nature of the current design precluded such determinations. The contribution of Axis I comorbidy (specifically anxiety and dyphoria) to these relationships was estimated using a series of ANCOVA and partial correlation analyses. Statistical controls for these symptoms minimally reduced ADF-F2 and MCMI-II relationship strengths.

The concept of maladaptive interpersonal functioning may require a higher level of differentiation in the clinical and close relationships literature. The DSM-IV requires evidence of ‘pervasive’ or generalized deficits in interpersonal or psychosocial functioning, but research to date has failed to establish the extent to which personality disorder response tendencies vary as a function of the intimacy of the relationships in which they are observed. The study of closest friends represents one such possible differentiation. Although the concept of ‘closest friend’ enjoys a certain level of universal recognition, the potential remains for group differences in the manner in which the term is interpreted and applied. Similarities in the way participants with and without personality disorder scale elevations formed, identified and evaluated their ‘closest friendship’ could not be assured using the present research design. Restrictive operational definitions (other than the exclusion of romances) pose other potential limitations to the external validity of findings. Other relationship targets may prove equally interesting including romantic partners, work acquaintances, classmates, employers, professors and many others. The MCMI-II threshold \((BR > 74)\) relied upon in this study should alert practitioners to potential concerns regarding insecurity, maintenance difficulty, and perceived social pressures experienced by clients in their closest friendships. Future research will be required to determine the extent to which these results generalize to other relationships maintained by individuals formally diagnosed with personality disturbance.

REFERENCES


