

# Interpersonal Perception and Pathological Personality Features: Consistency Across Peer Groups

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**ABSTRACT** This study investigated the consistency of interpersonal perceptions regarding people who exhibit features of personality disorders. The participants ( $N = 82$ ) were college students who were assessed for features of personality disorders, using both self-report and peer nominations at Time 1. Two years later, participants attended four meetings in groups of 7 to 12 people for a total of 2 hours. Group discussions were designed to encourage interaction and give participants an opportunity to behave in ways that might be expected from people with personality problems. After Meetings 1 and 4, group members ranked their impressions of each other with regard to several personality traits and behavioral attributes. We observed important consistencies between the peer nominations collected at Time 1 and personality rankings made by a different peer group at Time 2. There was considerable convergence between personality disorder features and negative evaluations by others, with participants high in detachment eliciting the most negative reactions from peers in the lab.

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Informant reports, collected from a person's friends, family, spouse, and coworkers are an indispensable tool for social science researchers (Craik, 1986). They were used in early factor-analyses of personality traits and in the development of several personality scales. Agreement between peer reports and self-report instruments provides evidence regarding the validity of perceptions formed by informants (Funder, 1999; McCrae, 1982). Interjudge agreement can be evaluated on the basis of (1) a comparison between self-reports of personality and other reports of personality (commonly called "self-other agreement") or (2) a comparison between two or more judges in regard to a particular target ("consensus"). Correlations for both types of agreement have reached .40 across a range of personality traits (Funder & Colvin, 1997; McCrae and Costa, 1987; Paunonen, 1989). Important information about personality can be obtained from the perspective of other people.

Unfortunately, informant reports have been underutilized in studies of pathological personality features. Personality disorders include a variety of inflexible and maladaptive traits that are evident by young adulthood (APA, 2000). Although informants agree with each other when they are asked to identify people who exhibit pathological traits, agreement between self and informant reports for personality problems is modest at best (Klonsky, Oltmanns, & Turkheimer, 2002; Oltmanns, Turkheimer, & Strauss, 1998; Thomas, Turkheimer, & Oltmanns, 2003).

Discrepancies between peer and self-report may occur "because the maladjusted individual is unaware/represses how others perceive and respond to him or her" (Sim & Romney, 1990). There are many reasons for mistakes in interpersonal perception (Funder & Sneed, 1993). These include misperception by targets, cues given off by targets that are missed by raters, cultural stereotypes, and impression management by the target. All of these issues may be particularly important among people with personality disorders. Many personality disorders have as their central feature a maladaptive interpersonal style (Pincus & Wiggins, 1990). For instance, the presence of any Axis II diagnosis has been associated with poorer social support (Pfohl, Stangl & Zimmerman, 1984), risk of being single, separated, or divorced (Flick, Roy-Byrne, Cowley, Shores, & Dunner, 1993), other romantic relationship dysfunctions (Daley, Burge, & Hammen, 2000), more intense and rigid interpersonal behavior (Sim & Romney, 1990), and poorer social adjustment (Shea et al., 1990).

Few studies have examined peer impressions along normal trait dimensions regarding people who exhibit pathological personality traits. Some data suggest that length of acquaintanceship may influence whether people with personality disorders elicit negative or positive evaluations. Oltmanns, Friedman, Fiedler, and Turkheimer (2004) found that untrained laypersons could accurately identify facets of the Five Factor Model (FFM) as they relate to the personality disorders after watching only a 30-second videotape. Further, these same raters indicated they would prefer to spend time with (or get to know better) narcissistic, histrionic, and antisocial individuals. Paulhus (1998) demonstrated that narcissists, when compared to others, were most likely to exaggerate the positive features of their own performance in a group discussion setting. Narcissists were seen by their peers as extraverted, agreeable, open, and well-adjusted at the first group meeting; however, by the last meeting six weeks later, narcissists were now seen as disagreeable, less stable, and less well adjusted.

The current study extends previous work regarding the interpersonal perception of pathological personality features by examining whether individuals with these traits generate consistent and reliable reactions. In other words, do people with pathological personality features elicit similar reactions from different peers at different points in time? The participants in this study had previously been evaluated for the presence of pathological personality features, as defined in DSM-IV, using both self-report and peer nominations. Each participant acted as both a rater and a target (Oltmanns et al., 1998; Oltmanns & Turkheimer, in press). The current study examined whether the ratings of a new peer group would correspond to the nominations made by the original peers.

Participants interacted with each other through four group discussion meetings that were designed to provide an opportunity to exhibit behaviors indicative of underlying pathology. These situations were chosen so that all group members would have the same opportunity to evaluate each other using the same information. The groups met several times over the course of 4 weeks to establish an increasing level of intimacy. Groups in this study were formed with the intention of creating a diverse mix of individuals with regard to pathological personality features. Participants were chosen based on their scores on specific features (i.e., narcissism, paranoia) to create a mixture of people; yet, each person was initially assessed

according to criteria for all 10 DSM personality disorders (APA, 2000). This allowed us to examine two specific areas of interest: (1) If two peer groups, separated by 2 years in time, were relatively congruent in their reactions to individuals with pathological personality features, would this indicate some support for the consistency of personality disorders, and (2) which specific personality disorder features are most maladaptive in relation to self-perception and interpersonal interactions? In particular, we believed that people with Cluster B personality features would show the greatest correspondence between peer groups, while people with Cluster A and C features would most likely show the highest correlation between self-report over the two time points.

## METHOD

### *Participants*

Participants in this study were 82 third-year students (38 male and 44 female) enrolled at the University of Virginia. Two years earlier, as first-year students, they had all participated in a study designed to examine relations among peer- and self-report measures of pathological personality features (Thomas et al., 2003). We will refer to this initial screening period as Time 1. We studied groups of dorm residents who had lived together for several months so that we could collect multiple informant reports as well as self-report measures regarding each participant. The people who participated in the present laboratory study, at Time 2, were a subset of 773 people who had been screened previously.

At Time 1, all participants had completed the Peer Inventory for Personality Disorders (PIPD), an assessment tool developed for this project. It includes 105 items, 81 based on the features of the 10 personality disorders listed in DSM-IV and translated into lay language and an additional 24 items based on other, mostly positive, characteristics. The first-year students had been tested in groups with an average of 12 members (see Thomas et al., 2003 for more details of this procedure). For each item, the participant was asked to nominate members of his or her group who exhibit the characteristic in question. Each participant acted as both a nominator and a target in this process.

After completing the PIPD, all participants completed a self-report inventory on the computer. In this procedure, participants were presented with the same 105 PIPD items, reworded to a self-report format, and asked to indicate with regard to each item how it applied to their own personality or behavior, using a 4-item scale (0 = Never, 1 = Sometimes, 2 = Usually, 3 = Always).

A factor analysis performed on the self- and peer data has previously identified seven factors that resemble the DSM-IV personality disorders (see Thomas et al., 2003). We call these factors DE (Detachment), STP (Schizotypal), AM (Aggression-Mistrust), AN (Antisocial), HN (Histrionic-Narcissistic), DA (Dependent-Avoidant), and OC (Obsessive-Compulsive). The first two factors correspond to DSM-IV Cluster A disorders, the next three are similar to the Cluster B disorders, and the last two factors are comparable to Cluster C.

When we began to organize discussion groups for the present study, we wanted each group to include approximately two-thirds “target persons,” i.e., those who reported (or had been nominated for showing) various types of pathological personality traits, and one-third “control persons,” i.e., those who did not show significant elevations on the self- and peer-report personality scores.<sup>1</sup> This was a nonclinical sample, and, therefore, we did not require that each target person qualify for a personality disorder diagnosis according to DSM-IV. The sample was tilted towards individuals with pathological traits to ensure enough participants with a mix of these traits and because our previous research has shown that even individuals with pathological traits show a high level of convergence in their ratings of others (Thomas et al., 2003). For the “target” participants, we chose 5 persons per factor with elevated scores for each of the 7 self-report-based factors (i.e., 5 with elevated self-ratings on HN, 5 elevated on DA, etc); and 5 participants per factor with elevated scores for each of the seven peer-report-based factors. For the “controls,” we selected 2 participants whose scores placed them in the middle of the 773 people screened on each of the 7 self-report-based factors; and 2 participants who were in the middle of scores on each of the 7 peer-report-based factors.

To fill these 98 slots, 189 potential participants were contacted by phone and e-mail. Twenty-nine of those contacted declined to participate, 22<sup>2</sup> were not available to participate, 44<sup>3</sup> did not respond to repeated

1. Although each participant was selected on the basis of scores on one of the seven factors (either peer- or self-report), they all, obviously, had scores on the other six factors as well. Our analyses were correlational in nature and did not attempt to compute or examine categorical distinctions between persons based on PD factor scores.

2. Of these 22 people, 11 could not be found in the university or local directory, 4 no longer attended the university, and 7 were known to be participating in the study abroad program.

3. It was assumed that a large percentage of these individuals were either no longer attending the university or were studying abroad, as part of a popular program available to all juniors at the university.

phone calls and e-mails, and 2 agreed to participate but failed to attend the first group meeting. This left a total of 92 participants who attended the first meeting; of these, 78 also attended the final group meeting and were included in the final analysis. Five people attended only Meeting 1 and were therefore excluded. Nine people attended the first meeting plus at least one additional meeting, but did not attend Meeting 4; we contacted them by phone and asked them to complete the final set of measures, which we sent by mail. Four people returned the measures, for a total of 82 people in the final sample.<sup>4</sup> Analyses revealed no significant differences between the final sample and those who did not participate on levels of pathological personality features as measured 2 years prior to the current study (all  $p > 0.20$ ).

We tried to organize groups in which the members were previously unacquainted with one another. When contacting participants to assign a group time, we asked them whether they knew any of the other prospective members of the group. To allow for mistakes or for lapses in memory, we also designed a familiarity scale that participants completed at the beginning of Meeting 1. This scale asked participants to rate each other on a 5-point scale as to how well they knew their fellow group members before they came to the meeting (1 = Never met them before, 3 = Casual acquaintance, 5 = Good friends). Two people rated each other a 5; therefore, one of these individuals was reassigned to a different group.

Participants were run in 10 groups of 7–12 people ( $M = 9$ ) of mixed gender; three of the groups had 7 members, two had 9 members, three had 10 members, and one group each had 11 and 12 members. Group assignments were arranged according to the scheduling constraints of the participants, but an attempt was made toward heterogeneity of gender and personality trait scores. All participants were paid for their participation in this study.

### *Materials*

*Lab measure.* A 26-item measure was administered at the end of both the first group meeting (Meeting 1) and the last group meeting (Meeting

4. Of the final sample of 82 people, 60 were targets and 22 were controls. The sample was composed of 5 people elevated on self-reported AM, DE, HN, OC, and ST; 4 people elevated on self-reported AN and DA; 5 people elevated on peer-reported AM, DA, and DE; 4 people elevated on peer-reported AN; 3 people elevated on peer-reported OC and ST; and 2 people elevated on peer-reported HN; 2 people in the middle on self-reported AM, AN, DA, HN, OC, and ST; 1 person in the middle on self-reported DE; 2 people in the middle on peer-reported AM, DA and DE; and 1 person in the middle on peer-reported HN, OC, and ST.

4) to determine the reactions of participants to one another. Following Paulhus (1998), participants were asked to rank themselves and all other group members on nine 15-point unipolar scales regarding performance during the group discussion (“Contributed to group goals,” “Effective,” and “Performed well”), adjustment (“Is well adjusted,” “Is happy,” “Likes him/herself,” “Is mentally healthy”), and subjective impressions (“How well would you like to get to know this person,” “How physically attractive is this person”). Participants were forced to place themselves and all other group members on the scale, with no ties being allowed between any two or more individuals.

Fifteen items were included to assess traits related to the Five Factor Model of personality. Participants indicated their impressions of themselves and others on a 15-point bipolar scale; three items assessed each of the five major traits (Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism). A final item measured aggression.

### *Procedure*

Each group met four times over the course of 6 weeks. Four different meeting situations were designed to give the participants a chance to increase their level of acquaintance with each other. Participants were asked to avoid interaction with each other as much as possible outside of group meetings. No specific instructions were given regarding leadership within the group, but all group members were encouraged to participate. Two research assistants were assigned to run each of the group meetings; they were unaware of each participant’s level of pathological personality traits.

*Meeting 1.* On arrival at the meeting, a nameplate was placed next to each participant as he or she took a seat around a large conference table. The participants were told that they would be taking part in an experiment studying the connection between a person’s personality and his or her relationship with other people in group situations. The experimenter informed them that the study involved two discussions and two tasks requiring group cooperation.

For this meeting, participants were asked to engage in a discussion about life at the university. Specifically, they were told to talk about good or bad things about the school and what they all had in common as a result of attending the school. The discussion was allowed to flow naturally. The experimenter would introduce a new subtopic only if the discussion seemed to lag, asking the participants to comment on things such as the most surprising or disappointing thing about the school. After approximately 25–30 minutes, the experimenters ended the discussion and distributed the lab measure, which took about 30 minutes to complete.

*Meeting 2.* During this meeting, participants in each group were divided into two smaller teams (based on seating position when they arrived in the testing room), which then competed against each other in a popular party game called Taboo. In Taboo, each person must give his or her teammates clues so that they can guess a target word. The person giving the clues must avoid saying any of several “Taboo” words. The rules of the game were read to participants from the manufacturer’s instructions. Participants were given no further instructions and were allowed to play the game for approximately 25 minutes.

*Meeting 3.* Group members were instructed to design and build a creative structure using plastic blocks. Again, participants were divided into two smaller teams based on seating position. The two teams were presented with equal amounts and types of plastic blocks. They were given up to 10 minutes to design their structure and 10 minutes to implement their design. Participants were told that they would be competing with teams from other groups; their structures would be judged by the experimenters according to creativity, originality, and craftsmanship. After completing the construction of their designs, photographs were taken using a 35mm camera. A prize of two candy bars per team member was awarded to one team during Meeting 4.

*Meeting 4.* For the final meeting, participants were asked to participate in another group discussion. Groups were asked to listen to several songs from a controversial rap artist’s latest album; Eminem’s “The Marshall Mathers LP.” All groups listened to “Stan,” “Slim Shady,” and “Kim” and were provided with typed lyrics to these songs. In addition, time was allotted for group members to listen to any other songs they requested. Participants then had 25 minutes to discuss the artist and his status in the music industry. Finally, a second set of lab measures was distributed and completed by participants.

## RESULTS

We will refer to scores on the initial personality assessment tools as Time 1 self- and peer-PD (personality disorder) scores. Rankings collected during the current laboratory study are referred to as Time 2 self- and peer-lab scores (which include performance issues, subjective impressions, and FFM dimensions). After analyzing the internal consistency of the Time 2 self-report measures, the reliability of Time 2 peer agreement was calculated.

Our main area of interest was in examining the consistency of peer reactions to people who exhibit pathological personality features—whether, in general, there was agreement between the ways in which participants were rated on PD traits at Time 1 and how they were rated with regard to FFM trait dimensions and other subjective impressions at Time 2. For instance, did people possessing certain PD features (e.g., antisocial) elicit more negative (aggressive) or positive (extraversion) evaluations from members of their discussion groups? We looked at the relationship between PD peer- and PD self-report and lab self- and lab peer-report scores collected after Meeting 4 because we were primarily interested in ratings made after the people had become better acquainted. However, to determine if peer reactions to people with PD traits vary as a function of length of acquaintance, we also examined whether changes in lab peer- and lab self-report from Meeting 1 to Meeting 4 were predicted from Time 1 PD scores.

### *Reliability Indices*

*Lab measures.* In addition to a self-report score on each item of the lab measures, a mean peer score was computed for each participant at both times (rankings collected after Meeting 1 and after Meeting 4). Each ranking for each participant was summed across peers. This summed total for each item was then divided by the total number of peers to produce a peer mean for each target per item. The four items measuring adjustment, the three items measuring performance, and the three items measuring each of the FFM traits were combined to form scales. The FFM traits were all reverse scored so that each dimension was coded in the socially desirable direction (i.e., extraversion, openness). Aggression was coded so that higher scores equaled greater aggression.

Internal consistency reliabilities for these scales were measured separately for rankings collected after Meeting 1 and after Meeting 4 and separately for self- and averaged-peer rankings. As seen in Table 1, Cronbach's alphas for these scales were all satisfactory and ranged from .73 to .98.

*Peer rankings on the lab measure.* For the performance and adjustment scales, the items measuring attractiveness, aggression, and liking, and each of the Five Factor personality traits, an agreement correlation was computed, representing the degree to which the peer

raters agreed with each other about the target. As shown in Table 1, the peer rankings had good inter-rater reliability. Interclass correlation coefficients (ICCs) ranged from .62 to .95. The correlations found for interjudge agreement suggest the peer rankings were largely reliable and acceptable to use as a criterion for accuracy of self-perception.

*Consistency of Personality Perception: Predicting Lab Self and Peer Report From Time 1 PD Scores*

To examine our main question, whether there was consistency between peer and self-report over a 2-year period, we analyzed the overall lab peer reactions and self-evaluations as a function of Time 1 PD scores. Rankings from peers on the lab measure at Meeting 4 were correlated with Time 1 PD scores. Results are shown in Table 2. There was considerable convergence between the two different peer groups, with people previously nominated for aggressive-mistrustful (AM) features seen by a new peer group as being more aggressive and less conscientious, and those as antisocial (AN) and histrionic-narcissistic (HN) now viewed as aggressive. The strongest consist-

**Table 1**  
Coefficient Alphas and Intraclass Correlation Coefficients (Meeting 1/Meeting 4) for Lab Measure Scales and Traits

Personality Measure Scale/Trait	Alpha (self-report)	Alpha (peer report)	Interpeer Agreement
Performance	.89/.93	.98/.98	.95/.91
Adjustment	.91/.94	.96/.95	.86/.80
Openness	.77/.73	.79/.90	.62/.77
Conscientiousness	.76/.83	.91/.95	.78/.80
Extraversion	.91/.88	.97/.97	.93/.90
Agreeableness	.88/.83	.93/.96	.67/.70
Emotional Consistency	.79/.84	.88/.92	.64/.63
Aggression	—	—	.84/.82
Attractiveness	—	—	.78/.83
Liking	—	—	.63/.72

*Note.*  $N = 82$ . Values before the slash are for Meeting 1, values after the slash are for Meeting 4.

**Table 2**  
**Correlations of Time 1 PD Self- and Peer Report With Time 2 Lab Measure Peer Rankings From Meeting 4**

		Ratings by Peers in Lab Groups After Last Meeting										
		Five Factor Traits										
Personality Disorder	Peer- formance	Adjust- ment	Open- ness	Con- scientious	Extra- verted	Agree- able	Emotionally Stable	Aggressive	Attractive	Like		
<b>Peer Report</b>												
AM	-0.03	0.08	-0.09	-0.24*	0.12	-0.20	0.03	0.26*	-0.27*	-0.14		
AN	0.08	0.23*	-0.10	-0.21	0.15	-0.23*	0.14	0.27*	0.07	0.05		
DA	-0.15	-0.14	-0.09	0.00	-0.09	0.07	-0.16	-0.14	-0.36**	-0.25*		
DE	-0.22*	-0.35**	-0.08	0.00	-0.26*	-0.25*	-0.37**	-0.08	-0.52***	-0.42***		
HN	0.13	0.24*	0.02	-0.15	0.23*	-0.16	0.14	0.30**	0.07	0.05		
OC	0.02	-0.06	0.02	0.05	-0.05	-0.17	-0.12	0.07	-0.26*	-0.10		
ST	0.06	-0.01	0.26*	-0.29**	0.20	-0.04	0.00	0.23*	-0.43***	-0.15		
<b>Self-Report</b>												
AM	0.08	0.03	0.08	-0.10	0.02	-0.20	0.03	0.17	0.06	0.01		
AN	0.07	0.16	0.05	-0.27*	0.08	-0.20	0.20	0.16	0.10	0.10		
DA	-0.06	-0.08	0.01	0.05	-0.11	-0.09	-0.02	-0.06	0.02	-0.06		
DE	-0.06	-0.12	0.06	0.01	-0.11	-0.14	-0.11	0.01	-0.01	-0.09		
HN	0.14	0.18	0.11	-0.21	0.13	-0.24*	0.18	0.26*	0.14	0.12		
OC	0.03	-0.03	0.00	0.05	-0.10	-0.16	0.01	0.07	0.08	0.04		
ST	0.06	-0.10	0.18	-0.22*	0.00	-0.25*	0.03	0.07	-0.21	-0.11		

*Note.*  $N = 82$ . AM (aggressive-mistrustful), AN (antisocial), DA (dependent-avoidant), DE (detached), HN (histrionic-narcissistic), OC (obsessive-compulsive), ST (schizotypal).

\* $p < .05$  \*\* $p < .01$  \*\*\* $p < .0001$

ency between peer groups was seen in evaluations of the detached targets (DE), who were viewed by lab peers as poorly adjusted, introverted, disagreeable, neurotic, unattractive, and unlikable. Most of these correlations also held for participants who self-reported a high number of detached features, with only the correlation between self-reported DE and attractiveness missing significance. Moreover, those who self-reported AM features were seen by peers as disagreeable, and those who self-reported AN or HN features were viewed as not conscientious.

We conducted a similar analysis for self-report on the personality measure, comparing self-report rankings from Meeting 4 with PD self- and peer scores from Time 1. As seen in Table 3, self-reported detached targets agreed with their peers that they were less well adjusted and less extraverted, as well as reporting they performed worse compared to others. Those elevated on self-reported ST ranked themselves as less attractive compared to others, while participants elevated on self-reported AM, AN, and HN all saw themselves as aggressive.

#### *Changes in Lab Group Rankings over Time as a Function of Time 1 PD Peer and Self-Report*

We next examined whether changes in ratings from Meeting 1 to Meeting 4 could be predicted from Time 1 PD features. Residuals from regression analysis predicting peer-report at Meeting 4 from Meeting 1 were correlated with PD scores. The strongest and most consistent results indicated a decrease in peer-rated attractiveness for participants whose peers rated them highly on AM, DA, DE, OC, and ST. Further, those elevated on peer-reported aggressive-mistrustful features saw themselves as performing worse, being less well adjusted, and less aggressive at the last meeting as compared to the first. A similar residual analysis was conducted for self-report. Again, most results were not significant; those elevated on self-report for antisocial, dependent-avoidant, detached, and histrionic-narcissistic features all saw themselves as less open as time went on.

## **DISCUSSION**

This study was concerned with the nature of interpersonal perception and traits associated with personality disorders. We studied a

**Table 3**  
**Correlations of Time 1 PD Self- and Peer Report With Time 2 Lab Measure Self-Report Rankings From Meeting 4**

Personality Disorder	Self-Report Rankings in Lab Groups After Last Meeting									
	Five Factor Traits									
	Performance	Adjustment	Openness	Conscientious	Extraverted	Agreeable	Emotionally Stable	Aggressive	Attractive	Like
Peer Report										
AM	-0.05	-0.15	-0.13	0.04	0.15	-0.09	-0.03	0.10	-0.08	0.01
AN	0.02	-0.04	0.07	0.05	0.20	-0.05	-0.04	0.15	0.03	0.10
DA	-0.08	-0.06	-0.04	0.17	0.12	0.18	0.00	-0.08	-0.19	0.05
DE	-0.13	-0.08	0.06	0.28**	-0.03	0.11	0.02	-0.07	-0.23*	0.02
HN	0.12	0.10	0.01	0.06	0.32**	-0.12	0.13	0.17	0.11	0.04
OC	0.06	0.10	-0.09	0.13	0.04	-0.10	0.00	-0.02	0.08	0.04
ST	-0.05	-0.15	0.04	-0.07	0.18	-0.02	-0.10	0.17	-0.27*	0.09
Self-Report										
AM	0.01	-0.23	-0.07	-0.04	-0.04	-0.19	-0.12	0.25*	0.01	0.01
AN	-0.02	-0.13	-0.15	-0.15	-0.07	-0.28**	-0.03	0.25*	0.01	0.02
DA	-0.20	-0.36**	-0.27*	-0.09	-0.22*	-0.08	-0.26*	-0.02	-0.04	-0.07
DE	-0.16	-0.36**	-0.21	-0.04	-0.25*	-0.13	-0.20	0.08	-0.01	0.01
HN	0.11	-0.07	-0.05	-0.10	0.06	-0.20	0.02	0.32**	0.15	0.03
OC	-0.02	-0.09	-0.20	-0.09	-0.20	-0.12	-0.03	0.09	0.06	0.10
ST	-0.14	-0.24*	0.00	-0.07	-0.03	-0.16	-0.05	0.25*	-0.18	-0.08

*Note.*  $N = 82$ . AM (aggressive-mistrustful), AN (antisocial), DA (dependent-avoidant), DE (detached), HN (histrionic-narcissistic), OC (obsessive-compulsive), ST (schizotypal).  
 \* $p < .05$  \*\* $p < .01$  \*\*\* $p < .0001$

sample that had previously been assessed for features of all 10 DSM personality disorders using both self- and informant reports. These participants were then placed in a group interaction situation, to determine whether certain maladaptive personality traits are apparent across peer groups. Data analyses examined consistency between reactions of different peers to persons with a variety of personality disorder features. Because the participants knew each other only through their interactions in the lab, our results were not influenced by knowledge obtained, or impressions formed, in different contexts. Level of acquaintance between group lab members was therefore assumed to be the same for all participants.

Our results provide support for the consistency of pathological personality traits, as indicated by a convergence in impressions formed by two different peer groups. Peer agreement was good to high for all traits, with ICCs ranging from .62 to .95, suggesting that this sample of individuals, possessing a variety of personality disorder traits, agreed substantially regarding the personality and behaviors of target persons. There was consistency between how participants were viewed 2 years ago and how they were viewed in the current study. Two different peer groups separated by 2 years in time saw these same individuals in a similar manner; for instance, aggressive individuals were seen as aggressive and less conscientious 2 years later, while detached participants were seen as introverted, neurotic, unattractive, and less well adjusted, 2 years later. The consistency of these impressions would support the view that at least some personality disorder features are apparent to others by age 18 and are still present, to some degree, 2 to 3 years later.

Our results also indicate that certain personality disorder features are more maladaptive than others. The most consistently negative ratings at Time 2 were given to participants who had received a large number of nominations for detachment at Time 1. Participants who were rated as being more detached at Time 1 were seen as being more poorly adjusted, emotionally unstable, and unlikable at Time 2. In contrast, people who received more antisocial or histrionic/narcissistic nominations were rated by peers as being better adjusted at Time 2. It may be that pathological personality traits that are more "internal" in nature create a more negative impression among peers, at least at the beginning of a relationship.

An interesting result from our data analysis that we had not anticipated concerned changes in lab peer and self-report over the

course of the four group meetings. We examined the data to determine whether there was significant change between ratings made at Meeting 1 and Meeting 4 and if this change could be predicted from personality disorder features. The strongest and most consistent results indicated that participants with higher levels of peer nominations on all but the HN and AN personality disorder factors were rated as becoming increasingly less attractive by peers from Meeting 1 to Meeting 4. Again, this offers further support for the notion that personality disorder traits differ in the extent to which they are viewed as being aversive by other people; the confidence or extraversion of individuals who exhibit HN or AN features may make them attractive to others, at least in the short run.

Although there is considerable debate as to when during the lifespan personality traits cease to fluctuate, it is often thought that by age 30 the fundamental aspects of our personality, including self-identity and core beliefs, are fairly well set (Costa & McCrae, 1994). Others have suggested that there is a distinct lack of empirical evidence as to the long-term consistency of the self- and interpersonal systems, particularly self-attitudes and self-esteem, and that personality disorders may be especially disconcerting because the symptoms are unusually malleable and subject to influence from the person's environment (Livesley, 1999). The results of this study offer a different interpretation. It may be that people with personality disorders have a distinct inability to perceive and integrate feedback from the environment, particularly their peers, which results in a maladaptive, inflexible, and rigid adherence to a personality style that is unfavorable to others. Whether that style is more narcissistic and grandiose or detached and unusual, the person with a personality disorder appears either unwilling or unable to change his or her behaviors to better "fit in" with everyone else.

This study was meant to be an introduction to the examination of accuracy and consistency of perception in a sample of individuals chosen for personality disorder features. This study was limited by a relatively small sample size, and while participants met four times for group discussions, a more expansive design would have allowed for greater interaction time in situations that might have allowed for more exaggerated expressions of maladaptive personality features, e.g., a competitive sporting event. Furthermore, a future study of this type would benefit from collecting repeat measures on the original data collection's personality disorder reporting measure. Would

a different set of peers rate the same individuals in the same way on a measure of personality disorder features 2 years later? Despite these limitations, the findings of this study present intriguing initial evidence regarding the consistency of personality traits for people with personality disorder features.

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