

PERSONALITY TRAITS AS SEEN BY PATIENTS, THERAPISTS AND OTHER GROUP MEMBERS: THE BIG FIVE IN PERSONALITY DISORDER GROUPS

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Interactional group psychotherapy is based on the assumption that patients bring their problematic personality problems into the group, and that feedback and the ability to test new behaviors leads to change. A corollary of this assumption is that there should be consensual validation among therapists and other group members (OGMs) regarding a patient's personality. The present study tested this corollary. Group patients with personality disorders were rated by themselves, their therapists, and OGMs on a measure of the Big Five personality factors. We found substantial agreement between the therapists and OGMs regarding a target patient's personality, with lesser agreement with the target patient's self ratings. Furthermore, the degree of agreement between self and others was positively related to the number of personality disorder symptoms prior to beginning the group.

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The nature of personality disorders has been a source of controversy in recent years. DSM-III/IV (American Psychological Association, 1980, 1994) created a categorical diagnostic system for personality disorders that has had several problems, such as low agreement between diagnostic instruments (Perry, 1992; Soldz, Budman, Demby, & Merry, 1993a) and the fact that patients often receive multiple diagnoses from research diagnostic interviews, but seldom from clinicians (Widiger, 1991). One school of thought has attempted to deal with these problems by arguing that personality pathology is best conceptualized as an extreme of personality traits that are also present in less extreme form in "normals" (Costa & McCrae, 1985; Costa & Widiger, in press; Soldz, Budman, Demby, & Merry, 1993b; Widiger, 1991; Widiger & Frances, 1987; Wiggins & Pincus, in press).

Personality psychologists, meanwhile, have generally come to consensus regarding the traits that appear at a superordinate level. It has been found that five superordinate traits can encompass virtually all personality traits that have so far been proposed (Costa & McCrae, 1985; Goldberg, 1992; John, 1990; McCrae, 1992; Wiggins & Trapnell, in press). These traits, sometimes referred to as the Big Five, consisting of Extraversion (vs. Introversion), Agreeableness, Conscientiousness, Emotional Stability (vs. Neuroticism), and a fifth factor that has been referred to as Intellect, Culture or, more recently, Openness to Experience, have been found to underlie many of the more fine-grained trait structures provided by

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the numerous psychological tests and assessment instruments available today (e.g., McCrae & Costa, 1987, 1989; McCrae, Costa, & Busch, 1986; Soldz, Budman, Davis, & Demby, 1993; Soldz, Budman, Demby, & Merry, 1993*b*, submitted).

In attempts to clarify the nature of personality pathology, several authors have attempted to locate the personality disorders in the space marked by the Big Five traits (Costa & McCrae, 1985; Lyons, Ozer, Young, Merla, & Hylar, 1990; Soldz et al., 1993*b*; Widiger, 1991; Wiggins & Pincus, in press). In these studies, considerable overlap has been found between these two conceptualizations of personality. In one of the few such studies using real patients selected for a high incidence of personality pathology and a structured clinical interview to assess such pathology, Soldz et al. (1993*b*) found that most personality disorders exhibited considerable overlap with a self-rated Big Five measure. We followed these results up by partialling the Big Five measure out of the personality disorders and factor analyzing the residuals. That is, we examined the variance not related to our Big Five measure. Nonetheless, the three factors that resulted from this analysis resembled Big Five factors. We speculated that, for personality disorder patients, clinicians may perceive aspects of the patient's personality pathology that are either not visible to the patient him/herself, or which the patient chooses not to report, perhaps because these aspects are not socially desirable (cf., Soldz et al., 1993*b*). This phenomenon led us to an expectation that there would be discrepancies between how a patient reports his or her personality and how that personality is assessed by a therapist. It also seemed likely that, in group psychotherapy, other group members (OGMs) would perceive a target patient's personality differently from that patient's own self report. This line of reasoning did not, however, lead to predictions as to whether or not therapists and OGMs will agree in their judgments of a target patient's personality.

The issue of whether patients perceive themselves as others do is especially important for understanding group psychotherapy. One of the fundamental ideas behind interactional group psychotherapy is that patients will replay their repetitive maladaptive patterns in the group. However, as the group progresses and becomes a safe place for members, participants will give one another feedback regarding their interactions. Thus, it is

posited that the group will become a microcosm for members to test out new, more adaptive, interactions with others (Budman & Gurman, 1988; Yalom, 1985). In order for this approach to make sense, patients would have to exhibit behaviors in group that can lead others to consensual judgments regarding a patient's personality. Furthermore, one would expect that personality judgments made by group patients would differ from those made by the others who interact with them in this setting. The present study explores these issues.

There has been debate as to whether the Big Five should be viewed as present "in reality" or in the implicit personality theories of people attributing traits to others (e.g., Digman, 1989; Passini & Norman, 1966; Soldz et al., 1993*b*; Soldz, Mrozek, & Ozer, 1991). One way of approaching this issue is to examine whether there is agreement between different judges of an individual's personality. McCrae and Costa (1987, 1990), for example, have provided evidence that the Big Five ratings from normal men converge with those of their spouses and close friends, which is seen by them as evidence for the validity of Big Five trait ratings. Similarly, Paulhus and Bruce (1992), in studying the role of acquaintanceship in interpersonal "validity," found that students in a weekly discussion group over time increased the agreement between their ratings of other group members (OGMs) on Big Five traits and the responses of those other members to a Big Five instrument.

The determinants of agreement and disagreement in personality ratings between judges with different perspectives (self, close acquaintances, distant acquaintances) has been an active area of research in personality and social psychology for some time (e.g., Funder & West, 1993; John & Robins, 1993; Kenny, 1991). Oliver and John (1993), for example, found four factors that influence agreement between judges on Big Five personality traits: "which Big Five content domain the trait represents, how observable relevant behaviors are, how evaluative the trait is, and whether the self is one of the judges" (p. 521). In particular, they found that agreement was highest for Extroversion and lowest for Agreeableness; that agreement was greater for more observable and less evaluative trait descriptors; and that self-peer agreement was lower than peer-peer agreement for evaluative traits, but not for neutral traits. Another study by Funder and Drobrot

(1987) similarly found that agreement was highest for traits related to Extraversion, but found the lowest agreement for traits related to Neuroticism, the negative pole of Emotional Stability, while Norman and Goldberg (1966) also found agreement highest for Extraversion and lowest for Emotional Stability and Agreeableness. Paulhus and Bruce (1992), similarly found that agreement was greatest for the Extraversion factor and lowest for Agreeableness with shorter acquaintance and for Neuroticism with longer acquaintance.

This research has also led to the distinction being made between consensus between observers and accuracy (Funder & West, 1993; Kenny, 1991), with consensus referring to the degree of agreement between observers, and accuracy referring to agreement with some theoretically determined "true" personality judgement. Thus, whereas McCrae and Costa (1987, 1990) use self-other agreement as an argument for the accuracy of personality ratings, this perspective would require additional data to assert that personality judgements are accurate.

The present study expands upon this prior work on consensus in personality judgement among normal populations by exploring the nature of agreement among observers with distinct perspectives in the clinical setting of group psychotherapy. As part of a larger study of time-limited group psychotherapy for patients with personality disorders, patients regularly rated themselves on a measure of the Big Five factors. Each patient also rated all the other patients in his/her group on this instrument at 15 months into the group. Similarly, each patient was rated by his/her therapist on this instrument at 9 months into the group. In this article we explore the relations between these different perspectives on the patient's personality traits. As our OGM judges themselves manifest disturbed personality problems, we were interested in their ability to form consensual judgements of a target patient's personality with each other, as well as with therapists or the target patient's themselves.

Methods

Patients

The subjects in the study were 35 patients (14 female, 21 male) participating in a study of 18 month time-limited group psychotherapy for personality disorders at Harvard Community Health

Plan (HCHP). All patients had been diagnosed by their therapists as having a personality disorder prior to referral. However, subjects received research diagnoses as a part of the study with a structured interview (see below) and these diagnoses were used to classify subjects. Our exclusion criteria included any other condition that would need to be the subject of distinct therapeutic treatment, such as current suicidality, eating disorders, neurological disorders, current substance abuse, etc.; these criterion led to a group that suffered largely from long-standing personality difficulties and had very low levels of current Axis-I pathology. We attempted to balance the groups with 2-3 borderline patients and 2-2 Cluster C patients per group. We originally started with 49 patients in 5 groups; however, due to attrition and missing data, the number of subjects for the present analyses range from 21 to 33.

Groups

These groups were based on an interactional model in which patients recreate their problematic interpersonal interactions in the group. They then receive feedback from therapists and OGMs, leading them to experiment with new, less problematic styles of interaction (Budman, Demby, Soldz, & Merry, submitted; Budman & Gurman, 1988; Yalom, 1985). The groups met weekly for 72 sessions, approximately 18 months. Each group session was videotaped to allow for process analyses.

Therapists

Therapists were two clinical psychologists, one social worker, and two psychiatric nurses. The therapists had been practicing psychotherapy a mean of 13.8 years and had conducted group therapy a mean of 12.4 years. All had previously conducted long-term psychotherapy groups (mean = 2.8, range = 1 to 5). During the course of the study, these therapists met weekly with one of the authors (S.B.) in order to aid the therapists in maintaining fidelity to the treatment model.

Measures

Patients were seen for structured diagnostic interviews consisting of the Structured Clinical Interview for DSM-III-R, Form I (SCID-P) and the Personality Disorder Examination (PDE; Lc ranger, 1988), a structured clinical interview as

sessing personality disorder symptoms before being accepted into the study. Because the PDE was based on DSM-III-R, which has now been superseded by DSM-IV, we do not present the PDE diagnoses here. Patients were also given a comprehensive battery of questionnaires consisting of the 50-Bipolar Self-Rating Scales, the Symptom Checklist-90, the Inventory of Interpersonal Problems, the Social Adjustment Scale-Self Report, the Defense Style Questionnaire, and the People in Your Life scale before treatment and periodically during the course of the groups. We only discuss the instruments that were used in the present study. Due to the small sample size, we have chosen to use all subjects available for most analyses, rather than create a subset who received all measures. Further information on measures can be obtained from Soldz et al. (1983a,b, submitted).

50 Bipolar Self-Rating Scales (50-BSRS). The 50-BSRS (Goldberg, 1992) consists of 50 personality trait opposites. There are 10 trait pairs for each of the Big Five personality factors of Extraversion, Agreeableness, Conscientiousness, Emotional Stability and a fifth factor called Intellect by Goldberg; however, we prefer the Openness characterization of this factor of Costa and McCrae (1985) and will use that label here. From the 50-BSRS we developed scores for each Big Five factor by summing the ratings for the 10 items on that factor. Our previous research (Soldz et al., 1993b) has shown that the 50-BSRS factor structure was replicable in clinical populations in that 49 of the 50 items were assigned to the correct factor when the instrument was subjected to principal components analysis. Further, two of the Big Five scales, Extraversion and Agreeableness, showed predicted correlations with a measure of the interpersonal circumplex LOV and DOM dimensions.

NEO Personality Inventory (NEO-PI). In order to assess the validity of the 50-BSRS in our clinical sample, which could be biased due to its calling for direct trait ratings, we gave our patients another Big Five measure that was constructed on different principles. We, therefore, gave the NEO Personality Inventory (NEO-PI; Costa & McCrae, 1985) to patients at 15 months into the groups. The NEO-PI consists of 181 items purporting to measure the Big Five personality traits. Because the NEO-PI does not involve direct self-report of traits (like the 50-BSRS), but

of trait-associated behaviors, it is possible that the NEO-PI could be less subject to social desirability biases that may occur when patients are asked to rate their personality traits.

Procedure

The PDE was administered to 115 patients who were referred for a study of group psychotherapy with personality disorders and who passed an initial phone screening with their mental health clinician. From these patients 49 were selected to participate in the groups, based on our attempts to balance the psychotherapy groups, as described above. All patients were initially administered a package of instruments containing the 50-BSRS, among others. The questionnaires, including the 50-BSRS, were readministered every six months over the course of the groups. For this study, we used the Self 50-BSRS scores from 12 months into the groups; we used only the 50-BSRS from this one time period, rather than aggregating the measure across time periods, because of the possibility that patient personality may change over the course of the groups. The OGM 50-BSRS ratings were completed at 15 months, while those from the Therapists were completed at nine months into the groups. The NEO-PI was administered once at 15 months into the groups. All questionnaires during the course of the groups were given out by the therapists and completed by the patients at home.

Results

Consistency (Reliability) of OGM Ratings

We obtained a mean of 4.67 ($SD = 0.87$) ratings of each patient by OGMs in that patient's group on the 50-BSRS. One question concerned the degree of consistency between OGMs in their ratings of a target person. In order to assess the consistency (or reliability), we calculated the pooled judge Intraclass Correlation (ICC (1,k); Shrout & Fleiss (1979) for the mean OGM ratings. These results can be seen in Table 1, where it is seen that the reliabilities ranged from a high of .90 for Conscientiousness to a low of .59 for Emotional Stability. These findings indicate there are strong consistencies in OGM views of the target patient's personality traits. As a result of these findings, we used the mean of the OGM ratings for each target patient in the following analyses.

TABLE 1. Consistency (Reliability) of Other Group Members' Ratings

| | Intraclass Correlation |
|---------------------|------------------------|
| Extraversion | 0.86 |
| Agreeableness | 0.72 |
| Conscientiousness | 0.90 |
| Emotional stability | 0.59 |
| Openness | 0.73 |

Note.—Mean number of Other Group Members is 4.67 per target patient.

Relation of OGM to Therapist ratings

There was strong agreement between Therapists and OGMs regarding patient personality traits on the 50-BSRS. The correlations ranged from .62 for Emotional Stability to .77 for Conscientiousness; all were significant at the .01 level.

Relation of OGM and Therapist ratings with Self ratings

When we look at the agreement between Therapists and OGMs and the 50-BSRS ratings made

by patients themselves, we see a different picture. For both Therapists ($r = .65, p < .001$) and OGMs ($r = .66, p < .001$), only the Extraversion ratings were significantly correlated with the Self ratings. In addition, for both OGMs ($r = -.55, p < .01$) and Therapists ($r = -.46, p < .05$), Agreeableness was negatively correlated with Self Openness.

NEO-PI

In addition to the 50-BSRS ratings of the Big Five, we had patients complete the NEO-PI at 15 months into the group. The correlations between the NEO-PI and the other Big Five measures are presented in Table 2. We see that there was significant agreement between the Self 50-BSRS ratings and the matching NEO-PI scales for three factors: Extraversion, Conscientiousness, and Emotional Stability, while there were tendencies toward agreement for Agreeableness and Openness.

The OGM 50-BSRS ratings significantly agreed with the Self NEO-PI ratings for two factors, Extraversion and Emotional Stability, with a tendency toward agreement for Conscientiousness. Therapist 50-BSRS ratings agreed with the

TABLE 2. Correlations of Big Five from Different Perspectives with the NEO-PI

| 50-BSRS | NEO-PI | | | | |
|---------------------|--------------|---------------|-------------------|-------------|----------|
| | Extraversion | Agreeableness | Conscientiousness | Neuroticism | Openness |
| Self | | | | | |
| Extraversion | 0.69*** | 0.35* | 0.27 | -0.30 | 0.48** |
| Agreeableness | 0.11 | 0.39* | 0.20 | -0.46** | 0.22 |
| Conscientiousness | -0.27 | 0.15 | 0.61*** | -0.17 | -0.38* |
| Emotional stability | 0.02 | 0.07 | 0.25 | -0.63*** | 0.08 |
| Openness | 0.14 | -0.08 | 0.15 | -0.18 | 0.35* |
| Other Group Members | | | | | |
| Extraversion | 0.52** | 0.06 | 0.16 | -0.06 | 0.26 |
| Agreeableness | -0.22 | -0.01 | -0.22 | -0.17 | -0.26 |
| Conscientiousness | -0.31 | -0.02 | 0.39* | -0.37* | -0.34 |
| Emotional stability | -0.14 | -0.24 | 0.03 | -0.57*** | -0.12 |
| Openness | 0.31 | 0.15 | 0.07 | -0.17 | 0.06 |
| Therapist | | | | | |
| Extraversion | 0.56*** | 0.02 | 0.29 | 0.07 | 0.25 |
| Agreeableness | -0.32 | 0.09 | -0.01 | -0.15 | -0.14 |
| Conscientiousness | -0.18 | 0.10 | 0.07 | -0.51** | -0.47** |
| Emotional stability | -0.03 | -0.26 | -0.12 | -0.22 | -0.14 |
| Openness | 0.30 | 0.12 | 0.28 | -0.15 | 0.13 |

Note.—Ns: Self: 25; OGM: 21; Therapist: 22.

* $p < .10$.

** $p < .05$.

*** $p < .01$.

comparable Self NEO-PI scales only for Extraversion. In addition, NEO-PI Neuroticism and Openness were negatively correlated with Therapist Conscientiousness.

Agreement in Personality Profiles

In addition to agreement in personality trait ratings, an additional question is whether the different perspectives agree as to the personality profile configurations of patients; that is, whereas the previous analyses examined whether there was agreement between the perspectives as to the relative standing on a trait of a given patient in relation to other patients, this question examines whether, for a given patient, there is agreement as to the relative importance of the five personality traits.

In order to examine profile similarity, we first multiplied NEO-PI Neuroticism by -1 , so that it would be scored in the same direction as 50-BSRS Emotional Stability; we then standardized each trait measurement across the total patient sample by converting them to z -scores; standardizing avoids spurious profile correlations due to differences in the means or variability of the trait measures. For each patient, we correlated the five standardized trait ratings from each perspective with the five from each of the other perspectives. That is, for each pair of measures (e.g., Therapist and OGM 50-BSRS) we obtained a correlation coefficient for each patient. The hypothesis that there is agreement between two perspectives was then tested using a single sample t -test to test whether the average correlation was greater than zero. Table 3 contains the results of these analyses.

The two Self measures of the Big Five (50-BSRS and NEO-PI) showed significant agree-

ment in profiles (mean $r = .43$). Similarly, the Therapist and OGM profiles showed strong agreement (mean $r = .57$). Therapist and Self profiles showed weaker, though still significant, agreement (mean $r = .25$), while OGM and Self profiles only exhibited a tendency toward agreement (mean $r = .22$).

We further explored whether the degree of agreement between the perspectives had substantive meaning. We reasoned that personality pathology could be characterized in terms of patients viewing themselves in ways that are discrepant with how others see them; this idea is part of the rationale behind group therapy for this population. We, thus, predicted that the degree of agreement would be negatively related to the total number of personality symptoms that had been assigned to a patient by the PDE interviews pre-therapy. Results, however, indicated that OGM-Self agreement was positively correlated with the number of personality disorder symptoms pre-treatment ($r = .52$, $df = 20$, $p < .05$). The number of personality disorder symptoms also positively predicted OGM-NEO-PI agreement ($r = .55$, $df = 19$, $p < .01$) and Therapist-NEO-PI agreement ($r = .43$, $df = 20$, $p < .05$). There were no other significant correlations. These results thus disconfirmed our hypothesis: the degree of personality disorder pathology was positively, not negatively related to Self-Other agreement.

Levels of Trait Ratings

Finally, we examined whether there were systematic differences in the levels at which OGMs, Therapists, and the patients themselves rated each other on the 50-BSRS. The mean profiles are similar for the different perspectives, with much

TABLE 3. Mean Correlations between Profiles from Different Perspectives

| | 50-BSRS | | |
|-----------|--------------------|-----------|----------------------|
| | OGM | Therapist | NEO-PI |
| Self | 0.22* ($N = 22$) | 0.25** | 0.43*** ($N = 25$) |
| OGM | — | 0.57*** | 0.24* ($N = 21$) |
| Therapist | — | — | 0.11 ($N = 25$) |

Note.—Correlations are mean of individual subject profile correlations. Significance tested by one-sample t -test examining if mean correlation is different from 0.

* $p < .10$.

** $p < .05$.

*** $p < .01$.

lower ratings for Extraversion and Emotional Stability than for the other three factors. Matched-pairs *t*-tests indicated that there were significant differences in mean ratings for Extraversion (Self (49.23) = OGM (47.42) > Therapist (41.59)), Agreeableness (Self (67.36) > OGM (60.84) > Therapist (57.68)), Emotional Stability (Self (48.13) = OGM (46.65) > Therapist (37.07)), and Openness (Self (69.64) > Therapist (65.41)).

Discussion

We examined similarity between the self-construal of patients with personality disorders on the Big Five personality traits compared with construal of them by their group therapists and by other members of their therapy groups. We found that Therapists and OGMs exhibit strong agreement with each other, both across subjects for individual traits and within subjects across traits. OGMs and Therapists agreed with the Self regarding Extraversion and (depending on the measure) Emotional Stability. OGMs also exhibited substantial agreement among themselves regarding a target patient's personality. We further found that the extent of agreement between OGMs or Therapists with the patients themselves regarding personality profiles was positively related to degree of personality pathology.

The fact that Therapists and OGMs agreed on target patient personality traits suggests that there is a common experience of a patient in the group to which both are responding. A patient's behavior in the group leads others to a relatively consistent view of that individual's personality. It is also worth emphasizing that these findings, as well as the relatively high intraclass correlations between OGMs, indicate that our patients, whatever their personality pathology, are able to perceive others in relatively consensual ways. Thus, some of the basic tenets of group psychotherapy receive support from these findings.

OGMs and Therapists exhibited lesser agreement with the target patients themselves; only for Extraversion and Emotional Stability were there significant correlations. The finding regarding Extraversion replicates that of many researchers of normal populations who find that inter-judge agreement is highest for this trait (Borkenau & Liebler, 1993; Funder & Dobroth, 1987; John & Robins, 1993; Norman & Goldberg, 1966; Paulhus & Bruce, 1992). The finding regarding Emotional Stability, however, contradicts the findings

from studies of normals that agreement tends to be low for this trait (Funder & Dobroth, 1987; Norman & Goldberg, 1966; Paulhus & Bruce, 1992). Thus, in addition to the issues of observability and (relative lack of) evaluativeness for Extraversion that are cited by John and Robins (1993) as their explanation for high consensus on this trait, there may be factors unique to the clinical situation that may also play a role in agreement on Extraversion and Emotional Stability. Soldz et al. (1993b) found that Extraversion and Emotional Stability were the Big Five factors that exhibited the greatest relationships with personality pathology. Furthermore, group therapy probably calls special attention to these two factors. By its nature, Emotional Stability (in the form of its opposite pole, Neuroticism) is likely to be a prime focus of the discussions and interactions in a therapy group, thus, drawing the attention of patients and therapists to the relative Neuroticism of each of the members. Extraversion is also likely to be a focus of therapeutic attention for at least a significant proportion of the patients, namely, those too low on this trait (e.g., Avoidants) and too high (e.g., Histrionics) (Soldz, 1993b).

We found that four of the Big Five traits exhibited significant mean differences between the perspectives. Patients rated themselves higher than their therapists on Extraversion, Openness, and Emotional Stability. On Agreeableness, patients also rated themselves higher than OGMs, who were in turn higher than the Therapists. While the consistent differences between Self and Therapist ratings on three dimensions could be due to each group using different anchor points, this explanation cannot account for the Self-OGM difference on Agreeableness, because each patient was both a Self and an OGM, so that the OGM ratings were likely implicitly anchored by the individual's construal of him/herself on a particular trait. The Agreeableness difference seems likely to be a result of the evaluativeness of this dimension, so that observers were less influenced by desirability than were the patients when evaluating their own behavior (John & Robins, 1993). It is also likely that group therapy brings out disagreeable behavior, leading the observers to have a biased data base from which to draw inferences on this variable.

The Emotional Stability difference may also be an indication that therapists' professional construct system differs from the lay constructs used

by patients especially for this dimension. Soldz (1989) found that only this factor distinguished therapists' professional construct systems from the constructs they used to construe personal acquaintance, whereas Soldz (1992) suggested that there are systematic tendencies for therapists to perceive patients in terms of their problems rather than their strengths. Both of these lines of reasoning would help explain the difference between Therapist-rated Emotional stability and that of the lay Self and OGM ratings.

The finding of no difference between mean levels of Self and OGM ratings of Emotional Stability raises the intriguing possibility that OGMs may have a more nuanced view of the degree of a patient's pathology than do the therapists. However, it is also possible that personality disordered patients, in contrast with therapists, have little experience of people with higher levels of Emotional Stability with which to compare themselves or the OGMs, leading both Self and OGM ratings of this variable to exhibit a truncated range.

Profile correlations indicated significant agreement between OGMs and Therapists. Self and Therapist ratings were also significantly related, though to a lesser degree, while Self and OGM ratings exhibited a tendency toward agreement. Thus, there is evidence that the various perspectives converge in terms of which personality traits are most prominent in a given individual.

We had reasoned that the degree of personality pathology might be negatively related to the degree of agreement between the Self and Other perspectives, because more severely personality disordered patients may exhibit greater discrepancy between how they see themselves and how others see them. The results were contrary to our hypothesis: the degree of agreement was positively related to the number of Personality Disorders Symptoms. Three explanations of this finding are possible. First, it is possible that the more disturbed patients are more blatant in their behavior, making it harder for them to remain unaware of those aspects of their personality that will be perceived and reacted to by others. Or, those who are more willing openly to report disturbed behavior to interviewers may be precisely those patients who are more aware of consensual views of their personality. An additional possibility is that, since the patients in this study needed to be willing to see themselves as troubled in order to gain entry

to the groups, they may constitute a subclass of patients with personality disorders. In line with this possibility, certain disorders not well represented in this study, for example, Paranoid and Schizotypal, may be especially prone to construing themselves in ways discrepant with the construal of them by others.

Another possible explanation of this unexpected finding is based on our experience with 15-session time-limited groups, where we have found that the more disturbed patients are the most active in the groups (Soldz, Budman, & Demby, 1992; Soldz, Budman, Demby, & Feldstein, 1990). If this phenomenon occurred in the current groups, it could help explain the positive relationship between Self-other agreement and symptomatology: the most disturbed patients would also be those who spoke the most about themselves, giving others in the groups the most information about themselves and their (view of) their personality.

It should be clear that, in undertaking this research, we are approaching Self-other agreement from a perspective similar to those students of Self-other agreement in normals who distinguish between consensus and accuracy (e.g., Funder & West, 1993; Kenny, 1991; Oliver & John, 1993). From our perspective, if disagreement exists between a person and another who knows that person well, the discrepancy could be due to either party, or to the differing perspectives of each party. Patients obviously have privileged access into their internal life. Therapists will likely see patients through their professional construct systems that differ in systematic ways from the ways they construe their personal acquaintances (Soldz 1989, 1992). Either therapists or OGMs may be aware of aspects of a patient's personality that the patient is either unaware of or disowns. After all, much of clinical work is based on the assumption that such processes occur. Agreement, to the extent that it does occur, is an indication that a given personality trait is visible both to the patient and to others through the patient's behavior, broadly defined. Agreement or disagreement is ultimately a phenomenon to be explained.

The significant agreement between the 50-BSRS and NEO-PI for three scales, with tendencies toward agreement for the other two, along with the significant mean correlation between the profiles generated by the two instruments, is partial evidence for the convergent validity of the

two Big Five measures. These findings of convergence between the two instruments partially replicates, for our clinical sample, Goldberg's (1990) finding of convergent validity in a non-clinical sample.

Finally, it must be pointed out that this study has a number of obvious weaknesses. First, the number of subjects is extremely small, limiting both the generalizability of our findings and the power of our analyses. However, the extent of agreement between our findings and studies of self-other agreement in normal populations suggests that many of our findings deserve substantive interpretations. Second, our study is limited by our having given the Therapist and OGM measures only relatively late in the groups, at different time points, and not at a time when the patients themselves were receiving the instrument. Nonetheless, if these instruments are valid measures of personality traits, they should not change substantially over short periods of time. Our finding of significant relationships between the trait measurements from the various perspectives is, in fact, strengthened by these time lapses, as state-dependent features (such as whether a patient recently had an outburst in the group) are not likely to be similarly biasing the personality trait ratings by the OGMs and Therapists.

Despite these weaknesses, our results present some of the first empirical evidence that patients reveal their personality in therapy groups. The finding of considerable agreement between therapists and OGMs is especially encouraging in suggesting that feedback regarding patient personality patterns may have at least consensual validation, if not a basis in "objective reality." Our support of such consensual validation should be encouraging to interpersonally-oriented group therapists. For these therapists, a frequent intervention entails seeking input from members regarding interactions within the group and often doing detailed analyses of such interpersonal processes, which are presumed to reflect the patients' underlying personality problems.

The lower levels of agreement between Therapists and OGMs and the target patients themselves indicate, however, that there still exist distinct perspectives on a patient's personality. It remains to be seen if such perspectives converge over the course of treatment. In any case, it behooves researchers into personality disorders, and probably other clinical conditions as well, to as-

sess these disorders from multiple perspectives wherever possible (Soldz et al., 1993b, submitted).

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