1. Theoretical orientations regarding human behavior;

2. Psychological components influencing behavior;

3. Relationship personality - behavior;

4. Normal and pathologic behavior;

5. Methods for studying behavior.
Behavior:

- the most obvious side of personality;
- the most noticeable;
- the easiest to be interpreted.
1. Theoretical orientations regarding human behavior
behavior, as the result of the interplay (conflict) between the sides of the Psyche (Self, Ego, Superego);
behavior, as the result of individual learning and modelling;
Classical conditioning:

- association of a stimulus with a reward increases the chances that the reaction to the stimulus gets permanent;

- inversely, if the original reaction to the stimulus is followed by a punishment, the reaction tends to fade and disappear.
Operant conditioning:

The stimulus is represented by the behavior itself; it can be followed by a reward or a punishment.

Persistency of a behavior depends on the consistency of the reward / punishment!
behavior, as the result of social learning; in a given cultural environment, the individual variability is limited ("base behavior", "base personality") (Erich Fromm).
2. Psychological components of behavior
Cognition

- internal representation of the reality and its organisation;

- conscious or unconscious;

- involves various structures (e.g. hypothalamus, thalamus, amygdala, hippocampus, basal ganglia, frontal cortical lobe);

- lie at the basis of behavioral scenarios;

- they can be distorted or abnormal in various mental diseases (such as paranoid schizophrenia, OCD, bipolar disorder).
Emotion

- important in providing the energy for a behavior to be initiated and / or maintained.
Motivation
- behaviors aimed at satisfying basic needs (e.g. looking for food, sex partners, maintenance of homeostasis);

- behaviors aimed at getting emotional security (e.g. preventive behaviors, constructing material reserves);

- behaviors aimed at obtaining affiliation (e.g. looking for love, friendship, alliances, (long lasting) social support);

- behaviors aimed at satisfying the need of self-esteem (e.g. career building, struggling for obtaining a higher social position);

- behaviors aimed to obtain the feeling of self-actualization: looking for a sense of living, expression of creativity.
3. Relationship between personality and behavior
- transversal perspective:

Elements of personality that are not transparent in behavior

Personality transparent in behavior

Artificial, inauthentic behavior

Partial overlap
Difference real - ideal Self is the source of alienation and lack of sense, often described by people with mental suffering:

**Patient** \(\rightarrow\) **Client**

("Client-centered therapy")

**Carl Rogers** (1902-1987)
Solution: reconciliation between the ideal and the real Self, through realization of the authentic aspirations of the individual.
- longitudinal perspective ("reciprocal genesis")

1. personality generates behavior
2. modelling one's behavior can shape one's personality.
Theory of Cognitive dissonance (Festinger)

Cognition + Emotion = Personality

Behavior
Diagnostic criteria for 301.0 Paranoid Personality Disorder

(DSM 5)

A. A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
2. is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
3. is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
4. reads hidden demeaning or threatening meanings into benign remarks or events
5. persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights
6. perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
7. has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

B. Does not occur exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, or another Psychotic Disorder and is not due to the direct physiological effects of a general medical condition.

Note: If criteria are met prior to the onset of Schizophrenia, add "Premorbid," e.g., "Paranoid Personality Disorder (Premorbid)."
Modelling behavior can influence one's personality

- main mechanism of many psychological disorders/diseases;

- very obvious in dysfunctional families, where the child identifies him/herself with the abnormal role learned from the parents.
## Stages of PsychoSocial Development

(Erikson, 1968)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Main Influence</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-1.5 years old</td>
<td>Mother</td>
<td>Trust - Distrust</td>
</tr>
<tr>
<td>1.5-3 years old</td>
<td>Parents</td>
<td>Autonomy - Doubt</td>
</tr>
<tr>
<td>3-6 years old</td>
<td>Parents</td>
<td>Initiative - Guilt</td>
</tr>
<tr>
<td>6-12 years old</td>
<td>Parents, School</td>
<td>Industry - Inferiority</td>
</tr>
<tr>
<td>12-18 years old</td>
<td>Peers</td>
<td>Identity - Role confusion</td>
</tr>
<tr>
<td>18-30 years old</td>
<td>Partner, friends</td>
<td>Intimacy - Isolation</td>
</tr>
<tr>
<td>30-65 years old</td>
<td>Family, workmates</td>
<td>Generativity - Stagnation</td>
</tr>
<tr>
<td>&gt; 65 years old</td>
<td>Self image</td>
<td>Ego integrity - Despair</td>
</tr>
</tbody>
</table>
4. Normal and pathologic behavior

I am not obsessive
I am not obsessive
I am not obsessive
I am NOT OBSESSIVE
I AM not obsessive
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I am not obsessive
I am not obsessive
I am not obsessive
It refers to “normal” as something which is frequent in general population. Consequently, a person which has a rare type of behavior has big chances to be labeled as abnormal.

Although this perspective generally offers a good reference point to normality/abnormality, it cannot appropriately describe rare, but perfectly normal situations, such as the case of a very happy or a very intelligent individual.

This is why, when analyzing the abnormal behavior, one should consider also other elements, beside simple statistics.
DSM-V: clear limits / criteria for positive and differential diagnosis.
Socio-cultural perspective
Universal criteria of normality

- accept ambiguities / challenges of reality;
- accept him/herself, without anxiety / doubts / guilt;
- spontaneous, flexible behavior;
- not centered excessively on him/herself;
- love for life (seen as worthy);
- learning from personal and other's experience;
- social involvement / empathy;
- independence, not seen as being antisocial;
- cultural autonomy;
- creativity, ability to discover new senses / explanations, of reality including in unfamiliar fields.

Abraham Maslow (1908-1970)
5. Methods for Studying behavior
1. Observation:

- **adv.** allows spontaneity and analysis of more subtle behavioral elements (e.g. non-verbal);

- **disadv.** retrospective and subjective.
It can be:

(a) non-participative: useful especially at children at subjects who could be significantly influenced by the presence of the observer;
(b) participative: the observer is present, but he/she does not explicitly use this position (e.g. group PT: “hidden observer”).
2. The experiment:

- aims to provoke a behavior or its control / manipulation.

Adv.:
- can be much better controlled than observation;
- exclude to a certain point the role of subjectivity;

Disadv.:
- it can put the participant in unfamiliar conditions (risk of erroneous conclusions);
- ethical limits.
3. Psychological tests:

(a) questionnaires:

Adv.: quantitative, allow statistics, inter- and intraindividual comparisons;

Disadv.: do not allow always the expression of nuances, can offer erroneous conclusions (in case of inappropriate questions).
(b) projective tests:

Adv.: allow more liberty of expression;

Disadv.: their assessment is more difficult and is qualitative.
4. The interview:

(a) structured:

Adv.: allows to obtain precise information in a short amount of time; does not depend on the skills of the interviewer; the responses can be coded and quantified; is easy to be replicated.

Disadv.: creates frustration (does not offer the possibility of catharsis); does not offer flexibility to the interviewee; can have low validity (if the questions are not chosen appropriately).
(b) semistructured:

Adv.: facilitates self-disclosure (catharsis); is more flexible, adapted to the personality of the interviewee; is more suitable to investigate complex issues; creates a higher trust and a more positive transference.

Disadv.: depends on the skills of the interviewer; offers information that can not be easily replicated and / or statistically used; is time-consuming.
5. **Surveys:**

*Adv.:* the sample can be easily collected and includes a large number of subjects; the costs are lower, if compared to the richness of information collected.

*Disadv.:* the low percentage of answers can hide a possibly important reason for non-responsivity.
6. Case studies

Aim a qualitative description of a rare / complex behavior or psychological phenomenon.

Can represent the basis for valuable hypotheses or theories (e.g. Freud & Breuer: studies on hysteria psychoanalytic theory).
7. Meta-analyses

Aim: the critical analyse of a series of quantitative papers in a certain study field, in order to clarify a scientific hypothesis.
8. Study of documents

- can be used in longitudinal studies, or as a separate therapy (with a cathartic effect).

- can be an alternative for the interview, for patients who have difficulties to communicate with the Dr / psychologist (e.g. schizoid type);
9. Anthropological studies

Aim: to assess the behavioral differences in a cultural context.

Difficulties:

- selection of subjects;
- multiple locations / long time;
- theoretical or personal biases (e.g. background of the researcher, his/her personality type, values or life experiences);
- the limited possibility to report the results.