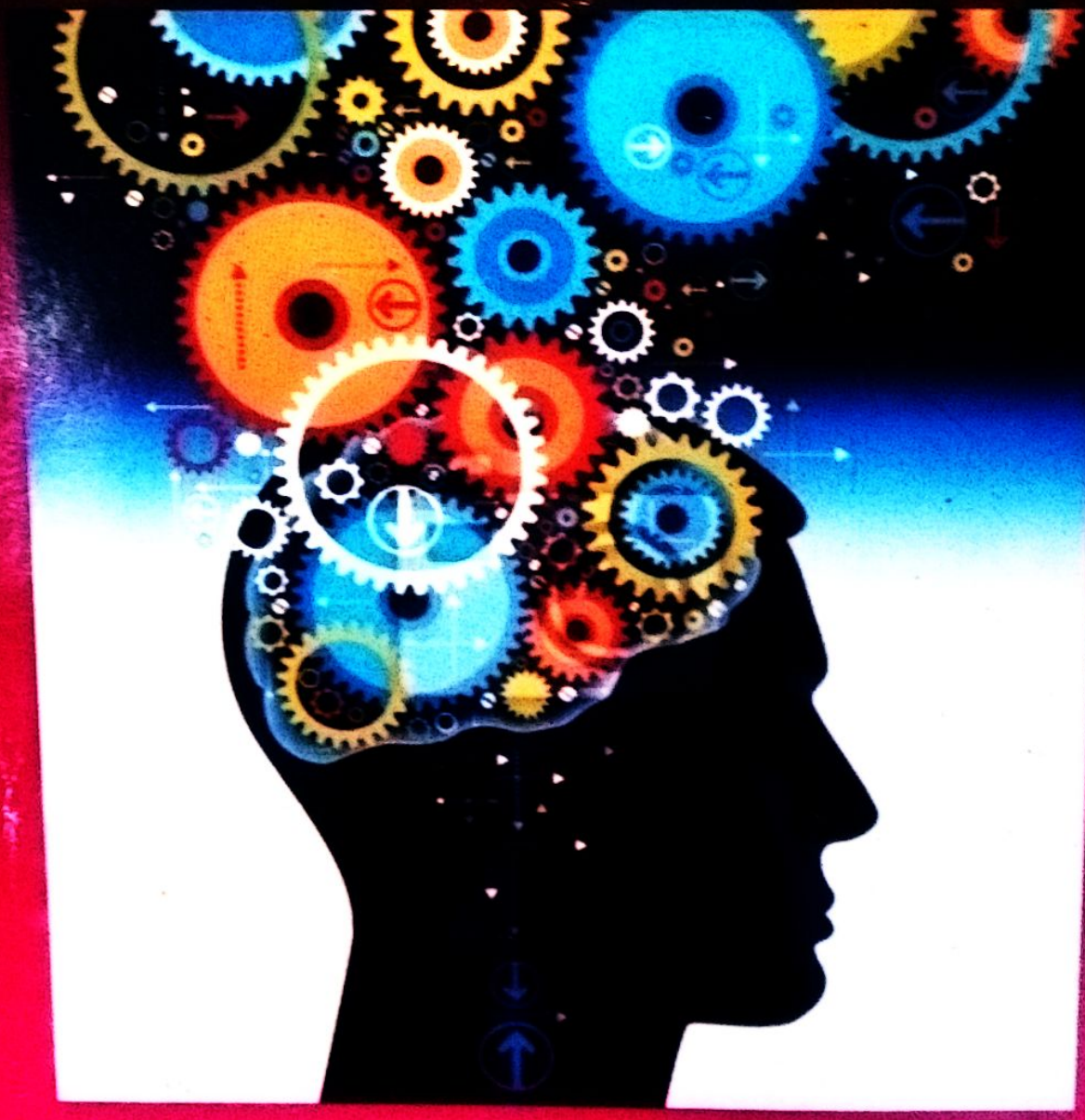
PSYCHOLOGY as Applied to NURSING



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CHAPTER ONE
INTRODUCTION

Psychology is a young discipline, which evokes anxiety and fear in students and non-psychologists. The mere fact that you are recognized as a psychologist places you in alienation and suspicion in the midst of people, who seem uncomfortable staying with a psychologist. This is because of the misconception about the discipline. As a psychologist, you are seen as a "Mind reader." The discipline of psychology is basically concerned with efforts to unravel the mystery of human actions. Early philosophers and theologians puzzled over the differences observed in human actions. Though human beings have the same ancestral origin, their actions are wide and varied. At times, they can be predicted; at other times, they cannot. Close observations of people in their interaction with their fellow human beings reveal both human and inhuman actions. This moment, human beings are happy, pleasant and co-operative, the other

moment they are sad, aggressive and uncompromising. These and more attributes of people made the early philosophers ask the following questions. Why do people behave the way they do? Why is it that people behave differently even when they are identical twins? Why is it that people's behaviour is inconsistent and varied across situations? These and more questions pre occupied the thought and feelings of the early philosophers and to answer the questions, the discipline of psychology emerged.

Aristotle was born in 382 B.C in Northern Greece. His father was a royal physician, who trained his son to follow his foot steps, but Aristotle was a less practical man than his father. Aristotle pursued knowledge for sake of knowledge, a pursuit that led him to become one of the ancient Greece' most famous and influential philosopher.

HISTORY OF PSYCHOLOGY

Psychology was a branch of philosophy until 1870s, when it developed as an independent scientific discipline in Germany and the United States. Psychology borders on various other fields including physiology, neuroscience, sociology, anthropology as well as philosophy and other components of the humanities.

Psychology as a self-conscious field of experimental study began in 1879, when Wilhelm

Wundt founded the first laboratory dedicated exclusively to psychological research in Leipzig.

Wundt was the first person to refer himself as a psychologist and he wrote the first book on psychology "Principles of Physiological psychology". Other important early contributors to the field include Hermann Ebbinghaus (A pioneer in the study of memory) William James (The American father of pragmatism) and Ivan Pavlov (Who developed the procedures associated with classical conditioning, Lighter Witner established the first psychological clinic in the 1890s. Sigmund Freud developed an independent approach to the study of the mind called psychoanalysis which has been widely influential.

The early philosophers like Aristotle, Plato and Socrates were noted for their inquiry into problems concerning human behaviour. They bothered about why people behave the way they do; hence they proposed some theories to explain the puzzle. Prominent among the early philosophers that posited theories to explain human behavioural differences were Hippocrates, John Locke and Descartes. Some of their theories include constitutional type, human nature, nativism, empiricism, mind and body relationship.

CONSTITUTIONAL TYPE (HIPPOCRATES-400BC)

Hippocrates was a Greek physician. He proposed that human behaviour reflects the composition of four fluids in the organism. He asserted that the human body was composed of four fluids or humours, namely blood, yellow bile, black bile and phlegm. He posited that when one of these fluids predominates in the body of the individual, the excess fluid carried with its corresponding behaviour. According to him, a person with excess yellow bile was believed to be aggressive, excitable with choleric temperament. A person with a predominance of black bile is quiet, withdrawn, depressive and has a melancholic temperament. The one that has excess blood is optimistic and has a sanguine temperament while excessive phlegm represents impassive, phlegmatic temperament. Though Hippocrates' postulation seems invalid, it is among the earliest theories that tried to use biological endowment to explain human action and individual differences. Until now, researches are being carried out to establish the relationship between biological composition and human behaviour.

NATIVISM VS EMPIRICISM (NATURE OF THE HUMAN MIND)

Another attempt to explain human behaviour was made by John Locke and Descartes. The postulation centers on

whether human behaviour or capabilities are inborn (innate/nativism) or acquired through experience (empiricism). The nativists hold the view that human beings are born with all potentials. Their behaviours, knowledge and understanding of the world are programmed by nature. According to Descartes, some ideas like truth, self and God are inborn and that the human body is like a machine that has many parts which function together to achieve one goal.

The empiricists, like John Locke, posited that human potentials, knowledge and understanding of the world are acquired through experience and interaction with the world. According to the empiricist, human mind at birth is a blank slate (Tabularasa) on which experiences write. To them the human mind is filled with ideas that enter through the sensation and perception processes associated with one another and are facilitated by the principles of proximity (nearness) contrast (differences) and similarities (likeness).

From the forgoing, it could be deduced that human behaviour has two factors that determines it. Nature and nurture. But the question is which of the factors is more important in determining human behaviour? Is it nature or nurture? This question is still being studied in contemporary psychology.

Mind and Body Problem:

The relationship between the mind and the body was also another problem that the early philosophers tried to solve. Some of the philosophers believed that there is a relationship between the mind and the body, while others believed that the mind and the body are different entities that have independent existence. This issue has resulted in the study of psychological medicine. Today, evidence seems to abound establishing the link between the mind (brain) and body. For instance, many psychosomatic symptoms have been explained by this relationship. Stress –illness relationship is no longer a guess postulation.

The theory of psychoneuro-immunology (Solomon 1997) clearly indicates that the body becomes diseased because the mind has perceived some environmental experience or stimuli as distressful. Hubert (1994) has shown that stress is an aetiological factor in some physiological problems like heart attack. Desilva and Loun (1978) asserted that 75% of all illnesses could be accounted for by stress, thus confirming the mind and body relationship.

DEFINITION OF PSYCHOLOGY

According to Nolen (2007) psychology is the scientific study of human and animal behaviour.

Halgin & Whitebourne (2005) asserted that psychology is a branch of science that studies human behaviour and

experience. Nweke (2000) asserted that psychology is the scientific study of human and animal behaviour and experiences.

THE CONCEPTS OF BEHAVIOR AND SCIENCE.

It may be of interest to understand what behaviour is all about. Behaviour is a general word for any kind of action. It ranges from the simplest form of action (e.g. blinking of the eye) to the most complex action of organisms (e.g. driving). It could be regarded as the responses of organisms to their socio-physical environment. Some of these actions or responses are very visible to any observer (Overt actions). Others are invisible but could be inferred from the visible ones (Covert actions/mental processes). These invisible actions or mental processes include thinking, dreaming, perception, imagery, remembering, reasoning, problem solving and hoping. The visible behaviours include writing, eating, riding, talking, gestures etc. These overt and covert actions are the subject matter of psychology as a scientific discipline.

AIMS OF PSYCHOLOGY

One may wonder why somebody should devote his/her time and energy studying human and animal behaviour.

Psychologists study human behaviour to understand, describe, explain and predict human behaviour and possibly modify the unwanted ones with

the ultimate aim of ensuring harmonious co-existence and better adjustment to life. It would be acknowledged that studying human behaviour is the fulcrum of all other discipline of human endeavour. People and their behaviour are at the center of everything we do, for any meaning to be found in all professions, people's behaviour must be understood and machinery for its change in the case of unwanted behaviour put in place. It is also imperative that for growth, development and harmony in the society, people's behaviour must be accurate, predicted and controlled.

Psychology is both biological and social in nature. The subject, which is people, i.e. living beings (biological) interacting with their fellow human beings (social). In carrying out their researches, psychologists adopt systematic approaches, observing laid down procedures for data collection. Thus scientific methods involve a systematic observation of phenomena and organizations and the interpretation of emerging facts. According to Myers (1989), scientific inquiry involves a set of attitudes and efforts to construct theories that organize, explain and predict facts. The psychologists put on these attitudes in doing their investigation hence psychology is categorized as a scientific discipline.

SCHOOLS OF PSYCHOLOGY

Major Schools of Thoughts in Psychology

When psychology was first established as a science separate from biology and philosophy, the debate over how to describe and explain the human mind and behaviour began. The different schools of psychology represent the major theories within psychology.

The first school of thought, structuralism was advocated by the founder of the first psychology laboratory, Wilhelm Wundt. Almost immediately, other theories began to emerge. In the past, psychologists often identified themselves exclusively with one single school of thought. Today, most psychologists have an eclectic outlook on psychology. They often draw on ideas and theories from different schools rather than holding to any singular outlook.

The following are some of the major schools of thought that have influenced our knowledge and understanding of psychology and a psychologist at Cornell University, introduced the term structuralism to described this perspective, which is concerned with the analysis of mental structure into separate parts. Structuralism as a school of thought led to the emergence of psychology as an independent scientific discipline. It stands as the foundation school of the discipline; hence Wundt is referred to as the founder of scientific psychology.

Structuralism, though the founding school of psychology, has a major flaw in its approach. The introspective method of data collection gives room for inconsistency in the findings. Valid conclusions could not be drawn on mind –behaviour relationships. The data collected from experiments were highly subjective and could not be replicated. This dissatisfaction led to the emergency of other scientific approaches in psychology.

FUNCTIONALISM

The functionalist school emerged in opposition to structuralism. Some psychologists like William James and John Dewey protested against the ideas of focusing on the components of structures of consciousness in the study of mind and behaviour relationship. They contended that emphasis should be on how the mind functions so that an organism can adapt and function in his/her environment. This perspective was developed from Darwin's theory of evolution, which emphasized the acquisition of adaptational abilities and structures and the extinction of abilities and structures that are non-adaptational during the process of transformation or development of species. The functionalist asserts that consciousness evolved because of its adaptational function. To them for one to understand how organisms adapt to their environment, it's imperative that one understands how the consciousness of the mind functions.

GESTALT

Gestalt psychology is a school of psychology based upon the idea that we experience things as unified wholes. This orientation came into existence in Germany and Austria. Some of the proponents were Max Weithemer (1880-1943) and Kurt Koffka (1886-1941). They opposed structuralism for contending that the mind was made up of fragments or components, which combine to give conscious cognitive experience. In the German language gestalt means whole, which they assert is greater than the sum of its parts. The Gestaltist were primarily concerned with perception which they believed is possible only when objects are perceived as a whole and not parts. To them, any conscious perception experience involves organization and configuration. To perceive an object, the organism organizes it into a meaningful form or whole before interpretation

BEHAVIOURISM

Behaviourism became a dominant school of thought during the 1950s. It was based upon the work of thinkers such as,-John B. Watson-, Ivan Pavlov, B.F Skinner. propounded behaviorism in reaction to functionalism and structuralism. To him, the assertion that conscious experience should be the subject matter is unacceptable because if psychology must be a scientific independent discipline, its subject matter must be observable and data so generated will be open to public inspection.

According to Watson, consciousness is private and unobservable while behaviour is public and observable. Psychologists should be concerned with behaviour that is observable. Watson believed that all behaviours are learnt through the conditioning process made possible by reinforcement.

PSYCHOANALYSIS

Psychoanalysis is a school of psychology founded by Sigmund Freud. This school of thought emphasized the influence of the unconscious mind on behaviour. Freud believed that the human mind was composed of three elements: the Id, the ego and the super ego. The super ego is the component of personality that holds all of the ideals and values we internalize from our parents and culture. Freud believed that the interaction of these three elements was what led to all of the complex human behaviour. Freud's school of thought was enormously influential, but also generated a great deal of controversy. This controversy existed not only in his time, but also in modern discussion of Freud's theories. Other major psychoanalytic thinkers include: Anna Freud, Carl Jung, Erik Erikson.

HUMANISTIC

Humanistic psychology developed as a response to psychoanalysis and behaviorism. Humanistic psychology focused on individual free will, personal growth and the concept of self actualization. While early schools of thought were largely centered on abnormal

human behaviour, humanistic psychology differed considerably in its emphasis on helping people achieve and fulfill their potential. major humanist thinkers include-Abraham Maslow, Carl Rogers etc. Humanistic psychology remains quite popular today and has had a major influence on other areas of psychology including positive psychology. This particular branch of psychology is centered on helping people living happier, and more fulfilling.

COGNITIVE

Cognitive psychology is the school of psychology that studies mental process including how people think, perceive, remember and learn. As part of the larger field of cognitive science, this branch of psychology is related to other disciplines including neuroscience, philosophy and linguistics.

Cognitive psychology began to emerge during the 1950s, partly as a response to behaviorism critics. Behaviorism noted that it failed to account for how internal processes impacted behaviour. This period of time is some times referred to as the "cognitive revolution" as a wealth of research on topic such as information processing, language, memory and perception began to emerge. One of the most influential theories from this school of though was the stages of cognitive development theory proposed by Jean Piaget.

FIELDS OF PSYCHOLOGY/AREAS OF SPECIALIZATION IN PSYCHOLOGY

Many areas of specialization emerged with a view to appropriately dealing with the subject matter. Areas of specialization include:

i. **CLINICAL PSYCHOLOGY**: Clinical psychology is the largest field of specialization in psychology today. This area is concerned with the scientific study of maladaptive behaviour. Clinicians use psychological tools to assess, diagnose and treat persons with mild problems of social adjustment, profound emotional problems and severe mental illness. The clinical psychologists work in psychiatric hospitals, in clinics and in educational institutions. He is specially trained to administer, score and interpret psychological test.

ii. **INDUSTRIAL/ORGANIZATIONAL/ PERSONNEL PSYCHOLOGY**

Professional psychologists have made an in road into industry. This field of specialization focuses on understanding the work situation, developing work procedures and applying principles necessary for selection and effective placement, training, upgrading and successful supervision, management and organization of employees. In other words, industrial / organizational

psychologist deals with work environment (Lighting, ventilation, and machine, etc) job allocation, selection of employees, job training programmes and all that is required for optimal production.

iii. **EXPERIMENTAL PSYCHOLOGY**: This appears to be the bedrock of psychology. Experimental psychologists conduct researches on how people react to stimuli, perceive the world, learn, remember and adapt to their environment. They develop tests useful for assessing psychological processes like emotions, motivation and abnormal conditions.

iv. **SOCIAL PSYCHOLOGY**: Social psychologists study group behaviour. They are interested in socialization processes, group dynamics, conflicts and conflict resolution, altruism, conformity, attitude, social institutions, interpersonal relationship, patterns, prejudice, leadership etc. They are also concerned with how people perceive and interpret their social world and how other people influence their attitudes and beliefs.

v. **DEVELOPMENTAL PSYCHOLOGY**: This area is concerned with changes across the life span from conception to old age. Developmental psychologists study stages in development from infancy, childhood, adolescence, adulthood and old age. They are also concerned with the developmental

tasks of each stage and psychological process like learning, language, cognitive, physical, moral and social development.

vi. **SCHOOL/EDUCATIONAL PSYCHOLOGY**: Specialists in this area are concerned with the evaluation and diagnosis of learning and emotional problems that may hamper the academic achievement of children. They are well grounded in the developmental processes of childhood and adolescence. They also take interest in curriculum, development methodology and evaluation of programmes as well as gifted children. They study childhood pathology like hyperactivity and attention deficits. They work mainly in school setting (primary, secondary and tertiary institutions.

vii. **FORENSIC PSYCHOLOGY**: This has to do with the application of psychological principles and research findings in criminal investigation, interrogation, trial and sentencing. Forensic psychologists study such issues as psychodynamic and psychosocial factors in criminal behaviour, psychological processes in eye witness testimonies, criminal responsibility, mens rea and actus reus and other psychological factors that come into play during judicial proceedings. The discipline could be seen as psychology in law.

viii. **HEALTH /MEDICAL PSYCHOLOGY**: Health psychology is the mid-point between psychology and medicine. It is concerned with the study of the relationship between physical health and illness and human behaviours with emphasis on wellness and prevention of illness. Health psychologists are concerned with the lifestyle of people, their emotional reactions, ways of perceiving events in their lives and their personality characteristics that influence their physical health. They are interested in the role of some items of consumption like cholesterol, alcohol, cigarette and psychoactive drugs in the aetiology of physical disabilities such as cancer, hypertension, arthritis, chronic pain, diabetes and asthma. They help people cope better with their physical disability using psychological techniques of behaviour modification, relaxation techniques and bio feedback. They educate patients and the general public on common health habits, effects of adhering to a drug regimen, effects of stress on general well being, uses of exercise and improvement of doctor patient relationship. They work mostly in hospital settings.

ix. **PSYCHOMETRICIANS**: Psychometricians are concerned purely with the development of psychological test. They apply statistical methods to test construction and standardization. The tests are used to measure and convert psychological

processes into quantitative data. Some of the tests include aptitude, motivational, personality attribute, intelligence and tests for clinical diagnosis of pathological conditions.

x. **ENVIRONMENTAL PSYCHOLOGY**: This branch of psychology focuses on people's environmental relationship. Environmental psychologists study the influence of both the natural and built in environment on people and how people in turn influence their environment. They delve into such issues as pollution, erosion, drainage system; refuse disposal methods and how these environmental factors affect human behaviour.

xi. **COMMUNITY PSYCHOLOGY**: Community psychologists apply psychological principles, ideas and concepts to solve social problems in the community. They focus on community problems such as community mental health, hostility among groups in the community, unemployment distress and encourage groups to participate in community development. A community psychologist provides psychological information about child rearing techniques, drug abuse and dependence and drug rehabilitation programmes in the community.

PSYCHOLOGY AND NURSING PRACTICE

Importance of psychology in nursing practice

Roles & Perspectives

It is very important to understand the psyche and thought process of the individuals for those in health related profession. That is why psychology plays a major role in the professional development of the nurses. This document is a study of the important perspectives of psychology which are incorporated in nursing practice.

Although both fields differ from each other apparently but still psychology is interlinked with nursing practices, to a great extent. Before believing the stance of similarity or difference, it is very important to understand both fields separately.

Psychology: According to Pastorino (2012) psychology is the scientific study of behaviour and mental processes. Meyer (2006) asserted that behaviour incorporates all our overt actions and reactions such as talking, facial expressions and movement. Mental process refers to all the internal, covert activity of our mind such as thinking, feeling and remembering.

Nursing: According to Virginia Henderson (2006) nursing is primarily, assisting the individual in the performance of those activities contributing to health, or its recovery that they would perform unaided, if they had the necessary strength, will or knowledge. The Royal College of Nursing (2005) defined nursing as the

use of clinical judgment in the provision of cure to enable people improve, maintain or recover health, to cope with health problems and to achieve the best possible quality of life whatever their disease or disability until death.

Nursing as a profession is considered to assist the individual (usually patient) in performance of activities contributing towards the recovery of their health (Barker 2007)

Psychology seeks to understand why people behave, think and feel the way they do, individually and in groups in all areas of life, including health. Psychologist not only seeks to predict behaviour but also to change behaviour to enhance well being and quality of life. This can be seen to link very closely with what nurses do.

Nurses and psychologists seek to understand the health needs of the people they work with and also to change their behaviours, thought and feelings to enhance the well being of the person, not only at this moment but also for the future.

At times nurses need to provide very basic care for the people they work with but they are always looking to develop the person's ability to be more independent in any area of their life.

The Relationship:

Working in the health related profession provides the opportunity to work with other people and a key part in such profession is to promote the health and well-being

of people. In this case, it is very important to be well aware of the attitude and behaviour of people. This is the point where psychology comes in (Walker, Payne, Smith & Jarreth 2007).

Byrne & Byrne (2005) describe that in its most elementary form, the practice of nursing involves the application of medical science to the management of people with physical illness. Both nurses and psychologists try not only to understand the health related issues of people but also to change their thoughts and attitude to enhance their well-being.

Psychological processes and nursing processes are similar. Both start with assessment, diagnosis, planning, treatment implementation, evaluation and fellow up. Nursing and psychology belong to the helping profession that has interest in the alleviation of human suffering.

Importance of psychology in nursing practice

- It helps in establishing the communication processes in order to improve the therapeutic relationship and work more effectively in inter-professional and inter-agency context.
- Understanding can be built on how people react in different situations of illness and distress. This also helps in meeting their demand in a better way.
- Psychological factors informs the health care professional about the lifestyle of people and how

certain health-related behaviours like smoking, dietary change and exercise can affect illness.
- Logical steps can be taken in order to improve the health and well being of these individuals.

In a nutshell, psychology provides an opportunity for nurses to understand the responsibilities in a better way and perform exactly what is expected of them. Psychology plays a vital role in understanding the health-related matters of the individuals and nurses need to know them.

CHAPTER TWO
HUMAN GROWTH AND DEVELOPMENT

The term growth and development is often used interchangeably. These terms have different meanings. Growth and development are interdependent and inter-related process. Growth generally takes place during the first 20 years of life. Development continues after that.

GROWTH

- Is physical change and increase in size
- It can be measured quantitatively
- Indicators of growth include height, weight, bone size and dentition.
- Growth rates vary during different stages of growth and development.
- The growth rate is rapid during the pre natal, neonatal, infancy and childhood stages.
- Physical growth is minimal during adulthood.

DEVELOPMENT:

- It is an increase in the complexity of function and skill progression. It is the capacity and skill of a person to adapt to the environment.
- Development is the behavioural aspects of growth.

Theories of Human Growth and Development

1. Freud's psychosexual development theory

S/n	Stage	Age	Characteristics
1	Oral	Birth to 1 ½	Centre of pleasure. Mouth (major source of gratification and exploration). Primary need: security.
Major conflict-weaning			
2	Anal	1 ½ to 3 yrs	Source of pleasure: Anus & bladder (Sensual satisfaction & self control)
Major conflict-toilet training			
3	Phallic	4-6yrs	Center of pleasure. Child's genital (masturbation)
Major conflict- Oedipus & Electra complex			
4	Latency	6-puberty	Energy directed to physical & Intellectual activities. Sexual impulses repressed

5	Genital	Puberty upwards	Energy directed towards full sexual maturity, function & development of skills to cope with the environment.

ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENTAL THEORY.

Stage	Age	Central task	(+)Resolution	(-)Resolution
Infancy	0-18months	Trust Vs Mistrust	Learn to trust others	Mistrust, withdrawal, estrangement.
Early childhood	1 ½ - 3yrs	Autonomy Vs Shame & doubt	Self control, loss of self esteem Ability to cooperate and express oneself	Compulsive, self restraint or compliance Willfulness and defiance
Late childhood	3-5yrs	Initiatives Vs guilt	Learns to become assertive. Ability to evaluate one's own behavior	Lack of self confidence, Pessimism, fear of wrong doing.
School age	6-12 yrs	Industry Vs inferiority	Learn to create, develop and manipulate. Develop sense of competence and perseverance	Over control & over restriction. Loss of hope, sense of being mediocre and withdrawal from school and peers.

Adolescent	12-20 yrs	Identity vs. role confusion	Coherent, sense of self. Plans to actualize one's abilities.	Feelings of confusion, indecisiveness, possible anti social behaviour, cultism.
Young adult	18-25 years	Intimacy Vs Isolation	Intimate relationship with another person. Commitment to work and relationship.	Impersonal relationship. Avoidance of relationship, career or life style of commitments.
Adulthood	25-65 yrs	Generativity Vs stagnation	Creativity, productivity, concern for others	Self-indulgence, self – concern, lack of interest and commitments.
Maturity	65ys – death	Integrity Vs Despair	Acceptance of worth and uniqueness of one's own life, Acceptance of death	Sense of loss, contempt for others.

HAVIGHURST DEVELOPMENTAL STAGE AND TASK.

S/N	Developmental stage	Developmental task
1	Infancy & early childhood	-eat solid food -walk -talk -control elimination of wastes -relate emotionally to others -distinguish right from wrong through development of a conscience

		-learn sex differences and sexual modesty -achieve personal independence -form simple concepts of social & physical reality
2	Middle childhood	- Learn physical skills, required for games - Build healthy attitudes towards oneself - Learn appropriate masculine or feminine role - Gain basic reading, writing & mathematical skills. - Develop concepts necessary for every day living - Formulate a conscience based on a value system - Achieve personal independence - Develop attitudes towards social groups & institutions
2	Adolescence	- establish more mature relationship with same age individuals of both sexes - Achieve a masculine or feminine social role - accept own body - Achieve assurance of economic

		independence - Prepare for an occupation - Prepare for marriage & establishments of a family - Acquire skills necessary to fulfill civic responsibilities - Develop a set of values that guides behaviour.
3	Early adulthood	- Select partner - Learn to live with a partner - Start a family - manage a home
		- Establish self in a career/occupation - Assume civic responsibilities - Become part of a social growth
4	Middle Adulthood	- Fulfill civic & social responsibilities - Maintain an economic standard of living - Assist adolescent children to become responsible, happy adults - relate one's partner - Adjust to physiological changes - Adjust to aging parents
5	Later maturity	- Adjust to physiological changes &

		Alteration in health status - Adjust to retirement & Altered income - Adjust to death of spouse - Develop affiliation with one's age group - Meet civic & social responsibilities - Establish satisfactory living arrangement.

FACTORS INFLUENCING HUMAN GROWTH AND DEVELOPMENT

HEREDITY: Heredity is a biological process through which the transmission of physical and social characteristics takes place from parents to off-springs. It greatly influences the different aspects of growth and development i.e. height, weight and structure of the body, colour of hair and eyes, intelligence, aptitudes and instincts.

However environment equally influences the above aspects in many cases. Biologically, heredity is the sum total of traits potentially present in the fertilized ovum (combination of sperm cell and egg cell) by which off-springs are resemblance to their parents and forefathers.

ENVIRONMENT: Environment plays an important role in human life. Psychologically a person's

environment consists of the sum total of the stimulations (physical & psychological) which he receives from his conception. There are different types of environment such as physical environment, social environment and psychological environment.

Physical environment consists of all outer physical surroundings both in-animate and animate which have to be manipulated in order to provide food, clothing and shelter. Geographical conditions i.e. weather and climates are physical environment which has considerable impact in individual child.

Social environment is constituted by society-individuals and institutions, social laws, customs by which human behaviour is regulated. Psychological environment is rooted in individual's reaction with an object. One's love, affection, caring, warmt and attitude will strengthen human bond with one another. So growth and development are regulated by the environment of an individual where he lives.

SEX: sex acts as an important factor of growth and development. There is difference in growth and development of boys and girls. The boy in general is taller, courageous than the girls but girls show rapid physical growth in adolescence and excel than boys. In general body constitution and structural growth of girls are different from boys. The functions of boys and girls are also different in nature.

NUTRITION: Growth and development of the child mainly depend on his food habits and nutrition. The malnutrition has adverse effect on the structural and functional development of the child.

RACE: The racial factor has a great influence on height, weight, colour, features and body constitution. A child of white race will be white and tall, hair; eye, colour and facial structure are governed by the same race.

EXERCISE: This does not mean the physical exercise as a discipline. The functional activities of the child come in the fold of exercise of the body. We do not mean any law of growth through use or atrophy, (The reverse of growth) through disuse. The growth of muscles from the normal, functioning of the child is a matter of common knowledge. It is a fact that repeated play and rest build the body. The brain muscles develop by its own activity-play and other activities provide for growth and development of various muscles. Deliberately the child does not play or engages himself in various other functions with the knowledge that they will help him in growing. This style of functioning of the child is natural.

HORMONES:

There is a number of endocrine gland inside the human body. Endocrine glands are ductless glands. This means there are certain glands situated in some specific parts of the body. These glands make internal secretions locally. These secretions produce one or more hormones.

Hormones are physiological substances having the power to raise or lower the activity level of the body or certain organs of the body. For example, the gland pancreas secretes pancreatic juice, not into the blood, but into the intestine. Here it acts upon food and plays an important part in digestion of food. This pancreas also discharges into the blood, a substance called insulin. This being carried by the blood to the muscles. If the pancreas fails to produce the secretions, the organism lapses to the unfavorable conditions of growth and development.

LEARNING:

Learning is the most important and fundamental topic in the whole science of psychology. Development consists of maturation and learning. Without any learning the human organism is static and not dynamic. Learning includes much more than school learning. Learning help the child in his physical, mental, emotional, intellectual, social and attitudinal developments. All knowledge and skill, all habits good and bad, all acquaintances with people and things have been learned.

FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT

The factors affecting human growth and development include.

- Genetics
- Pituitary tumors

- Medications- some type of medication can inhib human growth patterns causing slow growth rate
- Severe illness in infancy
- Malnutrition

PRINCIPLES OF HUMAN GROWTH AN DEVELOPMENT

There is a set of principles that characterizes the patter and process of growth and development. Thes principles of characteristics describes typica development as a predictable and orderly process; i.e We can predict how most children will develop and the will develop at the same time rates with other children Although there are individual differences in children' personalities, activity levels and timing o developmental milestones, such as ages and stages, the principles and characteristics of development are universal patterns.

1. **Development proceeds from the head downwards:** This is called the cephalocauda principle. This principle describes the direction o growth and development. According to thi principles, the child gains control of the head first then the arms, and then the legs. Infants develo control of the head and face movements withi the first two months after birth. In the next fe months, they are able to lift themselves up b using their arms. By 6 to 12 months of age infants start to gain leg control and may be able t

crawl, stand or walk. Coordination of arms always precedes coordination of legs.

2. **Development proceeds from the centre of the body outward:** This is the principle of proximodistal development that also describes the direction of development. This means that the spinal cord develops before outer parts of the body. The child's arms develop before the hands and the hands and feet develop before the fingers and toes. Finger and toe muscles (used in fine motor dexterity) are the last to develop in physical development.
3. **Development depends on maturation and learning:** Maturation refers to the sequential characteristics of biological growth and development. The biological changes occur in sequential order and give children new abilities. Changes in the brain and nervous system account largely for maturation. These changes in the brain and nervous system help children to improve in thinking (cognitive) and motor (physical) skills. Also, children must mature to a certain point before they can progress to new skills (Readiness). For example, a four-month old cannot use language because the infant's brain has not matured enough to allow the child to talk. By two years old, the brain has developed further and with help from others, the child will have the

capacity to say and understand words. Also, a child can't write or draw until he has developed the motor control to hold a pencil or crayon. Maturation patterns are innate, that is, genetically programmed. The child's environment and the learning that occurs as a result of the child's experiences largely determine whether the child will reach optimal development. A stimulating environment and varied experience allow a child to develop to his or her potential.

4. **Development proceeds from the simple (concrete) to the more complex:** Children use their cognitive and language skills to reason and solve problems. For example, learning relationships between things (how things are similar) or classification is an important ability in cognitive development. The cognitive process of learning how an apple and orange are alike begins with the most simplistic or concrete thoughts of describing the two. Seeing no relationship, a preschool child will describe the objects according to some property of the object, such as colour. Such a response would be, "An apple is red (or green) and an orange" The first level of thinking about how objects are alike is to give a description or functional relationship (both concrete thoughts) between the two objects. "An apple and orange are round" and "An apple and

orange are alike because you eat them" are typical response of three, four and five years old. As children develop further in cognitive skills, they are able to understand a higher and more complex relationship between objects and things, i.e. an apple and orange exist in a class called fruit. The child cognitively is then capable of classification.

5. **Growth and development is a continuous process**: As a child develops, he or she adds to the skills already acquired and the new skills become the basis for further achievement and mastery of skills. Most children follow a similar pattern. Also, one stage of development lays the foundation for the next stage of development. For example, in motor development, there is a predictable sequence of developments that occur before walking. The infant lifts and turns the head before he or she can turn over. Infants can move their limbs (arms and legs) before grasping an object. Mastery of climbing stairs involving increasing skills from holding on to walking alone. By the age of four, most children write or draw, they must have developed the manual (hand) control to hold a pencil and crayon.
6. **Growth and development proceed from the general to specific:** In motor development, the infant will be able to grasp an object with the whole hand before using only the thumb and

forefinger. The infant's first motor movement is very generalized, undirected and reflexive, waving arms or kicking before being able to reach or creep toward an object. Growth occurs from large muscle movements to more refined (smaller) muscle movements.

7. **There are individual rates of growth and development:** Each child is different and the rates at which individual children grow is different. Although the patterns and sequence for growth and development are usually the same for all children, the rates at which individual children reach developmental stages will be different. Understanding this fact of individual differences in rates of development should cause us to be careful about using and relying on age and stage characteristics to describe or label children. There is a range of ages for any developmental task to take place. This dismisses the notion of the "average child". Some children will walk at ten months while others walk a few months older at eighteen months of age. Some children are more active while others are more passive. This does not mean that the passive child will be less intelligent as an adult. There is no validity in comparing one child's progress with another. Rates of development may also not be uniform within an individual child. For example, a child's

intellectual development may progress faster than his emotional or social development. An understanding of the principles of development helps us to plan appropriate activities, stimulating and enriching experiences for children provides a basis for understanding how to encourage and support young children's learning

CHAPTER THREE

FREUD'S STAGES OF PSYCHOSEXUAL DEVELOPMENT:

The theory of psychosexual development describes ho personality develops during childhood, it is one of t most controversial theories and Freud believed th personality develops through a series of childho stages on which the pleasure-seeking energies of the become focused on certain erogenous areas. Th psychosexual energy or libido was described as t driving force behind behaviour.

Psychoanalytic theory suggested that personal is mostly established by the age of five; ea experiences play a large role in personality developm and continue to influence behavior later in life. If th psychosexual stages are completed successfully, t result is a healthy personality. If certain issues are n resolved at the appropriate stage, fixation can occur fixation is a persistent focus on an earlier psychosex

stage. Until this conflict is resolved, the individual will remain "stuck" in the stage. For example, a person who is fixated at the oral stage may be over-dependent on others and may seek oral stimulation through smoking, drinking or eating.

i. **ORAL STAGE (BIRTH – 1 YEAR)**

Erogenous zone-mouth: During the oral stage, the infant's primary source of interaction occur through the mouth, so the rooting and sucking reflex is important, the mouth is vital for eating, and the infant derives pleasure from oral stimulation through gratifying activities such as testing and sucking, because the infant is entirely dependent upon caretakers (who are responsible for feeding the child), the infant also develops a sense of trust and comfort through this oral stimulation. The primary conflict at this stage is the weaning process- The child must become less dependent upon care takers, if fixation occurs at this stage: Freud believed the individual would have issues with dependency or aggression. Oral fixation can result in problems with drinking, eating, smoking, or nail biting.

ii. **ANAL STAGE (1 TO 3 YEARS)**

Erogenous Zone- Bowel and Bladder control:
During the anal stage, Freud believed that primary focus of the libido was on controlling bladder and bowel movements. The major conflict at this stage is toilet training. The child has to learn to control his or

her bodily needs. Developing this control leads to a sense of accomplishment and independence.

According to Freud, success at this stage is dependent upon the way in which parents approach toilet training.

Parents who utilize praise and rewards for using the toilet at the appropriate time encourage positive outcomes and help children feel capable and productive. Freud believed that positive experiences during this stage served as the basis for people to become competent, productive and creative adults.

However, not all parents provide the support and encouragement that children need during this stage. Some parents instead punish, ridicule or shame a child for failure. According to Freud, inappropriate parental responses can result in negative outcomes. If parents take an approach that is too lenient, Freud suggested that an anal-expulsive personality could develop in which the individual has a messy, wasteful or destructive personality. If parents are too strict or begin toilet- training too early, Freud believed that an anal-retentive personality develops in which the individual is stringent, orderly, rigid and obsessive.

iii. PHALLIC STAGE (3 - 5 YEARS)

Erogenous Zone-Genitals:

During the phallic stage, the primary focus of the libido is on genitals. At this age, children also begin to discover the difference between males and females. Freud also believed that boys begin to view their father as a rival for the mother's affection. The Oedipus complex describes these feelings of wanting to possess the mother and the desire to replace the father. However, the child also fears that he will be punished by the father for these feelings, a fear Freud termed castration anxiety. The term Electra complex has been used to describe a similar set of feelings experienced by young girls. Freud however believed that girls instead experience penis envy.

Eventually, the child begins to identify with the same-sex parents as a means of vicariously possessing the other parent. For girls, however, Freud believed that penis envy was never fully resolved and that all women remain some what fixated on this stage. Psychologist such as Karen Horney disputed this theory, calling it both inaccurate and demeaning to women. Instead, Horney proposed that men experience feelings of inferiority because they cannot give birth to children.

iv. **LATENT PERIOD** (5-11 years)

Erogenous Zone- sexual feelings are inactive

During the latent period, the libido interests are suppressed. The development of the ego and

superego contributes to this period of calm. The stage begins around the time that children enter into school and become concerned with peer relationships hobbies and other interests. The latent period is a time of exploration in which the sexual energy is still present, but it is directed into other areas such as intellectual pursuits and social interactions. This stage is important in the development of social and communication skills and self confidence.

v. **GENITAL STAGE**- (11-18 years)

Erogenous Zone- Maturing sexual interest:

During the final stage of psychosexual development, the individual develops a strong sexual interest in the opposite sex. The stage begins during puberty but last throughout the rest of a person's life.

In the earlier stages the focus was solely on individual needs, interest in the welfare of others. If the other stages have been completed successfully, the individual should now be well-balanced, warm and caring. The goal of this stage is to establish a balance between the various life areas.

Evaluating Freud's psychosexual stage theory-

- The theory is focused almost entirely on male development with little mention of female psychosexual development.
- His theories are difficult to test scientifically, concepts such as the libido are impossible to measure, and therefore can not be tested. The

research that has been conducted tends to discredit Freud's theory

- Future predictions are too vague. How can we know that a current behaviour was caused specifically by a childhood experience? The length of time between the cause and effect is too long to assume that there is a relationship between the two variables.
- Freud's theory is based upon case studies and not empirical research. Also Freud based his theory on the recollections of his adult patient, not on actual observation and study of children.

FREUD'S PSYCHOSEXUAL STAGE OVERVIEW

Freudian psychosexual stages – overview

Freudian psychosexual stages-overview	Erickson psychosocial stages	Age guide
i. **Oral stage**- feeding, crying, teething, biting, thumb sucking, weaning. The mouth and the breast are the center of all experience. The infant's actual experiences and attachments to mum (or maternal equivalent) though this stage have a fundamental effect on the unconscious mind and thereby	Trust Vs Mistrust	0-1 ½ Baby, birth to walking

on deeply rooted feelings, which along with the next two stages affects all sorts of behaviour and (sexually powered) drives and aims Freud's libido and preference in later life.		
ii. **Anal stage**- It is a lot to do with pooh "holding on" or "letting go"- The pleasure and control. Is it dirty? is it okay" Bodily expulsions are the centre of the world, and the pivot around which early character is formed. Am I pleasing my mum and dad? Are they making me feel good or bad about bottom? Am I okey or naughty? Again the young child's actual experiences through this stage have a deep effect on the unconscious and behaviour and preferences in later life	Autonomy Vs Shame and doubt	1-3 yrs, toddler, toilet training

iii. **Phallic stage**- Phallic is not restricted to 6yrs. This stage is focused on resolving reproductive issues. This is a sort of dry run before the real game starts in adolescence. Where do babies come from? can I have a baby? why has dad got a wily and mum hasn't? Why do they tell me off for touching my bits and pieces down there? (boys) I am going to marry mum (and may be kill dad) (Girls) I am in love with my dad. Oedipus complex. Electra complex, penis envy, castration anxiety, etc	Initiative Vs Guilt	3-5years Pre-school nursery
iv. **Latency stage**- Sexual dormancy or repression. The focus is on learning, skills, school work.	Industry Vs inferiority	5-11 years, Early school
v. **Genital stage**-puberty in other words, glandular, hormonal and physical changes in the adolescence child's body cause a resurgence of sexual thought, feelings and behaviours- Boys start treating	Identity Vs Role confusion	11-18 years puberty teens

their mothers like woman-servants and challenge their father (Freud's Oedipus) Girls flirt with their fathers and argue with their mums (Freud's Electra complex)		

THE SUMMARY ATTEMPTS TO SHOW THE MAIN POINTS OF THE ERICKSON PSYCHOSOCIAL CRISIS THEORY.

Erickson's Psychosocial crisis stages	Freudian's psychosexual stages	Life stage/relationship /issues	Basic virtue and second name strength (potential positive outcomes from each crisis	Maladaptive/malignancy (potential negative outcome, one or other during each crisis
Trust Vs Mistrust	Oral	Infant/mother/feeding and being comforted, teething/ sleeping	Hope and drives	Sensory distortion/ withdrawal
Autonomy Vs shame & doubt	Anal	Toddler/parents/bodily functions, toilet training, muscular	Will power and self control	Impulsivity /compulsion

		control, walking		
Initiative Vs Guilt	Phallic	Pre-school/family/exploration and discovery, adventure	Purpose and direction	Ruthlessness/inhibition
Industry Vs Inferiority	Latency	School child/school teachers, friends, neighbourhood /achievement and accomplishment	Competence and method	Narrow virtuosity/ inertia
Identity Vs Role confusion	Puberty and Genitality	Adolescent/peers, groups, influences/resolving identity and direction, becoming a grow –up	Fidelity and devotion	Fanaticism/ repudiation
Intimacy Vs Isolation	Genitality	Young adult/lovers, friends, work connections/ intimate relationships, works and social life	Love and affiliation	Promiscuity / Exclusivity
Generativity Vs	N/A	Mid-adult/children,	Case and production	Over extension

Stagnation		community/giving back, helping, contributing		/reject
Integrity Vs Despair	N/A	Late adult/society, the world, life/ meaning and purpose, life achievement	Wisdom and renunciation	Presu n /disc

PIAGET THEORY OF COGNITIVE DEVELOPMENT

Parents especially first-timers, often wonder what to expect in terms of their children's development while it is always exciting to see children grow and learn new things, having an idea of typical patterns in maturity can help parents to provide their children with the right encouragement at the right times, much like several other well respected children. Psychologist Jean Piaget believed that children go through a number of fixed stages on their way to independent thinking.

Jean Piaget was born in Switzerland in 1896. He published his first scientific paper at the tender age of 10 – a 100 word description of an albino sparrow in a naturalist magazine. Between the ages of 15 and 19, he published numerous papers on mollusks and was even offered a job as a curator at a museum, although he had

to decline the offer since he still had two years of high school to complete.

While he developed an interest early on how people come to know the world around them, he didn't receive any formal training in psychology until after he had completed his doctoral degree at the University of Neuchatel. After receiving his Ph.D. degree at age 22 in natural history, Piaget formally began a career that would have a profound impact on both psychology and education. After studying briefly with Carl Jung, he happened to meet Theodore Simon, one of Alfred Binet's colleagues and collaborators. Simon offered Piaget a position, supervising the standardization of the intelligence tests developed by Binet and Simon.

Piaget developed an interest in the intellectual development of children. Based upon his observations, he concluded that children were not less intelligent than adults, they simply think differently.

Piaget (1983) theorized that the cognitive developmental processes that transform a helpless, unknowing infant into a knowledgeable, thinking adult take place over a series of four stages. These stages unfold on the basis of physiological maturation and occur in sequence that can be found at about the same ages in all cultures.

- Sensory motor stage (birth to 2 years)

- Pre-occupational stage (2 to 7 years)
- Concrete operational stage (7 to 11 years)
- Formal –operational stage (11 years and above)

Sensory motor stage: Birth to 2 years

The first two years of life, the infant is not able to deal with the world in terms of verbal labels for objects because he has not yet learned language. As a result, he comes to know his world entirely through sensory impressions and motor responses. The new born child deals with the world primarily through reflex actions, such as grasping, sucking and crying. An enormous amount of growth and development takes place in the first two years of life. During that time span, children go from being completely helpless to walking, talking and to a degree, being able to make sense of the world around them. One of the most important milestones that children achieve in their first few years, according to Piaget, is their mastery of "object permanency", or ability to understand that even when a person or object is removed from their line of sight, it still exists. Early on, children are only able to perceive things that are right in front of them, but as they mature, they understand that if a ball rolls under a chair and they can no longer see it, it still exists, under the chair. This is an important understanding for children, helping them to have an increase sense of safety and security since they can now grasp the fact that when

mum leaves the room; she hasn't disappeared but will soon return.

Pre-operational stage: 2 – 7 years:

Once object permanency is achieved, children move to the next stage, which is marked by a number of advancements. Language skills develop rapidly, allowing kids to better express themselves. Another characteristic of pre-operational stage in children is egocentrism. They are unable to look at things from another person's point of view and assume that everyone else sees things from their point of view.

A four year old child talking on the phone, for example will assume that the person at the other end of the line can see what he sees. Another example, a child will sometimes cover his eyes so that he cannot see someone and make the assumption that the other person now cannot see him either.

A major indicator of this stage is called conservation, or the ability to understand that quantity does not change just because shape changes. For example, if you were to pour the same quantity of liquid into two separate glasses, one short and wide and the other tall and thin, younger children would insist that taller glass holds more. Children who have mastered the concept of conservation would be able to understand that the quantities are identical.

Concrete operational stage: 7-11 years

During the concrete operational stage, the kids at this stage can now understand how to group like objects, even if they are not identical. For example, they are able to see that apples, oranges, cherries and bananas are all types of fruits even when they are not exactly the same.

Another important developmental advancement that occurs during this phase is serration, the ability to place things in order according to size. Children who have a mastery of this concept are able to take jars of varying heights and place them in order, tallest to shortest. A concrete operation is a reversible mental manipulation of concrete objects. The child can imagine for example, squashing a clay ball into a flat circle and then shaping the clay into a ball again.

Formal-operational stage:

In the final stage of cognitive development, which begins at about 11, the ability to reason logically expands to involve more abstract concepts, such as "truth" and "justice". Only in the formal-operational stage does full power of reasoning occurs, which human beings are uniquely capable. The building adolescent begins to understand abstract concepts and their logical inter-relationships. He can formulate hypotheses about the world, test those hypotheses and reformulate them if necessary.

CHAPTER FOUR
BASIS OF MENTAL HEALTH IN FAMILY SITUATIONS

INTRODUCTION:

This topic is intended to help friends and families of people living with mental illness effectively recognize, manage, plan and prevent a mental health crisis. This topic outlines what can cause a crisis, warning signs, strategies to help de-escalate a crisis, resources that may be available and the components of a crisis plan. Also included is information about advocating for a person in crisis along with a sample crisis plan.

A mental health crisis is important to address as any health crisis. It is difficult to predict when a crisis will happen. While there are triggers and signs, a crisis can occur without warning. It can occur even when a person has followed their treatment or crisis prevention plan and used techniques they learned from mental health professionals.

WHAT IS MENTAL HEALTH CRISIS? A crisis is any situation in which a person's behaviour puts him at risk of hurting himself or others, or when he is not able to resolve the situation with the skills and resources available.

Causes of mental health crisis: Many things can lead to mental health crisis. Increased stress, physical illness, problems at work or at school, changes in family situations, trauma/violence in the community or substance use may trigger an increase in behaviour or symptoms that lead to a crisis.

Family situations or stressors that can trigger a mental health crisis:

Home or environmental triggers

- Changes in family structure.
- Changes in relationship with boy friend, girl friend, partner, spouse.
- Loss of any kind, pet, family member or friend due to death or relocation.
- Strained relationships with room mates, loved ones.
- Changes in friendships.
- Fights or arguments with loved ones or friends.
- Trauma.
- Poverty.

School/work triggers.

- Worrying about upcoming projects or tasks.

- Feeling singled out by co-workers/peers, feeling of loneliness.
- Mounting pressures, anxiety about deadlines.
- Lack of understanding.
- Teachers or supervisors who may not understand that behaviours as symptoms of mental illness.
- Real or perceived discrimination.

Other triggers include.

- Stop taking medications or misses dose
- Start new medication or new dosage of current medication, medication stops working.
- Use or abuse of drugs or alcohol.
- Pending court dates.
- Being in crowds/large groups of people.
- Community trauma/violence.

What are the warning signs of mental health crisis?

Sometimes family, friends or co-workers observe changes in a person's behaviour that may indicate an impending crisis. Other times the crises come suddenly and without warning. You may be able to de-escalate or even prevent a crisis by identifying the early changes in a person's behaviour, such as an unusual reaction to daily tasks or an increase in their stress level. It may be useful to keep a journal or calendar documenting what preceded the behaviours that are of concern.

The warning signs of mental health crisis include:

1. **Inability to cope with daily tasks.**
   - Doesn't bath, brush teeth, comb/brush hair.
   - Refuses to eat or eats too much.
   - Sleeps all day, refuses to get out of bed.
   - Can't sleep or sleeps very short periods of time.
2. **Rapid mood swings**
   - Increased energy level.
   - Unable to stay still.
   - Suddenly depressed, withdrawn.
   - Suddenly happy/calm after period of depression.
3. **Increased agitation**
   - Makes verbal threats
   - Violent, out of control behaviour.
   - Destroys property.
   - Culturally, inappropriate language.
4. **Displays abusive behaviour**
   - Hurts others.
   - Cutting, burning or self-injurious behaviour.
   - Abuses alcohol or drugs.
5. **Loses touch with reality (Psychosis)**
   - Unable to recognize family or friends.
   - Has an increasingly strange idea.
   - Is confused and disorganized.
   - Hears voices.
   - Sees things that are not real.

   - Unable to sleep at night.
6. **Isolation from school, work, family, friends.**
   - Decreased interest in usual recreational activities.
   - Changes in friendships.
   - Stops going to school or work.

MANAGEMENT

When mental health crisis occurs, friends and family often don't know what to do. The behaviours of a person experiencing a crisis can be unpredictable and can change dramatically without warning.

If you are worried that your loved one, friend or family member is in crisis, seek help, assess the situation before deciding who to call. Is the person in danger of hurting himself, others or property?

Do you need emergency assistance or do you have time to start with a phone call for guidance and support?

A de-escalation technique that may help resolves a crisis

- Keep your voice calm.
- Avoid over reacting.
- Listen to the person.
- Don't argue or try to reason with the person.
- Avoid continuous eye contact.
- Keep stimulation level low.
- Be patient.
- Gently announce actions before initiating them.
- Avoid touching the person unless you seek permission.

If you do not believe your loved one is in immediate dangers, call a psychiatrist, nurse, therapist, psychologist or physician who is familiar with the person's history. This professional can help assess the situation and offer advice. The professional may be able to make an appointment or admit the person to the hospital.

MOTHER – CHILD RELATIONSHIP

A child's development encompasses many aspects including the physical, social, emotional and cognitive/mental. In order for children to develop in all aspects, they must be supported in all areas and the person responsible for this encouragement is the mother.

Mothers tend to be the primary care giver in both traditional and single parent families and thus are with their children more than anyone else. Mothers therefore are in the unique position of influencing their children's growth in all areas of development, beginning with the bonding and attachment that usually develop with their children.

Mother Child Bonding

Mothers and children are generally said to bond in the first few hours after birth. Bonding or development of trust between a mother and her child begins from the moment the two are brought together. During this time, mothers often breast feed their children and hold them close, thus keeping the two in physical contact for the first few hours and days of the infants' life. There are many reasons that mothers and their babies may not be

in contact immediately following birth, such as complication with the delivery or a premature baby that requires medical treatment and a physical distance does not in any way affect the bonding or making it not to occur. On the contrary, it is when mother and baby are in close contact but do not bond that there may be long lasting consequences. There is plenty of time for bonding in the first six months or so, mothers should feel no pressure to bond instantly with their children. Instead, through meeting her child's needs and giving the child reasons to trust her, a mother builds up a bond over many months.

MATERNAL BOND:

The **maternal bond** (or **motherly bond**) is generally the relationship between a mother and her child. It occurs due to pregnancy and childbirth, it may also occur in cases where the child is unrelated, such as in adoption.

There are thousands of potential factors, both physical and emotional, that can influence the mother-child bonding process. Separation anxiety disorder is a condition in which a child becomes fearful and nervous when away from home or separated from a loved one—usually a parent or other caregiver—to whom the child is attached. Many new mothers do not always experience instant love toward their child. They need to spend and care for the child as well as learning about him/her first. A maternal bonding is a gradually

unfolding experience that can take hours, days, weeks, or even months to develop.

The maternal bond between a human female and her biological child usually begins to develop during pregnancy. The pregnant female adapts her lifestyle to suit the needs of the developing infant. Beginning around 18 to 25 weeks, the mother also can feel the fetus moving, which can enhance *bonding*, seeing her baby during an ultrasound scan.

The developing fetus hears the mother's heartbeat and voice and might respond to touch or movement. By the seventh month of pregnancy, two-thirds of women might report a strong maternal bond.

Mothers who did not want the pregnancy typically have a lower quality relationship with the child. They are also more likely to suffer from post-partum depression or other mental health problems, and less likely to breast-feed the infant.

The process of childbirth can strengthen this bond, though that is not always the case, as every birth and every mother is unique. Factors that might stress rather than strengthen the bond include a traumatic birth, the pregnant mother's parenting style, experienced stress, social support, and the influence of a spouse or partner.

DAMAGE TO MOTHER CHILD RELATIONSHIP

When a father is abusive, children can be closer to their mother, and even be very protective of her. However, the effects of abuse, and children's strategies to cope, can sometimes result in an apparent closer bond with the abusive parent.

Even more bewildering, both for the victimized parent and custody evaluators, is that children's coping strategies can induce them to reject their non-abusive parent altogether.

How abuse affects children's views

Abusive men typically manipulate their children in a number of ways, deliberately shaping their opinions of both their parents. Children hear their father's criticism and contempt of their mother, and gradually absorb his view. Behaviours and events are interpreted to encourage the children to blame their mother and minimize the abuse.

Undermining is a common tactic, e.g. abusive fathers can be particularly attentive and entertaining with the children immediately after abusing their mother. Abusers often cast themselves as victim, so if the father is arrested or the mother initiates separation, for example, the children can feel sorry for him, and angry with their mother. Children learn that abuse is

justified and the mother is at fault, and can even join in with the abuse.

HOW ABUSE DAMAGES THE MOTHER/CHILD RELATIONSHIP

Children can have mixed emotions towards an abusive father: sometimes he may be more lenient or fun than their mother, and at other times he may be angry or violent.

Children can feel they are only able to express their difficult emotions with their mother, and can therefore exhibit emotional and behavioural difficulties with her, whilst appearing well behaved with their father.

Children do not understand how the complexities of abuse undermine their mother's ability to care for, and protect them, and can express anger and aggression towards her.

HOW CHILDREN'S COPING STRATEGIES CAN CAUSE THEM TO REJECT THEIR MOTHER

Taking side with the father, and distancing themselves from their mother, both emotionally and physically, can be a perceived route to safety for a child - like taking side with a bully at school to avoid being targeted.

Another coping strategy observed in children exposed to domestic abuse is 'switching off completely ... to go completely blank' towards their mother.

Children many also choose to live with their father as a means of protecting their mother from further abuse.

CHAPTER FIVE
CHARACTERISTICS OF EMOTIONAL AND BEHAVIOURAL PROBLEMS ASSOCIATED WITH EACH STAGE OF HUMAN DEVELOPMENT.

- Childhood.
- Adolescence.
- Adulthood.
- Old age.

Children with emotional or behavioural disorders are characterized primarily by behaviour that falls significantly beyond the norms of their culture and age group on two dimensions: *Externalizing and Internalizing*. Both patterns of abnormal behaviour have

adverse effect on children's academic achievement and social relationships.

***Externalizing Behaviour*:** The most common behaviour pattern of children with emotional and behavioural disorders consists of anti-social or externalizing behaviours. In the classroom, children with externalizing behaviours frequently do the following:-

- Get out of the seats.
- Yell, talk out and curse.
- Disturb peers.
- Hit or fight.
- Ignore the teacher.
- Complaint.
- Argue excessively
- Steal.
- Lie.
- Destroy property.
- Do not comply with directions.
- Have temper tantrums.
- Do not complete assignment.
- Do not respond to teacher's corrections.

All children sometimes cry, hit others and refuse to comply with request of parents and teachers, but children with emotional and behavioural problems do so frequently. Also, the antisocial behaviour of children with emotional and behavioural disorders often occurs with little or no provocation. Aggression takes many

forms –verbal abuse towards adults and other children, destructiveness, vandalism and physical attacks on others. These children seem to be in continuous conflict with those around them. Their own aggressive outbursts often cause others to strike back. Many believe that most children who exhibit deviant behavioural patterns will grow out of them with time and become normally functioning adult, although this optimistic outcome holds true for many children who exhibit problems such as withdrawal, fear and speech impairment (Rutter 2007). Research indicates that it is not so for children who display consistent patterns of aggressive, coercive, antisocial and delinquent behaviour (Pattern 2001). Children who enter adolescence with a history of aggressive behaviour stand a very good chance of dropping out of school, being arrested, abusing drugs and alcohol, having marginalized adult lives, and dying young (Lipsey & Derzon 2002).

Adolescence: Adolescence is a period of storm and stress, with rapid growth and inconsistent changes that varies widely among individuals. In general, the appropriate age is 10-14 years characterized by the following features;

- Physical growth and hormonal development, bone, muscle, brain, sexual characteristics, stature.
- A growing ability to use abstract thought.

- Social and emotional growth, including awareness of others, sense of fairness, social consciousness, sense of purpose, personal identity (Who am I?) peer bonding, separation from family and sudden intense emotions.

The majority of young adolescents are still concrete thinkers who need to touch, feel and manipulate objects to understand them. Students at this age learn more by doing them, seeing or hearing.

Adolescence is usually seen as a difficult stage for parents of teenage children. Adolescence desires to be alone or with his friends. However, what parents do not realize is that children are also passing through a difficult stage. They are trying to deal with physical, emotional, and moral changes occurring to them, and have started observing the world in a completely different way. It is also a time of confusion, where at times, they are treated like adults while at the next moment like little kids by their parents. Adolescence is a period where children try to establish their identity and this can actually add to their dilemma. The following emotional and behavioural problems are associated with adolescence.

- **Attention deficit hyperactivity disorder:** Attention deficit hyperactivity disorder commonly known as ADHD is one of the most common behaviour problem among teenagers. This is a type of learning disorder characterized by poor attention span which

affects the child's academic performance along with learning problems. The teenagers may also suffer from problems like hyperactivity, impulsive behaviour etc. Such behaviour is sometimes seen as a part of adolescence behaviour and atimes may not be taken seriously by the parents. However, there are ways in which parents can identify a child with ADHD, if the teenager is consistently making poor scores in his exams, the reason for this can be ADHD. Also adolescents who have this problem tend to be aggressive and may get involved in antisocial behaviour like shoplifting, drinking, smoking, cultism, sexual assault etc. They find it difficult to perform well in school. There are high chances that they will drop out due to frustration and low self – esteem. This can also lead them to risky behaviour like smoking, drug abuse and alcohol addiction.

- **Adolescent Depression:** Though depression during adolescence is quite normal, when it extends to a long time, it becomes problematic. Teenagers suffering from chronic depression may show signs like very low energy, insomnia, very less interaction with peers, no interest in activities that they use to like earlier etc. It is important that parents understand and recognize the signs of teenage depression as soon as possible because if it remains untreated, there are chances that they will aggravate and affect the child's life in later years.

- **Oppositional Defiance Disorder:** Oppositional defiance disorder (ODD) is a behavioural problem characterized by hostility, defiance and opposition not only towards parents, but towards the world in general. The affected adolescents show aggressive behaviour, argumentative, unreasonable, pessimistic, and bad temper etc. It is said that this kind of behaviour starts earlier before adolescence i.e. at the age of 7 or 8. At first, the child behaves in this way only at home, later it is extended to the school and also towards his peer group.
- **Adolescent Eating behaviour disorder:** Eating disorder is another common problem seen in teenagers, especially in girls. Teenagers love to indulge in fast foods which can lead to problems like teen obesity as well as improper nutrition. There are two severe problems related to eating which includes Anorexia and bulimia. Anorexia is a condition which affects people who have very low self-esteem. It comes from the urge to be perfect in all areas of life. This can be quite serious as they may not eat anything causing serious damage to the body, and in some cases, may even lead to death; on the other hand, bulimia is where a person indulges in binge eating, later feels guilty about it, and hence, throws away the food through self-induced vomiting. If you observe any of these problems in your teenagers, it is important that you take him/her to a psychiatrist or

mental health practitioner as soon as possible. A good psychiatrist will try to find the root cause of the problem and help your child over come this behavioural problem. Apart from the treatment given by the specialist, it is crucial that you exhibit patience and give all your love and support to your child during these trying times.

The adolescent period is from the age of thirteen to nineteen (13-19yrs) and is named as teenage period. Maximum physical development of internal and external organs of the body is attained. Major physiological changes meant for teenage period are fast and complete at the end of this period.

The adolescent is nervous and unsteady in sudden and major physical changes. We can see an appreciable intelligence, thinking power, logical reasoning and understanding the environment. The adolescent is rich in memory, perceiving things, like concept formation, association, generalization, imagination and decision making. Questioning in most of the things is prevalent but becomes satisfied in approval and recognition of his views. It is a period of joy and happiness and does not want to miss what he aspired. Sometimes, he is moody and bursts in tears, instantly. Emotional development is at peak. Thus there is no emotional stability in general. Socially, the group feeling is at its maximum and wants to shine in the group. There is a natural ability

to understand the feelings of others. There is the eagerness for opposite sex. Ego centered behaviour but with some adjustable nature in character can be seen. The adolescent follows the norms and practices. There is a moral fear for God and heaven.

PROBLEMS OF ADOLESCENCE

The most common problems in adolescence relate to growth and development, childhood illnesses that continue into adolescence, mental health disorders and the consequences of risky or illegal behaviours, including injury, legal consequences, pregnancy and infectious diseases. Unintentional injuries resulting from motor vehicle crash and injuries resulting from interpersonal violence are leading causes of death and disability among adolescents.

Mental health problems, such as mood disorders and schizophrenia (Childhood schizophrenia) may develop. Eating disorders such as anorexia nervosa and bulimia nervosa are particularly common among adolescent girls.

Other problems include:

1. **Emotional tension**: Emotional development is at maximum and unstable. Self respect and personal pride make the individual emotionally bad. He expects the things to be done as he aspires.
2. **Personal appearance**: This is a significant problem. The adolescent is much worried about

the appearance with modern and latest life style at any cost.

3. **Emancipation**: It is an ambition for freedom from parental sovereign. The individual hates control of the parents. He seeks identity to himself.
4. **Economic independence**: This is another problem of adolescence; they, collect money from parents for personal needs, though extravagant expenses are a major problem.
5. **Social adjustment**: One has to face a lot of adjustment problems. The most difficult problem is related to social adjustment outside the family and to peer group.

Most problems of adolescence are due to the failure in understanding the anatomical, morphological and psychological changes expected during adolescence. Psychologically, adolescence is such a vulnerable stage that boys/girls of this stage are easily carried away by perceptions generated by:-

- Misleading and misguiding parents, teachers, friends, brothers/sisters,
- Ignorance of elders,
- Half-informed or ill-informed friends, brothers/sisters.
- Wrongful message depicted through TV serials, advertisement, film etc.

- Publications carrying partially or fully false information.

Such perceptions can be anything in the range of studies, sex, society, married life, career, religion, politics or any relevant subject. Every adolescent boy or girl is prone to such exposures which ultimately are retained as perception in his/her mind to form the behaviour patterns.

ADULT DEVELOPMENT FROM MATURITY TO OLD AGE

Adulthood is usually defined as the portion of the life span that occurs after maturity is reached. There are at least three kinds of maturity.Biological, Psychological and Social Maturity.

Biological maturity is attained when the individual becomes capable of reproduction in the early teens. Psychological maturity typically comes later when we begin to routinely engage in such adult behaviour as planning, thinking through the implication of our actions, adapting more rapidly to new situations and becoming involved in continuing intimate relationships. Social maturity arrives when stable family and work roles are established. Obviously the ages at which these various forms of maturity are attained vary from one person to another. Some may become mature in every sense by the late teens while others do not reach psychological or social maturity

until their thirties- if at all. We will consider the stages of development during adulthood and the biological changes that take place, then take up in turn, the issues of cognitive, personality, social and career development.

ADOLESCENCE TRANSITION TO ADULTHOOD

Adolescence is a period of transition and includes important biological, social, emotional and cognitive changes that take place quite rapidly over a relatively short period. The teenager is no longer a child, but not quite an adult. He is sexually mature and capable of reproduction, but has not yet attained the emotional maturity or economic independence of the adult. The range of ages spanned by adolescence is some what arbitrary and has changed with changes in society. Adolescence is generally regarded as beginning at about 13 and ending at about 21. Is this period a time of crisis and turmoil? Are adolescents usually at logger heads with their parents? We try to answer these questions as we consider the effects of puberty on the adolescent, then take up personality, social, and emotional development.

DEFINITION OF OLD AGE: Most developed world countries have accepted the chronological age of 65yrs as a definition of "elderly" or older person, but like many Westernized concepts, this does not adapt well to the situation in Africa. While this

definition is somewhat arbitrary, it is many times associated with the age at which one can begin to receive pension benefits. At the moment, there is no United Nations standard numerical criterion, but UN agreed cut off is 60+ years to refer to the older population. The final stage of the normal life span senescence- old age was considered to be 65 years or over.

PROBLEMS OF OLD AGE

The old age is an integral part of human life. It is the evening of life. It is unavoidable and undesirable phase of life. But it is really interesting to note that everybody wants to live a long life, but not to be old. It is bound to come in life. A man is compelled to go through the pains and pleasures of this age like the other phases of life before making an exit from this mortal world. The problems of old age are deteriorating health, malnutrition, lack of shelter, fear, depression, senility, isolation, boredom, inhibition non-productivity and financial incapacity are the most common problems that senior citizens all over the world face today. The elders live in constant worry related to three matters, i.e. diseases, poverty and loneliness. There is no escape from the first problem because; it is the result of natural process of aging. The second problem is either due to poverty or poor financial management during earning time that has resulted in the absence of saved funds

and the third problem is either due to loss of spouse or deliberate abandonment by the children. Family life is very necessary for senior citizens and for parents to live a life of security, care and dignity. The maintenance and welfare of parents and senior citizens. Act, 2007 will really help senior citizens, and they will be able to live a normal life. This will be a great relief to the parents and senior citizens. This act is also made applicable to senior citizens who are childless. With age, an individual becomes more prone to various diseases. In old age, every organ of the body needs some special and extra care to ward off diseases or deformities. Heart problems, arthritis, osteoporosis, diabetes, hypertension and all such conditions can be prevented to a great extent by following healthy lifestyles.

DEFENCE MECHANISM OR MENTAL MECHANISM

Sigmund Freud considered the ego to be a defence structure that mediates between the excessive demands of the Id and the excessive restrictions of the super ego.

It was Freud's daughter, Anna Freud (1953) who formulated a comprehensive list of defence mechanisms employed by the ego.

Anna Freud contended that every one uses a variety of defence, some of which are more functional than others.

According to Kaplan & Sadock (2003) defence mechanism simply means a method of adjustment or adaptation used by individual as an attempt to cover one's weakness in order to spare or protect oneself from social or personal humiliation.

TYPES OF DEFENCE MECHANISM

1. **RATIONALIZATION**; this is the formation of reasonable explanation, which may or may not be valid for certain events or behaviours.
   Rationalization is used to conceal ones real motives or short comings from one self or from others example, an alcoholic who says that he needs to drink to "wind down" from daily pressures.
2. **REACTION FORMATION**: This is the transformation of unacceptable impulses or emotion into opposite behaviour to the person concerned. It is an irrational adjustment to fear and anxiety. For example, hostile feelings towards someone may be expressed by behaviours that are excessively kind and loving. I dislike you becomes I like you because it is safer.
3. **REPRESSION**: Is the inability to remember materials that are unacceptable to the individual. This is an unconscious process that takes place automatically when an individual entertains unacceptable ideas, feelings, memories, drives and unresolved conflicts. They are pushed back into unconscious mind.

4. **SUPPRESSION:** This is a conscious pushing back and putting out of mind, feelings or impulses. It enables us to concentrate on what is important.
5. **REGRESSION:** This is the re adoption of feelings, thinking and behaviour, appropriate for an earlier stage of development.
   Most mental illness involves regressive behaviour to a greater or lesser degree, especially in patients suffering from schizophrenia and dementia.
6. **PROJECTION:** This is a weakness, attributes or unacceptable wishes or impulses, which exist but is usually not recognized in oneself. It is seen clearly in other people and is ascribed to others.
7. **DENIAL:** This is a partial or complete rejection of something. This is the refusal to admit that certain feelings, experience or situation exist.
8. **SUBLIMATION:** This is a process in which socially unacceptable drive, urges or behaviour are replaced with socially acceptable behaviour. It is a conscious way of replacing unacceptable behaviour with acceptable one as prescribed by the societal norms and values. Example, a well known criminal may turn to be a very good preacher or pastor.
9. **IDENTIFICATION:** This is the imitation or acquisition of certain attributes of a significant person. For example, if the son of a famous basket ball player tries to emulate his father, he is using the mechanism of identification.

10. **DISPLACEMENT:** This is the transferal of emotion, motives, thoughts or idea proved by one object to another more convenient object. Example a young lady who is angry with her boss but she is afraid to express her anger came home and displayed her anger on her children or a young man who is angry with his employer but does not want to lose his job may display his anger by yelling at his family members.
11. **ISOLATION:** Is the separation of an idea from the emotion surrounding it. The idea itself may or may not be forgotten, but the accompanying emotion is always felt. Example, a college student may ignore feelings of home sickness even though he often has thoughts of returning home.

FUNCTIONS OF DEFENCE MECHANISM

i. To protect the personality by controlling anxiety.
ii. It reduces emotional pressures.
iii. It enables an individual to adjust to reality.
iv. To promote harmony between himself and others.
v. To restore mental, physical and social equilibrium.
vi. To maintain peace within one self.

CHAPTER SIX
CRISIS INTERVENTION THERAPY

INTRODUCTION:

A crisis is one of the challenges of life that call upon people to adjust to the unexpected, and adapt to a situation or events that is unpredictable and more often than not, unwanted.

Nurses encounter crisis daily in their work. For example, in any given day a nurse may face a crisis in the staffing schedule, a crisis for the client who has just been given a disturbing diagnosis, a crisis for the family victimized by assault, a crisis for a teenager suffering from an accidental injury, or a crisis for a patient contemplating suicide.

Nurses themselves face their own individual crisis of every day living, such as failed baby sitting arrangement, cars that are not functional, health problems, and inability to complete a day's work in a day.

DEFINITION:

According to Lagerquist (2001) crisis is a sudden event in one's life that disturbs homeostasis, during which usual coping mechanism cannot resolve the problem.

CHARACTERISTICS OF CRISIS

According to Kaplan and Sadock, (1998) the following characteristics of crisis have been identified.

a. Crisis occurs in all individuals at one time or another and is not necessarily equated with psychopathology.
b. Crisis is precipitated by specific identifiable events.
c. Crisis is personal by nature. What maybe considered as crisis by one individual may not be so for another.
d. Crisis is acute, not chronic and will be resolved in one way or another within a brief period.

TYPES OF CRISIS

a. A situational crisis.
b. A maturational crisis.
c. A cultural crisis.
d. A community crisis.

A Situational Crisis: Is any event that poses a threat or challenges to an individual or group of people, for example accidental injury, loss of employment, receiving the diagnosis of a significant illness, and loss of one's possession through theft or fire.

A Maturational Crisis: Is a stage in a person's life where adjustment and adaptation to new responsibilities and life patterns are necessary. Movement from

childhood years to young adulthood presents the crisis of adolescence. Movement from middle adulthood to old age poses the crisis of aging and is often called the time of (Mid life crisis).

A cultural crisis: Is a situation where a person experiences culture shock in the process of adapting/adjusting to a new culture or returning to one's own culture after being assimilated into another.

A community Crisis: Is a crisis of a proportion which affects an entire community of people. Natural disaster armed conflicts e.g. war, communal battle.

PHASES IN THE DEVELOPMENT OF A CRISIS

Phase I: The individual is exposed to a precipitating stressor. Anxiety increases, previous problem-solving techniques are used.

Phase II: When previous problem-solving techniques do not relieve the stressor, anxiety increases further. The individual begins to feel a great deal of discomfort at this point. Coping techniques that have worked in the past are attempted, only to create feelings of helplessness when they are not successful. Feeling of confusion and disorganization prevail.

Phase III: All possible resources, both internal and external are called on to resolve the problem and relieve the discomfort. The individual may try to view the problem from a different perspective or even to overlook certain aspects of it. New problem-solving

techniques maybe used and if affected, resolution may occur at this phase.

Phase IV: If resolution does not occur in previous phase, Kaplan states that the tension mounts beyond a further threshold or its burden increases over time to a breaking point, anxiety may reach panic level.

THE ROLE OF THE NURSE IN CRISIS INTERVENTION:

Nurses respond to crisis on a daily basis. Crisis can occur in every unit in the general hospital, the home setting, the community health care setting, schools, offices and private practice.

Nurses may be called on to function as crisis helpers in virtually any setting committed to the practice of nursing.

ASSESSMENT

A nurse in crisis intervention might perform some of the following assessment.

a. Ask the individual to describe the event that precipitated this crisis.
b. Determine when it occurred.
c. Assess the individual's physical and mental status.
d. If previous coping methods were tried, what was the result?
e. Assess suicide or Homicide potential.
f. Assess the individual's use of substance.

Some nursing diagnosis that may be relevant include,

- Ineffective Coping.

- Anxiety (severe to panic).
- Disturbed thought process.
- Rape trauma syndrome.
- Post –trauma response.
- Fear.

PLANNING OF THERAPEUTIC INTERVENTIO

In the planning of the nursing process the nur selects the appropriate actions for the identified nursi diagnosis.

In planning the intervention, the type of crisis taken into consideration; goals are established for cris resolution.

INTERVENTION:

- Use a reality-oriented approach. The focus of th problem is on the here and now.
- Remain with the individual who is experiencin panic anxiety.
- Establish a rapid working relationship by showin unconditioned acceptance, by active listening an by attending to immediate needs.
- Discourage lengthy explanations or rationalizatio of the situation; promote an atmosphere fo verbalization of true feelings.
- Help the individual determine what he or sh believes precipitated the crisis.

- Knowledge, feelings of anger, guilt, helplessness and powerlessness, taking care to avoid providing negative feedback for those feelings.

PROCESS OF PROBLEM SOLVING

As a student you are likely to be involved with a wide range of activities on campus, at work, in office, home, and with your friends. At times during these activities, challenges or problems will arise. Often, you would resolve these automatically, however you may experience a significant problem which you find difficult to solve as quickly or as automatically as you may under other circumstances. The aim of this resource is to assist you to develop the skill you need to become an effective problem solver when facing challenging or difficult situation.

WHAT IS PROBLEM SOLVING

Problem solving is a process and skill that you develop over time to be used when you need to solve immediate problems in order to achieve a goal.

There are many different ways to solve a problem, however all ways involve a series of steps.

The following is a seven- step problem solving process/model.

Step 1. IDENTIFY THE PROBLEM.

Firstly, you need to identify and name the problem so that you can find an appropriate solution. You may not be clear of what the problem is or feel is affecting your

goals. Try to talk to others as this may help you identi
the problem.

Step 2. EXPLORE THE PROBLEM.

When you are clear about what the problem i
you need to think about it from different angles. You ca
ask your self questions such as

How is this problem affecting me?

How is it affecting others?

We experience this problem?

What do they do about it?

Seeing the problem in different ways is likely to help you find an effective solution.

Step3. SET GOAL

Once you have thought about the problem from differen
angles you identify your goals.

What is it that you want to achieve?

Sometimes you may become frustrated by a problem and forget to think about what you want to achieve. For example, you might become ill, struggle to complete a number of assignments on time and feel so motivated that you let due dates pass.

Improve your health?

Increase your time management skills?

Complete the assignment to the best of your ability.

Finish the assignment as soon as possible.

If you decide your goal is to improve your health that will lead to different solutions to those linked with the goal of completing your assignments as soon as

possible. One goal may lead you to apply for extensions for your assignments. So working out your goals is a vital part of the problem solving process.

Step 4: LOOK AT ALTERNATIVES

When you have decided what your goals is, you need to look for possible solutions. The more possible solutions you find the more likely you will be able to discover an effective solution. You can brain storm for ideas .The purpose of brain- storming is to collect together a long list of possibilities. It does not matter whether the ideas are useful or practical or manageable. Just write down the ideas as they come into your head. Some of the best solutions arise from creative thinking during brain – storming. You can also seek ideas about possible solutions by talking to others. The aim is to collect as many alternative solutions as possible.

STEP 5- SELECT A POSSIBLE SOLUTION FROM THE LIST OF POSSIBLE SOLUTIONS.

You can sort out which are most relevant to your solution and which are realistic and manageable. You can do this by predicting the outcomes for possible solutions and also checking with other people what they think the outcome may be. When you have explored the consequences, you can use this information to identify the solution which is most relevant to you and is likely to have the best outcome for your situation.

STEP 6 IMPLEMENTS A POSSIBLE SOLUTION. ONCE YOU HAVE SELECTED A POSSIBLE SOLUTION YOU ARE READY TO PUT IT INTO ACTION. You will need to have energy and motivation to do this because implementing the solution may take some time and effort. You can prepare yourself to implement the solution by planning when and how you will do it, whether you talk with others about it and what rewards you will give yourself when you have done it.

STEP 7:-EVALUATE

Just because you have implemented the best possible solution, you may not have automatically solved your problem, so evaluating the effectiveness of your solution is very important. You can ask yourself and others

How effective was that solution.

Did it achieve what I wanted?

What consequences did it have on my situation?

If the solution was successful in helping you solve your problem and reach your goal, then you known that you have effectively solved your problem.

If you feel dissatisfied with the result, then you can begin the steps again.

WHEN TO USE PROBLEM SOLVING.

You can use problem solving anytime you experience a challenge or have a goal to achieve. You can use the problem solving model to look for solution that connected with your study or other aspect of your life. You can take the problem solving with others, is often

very effective because you have access to a wide variety of view points and potential solutions.

The problem solving model is a useful resource for you to utilize in all aspects of your life and when dealing with challenging situations.

CHAPTER SEVEN
FUNDAMENTALS OF PSYCHOPATHOLOGY OF MENTAL ILLNESS

Psychopathology is the scientific study of mental disorder, including efforts to understand their genetic, biological, psychological and social causes, manifestations and treatments.

Psychopathology is a term which refers to either the study of mental illness or mental distress or the manifestation of behaviours and experiences which may be indicative of mental illness or psychological impairment. Many different professions may be involved in studying mental illness or distress. Most notably, psychiatrists and clinical psychologists are particularly interested in this area and may either be involved in clinical treatment of mental illness, or research into the origin, development and manifestations of such states or often, both. More widely, many

different specialties may be involved in the study of psychopathology. For example, a neuroscientist may focus on brain changes related to mental illness.

Therefore, someone who is referred to as a psychopathologist may be one who has specialized in studying this area.

What is psychological disorder? Many authors define a psychological disorder as a "psychological dysfunction within an individual associated with distress or impairment in functioning and a response that is not typically or culturally expected. Three criteria must be observed for us to say that a psychological disorder is present.

Firstly, a psychological disorder involves dysfunction. This refers to the failure to operate properly. The dysfunction can be in thoughts (also called cognitions), emotions, or behaviours. For example, feeling uncontrollably happy for no apparent reason would constitute an emotional dysfunction. Being unable to concentrate on a task is an example of a cognitive dysfunction. Sitting very still for days on end without moving (as some people with schizophrenia do) is a behavioural dysfunction.

Secondly, a psychological disorder involves distress or impairment. Distress refers to any type of suffering. feeling extremely sad would constitute distress. Impairment is an inability to function normally in daily

life, for instance, being unable to work would constitute impairment.

Finally, the definition requires a typical or culturally unexpected response. This criterion requires that individuals act in a way that is very unusual for their culture.

LEARNING OBJECTIVES

After completing this lesson, you should be able to accomplish the following.

- Define the term "psychological disorder" and explain its three necessary components
- Define and explain basic terminology related to psychopathology.
- Identify and describe the major concepts from historically important theoretical orientations
- Explain classical conditioning and operant conditioning and give original examples of each.
- Describe the bio-psychosocial model and explain its importance.

HISTORICAL IMPORTANCE OF THEORETICAL ORIENTATION.

Theoretical orientations that have been used to understand psychopathology are as follows; the super natural, biological, psychological and traditional will be explored in terms of their historical importance.

- **Supernatural:** Through history, mental illness has been attributed to a variety of supernatural causes, including witchcraft, the gods, the

movements of the stars and possession by evil spirits. Demonology is the idea that evil spirits can inhabit individuals and control their minds or bodies. This is the earliest known explanation for mental illness. In ancient times, a hole was bored into the skull of a person suffering from mental illness in order to allow the evil spirit to leave. This primitive brain surgery, or trephination, has been performed for thousands of years in many cultures. The surgery was performed without anesthesia and evidence from the skull themselves suggests that many people survived for years after the procedure. Amazingly, even today, there is a small movement to further the use of trephination, although science does not support its use. Demonological theories have also led to attempts to cure mental illness through a ritual called exorcism.

- **Biological:** As science and technology grow more sophisticated, biological theories about psychopathology are increasingly common. Here, we will discuss a few historically important biological explanations for mental illness.

In ancient Greece, the physician Hippocrates produced the first well-elaborated biological theories about mental illness. He believed that mental illness could be inherited through families and could be caused by injury.

anatomical abnormalities, or disease. Five hundred years later, a Roman physician named Galen expanded on the work of Hippocrates and created the humoral theory. He believed that the body contained four fluids (blood, black bile, yellow bile and phlegm) that must remain balanced. Imbalances in these fluids or humors resulted in mental illness. Though the idea of humors has long since been discarded, we now know that imbalances in chemicals in the body can cause psychopathology.

- **Psychological**: The psychological tradition can be broken down into many smaller areas. We will cover two of the most important historical schools of thought. These are the psychoanalytic and behavioural orientations. Psychoanalytic – you need to know about the three main components of Freud's psychoanalytic model. These components are: ***The structure of the mind, the defence mechanism and the stages of psychosexual development.*** Freud theorized that the mind is made up of three different parts. We are born with only an Id. The Id is the irrational, animalistic part of the mind that is selfish and motivated only to fulfill desires for pleasure. When we are babies, we begin to develop an ego. The ego is the realistic part of the mind that helps us fulfill our desires in socially accepted ways. Finally,

children develop a superego, which is the most rational part of the mind that demands strict adherence to socially acceptable behaviours. In many ways, you can visualize the id as the devil sitting on one shoulder and the superego as the angel sitting on the other shoulder. The person in the middle (the ego) is responsible for taking input from both sides and choosing the most appropriate and realistic course of action. Freud believed that disorders developed when the ego was not able to perform this function. One of the ways that the ego is able to maintain control is through the use of defence mechanism. Defence mechanisms are unconscious processes that the ego uses to suppress the desires of the id and to cope with strong emotions. The use of defence mechanisms can have either positive or negative effects on a person. For example, you did not study for a course and then you fail an exam. This produces strong emotions of shame and anger and your id feels the urge to hurt your profession. You could use sublimation to channel these emotions and impulses into studying much harder for the next exam. This would be a positive, healthy defence mechanism. Alternatively, you would use the defence of denial and refuse to accept that your lack of studying led to your poor grade and continue in the same behaviour. Denial is a less

adaptive mechanism in this case. The idea of defence mechanism is one aspect of Freud's theory that has received some scientific support. Freud believed that each child must progress through five stages of psychosexual "sexual" to anything that was physically gratifying. The five stages of development are the oral, anal and phallic, latency and genital stages. Failure to successfully navigate a stage of development (by setting too little or too much gratification) results in fixation at that particular stage. This would cause excessive behaviours aimed at gratification through the source of pleasure characteristics of the stage where fixation occurred. Example, fixation at the oral stage could lead to excessive adult behaviours involving the mouth, such as over eating, drinking excessively and smoking. Freud also believed that this would cause personality traits characteristics of the developmental stage where, fixation occurred. Freud himself smoked cigarette until the day he died.

CHAPTER EIGHT
PSYCHOLOGICAL TESTS AND TESTING

Psychological testing refers to the administration of psychological tests. A psychological test is "an objective and standard measure of a sample of behaviour (Anastasia 2000). The term sample of behaviour refers to an individual's performance on tasks that have usually been prescribed before hand.

A psychological test is an instrument designed to measure unobserved constructs. Psychological test can strongly resemble questionnaires, which are also designed to measure unobserved construct. A useful psychological test must be both valid (i.e. there is evidence to support the specified interpretation of the test results) and reliable (i.e. internally consistent or give consistent results over time, across raters)

PRINCIPLES OF PSYCHOLOGICAL TESTING

Proper psychological testing consists of the following:

- **Standardization**- all procedures and steps must be conducted with consistency and under the same environment to achieve the same testing performance from those being tested.
- **Objectivity**- scoring is free of subjective judgment or biases based on the fact that the same result are obtained all the time.
- **Test Norms**- The average test score within a large group of people where the performance of one individual can be compared with the results of others by establishing a point of comparism.
- **Reliability**- obtaining the same result after multiple testing.
- **Validity** – the type of test being administered must measure what is intended to measure.

TYPES OF PSYCHOLOGICAL TEST

1. **Intelligent/achievement test**: Intelligent tests purport to be measure of intelligence, while achievement test is used to measure an individual's performance on tasks that have usually been prescribed.
2. **Attitude Test**: Attitude test assesses an individual's feelings about an event, person, or object. Attitude scales are used in marketing to determine individual and group preferences for brands or items.

3. **Personality test**- Psychological measures of personality are often described as either objective test or projective test.
4. **Objective Tests**- (rating scale or self report measure) objective tests have a restricted response format such as allowing for true or false answers or rating using an ordinal scale. Prominent examples of objectives personality test include Minnesota multiphasic personality inventory, child behaviour checklist, Beck depression inventory, five factor personality inventory-children (FFPI-C)
5. **Projective Test**- (Free response measures) projective tests allow for a free type of response. An example of this would be the Rorschach test, in which a person states what each of ten ink blots might be. Projective test is not used often today because they are more time consuming to administer and because the reliability and validity are controversial. Another common projective test is the Thematic Apperception Test (TAT). The psychologist scores the test and interprets its meaning. The test is intended to reveal elements of unconscious functioning.

THEMATIC APPERCEPTION TEST (TAT)

The Thematic Apperception Test (TAT) is a projective psychological test. Proponents of this technique assert that a person's responses reveal underlying motives

concerning the way they see the social world through the stories they make up about ambiguous pictures of people.

Historically, it has been among the most widely researched, taught and used of such tests. Its adherents assert that the TAT taps a subject's unconscious to reveal repressed aspects of personality, motives and needs for achievement, power and intimacy, and problem-solving abilities.

Procedure

The TAT is popularly known as the *picture interpretation technique* because it uses a standard series of provocative yet ambiguous pictures about which the subject is asked to tell a story. The subject is asked to tell a dramatic story as they can for each picture presented, including:

- What has led up to the event shown?
- What is happening at the moment?
- What the characters are feeling and thinking?
- What is the outcome of the story?

If these elements are omitted, particularly for children or individuals of low cognitive abilities, the evaluator may ask the subject about them directly. There are 31 picture cards in the standard form of the TAT. Some of the cards show male figures, some female, some both male

and female figures, some ambiguous gender, some adults, some children, and some show no human figures at all. One card is completely blank. Although the cards were originally designed to be matched to the subject in terms of age and gender, any card may be used with any subject. Most practitioners choose a set of approximately ten cards, either using cards that they feel are generally useful, or that they believe will encourage the subject's expression of emotional conflicts relevant to their specific history and situation.

SENTENCE COMPLETION TEST

Sentence completion methods are presentations of the beginning of sentences which then requests that the subjects complete the sentence any way they would like. This method is based on the idea that it will reveal more about thoughts, fantasies, and emotional conflicts than testing with direct questions (Weiner & Greene, 2008). Tests are developed to be as vague as possible, so the most amount of projection as possible can occur. If the questions or instructions are too clear they will not promote freedom of expression and the results will say nothing. For example, a sentence beginning with *the worst thing about growing old...* is not going to provide as much opportunity for a response as *other people....* (Holaday, Smith&Sherry, 2000). Overall, they try to eliminate sentences that could possibly be completed with a one word answer.

TEST SECURITY: Many psychological tests are generally not available to the public, but rather have restrictions both from publishers of the tests and from psychology licensing boards that prevent the disclosure of the test themselves and information about the interpretation of the results. Test publishers consider both copyright and matters of professional ethics to be involved in protecting the secrecy of their test and they sell tests only to people who have proved their educational and professional qualifications to the test maker's satisfaction. Purchasers are legally bound from giving test answers or the test themselves out to the public unless permitted under the test maker's standard conditions for administration of the test.

PROJECTIVE TEST

Projective Test is a personality test designed to let a person respond to ambiguous stimuli, presumably revealing hidden emotions and internal conflicts.

TYPES OF PROJECTIVE TEST

i. **Rorschach Inkblot Test:** The best known and most frequently used projective test is the Rorschach Inkblot test; in which a subject is shown a series of ten irregular but symmetrical Inkblots and asked to explain what they see. The subject's responses are then analyzed in various ways, note not only what was said, but the time taken to respond, which aspect of the drawing was

focused on, and how single response compared to other responses for the same drawing. For example, if someone consistently sees the images as threatening and frightening, the tester might infer that the subject may suffer from paranoid.

ii. ii. **Thematic Apperception Test**: Another popular projective test is the thematic Apperception Test (TAT) in which an individual views ambiguous scenes of people and is asked to describe various aspects of the scene. for example, the subject may be asked to describe what led up to this scene, the emotions of the characters and what might happen after wards. The examiner then evaluates this description, attempting to discover conflicts, motivations and attitudes of the respondent in the answers, the respondents project their unconscious attitudes and motivation into the picture, which is why these are referred to as projective tests.

iii. **DRAW-A- PERSON TEST**: Draw a person test is a projective diagnostic technique in which an individual is instructed to draw a person, an object or a situation so that cognitive, interpersonal or psychological functioning can be assessed. The test can be used to evaluate children and adolescents for a variety of purposes (e.g. self image, family relationships, cognitive ability and personality)

A projective test is one in which a test taker responds to or provides ambiguous, abstract or unstructured stimuli, often in the form of pictures or drawings, while other projective test, such as the Rorschach techniques and Thematic Apperception Test, ask the test taker to interpret existing picture, figure drawing test require the test taker to create the pictures themselves.

In most cases, figure drawing tests are given to children, this is because it is a simpler and manageable task that children can relate to and enjoy.

Some figure drawing tests are primarily measures of cognitive abilities or cognitive development. In these tests, there is a consideration of how well a child draws and the content of a child's drawing. In some tests, the child's self image is considered through the use of the drawings. In other figure drawing tests, interpersonal relationships are assessed by having the child draw a family or some other situation in which more than one person is present. Some tests are used for the evaluation of child abuse. Other tests involve personality interpretation through drawings of objects, such as a tree or a house, as well as people. Finally, some figure drawing tests are used as part of the diagnostic procedure for specific types of psychological or

neuropsychological impairment such as central nervous systems dysfunction of mental retardation.

Despite the flexibility in administration and interpretation of figure drawings these tests require skilled and trained administrators familiar with both the theory behind the tests and the structure of the tests themselves

iv. **WORD ASSOCIATION TEST.**

Word Association Test (WAT) is the second test at service selection Boards in Psychologist series. By this test, psychologist reads the personality which a candidate possesses. In this test you will be shown a word and you are required to form a meaningful sentence using that word. On seeing a word there might be different idea in your mind related to that word but you must write the first spontaneous reaction in your answer sheet. The time limit is restricted to 15 seconds so that candidate is not confused with subsequent thoughts and gives his first thought only.

Time of each word-15 seconds

You are required to complete 60 words; each word will be shown for 15 seconds and within these 15 seconds, you have to record your thought in answer sheet provided to you. As stated earlier, this time limit has been intentionally shortened so as to ensure that the

candidate gives his first reaction which comes to his mind.

To make you understand this test in a much better way, let us take a word knife. A person sometimes uses knife to cut vegetable. However a surgeon also uses knife in operation, so he will write the sentences in his own way and if one ever got badly injured by knife then one might write that knife should be carefully used. So by all these examples, we want to tell you how greatly a particular word can help psychologist to judge your personality.

NON PROJECTIVE TEST:

Interview Method: The original method used for the assessment of personality and the one which is still found to be useful is the interview method. In interview there is a direct face to face contact between the interviewer and the interviewee. The interviewer is the psychologist or the psychiatrist and the interviewee may be the patient or a subject. In this method the psychologist listens to the subjects own story and he seldom interferes while the subject is talking. He is sympathetic in listening, breaks the subject's restraints and he begins to talk in more intimate manners. This draws out the subject's true personality. Some times the subject is questioned about his attitude and interest. The interview has got two forms namely guided and unguided. In the guided form the psychologist has the

pre-arranged questions whereas in the unguided form the questions are not pre-arranged.

BEHAVIOUR TEST: One of the behavioural tests is called Brook test which is designed to test group participation in problem solving and to reveal natural leader. Here a group of 4 to 5 candidates are taken to a brook. They will be provided with a few materials like tins, ropes and bamboos. Then they are asked to imagine themselves to be in a situation where they are faced with enemy force and their leader to the other side of the river. Here how the group starts its work, how the leader emerges will be observed by a team of experts including a psychologist, a doctor and an army officer based on the performance of the best candidate will be selected for the job.

RATING SCALE: A rating scale is a device for recording the extent or degree to which a person is perceived to possess a defined attribute. It is a little more difficult and technical in its construction. The rating may be self-rating or rating of a particular trait in others. Sometimes rating may also be done by a team of judges; rating scale has usually 3 points, 5 points or 7 points. For example: A scale on generosity, the question may be, do you spend more money on others than on your self.

- Always
- Sometimes
- Never

This is a 3 points scale, here the subject has to read the question and indicate the degree of the trait present in him by making x on any one of the 3 points. A five point's scale may have the following alternatives.

- Always
- Often
- Sometimes
- Rarely
- Never

In the rating scale there are two (2) individuals:
Rater and Ratee

Questionnaire or personality inventory: In inventory or questionnaire consists of a set of questions prepared on the problem under study. Each question is followed by alternative answers of which the subject has to indicate only on answers by underling or putting a right mark on the answers which applies to him. This method is much easier to administer and to collect data from a large number of subjects at a time. Example do you usually feel well and strong? Yes or No

-Do you have night mares? Yes or No

- Do you make friends easily? Yes or No

Eyseniks Personality Inventory (E.P.I)

Eyseniks personality inventory has 51 questions each question has two answers. The subject has to read each question and indicate his answer by marking one of the answers. There is no right or wrong answer but the subject must answer as quickly as possible. No question

should be left un answered for example does your mood often go up and down Yes/No, out of 51 questions refer to extraversion and introversion, another 24 to neurotic dimension and the remaining belong to the scale for example once in a while, do you lose your temper or get angry? Yes or no. If the answer is no it amounts to a lie.

Minnesota Millipinasic Personality Inventory (MMPI)

Minnesota Millipinasic personality inventory is the most popular of all the personality inventories. It consist of 550 statement, the subject has to classify the statements into three categories, true, false or cannot say, questions may be for example it makes me nervous to wait.

CHAPTER NINE
PERSONALITY

The term personality is derived from the Latin word "persona" which was associated with the theoretical mask worn by the ancient Greek actors to represent the types of roles they played on the stage. Others have identified this term with early Roman actors who referred to it as "Personae Dramatis" meaning one's life role. Personality was then thought to be the effect and influence which the individual wearing this mask left on the audience that is the impression an individual leaves on the people's mind about him with regard to his physical and mental abilities.

However, when psychologists talk about personality, they are concerned with individual differences. The term "personality" has many meaning and connotations. To a layman, it means a trait posed by some stars unlike others. To a psychologist, personality is a composite of mental abilities, interest, attitude,

temperament and other variables characterizing thought, feelings and behaviour (Aiken 2001): Atkinson & Hilgard (2000) asserted that personality is the characteristics pattern of behaviour and modes of thinking that determines adjustment to the environment.

According to Nolen (2004), personality is the sum total of all the ways of acting, thinking and feeling that are typical for that person and makes that person different from all other individuals.

The Trait Approach to Personality

If someone asked you to describe the personality of a close friend, what kind of things would you say? A few things that might spring to mind are descriptive terms such as *outgoing*, *kind* and *even-tempered*. All of these represent traits. What exactly does this term mean? A trait can be thought of as a relatively stable characteristic that causes individuals to behave in certain ways. The trait approach to personality is one of the major theoretical areas in the study of personality. The trait theory suggests that individual personalities are composed of these broad dispositions.

Unlike many other theories of personality, such as psychoanalytic or humanistic theories, the trait approach to personality is focused on differences between individuals. The combination and interaction of various traits forms a personality that is unique to each

individual. Trait theory is focused on identifying and measuring these individual personality characteristics

PERSONALITY THEORIES

According to Nolen (2004) personality theory is a method of assessing, measuring and investigating one's personality.

Personality theories are the various integrated sets of statements advanced by psychologists in explaining the behaviour of an individual. Personality theories provide not only a way of thinking about personality but also a set of procedures for measuring and investigating it.

Theories of personality like systematic theory of intelligence originated outside the traditional academic school. The most influential of these theories are psycho dynamic theory of Sigmund Freud. The self or individual theory of Gordon Allport, the social learning theory of Bandura, the behavioural theory of B.F Skinner and the Humanistic theory of Carl Rodgers and Abraham Maslow.

THE PSYCHOANALYTIC THEORY OF SIGMUND FREUD

a. **PSYCHOANALYSIS**: Psychoanalysis is a term propounded by Sigmund Freud, the founder of depth psychology (Psychoanalysis) employed firstly in 1896. The word is derived from two words "Psyche" meaning "soul" and "analysis" studying of

something by examining its parts. The theory which was centered on personality and motivation grew out of the academic psychology. Psychoanalysis can be viewed in three dimensions.

Firstly, it is a theory of personality, personality development and motivation. Secondly, it is a therapeutic technique and lastly, it is a method of psychotherapeutic investigation. Psychoanalysis was a technique used by depth psychologist (Freud) to uncover or reveal emotional disturbances. Freud theorized that our mental process (personality or psychic life) consists of three levels, the conscious, the unconscious and pre-conscious.

GORDON ALLPORT TRAIT THEORY.

In 1936, psychologist Gordon Allport found that one English-language dictionary contained more than 4,000 words describing different personality traits. He categorized these traits into three levels:

- **Cardinal Traits:** These are traits that dominate an individual's whole life, often to the point that the person becomes known specifically for these traits. People with such personalities often become so known for these traits that their names are often synonymous with these qualities. Consider the origin and meaning of the following descriptive terms: Freudian, Machiavellian,

narcissistic, Don Juan, Christ-like, etc. Allport suggested that cardinal traits are rare and tend to develop later in life.

- **Central Traits:** This is the general characteristics that form the basic foundations of personality. The central traits is not as dominating as cardinal traits, it is a major characteristics you might use to describe another person. Terms such as *intelligent*, *honest*, *shy* and *anxious* are considered central traits.
- **Secondary Traits:** These are the traits that are sometimes related to attitudes or preferences and often appear only in certain situations or under specific circumstances. Some examples would be, getting anxious when speaking to a group or impatient while waiting in line.

b. **SOCIAL LEARNING THEORY:** This theory was propounded by Albert Bendura. Social learning theorists focus on a psychological process that is largely ignored by psychoanalysts. The social learning theorist believed that behaviours are learned through observation, imitation and modeling. To the social learning theorist, personality is simply something that is learned. It is the sum total of all the ways we have learned to act, think and feel, because personality is learned from other people in the society. To the social learning theorist, the key concepts in the study of personality

are not id, ego and superego, but classical conditioning, operant conditioning and modeling.

c. **HUMANISTIC THEORY:** The founders of humanistic psychology include Carl Rogers, Abraham Maslow, Victor Frank, Virginia Stir, to name only a few. Humanistic theorists believe that human posses an internal force, an inner directedness, that pushes them to grow, to improve and to become the best individuals they are capable of being.

People have the freedom to make choice and they are generally pretty good at making intelligent choices that further their personal growth. The concept of the "Self" is central to the personality theory of Carl Rogers and other humanistic. Our self concept is our subjective perception of who we are and what we are like. The concept of self is learned from our interactions with others. You might learn that you are a good athlete by seeing that you run fast than most other people or your parents and friends telling you that you are a good athlete. Rogers distinguishes two self concepts. This is the self, the person I think I am and the ideal self, the person I wish I were.

ERNEST KRETSCHMER

Ernest Kretschmer, (born Oct. 8, 1888, died Feb. 8, 196-4), German psychiatrist who attempted to correlate body built and physical constitution with personality characteristics and mental illness.

Kretschmer studied both philosophy and medicine at the University of Tubingen. He was employed as an assistant in the neurologic clinic after completing his studies in 1913. The next year, he published his dissertation on manic-depressive delusions, anticipating his later work in mental illness. He studied hysteria while a military physician, during World War I, developing a treatment in which victims of battle hysteria were quieted in dark chambers and treated with electrical impulses. After the war, he returned to Tubingen as a lecturer and began writing books containing his psychological theories. His best-known work, *Körperbau und Charakter* (1921; *Physique and Character*), advanced the theory that certain mental disorders were more common among people of specific physical types. Kretschmer posited three chief constitutional groups: the tall, thin asthenic type, the more muscular athletic type, and the rotund pyknic type. He suggested that the lanky asthenics, and to a lesser degree the athletic types, were more prone to schizophrenia, while the pyknic types were more likely to develop manic-depressive disorders. His work was

criticized because his thinner, schizophrenic patients were younger than his pyknic, manic-depressive subjects, so the differences in body type could be explained by differences in age. Nevertheless, Kretschmer's ideas to some extent entered into popular culture and generated further psychological research.

Kretschmer left Tubingen in 1926, when he became professor of psychiatry and neurology at the University of Marburg. During this period, he propounded *Hysteria, Reflex and Instinct* (1923; *Hysteria, Reflex, and Instinct,* 1960), in which he suggested that the formation of symptoms in hysteria is initially conscious but is then taken over by automatic mechanisms and becomes unconscious, and *Geniale Menschen* (1929; *The Psychology of Men of Genius,* 1931). In 1933 Kretschmer resigned as president of the German Society of Psychotherapy in protest against the Nazi takeover of the government, but unlike other prominent German psychologists he remained in Germany during World War II.

After the war, Kretschmer returned to Tubingen and remained there as professor of psychiatry and director of the neurologic clinic until 1959. He concerned himself with studies of physical constitution and mental illness in children and adolescents, developed new methods of psychotherapy and hypnosis, and studied compulsive

criminality, recommending adequate provisions to be made for the psychiatric treatment of prisoners.

SHELDON'S BODY PERSONALITY

Sheldon noted three personalities based on their physical make-up.

Endomorph

The Endomorph is physically quite 'round', and is typified as the 'barrel of fun' person. They tend to have:

- Wide hips and narrow shoulders, which makes them rather pear-shaped.
- Quite a lot of fat spread across the body, including upper arms and thighs.
- They have quite slim ankles and wrists, which only serves to accentuate the fatter other parts.

Psychologically, the endomorph is:

- Sociable
- Fun-loving
- Love of food
- Tolerant
- Even-tempered
- Good humored
- Relaxed

- With a love of comfort
- And has a need for affection

Ectomorph

- The Ectomorph is a form of opposite of the Endomorph. Physically, they tend to have:

- Narrow shoulders and hips
- A thin and narrow face, with a high forehead
- A thin and narrow chest and abdomen
- Thin legs and arms
- Very little body fat

Even though they may eat as much as the endomorph, they never seem to put on weight (like the endomorphs). Psychologically they are:

- Self-conscious
- Private
- Introverted
- Inhibited
- Socially anxious
- Artistic
- Intense
- Emotionally restrained
- Thoughtful

Mesomorph

The mesomorph is somewhere between the round endomorph and the thin ectomorph. Physically, they have the more 'desirable' body, and have:

- Large head, broad shoulders and narrow waist (wedge-shaped).
- Muscular body, with strong forearms and thighs
- Very little body fat

They are generally considered as 'well-proportioned'. Psychologically, they are:

- Adventurous
- Courageous
- Indifferent to what others think or want
- Assertive/bold
- Zest for physical activity
- Competitive
- With a desire for power/dominance
- And a love of risk/chance

Psychological profile based on anatomical features is generally not considered to be reliable these days. Nevertheless, such patterns do have some level of interest, and old theories are often ingrained in society, as well as being based on some form of observation.

The best approach is to use this as a test. When you meet a person who seems to fit in with the physical characteristics above, be curious to see if he also fits into the psychological profile. If it all works as predicted, well and good, it may be that they are actually in a self-fulfilling prophesy, where they fit *themselves* to the appropriate model. Otherwise, look elsewhere for ways to understand the person.

Sheldon's original work included attempts to characterize criminals (in the style of Lombroso's original work in this area). Unsurprisingly, he found that a number were muscular mesomorphs, as violent crimes are likely to be carried out by strong men. The trap beyond this is to assume that all mesomorphs are criminal in nature. This is not unlike the work that 'proved' women to be less intelligent than men because they have smaller brains!

DETERMINANTS OF PERSONALITY

BIOLOGICAL FACTOR: Certain personality like temperament (emotions) physical appearance such as the colour and shape of one's eye, hair, body, nose and ear are innate, intelligence and other abilities such as musical, artistic etc are essentially innate and hereditary.

HOME INFLUENCE: The foundation of every personality is laid at home. The child is born in the home and he/she makes the first socialization at home with his/her parents, siblings etc. The home enables the

child to resolve his psychosexual and psychosocial conflicts or crises.

CULTURE: Culture is our way of life and it incorporates our habit, customs, laws, moral, beliefs and values. An individual's cultural membership prescribes his dos and don'ts which eventually determined his personality make up. One's attitude to issues and events are governed by his cultural inclination.

SCHOOL: The school is another agent of socialization though the second major influence on the child. The school environment provides the basis from which the child finds his bearing and assesses his potentials both for academic growth and personality development. A child that attends better school with good teaching equipment, aids, instructional supervision will develop a more stable and responsible adult character unlike one who lacks these variables/quality.

PSYCHOLOGICAL TRAUMA: Trauma resulting from emotional neglect (either at home, school or play ground) accident, sudden death of a loved or significant one like parents, sisters, brothers, friends can adversely affect one's personality. Other psycho-social factors are failures, major illness, frustrations in life and harsh economic state.

SITUATIONAL FACTORS: Our personalities are determined by the environment or situations we find ourselves. A person may be calm at home but aggressive

at his/her work place or vice versa because of situational factor.

PERSONALITY DISORDER

Personality disorder is a long standing maladaptive patterns or ways of behaving or relating to oneself and one's environment.

According to Adler (2002), personality disorder is a negative style of life. World Health Organization (WHO) 2000 asserted that personality disorders represent extreme or significant deviations from the ways average individuals in a given culture perceive events, think, feel and particularly relate to others.

CHARACTERISTIC FEATURES OF PERSONALITY DISORDER

The following are the diagnostic guidelines that must be met before a diagnosis of personality disorder is made (WHO) 2000.

-Marked disharmonious attitude and behaviour.
-Impulse control.
-Lack of affect.
-Poor perception and thought.

The above manifestations always appear during childhood or adolescence and continue into adulthood.

TYPES OF PERSONALITY DISORDER

PARANOID PERSONALITY DISORDER:

- They are extremely suspicious of others without any justification.
- They do not confide in others.
- They do not take responsibilities for their own mistakes rather they blame others.
- They can hold grudges for years.
- They experience problems in relationship because of suspiciousness and mistrust.
- They find it difficult to seek help from professionals because they do not acknowledge their problems.

SCHIZOID PERSONALITY DISORDER:

- They detach from social relationships.
- They are in different and cold to others.
- They cannot express themselves emotionally.
- They do not desire or enjoy close relationship with others including romantic or sexual relationships.
- They are not affected by praise or criticism.
- They consider themselves to be observers in the world around them.

ANXIOUS PERSONALITY DISORDER

- Persistent feelings of tension and apprehension.
- Avoidance of social or occupational activities.

- Restrictions in lifestyle because of need to have physical security.

DEPENDENT PERSONALITY DISORDER:

- They are strongly drawn to others.
- They have low self esteem.
- They rely on others for guidance and support.
- They are timid and very submissive to a fault.
- They give in whole heartedly in a relationship and become devastated when relationships end.

AVOIDANT PERSONALITY DISORDER:

- They refrain from social encounters especially situations with potentials for personal harm or embarrassment.
- They are convinced that they are socially inferior.
- They avoid jobs that involve interaction with others.
- They desire close relationships but guide against rejection.
- They can make good relationships if they are sure of your unconditional acceptance.

CYCLOTHYMIC PERSONALITY DISORDER

- Mood swing, anxious and depressive, elated and unusually cheerful, gloomy, elation to depression.

HYSTERICAL PERSONALITY;

- Attention seeking, over dependent on others, manipulative, dramatic, un-reliable and unsteady.

ANTI –SOCIAL PERSONALITY/PSYCHOPATHS

- Immature in every aspect, Lacks foresight, inability to conform to discipline, irresponsible, aggressive and destructive.

OBSESSIVE- COMPULSIVE PERSONALITY DISORDER:

- They struggle with overwhelming concern about neatness.
- They are immobilized by their inability to take a decision.
- They are work oriented.
- They are rigid and therefore very difficult to live or work with.
- They have poor interpersonal relationship etc.

NARCISSISTIC PERSONALITY DISORDER:

Narcissistic personality disorder (NPD) is a cluster B personality disorder in which a person is excessively preoccupied with personal adequacy, power, prestige and vanity, mentally unable to see the destructive damage they are causing to themselves and to others in the process. It is estimated that this condition affects one percent of the population, with rates greater for men. First formulated in 1968, NPD was historically called megalomania and is a form of severe egocentrism.

BORDERLINE PERSONALITY DISORDER:

- They lack stability in their mood and relationships.
- They have a very poor self image.
- They usually feel empty inside and prone to suicide.
- They can involve themselves in drug abuse or self mutilation because of the poor self image.
- They do not make good relationship.

NURSING MANAGEMENT

The nurse must try to help the patient by:

i. Accepting him as a person.
ii. Not retaliating to aggressive and irresponsible behaviour.
iii. Being kind but always firm.
iv. Adopting a consistent policy in the running of the ward.
v. Provide a stable environment as far as possible; protect other patients from exploitation.
vi. Firm and consistent approach; maintain a routine and expect the patient to conform to this. Don't be involved in an argument and be firm without losing your temper.

MEDICAL CARE:

Administer prescribed drugs such

a. Antidepressant drugs for depression.
b. Antipsychotic drugs, like chlorpromazine, Haloperidol.
c. Psychotherapy.
d. Occupational therapy.
e. Rehabilitation.

PERSONALITY DEVELOPMENT

Personality traits are defined as the relatively enduring patterns of thoughts, feelings and behaviours that distinguished individuals from one another. The dominant view in the field of personality psychology today holds that personality emerges early and continues to change in meaningful ways throughout the life span.

PERSONALITY TEST

A personality test is a questionnaire or other standardized instrument designed to reveal aspects of an individual's character or psychological make up. The first personality tests were developed in the 1920s and were intended to ease the process of personnel selection particularly in the armed forces. Since these early efforts, a wide variety of personality test has been developed. Personality tests are used in a range of contexts such as individual and relationship counseling, career counseling, employment testing, occupational health and safety, customer interaction management.

HISTORY: The origin of personality testing dated back to the 18th and 19th century, when personality was assessed through phrenology, the measurement of the human skull and physiognomy, which assessed personality based on a person's outer appearance. These early pseudoscientific techniques were eventually replaced with more empirical methods in the 20th century. One of the earliest modern personality test was the wool worth personality data sheet, a self –report inventory developed for World War I and used for the psychiatric screening of new draftees.

There are many different types of personality tests. The most common type is the self report inventory, also commonly referred to as objective personality tests. Self report inventory tests involve the administration of many questions/items to test-takers who respond by rating the degree to which each item reflects their behaviour and be scored objectively. The term "item" is used because many test questions are not actually questions; they are typically statements on questionnaires that allow respondents to indicate level of agreement (Using Likert Scale or more accurately, a Likert-type scale). A sample item on a personality test for example, might ask test-takers to rate the degree to which they agree with the statement "I talk to a lot of different people at parties" by using a scale of 1 ("strongly disagree") to 6 ("strongly agree"). The most widely used objective test of personality is the Minnesota Multiphasic personality

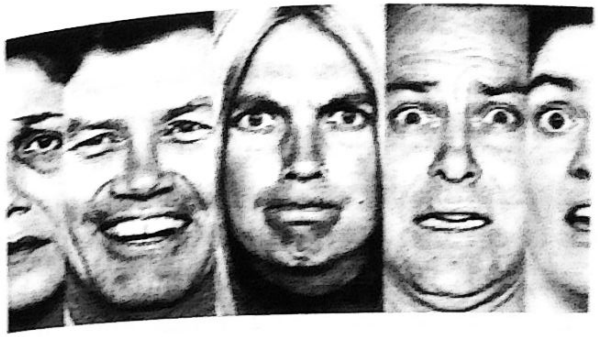
inventory (MMPI) which was originally designed to distinguish individuals with different psychological problems. Since then, it has become popular as a means of attempting to identify personality characteristics of people in every day setting. In addition to self report inventories there are many other methods for assessing personality, including observational measures, peer-report studies and projective test (e.g. The TAT and Ink blots)

Norms: The meaning of personality test scores are difficult to interpret in a direct sense. For this reason, substantial effort is made by producers of personality test to produce norms to provide a comparative basis for interpreting a respondent test scores. Common formats for these norms include percentile ranks, scores, stem scores and other forms of standardized scores.

Test Evaluation: There are several criteria for evaluating a personality test. Fundamentally, a personality test is expected to demonstrate reliability and validity.

Scoring: The conventional method of scoring items is to assign "0" for an incorrect answer "1" for a correct answer. When tests have more response options (e.g. ordinal, polytomous items) "0" when incorrect "1" for being partly correct and "2" for being correct.

CHAPTER TEN
EMOTION



Emotions are subjective feelings experience by an organism and usually lasting for a brief period of time. They are internal states which are experienced by both animals and man. When these subjective feelings persist for several hours, days or weeks they are called mood states. Emotions therefore are transient states which demonstrate how an organism feels at a particular time or event. Can you imagine yourself winning N1million in a lottery draw or being told that your mother or closest friend just died, or losing your car to a gang of robbers? You will experience a number of emotions over each event, possibly ranging from happiness to ecstasy and sadness to depression.

Emotions usually arise from our interaction with our physical and social environment. They have been described as those elements that give colour, intensity

and zest to our life. They give meaning to our interaction in our physical and social environments. Without them life would be dull, drab and flat. A student who finished his degree examination is told a week later that he made a first class. First, there is a sudden surge of happiness, the elation and finally ecstasy. An African woman who has had five female children in a row is told on delivery of the sixth baby that it is a boy. Her eyes glisten with excitement, tears of joy roll down her cheeks and she raises both hands up in supplication to God. A young woman is sitting in her living room and enjoying a television programme, suddenly five gun totting men bust into the room, announce that they are robbers and order her to keep quiet, lie flat on the floor or be shot. She falls flat on her face and trembling with fear, begs them to take everything in the house. The hoodlums carry away all her jewelry, money and electronics equipment. Thirty minutes later, she gets up from her prone position, notices that the robbers have gone but they have also carted away all her valuables. She yells and screams hysterically, cursing and swearing at the robbers in anger. The noise attracts her neighbours who flood her apartment and who on hearing her story admonished her to be grateful to God that they did not rape or kill her. This young woman just went through, at least, three different emotions (fear, anger and happiness) in a very short time. Although we usually think of emotions as subjective feeling states, there are

other aspects of emotions. These include physiological changes in the body, thought processes and verbalized or expressive behaviour.

COMPONENTS OF EMOTION

The physiological components of emotion: When you experience a strong emotion there are physiological changes in your body which become immediately noticeable to you. You are walking down a lonely road late in the night and Suddenly a man carrying a short gun springs unto the road from the bush and starts walking directly toward you, some twenty meters away, you move to the left side of the road and he moves to that side too and continues walking toward you, this time with his gun leveled at you. As fear and terror grip you, you might notice your heart pounding faster, your muscles become tense, your mouth becomes dry, cold sweat sprouts on your forehead and butterflies buzz in your stomach. Your body has become physically aroused as a result of your state of emotional arousal. What has happened is that as a result of your emotional arousal, your body has mobilized itself to deal with an emergency situation. Fear, rage, terror and other stressful feelings activate the sympathetic division of the autonomic nervous system (ANS) to mobilize the body's resources for fight or flight. The adrenal glands on top of the kidneys are activated to release the hormones epinephrine (Adrenaline) and nor epinephrine (noradrenalin). These hormones in turn increase the

heart rate and blood pressure, your liver releases a lot of glucose into your blood stream to increase the body supply of energy, your respiration rate increases to provide extra oxygen to burn the fuel (glucose). The skin becomes pale because surface blood vessels constrict in order to send more blood to the skeletal muscles. The mouth feels dry because salivation ceases and the stomach feels tight because digestion (peristalsis) has slowed down tremendously as blood is also shunted to the skeletal muscles.

THE BEHAVIOURAL COMPONENT OF EMOTION

We may not be able to identify someone else's feelings unless he/she tells us so. Even then we may never really be sure that what he/she has said is an accurate representation of his/her emotion. It is even more difficult and complicated task to decode a person's emotion from his/her bodily arousal. The most easily identifiable manifestation of emotion is usually expressive behaviour. Your can watch a person fight, run, shout, curse and abuse, laugh or cry. You can also watch a person squint his eyes; bare his teeth, bite his lips, drop his jaw or throw his hands up. These categories of behaviour (verbal and non verbal) are believed to articulate an individual's emotional state. The verbal ones are supposed to indicate an underlying emotional state, whereas the non verbal cues, if read appropriately also indicate an underlying emotional

state. Expressing and communicating emotion has very important social and survival value for both animals and man. Often times this communication is non-verbal and helps to inform the other party of our affection, irritation, anger, capitulation, fear, sympathy, disgust and even intention to attack.

Psychologists have found that one of the easiest means of communicating these emotions is through facial expression.

COGNITIVE OR SUBJECTIVE COMPONENT

This refers to our perception, thought, belief and expectation that help to determine the strength and intensity of our emotional reactions. Our feeling towards emotional events or objects depends on our interpretation of the events or objects. Our feelings are manifested in the way we approach the events. The cognitive components account for the differential feelings we show towards events and experiences in our lives. For instance, if we receive good news that we have passed our examination, some will be extremely happy, shouting with joy since they perceived it as a great achievement. Others may just put up a smile and see it as a normal expectation.

Thus the differential reactions resulted from cognitive appraisal and interpretation are largely influenced by past experience, motivation, learning and aspiration.

THEORIES OF EMOTION
(JAMES LANGE THEORY)

According to the theorist, emotion result from body responses. The emotion we feel result from our perception of physiological reaction in response to environmental stimuli. For instance according to the theory, people feel sorry because they cry, are angry because they strike and afraid because they tremble (James 1990). It is the bodily changes perceived by the individual that gives rise to the feeling and each emotion has distinct physiological components. In other words, emotions are possible only when the individual has perceived the stimulus and reached to it. So when perception fails the body may not react, then emotion will become elusive. We know that some behaviour occurs without emotion. E.g when we exercise.

The postulation that there is a distinct physiological reaction for different emotions has been supported by (Levenson, 1992) but the variation is very minimal.

WALTER CANNON AND PHILIP BARD

These theorists posit that emotion have the same physiological reaction. According to them, during the perception of emotion evoking stimulus, the thalamus sends simultaneous signals to the general (physiological) body and cerebral cortex that results in an emotional state. Thus signals are simultaneously sent to the cortex

and autonomic nervous system from the thalamus to evoke emotional feelings. This theory has been supported by Bremond, Fassoti, Niewenbuyse and Schuerman (1991) who studied people with spinal injury and found that they still experience emotion. Recent research has shown that it is the limbic system and other subcortical structures that are involved in emotional reactions (Janes 1991), physiological reaction and emotional states occur simultaneously.

FACIAL FEEDBACK HYPOTHESIS

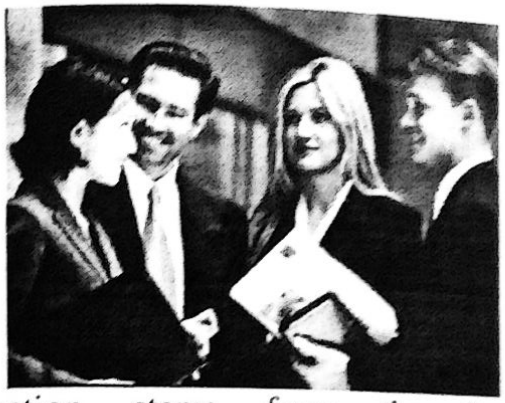
This theory asserts that facial expressions provide information about what emotion is being felt (Levenson 1992). It posits that facial muscles produce and intensify emotional reactions and that contraction of various facial muscles send specific messages to the brain identifying each basic emotion. For instance, when you find yourself smiling, you must be happy and when crying you must be sad. This is in line with the James Lange theory and Darwin 1872 evolutionary proposal on emotion. Darwin posited that expressing emotion freely intensifies the feeling while suppressing diminishes it. Thus, one may ask, are we happy because we smile or smile because we are happy.

SCHACTER'S TWO-FACTOR THEORY

Emotional experiences result from two factors, namely physical arousal to be an integration of key ideas in James Lange and Cannons Bard's positions. The key issues are physical arousal or physiological reaction and

perception of the emotion-evoking stimulus. Thus, the theorists contend that emotion result from a cognitive interpretation of the environmental stimulus that eventually triggers off physiological reaction. It is true that cognition is an important factor in human feelings and responses; it is not all emotions that require cognitive attention (Bard 1993). For instance, it is a common experience to be attracted or liked or disliked by others and vice versa without being aware of why. This confirms that it is not all emotions that require cognitive appraisal and interpretation of emotion evoking stimuli.

CHAPTER ELEVEN
COMMUNICATION



Communication stems from the Latin word communicare "to impart, participate, convey and share information. It is the act or reciprocal process of imparting or interchanging thoughts, attitudes, emotions, opinions or information by speech, writing or signs. From the day we are born, communication is an inherent part of our being. Communication tools used every day in life include verbal transference such as, from a mother to a child using supportive and loving words or non verbal communication like a pat on the back.

Nurses can use this dynamic and interactive process to motivate, influence, educate, facilitate mutual support and acquire essential information necessary for survival, growth and an over all sense of well – being (Howells 2007).

Communication can be defined as the process of transmitting messages and interpreting meaning (Wilson 2005) with therapeutic communication, the sender or nurse seeks to elicit a response from the receiver.

Wasserman (2007) asserted that communication is a complex process of sending and receiving verbal and non-verbal messages. It allows for exchange of information; feelings, needs and preferences. Effective communication skills are required to facilitate therapeutic interaction; assess clients need and implement interventions that promote an optimal level of functioning. Early forms of communication and interactions with primary caregivers are the origin of trust, security, safety and lifelong interpersonal relationship and communication (Antai-Otong & Wassermann 2007).

Research findings indicate that effective communication between the nurse and physician enhances problem solving, decision making and improves treatment outcomes (Boylie 2005). In contrast, negative or poor communication between the nurse and physician has a deleterious impact on staff morale, staff and client satisfaction, treatment out comes and quality of care.

PURPOSE OF COMMUNICATION

- Information.
- Education.
- Persuasion.

- Entertainment.

TYPES OF COMMUNICATION

There are three major modes of communication namely:

a. Verbal communication.
b. Non verbal communication.
c. Meta communication.

Verbal Communication: The verbal communication process involves a sender, a message and a receiver. The patient is usually the sender and the nurse the receiver. The patient formulates an idea into words and then transmits the message with emotion. The nurse receives the message and decodes, interprets the message including its feelings, connotation and context and then responds to the patient. Verbal communication is an exchange of information using words and includes both the spoken and the written word. Verbal communication depends on language. Language is a prescribe way of using words so that people can share information effectively. Both spoken and written communication reveal a great deal about a person's conscious use of spoken or written word. Choice of words can reflect age, education, developmental level and culture. The verbal form of communication is used extensively by nurses when speaking with clients, giving oral reports to other Nurses, writing care plans and recording progress reports. Face to face communication involves a sender, a message, a receiver and a response or feedback. In its

simplest form, Communication is a two process involving the sending and the receiving of a message.

Non Verbal Communication: Non verbal communication is the exchange of information without the use of words. It is communication through gestures, facial expressions, posture, body movement, voice tone, eye contact etc. It is generally accepted that non-verbal communication expresses more of true meaning of a message than verbal communication. Therefore, Nurses must be aware of both the non-verbal messages they send and receive from clients. Communication also varies in different level of deployment. Infants communicate through their senses. They respond best to gentle tone of voice and eye contact while in toddlers and pre-scholars, allow time for them to complete verbalizing their thoughts without interruption. Provide them a simple response to question because they have short attention span. For Adolescent, it is important to take time to build rapport, use active listening skills and project non judgmental and non reactive behaviour even when the adolescent says disturbing remarks.

Meta Communication: It is a message about a message. It includes anything that is taken into account when interpreting what is happening, such as the role of the communication, the non-verbal messages sent and the context of the communication taking place.

BASIC CHARACTERISTICS OF COMMUNICATION

-Communication is a reciprocal process in which both the sender and receiver of message participates simultaneously.

- Communication is a continuous and reciprocal process.
- Communicating person receives and sends message through verbal and non verbal means.
- Verbal and non verbal communication occurs simultaneously
- Non verbal communication is considered as being a more accurate expression of true feelings. Non- verbal communication often helps a person understand subtle and hidden meaning in what is being said verbally. There is a proverb that says "Action speaks more than thousand words.

-The message can not always be assumed to mean what the receiver believed it to mean or what the sender intended to mean. Validation is necessary to determine the accuracy of not only the message but also the meanings of the message.

COMMUNICATION TECHNIQUES IN NURSING

- **Conversation Skills:** Control the tone of your voice so that you are conveying exactly what you mean to say.
- Be knowledgeable about the topic of conversation and have accurate information.

- Be clear and concise.
- Be truthful.
- Avoid words that may be interpreted differently.

Listening Skills: Listening skills is skill that involves both hearing and interpreting what is said. It requires attention and concentration to sort out, evaluate and validate clues so that one understands the true meaning in what is being said. Listening requires concentrating on the client and what is being said.

TECHNIQUES TO IMPROVE LISTENING SKILL

- Whenever possible, sit when communicating with a client.
- Be alert but relax and take sufficient time so that the client feels at ease during the conversation.
- If culturally appropriate, maintain eye contact with the client.
- Indicate that you are paying attention to what the client is saying.
- Think before responding to the client's comments.

USE OF SILENCE

The Nurse can use silence appropriately by taking the time to wait for the client to initiate or continue speaking. During period of silence, the nurse has the opportunity to observe the clients verbal and non verbal messages simultaneously.

FACTORS THAT INFLUENCE COMMUNICATION

- Perception.
- Values.
- Background.
- Knowledge.
- Roles and relationship.
- Environmental setting.

COMMUNICATION MODEL

The communication model comprises six elements

- The referent.
- The source-encoder.
- The message.
- The channel.
- The receiver –decoder.
- Feedback.

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ABOUT THE BOOK:

The book psychology as applied to nursing is written for those in the caring profession such as psychologists, nurses, counselors, social welfare workers, occupational therapists etc. When you open this book you will find the following:

- The relationship between psychology and nursing practice
- Factors affecting mother and child relationship
- Growth & Development and its principles
- What nurses should know about psychopathology
- Basis of mental health in family situations
- Process of problem solving
- Crisis intervention therapy
- Psychological tests and testing

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