

PERSONALITY CHANGE

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1. Core Definition

Personality change refers to an observable and enduring alteration in the psychological functioning of an individual, specifically relating to their characteristic patterns of thinking, feeling, and behaving--collectively known as personality. This shift moves away from the individual's established baseline or premorbid state. It is crucial to distinguish true personality change, which involves stable modifications of underlying traits, from transient shifts in mood or state-dependent behavior. While personality is generally considered relatively stable, particularly in adulthood, significant life events, biological processes, or pathological conditions can catalyze substantial restructuring of the psychological organization.

In a clinical context, the observation of a marked personality change often serves as a critical diagnostic indicator. Such alterations are not merely eccentricities but deviations that significantly impair social, occupational, or other important areas of functioning. For example, a previously cautious and emotionally stable individual who suddenly becomes impulsive, irritable, and socially disinhibited presents a profile indicative of a potentially serious underlying neurological or psychiatric etiology requiring immediate investigation. The alteration must be pervasive and consistent across different situations and observers to qualify as a stable change rather than a temporary reaction to stress or environmental demands.

The concept emphasizes the disruption of psychological consistency. Personality, in its stable form, provides predictability to behavior and continuity to self-identity. When this consistency is severely compromised, the resulting personality change can affect core aspects of the self-concept, emotional regulation, interpersonal style, and cognitive processing. It represents a fundamental recalibration of the individual's dispositional characteristics, which may be cultivated through deliberate therapeutic efforts, or conversely, induced by factors outside of conscious control, such as traumatic brain injury or severe psychological trauma.

2. Theoretical Frameworks of Stability and Malleability

The discussion of personality change is inherently linked to foundational debates concerning personality structure. Early trait theories, such as those formulated by Gordon Allport, emphasized the stability and fixity of traits, suggesting that while behaviors might adapt, the core dispositional characteristics remain relatively invariant after adolescence. Conversely, psychodynamic approaches, particularly those focused on developmental stages, acknowledge the profound influence of early experience, yet often hypothesize that fundamental structural changes become increasingly difficult after early adulthood without intensive therapeutic intervention.

The prevailing modern framework, represented by the Five-Factor Model (FFM) or Big Five, offers a dimensional perspective where personality is described using five broad traits: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism (OCEAN). Research based on the FFM generally supports the notion of high stability in adulthood, yet simultaneously identifies patterns of systematic change across the lifespan, often referred to as 'normative change' or 'maturation.' For instance, individuals tend to experience increases in Conscientiousness and Agreeableness and a decrease in Neuroticism as they age, reflecting shifts toward greater psychological maturity and social responsibility.

This distinction between normative, maturational change and abrupt, pathological change is critical. Normative change is gradual, predictable, and generally adaptive, supporting successful aging and integration into society. Pathological change, however, is typically rapid, often highly disruptive, and generally maladaptive, signaling potential disease processes or significant psychosocial trauma. The theoretical understanding of personality change thus spans a continuum from minor, adaptive shifts to severe, psychopathological restructuring, forcing researchers to constantly evaluate the relative contributions of genetic predispositions, environmental pressures, and neurobiological integrity.

3. Etiology: Mechanisms of Induced Personality Alteration

Personality change can be induced by a wide array of factors, which are generally categorized into biological, psychological, and environmental mechanisms. Biological mechanisms involve direct alterations to the brain structure or neurochemistry. The most dramatic examples include traumatic brain injury (TBI), which can damage areas responsible for executive function and emotional control, such as the frontal lobes--a phenomenon famously illustrated by the case of Phineas Gage. Other biological causes include strokes, tumors, infections (e.g., encephalitis), and neurodegenerative diseases like Alzheimer's disease, where deterioration of neural networks leads to changes in empathy, judgment, and emotional reactivity.

Psychological factors center around the impact of significant life crises or chronic stress. Exposure to extreme, overwhelming stressors can lead to profound, lasting personality changes associated with conditions such as Post-Traumatic Stress Disorder (PTSD) or complex PTSD. These changes often manifest as persistent negative emotional states, altered relational patterns (e.g., pervasive distrust), and dissociative symptoms, fundamentally restructuring the individual's sense of safety and self-worth. Furthermore, the deliberate process of long-term psychotherapy, particularly therapies designed to address deeply rooted schemas and relational patterns, represents a structured psychological mechanism intended to cultivate positive personality change.

Environmental and social mechanisms also contribute significantly. Prolonged exposure to extreme environments (e.g., military combat, captivity) or radical shifts in social roles (e.g., sudden wealth

or poverty, chronic unemployment) can necessitate profound adaptations in behavior and self-perception that eventually stabilize as new personality traits. Even more routine life transitions, such as entering a committed relationship or retirement, require adjustments that, over time, can subtly but measurably shift an individual's trait profile, particularly in areas like Agreeableness and Conscientiousness, reflecting the internalization of new societal expectations and personal responsibilities.

4. Pathological Personality Change in Clinical Diagnosis

In clinical practice, personality change is often a hallmark of developing psychopathology, prompting careful differential diagnosis. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognizes specific categories where change is central, notably 'Personality Change Due to Another Medical Condition.' This diagnosis is reserved for cases where a persistent personality disturbance is judged to be the direct physiological consequence of a specific medical condition, such as endocrine disorders, central nervous system infections, or cerebral trauma. The specific type of change--for example, the development of aggressive, apathetic, or labile features--is often correlated with the location of the underlying brain pathology.

Furthermore, personality changes are frequently observed in the prodromal phases of severe mental illnesses, such as schizophrenia or bipolar disorder. Before the onset of full psychotic or mood episodes, individuals may exhibit subtle but noticeable changes, including social withdrawal, increased suspiciousness (paranoia), decline in previously high standards (decrease in Conscientiousness), or an inability to experience pleasure (anhedonia). Recognizing these early changes is vital for timely intervention. Substance use disorders also induce profound personality changes, particularly chronic use of substances that alter neurotransmitter balance and affect reward systems, often leading to increased impulsivity, emotional volatility, and decreased motivation.

While personality disorders (PDs) represent enduring, stable patterns of maladaptive traits, the onset or exacerbation of a PD often involves a period of marked, symptomatic change from a healthier baseline, particularly in response to severe stress or developmental transitions. Effective treatment for PDs, such as Dialectical Behavior Therapy (DBT), is explicitly aimed at fostering systematic, measurable changes in maladaptive schemas, emotional regulation, and interpersonal functioning, thus demonstrating that even highly stable, rigid personality structures can undergo significant therapeutic modification.

5. Assessment, Measurement, and Differentiation

Assessing personality change requires robust methodologies to differentiate genuine trait alteration from temporary state fluctuations, observer bias, or changes in reporting style. The gold standard

involves using reliable, standardized psychological instruments, such as the Revised NEO Personality Inventory (NEO-PI-R) or the Minnesota Multiphasic Personality Inventory (MMPI), administered repeatedly over a significant time frame. Crucially, clinicians must establish a reliable premorbid baseline, often achieved through collateral reporting from family members, friends, or previous medical records, which helps contextualize the observed deviation.

Differentiating change types is pivotal for accurate diagnosis and treatment planning. Clinicians must determine whether the change is **quantitative** (a shift in the degree of an existing trait, e.g., becoming slightly more conscientious) or **qualitative** (the emergence of entirely new patterns or the loss of core functions, e.g., the development of impulsivity following brain injury). Furthermore, differentiating between organic change (biologically mediated) and functional change (psychologically mediated) is paramount. Functional change often responds better to psychosocial interventions, whereas organic change may require pharmacological management and rehabilitation tailored to the underlying medical condition.

Longitudinal research designs are the primary engine for studying personality change in non-clinical populations, allowing researchers to track thousands of individuals over decades to identify typical developmental trajectories. These studies confirm that while mean-level change (maturation) occurs, relative stability (rank-order consistency) generally persists; individuals maintain their rank relative to peers, even as the whole group shifts. This highlights the complexity of measuring change: an individual may experience significant internal change yet remain relatively similar to their age cohort.

6. Key Characteristics of Personality Change

Etiology: Change can be either endogenous (due to biological maturation, internal disease, or hormonal shifts) or exogenous (due to environmental trauma, life events, or therapeutic intervention).

Rate of Onset: Changes can be gradual and slow (normative change over decades) or acute and abrupt (pathological change following trauma or stroke).

Scope: Change can be localized (affecting one specific trait, e.g., reduced Neuroticism) or pervasive (affecting multiple core traits and overall psychosocial functioning).

Permanence: Change may be temporary and reversible (e.g., substance-induced shifts) or permanent and irreversible (e.g., profound changes following severe frontal lobe damage).

Valence: Change is evaluated as either adaptive (leading to better coping, health, and relationships) or maladaptive (leading to increased distress, social dysfunction, and psychopathology).

7. Further Reading

[Personality \(Wikipedia\)](#)

[Big Five personality traits \(Wikipedia\)](#)

[Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#)

[Dialectical Behavior Therapy \(DBT\) \(Wikipedia\)](#)

[Post-Traumatic Stress Disorder \(PTSD\) \(Wikipedia\)](#)

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