

Medical Psychology and Sociology: Personality Psychology

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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 led 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

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/her behavior.
- **Consistency/stability over time:** Personality characteristics persist over an extended period (months or years), i.e. carelessness vs. conscientiousness.
- **Trans-situational consistency:** Personality characteristics remain stable in various situations, i.e. unreliability at work and in relationships.

Other important terms:

- **Temperament:** Aspects of an individual's behavior that are often regarded as biologically based rather than learned. Temperament can also be defined as a biologically determined reaction 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 an individual's lifespan.

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

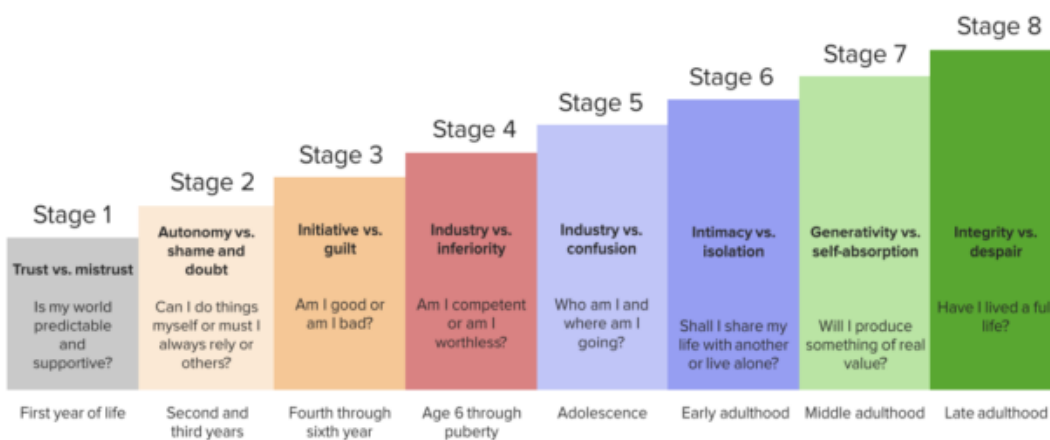


Image by Lecturio

The stage relevant to identity formation takes place during adolescence and is 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 form strong friendships and a sense of companionship.

The Most Important Models of Personality

Over the last 2 decades, the Big 5 model has been used in approximately 3,000 scientific studies. In the Big 5 model, you can recognize parts of other models of personality. The model is based on the fact that different words are used to describe the same traits of a person's personality. Thus, it is based on the association between words and not neuropsychological experiments. The model uses 5 dimensions to describe and summarize the human personality and psyche. These are:

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

Note: The Big 5 model is empirically the best-established model.

Eysenck's 3 dimensions of personality (1953)

Even today, 2 dimensions of personality, **extraversion** and **neuroticism**, appear in various questionnaires. However, the 3rd dimension, **psychoticism (assumed by Eysenck)**, has always been the focus of harsh criticism.

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

Extraversion and introversion

Extraversion and **introversion** stand for the degree of sociability and personal exposure as opposed to reservation and control.

Extraversion	Introversion
<ul style="list-style-type: none">• Open, sociable, and impulsive – seeking excitement and change<ul style="list-style-type: none">• Happy, carefree• Optimistic• Higher excitation threshold of the ascending reticular activating system ⇒ seeking external stimulation	<ul style="list-style-type: none">• Calm, serious, and reserved – seeking quiet and retreat<ul style="list-style-type: none">• Observing, reliable• Pessimistic• Lower excitation threshold ⇒ seeking quieter environments

Neuroticism



[Image:](#) Stressed man. By Ryan McGuire, [License](#)

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, and gastrointestinal symptoms may occur. Other characteristics are nervousness, insecurity, mood swings, vulnerability to negative emotions, and impulsiveness.

People with **low levels of neuroticism** are rather well-adjusted and emotionally more stable. They can handle stress quite well and remain calm even in extreme situations. They rarely focus on negative feelings and self-doubt is unusual.

Psychoticism

According to Eysenck, psychoticism **ranges from 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 5: The 5-Factor Model

The proposers of the Big 5 traits assumed that **personality is reflected in language**.

The focus was on the 'lexical hypothesis' which implies that all important aspects of human personality are evident from the use of specific adjectives to describe oneself or others. After extensive factor analysis of various dictionaries, adjectives proved to be alike across cultures were identified.

The study of personality over the decades resulted in the 5 dimensions of human personality.

With the aid of these dimensions, people can be compared and described. In the 1980s, the dimensions achieved general publicity through the standardized personality test - **NEO Personal Inventory (Neo 5-Factor Inventory)**.

The Big 5 model is crucial in that individuals are not classified into predefined categories. Rather, **every individual personality profile can be established based on the 5 dimensions**.

Dimension	High-level	Low-level
1. Compatibility/Agreeableness	Cooperative, caring, helpful, compliant, and kind	Skeptical, competitive, critical, and confronting
2. Openness to experiences	Curious, non-conforming, creative, and interested	Cautious, traditional, conservative, and factual
3. Conscientiousness	Casual, volatile, inconsistent, unreliable, and messy	Determined, organized, disciplined, orderly, pedantic, and reliable
4. Extraversion/Introversion (according to Eysenck)	Restrained, calm, quiet, solitary, and reserved	Active, social, talkative, cheerful, and expressing positive emotions
5. Neuroticism (according to Eysenck)	Well-adjusted, relaxed, carefree, and calm	Anxious, nervous, worried, and emotionally unstable

Tip for exams: It is important to memorize the Big 5 as they are common exam questions.

The interactionist approach

Despite individual personality characteristics, people behave differently depending on the situation and environment. An individual may behave in different ways during a lecture, a doctor-patient conversation, at a party, or among family. Current 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. 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** could lead to notable 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 that an individual's sense of self develops from interpersonal interactions with others in society and the perception of others. The looking-glass self develops at an early age and continues through life, helping to shape self-concept. **Social behaviorism** suggests that the mind and self-image emerge through the social process of communicating with others.

Imitation is when an individual observes and replicates another's behavior. It occurs very early in development and is considered innate by many and 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. Individuals appreciate that other people's views and roles may differ from their own and how their actions will affect others. Role-taking ability involves understanding the cognitive and affective (i.e., moods, emotions, and attitudes).

Influence of groups

The reference group is an individual's frame of reference for understanding:

- Perceptions
- Cognitions
- Ideas of self

It helps to guide one's identity by identifying differences in characteristics, behavior, and attitudes.

Influence of Culture and Socialization on Identity Formation

Socialization is the process through which individuals learn to be functional members of society. A 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. In an experiment by Harry Harlow in 1958, baby monkeys that underwent extreme social deprivation from infancy could not reintegrate when reintroduced to their group. Thus, children who are not raised with human contact or care will lack normal identity formation or may have displaced 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 the formation of identity.

Personality Disorders

Personality disorders are listed under personality and behavioral disorders with the following description:

“These are severe personality and behavioral disorders of the individual, **not directly resulting from brain damage or disease** or 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.”



Image by Ryan McGuire, License: Public domain

Personality disorders are difficult to diagnose. **The following criteria have to be evaluated** considering a person’s current situation and the social and cultural context:

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

It is important to understand the following **personality disorders** in the Diagnostic and Statistical Manual of Mental Disorders (**DSM**)-4 and their main criteria:

- **Paranoid:** Distrust, hostility, always suspecting that others are deceptive, expecting bad things in general, and jealousy
- **Schizoid:** Loner, distant, difficulty with social relationships, and 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, and unable to feel empathy
- **Emotionally unstable:** Borderline personality, extremely emotional, push-pull relationships, auto-aggressive behavior, unstable self-image, and impulsive
- **Histrionic:** Excessively dramatic, attention-seeking, flat affect, and egocentric
- **Narcissistic:** Exaggerated sense of self-importance, extremely egotistic, excessive need for constant admiration and attention, lack of empathy, and

problems with social relationships

- **Avoidant:** Low self-esteem, the feeling of incompetence and worthlessness, fears of rejection, and being blamed or put down
- **Dependent:** Almost always following others, no or little focus on one's own needs, great fear of being alone and being left alone
- **Obsessive-compulsive:** Compulsive, constant preoccupation with planning and rules, problems in social relationships, perfectionist, and 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 to interference regarding irrelevant stimuli**, i.e., 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. The reaction time is measured.

This is an example of the Stroop effect:

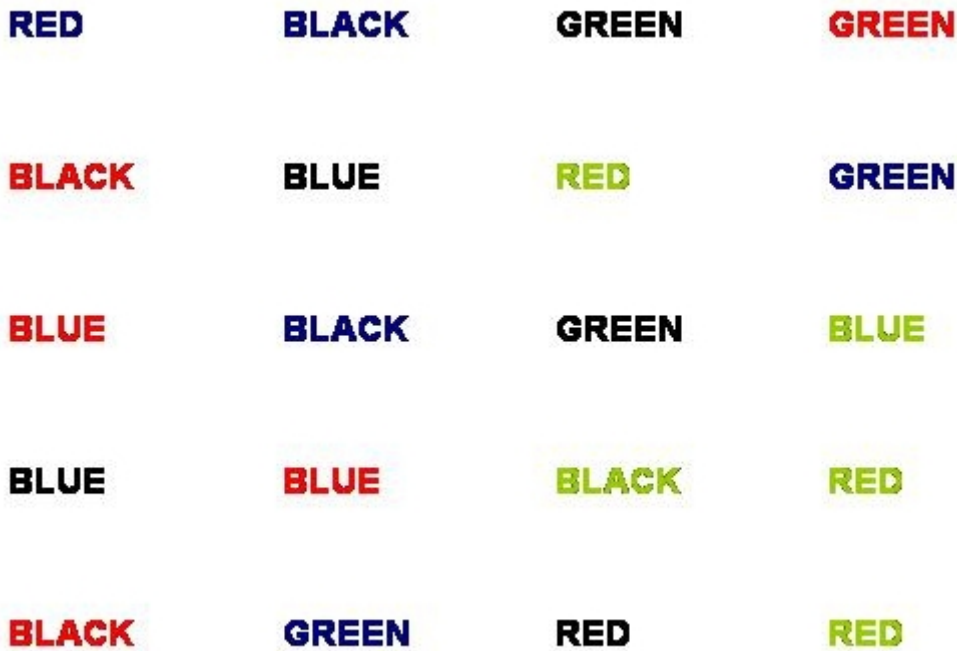


Image: Stroop effect. By Khayne, License: Public domain

Sensation seeking (Zuckerman, 1979)



Image: Sitting on the roof. By Johnathon Fortino, License: Public domain

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 **tending to seek new, stimulating situations.**

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

Sensation-seeking behavior is divided into **4 stages**:

1. **Thrill- and adventure-seeking:** seeking physically risky activities
2. **Experience-seeking:** seeking change through an unconventional lifestyle (traveling, music, and drugs)
3. **Disinhibition-seeking:** seeking change through social stimulations (partying, promiscuity, and 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 Setting

The following **constructs of personality** are particularly important regarding the relationship between personality and diseases as well as the respective coping styles.

Locus of control: Internal and External

The concept of the locus of control has many similarities with the model of learned helplessness and the styles of attribution. The locus of control plays a particularly important role in the clinical setting. 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 behavior with regard to 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; not a lot of importance placed on one's influence.

Clinical routine: In cancer patients, a strong internal locus of control has proven to be beneficial for 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** 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 types A, B, and C

There have been questions regarding whether certain personalities have a high risk of coronary heart disease. The classification of individuals into Type A and B addresses this notion. Originally developed in the 1960s, the classification into types was very successful at first. However, a causal relationship between health-critical behavior and coronary disease could not be proven.

The simplicity of the construct is another disadvantage. The additional development of type C tries to identify personality characteristics that are associated with cancer diseases (**empirically not confirmed**).

Type A behavior 'Coronary-prone personality'	Type B behavior	Type C behavior 'Cancer-prone personality'
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<p>The constant pressure to achieve. Highly ambitious Often exceeds one's energy limits High need for control (little delegation) Haste, impatience Hostility, aggressiveness Competition pressure Discontent</p>	<p>All people who do not display type A behavior. Seeking quiet and recovery Social relationships are of high priority Need for rest Content</p>	<p>Denial of negative emotions Inability to express anger Tendency towards depression Self-sacrificing Sparsely combative Cooperative Serene</p>
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Self-concept and self-esteem



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We have **assumptions and value judgments about ourselves**, which is required in a mentally healthy individual. 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 self-concept into **2 parts**:

- **Cognitive descriptive component** (Example: "I have mastered the German language quite well.")
- **Emotional evaluative component** (Example: "I was satisfied with my average grade on that extremely difficult exam.")

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

References

Alder, B., Abraham, C. S., Van, T. E., & Porter, M. (2011). *Psychology and Sociology Applied to Medicine*. London: Elsevier Health Sciences UK.

Carr, A. (2012). *Clinical psychology: An introduction*. New York: Routledge.

Nezlek, J. B. (2014). *Multilevel modeling for social and personality psychology*. Los Angeles, CA: Sage.

Parsons, T. (1970). *Social structure and personality*.

Personality/Personality Psychology. (n.d.). *Religion Past and Present*. doi:10.1163/1877-5888_rpp_sim_124333

Society for Personality and Social Psychology. (1980). *Review of personality and social psychology*. Beverly Hills, CA: Sage Publications.

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