

For example, one might ask: what do psychiatric DSM category labels enshrine? In many ways, the DSM category labels enshrine important social causes. This is because of the ways in which the labels (or their ICD counterparts) are used in reimbursement procedures and in medical record keeping, and thereby become organizing rubrics for social ferment. The serious conceptual and empirical problems with the DSM approach to individual differences matter for some constructs and connect with their decline in usage (e.g. Hopwood's example of Passive-Aggressive Personality Disorder), but they do not necessarily matter for others. For example, Borderline Personality Disorder (BPD) serves as a label for intense emotional suffering, and the category label remains popular, even though the phenomena described by DSM's BPD criteria do not delineate a category in a scientifically meaningful way (e.g. Conway, Hammen, & Brennan, 2012; Edens, Marcus, & Ruiz, 2008).

It is more challenging to organize patients, family members, and resources around the empirical and dimensional structure of clinically relevant individual differences. This kind of effort lacks a single rallying concept and does not fit naturally into an approach such as 'we need to devote more resources to curing disease X'. Moreover, psychologists are not generally skilled in surmounting this type of challenge because their efforts tend to be devoted to scientific inquiry as opposed to broad-minded advocacy. Of course, advocacy for scientifically invalid categories is ultimately a serious problem where public credibility is concerned. Hence, what I am suggesting here is that psychologists (and psychiatrists with an empirical orientation) work together beyond academic circles to explain the direct relevance of the empirical structure of clinically relevant individual differences to improving peoples' lives. As Hopwood describes with clarity, much has already been accomplished in this area of scholarship, and these accomplishments provide a more than sufficient scientific basis for advocacy.

The role of evidence and technology in pursuing clinically relevant personality dynamics

In reflecting on the state of the literature, Hopwood concludes that the study of interpersonal dynamics provides a

way to link recent interest in processes in personality psychology with the needs of clinicians who want to understand personality dynamics in specific patients. This problem of connecting clinical experiences with data and *vice versa* is perennial (Meehl, 1978). What feels fresh in Hopwood's piece is the breath of his integrative efforts and the historical moment, both in terms of openness to this type of enterprise and in terms of technologies available to pursue the enterprise.

To my way of thinking, a challenge relates to the distinction between concepts and available operationalizations. For example, dispositional concepts are inherently dynamic because they take on their meaning at the intersection of people and environmental circumstances. Personality 'traits' are not decontextualized constructs because they refer explicitly to the ways in which people interact with the external world. Moreover, operationalization of traits in questionnaires typically involves explicit consideration of elicitors or the ways in which dispositions transcend eliciting circumstances. To pick some examples, items such as 'I react negatively to stressful circumstances' tend to be good neuroticism domain indicators. Also, items like 'my mood is often negative regardless of the circumstances' tend to be well correlated with 'mood variability' items, illustrating how the neuroticism domain is indicated by both responsivity to circumstances and a tendency for negativity even in the presence of relatively more modest stressors. References to eliciting circumstances (or the tendency for dispositions to transcend elicitors) are part and parcel of the neuroticism trait construct.

Opportunities for scientific progress in characterizing personality dynamics might therefore be more in technology than in conceptualization. Dispositional labels to frame case conceptualization (e.g. Hopwood's characterizations of classical PD labels in terms of relevant interpersonal dynamics) will likely remain necessary because they convey clinical information succinctly. Technology to carefully measure dynamics as they unfold in real time is probably the key to studying clinically relevant personality processes (e.g. Wrzus & Roberts, 2017). This makes for exciting opportunities that I am certain will be well informed by Hopwood's insightful perspective on how clinical psychology intersects with personality science.

A(nother) Quest for Integration: Commentary on Hopwood

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Abstract: Hopwood makes a compelling case for integration of the two largely distinct fields of basic personality and personality disorder psychology into a comprehensive model. Although I embrace the idea, the steps argued necessary to help the field forwards are inherently related to challenges that make applicability of such a comprehensive model in research and policy easier said than done. I briefly outline the two issues I think are most central in this: developing a comprehensive view and increasing attention for dynamic, within-person processes. © 2018 European Association of Personality Psychology

Hopwood argues for integration of the traditionally distinct fields of basic personality and personality disorder

psychology. Specifically, a sophisticated model is proposed of interpersonal dynamics as 'the glue' to achieve integration

between basic personality psychology and clinical theories of personality disorders. I fully endorse Hopwood's quest for more integration, and with me probably many others as Hopwood is not the first and certainly not the last. When considering Hopwood's model in the light of previous attempt, two issues seem critical: developing a more comprehensive view and increasing attention for dynamic, within-person processes.

Hopwood is critical of the progress with regard to comprehensive views on both basic personality and personality disorder psychology. Regarding comprehensive views *within* each field, I am more optimistic. Traditionally, approaches to clinical psychology, including personality disorder psychology, have been rather comprehensive (as is also mentioned by Hopwood). But also quests for comprehensive views on basic personality have gained quite some scientific attention. These include—but are not limited to—the recent target paper by Baumert et al. (2017b) arguing for more integration in personality psychology in general and more specific models like the personality prototypes (Asendorpf & van Aken, 1999) and recent Narrative (McAdams & McLean, 2013) and DAE (Asendorpf & Motti-Stefanidi, 2018) models, providing testable hypotheses regarding the structure and development of comprehensive personality portraits. Although these models have not been developed specifically for the context of personality disorders and consequently lack the appealing focus on interpersonal processes, in particular, the last two seem to show some commonalities with the model proposed by Hopwood. This makes me wonder whether the lack of comprehensive models bridging the gap between basic personality and personality disorder psychology isn't a lack of collaboration between researchers rather than a lack of integration of research theories.

Like comprehensive views, despite being conventionally assumed key in clinical theories, dynamical processes are hardly specified in personality and personality disorder theory. Whereas I agree with Hopwood regarding the lack of stipulated dynamical processes in research on personality disorders, there has been a consistent call for dynamical models in basic personality psychology. Moreover, while the classic trait perspective is indeed rather static and focused on structure, over the last decade or so, there have been huge developments regarding dynamical models of personality and personality development. Many of these have focused on normative change (e.g. the Social Investment Model), but research has increasingly focused on individual level change. Often, the latter has been studied in the context of idiosyncratic events (e.g. how exposure to certain life events is related to rank-order changes in personality traits), which seems to fit well to Hopwood's emphasis on (social) situations. Interestingly, however, research considering the role of situations and social environments so far

seem to have focused on associations between personality and the environment (Back et al., 2011; Fleeson, 2001; Laceulle, Jeronimus, van Aken & Ormel, 2015), rather than incorporating the situation within the conceptualization of personality and personality disorder dynamics as suggested key in Hopwood's model. While undeniably a fascinating suggestion fitting neatly to personality disorder theory, the inclusion of within-person and situation, micro-time dynamics in an already complex comprehensive model might be a major methodological challenge. Specifically, although Hopwood does mention that the interpersonal model is not primarily a measurement model, I do think the measurement is crucial and I tend to doubt his statement that the proposed model could critically test how interpersonal processes influence personality and personality disorder. Whereas measurement for specific hypotheses is probably feasible, this will most likely require researchers to demarcate and zoom in on a specific piece of the model. And—like with other integrative models—this slicing of the model to get to testable hypotheses seems inherently related to losing (central aspects of) the full picture reflecting both macro- and micro- and within- and between-dynamic processes. Unfortunately, discussion on how to avoid this and apply the full interpersonal model is limited, and it is left to others to follow and fill in these gaps. And despite the ongoing developments with regard to statistical testing of complex longitudinal (e.g. Hamaker et al., 2015) and dynamic (Borsboom & Cramer, 2013) models, to enable testing and application of Hopwood's model, I would argue that personality (disorder) researchers and statisticians should work together to co-create conceptual and methodological guidelines tailored at comprehensive yet flexible and dynamic models.

Taken together, Hopwood's call for integration of basic personality and personality disorder psychology is a timely and convincing plea. Specifically, Hopwood distinguishes himself from more general integrative theories by elegantly arguing for integration between (rather than within) fields while maintaining a clear focus and narrowing down to what he considers the most relevant constructs in the context of personality disorder psychology. But as usual, the proof of the pudding is in the eating, and to get there large, collaborative studies are needed. Clearly, Hopwood demonstrates that picking the prettiest (i.e. empirically and clinically most relevant) cherries from different fields can result in a strong and comprehensive model. However, to further accelerate the development of personality (disorder) science, I would argue to invest in real-life integration: collaboration between researchers both within and across fields. This will extent theory development, improve connectivity between basic personality scientists, personality disorder researchers, and statisticians, and as such move the field forward by optimizing both conceptualization and applicability of integrative personality models.