

THEORIES OF PERSONALITY II

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SESSION 10: Cognitive Theory & Disorders, Applications, and Trends

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**[Pick the date]**

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"Cognitive Learning Theory gives us several key ideas that explain learning:

- ▶ Human memory has two channels for processing information: visual and auditory.
- ▶ Human memory has a limited capacity for processing information
- ▶ Learning occurs by active processing in the memory system
- ▶ New knowledge and skills must be retrieved from long-term memory for transfer to the job."

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E-Learning and the Science of Instruction  
Ruth C. Clark & Richard E. Mayer (2003), p. 35



## THEORIES OF PERSONALITY

### SESSION 10: Cognitive Theory & Disorders, Applications, and Trends

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#### **I Think therefore I have a Personality**

If you believe the saying 'Perception is everything,' then you may well be a cognitivist. Cognitive theory is focused on the individual's thoughts as the determinate of his or her emotions and behaviors and therefore personality. Many cognitive theorists believe that without these thought processes, we could have no emotions and no behavior and would therefore not function. In other words, thoughts always come before any feeling and before any action.

Biological theory was popular for thousands of years, second only to mythology in explaining personality. In the early 1900's, Psychoanalysis gained in both popularity and criticism. By the 50's, Behavioral thought ruled contemporary psychology, ousted by the growing interest in Humanistic thought in the 60's and 70's. Knowing this, you could say that Cognitive theory became king in the 80's and 90's. Many self-help books have been written from the cognitive perspective, each telling us various ways to change the way we think about ourselves and the world.

By changing our thoughts, they wrote, we can change our mood, decrease our anxiety, or improve our relationships. We can quit smoking, make more

friends, and enjoy our jobs more. The basic premise: If we perceive the glass as half full rather than half empty, the world will look much brighter; In a brighter world, we are happier individuals.

This chapter discusses the major cognitive theories as well as some of the major research and techniques in the area of cognitive therapy.

## **The Beginning of Cognitivism**

George Kelly was perhaps the first cognitive theorist. His writings describe in detail his criticisms of the previously popular personality theories. He wrote that Freud's theory was not only unbelievable but went as far as to call it 'nonsense.' He referred to behavioral theory as a bunch of confusing arrows, R's and S's.

In contrast to these theories, Kelly saw individual differences as a result of how we interpret and predict the events that affect us. He called these personal constructs, referring to our individual way of gathering information from the world and developing hypotheses based on these interpretations. Much like the scientist who develops hypotheses and then performs tests to determine the efficacy of the initial thought, so to do individuals develop ideas about relationships and test their ideas. Based on our results, right or not, we develop a way of interacting with the world. This way of interacting is our personality.

The main idea behind Kelly's theory is called the Fundamental Postulate, which states that "a person's process are psychologically channelized [sic] by the ways in which he anticipates events" (Kelly, 1995, p.46). In other words, we act in a manner congruent with how we expect the world to be based on our interpretations of past events. If we see people as friendly and helpful we are much more likely to engage others and seek advice. If we see people as selfish and cruel, it would only be logical to avoid interpersonal relationships and rely solely on our own abilities.

Underlying the Fundamental Postulate of Kelly's theory are eleven Corollaries which together explain how we interpret information, why we often see the world differently, and how we influence the perceptions of others. His theory,

written in a very organized fashion almost resembling an outline or table of contents. This is even more in direct conflict with prolific writings of Freud and his followers and even the flow charts of Watson and Skinner. This is seen as both a benefit and a flaw, since this outline type theory is criticized as being confusing and overly simplistic.

### **As Simple as A-B-C**

Even though Albert Ellis was more of a therapist than a theorist, his interpretation of cognitive theory has gained a great deal of notability over the past twenty plus years. On the surface, his model is quite simple and often described as the A-B-C process.

According to Ellis, we experience Activating Events (A) everyday that prompt us to look at, interpret, or otherwise think about what is occurring. Our interpretation of these events result in specific Beliefs (B) about the event, the world and our role in the event. Once we develop this belief, we experience Emotional Consequences (E) based solely on our belief.



Lets look again at the scenario presented in the last chapter. We originally used the approach to demonstrate a typical humanistic exchange. Lets go back to the beginning and see how Ellis or other cognitive therapists might have done things differently. If you recall the solution in the previous chapter, you will notice that the means may be completely different, but the end is remarkably similar.

Therapist: I'm very curious about what's going on with you. What do you see as your reason for your coming in to talk with me today?

Client: Well, I see myself as a loser. I can't seem to accomplish anything and my husband says he wants a divorce because I just sit around all day doing nothing. I just don't see any way out of this whole mess.

Therapist: What makes you see yourself as a loser?

Client: I can't get anything done, my husband hates me, I'm lazy. I'm just a loser.

Therapist: So you've accomplished nothing at all in, say, the last month.

Client: Nothing.

Therapist: Wow, that's really hard to believe. Why don't you rethink that answer and look at some of the things you have accomplished.

Client: Like what?

Therapist: Start with the basics. Today you showered, you ate breakfast, you got the kids ready for school.

Client: So?

Therapist: So that's a little more than nothing isn't it?

Client: I guess. But I still feel like...

Therapist: Hold on a second. Why are you negating the fact that you accomplished something today.

Client: Because it's not enough for my husband.

Therapist: This is about you though. Do you think you accomplished something today?

Client: Yes.

Therapist: How does it feel to know you are at least taking care of your basic needs and seeing that your children are getting their needs met.

Client: I guess it feels good.

Therapist: You guess?

Client: No, it does, it could be a lot worse, I really could be doing nothing.

Therapist: But you're doing something?

Client: Yes, I'm not a total loser. Maybe I need to talk with my husband about this. He thinks I sit around all day and watch soaps. But I clean, cook his dinner, take care of the kids.

Therapist: So perhaps the two of you need to find some middle ground

Client: Exactly, I know I'm not perfect and maybe I could do more, but he needs to see what I do do rather than just what I don't. I think we are going to have a heart to heart talk tonight.

### **Cognitive Theory, or How to Change Your Mind**

As you read, the basic premise behind cognitive theory is the idea that the way we think about or perceive ourselves and others, determines how we respond to the world with our emotions and behaviors. The goal of any treatment would have to include changing the way a person thinks about himself and/or the world.

Many Cognitivists have applied cognitive theory to treatment, most notably Aaron Beck and Albert Ellis. Beck developed several assessment techniques such as the Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) which are both very popular quick assessments of an individual's functioning.

Beck, Ellis, and others see the application of cognitive theory as key in overcoming many negative aspects of personality. They believe that cognitions always precede behavior and emotion and therefore changing our thoughts will lead to a change in the other two. Research has provided a good deal of support for this idea, especially concerning depressive disorders, anxiety related disorders, anger, and interpersonal or relational difficulties. Some research even suggests that cognitive treatment, especially when combined with some behavioral aspects such as relaxation (often called cognitive-behavioral treatment) provides better and more long-lasting results than medication in the treatment of depression.

### **Strengths of Cognitive Theory**

First, as discussed, research has provided a lot of knowledge about how people think and perceive and has consequently provided a lot of support for cognitive theory. Second, perhaps because of these positive findings, cognitive theory has gained in popularity both in the professional and pop psychology arenas.

### **Weaknesses of Cognitive Theory**

Like all theories, the cognitive perspective is not free from criticism. First, behaviorists see this theory as weak due to the abstract nature of thoughts and

the difficulty in defining them. What may be seen as self-critical by one researcher may look like a rational remark by another. Second, there is no agreed upon definition or application of the theory. It is seen as fairly new and while it receives a great deal of research, the underlying theory of personality development is weak at best. So while it may have very positive outcomes in treatment, it does not provide a solid understanding of development. For the neo-Freudian, this might mean that cognitive therapy is only a temporary approach and does not address the real reason behind a personality issue.

### **Assessing the Power of Change**

While all of the personality theories discussed in this text have focused at least some of their attention on understanding personality and identifying aspects of personality, most are also concerned with the application of theory in order to facilitate personality change. The exceptions to this include biological and trait theory which are more concerned with the identification of traits and far less concerned with change.

For this reason, this chapter will focus on specific personality disorders and the 'symptoms' or personality characteristics associated with them. We will discuss the application of the theories that extend beyond understanding and reach into the realm of psychotherapy, or change. These theories include psychoanalytic and psychodynamic, behavioral and social learning theory, humanistic, and cognitive. Together, these four approaches predominate the world of psychotherapy. They are not exclusive, however, and many other theories have risen that have not gained in popularity or are too new to include in a text such as this.

Keep in mind that explaining the application of each of these theories does not mean that a therapist must ultimately choose one and only one theory to apply to the therapeutic setting. Most therapists consider themselves eclectic, which means they will often apply different theories as they best apply to the client, the relationship, and the therapeutic issue. Others consider themselves integrational, and while there is a thin line between the two, integrational therapy often means the application of bits and pieces of different theories applied within the same setting and with the same client.

### **Maladaptive Patterns of Interacting**

Personality Disorders are characterized by an enduring pattern of thinking, feeling, and behaving which is significantly different from the person's culture and results in negative consequences. This pattern must be longstanding and inflexible for a diagnosis to be made. There are ten types of personality disorders, all of which result in significant distress and/or negative consequences within the individual. These ten disorders are broken down into three personality categories, or clusters as described below. Keep in mind that for a disorder of this type to be diagnosed, the pattern must be longstanding (often several years) and must be present in all aspects of the person's life. In other words, if the exhibit the behaviors only with their spouse or parents but no one else, it does not constitute a disorder.

### **Cluster A**

- ***Paranoid***

Paranoid Personality Disorder includes a pattern of distrust and suspiciousness in others. These individuals are preoccupied with doubts about people's motives, have a difficult time trusting others and often look for the 'real' motive behind behavior. They may read into benign remarks, be rigid in their views and quite unforgiving of the behavior of others. Intimacy is difficult as they may be diligent in checking up on their spouse or friends, seeking to expose their infidelity and therefore confirm their suspicions.

- ***Schizoid***

Schizoid Personality Disorder refers to a pattern of detachment from social norms and a restriction of emotions. They often do not enjoy contact with others, not even close friends or family, and prefer solitary activities. They are seen as uninterested in social interaction and indifferent to how others perceive them, whether positive or negative. The individual with this personality disorder may also be seen as lacking emotion, including happiness, excitement, anger, distress, or any other than is considered a normal reaction to people and events.

- ***Schizotypal***



The Schizotypal Personality is often described by others as strange acting and/or thinking. They have eccentric ideas about the world, may be highly superstitious, and talk frequently about their beliefs. They often spend a great deal of effort on activities related to magical thinking, clairvoyance, telepathy, or ESP. They also speak in a metaphorical tone, often coming across as confusing and overly abstract. They often lack close friends and suffer from social anxieties. Their presentation is seen as odd, as they often dress in a peculiar manner and come across as suspicious and lacking in emotional expression.

## **Cluster B**

- ***Antisocial***

Antisocial Personality Disorder is perhaps one of the most recognized and identified in modern literature and entertainment. It has been called Sociopathic Personality and Psychopathic personality in previous versions of the DSM. It refers to a pattern of disregard for the rights of others, including the violation of these rights and the failure to feel empathy for victims. They may be impulsive and act on their anger or misperceived injustice they project onto others. Some research suggests that there is a large percentage of individuals currently incarcerated with this disorder, as their actions and views of the world very frequently get them into trouble with the law.

- ***Borderline***

This is another disorder that has received some attention in the entertainment arena. It includes a pattern of instability in personal relationships, including frequent bouts of clinginess and affection and anger and resentment, often cycling between these two extremes at a rapid pace. They fear abandonment and this fear will often result in anger and aggressive behavior or acts that are used to 'make' others love them or stay with them. These acts include pseudo-suicidal behavior, self-mutilating behavior such as cutting, and instability of mood.

- ***Histrionic***

Histrionic Personality Disorder is seen as a pattern of excessive emotional behavior and attention seeking approaches with others. They are often

uncomfortable if they are not the center of attention and may use physical appearance, such as a provocative manner of dress, or explicit sexuality as a means to gain this attention. They often see relationships as more intimate than they really are and are seen as moving very quickly once they become involved with someone (e.g., they may see a person they just met as their best friend or a person they dated once or twice as their future spouse).

- **Narcissistic**

This disorder is recognized by a pattern of grandiosity, exaggerated self-worth, and need for admiration from others. They are often preoccupied by fantasies of power, success, beauty, or intelligence. They often require excessive attention and admiration as well as demonstrating a sense of entitlement. They may be seen as envious of others, angry, and exploitative.

## **Cluster C**

- **Avoidant**

Avoidant Personality Disorder is seen as a pattern of self-perceived social inadequacies, low self-esteem, and hypersensitivity to criticism. They avoid activities that involve interaction with others because of these feelings and will avoid any risk taking, even minimal, out of fear of embarrassment or humiliation.

- **Dependent**

Those with this disorder are often seen as helpless and fearful. They need excessive reassurance from others and will be indecisive without this assurance. They will often go along with the group without expressing any opposing opinion because they lack faith in their decision making process and feel their own beliefs are not as important as the beliefs of others. They fear that they will be left alone and will therefore not be able to take care of themselves. This fear can result in desperate and excessive attempts to obtain nurturance and support.

- **Obsessive-Compulsive**

Like the disorder that shares its name, Obsessive Compulsive Personality Disorder is seen by a pattern of obsessive cleanliness, perfection, and control. These individuals are often preoccupied with details, rules, and other forms of straightforward indisputable approaches to interacting with the world. They are often inflexible in their ideas, difficult to work with unless others follow their guidelines, and may be considered overly conscientious and devoted to specific activities (such as work or friendships). While the disorder known as OCD has a similar name, that disorder is more concerned with a more specific pattern of obsessions (e.g., germs) and compulsions (e.g., hand washing). The personality disorder is more focused on an overall pattern of perfectionism and control.

### **From Theory to Research to Practice**

The definition of personality refers to an enduring pattern of interacting with the self and the world. Personality, by definition, is somewhat rigid and difficult to change. Every one of us can identify aspects of our own personality that we see as positive and healthy as well as those aspects that are seen as negative or worth improving. The personality disorders in the previous sections, as well as any specific traits not seen as a disorder present a unique struggle for psychotherapists.

While much of therapy is done with individuals who do not suffer from a personality disorder, specific traits are often looked at, identified as unhealthy, and ultimately an attempt is made to change them somehow. Those with depression may have a trait where they see themselves or the world in a negative manner. Those with a phobia may respond to the feared object or situation the same way, often for many years. Those who smoke, drink, have a history of anger or bad relationships, are all seen as exhibiting negative personality aspects. While most traits are seen as positive, it is these negative ones that receive attention.

Psychoanalysis, psychodynamic therapy, behavioral therapy, humanistic counseling, and cognitive therapy are all approaches to changing these negative aspects. They all stem from theory. They have all undergone research, although some much more than others. And they have all resulted in a general

approach to therapy that is meant to help a person change, grow, or improve. Research has shown them all to be effective tools although some have more strengths than others when it comes to specific disorders.

### **Different Approaches, Similar Goals**

As you read through the personality disorders, you may have noticed how the symptoms often feed on each other. As one is exhibited (such as clinginess) a person may actually be perpetuating his worst fear (abandonment). So as he attempts to avoid it, he actually causes it. Changing one's personality is not a simple task and may take years of hard work and dedication to accomplish.

Consider what many see as a simple disorder, a specific phobia such as arachnophobia. This intense fear of spiders results in negative consequences for the individual. He may avoid spiders or anything that resembles them and may go to drastic measures to accomplish this and suffers from related, and often very intense, anxiety. In their simplest forms, let's look at how each theory would conceptualize and treat arachnophobia.

### **Psychoanalytic Theory**

Fears such as arachnophobia originate in early childhood. They are often a representation of an object from childhood that caused distress. Because the parents, typically the mother, are such a major part of a child's development, this is often the first place we would look. We would explore their childhood, discuss their dreams, and analyze their relationships, including the therapeutic relationship. Through this analysis we may discover that the fear of spiders actually represents a fear of castration.

Seeing one's mother as powerful and able to take away the power of a child is anxiety provoking. This fear is therefore repressed into the unconscious. It may no longer be recognized but always surfaces in other ways. In this case, it has surfaced as a fear of spiders since anything stuck in a spider's web is helpless and powerless, just like the client felt as a child with his mother.

Once we understand how the fear developed, we can use various techniques to cure the client. One technique might be re-parenting, or perhaps further analysis to create insight into the disorder. By fully understanding and overcoming the true feared object (the mother) we can cure the client of the displaced fear (the spider). Without this understanding, fixing the conscious fear of spiders will only result in the real fear coming out in a different manner.

## **Behavioral Theory**

Fear is a learned response and the development of a phobia such as arachnophobia is obviously a result of learning. Looking back into the person's history may reveal an incident or many incidents revolving around spiders that were either punished (the child who played with a spider) or conditioned (allergic reaction to a spider bite). Once the punishment (such as in the case of operant conditioning) or the association of pain and spiders (classical conditioning) the individual will constantly see the spider as a negative and aversive stimuli.

Until another association is made, the phobia will not disappear and therefore the goal of treatment should be to create another association. Because anxiety and relaxation can not occur at the same time, a good approach may be to teach the client to relax. We would then present the client with predetermined and progressively fearful situations while he relaxes. To add to the power of this technique (referred to as systematic desensitization) we may include positive reinforcement such as praise, candy, or a simple pat on the back.

Treatment should be fairly short term, perhaps lasting as little as one session depending on the intensity of the fear and the abilities of the client to relax. As we approach the ultimate fear (e.g., holding a large live spider), the client will gain confidence and reduce his anxiety considerably. Once he reaches this goal, treatment is considered a success.

## **Humanistic Theory**

The underlying cause of the client's fear is of no concern. By interpreting childhood experiences or looking into association, we merely take power away from the client. We want a client to understand that they are important, knowledgeable, and competent. Therefore, the goal of treatment would involve instilling this in the client.

As a therapist, I am trained in asking questions, showing empathy, and allowing the client to solve his own problems. By using these techniques in therapy, the client will ultimately realize the irrationality of his fear and will take steps to overcome it. His goal, after all, is to understand himself to the fullest extent possible. The obstacle of fear will eventually be overcome as he moves toward a greater self-awareness.

### **Cognitive Theory**

It seems obvious that any fear is a result of a misperceived belief about the feared object or situation. Ask anyone with social phobia and they will tell you that the fear is caused by thoughts of potential embarrassment and humiliation. Often times when our expected result does not occur, we realize the power our minds have to see the world differently from how it really is.

The goal of treatment then would be to understand the thoughts that lead to the emotion of fear. These could include the idea that all spiders are poisonous, that spiders always want to bite, that they are dirty, will cause illness or pain, or something similar. Once we understand the thoughts we can counter them with reality. We may assign homework so that the client can better understand spiders. We may discuss the fear in a matter that forces the client to confront his irrational or faulty thinking.

Once the client sees spiders for what they really are, he will fear them less. If he is able to understand the difference between a poisonous spider and a harmless one, he can change his behavior accordingly. The goal is to understand reality as it really is, not how our minds believe it to be. By seeing spiders for what they really are, there will no longer be a need to fear them.

### **The Search for Self-Understanding**

All of the personality theories discussed in this text have one thing in common: They are all designed to explain who we are in man's quest for improved self-understanding. Many focus on the *why* of personality, such as Freud's idea of psychosexual stages or Erikson's crises that continue in different forms throughout our lives. Others focus more on the *what*, looking only at our present such as the research of trait theorists such as Cattell or Murray. Still others are more concerned about the *who*, or the internal state of who we can become. Maslow and Roger's are prime examples of this, arguing that the past is of least important and only the present and future can be changed.

In many ways, the individual theories have begun to merge together, however, and while each still holds a basic belief about personality, the specifics of each theory have alternative explanations. While Freud may state that unconscious wishes are driving our behavior, Skinner and others would argue that previous reinforcement, even if not immediately focused on are the driving force. Cognitivists argue that the conscious is the most important, but don't discount completely the idea of an unconscious awareness. And Humanists, while they don't address the unconscious directly, do believe that we are sometimes driven by forces that are not accurate in the real world.

So what does all of this mean? It means that even though theorist's original ideas may be set in stone, interpretation, alteration, and manipulation of these theories will continue for a long time. As students, we can read the specific explanations of personality, but it is up to each of us individually to interpret these ideas, throw out what does not make sense, and hold on to the parts that seem to fit. In that sense, each of us may have a slightly different view of how personality develops, how it should be assessed, and how we can use our beliefs to change personality.

### **Trends in Personality Theory**

As we look back at the timeline of personality theory, we also begin to see some trends in how theorists explained personality and how society sees the world as a whole. In the beginning, biology was the predominant source of

understanding. Most early theorists were trained in medicine and the physical sciences and personality was seen from a very biological perspective. Freud seemed to break this trend, providing us with a more psychological view of human nature, perhaps explaining why he is often considered the father of modern psychology. Soon after came the behaviorist's viewpoint, arguing that personality was more under our control, at least the control that others have over us through reinforcement and conditioning.

The humanistic approach arose during time of war and protests in the United States. While people were dealing with their own beliefs about the goodness of man, Maslow and Rogers presented their own theory on the innate good in all of us. It was a positive approach allowing us to forget the past and move toward a brighter tomorrow. Humanism began to fade in the 1980's, perhaps more so because it was incorporated into other theories than its inherent flaws. It is widely agreed today that unconditional positive regard, a focus on the positive in individuals, and the establishment of a positive relationship are highly correlated with a positive therapeutic outcome.

Finally, with the growing trend toward individualism in the U.S., and the belief that we are able to control our own destiny, Cognitivism grew to be a central theme in psychological theory. Kelly, Ellis, and Beck paved the way for understanding how our own perceptions of the world are more important for us individually than the reality of the world. By changing our perceptions, we can see the world, and therefore our place within it, in a completely different manner.

If you follow the news, watch television, or sit through any commercials today, you will notice another change taking place within psychology. This growing trend of today seems to be reverting back to biological theory. As more medications are developed and more advanced technologies allow us to do more detailed research on the brain, we are seeing psychology once again from a biological perspective. People are looking for that quick fix and all else being equal, quicker is always better. Why put up with the withdrawal symptoms when we can take a pill or use a patch to help us quit smoking? Why go through months of therapy when a single pill a day can keep the blues



away? Even situational disorders such as PTSD and Social Phobia are now being treated with a biological approach.

Like any trend and any theory, there are both positive and negative aspects. A positive of this may be the ability to feel better quicker. It may also be seen as a positive since we can now blame genetics rather than our own thoughts or behaviors on those depressive thoughts, anxious behaviors, or sleepless nights. If taking a pill can fix us, why not follow the trend?

The negative side of this is becoming more evident every day. We have found that many side effects exist with medication. We have also found that sometimes non-biological treatments actually work better and do not carry the same side-effects. Some questions that are being looked at in terms of today's trends include: Why do some people respond to medication while others do not? How can we determine when medication is being used when it is not really necessary? Are we over-medicating or seeking out a biological explanation where none exist?

### **What's Next?**

As we look at these issues, you will likely find, as you have seen throughout this text, that no single theory can explain every aspect of the complexities of human personality. It is likely that biology plays an important role in much of who we are, and most psychologists agree with this idea. It is also likely that biological approaches will work best for treating specific personality or mental health issues. Now that the trend has come full circle, it is up to us as students of psychology to try to make sense of what we know. This is an ideal time in psychology and the study of personality to begin the process of integration. By looking at what we know, merging what works and minimizing what doesn't, we can form new hybrid theories in our everlasting search for self-understanding.