South Valley University

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Lectures

in
Mental Health and Social psychology

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The Contents

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Mental Health Definition

What Is Mental Health?

Mental health: a state of well-being

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

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.

Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems

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

Mental health is a level of psychological well-being or an absence of mental illness - the state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment". From the perspectives of positive psychology or of holism, mental health may include an individual's ability to enjoy life, and to create a balance between life activities and efforts to achieve psychological resilience. According to the **World Health Organization (WHO)**, **mental health** includes "subjective well-being, perceived self-efficacy, autonomy, competence, inter-generational dependence, and self-actualization of one's intellectual and emotional potential, among others." The WHO further states that the well-being of an individual is encompassed in the realization of their abilities, coping with normal stresses of life, productive work and contribution to their community. Cultural differences, subjective assessments, and competing professional theories all affect how one defines "mental health".

Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity.

Mental well-being

Mental health can be seen as an unstable continuum, where an individual's mental health may have many different possible values. Mental wellness is generally viewed as a positive attribute, even if the person does not have any diagnosed mental health condition. This definition of mental health highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some discussions are formulated in terms of contentment or happiness. Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective for further improving the mental wellness. Positive psychology is increasingly prominent in mental health.

A holistic model of mental health generally includes concepts based upon anthropological, educational, psychological, religious and sociological perspectives, as well as theoretical perspectives from personality, social, clinical, health and developmental psychology.

The tripartite model of mental well-being views mental well-being as encompassing three components of emotional well-being, social well-being, and psychological well-being. Emotional well-being is defined as having high levels of positive emotions, whereas social and psychological well-being are defined as the presence of psychological and social skills and abilities that contribute to optimal functioning in daily life. The model has received empirical support across cultures. The

Mental Health Continuum-Short Form (MHC-SF) is the most widely used scale to measure the tripartite model of mental well-being.

Children and young adults

Mental health and stability is a very important factor in a person's everyday life. Social skills, behavioral skills, and someone's way of thinking are just some of the things that the human brain develops at an early age. Learning how to interact with others and how to focus on certain subjects are essential lessons to learn. This spans from the time we can talk all the way to when we are so old that we can barely walk. However, there are some people out there who have difficulty with these kind of skills and behaving like an average person. This is most likely the cause of having a mental illness. A mental illness is a wide range of conditions that affect a person's mood, thinking, and behavior. About 26% of people in the United States, ages 18 and older, have been diagnosed with some kind of mental disorder. However, not much is said about children with mental illnesses even though there are many that will develop one, even as early as age three.

The most common mental illnesses in children include, but are not limited to, ADHD, autism and anxiety disorder, as well as depression in older children and teens. Having a mental illness at a younger age is much **different** from having one in your thirties. Children's brains are still developing and will continue

to develop until around the age of twenty-five. When a mental illness is thrown into the mix, it becomes significantly harder for a child to acquire the necessary skills and habits that people use throughout the day. For example, behavioral skills don't develop as fast as motor or sensory skills do. So when a child has an anxiety disorder, they begin to lack proper social interaction and associate many ordinary things with intense fear. This can be scary for the child because they don't necessarily understand why they act and think the way that they do. Many researchers say that parents should keep an eye on their child if they have any reason to believe that something is slightly off. If the children are evaluated earlier, they become more acquainted to their disorder and treating it becomes part of their daily routine. This is opposed to adults who might not recover as quickly because it is more difficult for them to adapt.

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

The Importance of Mental Health

The National Institute of Mental Health has a mantra, 'No health without mental health." However, due to the stigma that often surrounds mental health millions of people worldwide do not receive the help they need and often overlook this extremely prevalent health issue. According to the National Alliance on Mental Illness, in a given year, one in five, or 18.5% of American adults will experience a mental illness. Some of the most common and frequently reported mental illnesses include depression and bipolar disorders, anxiety, schizophrenia, dementia, and eating disorders. Depression is the number one cause of disability worldwide and is one of the most significant contributors

to the global burden of disease, greatly impacting individuals and their families mentally, physically, socially, and financially. Mental illness affects everyone no matter their race, gender, culture, age, ethnicity, or sexual orientation.

Mental health is important because:

- It affects your relationships with others: – Mental health problems lead to new problems with friends, family, law enforcement or school officials.
- It affects how you learn: – Your attentiveness, – Your concentration, – Your classroom conduct, – Your ability to organize, – Your ability to communicate.
- Mental health problems can lead to other problems such as:

– Experimenting with drugs or alcohol,

– Being hostile and aggressive,

– Taking risks in behavior.

What can I do to help protect my mental health?

– Eat healthfully.

– Exercise adequately.

– Care for your health daily.

– Take time for yourself regularly.

– Sleep bountifully.

– Manage stress diligently.

- Play

- Learn to do something new and fun.
- Know yourself
- Be attuned to your thoughts and feelings.
- Keep a journal.
- Recognize when "this just doesn't seem like I usually think or act".
- Say "no" sometimes.
- Don't overbook your schedule or your life.
- Make time for quiet – Turn off the cell phone, TV…

Traits of good Behavior

1- Health relationship with self

- Self-acceptance

- Understanding self

- Self development

2- Flexibility

3- Realism

4-Sense of security

5- Correct orientation

6- Pproportionality

7- Benefit from experience

Positive personality traits

Some positive personality traits are looked highly upon and respected in our society. The gathering of these traits helps in personality development and self-improvement

Intelligence

Intelligence is one of the most basic positive traits that is highly valued in a person. It affects not only how he thinks but also the decisions that he makes and therefore his overall personality. The possession of this trait lends a lot of respect to that person.

Honesty

Another highly respected trait that sets a person apart. Honesty is how you behave and interact with others as well as the attitude towards your work.

Understanding

Empathy, courtesy, being helpful and understanding—all these traits go to show that a person thinks about others and is not self-obsessed or selfish. It garners him respect from the society that he lives in.

Criterions of behavior

Theoretical criterion the distinction between the normal- and abnormal behavior:

1- subjective criterion

2- Statistical Criterion

3- Personal Adjustment Criterion

4- Integration Personal Criterion

5- Social Criterion

Statistical Criterion

Statistical Infrequency: Statistically rare behaviors are called abnormal. Though not always the case, the presence of abnormal

behavior in people should be rare or statistically unusual. Any specific abnormal behavior may be unusual, but it is not uncommon for people to exhibit some form of prolonged abnormal behavior at some point in their lives.

The individual is engaging in behavior that is preventing them from functioning. The individual is engaging in behavior that breaks a social norm. The individual is engaging in behavior that is statistically infrequent.

Social Norms defines the departure or deviation of an individual from society's unwritten rules (norms). For example, if one was to witness a man jumping around, nude, on the streets, the man would be perceived as abnormal, as he has broken society's norms about wearing clothing.

Goals of Mental Health

Development goals

Health is a crucial priority for the world population. Reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria and other diseases are essential to poverty reduction. Across regions, economic groups, ethnicities and gender, health has emerged as central to the next development agenda.

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ethnicities and gender, health has emerged as central to the next development agenda.

WHO works to safeguard achievements and investments in the current health-related development goals while also reflecting new priorities and securing health in the post-2015 development agenda."

More than 5 million people across the globe have become part of the conversation about what matters most in the post-2015 development agenda.

Prevention of mental disorders is a public health priority

About 450 million people suffer from mental and behavioural disorders worldwide. One person in four will develop one or more of these disorders during their lifetime. Neuropsychiatric conditions account for 13% of the total Disability Adjusted Life Years (DALYs) lost due to all diseases and inju-ries in the world and are estimated to increase to 15% by the year 2020. Five of the ten leading causes of disability and premature death worldwide are psychiatric conditions. Mental disorders represent not only an immense psychological, social and economic burden to society, but also increase the risk of physical illnesses. Given the current limitations in effectiveness of treatment modalities for decreasing disability due to mental

and behavioural disorders, the only sustainable method for reducing the burden caused by these disorders is prevention.

Mental disorders have multiple determinants; prevention needs to be a multipronged effort

Social, biological and neurological sciences have provided substantial insight into the role of risk and protective factors in the developmental pathways to mental disorders and poor mental health. Biological, psychological, social and societal risk and protective factors and their interactions have been identified across the lifespan from as early as fetal life. Many of these factors are malleable and therefore potential targets for prevention and promotion measures. High comorbidity among mental disorders and their interrelatedness with physical illnesses and social problems stress the need for integrated public health policies, targeting clusters of related problems, common deter-minants, early stages of multiproblem trajectories and populations at multiple risks.

Effective prevention can reduce the risk of mental disorders

There is a wide range of evidence-based preventive programmes and policies available for implementation. These have been found to reduce risk factors, strengthen protective factors and decrease psychiatric symptoms and disability and the onset of some mental disorders. They also improve positive mental health, contribute to better physical health and generate social

and economic benefits. These multi-outcome interventions illustrate that prevention can be cost-effective. Research is beginning to show significant long-term outcomes.

What is Mental Health Therapy?

The definition of mental health therapy is a treatment intended to relieve or heal a mental illness or disorder. Therapy is intended to develop strategies and methods to manage emotions and feelings that are usually out of a person's control.

What is the purpose of Therapy?

The main purpose of therapy is to help treat personal and emotional challenges, and learn how to best live with or overcome the illnesses and disorders that may affect a person's daily life. There are many mental health illnesses that people can overcome through therapy, but not every mental illness is curable. For these illnesses, therapy helps patients learn how to best control and live with a specific illness.

Before an individual seeks out therapy, they should consider what outcome they are trying to achieve. As with most consultations, whether it be personal or business related, it is important to understand your goals and objectives beforehand. This not only gives the therapist direction, it also makes the best use of time for the patient. If it is hard to pin point a goal or objective, most therapists should be able to work with an individual to come up with plan of action.

Benefits of Therapy

Through life, the majority of people experience several situations and events in which they have a hard time managing their emotions and feelings. There aren't many people that go through life without at least a few tough times that test a person's emotional well-being. Below is a list of common reasons to seek therapy.

- Anxiety
- Depression
- Health problems
- Spiritual Issues
- Phobias
- Trauma/PTSD
- Family Issues
- Relationship Issues
- Substance Abuse Problems

Types of Therapy

Therapy can come in many different forms. There is no one type of therapy for all mental illnesses and disorders, which leads to different types of effective therapy for patients. Below are some of the common forms of therapy that help in treating the different mental illnesses and disorders.

Cognitive Behavioral Therapy (CBT) – CBT has two main components, cognitive and behavioral. The cognitive side works to develop a **positive** view of a person's life. The

behavioral side works to change previous negative behaviors and turn them into positive behaviors. CBT is used for a number of mental illnesses such as depression, anxiety, bipolar disorder, eating disorders, and schizophrenia.

Individual Therapy – Individual therapy, often called counseling, talk therapy, or psychotherapy, is a form of therapy that involves a patient and a trained therapist. Individual therapy normally takes place in the private office of a trained therapist, but it can also take place in a hospital, mental health facility, work setting, school, over the phone, and even chat or video conferencing in some cases with the advancement of technology. In therapy, it is important that the patient feel safe, secure, and know what they tell the therapist is confidential. Without truly opening up, most therapists will have trouble getting to the core of the problem.

Group Therapy – Group therapy is when two or more people participate in a therapy session with one or more trained therapist at the same time. On a broad scale, group therapy can apply to a range personal disorders and problems including but not limited to eating disorders, anger management, and substance abuse. Group therapy can take place in professional settings, places of worship, peoples' homes, and even public places. Group therapy can benefit those that go through improving self-awareness and motivation to change, building trust and self-esteem, and feeling less isolated knowing others

are facing similar problems. To benefit from group therapy, individuals must be willing to participate and be open to talk about their problems and challenges.

Family Therapy – Family therapy can be helpful for many families because a patients' family members are often times the people who can and will help aid the person back to recovery. Family therapy can be helpful in any situation that causes stress, anger, conflict, or grief.

Experiential Therapy – Experiential Therapy helps the patient differentiate between harmful or misguided thoughts from healthy emotions and thoughts. While many types of therapy focus on the therapist being neutral, experiential therapy works when the therapist is supportive and empathetic.

Chapter 2

- **Adjustment**
- **Motivation**
- **Frustration**
- **Defense mechanisms**

Adjustment (psychology)

In psychology, **adjustment** refers to the behavioral process of balancing conflicting needs, or needs challenged by obstacles in the environment. Humans and animals regularly adjust to their environment. For example, when they are stimulated by their physiological state to seek food, they eat (if possible) to reduce their hunger and thus adjust to the hunger stimulus. Adjustment disorder occurs when there is an inability to make a normal adjustment to some need or stress in the environment.

When evaluating adjustment it can be considered in two ways:

Adjustment as an achievement

In this model, we look at adjustment as a specific moment in time. We are considering an individual's adjustment to one challenge, not to all challenges they have faced. Successfully adjusting to one scenario can be independent of struggling to adjust to another, unrelated scenario. An example of this type of approach is observing a poor student beginning to study during recess because they don't have a home environment where they can effectively study. Beginning to study at another time would be considered adequately adjusting to this scenario, but does not consider the other ways it may impact their life (i.e.: inhibiting social interactions with peers.).

Adjustment as a process

This approach says that since the moment we are born, humans are in a constant state of adjustment. Since we are changing so rapidly and so constantly, we cannot break these down into separate unrelated challenges. Additionally there is no way to have successfully adjusted because something will always be about to change and prompt further adjustment. This approach views all life events as intertwined and unable to be teased apart.

Successful Adjustment

Successful Adjustment is also called being 'well adjusted' and is critical to mental health. Colloquially, being well-adjusted is defined as a person who "is reasonable and has good judgement...their behavior is not difficult or strange." It is important to remember that adjustment is a continuum, not a simple dichotomy; people can fluctuate and be adept at adjusting in different circumstances. In general, a person that is well-adjusted will have the following characteristics:

An understanding of personal strengths and weaknesses and a tendency to play up strengths while limiting the appearance of weaknesses

Personal respect and appreciation, a well-adjusted individual finds themselves to be inherently valuable

Appropriate aspirations that require hard work and capitalizing on strengths without being too far out of reach and setting them up for failure

Basic needs such as food, water, shelter, and sleep are consistently met, as well as a general feeling of security and positive self-esteem

Positive attitude and a tendency to find the goodness in other people, objects and activities. A well-adjusted person will acknowledge others' weaknesses but not actively search for faults.

Flexibility to respond to and accommodate for changes in the environment.

Ability to handle adverse circumstances: well-adjusted people are able to take negative life events in stride, they will be motivated to take action to remedy the problem rather than passively accept it.

A realistic perception of the world that allows for a healthy amount of distrust of others and encourages pragmatic thinking

A feeling of ease within surrounding environments. A well-adjusted person feels comfortable in different aspects of their community such as home, school, work, neighborhood, religious organization, etc.

A balanced life philosophy that accounts for and acknowledges the impact that the world has on an individual, as well as the impact an individual can have on the world.

These more detailed characteristics listed above can be synthesized into these main criteria:

- ability to adequately function.

- ability to perform adaptive tasks.
- high positive affect and low negative affect.
- general satisfaction in various life domains.
- absence of debilitating psychological disorders.

What Are Characteristics of a Well-Adjusted Person?

Some characteristics of a well-adjusted person include high self-esteem, contentment, a realistic view of the world, emotional stability and independence. Other characteristics include an ability to conduct self-appraisals, responsibility and social stability.

A well-adjusted person understands his position in the world and readily accepts the responsibilities that come with it. Adjustment develops over time and is highly dependent on a person's upbringing and also on life experiences.

A well-adjusted person knows how to deal with life's challenges without compromising on the quality of his life. He also knows his strengths and is constantly working towards improving on his weaknesses, which results in high self-esteem. A well-adjusted person knows how to conduct realistic self-appraisals, taking account of where he has failed and where he has succeeded. This helps in the creation of realistic goals that help him reach his full potential.

A well-adjusted person is self-driven, has a good work-life balance, and is motivated to achieve personal goals. Another

characteristic of a well-adjusted person is a commitment to relationships, career and business. A well-adjusted person takes responsibilities seriously and does not commit to things he cannot complete. He is emotionally stable and can control anger and other emotions well. Overall, the well-adjusted person is characterized as happy.

What is "Adjustment"?

The term **"adjustment"** originates from the biological term "adaptation". Biologists used the term "adaptation" strictly for the physical demands of the environment, but psychologists use the term "adjustment" for varying conditions of social or inter-personal relations in the society.

Adjustment means the reaction to the demands and pressures of social environment imposed upon the individual. The demand to which the individual has to react may be external or internal.

Psychologists have viewed adjustment from two important perspectives—**"adjustment as an achievement"**, and **"adjustment as a process"**.

Adjustment as achievement:

‘Adjustment as achievement’ means how efficiently an individual can perform his duties under different circumstances.

If we perceive adjustment as achievement, we have to set criteria to judge the quality of adjustment. Four criteria have been evolved by psychologists to judge the adequacy of adjustment. They are the following:

- Physical health
- Psychological comfort
- Work efficiency, and
- Social acceptance

Adjustment as process:

‘Adjustment as a process’ lays emphasis on the process by which an individual adjusts to his external environment. It is important, especially from teachers’ point of view. Students' adjustment largely depends on their interaction with the external environment in which they live. They always try to adjust to it. Piaget has studied the adjustive process from different angles. Piaget uses the

term **assimilation** and **accommodation** to represent the

alternation of oneself or environment as a means of adjustment.

A person who carries his values and standards of conduct without any change and maintains these in spite of major changes in the social climate is called **assimilator**.

The person who takes his standards from his social context and changes his beliefs in accordance with the altered values of the society is called **accommodator**.

In order to adjust successfully in society a person has to resort to both the devices

i.e. *assimilation* and *accommodation*.

A healthy and well-adjusted person should possess/display some observable behavioral patterns. These behavioral patterns must be according to the social expectations of an individual. These patterns are as follows:

- Maturity in thinking
- Emotional balance
- Warm and understanding towards others
- Free from tension due to routine events
- Independent in decision making

Elements in adjustment:

There are certain prime elements for fulfillment of needs necessary for healthy adjustment of a person. They are as follows:

- Satisfaction of needs
- No obstacle in achieving needs
- Strong motives in realizing needs
- Feasible geographical atmosphere to fulfill needs

Characteristics of a Maladjusted Person:

As a school teacher, you might have noticed a few such maladjusted students in your classroom too. At times, you might have even thought of seriously the reasons for their maladjusted behavior. There are numerous reasons in and out of the school which create frustration, that lead to maladjustment. Let us analyze the symptoms one by one. If a student is:

Withdrawn and timid: Frequent withdrawals from difficult situations may make individual timid and weak in facing real life situations.

Emotionally disturbed: If the internal and external adjustment of a child is not achieved, he becomes

emotional e.g., weeping, quarreling, nail biting, thumb sucking, etc. and becomes maladjusted.

Isolated: Maladjusted children suffer from a feeling of isolation. This feeling does not allow them to mix and interact with other members of class, school, family or society. In families where parents are extremely busy and neglect their children, the children develop a feeling of isolation or dejection. This makes them maladjusted.

Sensitivity: Maladjusted children are very sensitive. They get hurt easily e.g., on being teased by teachers in the classroom or parents in the family, sarcastic remarks by peers, unwelcome advice by others, etc.

Temper-tantrums: When there is a bad-tampered out-burst, this is known as a temper tantrum e.g., if a child does not get fair treatment, sympathy, cooperation and freedom of action within reasonable limits, he feels maladjusted.

Causes of Maladjustment:

We can classify the causes of maladjusted behavior of adolescents under five main categories. They are as follows:

1. Family

(a) Social

(b) Economic

(c) Psychological

2. Personal

3. School

4. Teachers

5. Peer Group

1. Family:

It is obvious that the family as an institution has various functions to perform. By discharging their duties, parents indirectly fulfill the needs of their children. There are certain significant causes: social, economic and psychological, which contribute immensely to maladjusted behavior in children.

(a) Social causes: According to Gibbian, the social problem of one generation is the psychological problem of the next generation. Children coming from homes that have been broken due to death, divorce, desertion, separation, etc., are often maladjusted in their behavior. Drunkard parents, strained marital relationship of spouses, quarrels and fights between spouses are also

responsible for developing frustration in children. Such children feel insecure and become maladjusted.

(b) Economic causes: The occupational status of parents, problems of unemployment, poverty and low-economic status breed maladjustment among children. Under such circumstances, parents are unable to satisfy the needs of their children which eventually lead to frustration, aggression and hostile behavior in growing children.

(c) Psychological causes: Psychological instability of parents is directly responsible for maladjusted behavior of their off-spring. If parents are over-possessive, highly authoritative, unrealistic in their expectations, incompatible, abusive and prejudiced, this will have a deleterious effect upon their children.

When the psychological needs are not met, children get frustrated and develop problems like nail biting, day-dreaming, fear of dark, lack of self-confidence, flickering of eyes, etc. Those parents who threaten, nag, punish and humiliate their children before others are directly responsible for their children's isolated and rejected behavior.

2. Personal causes:

It is observed that individuals who are physically, mentally and visually handicapped react abnormally to the situation. Even children with partial deficiency, such as defective eye sight, poor hearing and impaired speech may find it difficult to adjust under normal situations. When they can not score well academically compared to their peers, they develop an inferiority complex. Finally, they isolate themselves from others and indulge in day-dreaming.

3. School-related causes:

Children spend roughly seven hours a day in the school. When growing children do not find ways and means to channelize their energy in a purposeful manner in the school, they exhibit in maladjusted behavior. The school authorities, including teachers should organize various curricular and co-curricular activities to suit the needs of the growing children.

4. Teacher-related causes:

An imbalanced personality in the teacher has its impact on the behavior of the children. If the teacher is unfair,

biased or not involved with the students, it certainly affects the mental health of the children in the school.

5. Peer-group related causes:

Another important factor that disturbs the psycho-equilibrium of students is an unhealthy relationship with their peer group. Normally, students ask earnestly for recognition from their peer group during later childhood and adolescence.

However, popularity among the peer group depends on various factors, such as good looks, athletic abilities, social class, academic performance, and special talents. If the student lacks these qualities, he may fail to get status among his/her peer group and gets frustrated and maladjusted.

Motivation

Types of Motives: Biological, Social and Personal Motives | Psychology

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.

The behaviour to fulfil such needs is mechanical and alike in all the organisms. Hunger is a motive which stimulates the organism to have food. We develop hunger when the food that was taken earlier is exhausted.

The need for food drives us to go in search of food and to have it. Here the hunger motive not only initiated the action, but also continued until the goal (having food) is reached. The motives are powerful forces.

They do not allow us to stop our action or behaviour until the need is satisfied. Hence, they are called the 'dynamos' of behaviour.

Types of Motives:

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 imbalancement 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 imbalancement 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.

On the other hand, low achievers do not accept challenges, puts on average standards and accepts failures easily. Parents must try to inculcate leadership qualities in children for better achievement in their future life.

They must allow children to take decisions independently, and guide them for higher achievement from the childhood, so that the children develop high achievement motivation.

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.

Hence, always higher level of aspiration is advisable. However, it should be on par with his abilities also. Because, if an

individual aspires for higher level of achievement without possessing required ability, he will have to face frustration and disappointment.

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.

Our irrational behaviour, the slip of tongue, slip of pen, amnesia, multiple personality, somnambulism, etc., are some examples of such behaviours for which we do not have answers apparently.

These motives can be delineated only by psychoanalysis. Many times psychosomatic disorders like paralysis, headaches, gastric ulcers, etc., also may be due to unconscious motivation.

Frustration

In psychology, **frustration** is a common emotional response to opposition, related to anger, annoyance and disappointment, frustration arises from the perceived resistance to the fulfillment of an individual's will or goal and is likely to increase when a will or goal is denied or blocked. There are two types of frustration; internal and external. Internal frustration may arise from challenges in fulfilling personal goals, desires, instinctual drives and needs, or dealing with perceived deficiencies, such as a lack of confidence or fear of social situations. Conflict, such as when one has competing goals that interfere with one another, can also be an internal source of frustration and can create cognitive dissonance. External causes of frustration involve conditions outside an individual's control, such as a physical roadblock, a difficult task, or the perception of wasting time. There are multiple ways individuals cope with frustration such as passive–aggressive behavior, anger, or violence, although frustration may also propel positive processes via enhanced effort and strive.[3] This broad range of potential outcomes makes it difficult to identify the original cause(s) of frustration, as the responses may be indirect. However, a more direct and common response is a propensity towards aggression.

Causes

Frustration originates from feelings of uncertainty and insecurity which stems from a sense of inability to fulfill needs. If the needs of an

individual are blocked, uneasiness and frustration are more likely to occur. When these needs are constantly ignored or unsatisfied, anger, depression, loss of self-confidence, annoyance, aggression, and sometimes violence are likely to follow. Needs can be blocked two different ways; internally and externally. Internal blocking happens within an individual's mind, either through lack of ability, confidence, conflicting goals and desires, and/or fears. External blocking happens to an individual outside their control such as physical roadblocks, difficult tasks, or perceived waste of time.

Some people are predisposed towards feelings of frustration, indexed in terms of temperament (frustration), in adolescence and neuroticism in adulthood. Temperamental frustration is associated with perceptual alterations including changes in perceived relationship affection.

Symptoms

Frustration can be considered a problem–response behavior and can have a number of effects, depending on the mental health of the individual. In positive cases, this frustration will build until a level that is too great for the individual to contain or allow to continue, and thus produce action directed at solving the inherent problem in a disposition that does not cause social or physical harm. In negative cases, however, the individual may perceive the source of frustration to be outside their control, and thus the frustration will continue to build, leading eventually to further problematic behavior (e.g. violent reaction against perceived oppressors or enemies).

Stubborn refusal to respond to new conditions affecting the goal, such as removal or modification of the barrier, sometimes

occurs. As pointed out by J.A.C. Brown, severe punishment may cause individuals to continue non-adaptive behavior blindly: "Either it may have an effect opposite to that of reward and as such, discourage the repetition of the act, or, by functioning as a frustrating agent, it may lead to fixation and the other symptoms of frustration as well. It follows that punishment is a dangerous tool, since it often has effects which are entirely the opposite of those desired".

Frustration tolerance

Frustration tolerance is one's ability to resist becoming frustrated when facing difficult tasks. Having a low frustration tolerance is related to trait anger and a higher level of frustration tolerance is related to lower levels of anger and longer persistence on difficult tasks. For example, a child with a high frustration tolerance may be able to deal with repeated challenges and failures without experiencing significant frustration. The child with a low frustration tolerance can be quick to experience frustration when asked to perform tasks of moderate difficulty.

Defense mechanisms

A **defense mechanism** is an unconscious psychological mechanism that reduces anxiety arising from unacceptable or potentially harmful stimuli.

defense mechanisms may result in healthy or unhealthy consequences depending on the circumstances and frequency with which the mechanism is used. In psychoanalytic theory, defense mechanisms (German: *Abwehrmechanismen*) are psychological strategies brought into play by the unconscious mind to manipulate, deny, or distort reality in order to defend against feelings of anxiety and unacceptable impulses and to maintain one's self-schema or other schemas. These processes that manipulate, deny, or distort reality may include the following: **repression**, or the burying of a painful feeling or thought from one's awareness even though it may resurface in a symbolic form;[2] **identification**, incorporating an object or thought into oneself;[5] and **rationalization**, the justification of one's behaviour and motivations by substituting "good" acceptable reasons for the actual motivations. In psychoanalytic theory, repression is considered as the basis for other defence mechanisms.

Healthy persons normally use different defenses throughout life. An ego defense mechanism becomes pathological only when its persistent use leads to maladaptive behaviour such that the physical or mental health of the individual is adversely affected.

Among the purposes of ego defense mechanisms is to protect the mind/self/ego from anxiety or social sanctions or to provide a refuge from a situation with which one cannot currently cope. Defense mechanisms are psychological strategies that are unconsciously used to protect a person from anxiety arising from unacceptable thoughts or feelings.

We use defense mechanisms to protect ourselves from feelings of anxiety or guilt, which arise because we feel threatened, or because our id or superego becomes too demanding. They are not under our conscious control, and are non-voluntaristic. Ego-defense mechanisms are natural and normal. When they get out of proportion (i.e., used with frequency), neuroses develop, such as anxiety states, phobias, obsessions, or hysteria.

There are a large number of defense mechanisms; the main ones are summarized below.

1- Repression

This was the first defense mechanism that Freud discovered, and arguably the most important. Repression is an unconscious mechanism employed by the ego to keep disturbing or threatening thoughts from becoming conscious.

Thoughts that are often repressed are those that would result in feelings of guilt from the superego. For example, in the Oedipus complex, aggressive thoughts about the same sex parents are repressed.

This is not a very successful defense in the long term since it involves forcing disturbing wishes, ideas or memories into the unconscious, where, although hidden, they will create anxiety.

2 -Projection

This involves individuals attributing their own thoughts, feeling, and motives to another person (A. Freud, 1936). Thoughts most commonly projected onto another are the ones that would cause guilt such as aggressive and sexual fantasies or thoughts.

For instance, you might hate someone, but your superego tells you that such hatred is unacceptable. You can 'solve' the problem by believing that they hate you.

3- Displacement

Displacement is the redirection of an impulse (usually aggression) onto a powerless substitute target (A. Freud, 1936). The target can be a person or an object that can serve as a symbolic substitute. Someone who feels uncomfortable with their sexual desire for a real person may substitute a fetish.

Someone who is frustrated by his or her superiors may go home and kick the dog, beat up a family member, or engage in cross-burnings.

4- Sublimation

This is similar to displacement, but takes place when we manage to displace our emotions into a constructive rather than destructive activity (A. Freud, 1936). This might, for example, be artistic.

Many great artists and musicians have had unhappy lives and have used the medium of art of music to express themselves. Sport is another example of putting our emotions (e.g., aggression) into something constructive.

For example, fixation at the oral stage of development may later lead to seeking oral pleasure as an adult through sucking one's thumb, pen or cigarette. Also, fixation during the anal stage may cause a person to sublimate their desire to handle faeces with an enjoyment of pottery.

Sublimation for Freud was the cornerstone of civilized life, arts and science are all sublimated sexuality. (NB. this is a value-laden concept, based on the aspirations of a European society at the end of the 1800 century).

5- Denial

Anna Freud (1936) proposed denial involves blocking external events from awareness. If some situation is just too much to handle, the person just refuses to experience it.

As you might imagine, this is a primitive and dangerous defense - no one disregards reality and gets away with it for long! It can operate by itself or, more commonly, in combination with other, more subtle mechanisms that support it.

For example, smokers may refuse to admit to themselves that smoking is bad for their health.

6- Regression

This is a movement back in psychological time when one is faced with stress (A. Freud, 1936). When we are troubled or frightened, our behaviors often become more childish or primitive.

A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital. Teenagers may giggle uncontrollably when introduced into a social situation involving the opposite sex.

7- Rationalization

Rationalization is the cognitive distortion of "the facts" to make an event or an impulse less threatening (A. Freud, 1936). We do it often enough on a fairly conscious level when we provide ourselves with excuses.

But for many people, with sensitive egos, making excuses comes so easy that they never are truly aware of it. In other words, many of us are quite prepared to believe our lies.

8- Reaction Formation

This is where a person goes beyond denial and behaves in the opposite way to which he or she thinks or feels (A. Freud, 1936). By using the reaction formation, the id is satisfied while keeping the ego in ignorance of the true motives.

Conscious feelings are the opposite of the unconscious. Love - hate. Shame - disgust and moralizing are reaction formation against sexuality. Usually, a reaction formation is marked by showiness and compulsiveness.

For example, Freud claimed that men who are prejudice against homosexuals are making a defense against their own homosexual feelings by adopting a harsh anti-homosexual attitude which helps convince them of their heterosexuality. Other examples include:

* The dutiful daughter who loves her mother is reacting to her Oedipus hatred of her mother.

* Anal fixation usually leads to meanness, but occasionally a person will react against this (unconsciously) leading to over-generosity.

Chapter 3

- **Personality**
- **Theories of Personality**

Personality

WHAT IS PERSONALITY?

Personality is a dynamic organisation, inside the person, of psychophysical systems that create the person's characteristic patterns of behavior, thoughts and feelings. More or less stable, internal factors . . . make one person's behavior consistent from one time to another, and different from the behavior other people would manifest in comparable situations.

Both these definitions emphasize that personality is an internal process that guides behavior. Gordon Allport (1961) makes the point that personality is psychophysical, which means both physical and psychological. Recent research has shown that biological and genetic phenomena do have an impact on personality. Child (1968) makes the point that personality is stable – or at least relatively stable. We do not change dramatically from week to week

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.

Theories of Personality

What is this thing we call personality? Consider the following definitions, what do they have in common?

"Personality is the dynamic organisation within the individual of those psychophysical systems that determine his characteristics behavior and thought" (Allport, 1961, p. 28).

"The characteristics or blend of characteristics that make a person unique" (Weinberg & Gould, 1999).

Both definitions emphasize the uniqueness of the individual and consequently adopt an idiographic view.

The idiographic view assumes that each person has a unique psychological structure and that some traits are possessed by only one person; and that there are times when it is impossible to compare one person with others. It tends to use case studies for information gathering.

The nomothetic view, on the other hand, emphasizes comparability among individuals. This viewpoint sees traits as having the same psychological meaning in everyone. This approach tends to use self-report personality questions, factor analysis, etc. People differ in their positions along a continuum in the same set of traits.

We must also consider the influence and interaction of nature (biology, genetics, etc.) and nurture (the environment, upbringing) with respect to personality development.

Trait theories of personality imply personality is biologically based, whereas state theories such as Bandura's (1977) Social Learning Theory emphasize the role of nurture and environmental influence.

Sigmund Freud's psychodynamic theory of personality assumes there is an interaction between nature (innate instincts) and nurture (parental influences).

Freud's Theory

Personality involves several factors:

– Instinctual drives – food, sex, aggression

– Unconscious processes

– Early childhood influences (re: psychosexual stages) – especially the parents

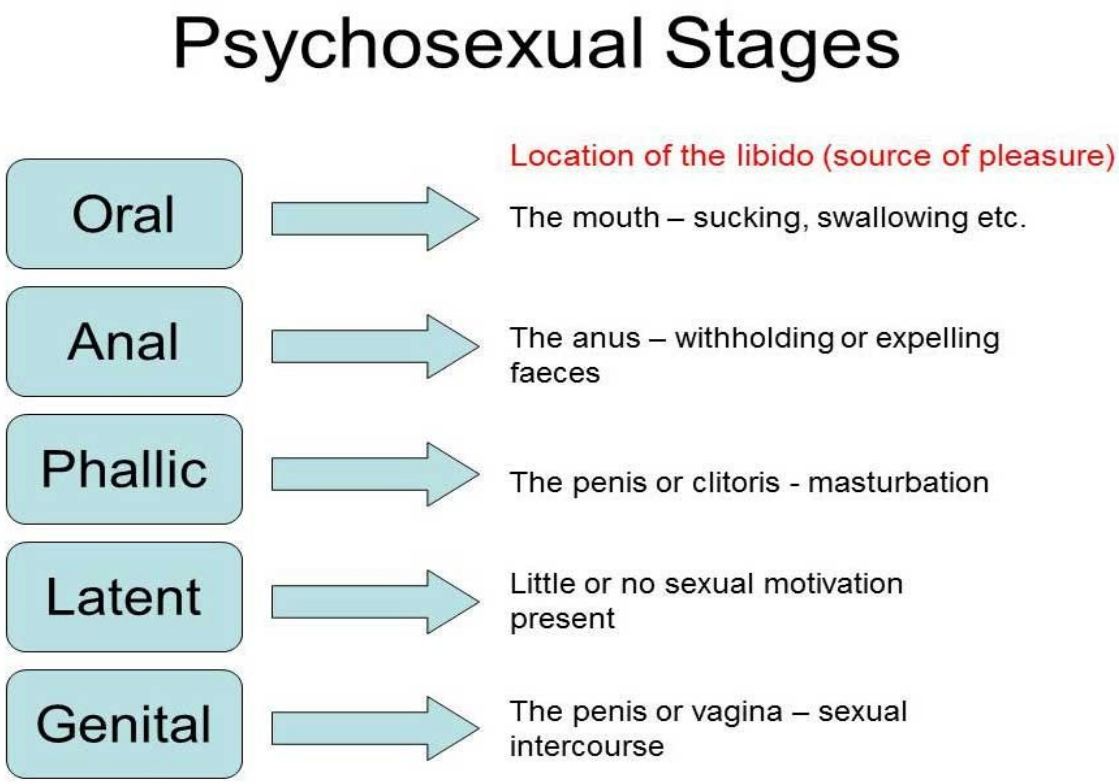
Personality development depends on the interplay of instinct and environment during the first five years of life. Parental behavior is crucial to normal and abnormal development. Personality and mental health problems in adulthood can usually be traced back to the first five years.

Psychosexual Development

People – including children – are basically hedonistic – they are driven to seek pleasure by gratifying the Id's desires (Freud,

1920). Sources of pleasure are determined by the location of the libido (life-force).

As a child moves through different developmental stages, the location of the libido, and hence sources of pleasure, change (Freud, 1905).



Environmental and parental experiences during childhood influence an individual's personality during adulthood.

For example, during the first two years of life, the infant who is neglected (insufficiently fed) or who is over-protected (over-fed) might become an orally-fixated person (Freud, 1905).

Tripartite Theory of Personality

Freud (1923) saw the personality structured into three parts (i.e., tripartite), the id, ego, and superego (also known as the psyche), all developing at different stages in our lives.

These are systems, not parts of the brain, or in any way physical.

The id is the primitive and instinctive component of personality. It consists of all the inherited (i.e., biological) components of personality, including the sex (life) instinct – Eros (which contains the libido), and aggressive (death) instinct - Than Atos. It operates on the pleasure principle (Freud, 1920) which is the idea that every wishful impulse should be satisfied immediately, regardless of the consequences.

The ego develops in order to mediate between the unrealistic id and the external real world (like a referee). It is the decision-making component of personality

The ego operates according to the reality principle, working our realistic ways of satisfying the id's demands, often compromising or postponing satisfaction to avoid negative consequences of society. The ego considers social realities and norms, etiquette and rules in deciding how to behave.

The superego incorporates the values and morals of society which are learned from one's parents and others. It is similar to a conscience, which can punish the ego through causing feelings of guilt.

Structural model: Id, ego, and superego

The concept of id impulses comes from Sigmund Freud's structural model. According to this theory, id impulses are based on the pleasure principle: instant gratification of one's own desires and needs. Sigmund Freud believed that the id represents biological instinctual impulses in humans, such as aggression (Thanatos or the Death instinct) and sexuality (Eros or the Life instinct).

For example, when the id impulses (e.g., desire to have sexual relations with a stranger) conflict with the superego (e.g., belief in societal conventions of not having sex with unknown persons), unsatisfied feelings of anxiousness or feelings of anxiety come to the surface. To reduce these unpleasant feelings, the ego might use defence mechanisms (conscious or unconscious blockage of the id impulses).

Freud believed that conflicts between these two structures resulted in conflicts associated with psychosexual stages

Trait Approach to Personality

This approach assumes behavior is determined by relatively stable traits which are the fundamental units of one's personality.

Traits predispose one to act in a certain way, regardless of the situation. This means that traits should remain consistent across situations and over time, but may vary between individuals. It is presumed that individuals differ in their traits due to genetic differences.

These theories are sometimes referred to a psychometric theories, because of their emphasis on measuring personality by using psychometric tests. Trait scores are continuous (quantitative) variables. A person is given numeric score to indicate how much of a trait the they possess.

Eysenck's Personality Theory

Eysenck (1952, 1967, 1982) proposed a theory of personality based on biological factors, arguing that individuals inherit a type of nervous system that affects their ability to learn and adapt to the environment.

During 1940s Eysenck was working at the Maudsley psychiatric hospital in London. His job was to make an initial assessment of each patient before their mental disorder was diagnosed by a psychiatrist.

Through this position, he compiled a battery of questions about behavior, which he later applied to 700 soldiers who were being treated for neurotic disorders at the hospital (Eysenck (1947).

He found that the soldiers' answers seemed to link naturally with one another, suggesting that there were a number of different personality traits which were being revealed by the soldier's answers. He called these first-order personality traits

He used a technique called factor analysis. This technique reduces behavior to a number of factors which can be grouped together under separate headings, called dimensions.

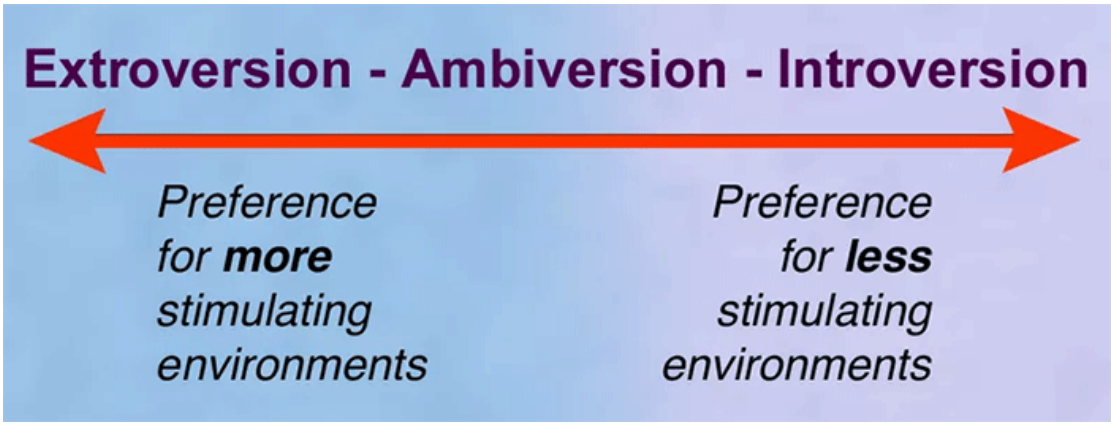
Eysenck (1947) found that their behavior could be represented by two dimensions: Introversion / Extroversion (E); Neuroticism / Stability (N). Eysenck called these second-order personality traits.

Each aspect of personality (extraversion, neuroticism and psychoticism) can be traced back to a different biological cause. Personality is dependent on the balance between excitation and inhibition process of the autonomic nervous system (ANS).

Extraversion/introversion

Extraverts are sociable and crave excitement and change, and thus can become bored easily. They tend to be carefree, optimistic and impulsive. They are more likely to take risks and be thrill seekers. Eysenck argues that this is because they inherit an under aroused nervous system and so seek stimulation to restore the level of optimum stimulation.

Introverts on the other hand lie at the other end of this scale, being quiet and reserved. They are already over-aroused and shun sensation and stimulation. Introverts are reserved, plan their actions and control their emotions. They tend to be serious, reliable and pessimistic.



Neuroticism/stability

A person's level of neuroticism is determined by the reactivity of their sympathetic nervous system. A stable person's nervous system will generally be less reactive to stressful situations, remaining calm and level headed.

Someone high in neuroticism on the other hand will be much more unstable, and prone to overreacting to stimuli and may be quick to worry, anger or fear. They are overly emotional and find it difficult to calm down once upset. Neurotic individuals have an ANS that responds quickly to stress.

Psychoticism/normality

Eysenck (1966) later added a third trait / dimension - **Psychoticism** – e.g., lacking in empathy, cruel, a loner, aggressive and troublesome. This has been related to high levels of testosterone. The higher the testosterone, the higher the level of psychoticism, with low levels related to more normal balanced behaviour.

According to Eysenck, the two dimensions of neuroticism (stable vs. unstable) and introversion-extroversion combine to form a variety of personality characteristics.

Allport's Trait Theory

Allport's theory of personality emphasizes the uniqueness of the individual and the internal cognitive and motivational processes that influence behavior. For example, intelligence, temperament, habits, skills, attitudes, and traits.

Allport (1937) believes that personality is biologically determined at birth, and shaped by a person's environmental experience.

TRAIT THEORIES – ASPECTS OF PERSONALITY

traits labels given to consistent and enduring aspects of personality, viewed as continuous dimensions **types** a term used by early personality theorists, who divided people into different categories, or types *Traits* – or descriptors used to label personality – have their origins in the ways we describe personality in everyday language.

In the early years of personality theory, many theorists used the term *types* to describe differences between people. Sheldon (1954), for example, categorized people according to three body types and related these physical differences to differences in personality. Endomorphic body types are plump and round with a tendency to be relaxed and outgoing. Monomorphic physiques are strong and muscular, and usually energetic and assertive in

personality. Ectomorphic body types are tall and thin and tend to have a fearful and restrained personality.

Not only is it unlikely that personality can be mapped to body type, but the idea that all people can be allocated to a small number of categories is challenged by modern trait theories.

Three body types, according to Sheldon (1954). Endomorphic body types are plump and round with a tendency to be relaxed and outgoing. Mesomorphic physiques are strong and muscular, and usually energetic and assertive in personality.

Ectomorphic body types are tall and thin and tend to have a fearful and restrained personality.

Modern theorists view traits as continuous rather than discrete entities. So, rather than being divided into categories, people are placed on a trait continuum representing how high or low each individual is on any particular dimension. The assumption is that we all possess each of these traits to a greater or lesser degree, and that comparisons can be made between people.

For example, categorizing people into separate groups of ‘sociable’ versus ‘unsociable’ is considered to be meaningless.

Instead, it is considered more useful by trait theorists to determine the amount of sociability each person exhibits. Personality theorists regard most traits as forming a normal distribution, so some people will be very high in sociability and others very low, but most people will be somewhere in the middle.

CATTELL'S 16 TRAIT DIMENSIONS

Gordon Allport (1897–1967) made the first comprehensive attempt to develop a framework to describe personality using traits. Allport and Odbert (1936) used Webster's (1925) *New International Dictionary* to identify terms that describe personality.

This work was developed further by Raymond Cattell (1905–97), who used a statistical procedure called factor analysis to determine the structure of personality. Factor analysis is a tool for summarizing the relationships among sets of variables by identifying those that co-vary and are different from other groups of variables. In personality theory, factor analysis can be used to identify which sets of variables most simply and accurately reflect the structure of human personality.

Like Allport, Cattell believed that a useful source of information about the existence of personality traits could be found in language, the importance of a trait being reflected in how many words describe it. Cattell called this the *lexical criterion of importance*. Building on Allport's work, Cattell (1943) collated a set of 4500 trait names from various sources and then removed obvious synonyms and metaphorical terms, until he reduced these to 171 key trait names. Cattell collected ratings of these words and factor-analysed the ratings.

Cattell's subsequent investigations yielded three types of data, which he categorized as follows:

n L-data – life record data, in which personality assessment occurs through interpretation of actual records of behaviour throughout a person's lifetime (e.g. report cards, ratings by friends and military conduct reports);
n Q-data – data obtained by questionnaires (e.g. asking people to rate themselves on different characteristics); and
n T-data – or objective psychometric test data (e.g. the thematic apperception test).

On the basis of this research, Cattell (1947) developed a model of personality describing 16 trait dimensions. He then developed a questionnaire to measure these traits (Cattell, Eber & Tastuoka, 1977) called the Sixteen Personality Factors Questionnaire (16PF).

Here are the 16 trait dimensions used in the 16PF:

Reserved----------Outgoing
Less intelligent----------More intelligent
Stable, ego strength----------Emotionality/neuroticism
Humble----------Assertive
Sober----------Happy-go-lucky
Expedient----------Conscientious
Shy----------Venturesome
Tough-minded----------Tender-minded
Trusting----------Suspicious
Practical----------Imaginative
Forthright----------Shrewd
Placid----------Apprehensive
Conservative----------Experimenting

Group-dependent----------Self-sufficient

Undisciplined----------Controlled

Relaxed----------Tense

Social Learning Theory (Bandura)

Social Learning Theory, theorized by Albert Bandura, posits that people learn from one another, via observation, imitation, and modeling. The theory has often been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation.

SOCIAL–COGNITIVE THEORIES – INTERPRETING THE WORLD

How do cognitive and social processes affect behavior? And how do different processing strategies result in differing personalities?

Mischel helps us to answer these questions. In 1973 he proposed a set of psychological person variables for analysing individual differences in cognitive terms. These variables are assumed to interact with each other as we interpret the social world and act on it. After a number of developments and refinements, Mischel and Shoda (1995) renamed the variables as *cognitive–affective units in the personality system*, integrating constructs from research in cognition and social learning.

This model provides a classification system of broad cognitive

categories, which describe interacting processes that may lead to personality differences. We will explore social–cognitive theories by taking one category at a time.

Conclusion

Personality theories are applied in organizations all over the world. While selecting a candidate for a job, companies look for persons with the right personality that meets their requirements. In fact, knowledge of personality theories will also help us understand people better. Such a person would be able to realize why a certain individual behaves the way he/she does. It prevents un-necessary friction between people. More importantly, it helps a person understand himself. It will help him sort out, or come to terms with the conflicts that troubling his mind.

What are the most common factors affecting personality?

The most common factors would be environment and genetics.
There is a huge infamous debate on Nature vs. Nurture.
Basically whether or not personality is shaped by genetics or environment. I personally think it's a mixture of both.
Here are some examples.
Environment (external factors)

- Culture
- Family traditions
- Habits of parents, friends, loved ones…etc.
- Childhood events

An example would be a person with the same personality living in different areas. Hypothetically, if a person live in the US and that same person live in Japan during the same time period, they would gradually have different personality overtime because of environmental influences.

Genetics (internal factors)

- Mental health conditions (schizophrenia, depression)
- Human Warrior gene (CDH13)
- Genes that affect how alcohol taste
- Trisomy 21 (Down Syndrome)

An example would be a person with the different gene living in same areas. Hypothetically, if one person has genetics linked with depression and another person does not. Even if they live in the same area, their personality will be different because of that reason.

Lots of people tend to favor a side more than others. But there is no right answer! Both sides are correct.

Chapter 4

- **Mental disorders**
- **The difference between Neurosis and Psychosis**
- **Causes of mental disorders**
- **Depression**
- **Schizophrenia**

Mental disorders

Mental Health Across the Life Stages

Mental health disorders are a concern for people of all ages, from early childhood through old age.

Children and Adolescents

- Approximately 20% of U.S. children and adolescents are affected by mental health disorders during their lifetime. Often, symptoms of anxiety disorders emerge by age 6, behavior disorders by age 11, mood disorders by age 13, and substance use disorders by age 15.
- 15% of high school students have seriously considered suicide, and 7% have attempted to take their own life.
- Mental health disorders among children and adolescents can lead to school failure, alcohol or other drug abuse, family discord, violence, and suicide.

Adults

- It is estimated that only about 17% of U.S. adults are considered to be in a state of optimal mental health.
- An estimated 26% of Americans age 18 and older are living with a mental health disorder in any given year, and 46% will have a mental health disorder over the course of their lifetime.
- Almost 15% of women who recently gave birth reported symptoms of postpartum depression.

Older Adults

- Alzheimer's disease is among the 10 leading causes of death in the United States. It is the 6th leading cause of death among American adults and the 5th leading cause of death for adults age 65 years and older.
- Among nursing home residents, 18.7% of people age 65 to 74, and 23.5% of people age 85 and older have reported mental illness.

Determinants of Mental Health

Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively. For example, safe shared places for people to interact, such as parks and churches, can support positive mental health. A better understanding of these factors, how they interact, and their impact is key to improving and maintaining the mental health of all Americans.

The Social Determinants of Mental Health

It is well known that social factors affect risk for mental illnesses and substance use disorders, as well as health outcomes of persons with these disorders. Social and environmental

factors, in addition to their independent and combined effects, can influence genetic determinants of health and illness through gene-by-environment interactions and epigenetic mechanisms.
Such social and environmental factors clearly have an effect at the individual level and should encounter intervention in the clinical setting. However, the social determinants of health and the social determinants of mental health exert their effects more broadly at the societal level and thus can be most effectively addressed through changes in public policies and social norms. Specifically, the social determinants of mental health—exemplified here by income inequality and poor education—are understood as being underpinned by unequal distribution of opportunity and, more deeply, by public policies (e.g., legislation that may not specifically pertain to health but ultimately has far-reaching effects on health) and social norms (e.g., cultural opinions and biases that set the stage for poorer health among disadvantaged groups).

Difference Between Psychosis and Neurosis

Neurosis vs. Psychosis

Psychosis and neurosis are terms used to describe mental conditions. Sometimes these words are used interchangeably to refer to the same condition.

What is Psychosis?

Psychosis features a loss of perception of reality. In psychosis there are thought disorders, speech disorganization, rigidly held

false beliefs (delusions), seeing or hearing things that are not there (hallucinations). Many medical and mental conditions give rise to psychosis. Alcohol and illicit drug use, as well as their withdrawal, steroids, neuro-stimulants, dementia, Alzheimer's disease, Parkinson's disease, Huntington's disease, meningitis, encephalitis, fits and stroke give rise to psychotic episodes. Psychosis may occur as a part of depression, mania and schizophrenia. Doctors investigate for all these medical conditions to rule out secondary psychosis.

Blood tests and brain scans give clues for or against clinical suspicions. Antipsychotic drugs and psychotherapy are effective against psychosis. Close contact care prevents drastic deterioration and accidental self- harm due to loss of reality.

What is Neurosis?

Neurosis is a mental state that may result in mental distress. They do not interfere with normal day to day activity. There is a clear perception of reality and goings on in the surrounding environment. The behavior is not outside what is considered as normal. Neurosis refers to a type of invisible injury to the brain function. Some schools believe that every human being suffers from an episode of neurosis in his or her lifetime. There are many types of neurotic disorders. Anxiety, obsessive compulsive disorder, hysteria, and phobias are chief among them. These conditions may present as individual disorders or as

a part of another psychiatric condition. There are no delusions or hallucinations in neurosis. Anxiety features intense apprehension, perception of a threat to survival, sweating, rapid heart rate, elevated blood pressure and dilated pupils. This may come spontaneously or triggered by a certain stimulus. Obsessive compulsive disorder features an irresistible need to perform certain acts or need for perfection. Phobias are irrational fear of things that would not be frightening normally.

Graded exposure, flooding, graded withdrawal and hypnosis are some effective psychological interventions used to treat neurotic disorders.

What is the difference between Neurosis and Psychosis?

- Psychosis is a term used to describe symptoms while neurosis refers to a group of disorders.
- Psychosis features delusions and hallucinations while neurosis doesn't.
- There is an altered perception of reality or a total loss of contact with reality in psychosis while neurosis does not interfere with the perception of reality.
- Psychosis interferes with day to day functions while neurosis does not.
- Psychosis almost always requires pharmacological treatment while neurosis may respond to behavioral therapy only.

Although the causes of most mental disorders are not fully understood, researchers have identified a variety of biological, psychological, and environmental factors that can contribute to the development or progression of mental disorders. Most mental disorders are a result of a combination of several different factors rather than just a single factor.

Risk factors for mental illness include, psychological trauma, adverse childhood environments, genetic predisposition and personality traits. Correlations of mental disorders with drug use

PSYCHOSIS VERSUS NEUROSIS

PSYCHOSIS	NEUROSIS
Psychosis is defined as a major personality disorder which disrupts one's emotional and mental aspects of life	Neurosis refers to a constant struggle between an individual's personality and his patterns of behavior in a stressful condition, often associated with physical and mental disturbances
Results in a complete alteration of the personality with a considerable impairment or loss of insight	Results in a partial change in the personality along with a mild loss of insight
Patients often lose their touch with the reality with an absolute distortion of it, but they may not realize that they are not well	Patients know that they have been affected by a certain illness, so only a small external support will help them to overcome their condition
Psychotics need medications like antipsychotics which mainly act on their behavior, thoughts, and emotions	Neurotics may only require counseling, behavioral therapy and supportive measures to control their symptoms

Causes of mental disorders

A mental disorder is "*a clinically significant behavioral or psychological syndrome or psychological pattern that occurs in an individual and that is associated with present disability or with a significantly increased risk of suffering, death, pain, disability, or an important loss of freedom.*

The **causes of mental disorders** are regarded as complex and varying depending on the particular disorder and the individual. include almost all psychoactive substances, e.g., cannabis, alcohol and caffeine. Particular mental illnesses have particular risk factors, for instance including unequal parental treatment, adverse life events and drug use in depression, migration and discrimination, childhood trauma, bereavement or separation in families, and cannabis use in schizophrenia and psychosis, and parenting factors, child abuse, family history (e.g. of anxiety), and temperament and attitudes (e.g. pessimism) in anxiety. Many psychiatric disorders include problems with impulse and other emotional control.

Examples of Mental disorders

Depression

What Is Depression?

Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act. Fortunately, it is also treatable.

Depression causes feelings of sadness and/or a loss of interest in

activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function at work and at home.

Depression symptoms can vary from mild to severe and can include:

- Feeling sad or having a depressed mood
- Loss of interest or pleasure in activities once enjoyed
- Changes in appetite — weight loss or gain unrelated to dieting
- Trouble sleeping or sleeping too much
- Loss of energy or increased fatigue
- Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others)
- Feeling worthless or guilty
- Difficulty thinking, concentrating or making decisions
- Thoughts of death or suicide
- Symptoms must last at least two weeks for a diagnosis of depression.
- Also, medical conditions (e.g., thyroid problems, a brain tumor or vitamin deficiency) can mimic symptoms of depression so it is important to rule out general medical causes.
- Depression affects an estimated one in 15 adults (6.7%) in any given year. And one in six people (16.6%) will

experience depression at some time in their life. Depression can strike at any time, but on average, first appears during the late teens to mid-20s. Women are more likely than men to experience depression. Some studies show that one-third of women will experience a major depressive episode in their lifetime.

Risk Factors for Depression

Depression can affect anyone—even a person who appears to live in relatively ideal circumstances.

Several factors can play a role in depression:

- Biochemistry: Differences in certain chemicals in the brain may contribute to symptoms of depression.
- Genetics: Depression can run in families. For example, if one identical twin has depression, the other has a 70 percent chance of having the illness sometime in life.
- Personality: People with low self-esteem, who are easily overwhelmed by stress, or who are generally pessimistic appear to be more likely to experience depression.
- Environmental factors: Continuous exposure to violence, neglect, abuse or poverty may make some people more vulnerable to depression.

How Is Depression Treated?

- Depression is among the most treatable of mental disorders. Between 80 percent and 90 percent of people

with depression eventually respond well to treatment. Almost all patients gain some relief from their symptoms.

- Before a diagnosis or treatment, a health professional should conduct a thorough diagnostic evaluation, including an interview and possibly a physical examination. In some cases, a blood test might be done to make sure the depression is not due to a medical condition like a thyroid problem. The evaluation is to identify specific symptoms, medical and family history, cultural factors and environmental factors to arrive at a diagnosis and plan a course of action.
- **Medication:** Brain chemistry may contribute to an individual's depression and may factor into their treatment. For this reason, antidepressants might be prescribed to help modify one's brain chemistry. These medications are not sedatives, "uppers" or tranquilizers. They are not habit-forming. Generally antidepressant medications have no stimulating effect on people not experiencing depression.
- Antidepressants may produce some improvement within the first week or two of use. Full benefits may not be seen for two to three months. If a patient feels little or no improvement after several weeks, his or her psychiatrist can alter the dose of the medication or add or substitute another antidepressant. In some situations other

psychotropic medications may be helpful. It is important to let your doctor know if a medication does not work or if you experience side effects.

- Psychiatrists usually recommend that patients continue to take medication for six or more months after symptoms have improved. Longer-term maintenance treatment may be suggested to decrease the risk of future episodes for certain people at high risk.
- **Psychotherapy:** **Psychotherapy, or "talk therapy**," is sometimes used alone for treatment of mild depression; for moderate to severe depression, psychotherapy is often used in along with antidepressant medications. Cognitive behavioral therapy (CBT) has been found to be effective in treating depression. CBT is a form of therapy focused on the present and problem solving. CBT helps a person to recognize distorted thinking and then change behaviors and thinking.
- Psychotherapy may involve only the individual, but it can include others. For example, family or couples therapy can help address issues within these close relationships. Group therapy involves people with similar illnesses.
- Depending on the severity of the depression, treatment can take a few weeks or much longer. In many cases, significant improvement can be made in 10 to 15 sessions.

- **Electroconvulsive Therapy (ECT)** is a medical treatment most commonly used for patients with severe major depression or bipolar disorder who have not responded to other treatments. It involves a brief electrical stimulation of the brain while the patient is under anesthesia. A patient typically receives ECT two to three times a week for a total of six to 12 treatments. ECT has been used since the 1940s, and many years of research have led to major improvements. It is usually managed by a team of trained medical professionals including a psychiatrist, an anesthesiologist and a nurse or physician assistant.

Schizophrenia

What is schizophrenia?

Schizophrenia is a mental disorder that usually appears in late adolescence or early adulthood. Characterized by delusions, hallucinations, and other cognitive difficulties, schizophrenia can often be a lifelong struggle.

Schizophrenia most commonly strikes between the ages of 16 and 30, and males tend to show symptoms at a slightly younger age than females. In many cases, the disorder develops so slowly that the individual does not know that they have had it for many years. However, in other cases, it can strike suddenly and develop quickly.

Schizophrenia affects approximately 1 percent of all adults, globally. Experts say schizophrenia is probably many illnesses masquerading as one.

Symptoms of schizophrenia

A sizable proportion of people with schizophrenia have to rely on others because they are unable to hold a job or care for themselves.

Many may also resist treatment, arguing that there is nothing wrong with them.

Some patients may present clear symptoms, but on other occasions, they may seem fine until they start explaining what they are truly thinking.

The effects of schizophrenia reach far beyond the patient - families, friends, and society are affected too.

Symptoms and signs of schizophrenia will vary, depending on the individual.

The symptoms are classified into four categories:

- **Positive symptoms** - also known as psychotic symptoms. For example, delusions and hallucinations.
- **Negative symptoms** - these refer to elements that are taken away from the individual. For example, absence of facial expressions or lack of motivation.
- **Cognitive symptoms** - these affect the person's thought processes. They may be positive or negative symptoms, for example, poor concentration is a negative symptom.
- **Emotional symptoms** - these are usually negative symptoms, such as blunted emotions.

Below is a list of the major symptoms:

- **Delusions** - the patient displays false beliefs, which can take many forms, such as delusions of persecution, or delusions of grandeur. They may feel others are attempting to control them remotely. Or, they may think they have extraordinary powers and abilities.
- **Hallucinations** - hearing voices is much more common than seeing, feeling, tasting, or smelling things which are not there, however, people with schizophrenia may experience a wide range of hallucinations.

- **Thought disorder** - the person may jump from one subject to another for no logical reason. The speaker may be hard to follow or erratic.

Other symptoms may include:

- **Lack of motivation (a volition)** - the patient loses their drive. Everyday actions, such as washing and cooking, are neglected.
- **Poor expression of emotions** - responses to happy or sad occasions may be lacking, or inappropriate.
- **Social withdrawal** - when a patient with schizophrenia withdraws socially, it is often because they believe somebody is going to harm them.
- **Unawareness of illness** - as the hallucinations and delusions seem so real for patients, many of them may not believe they are ill. They may refuse to take medication for fear of side effects, or for fear that the medication may be poison, for example.
- **Cognitive difficulties** - the patient's ability to concentrate, recall things, plan ahead, and to organize their life are affected. Communication becomes more difficult.

What are the causes schizophrenia?

Experts believe several factors are generally involved in contributing to the onset of schizophrenia.

Evidence suggests that genetic and environmental factors act together to bring about schizophrenia. The condition has an

inherited element, but environmental triggers also significantly influence it.

Below is a list of the factors that are thought to contribute towards the onset of schizophrenia:

Genetic inheritance

If there is no history of schizophrenia in a family, the chances of developing it are less than 1 percent. However, that risk rises to 10 percent if a parent was diagnosed.

Chemical imbalance in the brain

Experts believe that an imbalance of dopamine, a neurotransmitter, is involved in the onset of schizophrenia. Other neurotransmitters, such as serotonin, may also be involved.

Family relationships

There is no evidence to prove or even indicate that family relationships might cause schizophrenia, however, some patients with the illness believe family tension triggers relapses.

Environmental factors

Although there is no definite proof, many suspect trauma before birth and viral infections may contribute to the development of the disease.

Stressful experiences often precede the emergence of schizophrenia. Before any acute symptoms are apparent, people with schizophrenia habitually become bad-tempered, anxious,

and unfocused. This can trigger relationship problems, divorce, and unemployment.

These factors are often blamed for the onset of the disease, when really it was the other way round - the disease caused the crisis. Therefore, it is extremely difficult to know whether schizophrenia caused certain stresses or occurred as a result of them.

Drug induced schizophrenia

Marijuana and LSD are known to cause schizophrenia relapses. Additionally, for people with a predisposition to a psychotic illness such as schizophrenia, usage of cannabis may trigger the first episode.

Some researchers believe that certain prescription drugs, such as steroids and stimulants, can cause psychosis.

Treatments for schizophrenia

With proper treatment, patients can lead productive lives.

Treatment can help relieve many of the symptoms of schizophrenia. However, the majority of patients with the disorder have to cope with the symptoms for life.

Psychiatrists say the most effective treatment for schizophrenia patients is usually a combination of:

- **medication**
- **psychological counseling**
- **self-help resources**

Anti-psychosis drugs have transformed schizophrenia treatment. Thanks to them, the majority of patients are able to live in the community, rather than stay in a hospital.

The most common schizophrenia medications are:

- **Risperidone (Risperdal)** - less sedating than other atypical antipsychotics. Weight gain and
- diabetes are possible side effects, but are less likely to happen, compared with Clozapine or Olanzapine.
- **Olanzapine (Zyprexa)** - may also improve negative symptoms. However, the risks of serious weight gain and the development of diabetes are significant.
- **Quetiapine (Seroquel)** - risk of weight gain and diabetes, however, the risk is lower than Clozapine or Olanzapine.
- **Ziprasidone (Geodon)** - the risk of weight gain and diabetes is lower than other atypical antipsychotics. However, it might contribute to cardiac arrhythmia.
- **Clozapine (Clozaril)** - effective for patients who have been resistant to treatment. It is known to lower suicidal behaviors in patients with schizophrenia. The risk of weight gain and diabetes is significant.
- **Haloperidol** - an antipsychotic used to treat schizophrenia. It has a long-lasting effect (weeks).

The primary schizophrenia treatment is medication. Sadly, compliance (following the medication regimen) is a major problem. People with schizophrenia often come off their

medication for long periods during their lives, at huge personal costs to themselves and often to those around them.

The patient must continue taking medication even when symptoms are gone. Otherwise they will come back.

The first time a person experiences schizophrenia symptoms, it can be very unpleasant. They may take a long time to recover, and that recovery can be a lonely experience. It is crucial that a person living with schizophrenia receives the full support of their family, friends, and community services when onset appears for the first time.

- **Types of schizophrenia**

Previously, there were a number of subtypes of schizophrenia; these included, paranoid schizophrenia, paranoid schizophrenia, and schizoaffective disorder. Today, these subtypes are not used by doctors.

For a more detailed explanation of why they are not used, read our article "Types of schizophrenia: What are they and are they still used?"

Social Psychology

SOCIAL PSYCHOLOGY:

AN INTRODUCTION:

Human beings are essentially social beings. We stay with other and our actions, thoughts, and feelings are affected by the presence of others. At the same time we influence the behaviour of other individuals. This consists of large amount of human behaviour. Social psychology is a discipline that tries to understand the human social behaviour. As is the case with psychology, even social psychology has a past which is less than 100 years. This course will help you to learn and answer many questions. You will learn theoretical perspectives in various areas of social psychology.

You will understand that the scope of social psychology is wide and it is ever widening. Social cognition, social perceptions, attitudes, self, stereotype, prejudice and discrimination, interpersonal attraction, close relations, social influence, pro-social behaviour, aggression, group and individuals, applications of social psychology, and many more are the topics of social psychology.

Most of the important topics are covered in this course. This course will equip you to understand social behaviour and will also motivate you to work in the area of social psychology and to become social psychologist.

SOCIAL PSYCHOLOGY :

A DEFINITION:

Defining any field is a very difficult task. So is the case with social psychology. Here are some examples:

According to **Gordon Allport** (1954) social psychology is best defined as the discipline that uses scientific methods in "an

attempt to understand and explain how the thought, feeling and behavior of individuals are influenced by the actual, imagined, or implied presence of other human beings".

Myers and Spencer (2006) define social psychology as the "scientific study of how people think about, influence, and relate to one another".

Barron and Byrne (2007) defined social psychology as "the scientific field that seeks to understand the nature and cause of individual behaviour and thought in social situations".

Social psychology is the scientific study of how we feel about, think about, and behave toward the people around us and how our feelings, thoughts, and behaviors are influenced by those people. As this definition suggests, the subject matter of social psychology is very broad and can be found in just about everything that we do every day. Social psychologists study why we are often helpful to other people and why we may at other times be unfriendly or aggressive. Social psychologists study both the benefits of having good relationships with other people and the costs of being lonely. Social psychologists study what factors lead people to purchase one product rather than another, how men and women behave differently in social settings, how juries work together to make important group decisions, and what makes some people more likely to recycle and engage in other environmentally friendly behaviors than others. And social psychologists also study more unusual events, such as how some

people can be persuaded that a UFO is hiding behind a comet, leading them to take their own lives as part of a suicide cult.

The Person and the Social Situation

Social psychology is the study of the dynamic relationship between individuals and the people around them (see Figure 1.1 "The Person-Situation Interaction"). Each of us is different, and our individual characteristics, including our personality traits, desires, motivations, and emotions, have an important impact on our social behavior. But our behavior is also profoundly influenced by the **social situation** —*the people with whom we interact every day*. These people include our friends and family, our fraternity brothers or sorority sisters, our religious groups, the people we see on TV or read about or interact with on the web, as well as people we think about, remember, or even imagine.

Figure 1.1 The Person-Situation Interaction

Social Psychology in the Public Interest

How the Social Situation Influences Our Mental and Physical Health In comparison with those who do not feel that they have a network of others they can rely on, people who feel that they have adequate social support report being happier and have also been found to have fewer psychological problems, including eating disorders and mental illness.

People with social support are less depressed overall, recover faster from negative events, and are less likely to commit suicide.

http://pewresearch.org/pubs/301/are-we-happyyet

In addition to having better mental health, people who have adequate social support are more physically healthy. They have fewer diseases (such as tuberculosis, heart attacks, and cancer), live longer, have lower blood pressure, and have fewer deaths at all ages

http://www.socialpsychology.org

http://jonathan.mueller.faculty.noctrl.edu/crow/student.htm

1.2.1 Social Psychology: It's Scientific Nature :

For many students, the word science means physics, chemistry biology, genetics, etc. They and many others would wonder whether social psychology is science. To understand the scientific nature of social psychology, we need to understand what we mean by science. In reality science is not a label for

certain fields of advanced studies in natural sciences. It has set of values and methodology.

Social Psychology: Focus on individual Behaviour:

The social thoughts and actions are taken by individuals. They might be influenced by the society. But the thought and actions are of the individuals, and not groups. The social psychology has a very strong focus on individuals, and tries to understand the behaviour of individuals. It also tries to understand various environmental influences on social thought and actions, viz., Culture, social norms, etc. Still the focus of the social psychology enquiry is individual.

Understand Causes of Social Behaviour and Thought:

Human social behaviour and thoughts are caused by many things. Social psychology would try to understand them. Let's see some of the important ones:

Actions and Characteristics of Other Persons:

We are affected by various actions of others. For example, you are standing in the queue for a local train ticket and somebody tries to break the queue. In no time, you would get upset with the person and shout at him. This and many other instances would help you to understand that your behaviour is affected by the actions of other individuals. Similarly, certain characteristics of people also change your behaviour. For example, you are waiting at bus-stop, and you realize that a blind man wants to cross a road. You would quickly move ahead and help him.

These and many other physical psychological and social characteristics of people are responsible for our actions.

• **Cognitive Process:**

Our thinking determines what we do in social circumstances.

This is studied in the area of social cognitions. Cognition is our thinking process. Our behaviour is determined by what we think.

That is one reason why two people do not respond to the same situation identically. Since two different people think differently about the situations and social realities, they respond differently.

• **Environment:**

The physical world around us to a great extend determines our behaviour. Researchers have shown that the temperature is negatively related with individual aggression and irritability.

Similar types of questions are also asked in social psychology.

• **Cultural Context :**

The culture in which we stay or are born and brought up determines our behaviour. Culture is sum of values, beliefs,

practices, art, language, etc. Every culture has a different belief.

and value system. For example, our decisions would depend on whether we belong to individualistic culture or collectivistic culture. For instance, marriage would be decided by individual in individualistic cultures and they are decided by a process of

mutual agreement among the family members in collectivistic cultures.

• **Biological Factors :**

The biological factors influence our social behaviour. They can be understood as physiological factors and neurological factors, genetic factors, and evolutionary factors.

The physiological factors contain hormones, functions of various glands, immune system, motor system, etc. The neurological factors include the brain structures, the neural cells (neurons), the neurotransmitters, etc. The genetic factor would contain the study of influence of genes on human behaviour. The evolutionary psychology focuses on explaining the social behaviour as a function of process of evolution.

• **Physiological and Neurological Factors :**

These factors focus on the physiological and neural substrates of social psychological processes of mind. Typically, it studies the impact of brain and biology on social behaviour. Brain waves (electroencephalography, EEG), fMRI (functional magnetic resonance imaging), measures of skin conductance (galvanic skin response, GSR), cardiovascular measures (heart rate, HR; BPM; HRV; vasomotor activity), muscle activity (electomyography, EMG), changes in pupil diameter with thought and emotion (pupillometry) and eye movements, etc., are commonly used methods of measurement in this area. The details of neuroscience are provided in the next section.

• **Behaviour Genetics :**

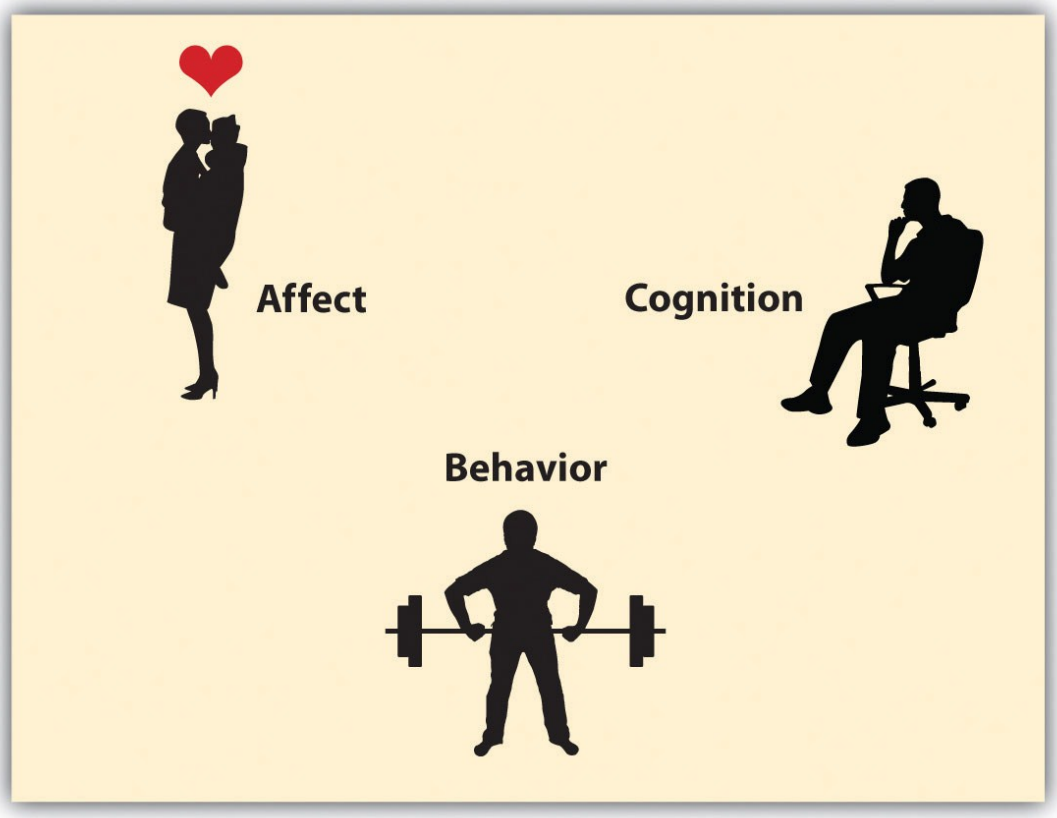
Behaviour genetics approach is used in social psychology to understand variation in social behaviour of human beings as a function of two components: genetic and environmental. The research methods used are family studies, twin studies, and adoption studies.

Affect, Behavior, and Cognition

Social psychology is based on the ABCs of *affect, behavior*, and *cognition* "The ABCs of Affect, Behavior, and Cognition"). In order to effectively maintain and enhance our own lives through successful interaction with others, we rely on these three basic and interrelated human capacities:

1. **A**ffect (feelings)
2. **B**ehavior (interactions)
3. **C**ognition (thought)

Figure 1.2 The ABCs of Affect, Behavior, and Cognition



Human beings rely on the three capacities of affect, behavior, and cognition, which work together to help them create successful social interactions.

You can see that these three aspects directly reflect the idea in our definition of social psychology—the study of the feelings, behaviors, and thoughts of individuals in the social situation. Although we will frequently discuss each of the capacities separately, keep in mind that all three work together to produce human experience.

Now let's consider separately the roles of cognition, affect, and behavior.

Attitudes

INTRODUCTION :

Attitudes are dynamic phenomena that interact with all other elements of an organism. The concept of attitude originated in the United States. Allport described it as probably the most distinctive and indispensable concept in contemporary American Social Psychology. In their study of the Polish Peasant, Thomas and Znaniecki used the term attitude extensively. Often the term attitude is identified with prejudices, biases, states of readiness, beliefs or ideas with an emotional tinge.

Attitudes exercise a great influence on the life and behaviour. Attitudes indicate the direction and intensity of response of the person to stimuli. They reveal the drives which lead to some form of behaviour. It is a clear fact that every individual has a vast array of attitudes: e.g., Attitudes towards health, children, food, clothes, God, pets, etc.

Definition :

Attitudes refer to a mental and neural set of readiness, organized through experience exerting a directing or dynamic influence upon the individual's response to all objects and situations with which it is related. ..... Gordon Allport.

An attitude is a readiness to respond in such a way that behaviour is given a certain direction. According to Allport attitudes are three types :

1. Social Attitudes
2. Attitudes towards specific persons.
3. Attitudes towards specific groups.

Although we might use the term in a different way in our everyday life (“Hey, he's really got an *attitude*!”), social psychologists reserve the term **attitude**1 to refer to our *relatively enduring evaluation of something*, where the something is called the *attitude object*. The attitude object might be a person, a product, or a social group

Attitudes Are Evaluations

When we say that attitudes are evaluations, we mean that they involve a preference for or against the attitude object, as commonly expressed in such terms as *prefer*, *like*, *dislike*, *hate*, and *love*. When we express our attitudes—for instance, when we say, “I love Cheerios,” “I hate snakes,” “I'm crazy about Bill,” or “I like Italians”—we are expressing the relationship (either positive or negative) between the self and an attitude object. Statements such as these make it clear that attitudes are an important part of the self-concept—attitudes tie the self-concept to the attitude object, and so our attitudes are an essential part of “us.”

Every human being holds thousands of attitudes, including those about family and friends, political parties and political figures, abortion rights and terrorism, preferences for music, and much more. Each of our attitudes has its own unique characteristics, and no two attitudes come to us or influence us in quite the same way. Research has found that some of our attitudes are inherited, at least in part, via genetic transmission from our parents.

When Do Our Attitudes Guide Our Behavior?

Social psychologists (as well as advertisers, marketers, and politicians) are particularly interested in the behavioral aspect of attitudes. Because it is normal that the ABCs of our attitudes are at least somewhat consistent, our behavior tends to follow from our affect and cognition. If I determine that you have more positive cognitions about and more positive affect toward Cheerios than Frosted Flakes, then I will naturally predict (and probably be correct when I do so) that you'll be more likely to buy Cheerios than Frosted Flakes when you go to the market.

Furthermore, if I can do something to make your thoughts or feelings toward Frosted Flakes more positive, then your likelihood of buying that cereal instead of the other will also increase.

ATTITUDE FORMATION: HOW ATTITUDES DEVELOP:

Attitudes are a result of beliefs. Beliefs about the object, feelings towards the object, behavioural intensions regarding the object

and actual behaviour thus shown are all steps towards attitude formation. For example, if employees believe that their current job will provide them with experience and training a positive attitude is developed in them towards the job. There are four process in attitude formation. It is similar to how beliefs are formed.

They include:

1. Past experience: People develop attitude on the basis of their past experience.

2. Available Information: A piece of information that is happy will influence the beliefs. This will consequently affect the attitude formation. For eg: If an employee hear about the promotion of many people in an industry his attitude changes.

3. Generalization: Generalization comes from similar situations or events. Eg: No one in a job is promoted. This will give a general feeling that there is no promotion.

The most important thing to remember about attitude formation is that it is learned. Family, friends, experiences co-workers, are involved in attitude formation.

ATTITUDE DEVELOPMENT :

In early development stage (infant) attitudes exist in their most primitive form, as simple pleasant or unpleasant states of the infant. Some of these feelings are results of satisfied or unsatisfied biological needs. Others are produced by pleasurable or unpleasurable responses from mother, father or siblings. An

infant gains pleasure from being helped and protected. But a child in the early period of walking is likely to resent and reject the helping hand. Developmental changes produce changes in child attitude
with objects and situations.

Child's attitude towards authority figure is an important element of socialization. It determines his behaviour in school.

A rebellious attitude towards authority (teacher, principal, peer group) can bring conflicts. Teacher can influence the attitude of a child considerably.

Attitudes of Children have their origins in the family relationships at home. The parental attitude of 'acceptance – democratic' seemed to facilitate growth and development more than others.

Attitudes developed during the preschool years are associated with the general culture. Day to day experiences and the child's perception of them have a strong influence on the development of attitude. Attitude develops moment by moment.

Some of them are formed without direction. Others are a result of careful planning by a person or persons who desires to encourage the development of attitudes. Much of citizenship training is a matter of attitude formation. Emotional attitude play great role in one's life. Children should gain unbiased attitude through content mastery. School becomes a very important

factor in the development of existing attitude and to create new ones. Teachers play a great role in this respect.

An individual‘s attitude is determined by various developmental factors. They are as follows :-

1. Physical growth and development: This is responsible for poor emotional and social adjustment. Social adjustment has important effects on the formation of attitude.

2. Intellectual development: The components of intelligence like memory, understanding, thinking and reasoning play a significant part in attitude formation. This is because they help in gaining perceptual experience.

3. Emotional Development: Emotions play dominant role in converting behaviour in to attitudes.

4. Social Development: Social interaction is a key to attitude formation at any age of human development. Social attitudes can be picked up from respective group.

5. Ethical and Moral Development: Individuals enhancing his feelings of self-esteem tries to develop those attitudes that increases his values and ideals.

In attitude formation, both home and family environment plays a leading role. Attitude offer great possibilities for successful achievement as well as failure in life. They are an important motivator of behaviour and influence all human values.

WHEN AND WHY DO ATTITUDES INFLUENCE BEHAVIOUR :

How attitudes are formed and how to get it changed? They are an important determinant of behaviour. The link between attitudes and behaviour is quite weak. Therefore, knowing some one's attitude was not very useful in predicting their behaviour.

There is a gap between one's attitude and behaviour on many occasions. Attitudes often do exert important effects on our behaviour. Research findings show the possibility of predicting people's behaviour from their attitudes. Social psychologists made progress in understanding the link between attitude and behaviour.

Attitude – Behaviour Link :

Lapiere (1934) conducted a study to understand the attitude behaviour link. During those days, social psychologists generally defined attitudes in terms of behaviour. Allport (1924) defined attitude as tendencies to behave in certain ways in social situations.

Lapiere studied the relation of attitude and behaviour by travelling with a young Chinese couple. His results indicated a sizable gap between attitudes and behaviour between what people say and what they actually do. Attitude do not strongly influence overt behaviour. Accordingly to some social psychologists researches shows that under certain conditions, attitudes do indeed influence behaviour.

There are several factors that affect the strength of the relationship between attitude and behaviour. These factors

determine the extent to which attitudes influence overt behaviour.

Attitudes influence behaviour (1) When situational constraints moderate the relationship between attitudes and behaviour (2) when situational pressure shape the extent to which attitudes can be expressed. (3) when attitudes are powerful and strong.

The term attitude is used in describing people, and in explaining their behaviour. eg: "He has a poor attitude", "I Like her attitude", etc. Attitudes are complex cognitive process, that influence life. Attitude and behaviour has a relationship. In gaining a clear understanding of the relationship between attitude and behaviour both the causes and effects of attitude need to be examined. Fishbein and Ajzen, have done a study in this respect.

Accordingly, the beliefs about the object provides the attitude. The behavioral intentions describes what the person is inclined to do.

The actual behaviour is a function of attitudes and other many factors.

How do attitudes guide behaviour :

In late 1960s, social psychology was experiencing serious crisis. Many studies concluded the fact that the link between attitudes

and behaviour is actually quite weak. This means knowing someones attitude was not very useful in predicting their overt behaviour. Later studies support the fact that our attitudes often do exert important effects on our behaviour Research findings in this respect supported the possibility, of predicting people's behavior from their attitudes.

The attitude behaviour link : Study was conducted by Lapiere (1934). His study results indicated that there is a sizable gap between attitudes and behaviour. That is between what people say and what they actually do. Later studies indicated that attitudes do indeed influence behaviour. It is the type of attitude that matters in behaviour. Ambivalent attitudes are weaker predictors of behaviour.

Recent research in this area, concluded that when attitudes are not ambivalent, that is, when attitudes have no positive and negative feelings–attitudes do indeed predict behaviour. Situational constraints moderate relationship between attitudes and behaviour.

There are several aspects of attitudes that guide behaviour :

(1) Attitude origin – Evidence indicates that attitudes on basis of direct experience have stronger effects on behaviour.

(2) Attitude strength. The stronger the attitudes are, the greater their impact on behaviour.

(3) Attitude specificity. This is the extent to which attitudes are focused on specific objects. Attitude behaviour link is stronger when attitudes and behaviours are measured at same level of specificity.

Attitudes seem to influence behaviour through two different mechanisms. When we can give careful thought to our attitudes, intentions derived from our attitudes strongly predict behaviour. In situations, where we cannot engage in deliberate thought, attitudes influence behaviour.

PERSPECTIVES AND CAUSES OF AGGRESSION

PERSPECTIVES AND CAUSES OF AGGRESSION

Aggression is one of the most potential dangers to mankind.

It is a greatest stumbling block for one's self development and growth. Aggression and violence have been experienced by almost all societies and times. The two world wars, terrorist attacks, racial conflicts, communal clashes, etc., have gradually increased over the years. Whether aggression is manifested by individuals or groups (including nations), it is the most destructive force in social relations and consequently an important social issue. A major concern in either individual or group aggression is its origin.

DEFINITION OF AGGRESSION :

Aggression is behavior, verbal or physical, intended to physically hurt or harm in some other way another person or thing.

Two important definitions of aggression are as follows:

a) According to Dollard et al., aggression can be defined as "a behaviour whose goal is the injury of the person towards whom it is directed". Supposedly this includes physical and verbal aggression.

b) Baron and Bryne has defined aggression in the following words

"aggression is any form of behaviour directed towards the goal of harming or injuring another living being who is motivated to avoid such treatment".

Aggression is defined as behavior aimed at causing harm or pain, psychological harm, or personal injury or physical distraction.

An important aspect of aggressive behavior is the intention underlying the actor's behavior. Not all behaviors resulting in harm are considered aggression. For example, a doctor who makes an injection that harms people, but who did so with the intent of preventing the further spread of illness, is not considered to have committed an aggressive act.

Aggression can be direct or indirect, active or passive, and physical or verbal.

PERSPECTIVES ON AGGRESSION :

The term Perspective means viewpoint. Perspectives on Aggression mean different viewpoints on aggression or theories of aggression. It deals with the views of different researches as to the reasons concerning why human beings aggress against others.

There are many different perspectives on aggression. The three

most common perspectives are as follows:

• The Role of Biological Factors : From Instincts to Evolutionary Perspective.

• Drive Theories: The Motive to Harm Others.

• Modern Theories of Aggression: The Social Learning Perspective and The General Aggression Model.

The Role of Biological Factors :

From Instincts to Evolutionary Perspective : One of the important debatable issues has been what role do instincts or genetic factors play in aggression. One view holds that human beings are genetically programmed for aggression and violence.

Views of Sigmund Freud : One of the earliest instinct theories was given by Sigmund Freud which held the view that human violence stems from built-in (i.e., inherited) tendencies to aggress against others. He held the view that human aggression is instinctive. Freud believed that the individual has two basic instinctive drives:

• Eros (or libido or life instinct) and

• Thanatos or death instinct.

He called the instinct to live and obtain pleasure libido or eros and gave the name Thanatos to the death drive. When thanatos dominates, the result is self-punishment and suicide.

According to this viewpoint aggression springs mainly from a built in fighting, instinct that humans share with many other species.

Presumably, this instinct developed during the course of evolution because it yielded many benefits. For example fighting serves to disperse populations over a wide area, thus, ensuring maximum use of available resources. And since it is often closely related to mating, such behaviour often helps to strengthen the genetic make up of a species by assuring that only the strongest and most vigorous individuals manage to reproduce.

Konrad Lorenz on Aggression : Konrad Lorenz held the view that instinct to aggress is common to many animal species. Lorenz, however,

differs from Freud, since he states that aggressive behaviour will not occur unless it is triggered by external cues.

Instinct view Rejected by Social Psychologists: Most Social Psychologists rejected the instinctive theories of aggression.

According to them it is difficult to give a genetic explanation of human aggression because aggression in human beings is expressed in many different forms, how can such a huge variation be caused by genetic factors. Secondly, the genetic theory of aggression is weak because all societies are not equally aggressive. The frequency of aggressive actions varies

tremendously across human societies, so that it is much more likely to occur in some than in others. Do biologically inherited tendencies toward aggression actually exist among human beings? Most social psychologists doubt that they do, primarily for two important reasons:

(i) First, they note that instinctive view such as the one proposed by Freud and Lorenz is somewhat circular in nature. These views begin by observing that aggression is a common form of behaviour. On the basis of this they then reason that such behaviour must stem from universal built-in urges or tendencies.

Finally, they use the high incidence of aggression as support for the presence of such instances and impulses.

(ii) Second, and perhaps more important - several findings argue against the existence of universal, innate human tendencies toward aggression. Comparisons among various societies indicate that the level of at least some forms of aggression

varies greatly. For example, more murders are committed each year in each city in the United States than in entire nations (with ten times their

population) in Europe and the Orient. Similarly, the incidence of aggression seems to change over time in
different societies. If aggression is indeed a universal human tendency based largelyon genetic factors, such differences and shifts would not occur.

The present day Social Psychologists generally conclude that genetic and biological factors play little if any role in human aggression.

Evolutionary Perspective : Evolutionary perspective to a great extent believes that human aggression is adaptive in nature and that aggressive acts help individuals to preserve their genetic material. Studies of mate selection among human beings as well as aggression among animals have revealed that aggression confers many evolutionary advantages among individuals of a given species and help them to successfully survive and adapt to their environment.

Drive Theories :

The Motive to Harm Others : Drive theories suggest that aggression originates from external conditions that give rise to the motive to harm or injure others. In other words drive theories suggest that various external conditions (frustration, physical pain, loss of face) serve to arouse a strong motive to engage in harmproducing behaviour and such aggressive drive, in turn then leads to the performance of overt assaults against others. One important
drive theories of aggression was presented by Dollard et al., called as
Frustration-Aggression Hypothesis.

Frustration Aggression Hypothesis : This hypothesis was proposed by Dollard et. al., (1939), at Yale University. They stated that aggression is always a consequence of frustration and that frustration always leads to some kind of aggression. In short, it held that frustrated people always

engage in some type of aggression and that all acts of aggression result from some type of frustration.

Critics have objected to both the portions of the frustration aggression hypothesis.

• First, it is now clear that frustrated individuals do not always respond to thwarting with aggressive thoughts, words or deed.

Rather, they may actually show a wide variety of reactions, ranging from resignation and despair on the one hand to attempts to overcome the source of their frustration on the other. In many cases, it appears that, the most likely reaction to powerful frustration is depression not overt acts of aggression

Second, all aggression does not result from frustration. People aggress for many different reasons and in response to many different factors. For example boxers hit and sometimes injure their opponents because it is a part of their job to do so, not

because they are frustrated. Soldiers often attack and kill others out of a sense of patriotism or simply because it is their duty. Public executioners as well as hired assassin regularly kill individuals they do not know simply because they are being paid to carry out these actions. Thus, all aggression is not a result of frustration.

Social Psychologists have largely rejected this theory.

Modern Theories of Aggression :

The Social Learning Perspective and The General Aggression

Model : The two most well know modern theories of aggression are the social learning perspective and The General Aggression Model. We would discuss each of these briefly.

i. The Social Learning Perspective : This is one of the most popular theories of aggression. According to it aggression, like other complex forms of social behaviour, is largely learned. The theoretical position that

aggression is learned social behaviour has been presented in the writings of Bandura (1973), Baron (1977) and Zillmann (1979). The social learning theories have basically attempted to see how social models lead to aggression. They have studied the effect of viewing violence, especially televised violence.

The social learning view of aggression also states that through direct and vicarious experience we also learn.

• How to attack others (For, e.g., through guns, blows, sticks, etc.).

• Which persons or groups are appropriate targets for aggression?

• What actions by other either justify or actually require aggression retaliation and.

• What situations or contexts are ones in which aggression is appropriate or inappropriate.

Social learning perspective suggests that whether a specific person will aggress in a given situation depends on many factors, including an individual's past experience, the current rewards associated with past or present aggression and attitudes and

values that shape an individual's thoughts concerning the appropriateness and potential effects of such behaviour.

ii. The General Aggression Model: The general model of aggression was presented by a group of researchers, chief among them is Anderson (1997, 2002). According to this model aggression is a result of combination of two factors: (a) situational factors and (b) personal factors. We would discuss each of these briefly:

a) Factors relating to the current situation (situational factors):

• Frustration.

• Some kind of provocation from another person (e.g., insult),

• Exposure to other people behaving aggressively (aggressive models – real or those shown in the media),

• Any thing that causes individuals to experience discomfort – such as high temperature, dentist injection / drill, extremely boring lecture.

b) Factors relating to the people involved (personal factors):

These factors include individual differences of different types which we find among people. Some of the personal factors that can cause aggression in us are as follows:

- Traits that predispose some individuals towards aggression (such as high irritability, antisocial personality, impulsivity,

etc.).

- Attitudes and belief about violence (e.g., believing that it is acceptable and appropriate).

- A tendency to perceive hostile intentions in other's behavior and

- Specific skills related to aggression (e.g., knowing how to

fight or how to use various weapons.

According to the General Aggression Model, these situational and individual (personal factors) variables lead to overt aggression through their impact on three basic processes:

i) Arousal : They may increase physical arousal or excitement.

ii) Affective States : They can arouse hostile feelings and outwards signs of these (e.g., angry facial expressions) and

iii) Cognitions : They can induce individuals to think hostile

thoughts or can bring beliefs and attitudes about aggression to mind.

CAUSES OF HUMAN AGGRESSION : SOCIAL, CULTURAL, PERSONAL, AND SITUATIONAL :

Human aggression is a result of many causes acting in

combination. The four most important causes of human aggression

are as follows :

1. Social causes of Aggression
2. Cultural causes of Aggression
3. Personal causes of Aggression and
4. Situational causes of Aggression

We would discuss each of these briefly.

14.3.1 Social causes of Aggression :

The following are the important social causes of aggression.

i. Frustration : Frustration is one important and powerful cause of aggression. Frustration can arise due to many factors such as environmental or natural calamities, accidents, personal limitations, lack of aptitude, others ill intentions, etc. In the preceding pages we have seen frustration-aggression hypothesis which stated that a) Frustration always lead to some form of aggression; and b) Aggression always stems from frustration.

Recently Berkowitz (1989) has proposed a revised version of the frustration-aggression hypothesis. According to this view, frustration is an aversive, unpleasant experience, and frustration leads to aggression because of this fact. The frustration aggression viewpoint also helps to explain why unexpected frustration and frustration that is viewed as illegitimate or unjustified produce
stronger aggression than frustration that is expected or legitimate.
For e.g., an employee who has been abruptly terminated from
service without a reasonable and proper explanation will feel that
his termination is illegitimate and unjustified. Such an individual will
develop hostile thoughts, experience intense anger and seek
revenge against the perceived source of frustration (in this case the
employer). This is due to the fact that unexpected or illegitimate
frustration generates greater amount of negative affect than

frustration that is expected or viewed as legitimate.

ii. Provocation : This is another major cause of aggression.

Direct provocation leads to anger. Research studies suggest that direct provocation from others, either physical or verbal, often play a powerful role in eliciting overt aggression.

Not every body reacts to provocation with aggression, whether we would react to provocation with aggression is influenced by many factors. One such factor is our attributions concerning provocation. For e.g., when we conclude that provocation from another person was intended, i.e., purposely performed, we become angry and engage in strenuous efforts to reciprocate. However, on the other hand if we conclude that provocation was unintended i.e., due to the result of accident or factors beyond other's control, we are much less likely to lose our temper and behave aggressively. Thus, attributions concerning the causes behind the provocative actions of others play an important role in determining how aggressively we would react.

Kinds of Provocation : Three important types of provocation that leads to aggression are as follows:

a) Condescension : Expression of arrogance or disdain on the part of others

b) Harsh and Unjustified Criticism : Harsh and Unjustified Criticism, Especially criticism that attacks us rather than our behaviour.

c) Teasing : Provoking statements that points to an individual's flaws and imperfections. Teasing can range from mild, humorous remarks and humorous nicknames to comments that are designed to hurt and insult others. Research findings indicate that the more individuals attribute teasing to hostile motives – a desire to embrass or annoy them – the more likely

they are to respond aggressively.

Gender differences in Provocation : Two important gender differences in provocation are as follows:

♦ Females were found to become much angrier as compared to males with respect to condescending actions—one's in which the other person showed arrogance or suggested that he/she was superior in some manner.

♦ Females were also found to become angrier in situations where someone hurt someone else and in situation where one was insensitive to others.

iii. Heightened Arousal : The results of a number of experimental studies show that heightened physiological arousal,irrespective of its source, may often serve to facilitate overt aggression. Heightened arousal created by such sources as loud and unpleasant noises, competitive activities and even vigorous exercise has been found to facilitate aggression under "certain" conditions.

Excitation Transfer Theory : One of the theories that explain the relationship between heightened arousal and aggression is called as Excitation Transfer Theory introduced by Zillmann (1983).

Briefly Excitation Transfer Theory refers to the fact that often physiological arousal dissipates slowly overtime. As a result some portion of such arousal may persist as an individual moves from one situation to another. This residual excitement, in turn, can then transfer to the new context, and intensify any emotional experiences occurring in it. According to Zilimann, arousal occurring in one situation can persist and intensify, emotional reactions occurring in later, unrelated situations. For e.g., the arousal generated by a near miss in traffic can intensify feelings

of annoyance or frustration produced, by later delays at an airport security gate.

Emotion, Cognition and Aggression : Zillmann (199) has revised his excitation transfer theory to explain the interaction of emotion and cognition in causing aggression. According to him our thoughts can lead us to reappraise various emotion provoking events as a result of which we would reinterpret the situation and this cognitive activity in turn, may well influence your emotional reactions leading to aggression. For e.g., Zillman (1994) found that if subjects are told in advance that some one with whom they will soon interact is very upset, they experience less anger in response to rudeness by this individual than if they do not receive such information. Emotional arousal influences our cognition to a considerable extent. According to Zillmann (1994) levels of emotional arousal influences our thoughts about other's behaviour and so our tendencies to aggress against them. According to Zillmann (994) strong emotional arousal sometimes produces what he describes as cognitive deficit - i.e., reduced ability to formulate rational plans of action or reduced ability to evaluate the possible outcome of various behaviours.

iv. Exposure to Media Violence : Exposure to media violence increases aggression in individuals. A large number of research studies have conclusively demonstrated that exposure to aggressive models stimulate similar behaviour among observers. Similarly, research studies have also conclusively shown that exposure to violence in the mass media (films and TV), increases aggression by viewers. Some important findings of the various research studies with respect to exposure to media violence and aggression are as follows:

aggression are as follows:

Research on exposure to violent television, movies, video games and music indicates that such material significantly increases the likelihood of aggressive behaviour by people exposed to them.

Such effects are both short term and long term in nature.

The magnitude of these effects is large, real and long lasting.

It has been found that the more violent films or televisions programs participants watched as children, the higher their levels of aggression as teenagers or adults are.

In a recent study Bartholow et al (2006) have found that individuals who reported that they had often played violent video games in the past directed more aggression against another person who had done nothing to provoke them than people who had rarely played such games. The more participants in the study had played violent video games in the past, the stronger the aggression they directed to their "opponent" on trials when they won.

Exposure to media violence enhances aggression because it desensitizes an individual to aggressive acts and makes the individual aggress against others with increasing intensity.

v. Violent Pornography : It means viewing sex films involving violence. A large number of research studies also indicate that violent pornography leads to aggressive behaviour. Exposure to violent pornography increases the tendency of males to aggress against females. Combination of explicit sexual content and violence against women is potentially dangerous. It makes men aggressive. Exposure to violent pornography also leads to

desensitizing effect in which viewers react less negatively to the violence in these films as they watch more and more of them. Research studies have shown that prolonged exposure to scenes depicting sexual violence toward females (several hours of viewing such films), both men and women report more callous attitudes toward such actions. They perceive crimes such as rape as less serious, report less sympathy toward rape victims, indicate greater acceptance of false beliefs about rape (e.g., the myth that many women really want to be ravaged) and become more accepting of bizarre forms of pornography.

Cultural causes of Aggression :

Cultural factors also considerably influence aggression.

Certain cultural practices with respect to honour, sexuality, etc., are filled with violence and aggression. An important concept in this area is **"Cultures of Honour"**. It refers to those cultures in which there are strong norms indicating that aggression is an appropriate response to insults to one's honour. In North India (especially Haryana), among the Rajputs, where such a culture is prevalent, incidents of Honour killings/punishments are fairly common, where the girl and sometimes the girl and the boy are both killed or punished by the family and/or community for engaging in an intercaste/interfaith relationships. Thus, in 'cultures of honor' there are strong norms suggesting that insults to one's honour must be avenged through aggression.

Personal Causes of Aggression :

Many personal factors contribute towards aggression, some of which includes:

i. Personality Factors

ii. Type A Behaviour Pattern

iii. Narcissism and Ego Threat

iv. Sensation Seeking

v. Gender Differences

We would discuss each of these briely.

i. Personality Factors : Many personality factors interact in complex ways with a given situational variable to determine how aggressively an individual reacts to a given situation. One such model is called as the TASS Model: The traits as Situational Sensitivities Model. It suggests that many personality traits function in a threshold-like manner, influencing behaviour only when situations evoke them. For example in people high in trait of aggressiveness, even a moderate level of provocation would trigger intense aggressive reactions. On the other hand for people low in trait of aggressiveness, a moderate provocation would trigger little or no aggression. Only a strong provocation would result in overt aggression.

ii. Type A Behaviour Pattern : The Term type A was introduced by Friedman and Rosenman to describe an individual's set of personality characteristics. The Type A behaviour pattern is a pattern of behaviour consisting primarily of high levels of competitiveness, time urgency and hostility. The Type A personalities are highly competitive, achievement oriented and always worried about time. They take too many activities at hand and always work against the pressure of time. Type A individuals are prone to aggressive and hostile behaviours. Type A individuals are hostile because aggressing against others is a useful means for reaching one's goals, such as furthering one's career or winning in

athletic competitions (This is called as instrumental aggression). Type A individuals also engage in hostile aggression i.e., aggression whose prime purpose is that of inflicting pain and suffering on the victims. It has been found that Type A's are more likely than Type B's to engage in such actions as child abuse or spouse abuse (Strube et al, 1984).

iii. Narcissism and Ego Threat : The term Narcissism is derived from the story of a character from Greek mythology.

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Narcissus fell in love with his own reflection in the water and drowned trying to reach it. His name has now become a synonym for excessive self-love. Narcissistic individuals are highly selfcentered and hold an over-inflated view of one's own virtues or accomplishments. It has been found that high levels of Narcissism are associated with aggressive behavior. Bushman and Baumeister (1998) found that individuals who have high levels of Narcissism often react with exceptionally high levels of aggression to slights from others, i.e., feedback that threatens their inflated self-image. They also react in an aggressive manner to mild provocations because they believe that they are much better than other people and as a result, perceive mild critical comments form others as strong slurs on their inflated self-image. Due to their inflated selfimage narcissistic individuals perceive themselves to be victims of transgressions (wrong doings).

iv. Sensation Seeking : Sensation seeker is one personality characteristics. Individuals who are described as sensation seekers are ones who are highly impulsive, adventurous, seeks new experiences and gets bored quickly. These individuals seek exciting events having an element of risk in it. They are also less

inhibited. According to Zuckerman such individuals are high in aggression. Those who are high in sensation seeking are found to be highly aggressive due to following reasons:

- They experience anger and hostile feelings in higher amount as compared to others.
- Their emotions are easily aroused.
- They have lower thresholds for becoming angry.
- Moreover, their tendencies to get bored and to seek exciting new experiences may lead them to have more hostile thoughts.

Joiereman et al (2003) found that those scoring high on sensation seeking were found to be high on verbal and physical aggression due to following reasons:

- High sensation seekers are generally attracted to situations that elicit aggression because they find such situations as exciting and appealing.
- They experience anger and hostility in higher proportions as compared to those who score lower on sensation seeking.
- They are also more likely to focus on immediate rather than delayed consequences of their behaviour.

v. Gender Differences : Research studies have shown that there are sex differences in aggression. Males are found to be more aggressive than females. Statistical data indicates that males are more likely than females to be arrested for violent acts. Harris (1994) in his research study found that males have indulged in wide range of aggressive actions as compared to females. Some important research findings with respect to gender differences in aggression are as follows :

a. Males are significantly more likely than females to aggress

against others when the provocation for aggression was absent.
b. Gender difference tends shrink or even disappears when there is provocation.
c. Gender differences are also found with respect to types of aggression. Males are more likely than females to engage in various forms of physical aggression such as kicking, punching, hitting and use of weapons. On the other hand women are found to indulge more in verbal assaults. It has been further found that females engage in forms of aggression that make it difficult for victims to identify the aggressor or even to realize that they have been the targets of aggressive behaviour.
d. Males and females also differ with respect to one form of aggression called as sexual coercion. It involves words and deeds designed to overcome a partner's objections to engaging in sexual behavior and they can range from verbal tactics such as false statements of love to threats of harm and actual physical force. It has been found (Mussweiler and Forster 2000, Hogben et al 2001) that males are far more likely to indulge in sexual coercion as compared to females.
e. Research findings indicate that males are more likely than females to engage in various forms of direct aggression - actions aimed directly at the target and which clearly stem from the aggressor, e.g., physical assaults, pushing, shoving, throwing something at another person, shouting, making insulting remarks, etc. Females were found to indulge more in indirect forms of aggression - actions that allow the aggressor to conceal his/her identity from the victim, and which, in some cases, make it difficult for the victim to know that they have been the target of intentional harm doing. Such actions include:

□□Spreading vicious rumors about the target person.

□□Gossiping behind this person’s back

□□Telling others not to associate with the intended victim,

□□Making up stories to get them in trouble, etc.

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Social Psychology Principles (v. 1.0).

True or False: Read Each Statement Carefully and then Determine if it is True "T" or False "F",

1	**Mental health is a level of psychological well-being or an absence of mental illness.**
2	**The negative dimension of mental health is stressed in WHO's definition of health.**
3	**Mental health problems lead to new problems with friends, family, law school officials.**
4	**Flexibility, Realism and Sense of security are Traits of good Behavior.**
5	**Prevention of mental disorders is not Mental Health Goal.**
6	**Effective prevention can reduce the risk of mental disorders.**
7	**Successful Adjustment is also called being 'well adjusted.**
8	**Family, Personal, School, Teachers are the causes of maladjusted behavior of adolescents.**
9	**Defense mechanisms are psychological strategies that are consciously.**
10	**Healthy persons normally use different defenses throughout life.**
11	**Displacement is the redirection of an impulse (usually aggression) on to a powerless substitute target.**
12	**Aggressive motive is a personal motives to react aggressively when faced frustrations.**
13	**Curiosity motive is otherwise called stimulus and exploration motive.**
14	**Frustration is a common mental response to opposition, related to anger, annoyance and disappointment.**
15	**External causes of frustration involve conditions outside an individual's control. such as a physical roadblock, a difficult task, or the perception of wasting time.**