way' conveniently for modern life in 'economically developed' countries: one needs to act quite extraverted, quite conscientious, quite emotionally stable, quite open/intellectual, and quite agreeable. Not acting so enough is 'maladaptive', as is acting so too much. Beyond that, nothing much matters, and like for PDs, one can score those optimal moderately high 'trait' levels through any combination of 'symptoms' (item endorsements). I suggest, however, that this broad summary misses the point. It's captured by the 'Serenity Prayer' though, whatever your 'god'. What makes 'successful adaptation', 'wellness', and 'sanity' is not 'having' these levels of these socialization-saturated so-called 'traits', but knowing when it is important to display the behaviours used to assess them and coping effectively afterwards with whatever stresses that levied. Skill in doing this, however, is not where the 'colour' in personality lies. Personality's colour is all in patterns displayed when one has the freedom to act as one prefers (when social demands are low), when one cannot or will not meet demands levied, and when one can't cope effectively with stresses brought on by behaving appropriately or failing to. In other words, we are kidding ourselves if we think some 'trait' of conscientiousness is associated with longevity, school achievement, job performance, etc. What is associated with those 'outcomes' has nothing to do with some general proclivity or preference and everything to do with 'wisdom to know the difference': sensing when and how to get oneself to do whatever needs to be done to pay attention to health, class, or job assignments, social relationships, etc., without creating unmanageable stress.

Personality is the leftovers: interests, preferences, relative enjoyments, cognitive/emotional responses, perceptual schemas, and devoid of socialization. Hopwood suggested that personality assessments need to include more maladaptive behaviours, but what they really need is to be stripped of adaptive relevance, and we need to add measures that assess specifically to what degree respondents are socialized and how they cope with its demands. Hopwood's model suggests what to do then, but, as his 'signatures' of PDs illustrate, to implement it, we also need to carve out prototypical situations that span some dimension of social 'demands' of prototypical 'kinds', devoid of 'traits'. What are common situations where acceptance of inevitable is important? In what situations can anything go? Who tends to see which situations 'accurately' and who does not and why? How do those who see them 'accurately' cope when doing what is expected is difficult or not preferred? Why are we in such situations anyway? What do those who do not see situations 'accurately' do? What is the fall-out? How does all this develop? Are there 'middle grounds' in 'seeing accurately'? When do we learn from mistakes and do something different? When do we not and why? Does 'knowing the difference' reflect sensory or cognitive perception, affect, and/or motivation?

Developing measures that can do all this is plenty difficult, but even it is only the beginning. Hopwood appropriately noted that perception, affect, motivation, behaviour, and the analogous states in others unfold not in neat sequences but 'overlappingly' and often even simultaneously. Regression-based models cannot handle this, so we need new statistical tools too. It's high time we try though! Relying on trait models, especially the Big Five, has started running us in circles—of our own making. Cattell would be disappointed to see what's gone on since he left.

From Situational Construal to Interpersonal Dynamics

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Abstract: The increased use of dimensional modelling of personality disorders has invigorated the study of personality processes across the spectrum of maladaptive personality traits, and Hopwood's model neatly taps into this development. We discuss the key observations of the model based on existing—yet scientifically neglected—clinical literature. We argue that assessing distorted situational construal provides a promising starting point towards a validation of the proposed framework, guiding the construction of models that explain how patterns of disturbed interpersonal behaviour begin to unravel with the ways in which people perceive situations. © 2018 European Association of Personality Psychology

Hopwood provides a strong case for the assessment of personality processes in both personality and clinical psychology along with a long desired reconciliation of the two fields. Although we agree with the main tenets of his article, we believe that it might benefit by clarifying how maladaptive processes begin to unravel with situational perception, how those processes could be assessed, and—eventually—whether and how they relate to personality disorders (PDs).

There is no doubt that personality processes—or in Hopwood's terminology, 'dynamics'—have long been a neglected topic within personality and clinical psychology (Funder & Colvin, 1991; John & Srivistava, 1999); however, the reasons for neglect in the two fields differ. Personality psychologists emphasize the stability and cross-situational consistency of traits and their research focuses on the assessment of individual differences, their potential origins

(i.e. gene × environment interactions) and predictive value for behaviour and life outcomes (Ozer & Benet Martínez 2006; Roberts et al. 2007). At the same time, knowledge about how personality gives rise to specific thoughts, feelings, and behaviours remains underdeveloped. Clinical (personality) psychologists, for their part, conceptualize (pathological) personality through the lens of temporally fluctuating within-person processes. They focus on interactions between what happens within the individual and what is added by situational contexts within which individual behaviours or—in clinical terms—symptoms emerge (e.g. Beck, Freeman, & Davis, 2004). One explanation for the lack of integration of insights from clinical psychology with personality psychology—as Hopwood points out—is that the clinical literature on personality processes largely developed out of therapeutic observations without reference to formal theoretical or measurement models.[2]

In his heuristic model, Hopwood organizes personality processes along broader motivational, affective, and behavioural dimensions, many of which have been hypothesized to be core perpetuating mechanisms of maladaptive personality.

While the model mentions how 'mental representations of the situation' plagued by 'perceptual distortions' can be triggering events for maladaptive interpersonal sequences, its density complicates the identification of tangible ways in which personality processes unfold. In the spirit of Hopwood's quest to unite clinical with personality psychology, we believe that ongoing research on situational construal can make an important contribution to specifying how maladaptive patterns of thought, emotion, and behaviour emerge.

The idea that the configuration of (maladaptive) personality traits is associated with systematic biases of situational perceptions has been discussed among personality and clinical psychologists alike. The Situation Construal Model (SCM; Funder, 2016), for instance, describes behaviour as a function of personality-specific construal, that is, how individuals distinctively perceive and—consequently—act in the situations they experience. Since Aaron T. Beck's seminal work on cognitive (behavioural) therapy (CBT; e.g. Beck, Rush, Shaw, & Emery, 1979), situational construal has been identified as a major contributor—or 'essence' (Beck, Butler, Brown, Dahlsgaard, Newman & Beck, 2001, p. 1214)—to the development and persistence of psychopathology. While much research has been devoted to differentiating and measuring the cognitive themes in depression (see *cognitive*

content-specificity hypothesis; Beck, Brown, Steer, Eidelson, & Riskind, 1987), less effort has been put into rigorously assessing each of the PD's distinctive sets of dysfunctional core beliefs and how they contribute to disorder.[3]

The Situational Construal Model might be one way to do this. As one example, Figure 1 illustrates how the SCM might be applied to avoidant personality disorder.
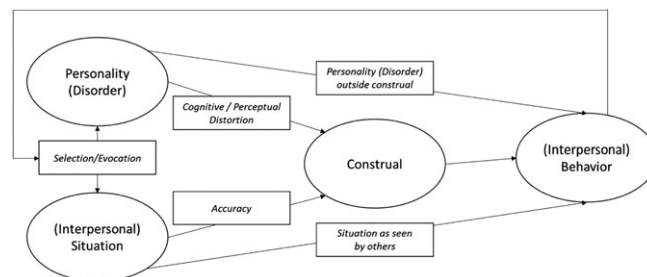

Fig. 1. Clinical adaptation of The Situation Construal Model (Funder, 2016) to Personality Disorders. The adaptation depicts how problematic patterns of interpersonal behaviours unfold on the basis of cognitive distortions that lead to divergent situational construals, thereby perpetuating patterns of disturbed interpersonal behaviours. Here, construal is viewed as a joint function of an individual's personality disorder and the objective situation. For example, people with avoidant personality disorder hold beliefs such as 'I am socially inept and unwelcome' or 'I may get hurt' and 'I cannot stand unpleasant feelings' among others. Such beliefs can parsimoniously explain a wide range of avoidant PD thoughts and behaviour, such as expecting rejection and consequent intolerable psychic distress, focusing on others' possible negative evaluation and avoiding social situations where others might discover one's shortcomings.

Nearly 30 years after Beck's clinical observations, the Riverside Situational Q-sort (RSQ; e.g. Sherman, Nave, & Funder, 2013) was introduced as a tool to assess a wide range of objective as well as subjective attributes of situations. Only recently, we have begun to translate the SCM to clinical contexts (see Figure 1). For instance, in a study currently in preparation, we measured situational construal with the RSQ across different three-person group interactions. Conceptualizing the reality, that is, the objective situations, as the consensual view between an individual's RSQ score and the consensus (view) of the remaining individuals who experience and observe the same situation, we found that distinctive situational construal was associated with most PD traits and that the content of the correlations

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[2]In brief, German psychiatrist Emil Kraepelin dedicated 10 years of observing patients before he was able to distinguish between psychotic disorders (e.g. schizophrenia) and mood problems (e.g. depression). In the same way, Freud spent years building his theories on the origins of 'neurotic syndromes', and in the early 20th century, Freudian analysts were essentially the ones who first described people with 'character disorders', a precursor term for personality disorders. In the meantime, Gordon Allport published theories of personality traits, and Henry Murray developed 'personology', which strongly influenced a future key advocate of personality disorders, Theodore Millon. In the late 1970s, finally, Millon integrated extant work on personality disorders, most of which was descriptive, and turned it into a set of 10 standardized types for the American Psychiatric Association's third diagnostic manual.

[3]For intellectual honesty, we would note that in clinical practice assessment tools for PD-specific key beliefs exist, such as the Young Schema Questionnaire (Young & Brown, 1994), which was developed to assess so-called early maladaptive schemas (EMS), an umbrella term for frameworks of dysfunctional beliefs in individuals with personality disorders or maladaptive personality traits. Potentially, due to its specific terminology and less rigorous methodological evaluation, it still remains an enhancement tool of clinical case conceptualization and only recently have researchers begun to investigate the link between EMS scores and adaptive personality traits like the Big Five (e.g. Bach et al., 2016).

was consistent with maladaptive perceptions as identified by Beck.

The RSQ was developed to assess 'normal' rather than pathological situational construal, and so the potential exists for a revised instrument or approach that focuses more specifically on the ways people manifesting various PDs view the world. Hopwood's Interpersonal Situation Model will maximize its potential to integrate clinically derived knowledge about the role of personality (disorder) 'dynamics' to the extent it becomes integrated with the developing understanding of how our individual worldviews are a basic aspect of all adaptive and maladaptive personality processes.

Towards Patterns in Personality: Comment on Hopwood (2018)

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Abstract: Hopwood (this issue) argues that interpersonal theory, alongside clinical theory in general, can offer a more dynamic and nuanced view of processes that support personality differences over time, differences typically understood in terms of the more static trait concepts. Although needed and important, such integrations also highlight important challenges about how best to assimilate interpersonal and clinical constructs with trait models. Two challenges, among many, deserve attention. First, how best to translate opaque clinical constructs into measures and hypotheses. Second, how best to define an interpersonal situation over time. © 2018 European Association of Personality Psychology

In the target article of this special issue, Hopwood (2018a) argues that interpersonal theory can offer a more dynamic and nuanced view of processes that support personality differences over time, differences typically understood in terms of the more static trait concepts. Indeed, a new era of personality research is finally leveraging an empirically derived taxonomy of human individual differences towards understand how such differences unfold over time and when they become pathological. The focus on interpersonal processes is very promising as it provides a simple set of distinct constructs at work in a specific, yet ubiquitous situation: the person-to-person setting. In the scholarship of narcissism and borderline personality, for example, there is an increasing (and much needed) focus on how the interpersonal situation defines and reveals respective personality problems (e.g. Wright, Hopwood, & Simms, 2015). These advancements also reflect a broader trend towards understanding how situations, relationships, and social contexts both support and shift personality over time (Wrzus & Roberts, 2017). Although exciting and extremely important, they nevertheless highlight at least two important challenges about how best to integrate interpersonal and clinical constructs with trait models.

Translating dynamic concepts

One formative obstacle in harnessing clinical views towards insights into personality processes involves translating often opaque or dated psychodynamic concepts into testable hypotheses. In our own work on narcissism, we intensely grappled with how best to faithfully represent classic clinical ideas that do not easily translate into definitions nor hypotheses regarding empirically defined core constructs (e.g. primary narcissism). Although I concur with Hopwood (2018a) that dynamic views of personality disorder have a lot to offer for the study of personality processes, they also involve hurdles regarding conceptualization and measurement in a contemporary

setting. How does one test the hypothesis that aggressive responses to ego-threat result from underlying vulnerability? Without a direct measure of this 'vulnerability', a scholar is unlikely to make compelling progress on this question. In the case of narcissism, we have suggested it is a phenotype without a dynamic component (as entitled self-importance) and that empirical research should reveal the nature of these attributes or processes involved. Alternatively, one can posit *a priori* (as many insightful scholars and clinicians do) that certain reactions (e.g. defensiveness) by themselves reveal this vulnerability. These views often question whether people displaying exhibitionism and hubris without any vulnerability motivating such behaviour are at all different from those simply dominant and confident in any meaningful way.

It is widely recognized that personality scholars should adopt consensual terminology when discussing personality features, but this is even more critical when conceptualizing dynamic features that stem from theories often not based on extensive empirical evidence nor on conceptualizations that dominate psychology today (when is the last time you've read an article on catexis?). Similarly, we also need to scrutinize the notion that personality disorders reflect single interpersonal dynamics, as suggested in the target article. Although patterns of interpersonal dynamics described by Hopwood (2008) are excellent starting points for exploring individual personality disorders (to the extent they exist as such), the field should be skeptical that any individual interpersonal sequence distinguishes a particular disorder, just as it is astutely skeptical that any single trait marks a single personality disorder.

When Situations Combine

The study of any process requires analysing units over time, and the contemporary focus on personality processes has renewed interest in understanding how more static trait