

A Model and a Method for Uncovering the Nomothetic from the Idiographic: An Alternative to the Five-Factor Model?

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The dominant approach in contemporary personality psychology is the Five-Factor Model (FFM). This model, however, suffers from several limitations, including the assumption that lay observation should underlie expert models of personality, confusion about whether the FFM is a model of personality or a model of lay beliefs about personality, confusion of the conscious self-concept with personality (of which the conscious self-concept is only a small subset), and an inattention to personality *processes*. The article contrasts the FFM with an alternative model of personality derived in part from clinical observation and interpretation of narratives, which can be quantified using Q-sort methodology. A quantitative case analysis of a patient with a personality disorder allows a comparison of the relative merits of this alternative model and method with the FFM. © 1996 Academic Press, Inc.

The constructs that dominate contemporary personality psychology emerged from the study of the dictionary. The products of that lexical quest have often been remarkably fruitful, especially in their contribution to our understanding of the heritability and continuity of personality over time. Yet if I were an alien trying to understand personality (just a hypothetical example—unconscious processes are as far as I go), I doubt I would begin by abducting *Webster's Unabridged*. Indeed, the dictionary is probably not among the first two or three hundred places I would look (unless I was confused about the spelling of extroversion, which happens with some regularity). I suspect, instead, I would begin by talking to people and watching them behave in their natural environments. And I believe that is where we should begin.

At the present juncture, the gold standard for personality theory is the Big Five, or Five-Factor Model (FFM) of personality (Goldberg, 1993; John, 1990; McCrae & Costa, 1990). Any alternative theory or model must contrast its strengths and weaknesses with the FFM. In this paper I offer an alternative way of thinking about personality, one that emerged from studying lives clinically,

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studying the narratives people produce as they interact with an interviewer who has asked them to describe their histories and relationships, studying the narratives and images people produce when asked to respond to projective tasks, studying the major perspectives on personality and lines of research that have enlightened our field since the early days of Murray and Allport, as well as trying to understand myself and the people with whom I interact on a daily basis. As Max Weber noted years ago (1949), the categories we find compelling depend not only on the nature of the phenomenon itself but on the purposes to which we intend to put them. One of the major differences between this model and the FFM is that it reflects the demands of clinical practice, and particularly the need to make clinically useful formulations about personality that can guide practice. Although some are convinced that the FFM can do this (e.g., Widiger & Frances, 1994), I am less sanguine and hope to show why.

The view of personality *structure* to be described here is fundamentally psychodynamic (see Kernberg, 1975, 1984) rather than psychometric, although the constructs can all be assessed with psychometrically reliable and valid measures. Personality structure refers, in this model, not to adjectives that covary, but to interacting cognitive, affective, and motivational processes that guide an individual's responses in various situations. Built into this conception is that some processes emerge only under certain circumstances (Mischel, 1968), but that the tendency to respond cognitively, affectively, conatively, or behaviorally in particular ways under particular circumstances is in fact what constitutes personality. An individual who characteristically bristles when asked to perform a task by an authority figure but not by a peer is nevertheless characterized by an enduring personality dynamic, even if not easily described by a single adjective. The dynamic is simply one that occurs only when authority schemas and their attendant affects, motives, and affect-regulatory procedures are activated. An individual who bristles at *any* request, in contrast, is a very different person.

WHY I AM NOT A BIG FIVER

Implicit in the arguments of this article is a critique of the FFM on a number of grounds, some of which have been covered elsewhere (Block, 1995; McAdams, 1992; Pervin, 1994; Westen, 1995a). The main limitations of the FFM will become clear in examining the responses of a subject during a three-hour research interview in the final section of this paper, but for our purposes, the following limitations are particularly important. First, understanding people requires training; presumably we all went to graduate school for a reason. Yet the FFM assumes that lay observation is sufficient for observation of personality and for the construction of models of personality. This is an ironic stance for an approach whose main appeal is its thoroughgoing empiricism on the model of the natural sciences. Physicists would not base their science on observations and generalizations made by untrained 18-year-olds, who would get most of the laws of physics wrong. Nor would chemists expect that factor analysis of lay ratings of properties

of physical objects would produce the Periodic Table of Elements, which took professional chemists centuries to develop and even more centuries to refine. As we shall see, a FFM description of an individual's personality can be no more sophisticated than the language of undergraduates when they describe themselves and their roommates, since that has been its most frequent use. As a personality psychologist, and certainly as a clinician, I would hate to be frozen conceptually at age 18 (although I might keep the body).

Second, advocates of the FFM disagree about what the model is a model of. Some are clear that it is a model of the way laypeople think about personality (John, 1990). As such, the FFM makes several important contributions. As a contribution to the anthropological field of ethnopsychology, it provides a window to the cultural schemas that guide individuals when they process information about personality in particular cultures, in this case our own. As data continue to roll in from new and different cultures (e.g., Kuo-shu & Bond, 1990), research using the FFM provides an important opportunity to see what is universal and what is culturally specific in the way humans understand themselves and others. Second, to the extent that universals do emerge, the FFM provides fertile ground for evolutionary theorizing about the adaptive significance of people's attention to certain cues, such as those leading to judgments of agreeableness or conscientiousness that might predict reliability of potential coalition partners (Buss, 1991). Third, the FFM offers a first-pass, global view of the way an individual tends to behave. Fourth, the FFM provides a model of dimensions in factor space within which other constructs assessed by self-report can be situated—not an insignificant achievement.

The problem occurs when advocates of the FFM assume that it is a model of personality rather than of lay conceptions of personality and propose that it must be the basis for all theories of personality (Costa & McCrae, in press). The faulty logic behind this leap is readily apparent when applied to a different domain. The vast majority of people in all cultures in human history believe in a spiritual world and ascribe many attributes to the figures who inhabit it. Cultures vary in their "factor solutions" to the supernatural world, with some, like our own monotheistic culture, offering a "one factor solution," whereas many offer a "two factor" (good spirits, bad spirits) solution, and still others offer 5-, 7-, or even 16-factor solutions. This does not mean that we have now discovered the structure of the supernatural world; it means that we have discovered the structure of people's beliefs about the supernatural world. Certainly no one would accept cross-cultural agreement on at least one or two factors as scientific proof of the existence of a fixed number of deities. People can be wrong, even though they are in agreement. That is what we mean when we say that a measure can be reliable even though it lacks validity.

A third problem with the FFM is that it assumes that the conscious self-concept that is activated when subjects respond to the NEO-PI-R (Costa & McCrae, 1992) or related instruments is a good proxy for personality. As we shall see, however, the conscious self-concept is only a small subset of personality, and

one that is subject to considerable biases. An accumulating and substantial body of research from numerous quarters in personality, developmental, clinical, and social psychology has documented that people frequently bias their conscious self-representations (for reviews, see Westen, 1994, 1995, 1996). Further, research on implicit and explicit processes has documented that people are aware of only a small subset of their cognitive, emotional, and motivational processes (e.g., McClelland, Koestner, & Weinberger, 1989; Schacter, 1992).

In personality psychology, we have made an implicit agreement among ourselves to ignore basic psychometric principles so that we can rely primarily on self-reports. We do an initial study showing that a new pencil-and-paper measure correlates at .50 with some important external criterion in the real world, and we heave a sigh of relief because now we are free to study the questionnaire instead of the phenomenon. But what does $r = .50$ mean? Doesn't it mean that we have accounted for 25% of the variance? We have reason to be extremely happy with a .50 correlation, but our next task should be to develop a second measure that also correlates with the external criterion at .50 and does not share method variance with the questionnaire, so we can aggregate the two measures to triangulate on the construct. When coding narrative data, we always require a minimum of two raters to establish interrater reliability. When using self-report data, we never do this, somehow assuming that self-reports are fine because they have been "validated." In fact, one could argue that no self-report study should be published that does not at least average self-reports with informant reports, so that two independent sources of data can be used and error minimized. The minimum number of informants needed in such research should depend on the alpha coefficient that expresses agreement among the two, three, or N raters used, which should be at least above .70 and preferably above .80. McCrae (1994), in fact, has recently discussed the problems with exclusive reliance on self-reports and has advocated supplementing them with informant reports. When the two measures agree, they should be aggregated; when they do not, he suggests, the meaning of divergence on specific factors should be explored with other methods, such as interpretive examination of narratives.

Finally, the FFM model is a model that can provide no insight into personality *processes*. It can only provide a description of the *outcome* of those processes in terms of aggregated behavioral tendencies. Knowing whether a person routinely behaves conscientiously is certainly important and a useful product of a FFM assessment, but the FFM cannot explain *why* the person behaves conscientiously. For some people, conscientiousness reflects concern about meeting obligations to others; for others, it reflects obsessional attention to detail. This is not a subtle distinction, and it is certainly the business of a personality psychologist.

AN ALTERNATIVE MODEL OF PERSONALITY AND A METHOD FOR CAPTURING THE NOMOTHETIC FROM THE IDIOGRAPHIC

Elsewhere (Westen, 1995) I have proposed what I am loathe to call a "model" of personality structure because it is less a set of theoretical propositions than a

theory- and data-driven guide to the comprehensive assessment of personality. I will, however, succumb to the term “model,” since the model outlines the variables that are essential to assess if one wants to understand the interacting cognitive, affective, motivational, and behavioral patterns that define personality (Table 1). The model is both nomothetic and idiographic, since it identifies individual-

TABLE 1
Domains of Personality Functioning in a Comprehensive Personality Assessment

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- I. Psychological resources
 - a. Cognitive functions
 - 1. Intellectual functioning; verbal and nonverbal skills; memory
 - 2. Cognitive style
 - 3. Coherence or disorder of thought processes
 - 4. Expectancies and belief systems
 - b. Affective experience
 - 1. Intensity of affective experience
 - 2. Variability or lability of affect
 - 3. Tendency to experience positive and negative affect
 - 4. Tendency to experience particular affects
 - 5. Consciousness of affective experience
 - 6. Capacity for experiencing ambivalent emotions
 - c. Affect regulation
 - 1. Conscious coping strategies
 - 2. Defenses
 - 3. Repertoire of affect-regulatory behavior
 - d. Behavioral resources
 - 1. Behavioral skills
 - 2. Behavioral style
 - II. Motives
 - a. Fears
 - b. Wishes
 - c. Values
 - d. Conflicts among fears, wishes, and values
 - e. Consciousness of dominant motives
 - f. Notable compromise formations
 - III. Experience of the self and others and capacity for relatedness
 - a. Cognitive structure of representations of self and others
 - 1. Complexity
 - 2. Differentiation of different representations from each other
 - 3. Integration of diverse elements
 - b. Affect-tone of relationship schemas; expectations in different types of relationships
 - c. Capacity for emotional investment in relationships
 - 1. Developmental level
 - 2. Style (e.g., attachment status)
 - d. Capacity for investment in values and moral standards
 - e. Understanding of social causality
 - 1. Logic and accuracy
 - 2. Level of inference (internal motives or external behavior)
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TABLE 1—*Continued*

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- f. Dominant interpersonal concerns: chronically activated interpersonal wishes, fears, and schemas
 - g. Management of aggressive impulses
 - h. Self-structure
 1. Sense of self-continuity or coherence; sense of self as thinker, feeler, and agent; experience of self as continuous over time
 2. Conscious and unconscious representations
 3. Self-with-other schemas
 4. Self-esteem
 5. Feared, wished-for, ought, and ideal self- representations
 6. Self-presentation
 7. Identity
 - i. Social skills and interpersonal behavior
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difference variables and organizes them theoretically, providing a concept of personality structure that applies across persons, as well as provides an outline for assessing any given individual. In this respect it reflects the demands of both research and clinical work.

The model points to three questions that must be answered for a comprehensive assessment of an individual's personality. First, what cognitive, affective, and behavioral resources does the person have at his or her disposal to meet internal and external demands? In the cognitive domain, people differ in their intellectual skills, the extent to which they think in global or specific ways, the accuracy and intactness of their thought processes, and the schemas they use to process information. Affectively, people vary in the intensity and lability of their affect states, their tendency to experience various affect states, their consciousness of their emotional experience, and the processes they use to regulate their emotions (notably their conscious coping strategies and unconscious defensive processes). People also differ in their behavioral resources, that is, the skills they possess (such as athletic ability) and their behavioral style (such as extroversion or impulsivity), which is one of the aspects of personality most adequately assessed by self-report trait measures.

The second question regards what motivates the person: What does the person wish for, fear, and value, and to what extent are these motives conscious and mutually compatible? Humans differ from many animal species whose actions are rigidly controlled by hypothalamic drive states and midbrain mechanisms that automatically produce behavior under certain eliciting conditions. In humans, instead, the driving forces are more likely to be affects and the cognitive-affective representations that encode feared, wished-for, and valued states (such as those associated with moral or esthetic values) along associative networks. Thus, when a person finds herself in a situation that reminds her of a previously anxiety-provoking event, she may begin to become anxious, whether or not she is aware of the cause (because associative thought is a form of implicit memory), and try to escape the anxiety by leaving, distracting herself, etc. Similarly, a person

pursues a romantic relationship with someone because he imagines doing so will feel gratifying in various ways, and he terminates it when he no longer feels that way unless other countervailing motives (such as guilt or fear of aloneness) intervene. Because these motivational processes typically arise in an environment that is only partially planned (for example, by socialization agents in childhood), and because some motives inherently conflict with others (such as wishes to become sexually involved with a friend's spouse if the spouse is attractive and willing—Moses could have saved himself the trouble of picking up the tablets if intrapsychic conflict were avoidable), people will experience conflicts among hundreds or thousands of quasi-independent motivational dynamisms. Since empirical data have now confirmed Freud's most fundamental hypothesis, that much of mental life is unconscious and that this extends to motivational processes (see Bargh, in press, McClelland *et al.*, 1989; Shedler, Mayman, & Manis, 1993), the assessment of motives requires a dual assessment of those motives that are conscious and those that are not, as well as of the ways people forge compromises among competing and collaborative motives to maximize their satisfaction (called compromise formations; see Brenner, 1982). For example, my coverage of the strengths and limitations of the FFM is no doubt influenced not only by my desire to perceive and describe reality as accurately as I can but also by my commitment to an alternative way of viewing personality, my desire to have some modicum of scientific integrity (or at least to be perceived as such), my barely sublimated aggressive impulses, my personal acquaintance with Jeff McCrae (who I have the misfortune of both liking and respecting, which makes demonizing the FFM model more conflictual), and so forth.

The third question is more interpersonal: What is the person's experience of the self and others and capacity to relate to others in fulfilling and intimate ways? For example, how complexly does the person view the self and others, and does the degree of complexity vary under different circumstances (for empirical data, see Leigh *et al.*, 1990; Woike & Aronoff, 1992)? Does the person expect relationships with others to be enriching or dangerous, and does this vary under different circumstances or with different categories of people? To what extent does the person view others as tools to be used for gratification or self-soothing, or as independent others with their own needs and subjectivities with whom one can develop deep intimacy, commitment, and interdependence? (In some respects, this third set of variables is simply a more fine-grained examination of variables addressed in the first two questions as applied to the interpersonal domain, but distinguishing them seems useful, as this domain is so central to human experience and personality.) A fourth question one might add pertains to how each of the variables defined by these questions developed in a given individual, that is, how specific developmental experiences interacted with temperamental proclivities at different points in the lifespan to create, maintain, or alter personality processes.

To exemplify the way this model can be used to generate testable hypotheses, I will briefly describe a Q-sort procedure designed to assess personality pathology.

Although the Q-sort was not developed primarily as a measure of the model, it assesses the variables articulated in the model, particularly as they apply to psychopathology (such as personality disorders, eating disorders, etc.). Called the SWAP-200 (the name itself reliably measures both the number of items comprising the Q-sort and the narcissism of its authors—Shedler-Westen Assessment Procedure), the instrument can be used by clinicians or psychologically sophisticated observers to quantify judgments about aspects of personality pathology. The items that comprise the Q-sort, which are written in clear language with no jargon, are printed on cards, and the observer sorts the cards into one of eight piles or categories. Thus, each statement receives a numerical ranking (0 to 7) indicating the degree to which it is descriptive of the person in question. Creation of the item set for the SWAP-200 was an iterative process that took over six years, involving writing and revision based on the responses of clinicians using the items to describe their patients.

As an initial test of its validity using a personality-disordered population, the investigators relied upon Q-sort descriptions of patients made by 153 members of a national random sample of the clinical psychology division of the American Psychological Association who agreed to participate (Shedler & Westen, 1995). The clinicians were instructed to provide either a Q-sort description of a hypothetical, prototypical patient with a borderline, narcissistic, antisocial, or histrionic disorder, or a Q-sort description of a patient they were currently treating who they felt confident had one of the above diagnoses. The goal was to assess convergent and discriminant validity: to determine whether actual patients with a given diagnosis resembled the prototype for that diagnosis more than they resembled the prototype for other diagnoses. The study thus yielded eight aggregate or composite Q-sorts: a composite description of the hypothetical, prototypical patient of each of the four disorders, and a composite description of actual patients of each disorder. With roughly 20 clinicians contributing to each of the eight Q-sorts, we found the pattern expected. For example, the antisocial prototype profile correlated with the average *actual* antisocial patient Q-sort at $r = .91$ but with the average actual borderline patient at only $r = .25$. The correlation between prototype sorts and actual patient sorts did not appear to be based on a priori theoretical preconceptions of the clinicians who described actual patients, since several Q-sort items that are not part of any prototype for PDs emerged as highly descriptive in the composite portrait of the actual patients. For example, the third highest-ranked item in the sort of actual narcissistic patients was “is verbally articulate,” which is hardly part of the criteria set for NPD.

A subsequent study tested the reliability of assessment from a three-hour diagnostic interview. Instead of asking directly about DSM-IV (American Psychiatric Association, 1994) Axis II (personality disorder) criteria, the interview proceeds by asking patients to provide *narratives* about themselves, about what brought them in for treatment, about significant relationships from the past and present, about their work history, about difficult times in their lives, and about

their moods and emotions. Two clinical judges described each subject using the Q-sort based on the interviews. The average correlation between judges who observed the same interview (in person or on videotape) was .61 (Pearson's r). Spearman-Brown corrected reliability for the two raters was .75, suggesting that two raters independently describing a patient using the SWAP-200 from an interview can produce reliable results if their responses are averaged. This is impressive for Q-sort data, where high numbers of raters are typically required to achieve an acceptable alpha (Block, 1978). The study also provided pilot evidence for the validity of the measure, since the average correlation between mean interview-based Q-sort descriptions and independent Q-sort descriptions by the patients' therapists based on their clinical observation of them was .54.

Research using this instrument has just begun, and the preliminary studies described above will no doubt provide Costa and McCrae with a well-deserved stockpile of ammunition for a return volley. Studies in progress, however, demonstrate the potential of the method to quantify naturalistic observations by clinicians of patient groups such as batterers, chronic pain patients, and suicide attempters as well as to hone the diagnostic criteria for Axis II, which are currently determined by committee rather than by sound psychometric procedures (see Jackson & Livesley, 1995). For example, for a study in progress, we contacted a random sample of 3000 psychiatrists from the register of the American Psychiatric Association and 4000 clinical psychologists from the American Psychological Association. Clinicians were told that we wanted their help testing a new instrument that we hoped would help hone Axis II criteria for DSM-V, and were asked, among other things, to check off from a list of Axis II disorders if they had treated a patient in the last 6 months who had each diagnosis. Over 2300 clinicians responded that they would be willing to participate. Similar to the study described earlier, we are asking clinicians either to provide Q-sort descriptions of an actual patient from a diagnostic category they report treating, or to provide a Q-sort description of a hypothetical, prototypical patient who embodies one of the Axis II disorders in its purest form. The aggregate Q-sort description for each disorder derived from the actual (or, alternatively, the prototypical) patients will become an empirical prototype against which the profile of any patient described using the SWAP-200 for clinical or research purposes can be compared using a simple correlation coefficient. The items ranked highest in the aggregate sorts (i.e., those that are most diagnostic of each category) should be candidates for inclusion as diagnostic criteria for Axis II. Since the SWAP-200 includes items that cover all current DSM criteria, if other items eclipse them in the sort for a particular diagnosis (i.e., receive higher average placement in the sort), these new items are probably better criteria. Another strategy for testing whether Axis II has the right categories in the first place would be to ask a large sample of clinicians to Q-sort a randomly selected patient who they are treating with psychotherapy for enduring, problematic ways of thinking, feeling, or behaving. One could then use Q-analysis (essentially, an inverted factor analysis, in which patients, rather

than items, are grouped by their similarity) to try to identify the categories of personality disturbance that occur in the West or elsewhere.

THE FIVE-FACTOR MODEL AND THE PROPOSED MODEL AND METHOD COMPARED: A QUANTITATIVE CASE EXAMPLE

The final section of this article will briefly describe the responses of a patient (whom we will call Ms. F) who was interviewed using the clinical research interview described above and who also completed the NEO-FFI, a short form of the NEO-PI-R. When asked to begin by telling a little about herself on the interview, the patient asked, "Do you want the good side or the bad side?" From the present perspective, an initial hypothesis, later confirmed in the interview, was that she is a person who has trouble integrating opposing representations of herself and others, and that she tends to idealize or devalue. One of the items from the SWAP-200 that reflects this process, "Tends to see some people as all bad, and loses the capacity to perceive any positive qualities the person may have," was placed in Pile 7; similarly, the item, "Lacks a stable image of who s/he is or would like to become" was placed at the high end of the sort. (For simplicity, I will report only my own sort of the interview, although it correlated highly with the Q-sorts of both a second rater and the patient's therapist.) On the NEO-PI-R, an important process variable like this cannot be coded; the best the FFM can do is to take the average of her self-views.

The subject then went on to describe herself. "Outside my home, I'm pretty much a lively gal," but by herself she feels "bad" and "alone." With probing, she noted that she hides her depression well with others and even forgets about it when she gets distracted, but she reported a preoccupation with death and suicide since 8 years of age. From the present perspective, Ms. F has a chronic tendency to feel depressed but some capacity to regulate the affect through self-distraction, an adaptive coping mechanism. On the SWAP-200, an item reflecting her despondency, which was apparent throughout the interview (she had made numerous suicide attempts, some serious), was placed in Pile 7. Her answers to the NEO-FFI neuroticism items, however, were less instructive. Consider how she answered the item, "When I'm under a great deal of stress, sometimes I feel like I'm going to pieces": *strongly disagree*. This is a person who was hospitalized eight times over the prior 2-year period. Her average score on neuroticism items was 3.5—slightly above neutral.

Ms. F then proceeded to talk about how she spends her spare time: riding buses around the city for hours, surrounded by people but making no connection with them. Is this extroversion or introversion? Perhaps the average of the two? In fact, her extroversion score was again solidly in the middle—3.3—and reflected her seemingly contradictory answers to questions such as the following: "I like to have a lot of people around me": *agree*. "I usually prefer to do things alone": *strongly agree*. The contradiction is precisely what one would want to understand about her and is expressed in items from the SWAP-200, which again received

high placement in the sort, such as “Is simultaneously needy of, and rejecting toward, others;” “Tends to deny or disavow own needs for caring, comfort, closeness, etc.,” and “Lacks close friendships and relationships.” From the present point of view, riding the bus while avoiding any real contact is a compromise between two competing motives: to be connected and to avoid closeness. This compromise formation is central to her personality, yet it eludes any possible FFM description, because the NEO-PI-R is not designed to say anything about motives (other than achievement and excitement seeking, two subordinate dimensions) or conflicts among them.

Over the course of describing interactions with significant others, a number of important patterns became clear. The subject had made numerous suicide gestures, after which she promptly called some significant other to let him or her know. Aside from its interpersonal meanings, this pattern demonstrates Ms. F’s tremendous difficulty regulating her affects in adaptive ways. She cuts herself, makes suicide attempts, and gets hospitalized to escape psychic distress, reflected in SWAP-200 items placed in Piles 6 and 7 such as “Tends to engage in self-mutilating behavior,” “Tends to make repeated suicidal threats or gestures, either as a ‘cry for help’ or as an effort to manipulate others,” and “Emotions tend to spiral out of control, leading to extremes of anxiety, sadness, rage, excitement, etc.” The only place these patterns can emerge on the NEO-FFI is in a high neuroticism score, which the patient did not receive, although she would score high on self-reported depression as a subdimension of the NEO-PI-R.

Another important area of functioning is the subject’s sexual and romantic life. She remains a virgin at age 23 yet has very active sexual fantasies. In fact, she now “hates” a professor to whom she felt close, who she had admired and about whom she once had strong sexual feelings (another example of her tendency to represent people as either good or bad, with no shades of gray). Whenever sex came up in the interview, the word “attack” followed in short order. Once again, from the present perspective, Ms. F is someone torn between conflicting motives: Like every human being, she has a hypothalamus, and she longs for sexual contact, but for reasons that might only emerge over the course of a longer-term therapeutic relationship with her, she fears sexuality because she associates it with danger. Strikingly, sexuality is absent from the FFM, even though it is one of the most important features of human personality from an evolutionary point of view, as it central to reproductive success.

Perhaps the most unusual phenomenon that emerged in the interview, and only did so with considerable prompting following some curious turns of phrase, was that Ms. F lives much of her life in a fantasy world in the 18th Century. This world is populated with good and bad people, and she believes it to be real. She is not psychotic, but her hold on reality is certainly tenuous at times, as expressed in the SWAP-200 items, “Tends to be superstitious or believe in magical or supernatural phenomena,” and “Perception of reality can become *grossly* impaired under stress.” As she spoke about this other world, its defensive functions became

apparent. Whereas in the 20th Century she feels alone, mistreated, misunderstood, and abandoned, in the 18th Century she is surrounded by people, and she talks to them daily. Once again, we see a repetitive conflict and interpersonal concern: a conflict between engagement and disengagement with people, and a chronic feeling of aloneness. The compromise she has created is a very immature one, more fitting of a young child: to create a fantasy world in which she has what she longs for, rather than to try to actualize her fantasies by developing real relationships. From the perspective of the FFM, two factors are relevant, extroversion and openness to experience. In reality, she is introverted, but in her fantasies, she is surrounded by people. This subtlety cannot be understood from a pattern of questionnaire responses. With respect to openness, the only relevant NEO-FFI item is "I don't like to waste my time daydreaming," with which she disagreed. So is she open to experience because she daydreams? Or is she closed to experience because she is afraid of real experiences and retreats into schizoid fantasy?

The reader may object that this is an unusual case, that the subject is especially pathological and hence the FFM may not be as useful for describing her personality as for describing the personalities of "normal people." This line of defense of the FFM is problematic in several respects. First, if the FFM is a model of personality, it should apply as much to people who are two or three standard deviations from the mean on any given factor as to those who are solidly in the middle—and in fact, this subject is close to the mean on most of the five factors. Second, several advocates of the FFM (Costa, 1994; Widiger & Frances, 1994) have recently proposed that the FFM provides a better model of personality disorders than the current psychiatric nosology reflected in Axis II. Third, in my experience interviewing people for clinical and research purposes, from psychotic patients to individuals who are psychologically healthier than I am (okay, I admit that we may still be in the pathological range), I have never found anyone to be simple. Indeed, in our pilot interviews, just as in clinical practice, the initial request to "tell me a little bit about yourself" often leads to 5 min of statements that could readily be scored to provide a FFM profile. So should we stop our interviews after 5 min and ignore the richness of the remaining 2 h and 55 min, when a portrait of the person as an individual starts to emerge?

There is no inherent contradiction between nomothetic and idiographic description of personality. We can describe individual differences on many nomothetic dimensions by eliciting the richness of an idiographic narrative account and then coding the data on personality process dimensions on which individuals vary. I do not doubt that the alternative, a NEO-PI profile generated from questionnaire responses, yields interesting data about personality. The conscious self-concept is an important aspect of personality, and for some of the people, some of the time, it is even fairly accurate. And measuring the outcome of psychological processes, such as conscientious behavior, in a way that captures consistency over years, heritability over generations, and fidelity across observers is no minor accomplishment.

In the final accounting, then, perhaps this article is little more than a reflection of its author's low agreeableness and high neuroticism. But as we look to the future of personality psychology, we should carefully examine the implicit assumptions behind our methods, and ask ourselves whether personality is really something to be found in the interaction between a number-two pencil and an answer sheet. I doubt an alien interested in human personality would abduct too many of those, either.

REFERENCES

- Bargh, J. (in press). The automaticity of everyday life. In P.M. Gollwitzer & J. Bargh (Eds.), *The psychology of action*. New York: Guilford.
- Block, J. (1978). *The Q-sort method in personality assessment and psychiatric research*. Palo Alto, CA: Consulting Psychologists Press.
- Block, J. (1995). A contrarian view of the five-factor approach to personality description. *Psychological Bulletin*, **117**, 187–215.
- Brenner, C. (1982). *The mind in conflict*. New York: International Universities Press.
- Buss, D. (1991). Evolutionary personality psychology. *Annual Review of Psychology*, **42**, 459–492.
- Costa, P., & McCrae, R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) professional manual*. Odessa, FL: Psychological Assessment Resources.
- Goldberg, L. (1993). The structure of phenotypic personality traits. *American Psychologist*, **48**, 26–34.
- Jackson, D., & Livesley, W. J. (1995). Possible contributions from personality assessment to the classification of personal disorder. In W. J. Livesley (Ed.), *The DSM-IV personality disorders* (pp. 459–481). New York: Guilford.
- John, O. (1990). The 'big five' factor taxonomy: Dimensions of personality in the natural language and in questionnaires. In L. Pervin (Ed.), *Handbook of personality: Theory and research* (pp. 66–100). NY: Guilford Press.
- Kernberg, O. (1975). *Borderline conditions and pathological narcissism*. New York: Jason Aronson.
- Kernberg, O. (1984). Structural diagnosis. In *Severe personality disorders* (pp. 3–27). New Haven: Yale Univ. Press
- Kuo-shu, Y., & Bond, M. H. (1990). Exploring implicit personality theories with indigenous or imported constructs: The Chinese case. *Journal of Personality and Social Psychology*, **58**, 1087–1095.
- Leigh, J., Westen, D., Barends, A., & Mendel, M. (1992). Assessing complexity of representations of people from TAT and interview data. *Journal of Personality*, **60**, 809–837.
- McAdams, D. (1992). The five-factor model in personality: A critical appraisal. *Journal of Personality*, **60**, 329–361.
- McClelland, D. C., Koestner, R., & Weinberger, J. (1989). How do self-attributed and implicit motives differ? *Psychological Review*, **96**, 690–702.
- McCrae, R. (1994). The counterpoint of personality assessment: Self-reports and observer ratings. *Assessment*, **1**, 159–172.
- McCrae, R., & Costa, P. (1990). *Personality in adulthood*. New York: Guilford.
- McCrae, R., & Costa, P. (in press). Toward a new generation of personality theories: Theoretical contexts for the five-factor model. In J. Wiggins (Ed.), *The five-factor model of personality: Theoretical perspectives*. New York: Guilford.
- Mischel, W. (1968). *Personality and assessment*. New York: Wiley.
- Pervin, L. (1994). A critical analysis of current trait theory. *Psychological Inquiry*, **5**, 103–113.
- Schacter, D. L. (1992). Understanding implicit memory: A cognitive neuroscience approach. *American Psychologist*, **47**, 559–569.
- Shedler, J., & Westen, D. (1995). *A procedure for making reliable judgments about personality pathology*. Unpublished manuscript, Harvard University.

- Shedler, J., Mayman, M., & Manis, M. (1993). The illusion of mental health. *American Psychologist*, **48**, 1117–1131.
- Weber, M. (1949). *The methodology of the social sciences* (E. Shils & H. Finch, Trans., Eds.). New York: Free Press.
- Westen, D. (1991). Social cognition and object relations. *Psychological Bulletin*, **109**, 429–455.
- Westen, D. (1994). Toward an integrative model of affect regulation: Applications to social-psychological research. *Journal of Personality*, **62**, 641–647.
- Westen, D. (1995). A clinical-empirical model of personality: Life after the Mischelian ice age and the NEO-lithic era. *Journal of Personality*, **63**, 495–524.
- Westen, D. (1996). *Is Freud really dead? Toward a psychodynamically informed psychological science*. Unpublished manuscript, Harvard University.
- Widiger, T., & Frances, A. (1994). Towards a dimensional model for the personality disorders. In P. Costa & T. Widiger (Eds.), *Personality disorders and the five-factor model of personality* (pp. 19–39). Washington, DC: American Psychological Association.
- Woike, B., & Aronoff, J. (1992). Antecedents of complex social cognitions. *Journal of Personality and Social Psychology*, **63**, 97–104.