

Case study of personality theory application

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According to the text, personality is defined as a distinctive relatively stable pattern of behavior, thoughts, motives, and emotions that characterize an individual. (Nevid, et al. 2006) In the case study of Helen, an understanding of her personality would be instrumental in treating her pathology. (Nevid, et al. 2006) In order to assess her personality, one must first choose a theory of personality by which to measure and assess Helen. In terms of the definition of personality, Helen's might be described as reflecting insecurity and fearfulness. Over the long term, Helen's behavior can be described as marginally functional as she "always managed to meet the needs of her family". However, as a self-described "fearful and insecure person," her thoughts have been geared toward the notion of harm befalling her indirectly as a result of potentially losing her husband or other members of her family. Her fearfulness led to a pattern of timid, passive, and fearful behavior, which was aggravated by the passing of her mother and husband. Her emotional state can best be described as near-constant uneasiness, which, upon the tragic deaths of family members, was aggravated into a state of low-grade panic.

One of the more prominent personality models in contemporary psychology is what is known as the five-factor model of personality. (Popkins, 1998) This theory incorporates five different variables into a conceptual model for describing personality. These five different factors are often referred to as the "Big 5". (Popkins, 1998) The five-factor theory is among the newest models developed for the description of personality, and this model shows promise to be among the most practical and applicable models available in

the field of personality psychology. (Popkins, 1998) The five factors are extroversion-introversion, neuroticism, agreeableness, conscientiousness, and openness. (Popkins, 1998) Each of these factors can be applied to Helen's personality in order to describe her personality under this theory. (Popkins, 1998)

Extroversion is defined as " a trait characterized by a keen interest in other people and external events, and venturing forth with confidence into the unknown". (Popkins, 1998) Introversion would be the opposite characteristic. Clearly, Helen falls under the category of extreme introversion. (Popkins, 1998) Even prior to the traumas in her life, Helen was reluctant to engage in activity beyond the immediate needs of her family, and expressed little interest in the world beyond that small circle. As a self-described " timid and fearful" person, Helen lies far to the introverted side of this scale.

The bases of neuroticism are levels of anxiety and volatility. (Popkins, 1998) Within these bounds, neuroticism is " a dimension of personality defined by stability and low anxiety at one end as opposed to instability and high anxiety at the other end". (Popkins, 1998) Helen is pegged on the high end of the neuroticism scale owing to her overall demeanor of fearfulness. While relatively non-volatile as long as there are no major stimuli affecting her, Helen illustrates high volatility when trauma strikes by altering her behavior in a manner that interferes with her normal functioning, and adversely affects the lives of her adult children.

In general, openness refers to how willing people are to make adjustments in notions and activities in accordance with new ideas or situations. (Popkins, 1998) In this area, Helen scores very low. She lacks a coherent coping

mechanism and reacts strongly to change, adopting a detrimental pattern of behavior. This behavior potentially can become cyclic in nature, in that fear of the unknown is intensified by lack of exposure to the “ outside world” while that fear forces Helen to avoid the “ outside world.”

Agreeableness measures how compatible people are with other people, or basically how able they are to get along with others. (Popkins, 1998) While there is no specific information about this trait in Helen’s study, one can reasonably extrapolate from some of the other observations that she would rank very high on the agreeableness scale. As a timid and fearful person, Helen likely avoids confrontation by adopting a passive demeanor. This is evinced by the ability of her daughter to convince Helen to agree to come to therapy.

Conscientiousness refers to how much a person considers others when making decisions. (Popkins, 1998) In this aspect of personality, Helen measures abnormally high in that here entire pattern of behavior is predicated on the contingency of something bad happening to her remaining family. Prior to the loss of her mother and husband, Helen, a self-described timid and anxious person, probably exerted herself quite a bit to avoid conflict. This likely led to a heightened sense of the needs of others.

Biological theory of personality focuses on genetic “ predisposition” for given personality traits. The primary variable in this theory to explain Helen’s personality would be the personality-related genetic traits she has inherited from her biological parents.

Biological theories of personality would attribute Helen's personality and associated pathology to physiological constructs in her body inherited from one or both of her parents. (Biological Components...1999) In this theory, Helen's body exists in a constant abnormally heightened neuron-physiological state related to primordial "fight or flight" state. This state induces in Helen a heightened sensory input status caused by increased blood flow to sensory organs accompanied by increased heart rate, adrenaline production and other physiological circumstances. The origins of this circumstance would be genetic in nature. (Biological Components...1999) Her verbalization of justification for her anxiety is likely a rationalization of affective states caused by physiological influence. (Biological Components...1999)

Learning theories posit that one's personality essentially arose from the learning experiences one receives in one's environment. (Introduction...2003) Thus, personalities are shaped by experience. (Introduction...2003) Learning theories emphasize environmental influences and events which were tangible and could be identified and scientifically studied. (Introduction...2003) Variables that influence personality in this theory are related to stimuli encountered while developing. Factors such as parental feedback, peer influence, school experience, and adult social interaction experiences are variables that would be taken in consideration in personality development under this theory. (Introduction...2003) In Helen's case, her timidity and social anxiety would likely be the result of an upbringing wherein expressions of selfishness or independence were punished or negatively enforced. Additionally, her anxiety over losing a family member could be

attributed to a prior life event consisting of a loss of a person upon whom she developed dependence. In Helen's case, this may have been the death of her father, twenty years earlier. The administration of strict behavioral guidance, given by her father, was abruptly removed, forcing Helen into the position of shifting her dependence entirely onto her mother and husband, and triggering a fear of hopelessness were these individuals to be removed also.

The emphasis of psychodynamic personality theory is that personality development occurs in a series of stages of psycho-sociological development. (Van Wagner, n. d.) This theory describes the impact of social experience across the whole life. Ego development across numerous stages of psychological growth is the underlying variable in personality under this theory. (Van Wagner, n. d.) Eric Erickson described eight stages of psychosocial development, each with their own continuum of results based on experience. (Van Wagner, n. d.) They are: trust-mistrust, autonomy-shame/doubt, initiative-guilt, industry-inferiority, identity-confusion, intimacy-isolation, generativity-stagnation, and integrity-despair. (Van Wagner, n. d.) Each of these components is developed through conflict-resolution on various stages of development. (Van Wagner, n. d.) In Helen's case, her resolution of the first conflict, in infancy, left her with inherent distrust, which carried over into her adult life. Although her development of autonomy during childhood was relatively robust, the confidence level associated with it was made vulnerable by other failures in her psychosocial development. Clearly, Helen landed on the guilt side of her pre-school initiative-guilt dynamic, as nothing in her personality indicates that she

has leadership elements well developed in her persona. Helen likely got little positive feedback from teachers, parents and peers in grade school, leading to a minor inferiority complex, wherein she does not trust her own ability to deal with situations outside of the controlled environment of her home. Helen's sense of self seems to be fairly intact, indicating that her adolescence was relatively healthy. Within this dynamic, earlier senses of inferiority and mistrust weaken the strength of her self-identity. In the intimacy-isolation stage, Helen endured the trauma of intimate relationships severed by the death of loved ones, both 20 years ago, and more recently. This likely led to her current condition of isolation coupled with a pathological dependence on her remaining relations. In her adult phase of development, Helen again had her sense of generativity assaulted by external factors. With the death of her father, and later her mother and husband, she began to develop stagnation traits as she came to believe that her proactive efforts to nurture and "take care of" her family were futile. Though not yet at the final stage, Helen is currently on course to be steeped in despair at the end of her life. She has discounted her successes in raising two apparently healthy and happy adult children, and focused on her inability to keep "everyone" including her husband safe and happy.

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