

CHAPTER 13 – PERSONALITY

❖ Theories of Personality Development

- Freudian theory = Psychodynamic: focus on the **unconscious**
 - Topographical model (Unconscious, preconscious, conscious)
 - Sexual instincts
 - Structural Model** (id, ego, superego) - use **defense mechanisms** used by **ego** to resolve conflicts between **id & superego**
 - Defense Mechanisms
Hint: Know what they are & be able to interpret examples of each
 - Repression
 - Displacement
 - Reaction Formation
 - Regression
 - Rationalization
 - Denial
- Humanistic theory (Carl Rogers & Abraham Maslow): all people are good/focus on subjective experiences
 - Rogers: Client-centered therapy - **unconditional positive regard**
 - Maslow: Hierarchy of needs - goal = **self-actualization**
- Type & Trait Approaches
Hint: Know the difference between personality types & personality traits
 - The “Big 5” (O.C.E.A.N.) - *Hint: Know what each stands for & be able to interpret examples of each*
- Behaviorist + Cognition Approach
 - **Internal vs. external** locus of control

❖ Methods of Personality Assessment

- **Nomothetic vs. Idiographic** approach
- **Projective vs. Subjective** measures - *Hint: Know examples of each type*

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- How personality measures predict behavior (3 main ways)
- Barnum Effect (remember video in class)
- Personality - Situation debate
 - Self-monitoring (hi vs. lo)
 - Situations (strong vs. weak)
- ❖ The Self
 - Difference between **Objectified self, Self-awareness, Self-schema, & Working self concept** (all “objective”)
 - **Self-esteem** (“subjective”)
 - **Reflected appraisal view, Sociometer theory, Terror management theory**
 - Know how we maintain healthy self-esteem (**Better-than-average effect, perceived control, optimism, self-serving bias, social comparison theory**)
 - Too much = Narcissism

CHAPTER 14 – PSYCHOPATHOLOGY

- ❖ 3 Diagnostic Criteria
 - **DSM-IV** used for specific classification of diagnosis (e.g., major depression, OCD, etc)
- ❖ Terminology (Medical model)
 - **Etiology, diagnosis, prognosis, comorbidity**
- ❖ Clinical assessment (different methods) necessary for diagnosis & ongoing treatment
- ❖ Models of etiology of mental disorders *Hint: Know what each is & be able to pair each one with an example*
 - Diathesis-stress model
 - Biological model
 - Family systems model
 - Sociocultural model
 - Cognitive-Behavioral approach
- ❖ Anxiety Disorders (understand similarities & differences among subtypes)
 - Phobic Disorder - *Hint: You do NOT need to know specific phobias, except agoraphobia (see below)*
 - Panic Disorder
 - Agoraphobia

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- OCD (Difference between **obsessions** & **compulsions**)
- GAD

- ❖ Mood Disorders (Know main symptoms of each: affective, cognitive, & behavioral symptoms) *Note: The symptoms of the depressive stage of bipolar disorder overlap with those of major depression*
 - Bipolar Disorder
 - Manic vs. Depressive states
 - Major Depression
 - Dysthymia

 - Etiology of Mood Disorders
 - Genetic
 - Biological (neurotransmitter [serotonin] deficiency)
 - Environmental
 - Cognitive
 - ☐ **Learned Helplessness Model**
 - ☐ **Beck's cognitive triad**
 - ☐ Errors in logic (see book if needed)

 - Understand gender differences

- ❖ Schizophrenia
 - Know what it is
 - Understand positive vs. negative symptoms
 - **Delusions** vs. **hallucinations**
 - Subtypes (**Paranoid, Catatonic, Disorganized, Undifferentiated**)
 - Etiology
 - Genetic factors
 - Brain abnormalities (structural AND functional)
 - Environmental factors

CHAPTER 15 – TREATMENT

- ❖ Why have inpatient rates declined? (4 reasons)

- ❖ Who seeks treatment?

- ❖ Types of treatment
 - **Psychotherapy, Biomedical, Combination** of both (know differences)

- ❖ Types of psychotherapy *Hint: Know main focus + goal of each. Know names if given.*