How and why are we different from other people? Many scientists have addressed the answer to this question and developed various models of personality. All models mainly focus on the differences between people, which lead to the term “differential psychology.” Here, you will learn about the principal models of personality, personality disorders as well as behavioral styles, and you will be optimally prepared for exams, the preliminary examination and the medical practice.

Trait Theories

Try to describe the characteristics of a person who is close to you. You will primarily name enduring characteristics (traits), which influence the life of that person in a particular way. Is the individual, for instance, extraverted, reserved or open for new experiences? The following terms are used in the context of personality characteristics in psychology:

- **Traits**: Enduring personality characteristics – personality is defined as the sum of these traits. They are also known as habitual patterns of behavior, thought or emotions.
- **Predisposition**: The characteristics of an individual determine his behavior.
- **Consistency/stability over time**: Personality characteristics persist over an extended period of time (months or years), i.e., carelessness vs. conscientiousness.
- **Trans-situational consistency**: Personality characteristics remain stable in various situations, i.e., unreliability at work as well as in relationships.

Other important terms are:

- **Temperament**: refers to aspects of an individual’s behavior that are often regarded as biologically based rather than learned. It can also be defined as a biologically determined reaction mode relating to the level of activity.
- **State-Trait**: persistent condition vs. momentary condition.

**Theories of Identity Development**

Identity formation or individuation is the development of a distinct individual personality. Identity develops and changes throughout individuals lifespan.

Erik Erikson’s theory of psychosocial development proposes influence of crisis and/or conflicts:

- **Stage 1**: Trust vs. mistrust
  - Is my world predictable and supportive?
- **Stage 2**: Autonomy vs. shame and doubt
  - Am I good or am I bad?
- **Stage 3**: Initiative vs. guilt
  - Can I do things myself or must I always rely on others?
- **Stage 4**: Industry vs. inferiority
  - Am I competent or am I worthless?
- **Stage 5**: Identity vs. confusion
  - Who am I and where am I going?
- **Stage 6**: Intimacy vs. isolation
  - Shall I share my life with another or live alone?
- **Stage 7**: Generativity vs. self-absorption
  - Will I produce something of real value?
- **Stage 8**: Integrity vs. despair
  - Have I lived a full life?

The stage relevant to identity formation takes place during adolescence known as “Identity vs. Role Confusion”. During this stage, adolescents form basic identities especially concerning social and occupational identities. After successfully passing through this stage they enter “Intimacy vs. Isolation” where they will form strong friendships and a sense of companionship.

**The Most Important Models of Personality**

It is the most recent and universally acknowledged model of personality. Over the last two decades, it was used in approximately 3,000 scientific studies. In this Big Five model, you can recognize parts of other models of personality. It is based on the fact that some words are used to describe the same traits of a personality of the same person. Thus, it is based on association between words and not neuropsychological experiments. The model uses five dimensions to describe and summarize human personality and psyche. These are:

- Openness to experience.
- Conscientiousness.
- Extraversion.
- Agreeableness.
Neuroticism.

Note: The Big Five Model is the empirically best established model.

**Eysenck's 3 dimensions of personality (1953)**

Even today, the two dimensions of personality, **extraversion** and **neuroticism**, appear in various questionnaires, whereas the third dimension, assumed by Eysenck, **psychoticism**, has always been the focus of harsh criticism.

Note: There is no correlation between extraversion and neuroticism, thus individuals can show completely different degrees of characteristics in the different dimensions.

**Extraversion and introversion**

The two poles, **extraversion** and **introversion**, stand for the degree of sociability and personal exposure as opposed to reservation and control.

<table>
<thead>
<tr>
<th>Extraversion</th>
<th>Introversion</th>
</tr>
</thead>
<tbody>
<tr>
<td>• open, sociable, impulsive– seeking excitement and change</td>
<td>• calm, serious, reserved– seeking quiet and retreat</td>
</tr>
<tr>
<td>• happy, carefree</td>
<td>• observing, reliable</td>
</tr>
<tr>
<td>• optimistic</td>
<td>• pessimistic</td>
</tr>
<tr>
<td>• higher excitation threshold of the ascending reticular activating system ⇒ seeking external stimulation</td>
<td>• lower excitation threshold ⇒ seeking quieter environments</td>
</tr>
</tbody>
</table>

**Neuroticism**

People with **high levels of neuroticism** are emotionally unstable, overly sensitive and often suffer from fear and anxiety. Frequently, associated psychosomatic complaints like headaches, restless sleep, gastrointestinal symptoms, etc., may occur. Other characteristics are: nervousness, insecurity, mood swings, vulnerability for negative emotions, impulsiveness.

People with **low levels of neuroticism** are rather well-adjusted and emotionally more stable. They can handle burdens and stress quite well and remain calm even in extreme situations. They rarely or never focus on negative feelings and self-doubt is rather unusual.

**Psychoticism**

According to Eysenck, the third dimension of psychoticism comprises a range of realistic/normal to psychopathic/criminal to psychotic behaviors. People with a high level of psychoticism are unable to show empathy and are regarded as cold and
unfriendly.

The Big Five: The Five-Factor Model

The founders of the Big Five assumed that personality is reflected in language. The focus was on the „lexical hypothesis“: All important aspects of human personalities are evident from the utilization of specific adjectives, in order to describe oneself or others. After extensive factor analysis of various dictionaries, adjectives proved to be alike across cultures.

The Study of Personality Over Decades Resulted in the Five Dimensions of Human Personality.

With the aid of these dimensions, all people can be compared and described. In the 1980s, already characterized by Goldberg, the dimensions achieved general publicity through the standardized personality test NEO Personal Inventory (Neo Five-Factor Inventory).

What makes the Big Five model so special is that individuals are not classified into predefined categories. Rather, every individual personality profile can be established on the basis of the five dimensions.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>High level</th>
<th>Low level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compatibility</td>
<td>cooperative, caring, helpful, compliant, kind</td>
<td>skeptical, competitive, critical, confronting</td>
</tr>
<tr>
<td>2. Openness to experiences</td>
<td>curious, non-conforming, creative, interested</td>
<td>cautious, traditional, conservative, factual</td>
</tr>
<tr>
<td>3. Conscientiousness</td>
<td>casual, volatile, inconsistent, unreliable, messy</td>
<td>determined, organized, disciplined, orderly, pedantic, reliable</td>
</tr>
<tr>
<td>4. Extraversion/Introversion</td>
<td>restrained, calm, quiet, solitary, reserved</td>
<td>active, social, talkative, cheerful, expressing positive emotions</td>
</tr>
<tr>
<td>(according to Eysenck)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Neuroticism (according to Eysenck)</td>
<td>well-adjusted, relaxed, carefree, calm</td>
<td>anxious, nervous, worried, emotionally unstable</td>
</tr>
</tbody>
</table>

Tip for exams: Memorize the Big Five very well – for years they could be found among the IMPP questions every six months, time and again.

The interactionist approach

Despite individual personality characteristics, people behave differently depending on the situation and environment. Do you behave the same way during a lecture, a doctor-patient conversation, at a party or among family? The current state of research assumes a dynamic interactionist approach: the environment and one’s personality mutually influence each other.

Interactionism = disposition (characteristic of a person) + situationism (environmental impacts).

The learning theory personality model

The behaviorist approach assumes that any behavior is exclusively formed by environmental amplifiers. Every individual behaves in certain situations according to his or her life history of learning. Behavioral theorists focus especially on the possibility that learned behavior can be changed systematically.
Personality = The sum of stimulus-response connections.

The psychodynamic model (Freud)

Freud’s approach especially concentrates on early childhood experiences. The different stages of psychosexual development, which want to be coped with, make for a great conflict potential. If a person fails in one stage of development, a fixation on this stage may occur (oral, narcissistic, anal, phallic, latent and genital).

Influence of Social Factors on Identity Formation

Influence of individuals

Looking-glass self proposes an individual’s sense of self develops from interpersonal interactions with others in society and the perception of others. Looking-glass self-develops at an early age and continues through life, helps shape self-concept. Social behaviorism suggests the mind and self-emerge through the social process of communicating with others.

Imitation is when an individual observes and replicates another’s behavior. Happens very early in development and is considered innate by many, may involve mirror neurons. Infants imitate simple reflex behavior, while toddlers and young children imitate roles.

Role-taking is when an individual understands other people’s feelings and perspectives. Appreciate that other people’s views and roles may differ from their own, how our actions will affect others. Role-taking ability involves understanding the cognitive and affective (i.e. moods, emotions, attitudes).

Influence of groups

Reference group is an individual’s frame of reference for understanding:

- Perceptions
- Cognitions
- Ideas of self

Helps to guide ones identity by identifying differences in characteristics, behavior, attitudes.

Influence of Culture and Socialization on Identity Formation

Socialization is the process through which individuals learn to be functional members of society. Continuous sociological process where people learn culture specific:

- Attitudes
- Beliefs
- Values

For older adults, this process involves teaching the younger children. For younger children, it involves incorporating information from their cultural surroundings.

Early social contact is necessary to establish identity formation. Harlow’s monkeys were extremely socially deprived from infancy, could not reintegrate. Feral children who are individuals are not raised with human contact or care. They will lack normal identity formation or may displace their identity.

Culture may refer to how a group of people live, their set of values, and behaviors. Not all
cultures are well accepted in certain regions and/ or countries and this may influence formation of identity.

Personality Disorders

Where does “normal” end and “abnormal” begin? In the ICD-code (F60), personality disorders are listed under personality and behavior disorders with the following description:

“These are severe personality and behavior disorders of the individual, not directly resulting from brain damage or disease or from any other psychiatric disorder. They involve different personality areas and are almost always associated with personal and social impairment. Personality disorders usually manifest themselves during childhood or adolescence and continue into adulthood.”

Hardly any diagnosis is as difficult to make as the one for personality disorders. The following criteria have to be evaluated – yet always in the light of the current situation and social and cultural context of the person concerned:

- Adaptability
- Emotional responsiveness
- Self control
- Social adaptation
- Ability to form relationships

Acquaint yourself with the following personality disorders in DSM IV and their main criteria:

- **Paranoid**: Distrust, hostility, always suspecting that others are deceiving them, expecting bad things in general, jealousy.
- **Schizoid**: Loner, distant, difficulty with social relationships, little empathy.
- **Schizotypal**: Illusions, flat affect, fear of social relationships, eccentricities in behavior and appearance.
- **Antisocial (also sociopathic or psychopathic)**: Aggressive, reckless, impulsive, emotionally decayed, unable to feel empathy.
- **Emotionally unstable**: Borderline personality, extremely emotional, push-pull relationships, autoaggressive behavior, unstable self-image, impulsive.
- **Histrionic**: Excessive drama in one’s behavior, attention seeking, flat affect, egocentric.
- **Narcissistic:** Exaggerated sense of self-importance, extremely egoistic, excessive need for constant admiration and attention, lack of empathy, problems with social relationships.
- **Avoidant:** Low self-esteem, feeling of incompetence and worthlessness, fears of rejection, being blamed or put down.
- **Dependent:** Almost always follows others, no or little focus on one’s own needs, great fears of being alone and being left alone.
- **Obsessive-compulsive:** Compulsive, constant preoccupation with planning and rules, (problems in social relationships), perfectionist, overly conscientious.

**Personal Constructs and Behavioral Styles**

**Field dependence and field independence (cognitive style)**

According to this construct, people differ according to their ability to identify an item in a context. The individuals are classified into “differentiated/analytic” and “global,” according to the **Embedded Figures Test**.

In the Embedded Figures Test, individuals have to detect **embedded figures** in a **hidden context as fast as possible**. Individuals who can differentiate the items well are described as being field independent.

**Interference tendency**

Interference tendency describes the degree of **susceptibility towards interference with respect to irrelevant stimuli**: the level of cognitive control. A common method of measurement is the Stroop effect, whereby individuals have to name the color of a word without becoming distracted by the choice of the word (red, green, yellow, ...). Hereby, the reaction time is measured.

This is an example for the Stroop effect:
Sensation seeking (Zuckerman, 1979)

Every personality is seeking a different level of stimulation. Zuckerman’s construct is very similar to Eysenck’s approach to extraversion/introversion. Sensation seeking means having a tendency to seek new, stimulating situations.

Thus, a risky, nonconformist behavior with a propensity for extremes (i.e., extreme sports or excessive partying) is aimed for.

Sensation seeking is divided into four stages. How would you classify yourself?

1. **Thrill and adventure seeking**: Physically risky activities.
2. **Experience seeking**: Change through an unconventional lifestyle (traveling, music, drugs).
3. **Disinhibition seeking**: Change through social stimulations (partying, promiscuity, social drinking).
4. **Boredom susceptibility**: Aversion towards boredom and tendency to restlessness when the environment no longer offers change.
Special Behavioral Styles From the Clinical Area

The following constructs of personality are particularly important with regard to the relationship between personality and diseases as well as respective coping styles.

Locus of control: Internal and external

In the concept of locus of control, you will recognize many similarities with the model of learned helplessness and the styles of attribution. Especially in the clinical field, locus of control plays an important role. Depending on whether the patient perceives the locus of control as internal or external, the process and genesis of the disease are formed.

- **Internal locus of control**: People with a strong internal locus of control rate the importance of their own behavior on events in their life as very high.
- **External locus of control**: People with a high external locus of control blame fate, other people and circumstances for the events in their life. There is not a lot of importance placed on one's own influence.

**Clinical routine**: In cancer patients, a strong internal locus of control has proven to be beneficial for the disease progression.

Sensitization and Repression

This construct focuses on how people deal with fear evoking stimuli. **Sensitizers** confront these stimuli and place a stronger focus on their processing and origin. **Repressors** rather move these stimuli aside and repress facing their fears.

Passive-resigned style

The passive resignation style is characterized by attributing failures internally. Individuals show lower levels of activity, respond more depressively and altogether behave with an “enduring” attitude as their consistent basic attitude: “Everything is senseless anyway.” This behavioral style is based on the construct of learned helplessness by Seligman.

Behavior classification into type A, type B and type C

**Do certain personalities have a high risk for coronary heart diseases?** The classification into Type A and B addresses this question. Originally developed in the 60s, the classification into types was very successful at first. However, a causal relationship between health critical behavior and an actual coronary disease could not be proven.

The simplicity of the construct is another disadvantage. The additional development of Type C tries to detect personality characteristics, which are associated with cancer diseases (empirically not confirmed!).

<table>
<thead>
<tr>
<th>Type A behavior „Coronary-prone personality“</th>
<th>Type B behavior</th>
<th>Type C behavior „Cancer-prone personality“</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant pressure to achieve.</td>
<td>All people who do not display the type A behavior. Seeking quiet and recovery. Social relationships are of high priority. Need for rest Content</td>
<td>Denial of negative emotions. Inability to express anger. Tendency towards depression Self-sacrificing Sparsely combative Cooperative Serene</td>
</tr>
<tr>
<td>Highly ambitious. Often exceeds one’s own energy limits</td>
<td>High need for control (little delegation)</td>
<td>Haste, impatience</td>
</tr>
<tr>
<td>Hostility, aggressiveness</td>
<td>Competition pressure</td>
<td>Discontent</td>
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We have **assumptions and value judgements about ourselves**, which are relatively stable in a mentally healthy individual. This self-concept develops from social experiences in different areas (school, sports, university, social relationships, etc.) and is significantly shaped in childhood and adolescence. Many scientists divide this self-concept into **two parts**:

- **Cognitive descriptive component** (Example: „I master German grammar quite well.“)
- **Emotional evaluative component** (Example: „I am satisfied with my average grade in the extremely difficult exam.“)

**Please note:** Healthy people overestimate their abilities to a small degree. Depressive people judge themselves as more realistic or less capable.

**Review Questions**

The answers are below the references.

1. **Which of the following disorders do not belong to the personality disorders (i.g., according to DSM IV)?**
   
   A. Dependent personality disorder
   B. Obsessive-compulsive personality disorder
   C. Dissociative personality disorder
   D. Narcissistic personality disorder
   E. Antisocial personality disorder

2. **The Five-Factor Model (FFM) - also called Big Five model - represents an approved model for the capturing and description of human personality. Which of the following dimensions is not part of the FFM?**

   A. Conscientiousness
   B. Neuroticism
   C. Openness for experiences
   D. Self-protection
   E. Extraversion

3. **A model of behavioral styles is, among others, important for disease management and divides patients into sensitizers and repressors. Why is this**
model of particular clinical relevance for your medical routine?

A. For adapting the transfer of information.
B. For choosing between a behavioral therapeutic and psychoanalytical approach.
C. For the evaluation of medication compliance.
D. For categorizing the potential for side effects.
E. For utilizing special medical terms or terminology.

References


Correct answers: 1C, 2D, 3A

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