

GCSE PSYCHOLOGY

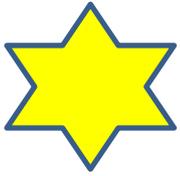
UNIT 1 - PERSONALITY

KEY STUDIES AND KEY WORDS

GCSE PSYCHOLOGY

UNIT 1

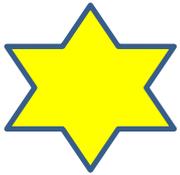
WHAT IS PERSONALITY AND TEMPERAMENT?



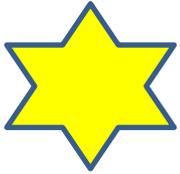
WHAT IS PERSONLITY?

- **PERSONALITY** is made up “**the thoughts, feelings and behaviours that make a person unique**”
- This comes from within the person and so remains reasonably constant (i.e. they will remain the same in different situations)
 - E.g. If someone has an aggressive personality they will be aggressive in every situation
- Personality can develop over years as a result of experience

WHAT IS PERSONLITY AND TEMPERAMENT?



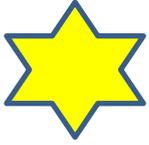
- **TEMPERAMENT** refers to **inherited aspects of Personality**, so it describes the way in which a person responds to the environment (this stays constant throughout life)
- Understanding Temperament can help people recognise which situations they find difficult
 - They cannot change their temperament, but they can find ways of dealing with these situations (e.g. if they are easily distracted then they could remove all distractions before completing an important task)



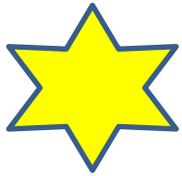
THOMAS, CHESS AND BIRCH (1977)

- **AIM:** To discover whether ways of responding to the environment remain stable throughout life
- **METHOD:** They studied 133 children from infancy to early adulthood. The children's behaviour was observed and their parents interviewed. The parents were asked about the child's routine and its reactions to change
- **RESULTS:** They found that the children fell into three types: "easy", "difficult" or "slow to warm up". The "easy" children were happy, flexible and regular. The "difficult" children were demanding, inflexible and cried a lot. The children that were "slow to warm up" did not respond well to change or new experiences to begin with, but once they had adapted they were usually happy
- **CONCLUSION:** These ways of responding to the environment stayed with the children as they developed. Thomas, Chess and Birch therefore concluded that temperament is innate

EVALUATION OF THOMAS, CHESS AND BIRCH



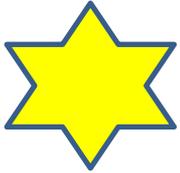
- This is a **longitudinal study** of temperament, allowing the researchers to support the view that temperament is innate (as children show the same reactions to situations when they get older; suggesting an inborn response)
 - A negative point of longitudinal studies is that some participants could drop out part-way through the study, which would affect the results
- Children were from middle-class families living in New York
 - So results cannot be generalised to other social classes
- The parents may have been biased in the answers that they thought showed their children in the best possible way



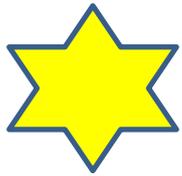
BUSS AND PLOMIN (1984)

- **AIM:** To test the idea that temperament is innate
- **METHOD:** They studied 228 pairs of **monozygotic twins** and 172 pairs of **dizygotic twins**. They rated the temperament of the twins when they were 5 years old. They looked at three dimensions of behaviour
 - Emotionality – how strong the child's emotional response was
 - Activity – how energetic the child was
 - Sociability – how much the child wanted to be with other people
- They then compared the scores of each pairs of twins
- **RESULTS:** There was a closer correlation between the scores of the monozygotic twins than between the scores of the dizygotic twins
- **CONCLUSION:** Temperament has a genetic basis

EVALUATION OF BUSS AND PLOMIN



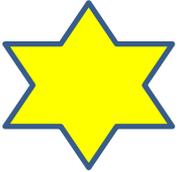
- This study supports the view that temperament is innate (as the monozygotic twins, who are genetically identical, were more similar in emotionality, activity and sociability than dizygotic twins)
- Monozygotic twins are treated in very similar ways (so the correlation between their scores could be explained by their environment rather than by their genes)
- Research carried out on twins cannot be generalised to the whole population because not everyone is a twin



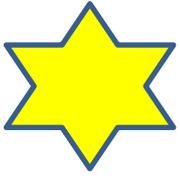
KAGAN AND SNIDMAN (1991)

- **AIM:** To investigate whether temperament is due to biological differences
- **METHOD:** They studied the reactions of four-month-old babies to new situations. For the first minute the baby was placed in a seat with the caregiver sitting nearby. For the next three minutes the caregiver moved out of the baby's view while the baby was shown different toys by the researcher
- **RESULTS:** 20% of the babies showed distress by crying, vigorous movement of the arms and legs and arching of the back. They were classed as **high reactive**. 40% of the babies showed little movement or emotion. They were classed as **low reactive**. The remaining infants fell somewhere between the two.
- In a follow-up study 11 years later, they found there was still a difference in the way the two groups reacted to new situations; the high reactives were shy while the low reactives were calm
- **CONCLUSION:** They concluded that these two temperaments are due to inherited differences in the way the brain responds

EVALUATION OF KAGAN AND SNIDMANT



- They used a large sample (so it is easier to generalise their results to the whole population)
- The research took place in an experimental setting (i.e. a controlled environment that would not have been familiar to the children taking part in the study). So they may have behaved differently from usual because they were in a strange place
- Behaviour was observed and recorded (researchers may have missed some important behaviours or recorded them inaccurately; which would affect the results)



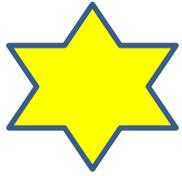
KEY TERMS

- **PERSONALITY** = The thoughts, feelings and behaviours that make an individual unique
- **TEMPERAMENT** = The genetic component of Personality
- **LONGITUDINAL STUDY** = A study carried out to show how behaviour changes over time
- **MONOZYGOTIC TWINS** = Twins developed from one fertilised egg (identical twins)
- **DIZYGOTIC TWINS** = Twins developed from two separate fertilised eggs (non-identical)

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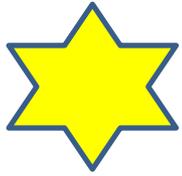
UNIT 1

MEASURING PERSONALITY



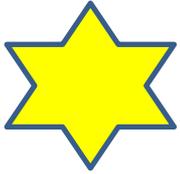
EYSENCK'S TYPE THEORY OF PERSONALITY

- Eysenck believed that there are different personality types (**TYPE THEORY**)
 - For each personality type there are associated traits
- The personality types identified were:
 - **EXTROVERSION**
 - **INTROVERSION**
 - **NEUROTICISM**



EYSENCK'S TYPE THEORY OF PERSONALITY

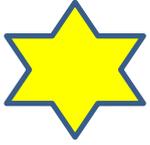
- **Extroverts look to other people and the outside world for entertainment**
- **Introverts are content with their own thoughts and ideas**
- Eysenck believed that these personality types were caused by the type of nervous system the individual inherits (e.g. in neurotics, the nervous system reacts quickly and strongly to stress)



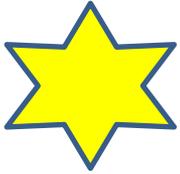
EYSENCK (1947)

- **AIM:** To investigate personality differences between people
- **METHOD:** 700 servicemen completed a questionnaire. Eysenck analysed the results using a statistical technique known as factor analysis
- **RESULTS:** He identified two dimensions of personality (extroversion-introversion and neuroticism-stability)
- **CONCLUSION:** Everyone can be placed along these two dimensions of personality. Most people lie in the middle of the scale

EVALUATION OF EYSENCK'S STUDY

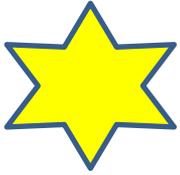


- His original research used a limited sample to test his ideas (only carried out on servicemen). Since then his findings have been supported by further research carried out on thousands of people
- He only described a limited number of personality types
- He used questionnaires to test personality. The answers people gave could have been based on their mood at the time
- He believed that personality is genetic. This does not consider the idea that personality can change as a result of experience



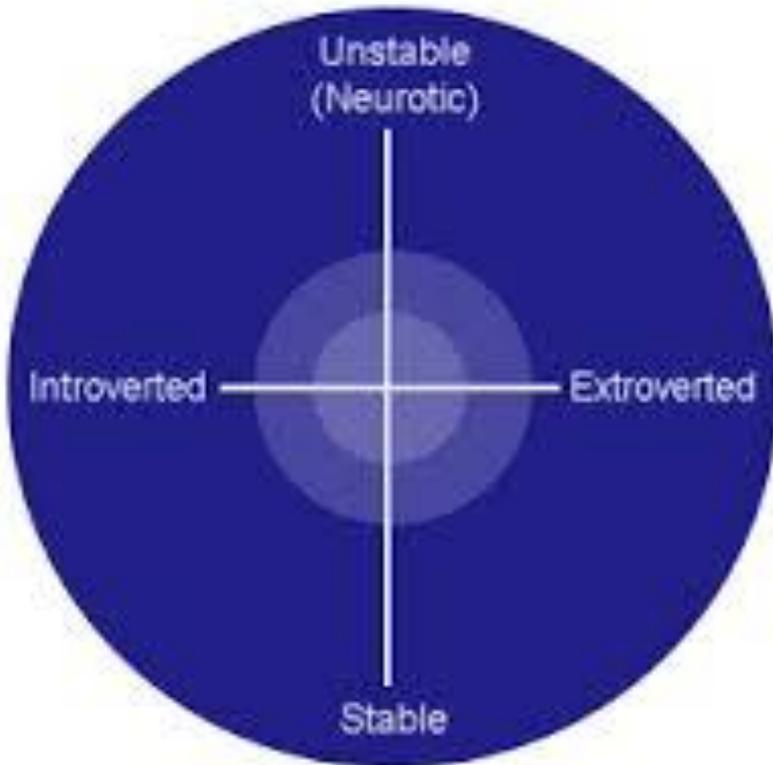
Personality scales

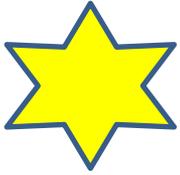
- Eysenck developed **personality scales** in order to measure personality types
- **EYSENCK PERSONALITY INVENTORY (EPI) - 1964**
 - This scale is used to measure extroversion-introversion and neuroticism-stability
 - This is made up of “Yes” and “No” questions (with 57 items)
 - The answers given can be used to identify an individual’s personality
 - The two dimensions are not related so the individual can be identified as a neurotic extrovert, a neurotic introvert, a stable extrovert or a stable introvert



Personality scales

- **EYSENCK PERSONALITY INVENTORY (EPI)**





Personality scales

- **EYSENCK PERSONALITY QUESTIONNAIRE (EPQ) - 1975**
 - This is an expanded version of the EPI
 - This scale is also used to measure extroversion, introversion and neuroticism (with 90 items)
 - A further dimension added to this scale is known as **psychoticism**
 - Most people score low on this dimension, but those with a high score are hostile, aggressive, insensitive, cruel and lack feeling
 - The three dimensions are not linked. Which means that the individual is given a separate score for extroversion, neuroticism and psychoticism

TRAITS OF EYSENCK'S PERSONALITY TYPES

STABLE EXTROVERT

- Sociable
- Outgoing
- Talkative
- Responsive
- Easy-going
- Lively
- Carefree

TRAITS OF EYSENCK'S PERSONALITY TYPES

STABLE INTROVERT

- Calm
- Even-tempered
- Reliable
- Controlled
- Peaceful
- Thoughtful
- Careful

TRAITS OF EYSENCK'S PERSONALITY TYPES

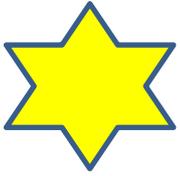
UNSTABLE EXTROVERT

- Touchy
- Restless
- Aggressive
- Excitable
- Changeable
- Impulsive
- Optimistic

TRAITS OF EYSENCK'S PERSONALITY TYPES

UNSTABLE INTROVERT

- Moody
- Anxious
- Pessimistic
- Reserved
- Unsociable
- Quiet



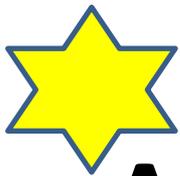
KEY TERMS

- **TYPE THEORY:** Personality Types are thought to be inherited. They can be described using related traits
- **EXTROVERSION:** A Personality Type that describes people who look to the outside world for entertainment
- **INTROVERSION:** A Personality Type that describes people who are content with their own company
- **NEUROTICISM:** A Personality Type that describes people who are highly emotional and show a quick, intense reaction to fear
- **PERSONALITY SCALES:** Ways of measuring personality using yes/no questions
- **PSYCHOTICISM:** A third dimension identified by Eysenck. People who score high on this dimension are hostile, aggressive, insensitive and cruel

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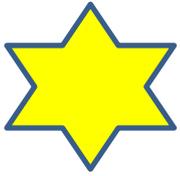
UNIT 1

ANTISOCIAL PERSONALITY DISORDER (APD)



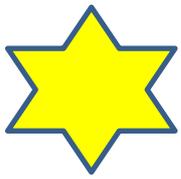
ANTISOCIAL PERSONALITY DISORDER

- APD is a condition where individuals ignore the rights of others and do not use socially acceptable behaviour
- They lie, steal, can be aggressive and do not abide by the law
- They find it hard to hold down a job and meet their responsibilities as a parent or husband/wife
- They may be witty and charming but find it difficult to make or keep friends
- APD affects 3% of males and 1% of females
- About 75% of the prison population suffer with APD



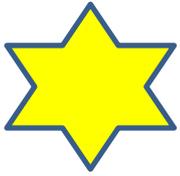
CHARACTERISTICS OF APD

- The **DSM-IV TR (2000)** covers all mental health disorders for both children and adults
- It includes information about each disorder including the age at which it starts, the criteria used for diagnosis and the causes
- APD cannot be diagnosed until the individual is at least 18, but they will have been showing this pattern of behaviour from the age of 15



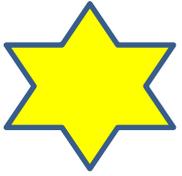
CHARACTERISTICS OF APD

- To be diagnosed with APD the individual will show **three or more** of the following characteristics:
 - Not following the norms and laws of society
 - Being deceitful by lying, conning others and using aliases
 - Being impulsive and not planning ahead
 - Being irritable and aggressive, often involved in physical fights or assaults
 - Being careless about their own safety or the safety of others
 - Being irresponsible, failing to hold down a job or pay money back owed to others
 - Lacking remorse by being indifferent to, or finding reasons for, hurting, mistreating or stealing from others



CHARACTERISTICS OF APD

- These symptoms seem to be worst when the individual is in their teens or early twenties but get better with age
- **NOTE: You will need to remember 3 of these characteristics for the exam**
- <http://www.youtube.com/watch?v=NfHo-HJObU8>



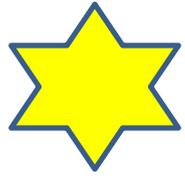
KEY TERMS

- **ANTISOCIAL PERSONALITY DISORDER (APD):**
A condition in which the individual does not use socially acceptable behaviour or consider the rights of others
- **DSM-IV TR:** Lists different mental disorders and the criteria for diagnosing them
 - The **DSM-IV TR** is short for **The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition – Text Revision** (American Psychiatric Association, 2000)

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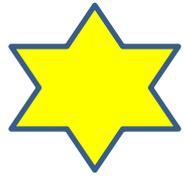
UNIT 1

CAUSES OF APD



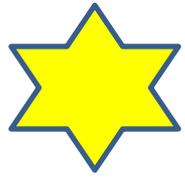
BIOLOGICAL CAUSES OF APD

- Some researchers believe that brain abnormalities are the main cause of APD
- The **amygdala** and the **prefrontal cortex** are the two areas of the brain that have been associated with APD

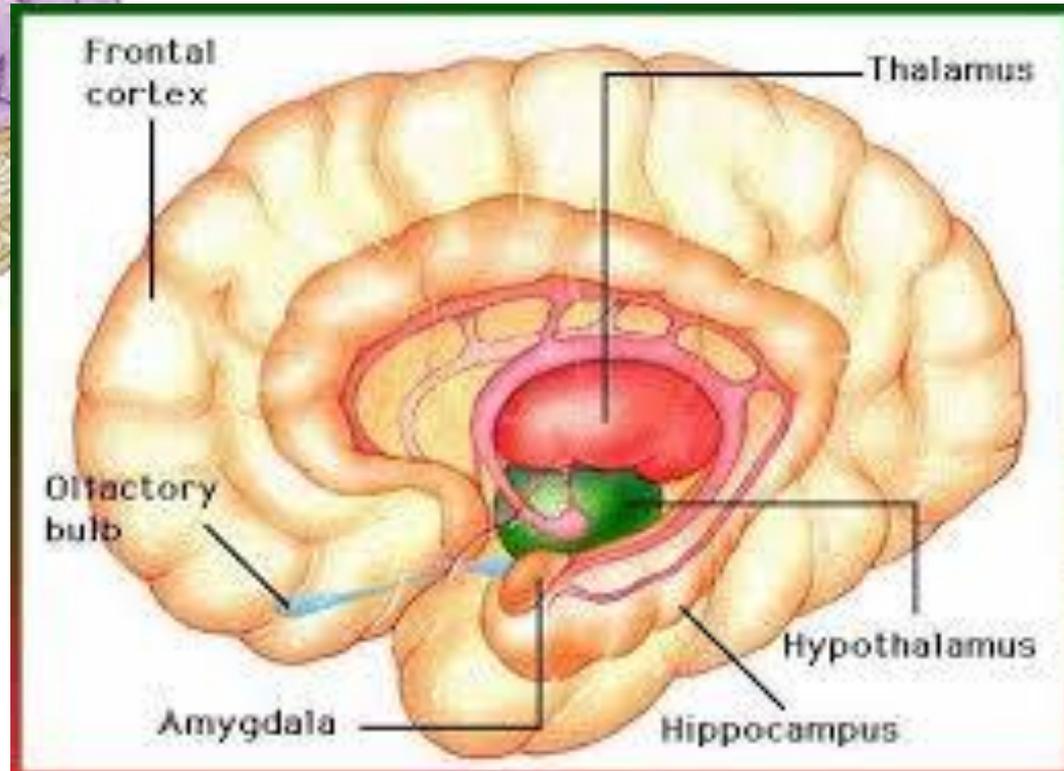
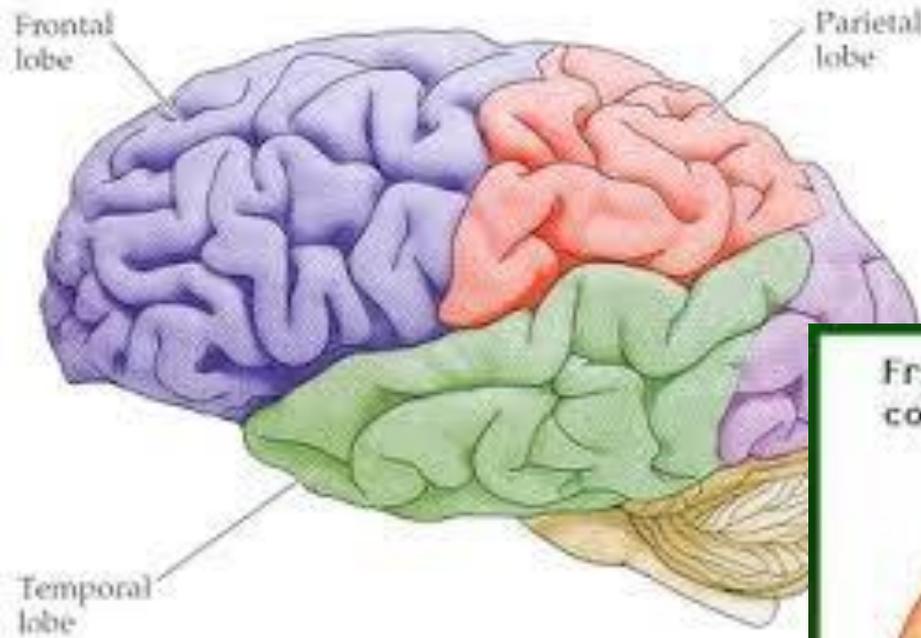


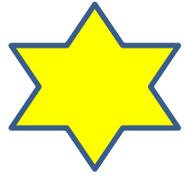
BIOLOGICAL CAUSES OF APD

- The amygdala is found in the limbic system in the temporal lobe of the brain. It is involved in memory and emotions
- The outer layer of the brain is known as the cerebral cortex (or **grey matter**). Grey matter includes regions of the brain involved in muscle control, sensory perceptions (sight and hearing), memory, emotions and speech
- The **prefrontal cortex** is located in the frontal lobe of the brain and is involved in expressing personality and appropriate social behaviour



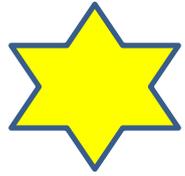
BIOLOGICAL CAUSES OF APD





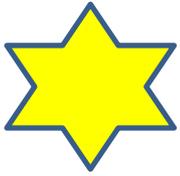
BIOLOGICAL CAUSES OF APD

- The amygdala is responsible for learning from the negative consequences of our actions
- It also responds to fearful and sad facial expressions in others
- So we learn to avoid activities that we can see causes distress to others
- The amygdala is affected in people with APD
- This means they do not learn to avoid behaviour that harms others (as they are not affected by distress shown by their victims)



BIOLOGICAL CAUSES OF APD

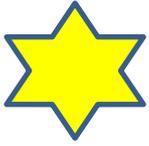
- Reduction in the grey matter in the prefrontal cortex has been associated with APD
- The prefrontal cortex enables people to learn social and moral behaviour and to feel guilt
- As people with APD have reduced grey matter in this area, they are less likely to behave morally or to feel remorse for wrongdoing



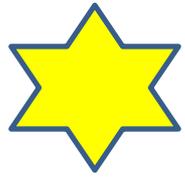
RAINE ET AL (2000)

- **AIM:** To support the theory that abnormalities in the prefrontal cortex cause APD
- **METHOD:** Magnetic resonance imaging (MRI) was used to study 21 men with APD and a control group of 34 healthy men. The subjects were all volunteers
- **RESULTS:** The APD group had 11% reduction in prefrontal grey matter compared with the control group
- **CONCLUSION:** APD is caused by a reduction in the brain's grey matter

EVALUATION

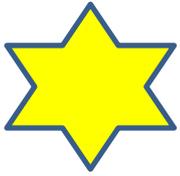


- ✓ Raine et al's study supports the biological explanation that APD is caused by an abnormality in the brain
- ✗ They only studied males so their findings may not relate to women with APD
- ✗ Participants were volunteers, so may not have been representative of all people with APD
- ✗ Behaviours linked to one brain area often result from a deficit elsewhere in the brain. So the cause of APD may be more complex than this study suggests



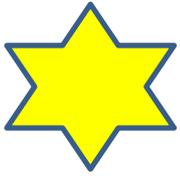
SITUATIONAL CAUSES OF APD

- APD may be caused by the situation that someone is brought up in
- So some factors that lead to APD have their roots in childhood and include:
 - **Socioeconomic factors** including low family income and poor housing
 - Quality of life at home including poor parenting
 - Educational factors including low school achievement and leaving school at an early age



FARRINGTON (1995)

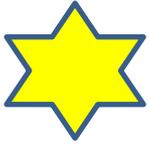
- **AIM:** To investigate the development of offending and antisocial behaviour in males studied from childhood to the age of 50
- **METHOD:** The researchers carried out a **longitudinal study** of the development of antisocial and offending behaviour in 411 males. They all lived in a deprived, inner-city area of London. They were first studied at the age of 8 and were followed up until the age of 50. Their parents and teachers were also interviewed. Searches were carried out at the Criminal Records Office to discover if they, or their family had been convicted of a crime



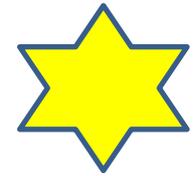
FARRINGTON (1995)

- **RESULTS:** 41% of the males were convicted of at least one offence between the ages of 10 and 50. The most important risk factors for offending were criminal behaviour in the family, low school achievement, poverty and poor parenting
- **CONCLUSION:** Situational factors lead to the development of antisocial behaviour

EVALUATION

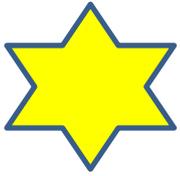


- × This study was not a controlled experiment. Therefore, factors that were not considered could have affected the offending behaviour of the males studied. E.g. Biological factors were not investigated
- × The researchers in the study interviewed the males, their parents and teachers. When people are taking part in surveys they can give socially desirable answers



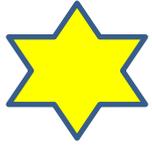
ELANDER ET AL (2000A)

- **AIM:** To investigate the childhood risk factors that can be used to predict antisocial behaviour in adulthood
- **METHOD:** Researchers investigated 225 twins who were diagnosed with childhood disorders and interviewed them 10-25 years later
- **RESULTS:** They found that childhood hyperactivity, conduct disorders, low IQ and reading problems were strong predictors of APD and criminality in adult life
- **CONCLUSION:** Disruptive behaviour in childhood can be used to predict APD in adulthood



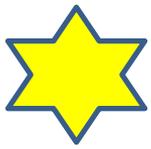
EVALUATION

- ✓ This study supports the view that childhood risk factors make some people more likely to develop APD than others
- ✗ This study looked at twins. Therefore, genetics, rather than situational factors may have affected behaviour
- ✗ The participants were asked to describe experiences from their childhood, which they may have remembered wrongly



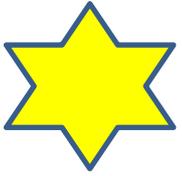
PRACTICAL IMPLICATIONS

- Research into APD has implications for the prevention and treatment of this disorder:
 - As research cannot decide on the cause of APD, it is difficult to know how to prevent and treat it
 - If APD has a biological cause then it cannot be prevented
 - Psychologists who believe APD has a biological cause have attempted to treat it using medication, but research has found this to be ineffective



PRACTICAL IMPLICATIONS

- Continued:
 - If APD has a situational cause, then reducing childhood problems should lower the risk of APD developing
 - Identifying risk factors for APD can lead to some groups being overlooked. Children who have had a stable childhood can also develop APD
 - APD is one of the most difficult disorders to treat. The characteristics of this disorder can make patients difficult to work with. E.g. they don't believe they need to change, or they lie about their behaviour and describe their offences as less serious than they were



KEY TERMS

- **AMYGDALA**: Part of the brain involved in emotion
- **GREY MATTER (CEREBRAL CORTEX)**: The outer layer of the brain
- **PREFRONTAL CORTEX**: The very front of the brain. It is involved in social and moral behaviour and controls aggression
- **SOCIOECONOMIC FACTORS**: Social and financial issues that can affect an individual
- **LONGITUDINAL STUDY**: A study carried out to show how behaviour changes over time