

Individual Differences

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Humans Are Largely Similar in their:

- ◌ **Anatomical features : examples...**
- **Social Behaviour : examples...**
- **Needs**
- **Abilities**
- **Vulnerabilities**

Humans Are Different In Aspects of their:

- **Anatomical features : examples...**
- **Social Behaviour : examples...**
- **Needs**
- **Abilities**
- **Vulnerabilities**

Origins of Similarity

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

Two Main Areas of Difference

- Personality
- Intelligence

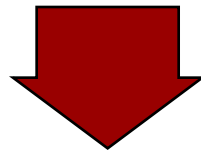
Personality

- Difficult to define .
- Broad definition (personality refers to those relatively stable? and enduring? aspects of the individual which distinguish him/her other people and form the basis of our predictions concerning his future behaviors) .

Personality

"Characteristic pattern of thinking, feeling and acting."

Four major perspectives on Personality

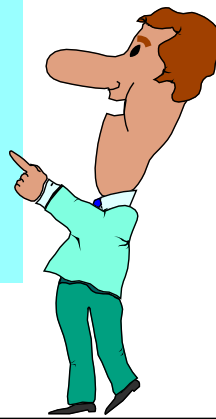


Psychoanalytic - unconscious motivations

Trait - specific dimensions of personality

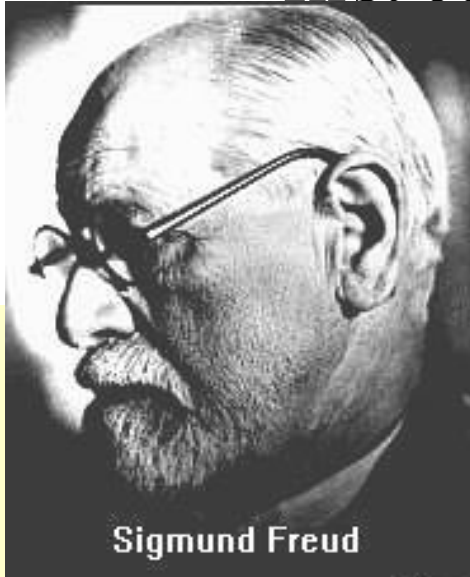
Humanistic - inner capacity for growth

Social-Cognitive - influence of environment



Psychoanalytic Perspective

“first comprehensive theory of personality”



Sigmund Freud

(1856-1939)

University of Vienna 1873
Voracious Reader
Medical School Graduate

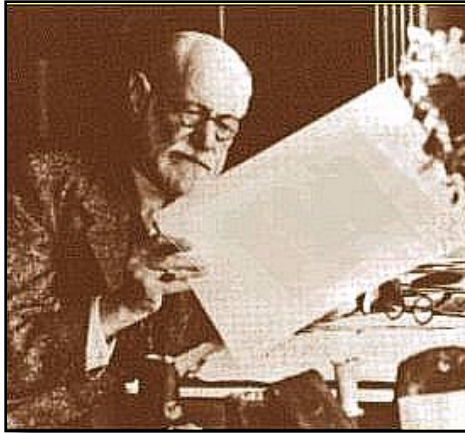
Specialized in Nervous
Disorders

**Some patients' disorders
had no physical cause!**



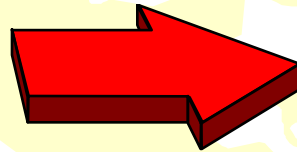
Psychoanalytic Perspective

“first comprehensive theory of personality”

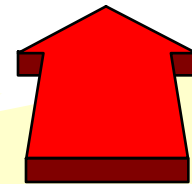


Q: What caused neurological symptoms in patients with no neurological problems?

Hypnosis



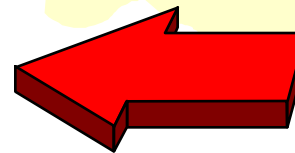
Unconscious



Free

Association

“Psychoanalysis”



The Unconscious

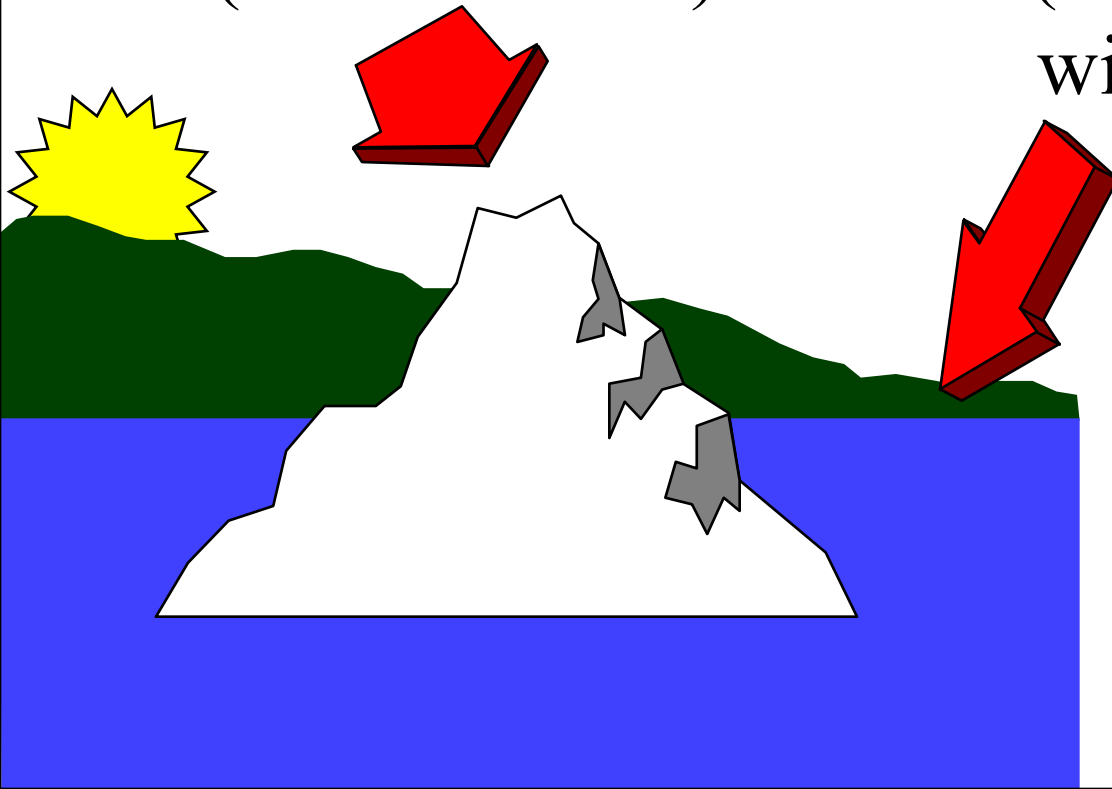
“the mind is like an iceberg - mostly hidden”

Conscious Awareness

small part above surface
(Preconscious)

Unconscious

below the surface
(thoughts, feelings,
wishes, memories)



Repression

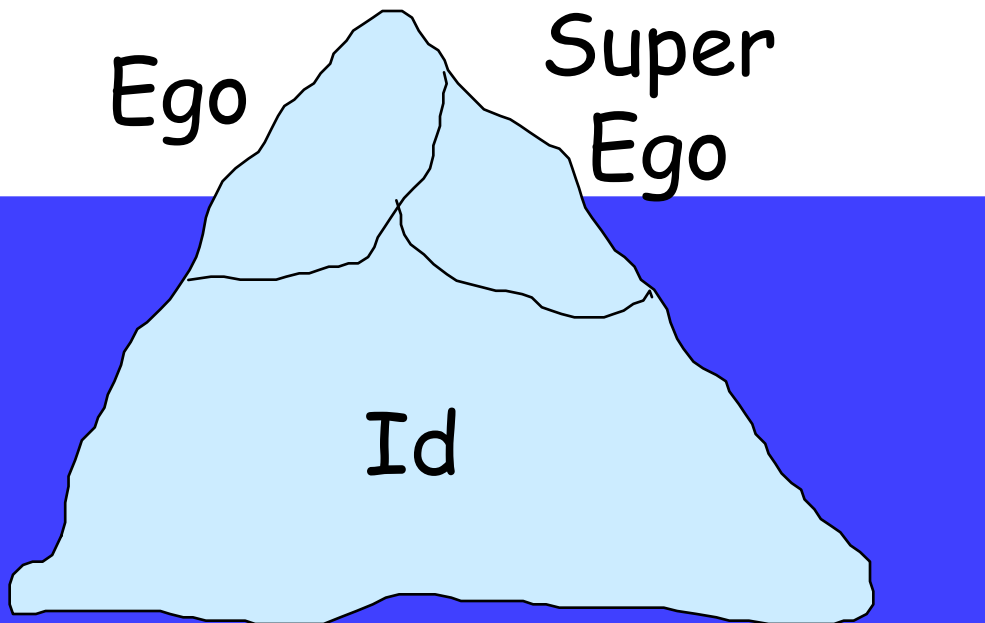
banishing unacceptable
thoughts & passions to
unconscious

Dreams & Slips

Freud & Personality Structure

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

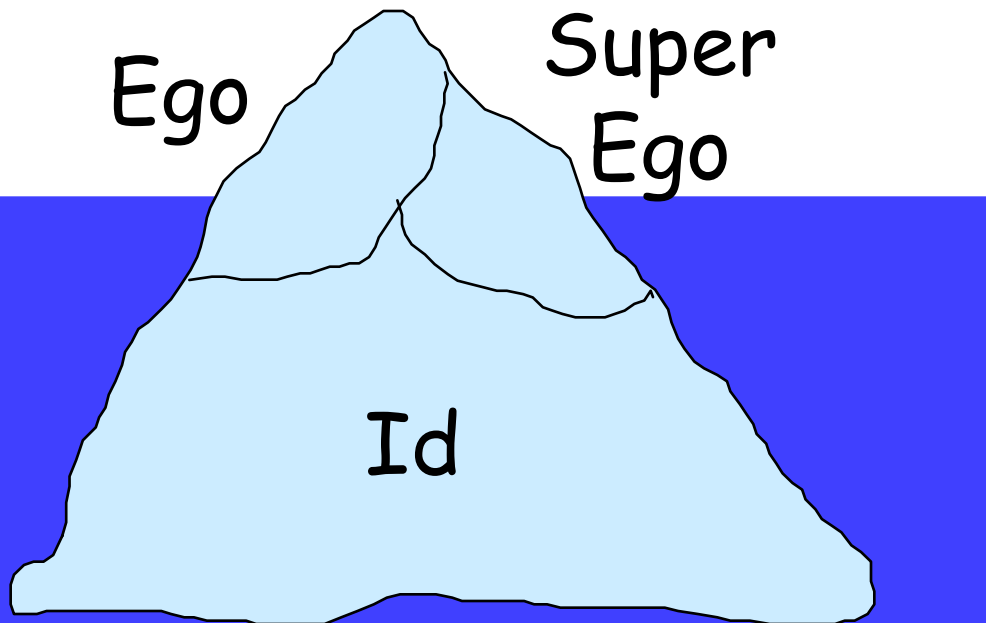
Satisfaction
without the guilt?



Freud & Personality Structure

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

Freud & Personality Development

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

Psychosexual Stages

Oral (0-18 mos) - centered on the mouth

Anal (18-36 mos) - focus on bowel/bladder elim.

Phallic (3-6 yrs) - focus on genitals/“Oedipus Complex”
(Identification & Gender Identity)

Latency (6-puberty) - sexuality is dormant

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



Ego

Id

**Super
Ego**

Defense Mechanisms reduce/redirect anxiety by distorting reality

Defense Mechanisms

- **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

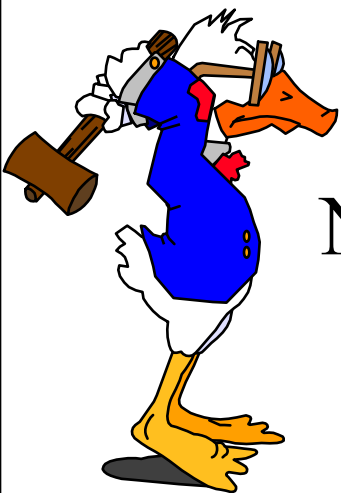
Rationalization - generate self-justifying explanations to hide the real reasons for our actions

Displacement - divert impulses toward a more acceptable object

Sublimation - transform unacceptable impulse into something socially valued

The Unconscious & Assessment

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



Objective Tests?

No - tap the conscious

Projective Tests?

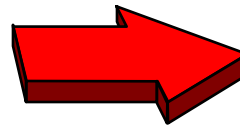
Yes - tap the unconscious

Thematic Apperceptions Test (TAT)
Rorschach Inkblot Test



Evaluating the Psychoanalytic Perspective

Were Freud's theories the "best of his time" or were they simply incorrect?



Current research contradicts many of Freud's specific ideas

Development does not stop in childhood

Slips of the tongue are likely competing "nodes" in memory network

Dreams may not be unconscious drives and wishes

Freud's Ideas as Scientific Theory

Theories must explain observations
and offer testable hypotheses

Few Objective Observations

Few Hypotheses

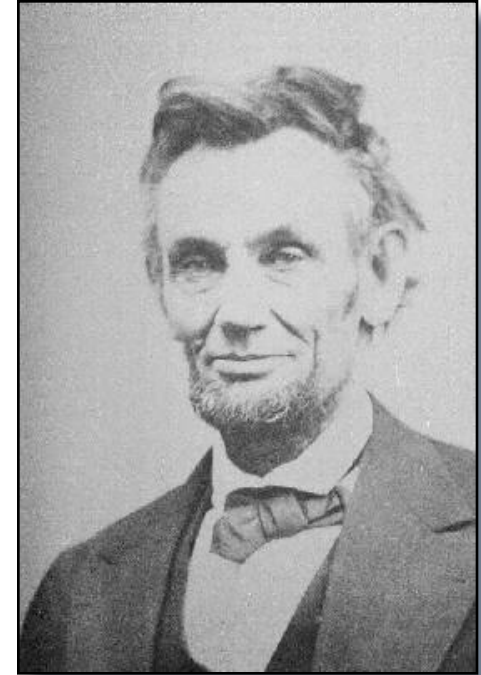
(Freud's theories based on his recollections &
interpretations of patients' free associations,
dreams & slips o' the tongue)

Does Not PREDICT Behavior or Traits

Trait Perspective

No hidden personality dynamics...
just basic personality dimensions

Traits - people's characteristic
behaviors & conscious motives



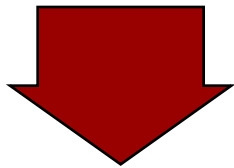
How do we describe & classify different personalities?
(*Type A vs Type B* or *Depressed vs Cheerful*?)

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

Are There “Basic” Traits?

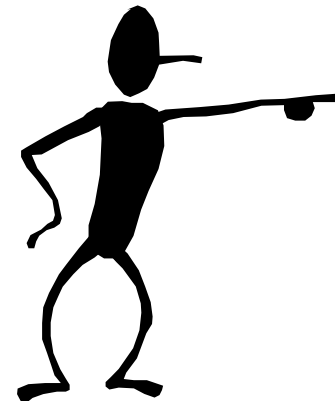
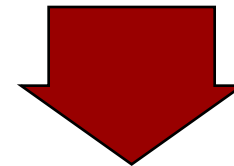
What trait “dimensions” describe personality?

Combination of 2 or 3
genetically determined
dimensions



Extraversion/Introversion
Emotional Stability/Instability

Expanded set of factors
“The Big 5”



The Big Five

Emotional Stability

- Calm/Anxious
- Secure/Insecure

Extraversion

- Sociable/Retiring
- Fun Loving/Sober

Openness

- Imaginative/Practical
- Independent/Conforming

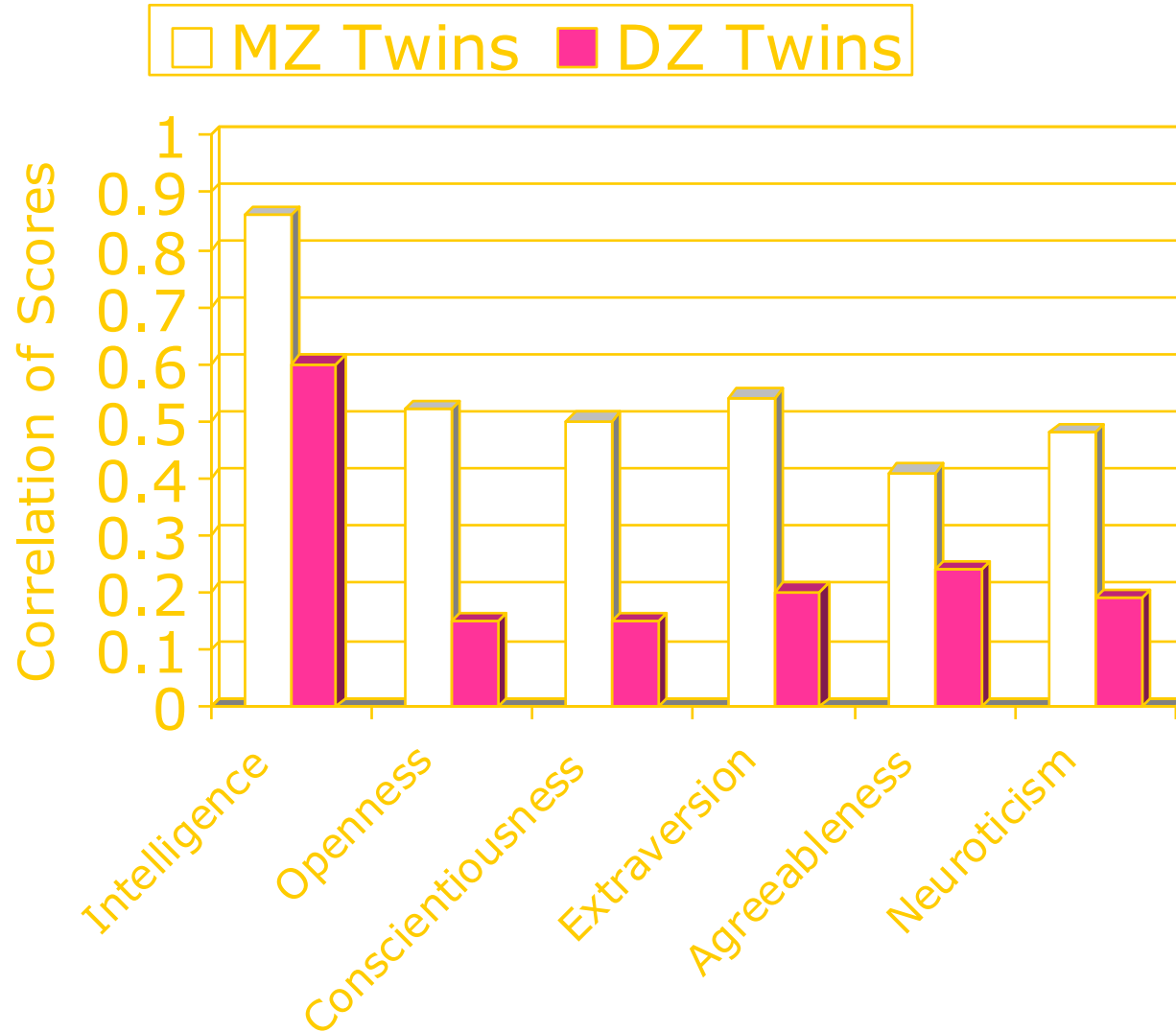
Agreeableness

- Soft-Hearted/Ruthless
- Trusting/Suspicious

Conscientiousness

- Organized/Disorganized
- Careful/Careless

Genes and Personality



Assessing Traits

How can we assess traits?

(aim to simplify a person's behavior patterns)

Personality Inventories

MMPI

- most widely used personality inventory
- assess psychological disorders (not normal traits)
- empirically derived - test items selected based upon how well they discriminate between groups of traits



The Humanistic Perspective

**Maslow's
Self-Actualizing
Person**



**Roger's
Person-Centered
Perspective**

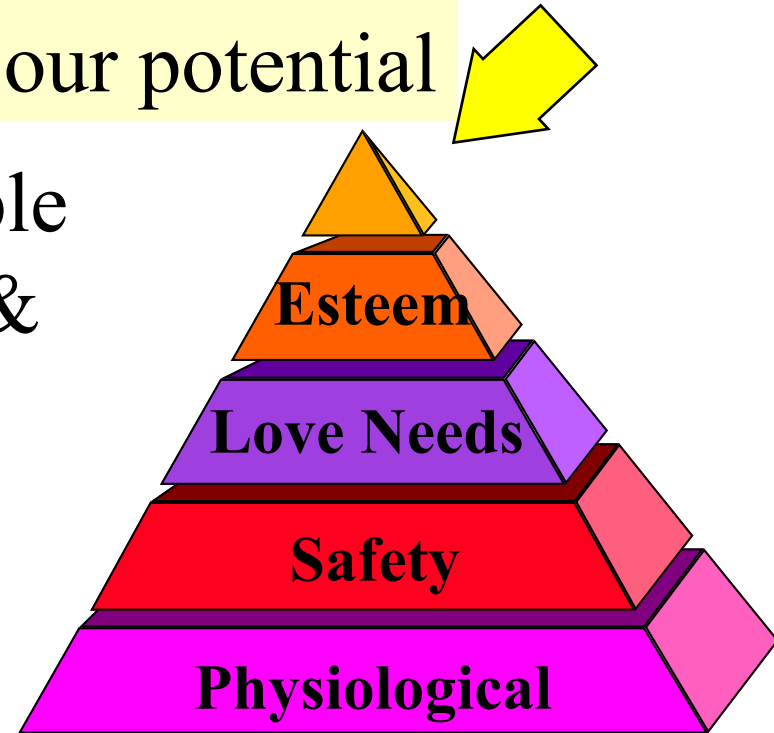
**“Healthy” rather than “Sick”
Individual as greater than the sum of test scores**

Maslow & Self-Actualization

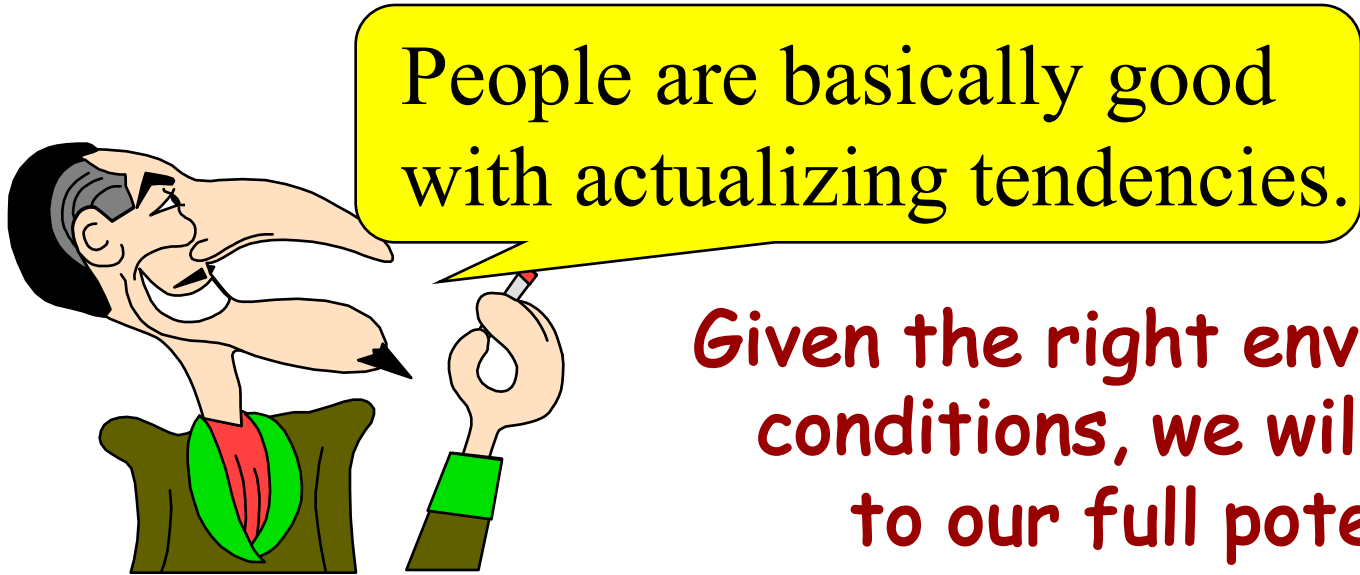
Self-Actualization

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



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.



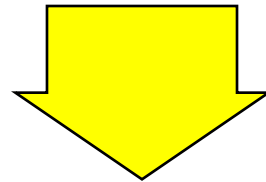
Also by understanding others' subjective personal experiences during therapy



Concepts are vague & subjective.
Assumptions are naïvely optimistic.

Social-Cognitive Perspective

**Behavior learned through
conditioning & observation**



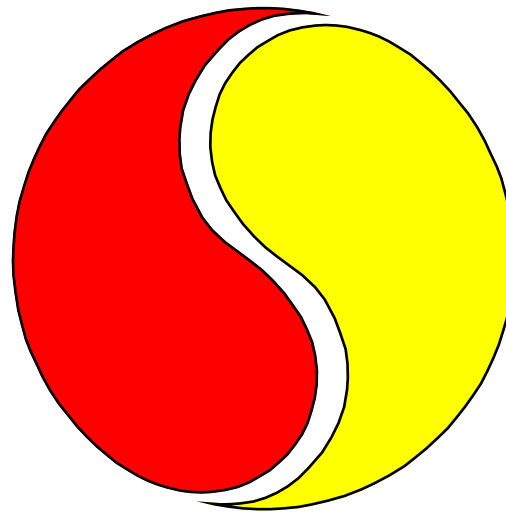
**What we think about our situation
affects our behavior**

**Interaction of
Environment & Intellect**

Reciprocal Determinism

**Personal/
Cognitive
Factors**

**Environment
Factors**



Behavior

Internal World + External World = Us

Personal Control

Internal Locus of Control

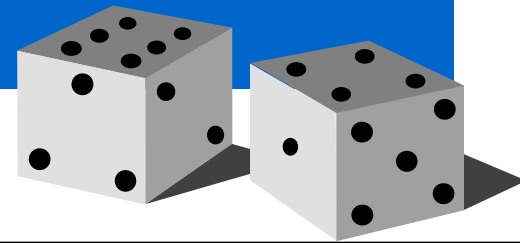
You pretty much control your own destiny

External Locus of Control

Luck, fate and/or powerful others control your destiny

Methods of Study

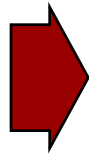
- Correlate feelings of control with behavior
- Experiment by raising/lowering people's sense of control and noting effects



Outcomes of Personal Control

Learned Helplessness

Uncontrollable
bad events



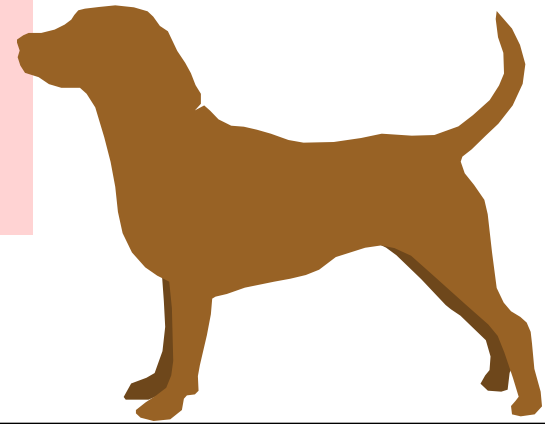
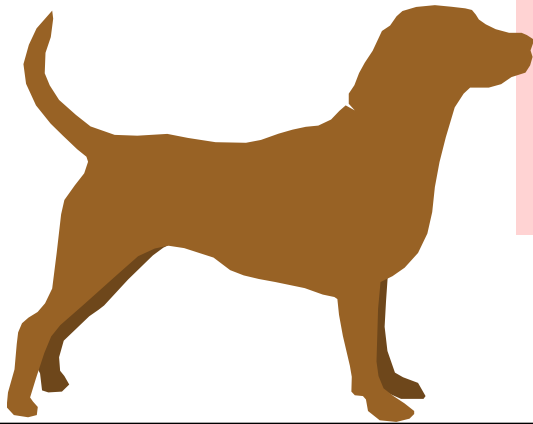
Perceived
lack of control



Generalized
helpless behavior

Important Issue

- **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 over elaborate 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 take action 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 in order to dominate the conversation. They use grandiose language to describe everyday events and seek constant praise. They may dress provocatively or exaggerate illnesses in order 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 anxiety 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.