

# Individual Differences

**Dr Radwan Banimustafa**

*Department of Psychiatry*

*University of Jordan School of Medicine*

# **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**

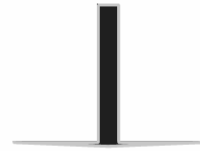
# Personality

- **Difficult to define .**
- **Broad definition (personality refers to those relatively stable? and enduring? aspects of the individual which distinguish from 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

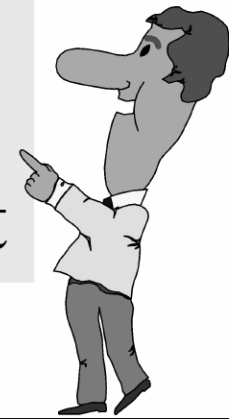


**Psychoanalytic** - unconscious motivations

**Trait** - specific dimensions of personality

**Humanistic** - inner capacity for growth

**Social-Cognitive** - influence of environment



# Perspective

“first comprehensive theory of personality”



(1856-1939)

Specialized in Nervous  
Disorders

Some patients' disorders  
had no physical cause!

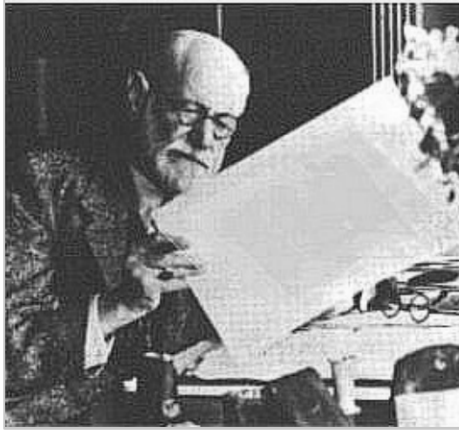
University of Vienna 1873  
Voracious Reader  
Medical School Graduate



# Psychoanalytic

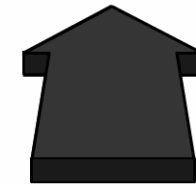
## Perspective

“first comprehensive theory of personality”

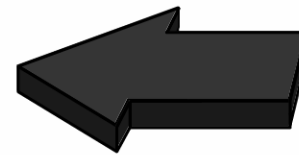


Q: What caused neurological symptoms in patients with no neurological problems?

Hypnosis → Unconscious



“Psychoanalysis”



Free  
Association

# The Unconscious

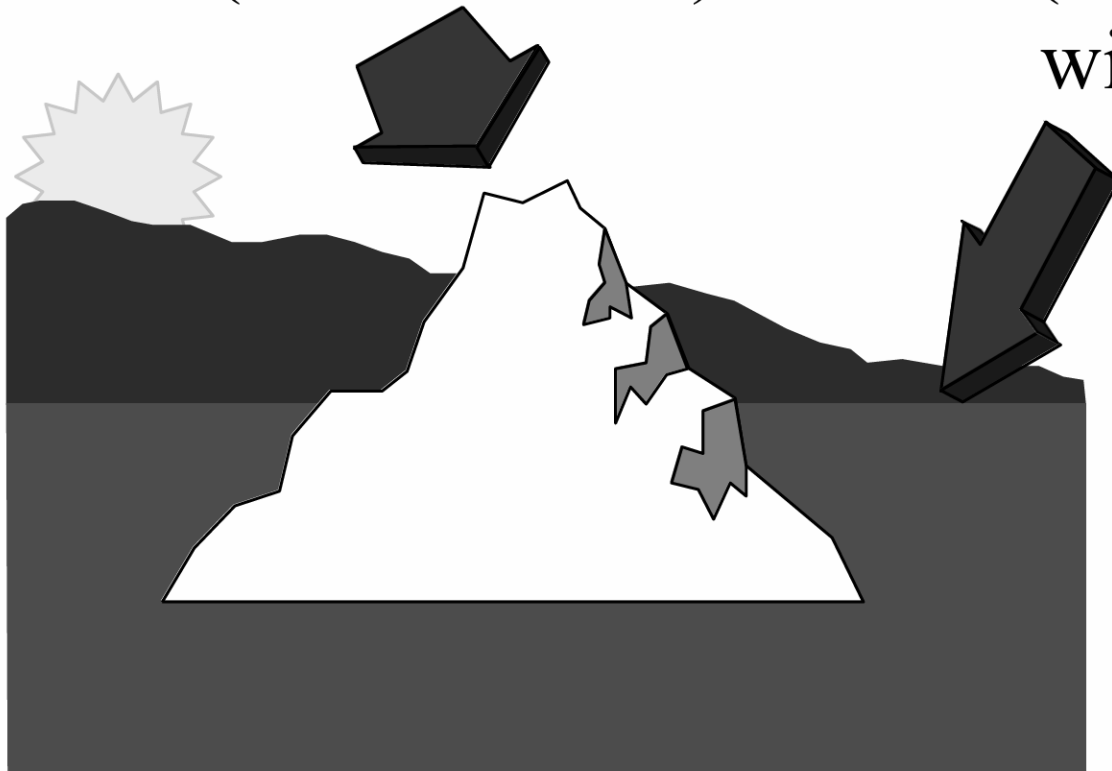
“the mind is like an iceberg - mostly hidden”

## **Conscious Awareness**

small part above surface  
(Preconscious)

## **Unconscious**

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



## **Repression**

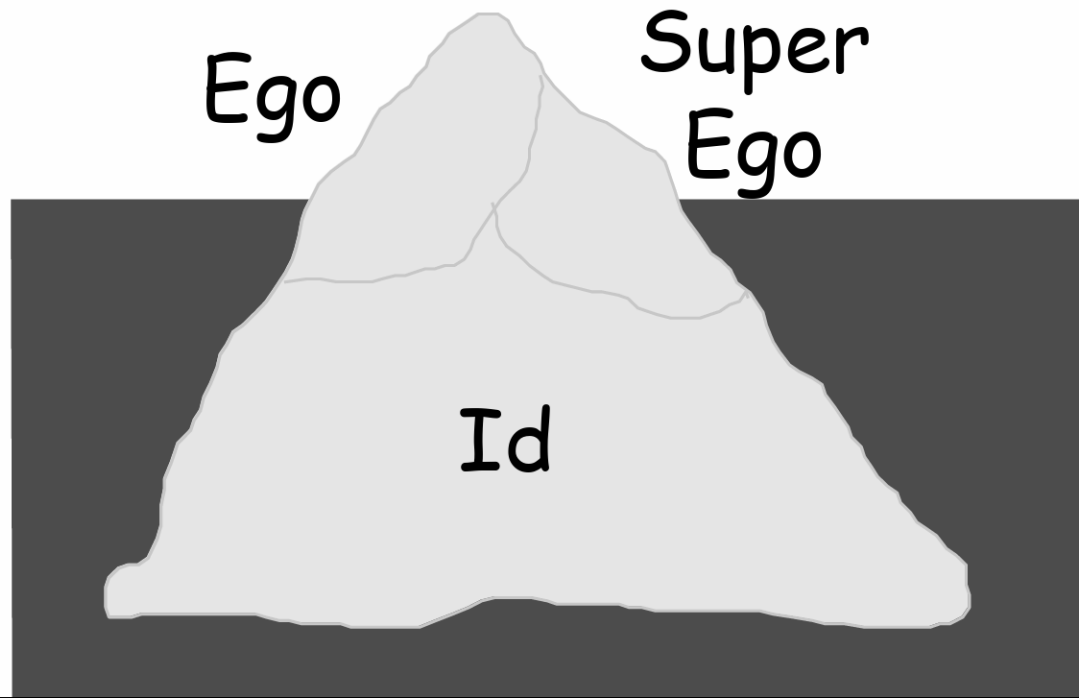
banishing unacceptable  
thoughts & passions to  
unconscious

**Dreams & Slips**

# Freud & Personality Structure

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

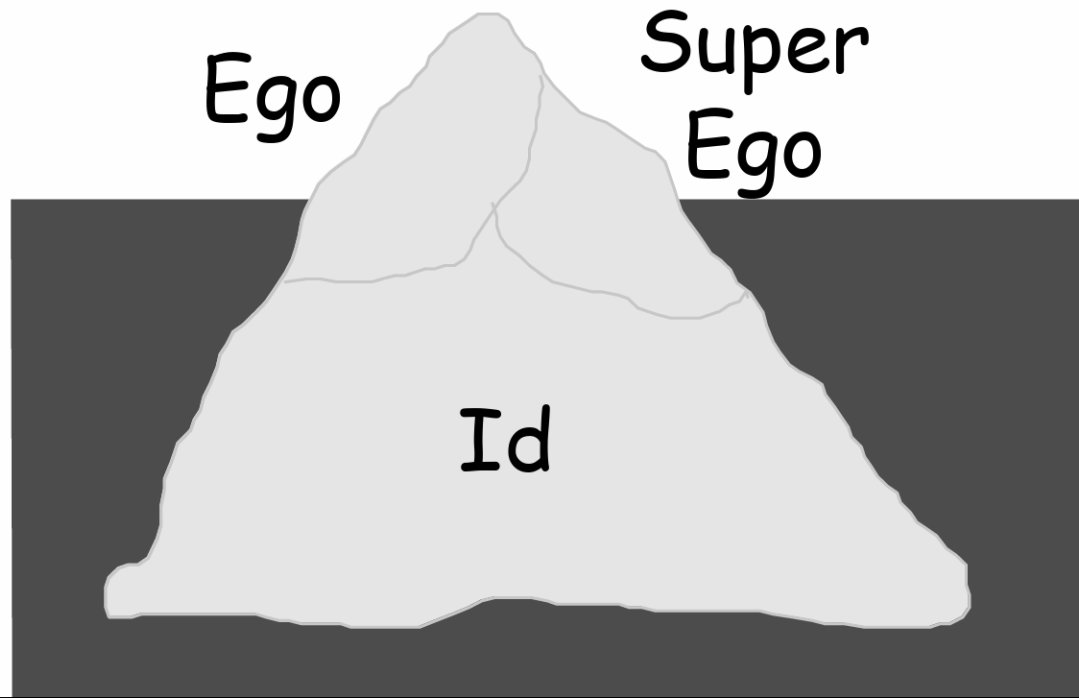
Satisfaction  
without the guilt?



# 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

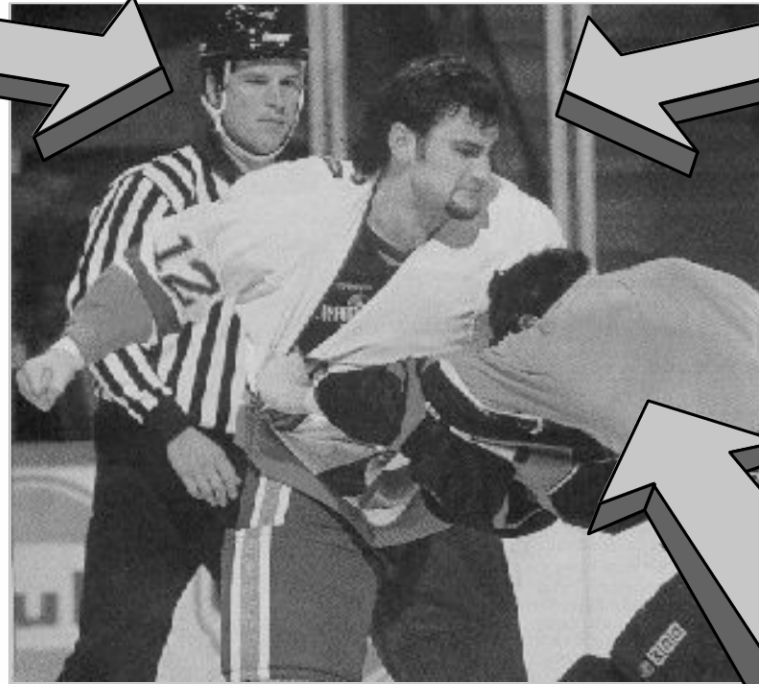
**Genital** (puberty on) - sexual feelings toward others

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

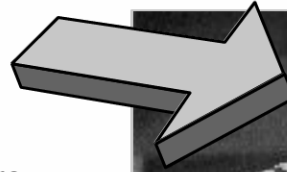
# Defense Mechanisms

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

Ego protects itself via **Defense Mechanisms**



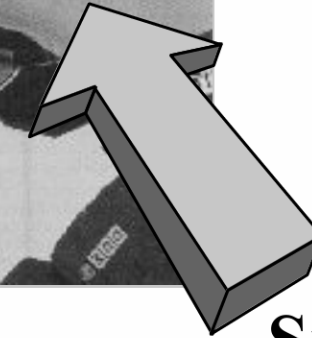
**Ego**



**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?**

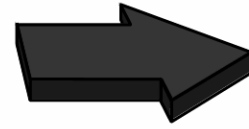
Yes - tap the unconscious

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

Theories must explain observations  
and offer testable hypotheses

**Few Objective Observations**

**Few Hypotheses**

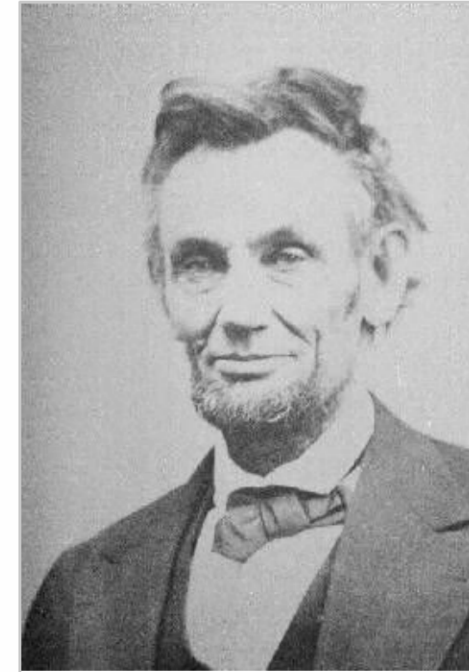
(Freud's theories based on his recollections &  
interpretations of patients' free associations,  
dreams & slips o' the tongue)

**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?)*

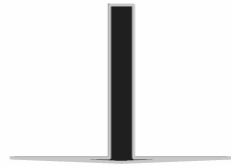
**Myers-Briggs Type Indicator** - classify people  
based upon responses to 126 questions



# Are There “Basic” Traits?

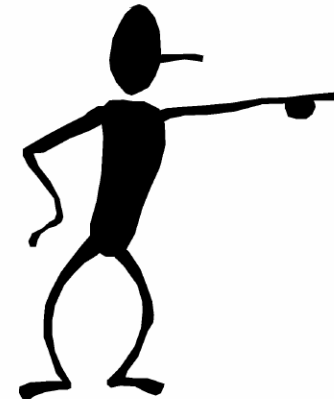
## What trait “dimensions” describe personality?

Combination of 2 or 3  
*genetically determined*  
dimensions



Extraversion/Introversion  
Emotional Stability/Instability

Expanded set of factors  
“The Big 5”



## **Emotional Stability**

- Calm/Anxious
- Secure/Insecure

## **Extraversion**

- Sociable/Retiring
- Fun Loving/Sober

## **Openness**

- Imaginative/Practical
- Independent/Conforming

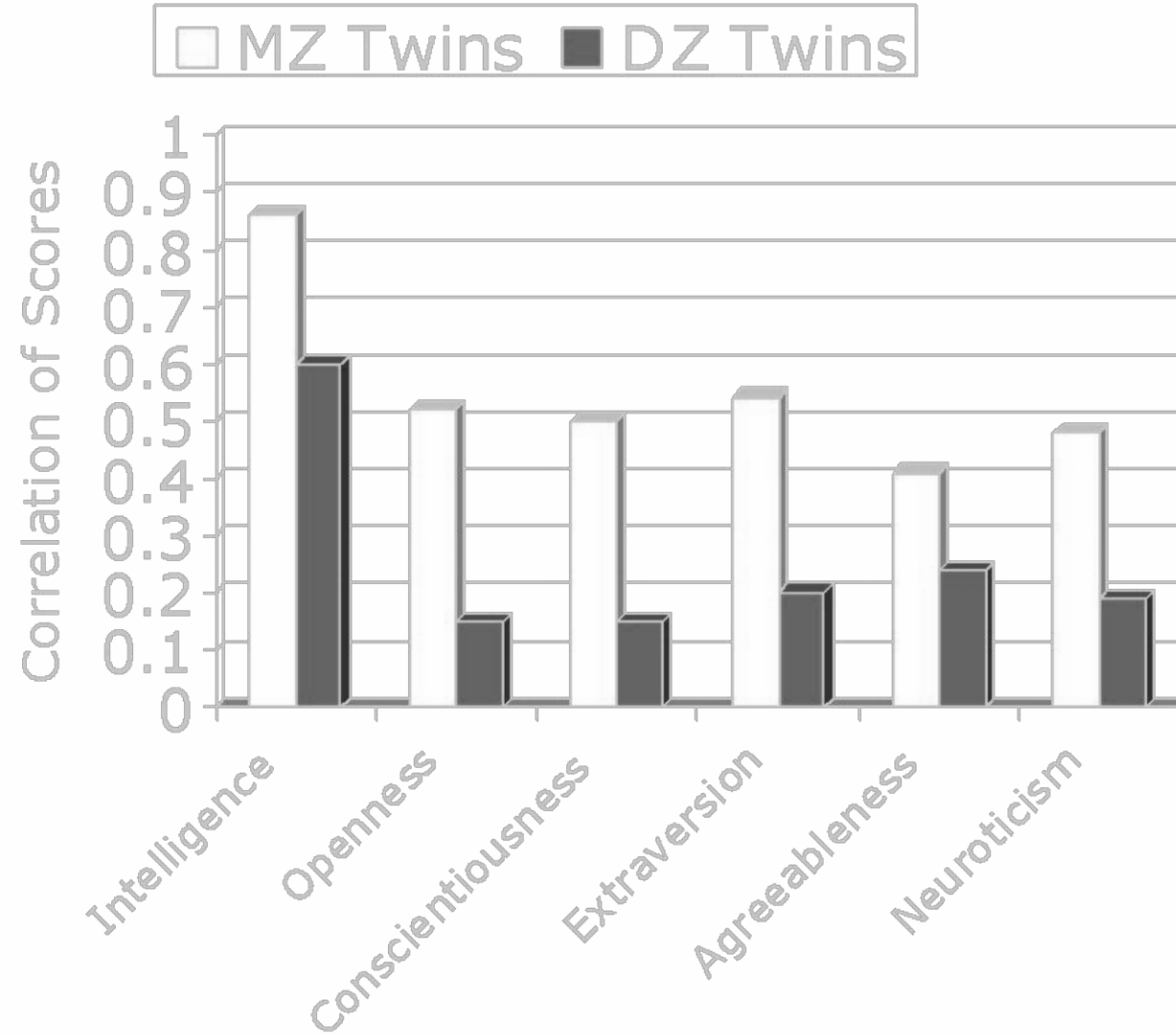
## **Agreeableness**

- 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

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 .**

**?** Primarily through questionnaires in which people report their self-concept.

**?** Also by understanding others' subjective personal experiences during therapy

**X** Concepts are vague & subjective.  
Assumptions are naïvely optimistic.



# Social-Cognitive Perspective

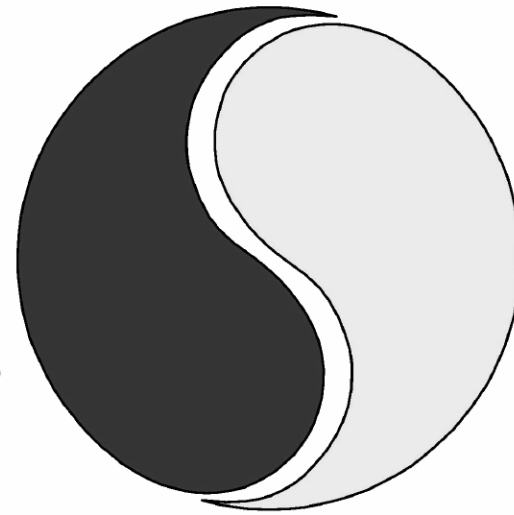
- Behavior learned through conditioning & observation
- What we think about our situation affects our behavior

**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



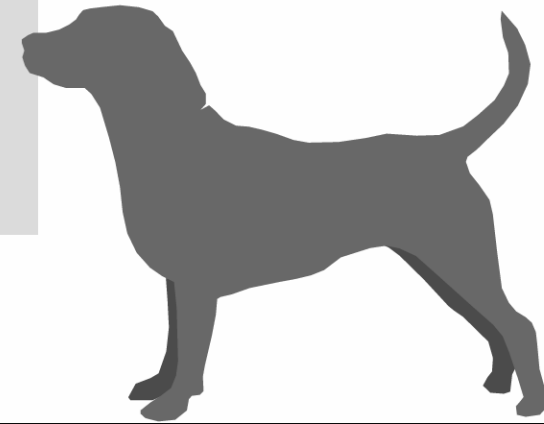
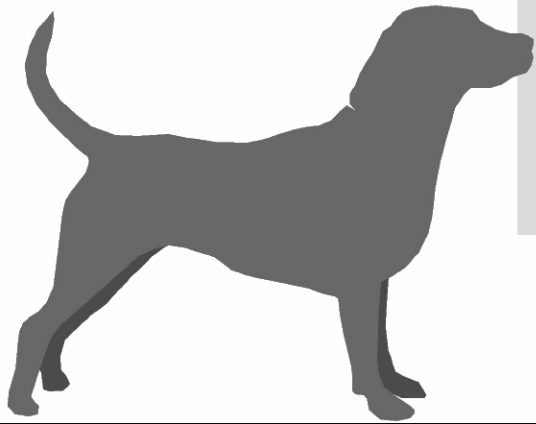
Perceived  
lack of control



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. Over-sensitivity to disapproval is common. Dependents 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.**