

Individual Differences (Personality)

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Humans Are Largely Similar yet they differ in their:

- **Anatomical features**
- **Social Behavior**
- **Needs**
- **Abilities**
- **Vulnerabilities**

Origins of Similarity are:

- ▣ Genetic make-up
- ▣ Similar Environment
- ▣ Nature Vs Nurture
- ▣ Differences: beneficial or Not

The two main areas of differences are **Personality** and **Intelligence**.

Personality:

- Difficult to define.
- Broad definition (personality refers to those relatively stable? and enduring? aspects of the individual which distinguish from other people and form the basis of our predictions concerning his future behaviors).
- Or “Characteristic pattern of thinking, feeling and acting.”
- **Four major perspectives on Personality**

Psychoanalytic - unconscious motivations

Trait - specific dimensions of personality

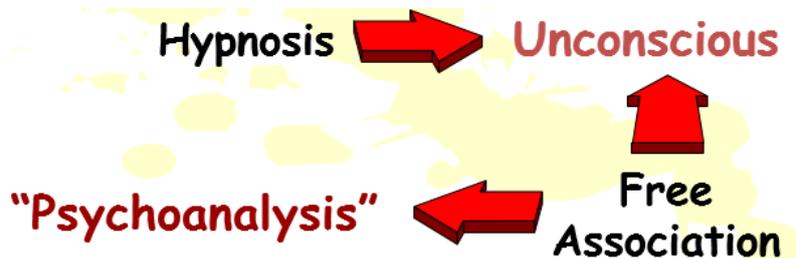
Humanistic - inner capacity for growth

Social-Cognitive - influence of environment

❖ **Psychoanalytic Perspective:**

The first comprehensive theory of personality. By Sigmund Freud who specialized in nervous disorders and found out that **Some patients' disorders had no physical cause**

Q: What caused neurological symptoms in patients with no neurological problems? **The unconscious mind**



The mind is like an Iceberg, it's mostly hidden.

- **Conscious Awareness is the** small part above surface (Preconscious).
- **Unconscious is the part** below the surface (thoughts, feelings, wishes, memories).
- **Repression** banishing unacceptable thoughts & passions to **unconscious Dreams & Slips.**

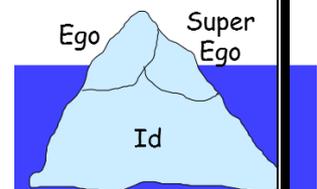
Freud & Personality Structure:

"Personality arises from conflict between aggressive, pleasure-seeking impulses and social restraints"

Id - energy constantly striving to satisfy basic drives Pleasure Principle.

Ego - seeks to gratify the Id in realistic ways Reality Principle.

Super Ego - voice of **conscience** that focuses on how we *ought* to behave.



"personality forms during the first few years of life, rooted in unresolved conflicts of early childhood"

Psychosexual Stages

- 1 - **Oral** (0-18 months) - centered on the mouth
- 2 - **Anal** (18-36 months) - focus on bowel/bladder
- 3 - **Phallic** (3-6 yrs.) - focus on genitals/ "Oedipus Complex"
(*Identification & Gender Identity*)
- 4 - **Latency** (6-puberty) - sexuality is dormant
- 5 - **Genital** (puberty on) - sexual feelings toward others

Strong conflict can **fixate** an individual at Stages 1,2 or 3.

Defense Mechanisms

When the inner war gets out of hand, the result is **Anxiety**.

Ego protects itself via **Defense Mechanisms**.

Defense Mechanisms reduce/redirect anxiety by distorting reality. They include:

- **Repression** - banishes certain thoughts/ feelings from consciousness (**underlies all other defense mechanisms**)
- **Regression** - retreating to earlier stage of fixated development
- **Reaction Formation** - ego makes unacceptable impulses appear as their opposites
- **Projection** - attributes threatening impulses to others
- **Rationalization** - generate self-justifying explanations to hide the real reasons for our actions
- **Displacement** - divert impulses toward a more acceptable object
- **Sublimation** - transform unacceptable impulse into something socially valued

How can we assess personality? (i.e., the unconscious)

By **Projective Tests** because they tap the unconscious, not by objective **Tests** since they tap the conscious.

Examples: Thematic Apperceptions Test (TAT) / Rorschach Inkblot Test

Freud's Ideas as Scientific Theory: Theories must explain observations and offer testable hypotheses.

(Freud's theories based on his recollections & interpretations of patients' free associations, dreams & slips of the tongue)

Few Objective Observations -> Few Hypotheses

Does Not PREDICT Behavior or Traits

❖ Trait Perspective

→ No hidden personality dynamics... just basic personality dimensions

→ **Traits** - people's characteristic behaviors & conscious motives

How do we describe & classify different personalities?

→ (*Type A vs Type B* or *Depressed vs Cheerful*?)

Myers-Briggs Type Indicator - classify people based upon responses to 126 questions.

Are There "Basic" Traits?

What trait "dimensions" describe personality?

Combination of 2 or 3
genetically determined
dimensions

Expanded set of factors
"The Big 5"

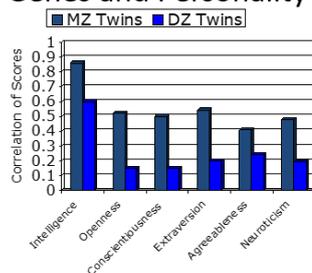


Extraversion/Introversion
Emotional Stability/Instability



The Big Five	
Emotional Stability	<ul style="list-style-type: none"> • Calm/Anxious • Secure/Insecure
Extraversion	<ul style="list-style-type: none"> • Sociable/Retiring • Fun Loving/Sober
Openness	<ul style="list-style-type: none"> • Imaginative/Practical • Independent/Conforming
Agreeableness	<ul style="list-style-type: none"> • Soft-Hearted/Ruthless • Trusting/Suspicious
Conscientiousness	<ul style="list-style-type: none"> • Organized/Disorganized • Careful/Careless

Genes and Personality



Genetic Evidence by more association in monozygotic twins rather than dizygotic

❖ The Humanistic Perspective:

Two main views

Maslow's Self-Actualizing Person and Roger's Person-centered Perspective.

"Healthy" rather than "Sick" Individual as greater than the sum of test scores

➤ **Maslow & Self-Actualization**

- **Self-Actualization** is the process of fulfilling our potential.
- Studied healthy, creative people
- Abe. Lincoln, Tom Jefferson & Eleanor Roosevelt
- Self-Aware & Self-Accepting
- Open & Spontaneous
- Loving & Caring
- Problem-Centered Not Self-Centered



➤ **Roger's Person-Centered Perspective**

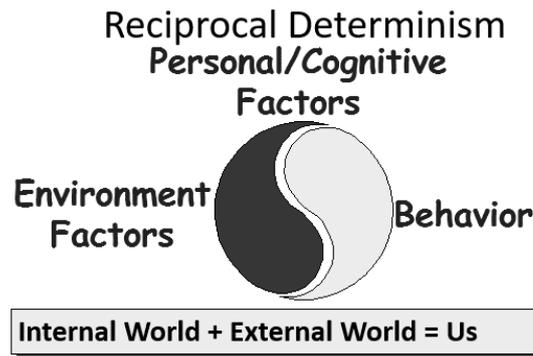
- People are basically good with actualizing tendencies.
- Given the right environmental conditions, we will develop to our full potentials.
- Genuineness, Acceptance, Empathy
- Self-Concept(+ve/-ve) - central feature of personality.

Assessing & Evaluating the Self

- Primarily through questionnaires in which people report their self-concept.
- Also by understanding others' subjective personal experiences during therapy
- Concepts are vague & subjective. Assumptions are naïvely optimistic.

❖ **Social-Cognitive Perspective**

Behavior learned through conditioning & observation, what we think about our situation affects our behavior. Involves Interaction of Environment & Intellect.



Personal Control:

Internal Locus of Control

You pretty much control your own destiny

External Locus of Control

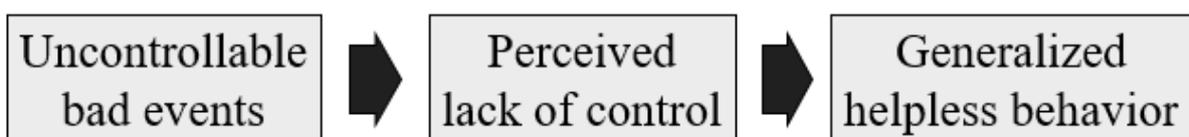
Luck, fate and/or powerful others control your destiny

Methods of Study

- Correlate feelings of control with behavior
- Experiment by raising/lowering people's sense of control and noting effects.

Outcomes of Personal Control

Learned Helplessness



Important Issues

- ✓ Nursing Homes
- ✓ Prisons
- ✓ Colleges

▣ Paranoid

- Paranoid personality disorder is characterized by a **distrust** of others and a **constant suspicion** that people around you have sinister motives. People with this disorder tend to have **excessive trust in their own knowledge and abilities and usually avoid close relationships with others**. They search for **hidden meanings** in everything and read hostile intentions into the actions of others. They are **quick to challenge the loyalties of friends and loved ones and often appear cold and distant to others**. They usually **shift blame** to others and tend to carry long grudges.

▣ Schizoid

- People with schizoid personality disorder **avoid relationships and do not show much emotion**. They genuinely prefer to be **alone** and do not secretly wish for popularity. They tend to seek jobs that require little social contact. Their social skills are often weak and they do not show a need for attention or acceptance. They are perceived as **humorless and distant and often are termed "loners."**

▣ Schizotypal

- Many believe that schizotypal personality **disorder represents mild schizophrenia**. The disorder is characterized by **odd forms of thinking and perceiving**, and individuals with this disorder often seek **isolation** from others. They sometimes believe to have **extra sensory ability or that unrelated events relate to them in some important way**. They generally engage in eccentric behavior and have difficulty concentrating for long periods of time. Their speech is often overelaborate and difficult to follow.

▣ Antisocial

- **A common misconception is that antisocial personality disorder refers to people who have poor social skills**. The opposite is often the case. Instead, antisocial personality disorder is characterized by a **lack of conscience**. People with this disorder are prone to **criminal behavior**, believing that their victims are weak and deserving of being taken advantage of. They tend to **lie and steal**. Often, they are **careless** with money and act without thinking about consequences. They are often aggressive and are much more concerned with their own needs than the needs of others.

▣ **Borderline**

- Borderline personality disorder is characterized by **mood instability** and **poor self-image**. People with this disorder are prone to constant mood swings and bouts of anger. Often, **they take their anger out on themselves**, causing themselves injury. **Suicidal threats and actions are not uncommon. They think in very black and white terms** and often form intense, conflict-ridden relationships. **They are quick to anger when their expectations are not met.**

▣ **Histrionic**

- People with histrionic personality disorder are **constant attention seekers**. They need to be the center of attention all the time, often interrupting others to dominate the conversation. They use grandiose language to describe everyday events and **seek constant praise**. They may dress provocatively or exaggerate illnesses to gain attention. They also tend **to exaggerate friendships and relationships, believing that everyone loves them. They are often manipulative.**

▣ **Narcissistic**

- Narcissistic personality disorder is characterized by **self-centeredness**. Like histrionic disorder, people with this disorder **seek attention and praise**. They **exaggerate their achievements**, expecting others to recognize them as being **superior**. They tend to be **choosy about picking friends**, since they believe that **not just anyone is worthy of being their friend**. They tend to **make good first impressions**, yet have **difficulty maintaining long-lasting relationships**. They are generally uninterested in the feelings of others and may take advantage of them.

▣ **Avoidant**

- Avoidant personality disorder is characterized by **extreme social anxiety**. People with this disorder often feel inadequate, avoid social situations, and seek out jobs with little contact with others. They are **fearful** of being rejected and worry about embarrassing themselves in front of others. They exaggerate the potential difficulties of new situations to rationalize avoiding them. Often, they will create fantasy worlds to substitute for the real one. **Unlike schizoid personality disorder, avoidant people yearn for social relations yet feel they are unable to obtain them. They are frequently depressed and have low self-confidence.**

▣ Dependent

- Dependent personality disorder is characterized by a **need to be taken care of**. People with this disorder tend to cling to people and fear losing them. They may become **suicidal** when a **break-up is imminent**. They tend to let others make important decisions for them and often jump from relationship to relationship. **They often remain in abusive relationships. They are overly sensitive to disapproval. They often feel helpless and depressed.**

▣ Obsessive-Compulsive

- Obsessive-Compulsive personality disorder is similar to obsessive-compulsive disorder. People with this disorder are overly focused on **orderliness and perfection**. Their need to do everything "right" often interferes with their productivity. **They tend to get caught up in the details and miss the bigger picture.** They set **unreasonably high standards for themselves and others**, and tend to be **very critical** of others when they do not live up to these high standards. They avoid working in teams, **believing others to be too careless or incompetent**. They avoid making decisions because they fear making mistakes and are **rarely generous with their time or money**. They often have difficulty expressing emotion. They are moralistic and with high conscience.
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Past papers:

1. the theory of Sigmund Freud about psychoanalysis was centred around:
a- cognition
b- >>>unconscious

2. which of the following is true about personality;
a- Freud said it is composed of ego and superego
b- objective tests are used to assess conscious part of personality
c- personality traits are inherited
d- roger studied self-actualization
e- MMPI is a subjective test

3. all the following are part of big five traits of personality except:
 - a- emotional stability
 - b- extroversion
 - c- openness
 - d- agreeableness
 - e- >>>**reaction formation**

4. True statement → projective tests assess unconsciousness

5. Not a defence mechanism → re-realization

6. the most important factor when assessing personality is:
 - a- family life
 - b- relationships
 - c- professional affiliations
 - d- **employment record**

7. The following are true about psychological defence mechanisms EXCEPT:
 - a- They are unconscious behaviours
 - b- They are protective to personality
 - c- They occur in stressful situation
 - d- **They do not distort reality ***
 - e- may lead to anxiety in excessive use

8. The following are known as the big five personality traits except one
 - a- Emotional stability
 - b- **Vulnerability. ***
 - c- Extraversion
 - d- Openness
 - e- Agreeableness

9. The following are psychological defence mechanisms except
 - a- Repression
 - b- Egression
 - c- **Derealization ***
 - d- Reaction formation
 - e- Rationalization

10. Which of the following statements is true about personality?

- a- Body built is highly correlated with personality type
- b- Projective personality tests tap the unconscious ***
- c- Thematic apperception test is an objective test
- d- MMPI is a projective personality test
- e- People with external locus of control don't believe in luck

11. All the following are true about defence mechanisms except:

- a- reaction formation is a defence mechanism
- b- they usually occur when anxiety is intolerable
- c- rationalization is a rare defence mechanism**
- d- denial occurs a lot in cancer patients
- e- projection can be a defence mechanism