Lost in Translation? Finding the Person in the Emerging Paradigm of Clinical Science: Introduction to a Special Issue on Personality Psychology and Psychotherapy

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A quick check of numerous states' requirements for a license in clinical psychology reveals that graduate courses in "individual differences" or "personality" are still part of the necessary core curriculum for licensure. As the field of clinical psychology continues to develop evidence-based treatment protocols for specific psychological disorders and conditions, one might pause to ask about the continued relevance of personality theory and research to practitioners focused on tailored interventions and time-limited psychotherapy. Do fledgling clinical scientists and practitioners really need to know about personality?

My goal in this special issue was to assemble a group of clinical psychologists who conduct personality research in order to provide convincing evidence for how vital personality psychology remains for clinical assessment and psychotherapy. Although coming from divergent theoretical and therapeutic orientations, each of the contributors to this issue illustrates the advantages of linking assessment, diagnosis, and treatment to a research-based understanding of personality processes. Even more, and perhaps most inspiring, their work taken as a whole makes a compelling case for an integrative understanding of the whole person (rather than a set of symptoms) in the course of psychotherapy.

Guided by the conceptual organization used in my book *Personality and psychotherapy: Treating the whole person* (Singer, 2005), I hoped to elicit contributions from 10 prominent clinical/personality psychologists who jointly could represent the three levels of McAdams's (1995) framework of personality (traits, characteristic adaptations, and narrative identity) as well as a fourth level that I have characterized as "relational dynamics." To my great pleasure, all but one of these outstanding researchers were available and generated articles that provided summaries of their recent theoretical and empirical work with attention to its application to psychotherapy.

Working from the Level 1 or "Trait" perspective, Thomas Widiger and his co-author Jennifer Presnall have contributed a paper on the role that the Five-Factor Model can play in a reconceptualization of personality disorder diagnosis in the upcoming 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Stephen Strack and Theodore Millon also provided a paper that fits in the Level 1 framework, given their reliance on psychometric scales, but clearly the Millon "personological" model extends beyond a trait-based formulation of personality. In fact this same point can be made about Widiger's integrative perspective on the five factors. (The theme of the blurring of "boundaries" among levels of the McAdams's framework is one that I will return to in more depth later in this introduction.)

Moving on to Level 2, "Characteristic Adaptations," I hoped to showcase clinical/personality researchers who could demonstrate clinical applications of social cognitive theories of personality, such as Regulatory Focus Theory (Higgins, 1998) and the Cognitive Affective Processing System (CAPS; Mischel & Shoda, 1995). Timothy Strauman and his co-authors identify characteristic promotion-focused and prevention-focused regulatory styles that are traceable to individuals' respective vulnerabilities to depression and anxiety. As the authors demonstrate, knowledge of clients' regulatory tendencies offers valuable guidance in individualized treatment planning and intervention strategies. Yuichi Shoda, in combination with his co-authors, shows how CAPS employs state-of-the-art assessment techniques to yield tailored stress management interventions specific to a given individual in specific circumstances. This approach complements the long-term personality stability of trait measures by identifying more situation-specific patterns, which display greater variability but still reflect an underlying stability within the person.

Moving to Level 3, I sought to provide examples of how personality psychology and clinical psychology converge around themes of narrative construction and meaning-making. For insight-oriented therapists who see therapy as an arena for

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interpersonal knowledge and understanding, narrative psychology offers an increasing body of research about the role of personal memories, life stories, and story-telling in psychological health and personal growth. To provide a context for this perspective on personality, Pavel Blagov, Meredith Berry, Kathryn Oost, and I offer a model of narrative identity that integrates various areas of narrative research; we then look more closely at our particular area of narrative concern—self-defining memories and their applications in assessment and treatment. Amy Demorest's contribution links closely to this work in her review of more than two decades of research on "scripts" as units of personality. She also demonstrates how these internalized patterns of affective sequences can be assessed and tracked in the course of psychotherapy, serving as outcome measures in their own right but also as correlates with clients' responses to treatment. Jonathan Adler's research program documents how psychotherapy clients construct narratives of their treatment and how these internalized narratives can predict the progress of treatment, often preceding the clients' subjective awareness of improvement. Clients' stories of enhanced self-mastery and redemptive themes of increased autonomy reflect overall therapeutic gains and confidence in the value of their time in treatment.

In Singer (2005), I argued that the three levels of McAdams's framework were indeed highly descriptive of a person, but they lacked the ability to capture the dynamic nature of the individual in relationship with others, a dimension that was particularly critical for therapeutic understanding and intervention. Additionally, I highlighted how personality descriptions are sociocultural constructions that reflect fundamental assumptions about human nature and the boundaries between self and other. It is fitting then that the last two papers of this special issue respectively explore the role of attachment theory in psychotherapy and the psychosocial construction of identity as a context for therapeutic insight and dialogue. Mikulincer and Shaver examine the dynamic interplay of client and therapist attachment styles on the progress and outcome of psychotherapy. Marcia and Josselson demonstrate how an Eriksonian model of identity across the lifespan can provide a culturally and developmentally informed starting point for conceptualizing a client's presenting concerns and therapeutic focus. For example, they illustrate how an apparent case of test anxiety belied a much more complex identity struggle between the client's vocational aspirations and the personal and cultural expectations of his parents.

Personality Psychology and Translational Research

On their own terms, each of these articles subscribes to the increasing movement in basic and clinical science toward *translational research*. In looking at the NIMH 2012 budget priorities (http://www.nimh.nih.gov/about/budget/fy-2012-budget-congressional-justification.shtml), one sees over and over an emphasis on forging links between basic research and potential treatment interventions. The focus of study is much less likely to be a disease syndrome *sui generis* than a specific dysfunctional process within a larger syndrome that can be isolated in the laboratory and then translated to the clinic as the target of a particular therapeutic procedure.

As Strauman et al. (this issue) and Shoda et al. (this issue) document, both basic clinical research and treatment applications seek to operationalize *micro-interventions* that characterize and respond to a particular mode of functioning. For example, Strauman et al. employed laboratory studies to identify promotion and prevention regulatory strategies and then confirmed the relationship of these strategies to mood states of depression and anxiety. They next established the tendency of individuals with chronic depression or anxiety to employ these habitual regulatory strategies. Finally, they demonstrated that providing individuals prone to anxiety or depression with alternative regulatory strategies resulted in lower levels of these mood conditions.

Similarly, Demorest's research program illustrated the presence of repetitive scripted emotional sequences in laboratory participants' generation of memories and fictional accounts, as well as in their unique sets of responses to emotion cues. She then translated these findings by tracking similar scripts in psychotherapy transcripts and illustrating how therapy led to changes in the frequency and content of these same scripts.

Perhaps, most ambitiously, Widiger and Presnall offer an empirically based five-factor framework that replaces the "clinical syndromes" approach to personality disorders. According to these authors, the movement between "bench" and "bedside", as the medical world likes to say, would be significantly more fluid, if individuals' personality dysfunctions could be operationalized in terms of extreme high or low scores on one or more of the five factor dimensions and their accompanying facets.

There is not room to describe each of the articles in detail, but the same attention to translational research can be found throughout all of the contributions to this issue. The assembled authors make compelling individual cases for personality psychology research as a vital means of linking basic behavioral science (including personality neuroscience) to treatment applications. In doing so, they highlight the best aspects of translational research—theory-driven research that grounds clinical interventions in coherent explanatory models; an emphasis on specific psychological processes rather than more diffuse disease entities that often have poor construct validity; and a fluid exchange of empirical data between laboratory and clinic.

Personality Psychology and Treating the Whole Person—Self-Regulation and Social Attachment

Yet taken as a whole, this group of personality-based articles makes a second equally significant statement about the possi-

bility of an integrative and holistic perspective on the person in treatment. When McAdams (1995) first introduced his three-level framework, he was at great pains to emphasize the independence of the three domains. He saw them as three critical forms of inquiry for answering the question of who a person is, but they were not to be considered derived from each other, nor were they in and of themselves the components of an overarching explanatory theory of personality. Now, more than a decade and a half later, the explosion of findings in cognitive science and neuroscience, not to mention steady advances in each of the three domains, has helped to reveal greater convergences among traits, social cognitive variables, and narrative measures. These unifying trends makes the possibility of conducting a more integrated and person-based psychotherapy much more plausible. In an ironic twist, it may be that the movement toward micro-interventions and focused translational research may also lead the way back to a more comprehensive and holistic approach to assessment and treatment.

Running through all of the contributors' articles is an acknowledgement of the central roles of *self-regulation* and *social attachment* in individual personality. By self-regulation, I mean the capacity to manage one's biological needs, address temperamental and emotional concerns, and to engage in goal pursuits. Fundamental to self-regulation, according to the researchers assembled are efforts to coordinate tendencies to approach (i.e., to explore one's environment and to seek pleasure) and to avoid (i.e., to stave off threat and to minimize pain). As Widiger and Presnall detail, dimensions of Neuroticism and Extraversion capture receptivity to negative and positive emotion, while Conscientiousness encapsulates persistence and intensity of goal pursuits and Openness encompasses the range and flexibility of those pursuits. Increasingly, researchers are demonstrating the linkages of these self-regulatory styles with genetic loadings and neural circuits (DeYoung et al., 2010; Strauman, et al., this issue; Widiger & Presnall, this issue). Strack and Millon (this issue) characterize these fundamental self-regulatory motives as "existential aims" basic to human survival.

At a more complex level of abstraction, approach and avoidance tendencies evolve into motivational themes of self-mastery and achievement as well as attempts at meaning-making, understanding, and self-exploration. Adler (this issue) subsumes these goal pursuits under the heading of "agency." Habitual protections against the prospect and reality of failures in goal pursuits lead to characteristic defenses and coping styles, often in the service of regulating mood and self-esteem. Developmentally, we accumulate both implicit patterns and explicit knowledge with regard to our self-regulation efforts. Families of origin, cultural practices, and peer relationships all contribute powerful contexts to our hierarchy of goals and motives.

As Shoda et al. (this issue) demonstrate, we evolve contingent action patterns in specific contexts ("behavioral signatures") that both personalize and particularize how we respond and regulate (or fail to regulate) ourselves. Our memories of these encounters link together into narrative understandings of how we make our way through the world (see Singer et al., this issue) and these internalized narratives often end up influencing future efforts at goal pursuits, coping efforts, and meaning-making (e.g., "scripts, " see Demorest, this issue). Our life-long efforts to assimilate new experiences into these existing patterns or to modify these patterns in the face of more challenging novelty correspond to Strack and Millon's "modes of adaptations." Developmentally, the nature of individuals' responses to life stage demands become the chapters of a larger life story (Adler, this issue; Singer et al., this issue) and at the end of life lead to a life review that highlights a sense of integrative meaning vs. despair (Marcia & Josselson, this issue).

As inherently social animals, much of what gives us pleasure and pain has to do with our relationships to others. Once again, the assembled contributors to this special issue emphasize attachment seeking and the armature that we develop in response to our attachment needs. The articles by Widiger et al., Strack and Millon, Mikulincer and Shaver, and Marcia and Josselson highlight the evolutionary and biological roots of attachment, postulating that our need for connection with others is as fundamental to human life as respiration or nutrition. In the strictest evolutionary sense, our initial attachment to caretakers converts to what Strack and Millon frame as "replication strategies," the modes in which we pursue relationships that will lead to reproduction and perpetuation of our unique genetic pool. The direction our pursuit of intimacy takes may indeed be influenced by genetic predispositions to Extraversion/Introversion or Agreeableness.

Our earliest interactions with caregivers slowly coalesce into "mental models" of expectations and resulting attachment behaviors (see Mikulincer & Shaver, this issue) that ultimately stabilize into "attachment styles" that influence our intimate relationships and interact with the attachment styles of our intimate partners. Yet, data from Shoda et al. (this issue) illustrate the need to see the contextual variations associated with interpersonal behaviors; the presence or absence of peer members and authority figures, as well as the situational demands of certain settings, often dictate expressions of affection and/or aggression. Once again, our recollections of these relational encounters form self-defining memories (Singer et al., this issue), interpersonal scripts (Demorest, this issue), and "communal" narratives (Adler, this issue) that comprise the content of the relational dimension of our narrative identity (Adler, this issue; Singer et al., this issue). Relevant to relational concerns, Marcia and Josselson offer four variations on individuals' efforts to achieve a successful "intimacy" status (pre-intimate, pseudo-intimate, stereotyped intimate, and isolate), highlighting dynamic shifts that can occur as individuals learn to navigate close relationships over the course of their lives.

In sum, whether personality/clinical researchers focus on traits, social-cognitive variables, narrative measures, or relational dynamics, we are likely to be exploring processes related

to self-regulation and social attachment. In other words, the older therapeutic orientations of cognitive-behavioral, psychodynamic, humanistic, biological, and so on are breaking down and being replaced by a more integrated and less partisan vision of the person. There is room in the construct of self-regulation for analysis of mood regulation, behavioral patterns, cognitive styles, self-esteem maintenance, coping mechanisms, defenses, personal strivings, life tasks, motives, and life narratives. Similarly, careful analysis of attachment tendencies captures the interpersonal scripts and interpersonal dimensions (e.g., dominance vs. love) that are at the center of the relational dynamics that connect the self to others. Therapies concerned with relationship distress and dysfunctional patterns of relationship-building and maintenance are likely to lean heavily on the rapidly expanding research base of social attachment research.

My obviously biased conclusion from a review of the articles in this special issue is that far from personality psychology becoming an obsolete area of study for doctoral training in clinical psychology, there could not be a more relevant and critical area of study. A careful reading of the NIMH goals for the future of translational research highlights the interdisciplinary foundation of translational research—the reciprocal movement between bench and clinic that calls upon the coordinated efforts of teams of researchers offering different expertise, foci, and training backgrounds. My sense is that the true aspiration of translational mental health research is (or at least should be) the re-integration of discrete processes, as studied by interdisciplinary teams, into a larger vision of interrelated biological and behavioral systems in a sociocultural context. In other words, its ultimate goal is to rediscover the person through the consolidated efforts of personality psychology and clinical science.

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