Personality, clinical and abnormal psychology

Supported GRE teaching and original transfer practice

Personality, clinical and abnormal psychology

- Compare trait, psychodynamic, behavioural, cognitive and humanistic accounts of personality.
- Evaluate personality assessments.
- Use **differential diagnosis** : compare possible explanations of a presentation.
- Judge treatment evidence, which needs comparison groups.

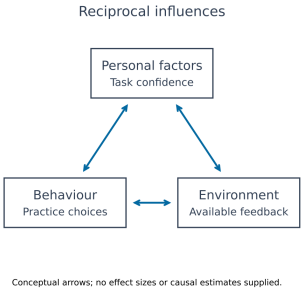
Theories of personality

- Trait theories describe stable dimensions. The Big Five are openness, conscientiousness, extraversion, agreeableness and neuroticism.
- Psychodynamic theories (Freud and later analysts) stress unconscious processes and early experience.
- Behavioural accounts explain personality by learning histories.

Theories of personality (2)

- Social-cognitive accounts: Bandura's **reciprocal determinism** says person, behaviour and environment influence one another. Self-efficacy is belief in one's ability to succeed at a task.
- Humanistic theories (Rogers, Maslow) stress growth and the self.

Figure: Theories of personality



- Bandura's **reciprocal determinism**: person, behaviour and environment influence one another
- Match each part of the diagram to the text.

Assessment

- Self-report inventories (such as the MMPI) are standardised and reliable, but answers can be distorted by social desirability.
- Projective tests (such as the Rorschach inkblots) have weaker reliability and validity.
- Consistency across weeks shows reliability, not that the trait interpretation is valid.

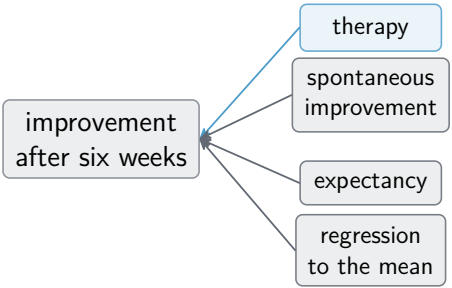
Clinical classification

- Diagnosis looks at a pattern: symptoms, duration, distress or impairment, context and exclusions.
- **Differential diagnosis** compares explanations that fit the same signs, such as a medical condition, a substance or another disorder.
- Categories describe patterns; they do not by themselves give causes.
- These lessons teach concepts. They are not for diagnosing yourself or others.

Treatment evidence

- Different therapies propose different mechanisms: cognitive approaches change thoughts, behavioural approaches change learning contingencies.
- A gain after treatment can come from the treatment, spontaneous improvement, expectation or regression to the mean.
- Random allocation to treatment or a suitable comparison separates these.

Figure: Treatment evidence



random allocation and a comparison group share the grey causes, so the gap between groups isolates the therapy's part

- A pre-post gain bundles several causes.
- Match each part of the diagram to the text.

Worked example: an uncontrolled programme

- Regression to the mean: people chosen for extreme scores tend to score less extremely next time.
- Spontaneous improvement: stress often falls with time.
- A useful comparison: randomly assign similar high scorers to the programme or to a waitlist.

Worked example: a self-report scale

- Stability shows reliability under similar conditions.
- The teacher's presence may raise social desirability: the pupil reports what seems acceptable.
- Use several methods and settings. Consistency alone neither validates a trait interpretation nor supports a diagnosis.

Common errors

- Treating one situation's behaviour as a full measure of a trait.
- Treating projective tests as equal in evidence to standardised inventories.
- Inferring a treatment effect from a before-and-after change alone.

Common errors (2)

- Treating a diagnostic label as an explanation.
- Using classroom descriptions to diagnose real people.

Key terms

- **trait**: A relatively stable dimension on which people differ.
- **reciprocal determinism**: Bandura's idea that personal factors, behaviour and environment influence one another.
- **differential diagnosis**: Comparing possible explanations for a clinical presentation.

Check yourself

- Name the five Big Five traits.
- Why do people selected for very high scores often score lower later, without treatment?
- Which has weaker reliability: the MMPI or the Rorschach?