



lectures in
principle of psychology

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Chapter one Principle of psychology

Psychology is the scientific study of the mind and behavior, according to the American Psychological Association. Psychology is a multifaceted discipline and includes many sub-fields of study such areas as human development, sports, health, clinical, social behavior and cognitive processes.

Psychology is really a very new science, with most advances happening over the past 150 years or so. However, its origins can be traced back to ancient Greece, 400 – 500 years BC.

Psychology is the study of the mind and behavior, according to the American Psychological Association. It is the study of the mind, how it works, and how it affects behavior.

The APA adds that it “embraces all aspects of the human experience, from the functions of the brain to the actions of nations, from child development to care for the aged.”

Psychologists and psychiatrists work together to help people with mental health conditions, but they are not quite the same.

A psychologist treats a patient through psychotherapy, helping to relieve symptoms through behavioral change. The role of the psychiatrist, who is a medical doctor, focuses more on prescribing medication and other interventions to manage mental health conditions.

What is Psychology?

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The Beginnings of Psychology as a Discipline

In the early days of psychology there were two dominant theoretical perspectives regarding how the brain worked, structuralism and functionalism.

Structuralism was the name given to the approach pioneered by Wilhelm Wundt (1832-1920), which focused on breaking down mental processes into the most basic components.

The term originated from Edward Titchener, an American psychologist who had been trained by Wundt. Wundt was important because he separated psychology from philosophy by analyzing the workings of the mind in a more structured way, with the emphasis being on objective measurement and control.

Structuralism relied on trained introspection, a research method whereby subjects related what was going on in their minds while performing a certain task.

However, introspection proved to be an unreliable method because there was too much individual variation in the experiences and reports of research subjects.

Despite the failure of introspection Wundt is an important figure in the history of psychology as he opened the first laboratory dedicated to psychology in 1879, and its opening is usually thought of as the beginning of modern experimental psychology.

An American psychologist named William James (1842-1910) developed an approach which came to be known as functionalism, that disagreed with the focus of Structuralism.

James argued that the mind is constantly changing and it is pointless to look for the structure of conscious experience. Rather, he proposed the focus should be on how and why an organism does something, i.e. the functions or purpose of the brain.

James suggested that psychologists should look for the underlying cause of behavior and the mental processes involved. This emphasis on the causes and consequences of behavior has influenced contemporary psychology.

The Perspectives of Psychology

Structuralism and functionalism have since been replaced by several dominant and influential approaches to psychology, each one underpinned by a shared set of assumptions of what people are like, what is important to study and how to study it.

Psychoanalysis, founded by Sigmund Freud (1856-1939) was the dominant paradigm in psychology during the early twentieth century. Freud believed that people could be cured by making conscious their unconscious thoughts and motivations, thus gaining insight.

Freud's psychoanalysis was the original psychodynamic theory, but the psychodynamic approach as a whole includes all theories that were based on his ideas, e.g., Jung (1964), Adler (1927) and Erikson (1950).

The classic contemporary perspectives in psychology to adopt scientific strategies were the behaviorists, who were renowned for their reliance on controlled laboratory experiments and rejection of any unseen or unconscious forces as causes of behavior.

Later, the humanistic approach became the 'third force' in psychology and proposed the importance of subjective experience and personal growth.

During the 1960s and 1970s, psychology began a cognitive revolution, adopting a rigorous, scientific, lab-based scientific approach with application to memory, perception, cognitive development, mental illness, and much more.

The Goals of Psychology

The four main goals of psychology are to describe, explain, predict and change the behavior and mental processes of others

To Describe

Describing a behavior or cognition is the first goal of psychology. This can enable researchers to develop general laws of human behavior.

For example, through describing the response of dogs to various stimuli, Ivan Pavlov helped develop laws of learning known as classical conditioning theory.

To Explain

Once researchers have described general laws behavior, the next step is to explain how or why this trend occurs. Psychologists will propose theories which can explain a behavior.

To Predict

Psychology aims to be able to predict future behavior from the findings of empirical research. If a prediction is not confirmed, then the explanation it is based on might need to be revised.

For example, classical conditioning predicts that if a person associates a negative outcome with a stimuli they may develop a phobia or aversion of the stimuli.

To Change

Once psychology has described, explained and made predictions about behavior, changing or controlling a behavior can be attempted.

For example, interventions based on classical conditioning, such as systematic desensitization, have been used to treat people with anxiety disorders including phobias.

Critical Evaluation

Kuhn (1962) argues that a field of study can only legitimately be regarded as a science if most of its followers subscribe to a common perspective or paradigm.

Kuhn believes that psychology is still pre-paradigmatic, while others believe it's already experienced scientific revolutions (Wundt's structuralism being replaced by Watson's behaviorism, in turn, replaced by the information-processing approach).

The crucial point here is: can psychology be considered a science if psychologists disagree about what to study and how to study it?

Branches of psychology

There are different types of psychology that serve different purposes. There is no fixed way of classifying them, but here are some common types.

Clinical psychology

Clinical psychology integrates science, theory, and practice in order to understand, predict and relieve problems with adjustment, disability, and discomfort. It promotes adaptation, adjustment, and personal development.

A clinical psychologist concentrates on the intellectual, emotional, biological, psychological, social, and behavioral aspects of human performance throughout a person's life, across varying cultures and socioeconomic levels.

Clinical psychology can help us to understand, prevent, and alleviate psychologically-caused distress or dysfunction, and promote an individual's well-being and personal development.

Psychological assessment and psychotherapy are central to the practice of clinical psychology, but clinical psychologists are often also involved in research, training, forensic testimony, and other areas.

Cognitive psychology

Cognitive psychology investigates internal mental processes, such as problem solving, memory, learning, and language. It looks at how people think, perceive, communicate, remember, and learn. It is closely related to neuroscience, philosophy, and linguistics.

Cognitive psychologists look at how people acquire, process, and store information.

Practical applications include how to improve memory, increase the accuracy of decision-making, or how to set up educational programs to boost learning.

Developmental psychology

This is the scientific study of systematic psychological changes that a person experiences over the life span, often referred to as human development.

It focuses not only on infants and young children but also teenagers, adults, and older people.

Factors include motor skills, problem solving, moral understanding, acquiring language, emotions, personality, self-concept, and identity formation.

It also looks at innate mental structures against learning through experience, or how a person's characteristics interact with environmental factors and how this impacts development.

Developmental psychology overlaps with fields such as linguistics.

Evolutionary psychology

Evolutionary psychology looks at how human behavior, for example language, has been affected by psychological adjustments during evolution.

An evolutionary psychologist believes that many human psychological traits are adaptive in that they have enabled us to survive over thousands of years.

Forensic psychology

Forensic psychology involves applying psychology to criminal investigation and the law.

A forensic psychologist practices psychology as a science within the criminal justice system and civil courts.

It involves assessing the psychological factors that might influence a case or behavior and presenting the findings in court.

Health psychology

Health psychology is also called behavioral medicine or medical psychology.

It observes how behavior, biology, and social context influence illness and health.

A physician often looks first at the biological causes of a disease, but a health psychologist will focus on the whole person and what influences their health status. This may include their socioeconomic status, education, and background, and behaviors that may have an impact on the disease, such as compliance with instructions and medication.

Health psychologists usually work alongside other medical professionals in clinical settings.

Neuropsychology

Neuropsychology looks at the structure and function of the brain in relation to behaviors and psychological processes. A neuropsychology may be involved if a condition involves lesions in the brain, and assessments that involve recording electrical activity in the brain.

A neuropsychological evaluation is used to determine whether a person is likely to experience behavioral problems following suspected or diagnosed brain injury, such as a stroke.

The results can enable a doctor to provide treatment that may help the individual achieve possible improvements in cognitive damage that has occurred.

Occupational psychology

Occupational or organizational psychologists are involved in assessing and making recommendations about the performance of people at work and in training.

They help companies to find more effective ways to function, and to understand how people and groups behave at work.

This information can help improve effectiveness, efficiency, job satisfaction, and employee retention.

Social psychology

Social psychology uses scientific methods to understand how social influences impact human behavior. It seeks to explain how feelings, behavior, and thoughts are influenced by the actual, imagined or implied presence of other people.

A social psychologist looks at group behavior, social perception, non-verbal behavior, conformity, aggression, prejudice, and leadership. Social perception and social interaction are seen as key to understanding social behavior.

Other branches include military, consumer, educational, cross-cultural, and environmental psychology. The number of branches continues to grow.

Types of Psychology Research

Psychology research can usually be classified as one of three major types.

1. Causal or Experimental Research

When most people think of scientific experimentation, research on cause and effect is most often brought to mind. Experiments on causal relationships investigate the effect of one or more variables on one or more outcome variables. This type of research also determines if one variable causes another variable to occur or change. An example of this type of research would be changing the amount of a specific treatment and measuring the effect on study participants.

2. Descriptive Research

Descriptive research seeks to depict what already exists in a group or population. An example of this type of research would be an opinion poll to determine which presidential candidate people plan to vote for in the next election. Descriptive studies don't try to measure the effect of a variable; they seek only to describe it.

3. Relational or Correlational Research

A study that investigates the connection between two or more variables is considered relational research. The variables that are compared are generally already present in the group or population. For example, a study that looks at the proportion of males and females that would purchase either a classical CD or a jazz CD would be studying the relationship between gender and music preference.

Theory and Hypothesis

People often confuse the terms *theory* and *hypothesis* or are not quite sure of the distinctions between the two concepts. If you're a psychology student, it's essential to understand what each term means, how they differ, and how they're used in psychology research.

A theory is a well-established principle that has been developed to explain some aspect of the natural world. A theory arises from repeated observation and testing and incorporates facts, laws, predictions, and tested hypotheses that are widely accepted.

A hypothesis is a specific, testable prediction about what you expect to happen in your study. For example, an experiment designed to look at the relationship between study habits and test anxiety might have a hypothesis that states, "We predict that students with better study habits will suffer less test anxiety." Unless your study is exploratory in nature, your hypothesis should always explain what you expect to happen during the course of your experiment or research.

While the terms are sometimes used interchangeably in everyday use, the difference between a theory and a hypothesis is important when studying experimental design.

Some other important distinctions to note include:

- A theory predicts events in general terms, while a hypothesis makes a specific prediction about a specified set of circumstances.
- A theory has been extensively tested and is generally accepted, while a hypothesis is a speculative guess that has yet to be tested.

The Effect of Time in Psychology Research

There are two types of time dimensions that can be used in designing a research study:

1. **Cross-sectional research** takes place at a single point in time.
 1. All tests, measures, or variables are administered to participants on one occasion.
 2. This type of research seeks to gather data on present conditions instead of looking at the effects of a variable over a period of time.
2. **Longitudinal research** is a study that takes place over a period of time.

1. Data is first collected at the beginning of the study, and may then be gathered repeatedly throughout the length of the study.
2. Some longitudinal studies may occur over a short period of time, such as a few days, while others may take place over a period of months, years, or even decades.
3. The effects of aging are often investigated using longitudinal research.

Causal Relationships Between Variables

What do we mean when we talk about a “relationship” between variables? In psychological research, we're referring to a connection between two or more factors that we can measure or systematically vary.

One of the most important distinctions to make when discussing the relationship between variables is the meaning of causation.

A **causal relationship** is when one variable *causes* a change in another variable. These types of relationships are investigated by experimental research in order to determine if changes in one variable actually result in changes in another variable.

Correlational Relationships Between Variables

A correlation is the measurement of the relationship between two variables. These variables already occur in the group or population and are not controlled by the experimenter.

- A **positive correlation** is a direct relationship where, as the amount of one variable increases, the amount of a second variable also increases.
- In a **negative correlation**, as the amount of one variable goes up, the levels of another variable go down.
- In both types of correlation, there is no evidence or proof that changes in one variable *cause* changes in the other variable. A correlation simply indicates that there is a relationship between the two variables

Chapter two: Mental health

Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term “mental health” to mean the absence of a mental disorder.

Mental health can affect daily living, relationships, and physical health.

However, this link also works in the other direction. Factors in people’s lives, interpersonal connections, and physical factors can all contribute to mental health disruptions.

Looking after mental health can preserve a person’s ability to enjoy life. Doing this involves reaching a balance between life activities, responsibilities, and efforts to achieve psychological resilience.

Conditions such as stress, depression, and anxiety can all affect mental health and disrupt a person’s routine.

Although the term mental health is in common use, many conditions that doctors recognize as psychological disorders have physical roots.

“Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.”

The WHO stress that mental health is “more than just the absence of mental disorders or disabilities.” Peak mental health is about not only avoiding active conditions but also looking after ongoing wellness and happiness.

They also emphasize that preserving and restoring mental health is crucial on an individual basis, as well as throughout different communities and societies the world over.

In the United States, the National Alliance on Mental Illness estimate that almost 1 in 5 adults experience mental health problems each year.

In 2017, an estimated 11.2 million adults Trusted Source in the U.S., or about 4.5% of adults, had a severe psychological condition, according to the National Institute of Mental Health (NIMH).

Risk factors for mental health conditions

Everyone has some risk of developing a mental health disorder, no matter their age, sex, income, or ethnicity.

In the U.S. and much of the developed world, mental disorders are one of the leading causes Trusted Source of disability.

Social and financial circumstances, biological factors, and lifestyle choices can all shape a person's mental health.

A large proportion of people with a mental health disorder have more than one condition at a time.

It is important to note that good mental health depends on a delicate balance of factors and that several elements of life and the world at large can work together to contribute to disorders.

The following factors may contribute to mental health disruptions.

Continuous social and economic pressure

Having limited financial means or belonging to a marginalized or persecuted ethnic group can increase the risk of mental health disorders.

A 2015 study Trusted Source of 903 families in Iran identified several socioeconomic causes of mental health conditions, including poverty and living on the outskirts of a large city.

The researchers also explained the difference in the availability and quality of mental health treatment for certain groups in terms of modifiable factors, which can change over time, and nonmodifiable factors, which are permanent.

Modifiable factors for mental health disorders include:

- socioeconomic conditions, such whether work is available in the local area
- occupation
- a person’s level of social involvement
- education
- housing quality

Nonmodifiable factors include:

- gender
- age
- ethnicity

The study lists gender as both a modifiable and nonmodifiable factor. The researchers found that being female increased the risk of low mental health status by 3.96 times.

People with a “weak economic status” also scored highest for mental health conditions in this study.

Biological factors

The NIMH suggest that genetic family history can increase the likelihood Trusted Source of mental health conditions, as certain genes and gene variants put a person at higher risk.

However, many other factors contribute to the development of these disorders.

Having a gene with links to a mental health disorder, such as depression or schizophrenia, does not guarantee that a condition will develop. Likewise, people without related genes or a family history of mental illness can still have mental health issues.

Mental health conditions such as stress, depression, and anxiety may develop due to underlying, life-changing physical health problems, such as cancer, diabetes, and chronic pain.

Mental health problems are common but help is available. People with mental health problems can get better and many recover completely.

Early Warning Signs

Not sure if you or someone you know is living with mental health problems? Experiencing one or more of the following feelings or behaviors can be an early warning sign of a problem:

- Eating or sleeping too much or too little
- Pulling away from people and usual activities
- Having low or no energy
- Feeling numb or like nothing matters
- Having unexplained aches and pains
- Feeling helpless or hopeless
- Smoking, drinking, or using drugs more than usual
- Feeling unusually confused, forgetful, on edge, angry, upset, worried, or scared
- Yelling or fighting with family and friends
- Experiencing severe mood swings that cause problems in relationships
- Having persistent thoughts and memories you can't get out of your head
- Hearing voices or believing things that are not true
- Thinking of harming yourself or others
- Inability to perform daily tasks like taking care of your kids or getting to work or school

Mental Health and Wellness

Positive mental health allows people to:

- Realize their full potential
- Cope with the stresses of life
- Work productively
- Make meaningful contributions to their communities

Ways to maintain positive mental health include:

- Getting professional help if you need it
- Connecting with others
- Staying positive
- Getting physically active
- Helping others
- Getting enough sleep
- Developing coping skills

Mental illness

Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples of mental illness include depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.

Many people have mental health concerns from time to time. But a mental health concern becomes a mental illness when ongoing signs and symptoms cause frequent stress and affect your ability to function.

A mental illness can make you miserable and can cause problems in your daily life, such as at school or work or in relationships. In most cases, symptoms can be managed with a combination of medications and talk therapy (psychotherapy).

Signs and symptoms of mental illness can vary, depending on the disorder, circumstances and other factors. Mental illness symptoms can affect emotions, thoughts and behaviors.

Mental illness is a leading cause of disability. Untreated mental illness can cause severe emotional, behavioral and physical health problems. Complications sometimes linked to mental illness include:

- Unhappiness and decreased enjoyment of life
- Family conflicts
- Relationship difficulties
- Social isolation
- Problems with tobacco, alcohol and other drugs
- Missed work or school, or other problems related to work or school

- Legal and financial problems
- Poverty and homelessness
- Self-harm and harm to others, including suicide or homicide
- Weakened immune system, so your body has a hard time resisting infections
- Heart disease and other medical conditions

Symptoms

Examples of signs and symptoms include:

- Feeling sad or down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, or extreme feelings of guilt
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people
- Problems with alcohol or drug use
- Major changes in eating habits
- Excessive anger, hostility or violence
- Suicidal thinking

Sometimes symptoms of a mental health disorder appear as physical problems, such as stomach pain, back pain, headaches, or other unexplained aches and pains.

Causes

Mental illnesses, in general, are thought to be caused by a variety of genetic and environmental factors:

- **Inherited traits.** Mental illness is more common in people whose blood relatives also have a mental illness. Certain genes may increase your risk of developing a mental illness, and your life situation may trigger it.

- **Environmental exposures before birth.** Exposure to environmental stressors, inflammatory conditions, toxins, alcohol or drugs while in the womb can sometimes be linked to mental illness.
- **Brain chemistry.** Neurotransmitters are naturally occurring brain chemicals that carry signals to other parts of your brain and body. When the neural networks involving these chemicals are impaired, the function of nerve receptors and nerve systems change, leading to depression and other emotional disorders.

Diagnosis

To determine a diagnosis and check for related complications, you may have:

- **A physical exam.** Your doctor will try to rule out physical problems that could cause your symptoms.
- **Lab tests.** These may include, for example, a check of your thyroid function or a screening for alcohol and drugs.
- **A psychological evaluation.** A doctor or mental health professional talks to you about your symptoms, thoughts, feelings and behavior patterns. You may be asked to fill out a questionnaire to help answer these questions.

Determining which mental illness you have

Sometimes it's difficult to find out which mental illness may be causing your symptoms. But taking the time and effort to get an accurate diagnosis will help determine the appropriate treatment. The more information you have, the more you will be prepared to work with your mental health professional in understanding what your symptoms may represent.

The defining symptoms for each mental illness are detailed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association. This manual is used by mental health professionals to diagnose mental conditions and by insurance companies to reimburse for treatment.

Common mental health disorders

The most common types of mental illness are as follows:

- anxiety disorders
- mood disorders
- schizophrenia disorders

The basic concepts of mental health

Motives

A *motive* is a specific need or desire that arouses the organism and directs its behavior towards the goal. All motives are triggered by some kind of stimulus; a bodily condition, (like low levels of blood sugar or dehydration), a cue in the environment, or a feeling (Such as loneliness, guilt or anger). When a stimulus induces goal-directed behavior, it has motivated the person.

Motives push people to take some kind of action— from an act as drastic as murder to a habit as mundane as drumming fingers on a table when one is nervous. Motivation occurs whether or not we are aware of it. Like, people don't need to think about feeling hungry to make a beeline for the refrigerator or to focus on their need for achievement to study for an exam.

There are basically 3 types of motives:

1. **Biological/ Primary/Basic motives**- These are inborn in an individual and are necessary for one's survival. Such as- Hunger, thirst, rest, sleep, maintenance of temperature, oxygen, sex, etc.
2. **Social/ Secondary motives**- These are learned while living in a society. Such as- Gregariousness, affiliation motive, power motive, achievement, aggression, Possession, pugnacity, etc.
3. **Personal Motives**- Habits, attitude, curiosity etc.

Drives and Motives

Motivations are commonly separated into drives and motives. *Drives* are primarily biological, like thirst, hunger, sleepiness, and the need to reproduce—all of which lead us to seek out and take part in certain activities. Drives are believed to originate within a person and may not require external stimuli to encourage behavior. *Motives*, on the other hand, are primarily driven by social and psychological mechanisms, such as work, family, and relationships. They include factors like praise and approval.

Both drives and motives can be manipulated by stimulation and deprivation. Motivation can be *stimulated* by uncomfortable or aversive conditions or events (shocks, loud noise, or excessive heat or cold can motivate us to seek better conditions) or by attractions to positive or

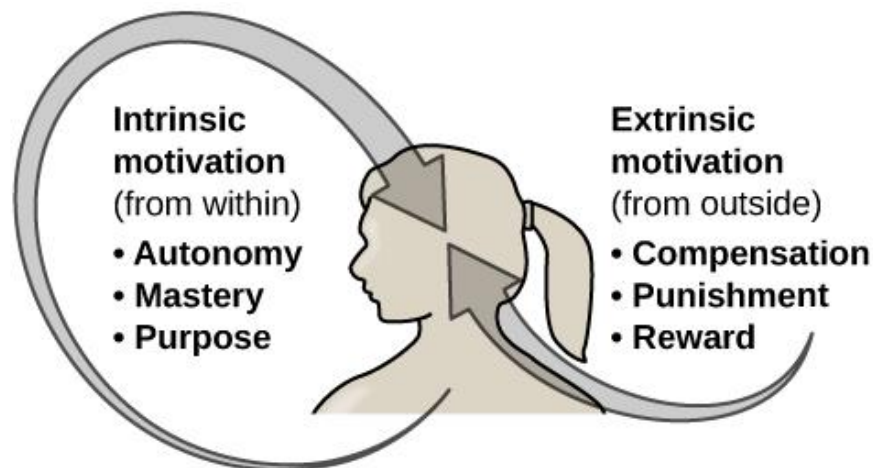
pleasurable conditions or events (such as food or sex). We also become motivated when we're *deprived* of something that we want or need, like adequate nutrition or social contact.

Intrinsic and Extrinsic Motivation

Motivation can be intrinsic (arising from internal factors) or extrinsic (arising from external factors).

Intrinsically-motivated behaviors are generated by the sense of personal satisfaction that they bring. They are driven by an interest or enjoyment in the task itself that comes from the individual, not society. For example, if you are in college because you enjoy learning and want to make yourself a more well-rounded individual, you are intrinsically motivated. Intrinsic motivation is a critical element in cognitive, social, and physical development; those individuals who are intrinsically motivated are likely to perform better and improve their skills at a given task.

Extrinsically-motivated behaviors, in contrast, are performed in order to receive something from others. They do not come from within the individual, but from society—other people. For example, employees might do their work because they want the company to pay them, not because they love the work. Many athletes are driven by the goal of winning, beating the competition, and receiving praise from fans; they are not driven by the intrinsic satisfaction they get from playing the sport. Similarly, if you are in college because you want to make yourself more marketable for a high-paying career or to satisfy the demands of your parents, then your motivation is more extrinsic in nature.



Intrinsic and Extrinsic Motivation: Intrinsic motivation comes from within the individual and results in a sense of autonomy, mastery, and purpose. Extrinsic motivation such as punishments, rewards, and other types of compensation, come from outside the individual.

In reality, our motivations are often a mix of both intrinsic and extrinsic factors, and the nature of the mix can change over time. For example, say cooking is one of your favorite hobbies: you

love to cook for others whenever you get a chance, and you can easily spend hours in the kitchen. You are *intrinsically* motivated to cook. Then you decide to go to culinary school and eventually get a job working as a chef in a good restaurant. You are now getting extrinsic reinforcement (e.g., getting paid) for your work, and may over time become more extrinsically than intrinsically motivated. Sometimes, intrinsic motivation can diminish when extrinsic motivation is given—a process known as the *overjustification effect*. This can lead to extinguishing the intrinsic motivation and creating a dependence on extrinsic rewards for continued performance.

Types of motives

Psychologists have divided motives into three types—Biological motives, social motives and personal motives!

The goal here may be fulfillment of a want or a need. Whenever a need arises the organism is driven to fulfil that want or need. If there is no need in the organism, there will be no behaviour. For example, Horse and water. Horse does not drink water unless it has thirst or if it is not motivated. Unlike the external stimuli, the motives are limited.

Biological Motivation and Homeostasis:

Biological motives are called as physiological motives. These motives are essential for the survival of the organism. Such motives are triggered when there is imbalance in the body. The body always tends to maintain a state of equilibrium called “Homeostasis”- in many of its internal physiological processes.

This balance is very essential for the normal life. Homeostasis helps to maintain internal physiological processes at optimal levels. The nutritional level, fluid level, temperature level, etc., are maintained at certain optimal level or homeostasis levels. When there is some variation in these levels the individual is motivated for restoring the state of equilibrium.

I) Physiological Motives:

a. Hunger motive:

We eat to live. The food we take is digested and nutritional substances are absorbed. The biochemical processes get their energy from the food in order to sustain life. When these substances are exhausted, some imbalance exists.

We develop hunger motive in order to maintain homeostasis. This is indicated by contraction of stomach muscles causing some pain or discomfort called hunger pangs. Psychologists have demonstrated this phenomenon by experiments.

b. Thirst motive:

In our daily life regularly we take fluids in the form of water and other beverages. These fluids are essential for our body tissues for normal functioning. When the water level in the body decreases we develop motive to drink water.

Usually thirst motive is indicated by dryness of mouth. Experiments by psychologists have shown that just dried mouth getting wetted is not enough. We need to drink sufficient quantity of water to satiate our thirst.

c. Need for oxygen:

Our body needs oxygen continuously. We get it through continuous respiration. Oxygen is necessary for the purification of blood. We cannot survive without regular supply of oxygen. Lack of oxygen supply may lead to serious consequences like damage to brain or death.

d. Motive for regulation of body temperature:

Maintenance of normal body temperature (98.6°F or 37.0°C) is necessary. Rise or fall in the body temperature causes many problems. There are some automatic mechanisms to regulate body temperature, like sweating when the temperature rises above normal or, shivering when it falls below normal.

These changes motivate us to take necessary steps. For example, opening of windows, put on fans, take cool drinks, remove clothes, etc., when the temperature increases to above normal level; and closing doors and windows, wear sweaters, take hot beverages when temperature falls down. In this way we try to regulate the body temperature.

e. Need for sleep:

Sleep is an essential process for normal functioning of body and mind. When our body and mind are tired they need rest for rejuvenation of energy. It is observed that there is excess accumulation of a toxin called 'Lactic acid' when tired.

After sleep it disappears and the person becomes active. Sleep deprivation also leads to psychological problems like confusion, inability to concentrate, droopy eyelids, muscle tremors, etc.

f. Need for avoidance of pain:

No organism can continue to bear pain. Whenever we experience pain we try to avoid it. We are motivated to escape from painful stimulus. For example, when we are under hot sun we go to shade. When something is pinching we avoid it.

g. Drive for elimination of waste:

Our body cannot bear anything excess or anything waste. Excess water is sent out in the form of urine or sweat. So also digested food particles after absorption of nutritional substances are sent out in the form of stools. We experience discomfort until these wastes are eliminated.

h. Sex motive:

This is a biological motive, arises in the organism as a result of secretion of sex hormones-like androgens and estrogens. Sex need is not essential for the survival of the individual, but it is essential for the survival of the species. However, fulfillment of the sex need is not like satisfying hunger or thirst.

The society and the law exercise certain codes of conduct. Human being has to adhere to these rules. Usually this need is fulfilled through marriage.

i. Maternal drive:

This is an instinct or an inborn tendency. Every normal woman aspires to become a mother. Psychologists have

Motivation, Emotion and Attitudinal Processes 123 learnt from related studies that, this is a most powerful drive. That is why in many cases the women who cannot bear children of their own, will sublimate that motive and satisfy it through

socially acceptable ways, like working in orphan schools, baby sittings or adopting other's children.

II) Social Motives:

Physiological motives discussed above pertain to both animals as well as human beings, but the social motives are specific only to human beings. These are called social motives, because they are learnt in social groups as a result of interaction with the family and society. That is why their strength differs from one individual to another. Many social motives are recognised by psychologists. Some of the common social motives are:

a. Achievement motive:

Achievement motivation refers to a desire to achieve some goal. This motive is developed in the individual who has seen some people in the society attaining high success, reaching high positions and standards.

He/she develops a concern to do better, to improve performance. David C Mc Clelland who conducted a longitudinal study on characteristics of high and low achievers found that the high achievers choose and perform better at challenging tasks, prefers personal responsibility, seeks and utilizes feedback about the performance standard, having innovative ideas to improve performance.

b. Aggressive motive:

It is a motive to react aggressively when faced frustrations. Frustration may occur when a person is obstructed from reaching a goal or when he is insulted by others. Even in a fearful and dangerous do or die situation the individual may resort to aggressive behaviour. Individual expresses such behaviour to overcome opposition forcefully, which may be physical or verbal aggression.

c. Power motive:

People with power motive will be concerned with having an impact on others. They try to influence people by their reputation. They expect people to bow their heads and obey their instructions.

Usually people with high power motive choose jobs, where they can exert their powers. They want people as followers. They expect high prestige and recognition

from others. For example, a person may aspire to go for jobs like Police Officer, Politician, Deputy Commissioner, etc.

d. Acquisitive motive:

This motive directs the individual for the acquisition of material property. It may be money or other property. This motive arises as we come across different people who have earned a lot of money and leading a good life. It is a human tendency to acquire all those things which appear attractive to him.

e. Curiosity motive:

This is otherwise called stimulus and exploration motive. Curiosity is a tendency to explore and know new things. We see people indulge in a travelling to look at new places, new things and new developments taking place outside their environment.

People want to extend their knowledge and experiences by exploring new things. Curiosity motive will be very powerful during childhood. That is why they do not accept any toy or other articles unless they examine them from different angles, even at the cost of spoiling or breaking the objects.

f. Gregariousness:

This is also known as affiliation need. Gregariousness is a tendency to associate oneself with other members of the group or same species. The individual will be interested in establishing, maintaining and repairing friendly relationships and will be interested in participating in group activities.

Individual will conform to social norms, mores and other ethical codes of the groups in which he/she is interested. To the greater extent gregariousness is developed because many of the needs like basic needs, safety and security needs are fulfilled.

In addition to the above there are some other social motives like need for self-esteem, social approval, self-actualization, autonomy, master motive, combat, defense, abasement, etc.

III) Personal Motives:

In addition to the above said physiological and social motives, there are some other motives which are allied with both of the above said motives. These are highly personalized and very much individualized motives. The most important among them are:

a. Force of habits:

We see different people having formed different habits like chewing tobacco, smoking, alcohol consumption, etc. There may be good habits also like regular exercising, reading newspapers, prayers, meditations, etc. Once these habits are formed, they act as drivers and compel the person to perform the act. The specialty of habits is that, they motivate the individual to indulge in that action automatically.

b. Goals of life:

Every normal individual will have some goals in the life. They may be related to education, occupation, income, sports, acquisition of property, public service, social service, etc. Once a goal is set, he will be motivated to fulfil that goal. The goals people set, depend upon various factors like knowledge, information, guidance, support, personality, facilities available, aspirations, family and social background, etc.

c. Levels of aspirations:

Aspiration is aspiring to achieve or to get something or a goal. But such achievement depends upon the level of motivation the individual has. Every individual will have a goal in his life and strive to reach that goal. But the effort to attain that goal varies from one individual to another. The amount of satisfaction he gains depends upon his level of aspiration.

For example, if a student is expecting 80% of marks in examination, gets only 75%, he may be unhappy. On the other hand, a student expecting failure may feel very happy if he gets just 35% passing marks, because, the student with high level of aspiration works hard, whereas the student with low level may not.

d. Attitudes and interests:

Our attitudes and interests determine our motivation. These are specific to individual. For example, a person within the family, may have positive attitude towards family planning and all others having negative attitudes.

So also, interests differ from one individual to another. Example, interest in sports, T.V, etc. Whenever we have a positive attitude, we will have motivation to attain. In negative attitude, we will be motivated to avoid. If a person is interested in music, he will be motivated to learn it. In this way, our personal motives determine our behaviour.

Unconscious motivation:

Sigmund Freud, the famous psychologist has explained elaborately about unconscious motivation. According to him, there are certain motives of which we are unaware, because they operate from our unconscious.

These motives or desires which are repressed by our conscious remain in our unconscious and will be influencing our behaviour.

Psychological conflict

Personal or psychological conflict refers to a situation in which a person is motivated to engage in two or more mutually exclusive or incompatible activities. It occurs when the overt, verbal, symbolic, or emotional responses required to fulfill one motive are incompatible with those required to fulfill another. Social existence involves a great number of conflicts. The individual in society, subject to the pressures of the groups to which he belongs and the demands of the roles he must play, often experiences personal conflict. The entire process of the socialization of the child can be viewed as a conflict between the individual and society. Clinical studies show that the concept of conflict is particularly significant in the areas of personal adjustment and mental disorder.

conflict, in psychology, the arousal of two or more strong motives that cannot be solved together. A youngster, for example, may want to go to a dance to feel that he belongs to a group and does what his friends do. For an adolescent in Western culture, that is a strong motive. But the youth may be a clumsy dancer and sensitive to the real or imagined ridicule of his fellows. Therefore, he also has a

motive to avoid the dance to escape humiliation. He is in a dilemma; whether he goes or stays he will experience distress. This type of situation is termed an approach-avoidance conflict. Psychologically, a conflict exists when the reduction of one motivating stimulus involves an increase in another, so that a new adjustment is demanded

Conflicts are not all equally severe. A conflict between two desired gratifications (approach-approach conflict), as when a youth has to choose between two attractive and practicable careers, may lead to some vacillation but rarely to great distress. A conflict between two dangers or threats (avoidance-avoidance conflict) is usually more disturbing. A man may dislike his job intensely but fear the threat of unemployment if he quits. A conflict between a need and a fear may also be intense. A child may be dependent on his mother but fear her because she is rejecting and punitive. The conflicts that involve intense threat or fear are not solved readily but make the person feel helpless and anxious. Subsequent adjustments may then be directed more to the relief of anxiety than to the solution of real problems.

Conflicts are often unconscious, in the sense that the person cannot clearly identify the source of his distress. Many strong impulses—such as fear and hostility—are so much disapproved by the culture that a child soon learns not to acknowledge them, even to himself. When such impulses are involved in a conflict, the person is anxious but does not know why. He is then less able to bring rational thinking to bear on the problem.

Types of Conflicts:

There are different types of conflicts. Very common among them are:

a) Intrapersonal or Goal conflicts b) Interpersonal conflicts,

a. Intrapersonal conflicts:

These are the conflicts caused within the individual. These conflicts arise as a result of two or more motives or goals to be achieved at a time. Hence, these are called goal conflicts. Lewin has described three types of goal conflicts.

However, in addition to these there is one more conflict in which the individual faces more than one attracting or repelling forces making the individual to experience more stress

This is called multiple approach avoidance conflict. These are as follows:

1. Approach-approach conflict:

In this type of conflict individual will have two desires with positive valence which are equally powerful. For example, a person has two attractive job offers and he has to choose any one of them- tension arises.

Such conflicts are not so harmful, because after selecting one, the other one automatically subsides or loses its importance to him. But in some situation choice will be very difficult. For example, a girl has to choose either loving parents or a boy friend for inter-caste marriage. Such cases are like ‘you cannot have the cake and eat it too’.

The individual will be psychologically torn and may lose equilibrium. This type of conflict is diagrammatically represented in Figure 4.3.

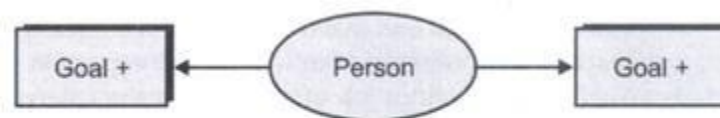


Fig. 4.3: Approach-approach conflict

2. Avoidance-avoidance conflict:

This conflict involves two goals with negative valence. At times the individual is forced to choose one among two negative goals. In such conflicts, both are unwanted goals, but he cannot keep quiet without opting also. For example, a woman must work at a job which she dislikes very much or else she has to remain unemployed.

Here the individual is caught between two repelling threats, fears or situations. When she cannot choose either of them she may try to escape from the field itself. But the consequences of the escape may also be harmful. For example, a person who cannot convince the mother or the wife may resort to Alcohol consumption which is otherwise dangerous or some people may even commit suicide. Such type of conflict is diagrammatically represented in Figure

In the event of such conflicts when there is no way to escape- some people may find a way to reduce their tension by developing ‘amnesia’ or defence mechanisms like regression or fantasy.

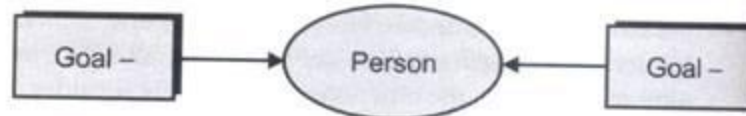


Fig. 4.4: Avoidance-avoidance conflict

3. Approach-avoidance conflict:

This is also a most complex conflict and very difficult to resolve. Because in this type of conflict a person is both attracted and repelled by the same goal object. Here the goal object will have both positive and negative valences.

The positive valence attracts the person, but as he approaches, the negative valence repels him back. Attraction of the goal and inability to approach it leads to frustration and tension.

For example, a person is approaching to accept a job offer, because the salary is attractive- but at the same time he is repelled back as the job is very risky. A man wants to marry to lead a family life, but does not want the responsibilities of family life. This type of conflict is diagrammatically represented in Figure 4.5.

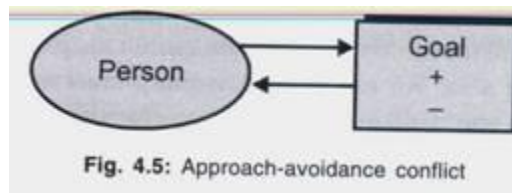


Fig. 4.5: Approach-avoidance conflict

4. Multiple-approach-avoidance conflict:

Some of the situations in life we come across will involve both positive and negative valences of multiple nature. Suppose a woman is engaged to be married. The marriage to her has positive valences like-providing security to life and marrying a person whom she loves very much.

Suppose, on the other hand, if the marriage is repellent to her because she has to quit her attractive job and salary, recognition which makes her dependent, the situation builds up tension in her.

The resolution of this conflict depends upon the sum total of both valences. If the sum total of attractive valence takes upper hand, she will quit the job and go for marriage; otherwise she may reject marriage and continue the job if the sum total of negative valence is powerful. This type of conflict is shown diagrammatically in Figure 4.6.



Fig. 4.6: Multiple-approach-avoidance conflict

2. Resolution of Conflicts:

The conflicts may arise from frustrations, competing roles or goals having positive or negative valences. Some conflicts are of great danger to mental health of the individual. Hence, it is necessary to resolve them as quickly as possible.

Otherwise, they may be carried on to the unconscious level, resulting in psychological problems and psychosomatic disorders. The clash between the urges, desires and motives may go on without being fully aware of it. These forces may disturb the individual causing lot of mental turmoil.

Conflicts resolution depends upon the type of conflict. The double approach conflict may be easily resolved by satisfying first one goal which is more important than the other; for instance, a student attending the class first, then going for food even if hungry.

Alternatively, this conflict is resolved by giving up one of the goals. Obviously, approach-approach conflict does not generate much anxiety, because the individual is not going to lose much.

The double avoidance conflict is more complex. Since the individual does not want either of the goals, he experiences more repelling effect as he moves near one goal by rejecting the other. Finally when it is unbearable, the individual tries to leave the conflict situation, but the other factors in periphery of the situation makes it difficult.

For example, a student who cannot face examination or failure may try to rim away from home, but the love and affection of the parents or financial problems may prevent him from doing so. Some people may resort to other means to get relief from tension, such as day dreaming, taking alcohol, chain smoking, suicide, etc. Totally avoidance by some means is the goal of the individual.

In approach-avoidance conflict, since there is only one goal object, it is very difficult to decide. Here, compromise with the situation is the only alternative solution to overcome stress resulting from conflict.

Finally, in multiple approach-avoidance conflict the individual has to take a decision depending upon the sum total of positive or negative valences resulting in selection of goals.

Though these are the coping strategies at individual level, people facing conflicts may help themselves by examining the causes of conflicts clearly, trying to choose the best alternative, early decision making, etc.

They have to make use of their creative thinking, divergent reasoning and proper perception of the situations. Motives may influence our behaviour, but the individual should not be the slave of his motives, instead he should be the master of his motives, so that he can have control over them. Finally taking advice from parents, elders, teachers and counsellors will be of great help to cope with and to resolve conflicts,

b. Interpersonal conflicts:

Interpersonal conflict is caused between individuals. This can be resolved through some strategies such as avoiding, smoothing, forcing, confronting and compromising. Assertive behaviour and I am ok, you are ok interpersonal orientation help to resolve such conflicts easily.

3. Unconscious Conflict:

The mental conflict below the level of conscious awareness is called unconscious conflict. The conflicts in conscious level, when repressed, shifts to unconscious. Here the desires which cannot be satisfied at conscious level are repressed to unconscious level as a mechanism of escaping. Many of our wants raised by Id may not be socially acceptable. Such wants are objected by the Ego and the Super ego. Hence these are repressed to unconscious.

The repressed desires or wishes remain active in the unconscious part of our mind. They slowly gather strength by making alliance with other similar experiences and become stronger. This group of repressed wants which is working for the

satisfaction try to come back to the conscious. This process is called complex. As soon as complexes are formed they give rise to conflicts in the unconscious.

They try to come back to conscious, but prevented by censor or preconscious. So they try to enter the conscious level when censor is at rest or sleep. They may appear in the form of dreams, slip of tongue, slip of pen, motivated forgetting, etc. Sometimes they may appear in the form of peculiar behavior and mannerisms.

Frustration

Frustration is an emotional response to stress. It's a common feeling that everyone will experience in their life. Some people experience frustration in the short-term — like a long wait in the grocery store — but for others, frustration can be long-term.

The stressor can vary according to the individual, but some common stressors that lead to frustration are:

- Stress at work
- Pursuing a goal that you cannot attain
- Trying to solve a problem and not finding a solution

The definition of frustration is the feeling of irritability or anger because of the inability to achieve something. Being in a constant state of frustration can lead to many problems in your life.

If you continue pursuing a goal without any result, the frustration you feel can lead to other emotions that affect your well-being and mental health, such as:

- Loss of confidence
- Stress
- Anger
- Aggressive behavior
- Irritability
- Depression

Types of Frustration

Frustration can come from internal or external sources. A helpful part of solving daily frustrations is to recognize if your frustration is internal or external.

Internal frustration

This means you are frustrated with yourself or your reaction. It can mean you're unhappy with the way you reacted in a situation.

External frustration

With external frustration, the stressor, or the thing that's causing your frustration, is outside of you. That can mean things like wasting time in traffic, or barriers to something you want to achieve.

Examining the situation to determine where the cause of frustration stems from can be a useful first step in solving your dilemma.

Signs of Frustration

Frustration can manifest itself in many different ways. There are numerous ways to spot someone who is frustrated. People who are frustrated usually become irritable and stressed.

Some of the typical responses of frustration are:

- Losing your temper
- Incessant bodily movement, such as tapping fingers constantly and perpetual sighing
- Giving up, leaving
- Feeling sad or anxious
- Lacking self-confidence
- Trouble sleeping
- Turning to drugs and alcohol
- Bodily abuse, starving oneself, or irregular eating habits

Long-term frustration can be hard on the body. Symptoms of long-term frustration can manifest in different ways. It can affect all aspects of your life, even your sleep patterns.

Sources of Frustration:

There are three important sources of frustration:

1. Environmental forces:

Environmental obstacles can frustrate the satisfaction of motives by making it difficult or impossible for a person to attain a goal.

An obstacle may be physical- such as untimely rain, disruption in electric supply, auto strike, famine, earthquake, war, floods, etc., or it may be people such as parents or society who obstruct the fulfillment of wants. For example, Inter-caste marriage, change of religion, etc. Even the social norms, codes of conduct may cause frustration.

2. Personal inadequacies:

Unattainable goals or too high goals which are beyond the ability level of a person can be important sources of frustration.

These are learned goals. For instance, a student with average level of intelligence aspires to score 90% of marks in the examination will definitely face frustration. A physically handicapped person cannot aspire to compete against a normal person in running race.

Thus, people are often frustrated because they aspire for goals which are not attainable by them, or the goals are beyond their abilities.

3. Conflict produced frustration:

A major source of frustration is found in motivational conflict, in which the expression of one motive interferes with the expression of other motives. Some common conflicts are between independence and affiliation need, or career aspiration and economic realities.

For example, a person is motivated to be independent but at the same time he cannot neglect his affiliation motive. A student may have high aspiration to pursue higher education, but too much expenditure comes in between.

In this way we come across many frustrations due to conflict- as is said 'life is full of conflicts and the frustrations arising from them'

Reactions to Frustrations:

Frustrations are unavoidable. Hence, as far as possible we should learn to grow facing these frustrations. Particularly in children, facing frustrations make them stronger and help them to develop self-confidence.

As Symonds has rightly said, 'a child will explore and gain knowledge of the external world only at the behest of frustration'. The effects of frustrations will not be severe if there is high level of frustration tolerance.

At the same time long, continued frustrations are not desirable. They may lead to serious psychological problems.

Generally our reactions to frustrations will be as follows:

1. Attack or direct approach:

In this approach the individual will try to overcome obstacles to reach the goal. If necessary he may develop new and necessary skills, put more effort or change the mode of attack or approach. In case of failure he may change the goal to one that is available.

2. Reduce the level of goal:

When a person fails to attain his goal even after repeated attempts, he may realize his inabilities and limitations and try to reduce his level of goal to avoid further disappointment. For example, a sportsman may reduce his level of goal after realizing that he cannot attain higher level goal. A student, who fails to achieve high percentage of marks, may reduce his goal to an attainable level and avoid frustration.

3. Aggressiveness:

Many people may react to the situation in an aggressive way. Aggressive reaction is very common when some external obstacles like other people or object is the cause of frustration. He may attempt to cause damage to these sources.

4. Withdrawal:

When all the measures said above become ineffective, the individual develops feelings of helplessness, inadequacy and inferiority. These negative feelings make him to withdraw from the situation in order to avoid further damage.

5. Compromise:

In some cases the individual does not want to accept the humiliation due to failure, at the same time he is unable to face the situation also. So finally he will resort to compromise to save his self-respect.

C. Measures to Face Frustration:

However, we can save ourselves from the severe damaging effect to our personality and avoid painful experiences by adapting the following measures:

a. Review the situation:

At times our perception of the situation may be wrong. Hence, review the situation again and try to understand the gravity of the situation. This will help you to adapt appropriate measures / steps. For example, financial level and career aspiration, inter group conflicts, etc.

b. Change our goals:

People tend to set the goals according to their level of aspirations. But these goals may be very high when compared to their abilities-leading to frustration. Hence, we have to set the goals according to our ability level.

Defense Mechanisms

Sigmund Freud (1894, 1896) noted a number of ego defenses which he refers to throughout his written works. His daughter Anna Freud (1936) developed these ideas and elaborated on them, adding ten of her own. Many psychoanalysts have also added further types of ego defenses.

Defense mechanisms are psychological strategies that are unconsciously used to protect a person from anxiety arising from unacceptable thoughts or feelings. According to Freudian theory, defense mechanisms involve a distortion of reality in some way so that we are better able to cope with a situation.

Dozens of different defense mechanisms have been identified. Some are used more commonly than others.

In most cases, these psychological responses are not under a person's conscious control. That means you don't decide what you do when you do it. Here are a few common defense mechanisms:

1. Denial

Denial is one of the most common defense mechanisms. It occurs when you refuse to accept reality or facts. You block external events or circumstances from your mind so that you don't have to deal with the emotional impact. In other words, you avoid the painful feelings or events.

This defense mechanism is one of the most widely known, too. The phrase, "They're in denial" is commonly understood to mean a person is avoiding reality despite what may be obvious to people around them.

2. Repression

Unsavory thoughts, painful memories, or irrational beliefs can upset you. Instead of facing them, you may unconsciously choose to hide them in hopes of forgetting about them entirely.

That does not mean, however, that the memories disappear entirely. They may influence behaviors, and they may impact future relationships. You just may not realize the impact this defense mechanism is having.

3. Projection

Some thoughts or feelings you have about another person may make you uncomfortable. If you project those feelings, you're misattributing them to the other person.

For example, you may dislike your new co-worker, but instead of accepting that, you choose to tell yourself that they dislike you. You see in their actions the things you wish you could do or say.

4. Displacement

You direct strong emotions and frustrations toward a person or object that doesn't feel threatening. This allows you to satisfy an impulse to react, but you don't risk significant consequences.

A good example of this defense mechanism is getting angry at your child or spouse because you had a bad day at work. Neither of these people is the target of your strong emotions, but reacting to them is likely less problematic than reacting to your boss.

5. Regression

Some people who feel threatened or anxious may unconsciously "escape" to an earlier stage of development.

This type of defense mechanism may be most obvious in young children. If they experience trauma or loss, they may suddenly act as if they're younger again. They may even begin wetting the bed or sucking their thumb.

Adults can regress, too. Adults who are struggling to cope with events or behaviors may return to sleeping with a cherished stuffed animal, overeat foods they find comforting, or begin chain smoking or chewing on pencils or pens. They may also avoid everyday activities because they feel overwhelming.

6. Rationalization

Some people may attempt to explain undesirable behaviors with their own set of "facts." This allows you to feel comfortable with the choice you made, even if you know on another level it's not right.

For example, people who might be angry at co-workers for not completing work on time could be ignoring the fact that they're typically late, too.

7. Sublimation

This type of defense mechanism is considered a positive strategy. That's because people who rely on it choose to redirect strong emotions or feelings into an object or activity that is appropriate and safe.

For example, instead of lashing out at your employees, you choose to channel your frustration into kickboxing or exercise. You could also funnel or redirect the feelings into music, art, or sports.

8. Reaction formation

People who use this defense mechanism recognize how they feel, but they choose to behave in the opposite manner of their instincts.

A person who reacts this way, for example, may feel they should not express negative emotions, such as anger or frustration. They choose to instead react in an overly positive way.

9. Compartmentalization

Separating your life into independent sectors may feel like a way to protect many elements of it.

For example, when you choose to not discuss personal life issues at work, you block off, or compartmentalize, that element of your life. This allows you to carry on without facing the anxieties or challenges while you're in that setting or mindset.

10. Intellectualization

When you're hit with a trying situation, you may choose to remove all emotion from your responses and instead focus on quantitative facts. You may see this strategy in use when a person who is let go from a job choose to spend their days creating spreadsheets of job opportunities and leads.

Some defense mechanisms are considered more "mature." That means using them may be more sustainable. Even in the long term, they may not be particularly detrimental to your emotional or mental health. Two such "mature" strategies are sublimation and intellectualization.

Other defense mechanisms, however, are not so mature. Prolonged use of them can lead to lingering problems. In fact, they may prevent you from ever facing emotional issues or anxieties.

In time, this could crop up in unexpected ways. For example, defense mechanisms may make forming relationships more difficult. They can also contribute to some mental health issues.

If you find yourself feeling depressed or sad, unable to get out of bed, or avoiding the usual daily activities of your life or things and people that once made you happy, consider talking to a mental health professional. These are also signs of depression, and therapy can help.

Through therapy like psychoanalysis or counseling, you can become more aware of the defense mechanisms you use most often, and you can even work to shift the responses you use from immature or less productive to ones that are more mature, sustainable, and beneficial.

Using more mature mechanisms may help you face the anxieties and situations that might normally cause you stress and emotional duress.

Chapter three : Personality

personality, a characteristic way of thinking, feeling, and behaving. Personality embraces moods, attitudes, and opinions and is most clearly expressed in interactions with other people. It includes behavioral characteristics, both inherent and acquired, that distinguish one person from another and that can be observed in people's relations to the environment and to the social group.

personality is the characteristic patterns of thoughts, feelings, and behaviors that make a person unique. It is believed that personality arises from within the individual and remains fairly consistent throughout life.

While there are many different definitions of personality, most focus on the pattern of behaviors and characteristics that can help predict and explain a person's behavior.

Explanations for personality can focus on a variety of influences, ranging from genetic explanations for personality traits to the role of the environment and experience in shaping an individual's personality.

Characteristics of Personality

So what exactly makes up a personality? Traits and patterns of thought and emotion play important roles as well as the following fundamental characteristics of personality:

- **Consistency:** There is generally a recognizable order and regularity to behaviors. Essentially, people act in the same ways or similar ways in a variety of situations.
- **Psychological and physiological:** Personality is a psychological construct, but research suggests that it is also influenced by biological processes and needs.
- **Behaviors and actions:** Personality not only influences how we move and respond in our environment, but it also *causes* us to act in certain ways.
- **Multiple expressions:** Personality is displayed in more than just behavior. It can also be seen in our thoughts, feelings, close relationships, and other social interactions

Personality Disorders

Personality is the way of thinking, feeling and behaving that makes a person different from other people. An individual's personality is influenced by experiences, environment (surroundings, life situations) and inherited characteristics. A person's personality typically stays the same over time. A personality disorder is a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time.¹

There are 10 specific types of personality disorders. Personality disorders are long-term patterns of behavior and inner experiences that differs significantly from what

is expected. The pattern of experience and behavior begins by late adolescence or early adulthood and causes distress or problems in functioning. Without treatment, personality disorders can be long-lasting. Personality disorders affect at least two of these areas:

- Way of thinking about oneself and others
- Way of responding emotionally
- Way of relating to other people
- Way of controlling one's behavior

Types of Personality Disorders

- Antisocial personality disorder: a pattern of disregarding or violating the rights of others. A person with antisocial personality disorder may not conform to social norms, may repeatedly lie or deceive others, or may act impulsively.
- Avoidant personality disorder: a pattern of extreme shyness, feelings of inadequacy and extreme sensitivity to criticism. People with avoidant personality disorder may be unwilling to get involved with people unless they are certain of being liked, be preoccupied with being criticized or rejected, or may view themselves as not being good enough or socially inept.
- Borderline personality disorder: a pattern of instability in personal relationships, intense emotions, poor self-image and impulsivity. A person with borderline personality disorder may go to great lengths to avoid being abandoned, have repeated suicide attempts, display inappropriate intense anger or have ongoing feelings of emptiness.
- Dependent personality disorder: a pattern of needing to be taken care of and submissive and clingy behavior. People with dependent personality disorder may have difficulty making daily decisions without reassurance from others or may feel uncomfortable or helpless when alone because of fear of inability to take care of themselves.
- Histrionic personality disorder: a pattern of excessive emotion and attention seeking. People with histrionic personality disorder may be uncomfortable when they are not the center of attention, may use physical appearance to draw attention to themselves or have rapidly shifting or exaggerated emotions.

- Narcissistic personality disorder: a pattern of need for admiration and lack of empathy for others. A person with narcissistic personality disorder may have a grandiose sense of self-importance, a sense of entitlement, take advantage of others or lack empathy.
- Obsessive-compulsive personality disorder: a pattern of preoccupation with orderliness, perfection and control. A person with obsessive-compulsive personality disorder may be overly focused on details or schedules, may work excessively not allowing time for leisure or friends, or may be inflexible in their morality and values. (*This is NOT the same as obsessive compulsive disorder.*)
- Paranoid personality disorder: a pattern of being suspicious of others and seeing them as mean or spiteful. People with paranoid personality disorder often assume people will harm or deceive them and don't confide in others or become close to them.
- Schizoid personality disorder: being detached from social relationships and expressing little emotion. A person with schizoid personality disorder typically does not seek close relationships, chooses to be alone and seems to not care about praise or criticism from others.
- Schizotypal personality disorder: a pattern of being very uncomfortable in close relationships, having distorted thinking and eccentric behavior. A person with schizotypal personality disorder may have odd beliefs or odd or peculiar behavior or speech or may have excessive social anxiety.

Diagnosis of a personality disorder requires a mental health professional looking at long-term patterns of functioning and symptoms. Diagnosis is typically made in individuals 18 or older. People under 18 are typically not diagnosed with personality disorders because their personalities are still developing. Some people with personality disorders may not recognize a problem. Also, people may have more than one personality disorder. An estimated 9 percent of U.S. adults have at least one personality disorder.²

Paranoid personality disorder

Paranoid personality disorder (PPD) is one of a group of conditions called "Cluster A" personality disorders which involve odd or eccentric ways of thinking. People

with PPD also suffer from paranoia, an unrelenting mistrust and suspicion of others, even when there is no reason to be suspicious.

This disorder usually begins by early adulthood and appears to be more common in men than in women.

What Are the Symptoms of Paranoid Personality Disorder?

People with PPD are always on guard, believing that others are constantly trying to demean, harm, or threaten them. These generally unfounded beliefs, as well as their habits of blame and distrust, might interfere with their ability to form close relationships. People with this disorder:

- Doubt the commitment, loyalty, or trustworthiness of others, believing others are using or deceiving them
- Are reluctant to confide in others or reveal personal information due to a fear that the information will be used against them
- Are unforgiving and hold grudges
- Are hypersensitive and take criticism poorly
- Read hidden meanings in the innocent remarks or casual looks of others
- Perceive attacks on their character that are not apparent to others; they generally react with anger and are quick to retaliate
- Have recurrent suspicions, without reason, that their spouses or lovers are being unfaithful
- Are generally cold and distant in their relationships with others, and might become controlling and jealous
- Cannot see their role in problems or conflicts and believe they are always right
- Have difficulty relaxing
- Are hostile, stubborn, and argumentative

What Causes Paranoid Personality Disorder?

The exact cause of PPD is not known, but it likely involves a combination of biological and psychological factors. The fact that PPD is more common in people who have close relatives with schizophrenia suggests a genetic link between the

two disorders. Early childhood experiences, including physical or emotional trauma, are also suspected to play a role in the development of PPD.

How Is Paranoid Personality Disorder Diagnosed?

If physical symptoms are present, the doctor will begin an evaluation by performing a complete medical and psychiatric history and, if indicated, a physical exam. Although there are no laboratory tests to specifically diagnose personality disorders, the doctor might use various diagnostic tests to rule out physical illness as the cause of the symptoms.

If the doctor finds no physical reason for the symptoms, they might refer the person to a psychiatrist or psychologist, health care professionals who are specially trained to diagnose and treat mental illnesses. Psychiatrists and psychologists use specially designed interview and assessment tools to evaluate a person for a personality disorder.

How Is Paranoid Personality Disorder Treated?

People with PPD often do not seek treatment on their own because they do not see themselves as having a problem. When treatment is sought, psychotherapy (a form of counseling) is the treatment of choice for PPD. Treatment likely will focus on increasing general coping skills, as well as on improving social interaction, communication, and self-esteem.

Because trust is an important factor of psychotherapy, treatment is challenging since people with PPD have such distrust of others. As a result, many people with PPD do not follow their treatment plan.

Medication generally is not a major focus of treatment for PPD. However, medications, such as anti-anxiety, antidepressant or antipsychotic drugs, might be prescribed if the person's symptoms are extreme, or if they also suffer from an associated psychological problem, such as anxiety or depression.

What Complications Are Associated With Paranoid Personality Disorder?

The thinking and behaviors associated with PPD can interfere with a person's ability to maintain relationships, as well as their ability to function socially and in

work situations. In many cases, people with PPD become involved in legal battles, suing people or companies they believe are "out to get them."

What Is the Outlook for People With Paranoid Personality Disorder?

The outlook for people with PPD varies. It is a chronic disorder, which means it tends to last throughout a person's life. Although some people can function fairly well with PPD and are able to marry and hold jobs, others are completely disabled by the disorder. Because people with PPD tend to resist treatment, the outcome often is poor.

Can Paranoid Personality Disorder Be Prevented

The thoughts, feelings and experiences associated with paranoia may cause you to:

- find it hard to confide in people, even your friends and family
- find it very difficult to trust other people, believing they will use you or take advantage of you
- have difficulty relaxing
- read threats and danger (which others don't see) into everyday situations, innocent remarks or casual looks from others.

This might become such a big problem in your life that you are given a diagnosis of paranoid personality disorder.

Schizoid personality disorder

Many people with schizoid personality disorder are able to function fairly well. Unlike in schizophrenia or schizoaffective disorder, you would not usually have psychotic symptoms. However, as a result of the thoughts and feelings associated with this diagnosis you may:

- find difficulty forming close relationships with other people
- choose to live your life without interference from others
- prefer to be alone with your own thoughts
- not experience pleasure from many activities
- have little interest in sex or intimacy
- have difficulty relating to or are emotionally cold towards others.

Schizotypal personality disorder

Everyone has their own eccentricities or awkward behaviours. But if your patterns of thinking and behaving make relating to others very difficult, you may receive a diagnosis of schizotypal personality disorder.

Unlike in schizophrenia, you usually would not experience psychosis. However, you may:

- experience distorted thoughts or perceptions
- find making close relationships extremely difficult
- think and express yourself in ways that others find 'odd', using unusual words or phrases, making relating to others difficult
- believe that you can read minds or that you have special powers such as a 'sixth sense'
- feel anxious and tense with others who do not share these beliefs
- feel very anxious and paranoid in social situations, finding it hard to relate to others.

Treatment

Certain types of psychotherapy are effective for treating personality disorders. During psychotherapy, an individual can gain insight and knowledge about the disorder and what is contributing to symptoms, and can talk about thoughts, feelings and behaviors. Psychotherapy can help a person understand the effects of their behavior on others and learn to manage or cope with symptoms and to reduce behaviors causing problems with functioning and relationships. The type of treatment will depend on the specific personality disorder, how severe it is, and the individual's circumstances.

Commonly used types of psychotherapy include:

- Psychoanalytic/psychodynamic therapy
- Dialectical behavior therapy
- Cognitive behavioral therapy
- Group therapy

- Psychoeducation (teaching the individual and family members about the illness, treatment and ways of coping)

There are no medications specifically to treat personality disorders. However, medication, such as antidepressants, anti-anxiety medication or mood stabilizing medication, may be helpful in treating some symptoms. More severe or long lasting symptoms may require a team approach involving a primary care doctor, a psychiatrist, a psychologist, social worker and family members.

In addition to actively participating in a treatment plan, some self-care and coping strategies can be helpful for people with personality disorders.

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