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Personality Psychology: Current Status and Prospects For the Future**

I want to consider the current status and future of the field of personality psychology, often basing my observations on my own research and theoretical interests. Let me begin by summarizing what I have to say in terms of three points of emphasis: First, the field of personality can be viewed in terms of three disciplines—trait, social cognitive, and psychodynamic—each associated with its own empirical procedures and observations. That is, each is associated with its own form of personality data but all represent relevant data. Second, there is a need in the field for a dynamic systems perspective, one that emphasizes the interplay among the parts of the personality system in the course of the person's ongoing transactions with the physical and interpersonal environment. Third, in the future personality psychologists increasingly will have to integrate findings from biopsychology and neuroscience into their theories and research questions. This raises the question of how they can create bridges across levels of analysis and avoid the problem of reductionism. In other words, there is the issue of how personality psychologists will address the mind-body problem.

Keywords: *personality theory, goals, motives, traits, cognition, systems, conflict*

The Three Disciplines of Personality Psychology

Throughout the history of psychology three research traditions have been described—experimental, correlational, and clinical. The beginnings of the three research traditions can be traced to approximately the same point in time, the late 1800s. In regard to experimental psychology, the origins of this approach can be traced to Wundt's establishment of his experimental laboratory in 1879 (Boring, 1950). In regard to correlational research, origins of this approach can be traced to Galton, called by Boring (1950) the founder of individual psychology. And, in regard to clinical research, the origins of this approach can be traced to Freud, and before him to Charcot and Janet.

Over the course of time psychologists have contrasted pairs of these traditions, often proclaiming the virtues of one over another. Dashiell, in his 1939 presidential address to the American Psychological Association, contrasted the experimental approach with the clinical approach, the former being viewed as scientific and the latter as speculative, the former concerned with the typical individual and the latter with the total individual. Later, Bindra and Scheier (1954) and then Cronbach (1957) contrasted the experimental and

correlational or psychometric approaches, the former viewed as concerned with the control over variables, establishing cause-effect relationships, and general laws, the latter with associations among many variables and individual relationships. Cronbach (1957) referred to these as the “two disciplines” of psychology. Subsequently, Hogan (1982) contrasted the experimental study of people generally with clinical case studies and questionnaire studies of individual differences, and Kimble (1984) contrasted the two cultures of psychology, the scientific and the humanistic, the two differing in the basic source of knowledge (observation vs. intuition), the appropriate setting for discovery (laboratory vs. case study or field observation), the appropriate level of analysis (elementism vs. holism), and the generality of laws (nomothetic vs. idiographic).

As a graduate student in clinical psychology I became sensitized to these issues. First, there already was at Harvard a split between Psychology and Social Relations, the former represented by B.F. Skinner and the latter by Gordon Allport and Henry Murray. Second, I became keenly aware of two different worlds, the academic-scientific and the clinical-applied, each with its own values and scorn for the other. The academic faculty referred to the clinicians supervising our clinical work as “crystal ball gazers” and the clinicians

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described the academicians as having their “heads in a cloud and wouldn’t know a real person if they saw one.” Third, my graduate career followed on the heels of publication of Meehl’s (1954) *Clinical vs. Statistical Prediction*, and the associated contrast of assessment procedures such as the Rorschach and TAT with the “cookbook” approach of the MMPI. As an aside, it has always struck me as of interest that Meehl himself was a practicing psychoanalyst!

Finally, in his assessment course Walter Mischel emphasized the relation between theory and assessment. Mischel suggested that theories of personality were linked with different methods of assessment (e.g., Rorschach with psychoanalytic theory, 16PF with trait theory, Rep Test with personal construct theory). Different observations led to different theories of personality which in turn led to additional differing observations. The world of the patient on the couch is different from the world of the student responding to a questionnaire or getting course credit for participating in a lab experiment. Ever since those days as a graduate student I have struggled to bridge what I observe in the scientific field with my clinical observations. Rarely have I found this to be an easy task.

The point to be made here is that the three main strands of thought in the personality field—trait, social cognitive, and psychodynamic—are associated with different research procedures and associated observations. The trait perspective comes out of an assessment background and defines the field in terms of individual differences, in particular differences among individuals on factors derived from correlational analyses of responses to questionnaires. Thus, it is individual differences in relation to factors or dimensions that wash out what is unique about any individual. It is, in addition, a focus on the structure of personality, that which is relatively stable, rather than on ongoing processes, that which is dynamic or changing (Pervin, 1994). The social cognitive perspective comes out of an experimental tradition and defines personality in terms of broad psychological processes, its concepts being closely allied with those of social and cognitive psychologists. The clinical perspective, here defined in terms of psychodynamic theory, comes out of a therapeutic background involving the intensive study of individuals. Although the focus in psychodynamic theory is on the individual, and thereby on individual differences, the distinguishing characteristic is on the system aspects of personality functioning. The emphasis is on motivational processes and the interplay among these processes, as in the interplay between anxiety and defense or the interplay among conflicting motives.

Of course, these are broad stroke characterizations of the three perspectives, the associated research traditions, and the associated differing observations. Exceptions can be found within each perspective and there are personality psychologists who have attempted to cross the boundaries between them. In addition, there are important parts of

the field that involve research on specific concepts that are not specifically associated with one or another tradition. However, the point that the three major theoretical perspectives are associated with different research traditions and observations holds and helps us to make sense out of some of the controversies that have long bedeviled the field. As I tried to show in the first edition of my personality text (Pervin, 1970), through the comparative study of the same individual from different theoretical perspectives and the data assessment procedures associated with each perspective, proponents of each approach are focusing on a limited part of the person and assuming it to be the whole, not unlike the problem of the blind men feeling different parts of the elephant and coming up with different conclusions concerning what was being felt.¹

A couple of years ago I invited a leading representative of each of the three perspectives—trait, social cognitive, and psychodynamic—to study the same subjects and see how their observations might relate to one another. Each would suggest the assessment procedures to be utilized, I would select two subjects and administer the assessment materials, give each the results, and then we would all meet to consider the results. How could similar and differing observations be related to one another? The study never was conducted because one of the representatives was too busy to participate and events turned my attention elsewhere. However, I still think that the study warrants being done and believe that it would help to clarify some of the issues facing the field today.

A Dynamic Systems Perspective

One of the issues that has most divided the three perspectives is that concerning the extent to which behavior varies according to the situation and how to account for whatever variation that does exist, most highlighted in terms of the *person-situation controversy*. Although some suggest that the controversy is over (Funder, 2001), and generally there is an effort to reach a rapprochement between the trait and social cognitive views (Mischel & Shoda, 1999), my sense is that the issue expresses fundamentally different views of organismic functioning and a real rapprochement is unlikely. The trait view remains fundamentally one of stability across situations and individual differences in general dispositions, dispositions largely based in biological (i.e., temperament) differences. In contrast, the social cognitive view continues to emphasize cognitive processes (e.g., discriminative awareness) and flexibility in adaptive functioning. The psychoanalytic view, and here I am talking about a classical psychoanalytic view as opposed to a psychodynamic view, has elements of both, emphasizing the consistency of basic character

¹ The Polish translation of the eighth edition of this text contains this material as well.

structure across situations and the variation in functioning at the phenotypic as opposed to the genotypic level. That is, according to the classical psychoanalytic view, it is basically the same person no matter how different he or she may appear in one or another situation, including the expression of opposites (e.g., dominant in some cases and submissive in others).

Some of my research in this area addressed the following question: In what ways is the person stable and in what ways does the person vary as a function of which situational characteristics? In this research, which was highly idiographic, individuals selected situations from their daily lives, developed lists of situation characteristics, feelings in situations, and behaviors in situations, and then rated the relevance of the situation characteristics, feelings, and behaviors to each situation (Pervin, 1976). Note that each subject generated his or her own lists as well as making relevance ratings. I have found this procedure to represent a much more meaningful task for subjects than one in which standard items are presented to them, items that often are experienced as not very relevant or meaningful.

To consider the results of one subject, Jennifer reported that she almost always was sensitive, vulnerable, and insightful, and almost always friendly, warm, and accepting. However, many aspects of her functioning varied according to such situational contexts as home, school, and being with friends, each associated in her mind with specific situational characteristics. Thus, for example, she described herself as caring and concerned but also confused and suppressed in volatile home situations; as determined, cool, and compulsive in school and work situations where she experienced pressure to perform; and as concerned, caring, emotional, and responsive in relaxed situations with friends. This quality of both stability and variability in functioning, the details of which are unique to each individual, has been found by me in other research as well as by researchers using objective measures of behavior in varying situations (Cervone, 1997; Mischel, Shoda, & Wright, 1994). It is what Mischel has referred to as each individual's *behavioral signature*.

It seems to me inescapable to recognize that people are both stable and varying in their feelings and behaviors. To take another illustration, in later research I had subjects list situations where they were "At My Best" and "At My Worst" and to make relevant self ratings in relation to these situations. Once more, most subjects reported wide divergences in feelings and overt behaviors between the two kinds of situations. And, subjects with larger discrepancies between ratings for "Me At My Best" and "Me At My Worst" were found to score higher on a measure of neuroticism. It is not that people do not show trait-like consistency or that they do not show social cognitive-like variability, but rather that they show both. Indeed, what I find is that students in my personality classes have no problem rating themselves on trait adjectives but also

will insist that their personality varies considerably from situation to situation—without knowing it, they are both trait and social cognitive psychologists! If this is the reality of personality functioning, as I believe it is, then we must come up with a model of personality that handles both, what I have called the stasis and flow of behavior (Pervin, 1983). And, we have to have a model of personality that makes sense out of the data that the same person can function so differently when they are "at their best" than when they are "at their worst." We also have to recognize that at times we are assessing people at their best, at other times people at their worst, and at other times some general level of functioning which is neither best nor worst. I suspect that different current personality models do a better job at recognizing one or another level of functioning (e.g., psychoanalytic at worst, social cognitive at best, and trait at general) and assume that each level represents the total person.

It was within the context of an effort to develop a personality model that recognizes both the stasis and flow of behavior that I became interested in the concept of goals. Along with seeking such a model of personality functioning, at the time I was becoming increasingly aware of the importance of affect or emotion in personality functioning and the limits of more purely cognitive views. In particular this recognition came from my contact with Silvan Tomkins, one of the early proponents of the importance of affect in personality functioning, as well as my work in the drug addiction area, where affect, both in terms of the seeking of positive affect and the escape from negative affect, plays a fundamental role in the problematic addiction. In addition, as a clinician interested in motivational processes, I felt that the concept of motivation was being lost in the field. Thus the development of a model of goal system functioning, the essence of which will be spelled out shortly. Ironically, I presented this model in 1982 at the *Nebraska Symposium on Motivation*, noting that in prior years the concept's utility as a scientific construct was seriously brought into question and consideration was given to deleting the term motivation from the symposium series (Benjamin & Jones, 1978; M. Jones, 1962). The title *Nebraska Symposium on Motivation* was kept to maintain library subscriptions to the series, although the title now reflects a return to an interest in motivation.

Here let me note that I have always been a dynamic systems theorist (Pervin, 2001). I was trained as a clinician within a psychoanalytic framework. It is popular these days to bash Freudian theory, in some ways appropriately so, but it seems to me that if you get past the jargon and metatheory, there are points of emphasis that make sense: the importance of motivational processes, the importance of affect, the importance of unconscious processes, the importance of early experience, and the functioning of the personality as a system in which multiple parts are always interacting with one another, a system in which there may

be greater or lesser degrees of integration or conflict. It is these points of emphasis that I include within the rubric of a dynamic, systems model of personality functioning, one that I call psychodynamic to distinguish it from more classical psychoanalytic theory. The model of goal system functioning that I developed was an effort to incorporate these points of emphasis into more traditional psychological theory as well as to integrate my work as a researcher-academic with my work as a clinician. As an aside, let me note that most of the early personality theorists, covering a wide range of views, were trained as clinicians (e.g., Bandura, Block, Cattell, Epstein, Kelly, Mischel, Rogers). On the other hand, most of the current trait psychologists were trained within an assessment (primarily self-report questionnaires) framework. The splitting of personality from clinical psychology, coinciding with the rise of the behavioral emphasis in the latter, represents an unfortunate part of the history of the field. Returning to my efforts to develop a model incorporating the stasis and flow of behavior, the essence of the goal model presented in 1982 (Pervin, 1983) was the following:

1. In order to understand the patterned, organized, and directed quality of human behavior we must consider its motivation. The concept of a goal and the view of humans as organized goal systems is suggested as a useful perspective.
2. Goals have cognitive, affective, and behavioral properties associated with them. These properties may vary in relative significance, depending on the goal involved. The cognitive component of a goal consists of the mental representation of the goal and construction of paths toward the goal (i.e., plans). The affective component of the goal is fundamental and what gives the goal its motivational power. Goals can be approach goals (i.e., wishes), associated with positive affect, or avoidance goals (i.e., fears), associated with negative affect. The behavioral component of the goal, the plan, is the way in which the goal is implemented. Such behavior (plan) may have a very complex relation to a goal, with the same goal being expressed through varying behaviors (i.e., equipotentiality) and differing goals potentially being expressed through the same behavior (i.e., equifinality).
3. Goals are acquired on the basis of the classical conditioning of affect to specific to people, objects, or events. Development involves the increasing elaboration of the goal system.
4. Goals can be activated externally or internally, the latter through mental representations. Goal system functioning is maintained through its affective component and action is terminated when the goal is achieved, at least to a satisfactory extent, or given up. Complex human behavior involves the interplay among many goals (multidetermination) which may be integrated or in conflict with one another.
5. Pathological functioning involves conflict among goals and a lack of integration within the goal system.

In some of my early research on goals, there was an interest in goal conflicts with subjects rating the extent to which various possible goal conflicts were present in each situation. Illustrative goal conflicts, drawn from lists generated by subjects and from clinical observations, were: "Express anger/annoyance vs. avoid conflict or possibly hurt someone.", "Increase competence, face problem vs. avoid tension, reduce anxiety.", and "Get close vs. risk betrayal." Not surprisingly, sum goal conflict scores were significantly related to paired comparison preference scores among situations, subjects clearly preferring situations low in conflict to those associated with high conflict. In addition, overall goal conflict scores were significantly related to scores on Eysenck's measure of neuroticism (Pervin, 2000). There are two points that I want to make here. First, the concept of conflict is inherently a system concept, involving the interplay among parts. Second, I am struck with the extent to which the concept of conflict, or its counterpart that of integration, is missing from the personality literature. I do not see how we can have a meaningful model of personality without consideration of the issue of conflict or integration among the units.²

At its roots, the goal model presented is an expectancy-value, rational model of human functioning. That is, according to the model people choose that action that provides for the best possible affective outcome, at least as they define the associated expectancies and values. Indeed, data support this rational model of functioning in which individuals prefer situations in which approach goals dominate over avoidance goals and in which the potential for goal attainment is high relative to those in which such potential is low. However, my clinical work seemed to suggest some striking contradictions to such an expectancy-value, rational model of personality functioning. At the time of development of this goal model I was seeing a number of patients who were struggling with problems of volition—a patient who could not get himself to have sex with a partner, a patient who could not get himself to settle accounts even if there was a refund due, a patient who could not control her eating, and so on. Each struggled with the feeling that they could not get themselves to do what they wanted or intended to do or could not get themselves to stop doing what they did not want or intend to do. These problems of volition are common and seemed to me to suggest something important about the nature of motivational processes. I also thought

² The concept of conflict played an important role in the learning theory of Dollard and Miller (1950), not surprising in that both were trained as psychoanalysts. Although conflicts here are described as approach-avoidance conflicts, it also is possible for there to be approach-approach and avoidance-avoidance. Also, one can have double approach-avoidance conflicts, as in the patient who seeks intimacy with his wife but fears loss and who seeks the calm of a monogamous relationship but also the excitement of affairs.

that they perhaps contradicted expectancy-value theory. Why wouldn't someone do something that appears to have a high expectancy-value *positive* outcome or avoid doing something that appears to have a high *negative* expectancy-value outcome?

My current view is that they do not contradict expectancy-value theory and involve the strong association of positive or negative affect with people or objects; that is, in cases where people can't get themselves to do what they „want” or „intend” to do, cases of inhibition, there is a strong negative affect that dominates, and where people can't stop themselves from doing what they „want” or „intend” to do, cases of addiction, there is a strong positive affect that dominates. In other words, the action or lack of action violates a rational theory of action, as perceived by the external observer, but not one that recognizes the idiosyncratic values or probabilities individuals may attach to various outcomes (Pervin, 1991). The point that I want to make here is that such common and important phenomena as problems of volition can only be understood in terms of concepts such as motives, affect, and conflict, concepts that are fundamental to a dynamic, systems perspective and which often are missing from major theories of personality.

In sum, what I am arguing for is for an approach to personality that is neither trait nor social cognitive, that recognizes the stasis and flow of human behavior, and that addresses some of the more complex aspects of our functioning. In terms of the latter, I include how different a person can look through the lens of different assessment procedures, how measures of implicit and explicit attitudes can lead to different conclusions about the person's beliefs, and how a patient who is shy, inhibited, and passive in his interpersonal behavior can enjoy watching wrestling matches, have the A-Team as his favorite tv program, and have sado-masochistic fantasies. It is an approach that recognizes that individuals may have idiosyncratic goals and ways of construing situations but follow lawful principles of goal system functioning. Thus, it is an approach that emphasizes the use of idiographic as well as nomothetic research methods, the intensive study of individuals as well as the analysis of group data, and the analysis of processes over time as well as the analysis of situation-specific data. The spirit of the approach goes back to Henry Murray's (1938) *Explorations in Personality*, what I still consider to have been one of the most impressive pieces of personality research yet conducted. More recently, the relevant research methods have been spelled out by the Swedish psychologist David Magnusson in relation to his holistic approach to personality (Bergman, Magnusson, & El-Khoury, 2003; Magnusson, 1999, 2000).

Levels, Mind-Body Issues, and the Question of Reductionism³

Now I will turn to a very different matter, the question of the relation of mind to body, and the associated question of the relationship between personality psychology and biology. These are historical questions that have become of increasing importance as developments in biology have quickened, as the field of psychology has expanded (e.g., biopsychology, behavioral neuroscience), and as some departments have found it necessary or useful to split into separate departments of Psychology and Neuroscience. How one understands the relation of mind to body also has sociopolitical implications, as in the treatment of mental illness. In relation to the latter, the issue has been put as follows: “Do we treat people's brains or mind? As the argument evolved in the seventies and eighties, if psychiatric illness is biological, it should be treated with drugs; if it is psychological, it should be treated with therapy” (Luhman, 2000, p. 262).

With the tremendous advances being made in understanding the biological functioning of humans, advances largely based in technologies for measuring physiological processes, including brain functioning, questions are being raised concerning the relation between the disciplines of psychology and biology. Consider, for example, the following views:

My feeling is that molecular biologists are going to move into psychology and take over the field. I think that's the way psychology is going to be rejuvenated.

Silver, quoted in Weiner, 1999, p. 243

There is a growing unease about the progressive divestiture of different aspects of psychology to biology...It is feared that as we give away more and more psychology to disciplines lower down on the food chain, there will be no core psychological discipline left.

Bandura, 2001, p. 18

Biologists know what a brain is, but they are as confused as ever about the mind.

Lewontin, 2001, p. 105

Some view psychology and biology as separate, alternative constructions. Bandura (2001), for example, argues that psychological principles need to be pursued in their own right and neither can nor should be reduced to biological principles. Similarly, Miller (1996) in his presidential address to the Society for Psychophysiological Research expressed concern that a “naively reductionistic” view of psychological concepts was prevalent. Thus, he rejected such phrases as “biological underpinnings,” “biological substrates,” “neural substrates,” and “physiological foundations.” Others view psychology as reducible to biology. For example, the biologist Wilson (1998) argues in favor of the explanation of psychological

phenomena in biological terms. According to Wilson, such reduction of wholes and larger units into parts and smaller units makes for good science.

Such reductionism, seen by Wilson as positive, represents a threat to many psychologists. Thus, for example, Markus (2004), in her *Society for Personality and Social Psychology* president's column, pleads for a social psychological model to combat the power of the neuroscientific model: "Did the students responsible for the Columbine shootings have abnormalities in their cingulate gyruses or did a tight knit small town create a set of conditions that made it difficult for these students to escape their excluded and stigmatized status? In treating anorexia, should we look inside the person or outside to the social norms regulating eating in a given social context?" (p. 3)?

A third view, one which makes sense to me, is that psychological and biological explanations represent different levels of explanation and that the task before us is to establish connections among these levels of explanation. One is no more real or basic than the other but connections must be drawn between them. In other words, for example, an understanding of how people solve moral dilemmas based on observed differences in brain functioning is no more basic or scientific than one based on psychological principles of moral responsibility and attributions of responsibility and guilt (Greene, Sommerville, Nystrom, Darley, & Cohen, 2001). The findings of one can hopefully inform and enhance the findings from the other.

The concept of levels is used differently by many psychologists. Some personality psychologists today have settled upon the concept of levels to account for differing theoretical views and concepts—traits, cognitions, and self narratives represent different levels of personality functioning. This is not a conceptualization that makes sense to me since it is unclear what defines a concept as being at one or another level or how we might go about establishing connections among the levels. A second use of the concept of levels is that illustrated in Eysenck's (1970) description of the organization of personality involving the specific response level, the habitual response level, the trait level, and the supertrait level. Here the levels involve larger or smaller units of analysis. The units are not independent of one another and one would not say that units at one level cause or interact with those at another level.

A third reference to levels involves units that have an independent status from one another. For example, one can speak of levels of government—township, county, state, and federal. The actions at one level may have implications for those at another level, but each exists independent of the other. A fourth reference to levels involves units at lower levels that are embedded in units at higher levels, but each level has distinct properties and one can speak of interactions among, or causal connections between, the different levels. For example, one can consider the individual, group, and society levels of organization. Each level has properties of

its own but, at the same time, one can speak of processes at one level having an impact upon processes at another level. Similarly, in economics there is macroeconomics and microeconomics, in biology analyses at the molecule, cell, tissue, organ, system, and organism levels. Again, events at one level can have implications for those at another level but each level is accepted as an appropriate choice for description, analysis, and explanation. No one level of analysis is more fundamental, basic, or scientific than another.

Cacioppo (1999; Cacioppo & Berntson, 1992) has outlined a multilevel approach to the relation between social and biological explanations that makes a great deal of sense to me. As in the fourth reference to levels, the social and biological represent different levels of analysis but one can seek to establish connections between them. Each level has its own methods, constructs, and advantages as well as disadvantages. Each can potentially inform the other as connections are drawn between them. Thus, the analysis of stress at the psychological level can be related to physiological processes at the biological level, and the health-promoting value of social support at the psychological level can be related to processes at the biological level. In relation to personality, this suggests that temperament traits can be related to genetic and physiological processes but they are not the same as these processes, and addictions (e.g., eating, gambling, alcohol) can be related to genes and areas of brain functioning but are not caused by these genes or areas of brain functioning.

It seems clear that we can not expect connections between these levels to be simple. Thus, there is no single gene explanation likely for any personality trait or any single brain location that is associated with a complex motive. Just as personality functions as a system, so the brain functions as a system (Damasio, 1994), and the complexities of one level of analysis undoubtedly will be matched by the complexities of the other level of analysis.

Conclusion

In this presentation I have tried to set forth an analysis of the current state of personality psychology and suggest some directions for the future. There are signs of considerable growth and enthusiasm in the field and efforts to respect differing views. I suspect, however, that real gains will only come when full appreciation is given to the complexity of personality functioning, to its qualities as a dynamic system, and to the multiple levels at which this complex functioning can be understood.

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