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ICON

Review of Personality Development

- **Personality** refers to a person's unique and relatively stable pattern of thoughts, feelings, and actions

- **Personality** refers to individual differences in characteristic patterns of thinking, feeling and behaving.

- Personality development can be understood based on various theories

Psychoanalytic Theory

Sigmund Freud (1856-1939)

- Founder of psychoanalysis
- Proposed the first complete theory of personality
- A person's thoughts and behaviors emerge from tension generated by <u>unconscious motives</u> and <u>unresolved childhood conflicts</u>.
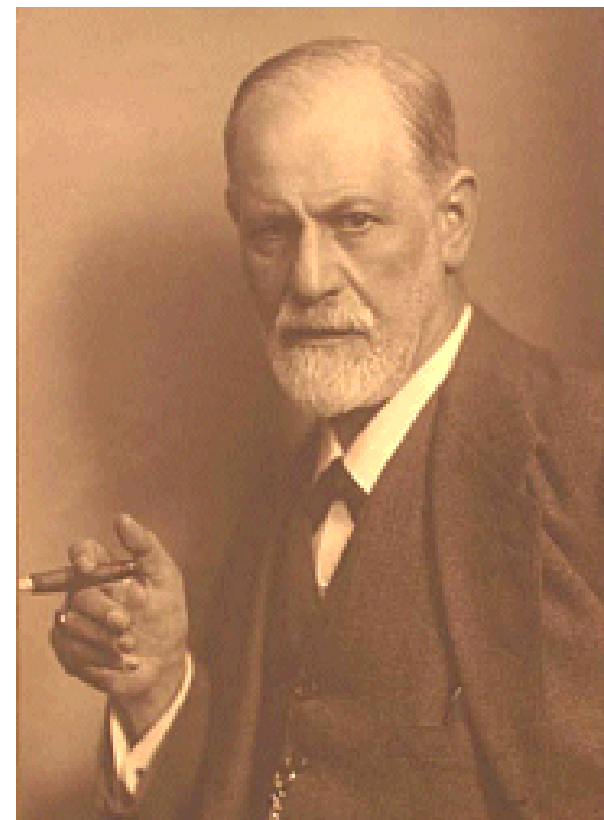
Freudian Theory

Levels of consciousness

- Conscious
  - What we're aware of
- Preconscious
  - Memories etc. that can be recalled
- Unconscious
  - Wishes, feelings, impulses that lies beyond awareness

Structures of Personality / Topography of mind

- Id
  - Operates according to the "pleasure principle"
- Ego
  - Operates according to the "reality" principle
- Superego
  - Contains values and ideals

- Conscious Mind: All the thoughts, feelings, and sensations that you are aware of at this particular moment represent the conscious level

- Preconscious Mind: A region of the mind holding information that is not conscious but is easily retrievable into conscious awareness (childhood memories, phone number)

- Unconscious Mind: A region of the mind that includes unacceptable thoughts, wishes, feelings, and memories and they exert great influence over our conscious thoughts & behavior.

Psychosexual Stages

- In Freudian theory, the childhood stages of development during which the id's pleasure seeking energies are focused on different parts of the body

- The stages include: oral, anal, phallic, latency, and genital

- A person can become "fixated" or stuck at a stage and as an adult attempt to achieve pleasure as in ways that are equivalent to how it was achieved in these stages

Oral Stage (birth – 2 years.)

- Mouth is associated with sexual pleasure

- Pleasure comes from chewing, biting, and sucking.

- Weaning a child can lead to fixation if not handled correctly

- Fixation can lead to oral activities in adulthood

Anal Stage (2 – 3 years)

- Gratification comes from bowel and bladders functions.

- Toilet training can lead to fixation if not handled correctly

- Fixation can lead to anal retentive or expulsive behaviors in adulthood

Phallic Stage (3 – 6 years)

- Focus of pleasure shifts to the genitals

- Boys cope with incestuous feelings toward their mother and rival feelings toward their dad (Oedipus Complex). For girls it is called the Electra Complex.

- Child identifies with and tries to mimic the same sex

  parent to learn gender identity.

Latency Stage (6 – 12 years)

- Sexuality is repressed (Latent means "hidden") due to intense anxiety caused by Oedipus complex

- Children participate in hobbies, school, and same-sex friendships that strengthen their sexual identity

Genital Stage (13 to 20 years)

- Incestuous sexual feelings re-emerge but being prohibited by the superego are redirected toward others.

- Healthy adults find pleasure in love and work, fixated adults have their energy tied up in earlier stages

Interpersonal Theory- Harry Sullivan

- Focus on the importance of interpersonal relationships in determining behavior and psychopathology

- Sullivan :personality is "the relatively enduring pattern of recurrent interpersonal situations which characterize a human life"

- Although childhood experiences are important, IPT regards current relationships as more important

- Individual behavior and personality development are the direct result of interpersonal relationships.

Harry Stack Sullivan

The Good Me, the Bad Me, and the Not Me

- The '**good me**' versus the '**bad me**' based on social appraisal and the anxiety that results from negative feedback

- The '**not me**' refers to the unknown, repressed component of the self

- **Infancy (Birth-18 months):** Gratification of needs

- **Childhood (18 month-6 years):** Delayed gratification

- **Juvenile (6-9 years):** Formation of peer group

- **Preadolescence (9-12 years):** Developing relationships within same gender

- **Early Adolescence (12-14 years):** Identity

- **Late Adolescence (14-21 years):** Forming lasting, intimate relationships

Theory of Psychosocial Development

- Erikson(1963) studied the influence of social processes on the development of the personality

- Individuals struggle with developmental crises throughout the life cycle

- Specific tasks in each stage must be completed for emotional growth to occur

Infancy
Trust vs. Mistrust

- Age: Birth to 1 year

- Major Task: Develop a sense of trust in others

- Mastery: Trust in people and the environment

- Characteristics: Social attachment

- Concerns: Emotional dissatisfaction, suspiciousness, difficulty with interpersonal relationships

Early childhood
Autonomy vs. Shame and Doubt

- Age: 1 to 3 years

- Major Task: Learn self-control

- Mastery: Pride in self

- Characteristics: Self-control, language development, fantasy play

- Concerns: Lack of self-confidence, lack of pride in the ability to perform, a sense of being controlled by others, rage against self

Middle childhood
Initiative vs. Guilt

- Age: 4 to 5 years

- Major Task: Initiate spontaneous activities

- Mastery: Able to initiate activities and enjoy learning

- Characteristics: Early moral development, self-esteem, group play, egocentrism

- Concerns: Feelings of inadequacy and guilt, accepting of liability in situations for which individual is not responsible

Late childhood
Industry vs. Inferiority

- Age: 6 to 11 years

- Major Task: Develop necessary social skills

- Mastery: Acquire skills for, and develop competence in, work

- Characteristics: Friendship, skill learning, self-evaluation, team play

- Concerns: Difficulty in interpersonal relationships caused by feelings of inadequacy

Adolescence
Identity vs. Role Confusion

- Age: 12 to 19 years

- Major Task: Integrate childhood experiences into a personal identity

- Mastery: Strong group identity, readiness to plan for the future

- Characteristics: Physical maturation, sexual relationships, membership in peer group

- Concerns: Self-consciousness, doubt, and confusion about one's role in life

Early adulthood
Intimacy vs. Isolation

- Age: 20 to 25 years

- Major Task: Develop commitments to others and to a career

- Mastery: Form close relationships and share with others

- Characteristics: Stable relationships, childbearing, work

- Concerns: Withdrawal, social isolation, inability to form lasting relationships

Middle adulthood
Generativity vs. Stagnation

- Age: 26 to 64 years

- Major Task: Establish a family and become productive

- Mastery: Nurturing children or helping the next generation in other ways

- Characteristics: Nurturing of close relationships, managing career/household

- Concerns: Lack of concern for the welfare of others, total preoccupation with self

Old age
Integrity vs. Despair

- Age: 65 years and older

- Major Task: View one's life as meaningful and fulfilling

- Mastery: Sense of fulfillment about life, sense of unity with self and others

- Characteristics: Promote intellectual vigor, redirect energy to new roles and activities

- Concerns: Self-contempt and disgust with how life has progressed

Cognitive Development theory- Jean Piaget

- Developed by Jean Piaget (1896-1980)

- Our mental representations of world (schemata) depend on the cognitive stage we have reached

- 3 Stages

  - Sensorimotor stage (0-2 yrs)

  - Preoperational stage (2-6 yrs)

  - Concrete operational stage (6-12 yrs)

  - Formal operational stage (12-15 yrs)

- The theory concerns the emergence and acquisition of schemata—schemes of how one perceives the world—in "developmental stages", times when children are acquiring new ways of mentally representing information.

- The theory is considered "constructivist", it asserts that we construct our cognitive abilities through self - motivated action in the world.

Development Stages

- ***Sensorimotor stage***: from birth to age 2 years (children experience the world through movement and senses and learn object permanence).

- ***Preoperational stage***: from ages 2 to 6 (acquisition of motor skills).

- ***Concrete operational stage***: from ages 6 to 12 (children begin to think logically about concrete events).

- ***Formal operational stage***: ages 12 to 15 (development of abstract reasoning).

Kohlberg's Theory of Moral Development

- Assessed moral reasoning by posing hypothetical moral dilemmas and examining the reasoning behind people's answers

- Proposed three distinct levels of moral reasoning: preconventional, conventional, and postconventional

- Each level is based on the degree to which a person conforms to conventional standards of society

- Each level has two stages that represent different degrees of sophistication in moral reasoning.

Levels of Moral Reasoning

- **Pre conventional**—moral reasoning is based on external rewards and punishments

- **Conventional**—laws and rules are upheld simply because they are laws and rules

- **Post conventional**—reasoning based on personal moral standards

Pre conventional Level (4 to 10 years)

Stage 1: Punishment and obedience orientation. Physical consequences of action determine its goodness or badness.

Stage 2: Instrumental relativist orientation. What is right is what satisfies your own needs and occasionally the needs of others, e.g., the expectations of the family group or nation can be seen as valuable in own right.

Conventional Level (10 to 13 yrs)

Stage 3: Interpersonal concordance orientation:"Good boy – good girl" orientation – good behavior is what pleases or helps others and is approved by them

Stage 4: Law and order orientation – right is doing one's duty, showing respect for authority, and maintaining social order for its own sake

Post conventional Level (> 13 years)

Stage 5: Social contract legalistic orientation – what is right is a function of individual rights and agreed upon standards.

Stage 6: Universal ethical principle orientation – what is right is determined decision of conscience according to self-chosen ethical principles (these principles are abstract and ethical not specific moral prescriptions)

Defense mechanism

- Automatic psychological process that protects the individual against anxiety and from awareness of internal or external stressors or dangers.

Compensation

Covering up a real or perceived weakness by emphasizing a trait one considers more desirable.

- *Eg: A physically handicapped boy is unable to participate in football, so he compensates by becoming a great scholar.*

Denial

• Refusing to acknowledge the existence of a real situation or the feelings associated with it.

Eg: A man who drinks alcohol every day and cannot stop fails to acknowledge that he has a problem.

Displacement

The transfer of feelings from one target to another that is considered less threatening or that is neutral.

Eg: A client is angry at his physician, does not express it, but becomes verbally abusive with the nurse.

Identification

An attempt to increase self-worth by acquiring certain attributes and characteristics of an individual one admires

Eg: A teenager who required lengthy rehabilitation after an accident decides to become a physical therapist as a result of his experiences.

Intellectualization

An attempt to avoid expressing actual emotions associated with a stressful situation by using the intellectual processes of logic, reasoning, and analysis

Eg: S's husband is being transferred with his job to a city far away from her parents. She hides anxiety by explaining to her parents the advantages associated with the move.

Introjection

Integrating the beliefs and values of another individual into one's own ego structure

Eg: Children integrate their parents' value system into the process of conscience formation. A child says to friend, "Don't cheat. It's wrong."

Rationalization

Attempting to make excuses or formulate logical reasons to justify unacceptable feelings or behaviors.

Eg: John tells the rehab nurse, "I drink because it's the only way I can deal with my bad marriage and my worse job."

Reaction Formation

Preventing unacceptable or undesirable thoughts or behaviors from being expressed by exaggerating opposite thoughts or types of behaviors

Eg: Jane hates nursing. She attended nursing school to please her parents. During fresher's day, she speaks to prospective students about the excellence of nursing as a career.

Regression

Retreating in response tostress to an earlier level of development and the comfort measures associated with that level of functioning.

Eg: When 2-year-old Jay is hospitalized for tonsillitis he will drink only from a bottle, even though his mom states he has been drinking from a cup for 6 months.

Repression

Involuntarily blocking unpleasant feelings and experiences from one's awareness

Eg:An accident victim can remember nothing about his accident.
Forgetting a friend`s birth day after a fight

Sublimation

Rechanneling of drives or impulses that are personally or socially unacceptable into activities that are constructive

Eg: A mother whose son was killed by a drunk driver channels her anger and energy into being the president of the local chapter of Mothers Against Drunk Drivers.

Suppression

The voluntary blocking of unpleasant feelings and experiences from one's awareness

Eg: S` says, "I don't want to think about that now. I'll think about that tomorrow."

Isolation

Separating a thought or memory from the feeling, tone or emotion associated with it

Eg: A young woman describes being attacked and raped, without showing any emotion.

Projection

Attributing feelings or impulses unacceptable to one's self to another person

Eg: Sheela blames her track coach and tells her friend,"He did not train me well!"

Undoing

Symbolically negating or canceling out an experience that one finds intolerable

Eg:Joe is nervous about his new job and yells at his wife. On his way home he stops and buys her some gifts.

Content summary

The slides have highlighted the classification based on ICD 10, DSM IV and Indian classification with focus on DSM V, the non axial classification. Review of personality development and defense mechanism helped us to identify normal pattern of characteristics and identified the method of mechanism used to compromise unusual situation.

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MCQs (10X1=10 Marks)

1. Placing blame for one's difficulties upon others

   a)compensation b)projection c)displacement

2. ICD is published by the

    a)APA b)WHO c) ICMR

3. DSM V use --------- axial system

   a)single b)multi c)non

4. deeply ingrained pattern of behavior is ----

   a)behavior b)personality c) character

5.Major components Id, ego and the superego constitute topography of

   a) Mind b)personality c) behavior

6. Classification of mental disorders is also known as psychiatric

   a)category b)nosology c) noxology

7. Forgetting a friend`s birth day after a fight

   a)repression b)rationalization c) projection

8. Theory of moral development is given by

   a)Peaget b) Sulllivan c)Kohlberg

9. GAF is

   a) Governed Assessment of Functioning b) Global Assessment of Functioning c) Grouped Assessment of Functioning

10. Schizophrenia, schizotypal and delusional disorders falls under

   a) F 20– F29 b) F 30– F39 c) F40– F49

Short notes (2X5=10 marks)

1. List two difference between ICD 10 and DSM IV classification

2. Define defense mechanism

3. Define personality

4. enlist four defense mechanism with example

5. Stages of moral development in personality

Short answers(5X2=10 marks)

1. Elaborate on any three theories of personality development

2. Classify mental disorders based on ICD 10 and DSM IV

THANK YOU