Mental health
and
Social psychology

Prepared by

DR. Abdelgaber A. Abdelzaher

Associate Professor - Mental health Dept.

Faculty of Education - South Valley University

Mental health and Social psychology

Introduction:

Mental health is more than the mere lack of mental disorders. The positive dimension of mental health is stressed in WHO's definition of health as contained in its constitution:

"Mental Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals.

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. People sometimes use the term "mental health" to mean the absence of a mental disorder. Mental health can affect daily living, relationships, and physical health.

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

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

So, Mental health can be gained and lost each day through our interactions, relationships and how we behave towards one another. A person may not have a mental illness but can still have poor mental health. As well, a person can have a mental illness but have good mental health.

Mental health problems affect society as a whole, They are therefore a major challenge to global development. No group is immune to mental disorders, but the risk is higher among the poor,

homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly.

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

Understanding Mental Health

The World Health Organization (WHO) in its constitution of 1948 defines health as:

"Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community" (WHO: 2003)

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

They also emphasize that preserving and restoring mental health is crucial on an

individual basis, as well as throughout different communities and societies the world over.

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

Mental Health is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". *2*

Mental health is defined as "a state of well-being whereby individuals recognize and realize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities" (WHO: 2003).

Positive mental health includes emotion, cognition, and social functioning and coherence. (WHO: 2009).

Mental health is a key determinant of overall health and socio economic development. It influences a variety of outcomes for individuals

and communities such as healthier lifestyles; better physical health; improved recovery from illness; fewer limitations in daily living; higher education attainment; greater productivity, employment and earnings; better relationships with adults and with children; more social cohesion and engagement and improved quality of life (WHO: 2009).

What is mental illness?

Mental illness is a general term that refers to a group of illnesses, in the same way that heart disease refers to a group of illnesses and disorders affecting the heart. A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. It is diagnosed according to standardized criteria. The term mental disorder is also used to refer to these health problems. A mental health problem also interferes with how a person thinks, feels, and behaves, but to a lesser extent than a mental illness.

Mental health problems are more common and include the mental ill health that can be

experienced temporarily as a reaction to the stresses of life. Mental health problems are less severe than mental illnesses, but may develop into a mental illness if they are not effectively dealt with.

Mental illnesses cause a great deal of suffering to those experiencing them, as well as their families and friends. Furthermore, these problems appear to be increasing. According to the World Health Organization, depression will be one of the biggest health problems worldwide by the year 2020.

There is a difference between mental health and mental illness. A mental illness is when a person is diagnosed with a problem that alters their thinking, mood and/or behavior. Illnesses are linked to times when a person is distressed and their ability to function well has changed. Examples of mental illness include depression and anxiety disorder.

Determinants And Consequences of Mental Health And Disorders

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviors and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders.

Depending on the local context, certain individuals and groups in society may be placed at a significantly higher risk of experiencing mental health problems. These vulnerable groups may [but do not necessarily) include members of households living in poverty, people with chronic health conditions, infants and children exposed to maltreatment and neglect, adolescents first exposed to substance use, minority groups, indigenous populations, older people, people experiencing discrimination and human rights violations, prisoners, and people exposed to

conflict, natural disasters or other humanitarian emergencies.

In many societies, mental disorders related to marginalization and impoverishment, domestic violence and abuse, and overwork and stress are of growing concern.

Normal And Abnormal Berhavior

Abnormality (or dysfunctional behavior) is a behavioral characteristic assigned to those with conditions regarded as rare or dysfunctional.[1] Behavior is considered abnormal when it is atypical or out of the ordinary, consists of undesirable behavior, and results in impairment in the individual's functioning.[2] Abnormality is that which is considered deviant from specific societal, cultural and ethical expectations. These expectations are broadly dependent on age, gender, traditional and societal categorizations. The definition of abnormal behavior is an often debated issue in abnormal psychology because of these subjective variables.

Abnormal behavior should not be confused with *unusual* behavior. Behavior that is out of the

ordinary is not necessarily indicative of a mental or psychological disorder. Abnormal behavior, on the other hand, while not a mental disorder in itself, is often indicative of mental and psychological disorders. A psychological disorder is defined as an "ongoing dysfunctional pattern of thought, emotion, and behavior that causes significant distress, and is considered deviant in that person's culture or society".[5] Important to note is that abnormal behavior, as it relates to psychological disorders, would be "ongoing" and a cause of "significant distress". A mental disorder describes a patient who has a medical condition whereby the medical practitioner makes a judgment that the patient is exhibiting abnormal behavior based on the DSM-5 criteria. Thus, simply because a behavior is unusual does not make it abnormal; it is only considered abnormal if it meets these criteria.

SEVERAL CONVENTIONAL CRITERIA

There are five criterion of abnormality. They are:

1. Statistical Criterion
2. Social Criterion
3. Personal Discomfort

4. **Maladaptive Behaviour**
5. **Deviation from Ideal**

Abnormal behaviors are "actions that are unexpected and often evaluated negatively because they differ from typical or usual behavior".

The following Criteria are subjective:

1- **Maladaptative and Malfunctional behaviors.** Behaviors which, due to circumstance, are not fully adapted to the environment become malfunctional and detrimental to the individual or others. For example, a mouse continuing to attempt an escape when escape is obviously impossible.

2- **Behavior that violates the standards of society.** When people do not follow the conventional social and moral rules of their society, the behavior is considered abnormal. (See Deviation from Social Norms)

3- **Observer discomfort** If a person's behavior brings discomfort to those in observation, it is likely to be considered abnormal. The standard criteria in psychology and psychiatry is that of mental

illness or mental disorder. Determination of abnormality is based upon medical diagnosis.

Other Criteria

- **Statistical Infrequency: A statistical definition of abnormal behavior is based upon the concept of the relative frequency of behaviors in a population. Abnormality could be defined as those behaviors that are relatively infrequent or are atypical of the population. A statistical definition would provide a definition based on behaviors that are numerically rare. Utilizing a statistical definition of abnormality we can classify most behaviors within a distribution. The majority of the 'normal' population would fall into the middle ranges of a bell-shaped curve. As one moves away from the middle range in either direction they could be classified as being**

statistically more extreme and therefore abnormal.

There are several problems with defining abnormality in this way. If we go back to our previous example of binge drinking, just because more people are engaging in a behaviour that might be dangerous or dysfunctional does not make it normal. However, under this definition, the behaviour would be classified as normal because a large number of individuals participate.

Within the statistical definition there are many examples where extremes are useful. Unusual abilities or talents would be classified as abnormal under this definition but we would not consider a gifted person as abnormal. If a specific dimension were agreed upon as relevant in determining abnormal behavior, there might be a problem in deciding whether extremely high or low scores, or both, were to be included in the notion of abnormality.

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.

Deviation from Social Norms

Deviation from 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. There are also a number of criteria for one to examine before reaching a judgment as to whether someone has deviated from society's norms. The first of these criterion being *culture*; what may be seen as normal in one culture, may be seen as abnormal in another. The second criterion being the *situation & context* one is placed in; for example, going to the toilet is a normal human act, but going in the middle of a supermarket would be seen as highly abnormal, i.e., defecating or urinating in public is illegal as a misdemeanor act of indecent public conduct. The

third criterion is *age*; a child at the age of three could get away with taking off clothing in public, but not a man at the age of twenty. The fourth criterion is gender: a male responding with behavior normally reacted to as female, and vice versa, is often retaliated against, not merely corrected. The fifth criterion is historical context; standards of normal behavior change in some societies, sometimes very rapidly.

A social definition defines abnormal behaviour within the view of conformity. Individuals in society follow norms and widely accepted standards of behaviour. Conformity to these standards defines normal behaviour whereas deviation from these standards defines abnormal behaviour. Behaviours that violate social norms are likely to be those labelled as abnormal. The social definition recognizes that behaviours viewed outside of social parameters as dangerous, disruptive or merely beyond comprehension are likely to be singled out as deviant. Individuals who violate role expectations are likely to be labelled as deviant or mentally ill.

There are a few problems with the social definition of abnormality. First, it does not meet the characteristics of many mental health professionals who believe that mental illness is more than a violation of social norms.

Thomas Szasz (2004) argument stems from three beliefs: behaviour is labelled abnormal because it is different not wrong; abnormal behavior is a reflection of something wrong in society and not the individual; and individuals are labeled mentally ill because their behaviours violate the social order.

- FF: Failure to Function Adequately is a behavior that is abnormal, and indeed these criteria are necessary to label an abnormality as a disorder, if the individual is unable to cope with the demands of everyday life.[12] Psychologists can disagree on the boundaries that define what is 'functioning' and what is 'adequately', however, as some behaviors that can cause 'failure to function' are not seen as bad. For example, firemen risking their lives to save people in a blazing fire may be 'failing to function' in the fact that they are risking their life, and in another

context their actions could be construed as pathological, but within the context of being a firefighter said risks are not at odds with adequate functioning.

- **DIM: Deviation from Ideal Mental** health defines abnormality by determining if the behavior the individual is displaying is affecting their mental well-being. As with the Failure to Function definition, the boundaries that stipulate what 'ideal mental health' is are not clearly defined. A frequent problem with the definition is that all individuals at some point in their life deviate from ideal mental health, but it does not mean the behavior is abnormal. For example, someone who has lost a relative is distressed and deviates from "ideal mental health" for a time, but their distress is not defined as abnormal, as distress is an expected reaction.

INTEGRATED Criterion

A common approach to defining abnormality is a Multi-Criteria approach, where all definitions of abnormality are used to determine whether an individual's behavior is abnormal. For example,

psychologists would be prepared to define an individual's behavior as "abnormal" if the following criteria are met.

- 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.

A good example of an abnormal behavior assessed by a multi-criteria approach is depression: it is commonly seen as a deviation from ideal mental stability, it often stops the individual from 'functioning' a normal life, and, though it is a relatively common mental disorder, it is still statistically infrequent.

It is imperative that the definition of abnormal behavior include many factors such as value systems, culture, gender, age, context and societal norms. It is clear that a single perspective may not be appropriate for an accurate definition of abnormal behavior.

PERSONALITY THEORIES

A theory can be considered a kind of map that represents and explains all the data in their interrelationships. Theories are sets of principles used to explain a particular class of phenomena, in our case, the behaviors and experiences relating to personality. If personality theories are to be useful, they must be testable, capable of stimulating research on their various propositions.

Personality theories must be able to clarify and explain the data of personality by organizing those data into a coherent framework. Theories should also help us understand and predict behavior.

Those theories that can be tested and can explain, understand, and predict behavior may then be applied to help people change their behaviors, feelings, and emotions from harmful to helpful, from undesirable to desirable.

In order to understand a personality theory fully then, we should learn something about the life of the person who proposed it. It is important to

consider how the development of a theory may have been influenced by specific events in a theorist's life.

William James, who is considered by many to have been the greatest American psychologist, believed that biography was a crucial subject for anyone who attempts to study human nature.

Questions about Human Nature: What Are We Like?

An important aspect of any personality theory is the image of human nature it represents. Each theorist has a conception of human nature that addresses the basic issues of what it means to be human.

Personality theorists, too, have addressed these troubling questions and have reached no greater consensus(agreement) than artists or writers. The various conceptions of human nature offered by the theorists allow for a meaningful comparison of their views. These ideas are frameworks within which the theorists perceive themselves and other people and then construct their theories.

What Dominates Us? Our Inherited Nature or Our Nurturing Environment?

A second issue has to do with the nature–nurture controversy. Which is the more important influence on behavior: inherited traits and attributes (our nature or genetic endowment) or features of our environment (the nurturing influences of our upbringing, education, and training)? Do the abilities, temperaments, and predispositions we inherit determine our personality, or are we shaped more strongly by the conditions under which we live? Personality is not the only topic affected by this issue. Controversy also exists about the question of intelligence: Is intelligence affected more by genetic endowment (nature) or by the stimulation provided by home and school settings (nurture)?.

As with the free will–determinism issue, the alternatives are not limited to extreme positions. Many theorists assume that personality is shaped by both sets of forces. To some, inheritance is the predominant influence and environment of minor importance; others hold the opposite view.

The Psychoanalytic Theories

The psychoanalytic perspective of personality emphasizes the importance of early childhood experiences and the unconscious mind. This perspective on personality was created by psychiatrist Sigmund Freud who believed that things hidden in the unconscious could be revealed in a number of different ways, including through dreams, free association, and slips of the tongue.

Neo-Freudian theorists, including Erik Erikson, Carl Jung, Alfred Adler, and Karen Horney, believed in the importance of the unconscious but disagreed with other aspects of Freud's theories.

Major Theorists

Below are the most prominent psychoanalytic perspective theorists:

▪ **Sigmund Freud:** Stressed the importance of early childhood events, the influence of the unconscious, and sexual instincts in the development and formation of personality.

▪ **Erik Erikson:** Emphasized the social elements of personality development, the identity crisis, and how personality is shaped over the course of the entire lifespan.

▪ **Carl Jung:** Focused on concepts such as the collective unconscious, archetypes, and psychological types.

▪ **Alfred Adler:** Believed the core motive behind personality involves striving for superiority, or the desire to overcome challenges and move closer toward self-realization. This desire to achieve superiority stems from underlying feelings of inferiority that Adler believed were universal.

▪ **Karen Horney:** Focused on the need to overcome basic anxiety, the sense of being isolated and alone in the world. She emphasized the societal and cultural factors that also play a role in personality, including the importance of the parent-child relationship.

The earliest approach to the formal study of personality was psychoanalysis, the creation of Sigmund Freud, who began his work in the

closing years of the 19th century. Nearly every personality theory developed in the years since Freud's work owes a debt to his position—either building on it or opposing it. Psychoanalysis as Freud conceived it emphasized unconscious forces, biologically based drives of sex and aggression, and unavoidable conflicts in early childhood. These were considered the rulers and shapers of our personality.

Freud's views had an impact not only on psychology but also on the general culture. He succeeded in redefining the human personality and revolutionizing our ways of thinking about human nature about who we are.

It is no exaggeration to say that personality theory has been influenced more by Sigmund Freud than by anyone else. His system of psychoanalysis was the first formal theory of personality and is still the best known. Not only did Freud's work affect thinking about personality in psychology and psychiatry, but it also made a tremendous impact on the way we look at human nature in general.

Many of the personality theories proposed after Freud are derivatives of elaborations on his basic work. It would be difficult to comprehend and assess the development of the field of personality without first understanding Freud's system.

Topographic of Mind

Freud didn't exactly invent the idea of the conscious versus unconscious mind, but he certainly was responsible for making it popular. The conscious mind is what you are aware of at any particular moment, your present perceptions, memories, thoughts, what have you. Working closely with the conscious mind is what Freud called the preconscious, what we might today call "available memory:" anything that can easily be made conscious, the memories you are not at the moment thinking about but can readily bring to mind.

Now no-one has a problem with these two layers of mind. But Freud suggested that these are the smallest parts!

The largest part by far is the **unconscious**. It includes all the things that are not easily available to awareness, including many things that have their origins there, such as our drives or instincts, and things that are put there because we can't bear to look at them, such as the memories and emotions associated with trauma. According to Freud, the **unconscious** is the source of our motivations, whether they be simple desires for food, neurotic compulsions. And yet, we are often driven to deny or resist becoming conscious of these motives, and they are often available to us only in disguised(masked) form.
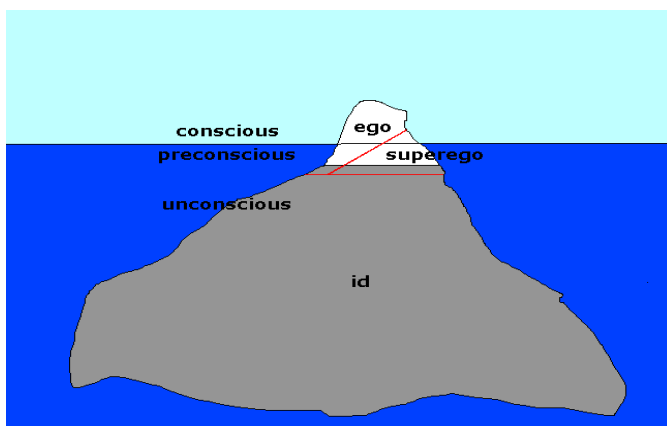
The Personality Structure

1- The Id

According to Freud, the id is the source of all psychic energy, making it the primary component of personality.

The id is the only component of personality that is present from birth.

This aspect of personality is entirely unconscious and includes instinctive and primitive behaviors.

The id is driven by the pleasure principle, which strives for immediate gratification of all desires, wants, and needs.[1] If these needs are not satisfied immediately, the result is a state anxiety or tension. For example, an increase in hunger or thirst should produce an immediate attempt to eat or drink.

The id is very important early in life because it ensures that an infant's needs are met. If the infant is hungry or uncomfortable, they will cry until the demands of the id are satisfied. Young infants are ruled entirely by the id, there is no reasoning with them when these needs demand satisfaction.

Imagine trying to convince a baby to wait until lunchtime to eat their meal. The id requires immediate satisfaction, and because the other components of personality are not yet present, the infant will cry until these needs are fulfilled.

However, immediately fulfilling these needs is not always realistic or even possible. If we were ruled entirely by the pleasure principle, we might find ourselves grabbing the things that we want out of other people's hands to satisfy our own cravings.

This behavior would be both disruptive and socially unacceptable. According to Freud, the id tries to resolve the tension created by the pleasure principle through the use of primary process thinking, which involves forming a mental image of the desired object as a way of satisfying the need.

Although people eventually learn to control the id, this part of personality remains the same infantile, primal force throughout life. It is the development of the ego and the superego that allows people to control the id's basic instincts and act in ways that are both realistic and socially acceptable.

2- The Ego

According to Freud, The ego develops from the id and ensures that the impulses of the id can be expressed in a manner acceptable in the real world.

The ego functions in the conscious, preconscious, and unconscious mind.

The ego is the component of personality that is responsible for dealing with reality

The ego operates based on the reality principle, which strives to satisfy the id's desires in realistic and socially appropriate ways. The reality principle weighs the costs and benefits of an action before deciding to act upon or abandon impulses.

In many cases, the id's impulses can be satisfied through a process of delayed gratification. the ego will eventually allow the behavior, but only in the appropriate time and place.

Freud compared the id to a horse and the ego to the horse's rider. The horse provides the power and motion, while the rider provides direction and guidance. Without its rider, the horse may simply wander wherever it wished and do

whatever it pleased. The rider gives the horse directions and commands to get it to go where the rider wants it to go.

The ego also discharges tension created by unmet impulses through secondary process thinking, in which the ego tries to find an object in the real world that matches the mental image created by the id's primary process.

Imagine that you are stuck in a long meeting at work. You find yourself growing increasingly hungry as the meeting drags on. While the id might compel you to jump up from your seat and rush to the break room for a snack, the ego guides you to sit quietly and wait for the meeting to end.

Instead of acting upon the primal urges of the id, you spend the rest of the meeting imagining yourself eating a cheeseburger. Once the meeting is finally over, you can seek out the object you were imagining and satisfy the demands of the id in a realistic and appropriate manner.

3- The Superego

The last component of personality to develop is **the superego.**

According to Freud, the superego begins to emerge at around age five.

The superego holds the internalized moral standards and ideals that we acquire from our parents and society (our sense of right and wrong).

The superego provides guidelines for making judgments.

The superego has two parts:

1- The conscience includes information about things that are viewed as bad by parents and society. These behaviors are often forbidden and lead to bad consequences, punishments, or feelings of guilt and remorse.

2- The ego ideal includes the rules and standards for behaviors that the ego aspires to.

The superego tries to perfect and civilize our behavior. It works to suppress all unacceptable urges of the id and struggles to make the ego act upon idealistic standards rather that upon

realistic principles. The superego is present in the conscious, preconscious, and unconscious.

The Interaction of the Id, Ego, and Superego

When talking about the id, the ego, and the superego, it is important to remember that these are not three separate entities with clearly defined boundaries. These aspects are dynamic and always interacting to influence an individual's overall personality and behavior.

With many competing forces, it is easy to see how conflict might arise between the id, ego, and superego. Freud used the term ego strength to refer to the ego's ability to function despite these dueling forces.

A person who has good ego strength can effectively manage these pressures, while a person with too much or too little ego strength can be unyielding or disruptive.

Sometimes it presents itself openly as suicide and suicidal wishes. And, Freud theorized, sometimes we direct it out away from ourselves, in the form of aggression, cruelty, murder, and destructiveness.

Anxiety:

Freud once said " life is not easy! " **The ego - the "I"** sits at the center of some pretty powerful forces: **reality; society,** as represented by **the superego; biology,** as represented by **the id.** When these make conflicting demands upon **the poor ego,** it is understandable if it -- if you -- feel threatened, feel overwhelmed, feel as if it were about to collapse under the weight of it all. **This feeling is called anxiety,** and it serves as a signal to **the ego** that its survival, and with it the survival of the whole organism, is in jeopardy.

Freud Mentions Three Kind Of Anxieties:

The first is **realistic anxiety,** which you and I would call fear. Actually Freud did, too, in German.

The second is **moral anxiety.** This is what we feel when the threat comes not from the outer, physical world, but from the **internalized** social world of **the superego.** It is, in fact, just

another word for feelings like shame and guilt and the fear of punishment.

The last is **neurotic anxiety**. This is the fear of being overwhelmed by impulses from the id. If you have ever felt like you were about to "lose it," lose control, your temper, your rationality, or even your mind, you have felt **neurotic anxiety**. Neurotic is actually the Latin word for nervous, so this is **nervous anxiety**.

Conflicts Psychology

The word conflict has been derived from a Latin word 'Conflicts' which means 'strike two things at the same time'.

Conflict is an opposition or a tug-of-war between contradictory impulses. According to Colman 'A conflict is the anticipated frustration entailed in the choice of either alternative'. Conflicts occur in the individual when more than one, equally powerful desires or motives present at the same time and pressurize for immediate satisfaction.

If any one of the motive is weak, it will be suppressed and the stronger motive gains

satisfaction. Conflicts give rise to a lot of tension in the individual, he becomes completely disturbed. Tension continues until a decision is taken and conflict is resolved.

In total conflict may be a friction between two desires, motives, needs or values, finally the stronger one will take upper hand. Sometimes, when he cannot resolve the conflicts, the individual will be put into severe consequences, which he cannot withstand and try to escape from the field itself through unhealthy means.

Types of Conflicts:

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

(a) Intrapersonal or Goal conflicts(Motivational Conflicts)

(b) Interpersonal conflicts.

(c) unconscious conflicts

a. Intrapersonal conflicts:

These are the conflicts caused within the individual. These conflicts arise as a result of two or more motives or goals to be achieved at a time.

Hence, these are called goal conflicts. Lewin has described three types of goal conflicts.

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

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

1. Approach-approach conflict:

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

Such conflicts are not so harmful, because after selecting one, the other one automatically subsides or loses its importance to him. The double approach conflict may be easily resolved by satisfying first one goal which is more important than the other; for instance, a student attending the class first, then going for food even if hungry.

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

2. Avoidance-avoidance conflict:

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

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

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

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

3. Approach-avoidance conflict:

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

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

For example, a person is approaching to accept a job offer, because the salary is attractive- but at

the same time he is repelled back as the job is very risky. A man wants to marry to lead a family life, but does not want the responsibilities of family life.

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

4. Multiple-approach-avoidance conflict:

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

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

The resolution of this conflict depends upon the sum total of both valences. If the sum total of attractive valence takes upper hand, she will quit

the job and go for marriage; otherwise she may reject marriage and continue the job if the sum total of negative valence is powerful.

In this conflict the individual has to take a decision depending upon the sum total of positive or negative valences resulting in selection of goals.

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

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

b. Interpersonal conflicts:

Interpersonal conflict is caused between individuals. This can be resolved through some strategies such as avoiding, smoothing, forcing,

confronting and compromising. Assertive behavior and I am ok, you are ok interpersonal orientation help to resolve such conflicts easily.

(C) Unconscious Conflict:

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

The repressed desires or wishes remain active in the unconscious part of our mind. They slowly gather strength by making alliance with other similar experiences and become stronger. This group of repressed wants which is working for the satisfaction try to come back to the conscious. This process is called complex. As soon as complexes are formed they give rise to conflicts in the unconscious. They try to come back to conscious, but prevented by censor or

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

In some areas of psychology (especially in psychodynamic theory), psychologists talk about "defense mechanisms," or manners in which we behave or think in certain ways to better protect or "defend" ourselves. Defense mechanisms are one way of looking at how people distance themselves from a full awareness of unpleasant thoughts, feelings and behaviors.

Psychologists have categorized defense mechanisms based upon how primitive they are. The more primitive a defense mechanism, the less effective it works for a person over the long-term. However, more primitive defense mechanisms are usually very effective short-term, and hence are favored by many people and children especially (when such primitive defense mechanisms are first learned). Adults who don't learn better ways of coping with stress or

traumatic events in their lives will often resort to such primitive defense mechanisms as well.

Most defense mechanisms are fairly unconscious that means most of us don't realize we're using them in the moment. Some types of psychotherapy can help a person become aware of what defense mechanisms they are using, how effective they are, and how to use less primitive and more effective mechanisms in the future.

The Defense Mechanisms

The ego deals with the demands of reality, the id, and the superego as best as it can. But when the anxiety becomes overwhelming, the ego must defend itself. It does so by unconsciously blocking the impulses or distorting them into a more acceptable, less threatening form. The techniques are called the ego defense mechanisms, and Freud, his daughter Anna, and other disciples have discovered quite a few.

1- Repression

Repression, which Anna Freud also called "motivated forgetting," is just that: not being able to recall a threatening situation, person, or event. This, too, is dangerous, and is a part of most other defenses.

As an adolescent, I developed a rather strong fear of spiders, especially long-legged ones. I didn't know where it came from, but it was starting to get rather embarrassing by the time I entered college. At college, a counselor helped me to get over it (with a technique called systematic desensitization), but I still had no idea where it came from. Years later, I had a dream, a particularly clear one, that involved getting locked up by my cousin in a shed behind my grandparents' house when I was very young. The shed was small, dark, and had a dirt floor covered with -- you guessed it! -- long-legged spiders.

The Freudian understanding of this phobia is pretty simple: I repressed a traumatic event -- the shed incident -- but seeing spiders aroused the

anxiety of the event without arousing the memory.

Other examples abound. Anna Freud provides one that now strikes us as quaint: A young girl, guilty about her rather strong sexual desires, tends to forget her boy-friend's name, even when trying to introduce him to her relations! Or an alcoholic can't remember his suicide attempt, claiming he must have "blacked out." Or when someone almost drowns as a child, but can't remember the event even when people try to remind him -- but he does have this fear of open water!

Note that, to be a true example of a defense, it should function unconsciously. My brother had a fear of dogs as a child, but there was no defense involved: He had been bitten by one, and wanted very badly never to repeat the experience! Usually, it is the irrational fears we call phobias that derive from repression of traumas.

2- Denial

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. people deny the reality of the death of a loved one, and students fail to pick up their test results. That's denial.

Anna Freud also mentions denial in fantasy: This is when children, in their imaginations, transform an "evil" father into a loving teddy bear, or a helpless child into a powerful superhero.

3- Displacement

Displacement is the redirection of an impulse onto a substitute target. If the impulse, the desire, is okay with you, but the person you direct that desire someone or something that can serve as a

symbolic substitute. Someone who hates his or her mother may repress that hatred, but direct it instead towards, say, women in general. Someone who has not had the chance to love someone may substitute cats or dogs for human beings. 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. Turning against the self is a very special form of displacement, where the person becomes their own substitute target. It is normally used in reference to hatred, anger, and aggression, rather than more positive impulses, and it is the Freudian explanation for many of our feelings of inferiority, guilt, and depression. The idea that depression is often the result of the anger we refuse to acknowledge is accepted by many people, Freudians and non-Freudians alike.

Once upon a time, at a time when I was not feeling my best, my daughter, five years old, spilled an entire glass of chocolate milk in the living room. I lashed out at her verbally, telling

her she was clumsy and had to learn to be more careful and how often hadn't I told her and...well, you know. She stood there stiffly with a sort of smoldering look in her eyes, and, of all things, pounded herself on her own head several times! Obviously, she would rather have pounded my head, but, well, you just don't do that, do you? Needless to say, I've felt guilty ever since.

4- Projection

Projection involves the tendency to see your own unacceptable desires in other people. In other words, the desires are still there, but they're not your desires anymore. I confess that whenever I hear someone going on and on about how aggressive everybody is, or how perverted they all are, I tend to wonder if this person doesn't have an aggressive or sexual streak in themselves that they'd rather not acknowledge.

Let me give you a couple of examples: A husband, a good and faithful one, finds himself terribly attracted to the charming and flirtatious lady next door. But rather than acknowledge his own, hardly abnormal, lusts, he becomes

increasingly jealous of his wife, constantly worried about her faithfulness, and so on. Or a woman finds herself having vaguely sexual feelings about her girlfriends. Instead of acknowledging those feelings as quite normal, she becomes increasingly concerned with the presence of lesbians in her community.

5- Reaction formation

Reaction formation is changing an unacceptable impulse into its opposite. So a child, angry at his or her mother, may become overly concerned with her and rather dramatically shower her with affection. An abused child may run to the abusing parent. Or someone who can't accept a homosexual impulse may claim to despise homosexuals.

Perhaps the most common and clearest example of reaction formation is found in children between seven and eleven or so: Most boys will tell you in no uncertain terms how disgusting girls are, and girls will tell you with equal vigor how gross boys are. Adults watching their

interactions, however, can tell quite easily what their true feelings are!

6- Identification

Identification is a version of introjection that focuses on the adoption, not of general or positive traits, but of negative or feared traits. If you are afraid of someone, you can partially conquer that fear by becoming more like them. Two of my daughters, growing up with a particularly moody cat, could often be seen meowing, hissing, spitting, and arching their backs in an effort to keep that cat from springing out of a closet or dark corner and trying to eat their ankles. A more dramatic example is one called the Stockholm Syndrome. After a hostage crisis in Stockholm, psychologists were surprised to find that the hostages were not only not terribly angry at their captors, but often downright sympathetic. A more recent case involved a young woman named Patty Hearst, of the wealthy and influential Hearst family. She was captured by a very small group of self-proclaimed revolutionaries called the Symbionese

Liberation Army. She was kept in closets, raped, and otherwise mistreated. Yet she apparently decided to join them, making little propaganda videos for them and even waving a machine gun around during a bank robbery. When she was later tried, psychologists strongly suggested she was a victim, not a criminal. She was nevertheless convicted of bank robbery and sentenced to 7 years in prison. Her sentence was commuted by President Carter after 2 years.

7- Regression

Regression is a movement back in psychological time when one is faced with stress. 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. A freshman college student may need to bring an old toy from home. A gathering of civilized people may become a violent mob when they are led to believe their livelihoods are at stake. Or an older man, after spending twenty years at a company and now finding himself laid

off, may retire to his recliner and become childishly dependent on his wife. Where do we retreat when faced with stress? To the last time in life when we felt safe and secure, according to Freudian theory.

8- Rationalization

Rationalization is the cognitive distortion of "the facts" to make an event or an impulse less threatening. 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.

9. Compensation

Compensation is a process of psychologically counterbalancing perceived weaknesses by emphasizing strength in other arenas. By emphasizing and focusing on one's strengths, a person is recognizing they cannot be strong at all things and in all areas in their lives. For instance, when a person says, "I may not know how to

cook, but I can sure do the dishes!," they're trying to compensate for their lack of cooking skills by emphasizing their cleaning skills instead. When done appropriately and not in an attempt to over-compensate, compensation is defense mechanism that helps reinforce a person's self-esteem and self-image.

10- Sublimation

Sublimation is the transforming of an unacceptable impulse, whether it be sex, anger, fear, or whatever, into a socially acceptable, even productive form. So someone with a great deal of hostility may become a hunter, a butcher, a football player, or a mercenary. Someone suffering from a great deal of anxiety in a confusing world may become an organizer, a businessperson, or a scientist. Someone with powerful sexual desires may become an artist, a photographer, or a novelist, and so on. For Freud, in fact, all positive, creative activities were sublimations, and predominantly of the sex drive.

Therapy

Freud's therapy has been more influential than any other, and more influential than any other part of his theory. Here are some of the major points:

a- Relaxed atmosphere.

The client must feel free to express anything. The therapy situation is in fact a unique social situation, one where you do not have to be afraid of social judgment or ostracism. In fact, in Freudian therapy, the therapist practically disappears. Add to that the physically relaxing couch, dim lights, sound-proof walls, and the stage is set.

b- Free association.

The client may talk about anything at all. The theory is that, with relaxation, the unconscious conflicts will inevitably drift to the fore. It isn't far off to see a similarity between Freudian therapy and dreaming! However, in therapy, there is the therapist, who is trained to recognize

certain clues to problems and their solutions that the client would overlook.

c- Resistance.

One of these clues is resistance. When a client tries to change the topic, draws a complete blank, falls asleep, comes in late, or skips an appointment altogether, the therapist says "aha!" These resistances suggest that the client is nearing something in his free associations that he -- unconsciously, of course -- finds threatening.

d- Dream analysis.

In sleep, we are somewhat less resistant to our unconscious and we will allow a few things, in symbolic form, of course, to come to awareness. These wishes from the id provide the therapist and client with more clues. Many forms of therapy make use of the client's dreams, but Freudian interpretation is distinct in the tendency to find sexual meanings.

e- Para-praxes.

A Para-praxis is a slip of the tongue, often called a Freudian slip. Freud felt that they were also

clues (evidence) to unconscious conflicts. In fact, Freud felt that almost everything meant something almost all the time -- dialing a wrong number, making a wrong turn, misspelling a word, were serious objects of study for Freud. However, he himself noted, in response to a student who asked what his cigar might be a symbol for, that "sometimes a cigar is just a cigar." Or is it?

Other Freudians became interested in projective tests, such as the famous Rorschach or inkblot tests. The theory behind these test is that, when the stimulus is vague, the client fills it with his or her own unconscious themes. Again, these could provide the therapist with clues.

h- Transference, catharsis, and insight

Transference occurs when a client projects feelings toward the therapist that more legitimately belong with certain important others. Freud felt that transference was necessary in therapy in order to bring the repressed emotions that have been plaguing the client for so long, to the surface. You can't feel really angry, for example, without a real person to be angry at.

The relationship between the client and the therapist, contrary to popular images, is very close in Freudian therapy, although it is understood that it can't get out of hand. **Catharsis** is the sudden and dramatic outpouring of emotion that occurs when the trauma is resurrected. The box of tissues on the end table is not there for decoration.

Insight is being aware of the source of the emotion, of the original traumatic event. The major portion of the therapy is completed when catharsis and insight are experienced. What should have happened many years ago -- because you were too little to deal with it, or under too many conflicting pressures -- has now happened, and you are on your way to becoming a happier person. Freud said that the goal of therapy is simply " to make the unconscious conscious."

Trait Theories of 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 a numeric score to indicate how much of a trait they possess.

Various theories have been proposed to identify which attributes are key components in personality, as well as attempts to determine the total number of personality traits.

Psychologist **Gordon Allport** was one of the first to describe personality in terms of individual

traits. In his dispositional perspective, Allport suggested that there are different kinds of traits: common, central, and cardinal.

- **Common traits** are shared by many people within a particular culture.

- **Central traits** are those that make up an individual's personality.

- **Cardinal traits** are those that are so dominant that a person becomes primarily known for those characteristics.

Psychologist **Raymond Cattell** proposed that there were 16. Cattell also believed that these traits exist on a continuum and that all people possess each trait in varying degrees.

Eysenck's Personality Theory

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(collected) a battery of questions about behavior, which he

later applied to 700 soldiers who were being treated for neurotic disorders at the hospital.

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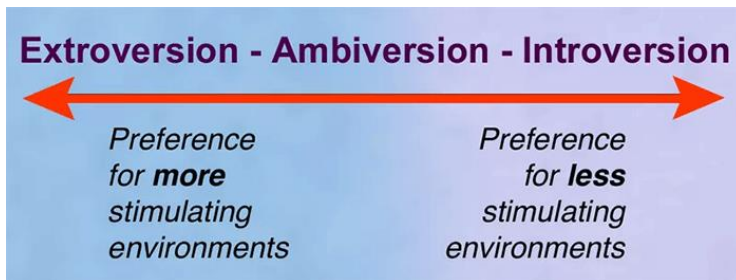
Each aspect of personality (extraversion, neuroticism and psychoticism) can be traced back to a different biological cause. Personality is dependent on the balance between excitation and inhibition process of the autonomic nervous system (ANS).

-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.

Extroversion - Ambiversion - Introversion

Preference for **more** stimulating environments

Preference for **less** stimulating environments

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 behavior.

He was especially interested in the characteristics of people whom he considered to have achieved their potential as individuals.

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

The Five-Factor Theory of Personality

Both Cattell's and Eysenck's theories have been the subject of considerable research. This has led some theorists to believe that Cattell focused on too many traits, while Eysenck focused on too few. As a result, a new trait theory often referred to as the " Big Five " theory emerged.

The first version, called The Big Five, was introduced in 1963 by Warren Norman.

But it wasn't until R. R. McCrae and P. T. Costa, Jr., presented their version, called The Five Factor Theory, in 1990, that the idea realy took hold of the individual differences research community.

This five-factor model of personality represents five core traits that interact to form human personality. While researchers often disagree about the exact labels for each dimension, the following are described most commonly:

1- Agreeableness

2- Conscientiousness

3- Extraversion

4- Neuroticism

5- Openness

(The Big 5 Personality Traits)

Behavioral Theories

Behaviorism was formally established with the 1913 publication of John B. Watson's classic paper, "Psychology as the Behaviorist Views It." It is best summed up by the following quote from Watson, who is often considered the "father" of behaviorism.

Behavioral theorists include B. F. Skinner and John B. Watson. Behavioral theories suggest that personality is a result of interaction between the individual and the environment. Behavioral theorists study observable and measurable behaviors, rejecting theories that take internal thoughts, moods, and feelings play a part as these cannot be measured.

Behaviorism, also known as behavioral psychology, is a theory of learning based on the idea that all behaviors are acquired through conditioning. Conditioning occurs through interaction with the environment. Behaviorists believe that our responses to environmental stimuli shape our actions.

According to this school of thought, behavior can be studied in a systematic and observable manner regardless of internal mental states.[2] According to this perspective, only observable behavior should be considered—cognitions, emotions, and moods are far too subjective.

Simply put, strict behaviorists believe that all behaviors are the result of experience. Any person, regardless of his or her background, can be trained to act in a particular manner given the right conditioning.

From about 1920 through the mid-1950s, behaviorism grew to become the dominant school of thought in psychology. Some suggests that the popularity of behavioral psychology grew out of the desire to establish psychology as an objective and measurable science.

At this time, researchers were interested in creating theories that could be clearly described and empirically measured but also used to make contributions that might have an influence on the fabric of everyday human lives.

Influencers and Impact

Several **Thinkers** influenced behavioral psychology. In addition to those already mentioned, there are a number of prominent theorists and psychologists who left an indelible mark on behavioral psychology. Among these are Edward Thorndike, a pioneering psychologist who described the law of effect, and Clark Hull, who proposed the drive theory of learning.

There are a number of therapeutic techniques rooted in behavioral psychology. Though behavioral psychology assumed more of a background position after 1950, its principles still remain important.

Even today, behavior analysis is often used as a therapeutic technique to help children with autism and developmental delays acquire new skills. It frequently involves processes such as shaping (rewarding closer approximations to the desired behavior) and chaining (breaking a task down into smaller parts and then teaching and chaining the subsequent steps together).12

Other behavioral therapy techniques include aversion therapy, systematic desensitization,

token economies, modeling, and contingency management.

While the behavioral approach might not be the dominant force that it once was, it has still had a major impact on our understanding of human psychology. The conditioning process alone has been used to understand many different types of behaviors, ranging from how people learn to how language develops.

But perhaps the greatest contributions of behavioral psychology lie in its practical applications. Its techniques can play a powerful role in modifying problematic behavior and encouraging more positive, helpful responses. Outside of psychology, parents, teachers, animal trainers, and many others make use of basic behavioral principles to help teach new behaviors and discourage unwanted ones.

Cognitive Theories of Personality

Cognitivism, grand theory of human development that focuses on changes in how people think over time. According to this theory, our thoughts shape our attitudes, beliefs, and behaviors. (Berger, 43) Focuses on the mental processes involved in learning and knowing, and how the mind actively organizes experiences. (Collin, 340) Emphasizes the importance of "observational learning," conscious cognitive processes, social experiences, "self-efficacy" beliefs, and "reciprocal determinism." (Hockenbury, 416) Editor's note - developed by Albert Bandura. Also referred to as 'cognitive theory,' 'cognitive objectivism' and 'social cognitivism.'

Humanistic Theories of Personality

The humanistic perspective of personality focuses on psychological growth, free will, and personal awareness. It takes a more positive outlook on human nature and is centered on how each person can achieve their individual potential.

Major Theorists:

The following are the most influential humanistic perspective theorists:

- **Carl Rogers**: Believed in the inherent goodness of people and emphasized the importance of free will and psychological growth. He suggested that the actualizing tendency is the driving force behind human behavior.

- **Abraham Maslow**: Suggested that people are motivated by **a hierarchy of needs**. The most basic needs are centered on things necessary for life such as food and water, but as people move up the hierarchy these needs become centered on things such as esteem and self-actualization.
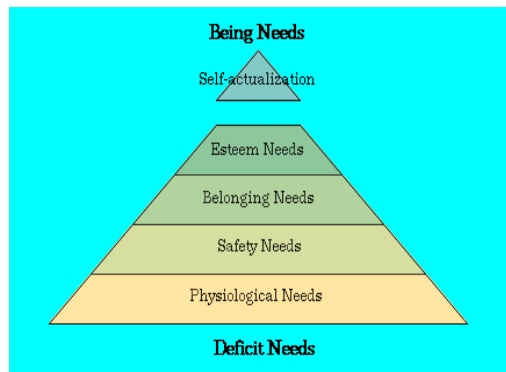
Maslow took this idea and created his now famous hierarchy of needs. Beyond the details of air, water, food, etc, he laid out five broader layers: the physiological needs, the needs for safety and security, the needs for love and belonging, the needs for esteem, and the need to actualize the self, in that order.

1. The physiological needs.

These include the needs we have for oxygen, water, protein, salt, sugar, calcium, and other minerals and vitamins. Also, there's the needs to be active, to rest, to sleep, to get rid of wastes (CO_2, sweat, urine, and feces), to avoid pain, and to have sex. Quite a collection.

Maslow believed, and research supports him, that these are in fact individual needs, and that a lack of, say, vitamin C, will lead to a very specific hunger for things which have in the past provided that vitamin C -- e.g. orange juice. I guess the cravings that some pregnant women have, and the way in which babies eat the most foul tasting baby food, support the idea anecdotally.

2. The safety and security needs.

When the physiological needs are largely taken care of, this second layer of needs comes into play. You will become increasingly interested in finding safe circumstances, stability, protection. You might develop a need for structure, for order, some limits.

Looking at it negatively, you become concerned, not with needs like hunger and thirst, but with your fears and anxieties. In the ordinary American adult, this set of needs manifest themselves in the form of our urges to have a home in a safe neighborhood, a little job security and a nest egg, a good retirement plan and a bit of insurance, and so on.

3. The love and belonging needs.

When physiological needs and safety needs are, by and large, taken care of, a third layer starts to show up. You begin to feel the need for friends, a sweetheart, children, affectionate relationships in general, even a sense of community. Looked at

negatively, you become increasing susceptible to loneliness and social anxieties.

In our day-to-day life, we exhibit these needs in our desires to marry, have a family, be a part of a community, a member of a church, a brother in the fraternity, a part of a gang or a bowling club. It is also a part of what we look for in a career.

4. The esteem needs.

Next, we begin to look for a little self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the "higher" form because, unlike the respect of others, once you have self-respect, it's a lot harder to lose.

5- Self-actualization. The last level is a bit different. Maslow has used a variety of terms to

refer to this level: He has called it growth motivation (in contrast to deficit motivation), being needs (or B-needs, in contrast to D-needs), and self-actualization.

Once engaged, they continue to be felt. In fact, they are likely to become stronger as we "feed" them. They involve the continuous desire to fulfill potentials, to "be all that you can be." They are a matter of becoming the most complete, the fullest, "you" - hence the term, self-actualization.

Maslow doesn't think that self-actualizers are perfect, of course. There were several flaws or imperfections he discovered along the way as well: First, they often suffered considerable anxiety and guilt - but realistic anxiety and guilt, rather than misplaced or neurotic versions.

Mental disorder

Mental disorder, any illness with significant psychological or behavioral **manifestations that is** associated with either a painful or distressing symptom or an impairment in one or more important areas of functioning.

Mental disorders, in particular their consequences and their treatment, are of more concern and receive more attention now than in the past. Mental disorders have become a more prominent subject of attention for several reasons. They have always been common, but, with the eradication or successful treatment of many of the serious physical illnesses that formerly afflicted humans, mental illness has become a more noticeable cause of suffering and accounts for a higher proportion of those disabled by disease. Moreover, the public has come to expect the medical and mental health professions to help it obtain an improved quality of life in its mental as well as physical functioning. And indeed, there has been a proliferation of both pharmacological and

psychotherapeutic treatments. The transfer of many psychiatric patients, some still showing conspicuous symptoms, from mental hospitals into the community has also increased the public's awareness of the importance and prevalence of mental illness.

There is no simple definition of mental disorder that is universally satisfactory. This is partly because mental states or behavior that are viewed as abnormal in one culture may be regarded as normal or acceptable in another, and in any case it is difficult to draw a line clearly demarcating healthy from abnormal mental functioning.

A narrow definition of mental illness would insist upon the presence of organic disease of the brain, either structural or biochemical. An overly broad definition would define mental illness as simply being the lack or absence of mental health—that is to say, a condition of mental well-being, balance, and resilience in which the individual can successfully work and function and in which the individual can both withstand and learn to cope with the conflicts and stresses encountered in life. A more generally useful definition ascribes

mental disorder to psychological, social, biochemical, or genetic dysfunctions or disturbances in the individual.

A mental illness can have an effect on every aspect of a person's life, including thinking, feeling, mood, and outlook and such areas of external activity as family and marital life, sexual activity, work, recreation, and management of material affairs. Most mental disorders negatively affect how individuals feel about themselves and impair their capacity for participating in mutually rewarding relationships.

Types of mental Disorder

Mental illnesses are of different types and degrees of severity. Some of the major types are depression, anxiety, schizophrenia, bipolar mood disorder, personality disorders, and eating disorders. The most common mental illnesses are anxiety and depressive disorders. While everyone experiences strong feelings of tension, fear, or sadness at times, a mental illness is present when these feelings become so disturbing and

overwhelming that people have great difficulty coping with day-to-day activities, such as work, enjoying leisure time, and maintaining relationships. At their most extreme, people with a depressive disorder may not be able to get out of bed or care for themselves physically. People with certain types of anxiety disorder may not be able to leave the house, or may have compulsive rituals to help them alleviate their fears.

the Mental Disorders in Children & Adolescents

Anxiety Disorders

The combined prevalence of the group of disorders known as anxiety disorders is higher than that of virtually all other mental disorders of childhood and adolescence (Costello et al., l,996).

Separation Anxiety Disorder

Although separation anxieties are normal among infants and toddlers, they are not appropriate for

older children or adolescentsand may represent symptoms of separation anxiety disorder.

To reach the diagnostic threshold for this disorder, the anxiety or fear must cause distress or affect social, academic, or job functioning and must last at least 1 month (DSM-IV). Children with separation anxiety may cling to their parent and have difficulty falling asleep by themselves at night. When separated, they may fear that their parent will be involved in an accident or taken ill, or in some other way be "lost" to the child forever. Their need to stay close to their parent or home may make it difficult for them to attend school or camp, stay at friends' houses, or be in a room by themselves. Fear of separation can lead to dizziness (DSM-IV). Separation anxiety is often associated with symptoms of depression, such as sadness, withdrawal, apathy, or difficulty in concentrating, and such children often fear that they or a family member might die. Young children experience nightmares or fears at bedtime. About 4 percent of children and young

adolescents suffer from separation anxiety disorder (DSM-IV).

Among those who seek treatment, separation anxiety disorder is equally distributed between boys and girls.

The cause of separation anxiety disorder is not known, although some risk factors have been identified. Affected children tend to come from families that are very close-knit. The disorder might develop after a stress such as death or illness in the family or a move. Trauma, especially physical or sexual assault, might bring on the disorder (Goenjian et al.,'1995). The disorder sometimes runs in families, but the precise role of genetic and environmental factors has not been established.

Generalized Anxiety Disorder

Children with generalized anxiety disorder (or overanxious disorder of childhood) worry excessively about all manner of upcoming even stand occurrences.

They worry unduly about their academic performance or sporting activities, about being on time, or even about natural disasterssuch as

earthquakes. The worry persists even when the child is not being judged and has always performed well in the past. Because of their anxiety, children may be overly conforming, perfectionist, or unsure of themselves. They tend to redo tasks if there are any imperfections. They tend to seek approval and need constant reassurance about Children and Mental Health their performance and their anxieties (DSM-IV).

About half of all adults seeking treatment for this disorder report that it began in childhood or adolescence, but the proportion of children with this disorder who retain the problem into adulthood is unknown.

Social Phobia

Children with social phobia (&so called social anxiety disorder) have a persistent fear of being embarrassed in social situations, during a performance, or if they have to speak in class or in public, get into conversation with others, or eat, drink, or write in public. Feelings of anxiety

in these situations produce physical reactions: palpitations, tremors, sweating, diarrhea, blushing, muscle tension, etc. Sometimes a full-blown panic attack ensues; sometimes the reaction is much more mild. Adolescents and adults are able to recognize that their fear is un reasonable or excessive, although this recognition does not prevent the fear, Children, however, might not recognize that their reaction is excessive, although they may be afraid that others will notice their anxiety and consider them odd or babyish.

Young children do not articulate their fears, but may cry, have tantrums, freeze, cling, appear extremely timid in strange social settings, shrink from contact with others, stay on the side during social events, and try to stay close to familiar adults.

Several psychotherapies are probably using for treating phobias:

Systematic desensitization"; modeling, based on research by Bandura and colleagues, which capitalizes on an observational learning technique (Bandura, 1971); and several cognitive-behavioral therapy (CBT) approaches.

Obsessive-Compulsive Disorder

Obsessive-compulsive disorder (OCD), which is classified in DSM-IV as an anxiety disorder, is characterized by recurrent, time-consuming obsessive or compulsive behaviors that cause distress and/or impairment. The obsessions may be repetitive intrusive images, thoughts, or impulses. Often the compulsive behaviors, such as hand-washing or cleaning rituals, are an attempt to displace the obsessive thoughts (DSM-IV). Estimates of prevalence range from 0.2 to 0.8

percent in children, and up to 2% of adolescents (Flament et al., 1998).

There is a strong familial component to OCD, and there is evidence from twin studies of both genetic susceptibility and environmental influences.

Cognitive behavioral treatments have been used to treat OCD (March et al., 1997), but the evidence is not yet conclusive.

Autism

Autism, the most common of the pervasive developmental disorders (with a prevalence of 10 to 12 children per 10,000 [Bryson & Smith, 1998]), is characterized by severely compromised ability to engage in, and by a lack of interest in, social interactions. It has roots in both structural brain abnormalities and genetic predispositions,

According to family studies and studies of brain anatomy. The search for genes that predispose to autism is considered an I3Basal ganglia are groups of neurons responsible for motor and impulse control, attention, and regulation of mood and behavior.

Treatment

Because autism is a severe, chronic developmental disorder, which resultsin significant lifelong disability, the goal of treatment is to promote the child' s social and language development and minimize behaviors that interfere with the child's functioning and learning.

environments appear to help the child acquire self-care, social, and job skills. Only in the past decade have studies shown positive outcomes for very young children with autism. Given the

severity of the impairment, high intensity of service needs, and costs (both human and financial), there has been an ongoing search for effective treatment.

A Report of the Surgeon General Thirty years of research demonstrated the efficacy of applied behavioral methods in reducing inappropriate behavior and in increasing communication, learning, and appropriate social behavior.

Second Part

SOCIAL PSYCHOLOGY

Chapter one
- Introduction:
- The relationship between social psychology and educational psychology.
- History of social psychology
- Definition of social psychology
- Some Definitions Of Social Psychology:

- Subject of Social Psychology
- Psychological Attitudes

Chapter Two
Leadership
- Introduction:
- Definition of Leadership:
- Leadership Effectiveness:
- Leadership vs. Management

Chapter one

Introduction:

Social psychology is the scientific study of how people's thoughts, feelings, and behaviors are influenced by the actual, imagined, or implied presence of others. By this definition, scientific refers to the empirical method of investigation. The terms thoughts, feelings, and behaviors include all of the psychological variables that are measurable in a human being. The statement that others may be imagined or implied suggests that we are prone to social influence even when no other people are present, such as when watching television, or following internalized cultural norms.

The relationship between social psychology and educational psychology.

The teacher spends most of his time dealing with students as groups and therefore he needs to understand the principles of group behavior to become more able to deal with the forces and factors that affect group situations, which facilitate or disrupt learning, in addition to that, the student belongs to many social groups overlapping, including the family , Peers, community, social class; All these groups impose on the student a certain learner and regulate his attitudes and behavior, just as the teacher belongs to many groups in turn, and therefore he needs the results provided by social psychology that increase his understanding of the group dynamics and their effects on the behavior of its members, and therefore we find an increasing trend among a number of psychologists. The educational approach towards considering their field as an applied social psychology as long as it is useful in linking the elements of the educational position in a functional framework.

History of social psychology

Social psychology was involved under philosophy, especially Greek philosophy:

Plato: He viewed the human being as if he were the product of a social model

Aristotle: He sees the human being a biological being and he used to explain human behavior on the basis of biological genetics.

The development of social psychology in the modern era:

Hobbins views the human nature as selfish, utilitarian, and should be suppressed by the group.

Jean-Jacques Rousseau has a view that is completely different from that of Hobbes, as he sees that the human being in his natural state is good-hearted, innocent, and evils did not appear in him except when they caused civil effects in him.

The Scottish philosopher (Hum) and called the father of social psychology, made sympathy among people the first force of social psychology.

Laws of imitation and simulation when Tard believes that it is sufficient to apply the laws of simulation in an appropriate manner in order to understand development, and from his laws 0 that the criminal is not a criminal by nature as he had thought, but the social conditions in which the individual grows up are what drive him to do so.

Edward Roth, 1908AD, published the first book in social psychology, in which he was able to skillfully link history, economics, psychology and sociology on the other hand, focusing on the phenomenon of tradition, suggestion, and the transmission of ideas, habits and trends among the members of the different group.

Definition of social psychology

It is a branch of psychology concerned with the social behavior of the individual and the group and the importance of the social relationship and interactions within the group.

Some Definitions Of Social Psychology:

• **Critch and Critchfield:** Social psychology includes aspects of individual behavior in a group.

 • **Sharif and Sharif:** Social psychology is the scientific study of an individual's experience and behavior in relation to social situations.

• **Mustafa Fahmy:** Social psychology is the science that studies the behavior of an individual in his relationship with others

• **Port:** Define it as an attempt to understand and explain the influence of other people's thoughts, feelings, and behavior in the presence of others, actual or imagined.

Looking at these definitions, it is noted that although each of them focuses on a fundamental aspect as the focus of interest in the field of social psychology, they all share **three elements:**

1- This science is a scientific study just like studies in other sciences. "Philosophy is not based on experiments

2- The main theme of this science is behavior

3- The social situations and the social stimuli involved in them are the main field in which that behavior revolves, which social psychology is interested in studying.

Subject of Social Psychology

1- The primary topic of social psychology is the study of social behavior

2- Social behavior differs from individual behavior

3- Social behavior is complex in its combinations

4- Social behavior differs in its characteristics from its components

-It can only be explained through a full understanding of the nature of individuals and the nature of their interaction in different situations in their lives.

Social Psychology Deals With The Following Topics:

- The concept of human nature

Socialization -

- Study the pathological aspects of social life

- Social interaction

- Leadership
- Study trends and trends
- Value
- Examining images of hostility between groups

The Relationship Of Social Psychology With Other Sciences:

- The relationship of social psychology with sociology.

Social psychology is concerned with the social behavior of individuals, while sociology is concerned with the study of social phenomena.

- The relationship of social psychology with anthropology.

The science of anthropology is concerned with the study of different cultures and civilizations. Through knowing the social behavior of these groups, we were able to identify what these groups are.

-The relationship of social psychology with physiological psychology, as physiological psychology is concerned with studying the functions of organs such as the endocrine glands

and their secretions and what affects them on personality, as well as the behavior of individuals who are members of the group.

- **The relationship of social psychology in the psychology of growth,** as the psychology of growth is concerned with studying the development of an individual's behavior from the stage of the fetus through the stage of childhood, adolescence to adulthood, and social psychology is concerned with the process of socialization and how the individual interacts with his environment.

- The relationship of social psychology with mental health science, as mental health depends on the extent of the individual's ability to adapt to himself and his conditions in which he lives, as the social environment and the variables represented in it affect mental health and this is what social psychology is concerned with and what is related to the process of social adjustment And the reasons that lead to maladjustment and some other social problems such as addiction.

Some Indicators Of Interest In Social Psychology In Some Socio-Educational Contexts:

There are many studies in social psychology concerned with different educational social contexts, starting with the family as one of the important institutions of socialization, and ending with environmental variables in its various forms.

1- Family and child rearing:

There are many examples of studies that have dealt with the nature of the relationship between the treatment of parents and the mental and achievement performance of children on the one hand, where some studies have shown that the education that takes place in the family and in which training on independence and self-reliance is carried out will develop the need for achievement of children. He also studied the importance of parental variables in the creative upgrading of the child and appears through encouraging the child self-reliance and independence and helping him in building his approach and the diversity of parents' mental concerns.

2- Attitudes towards school and academic achievement:

Scientific research indicates that the performance of students who are satisfied with the study is better than those who are not satisfied, and the attitudes of students towards school are related to several factors, including (socio-economic level, gender, chronological age…).

3- Peer group in school and motivation growth:

Most studies in the field of educational social psychology confirm that the child always seeks to find acceptance from his peers, and some believe that the child's motivation for school success is strengthened or weakened according to the values and standards that prevail in the peer group. Also, the student chooses his friends who are similar to him socially and economically, as well as in chronological age and level of intelligence.

4- Teacher behavior and group atmosphere:

Numerous studies in educational social psychology have supported the hypothesis that the dominant teacher negatively affects the good compatibility of pupils, while the tolerant (democratic) teacher helps the good fit.

In general, those interested in the applications of social psychology in the educational context will find many topics that discuss the foundations of good social interaction in the classroom, as well as the rules of cooperation, competition, conflict of roles among students, in addition to research on social harmony in the school environment.

5- Classroom interaction:

Classroom interaction as an educational practice appreciated by educators and motivated teachers to benefit from it is based on the general assumption that " individuals, wherever they are gathered, have a relationship and tend to communicate and verbally interact with words, signs, or bodily gestures; So that the state of communication and interaction aims to convey what is going on in their minds of ideas and the

emotions they develop towards a situation or issue for those in front of them, and the goal is to achieve the state of adaptation.

6- The importance of class interaction:
With regard to the educational process: The interaction between the teacher and the pupils leads to the achievement of the educational objectives of the lesson.

Types of Class Interaction:

- Nonverbal interaction

This pattern includes all non-verbal expressions. Some signs, gestures, movements ,, gaze, head movement, hand movement, fingers ... are intentional signs indicating surprise, waiting, attention ... they are spontaneous symbols indicating a positive direction or The negative or neutral within the class.

- Verbal interaction

The observer of what is going on inside the classroom in the school sees that verbal interaction is dominant over the activities, for

speech is the main means of communication between students and it is a means of understanding between the teacher and the students, where the method of verbal interaction is a practical application of the concept of feedback and it aims to quantitatively estimate the dimensions of behavior (for the teacher and the learner Closely related to the social and emotional climate of educational situations, considering that this climate affects in some way the educational outcome, in terms of the teacher's attitudes toward the students and the student's attitudes toward their teacher.

Verbal interaction is defined as: "It is the use of common types of speech within the department, starting with directing roles and instructions, or using the phrases of students who are more ready to interact with the teacher, or with each other.

Psychological Attitudes

Definition of Attitudes:

There are several concepts of psychological directions:

- Attitude is a state of mental and nervous preparations through which experience is organized and produces a dynamic and direct effect of the individual's responses to the topics and situations to which he relates.

- Attitude is a personal organization of motivational, emotional, perceptual and cognitive processes of the world in which he lives.

- Attitude is a stimulus that produces responses that are socially essential to the society in which the individual lives.

- Attitude is a relative organization of beliefs about a topic or situation that pre-determines responses differently.

- Attitudes are specific regulations for the individual's feelings, thoughts, and preparations so that he can deal with his environment.

Measuring Attitudes:

There are several methods that scientists have used to measure the attitude, and the most important ones do that:

- **Thomas Wozanicki:** By analyzing the content.

- **Gottman and colleagues:** On the scale that they applied to a group of American soldiers in World War II. This measure is called cumulative measurement or analytical measurement.

- **Osjad and his colleagues:** They found the semantic scale.

- **Scientist Bogardus:** He has a scale called the social dimension.

Attitudes are classified:

In terms of general, attitudes are classified into:
a-General attitudes
b- Qualitative attitudes

In terms of positivity, attitudes are classified into:

a- Positive attitudes   b- Negative attitudes

In terms of flexibility, attitudes are classified into:

a- Flexible attitudes   b - Rigid attitudes

In terms of overtness, attitudes are classified into:

a- Overt attitudes   b- Secret attitudes

In terms of strength, trends are classified into:

a- strong attitudes   b - weak attitudes

Attitudes components:

1- The affective component.

Which refers to feelings of love and hate that appear in the direction of the individual and towards a subject or person.

2- The mental cognitive component.

It includes facts, information, ideas and beliefs that appear in individuals about the topic of the attitude.

3- Per-formative component or tendency to act.
It refers to the positive tendency and behavior towards the object of the attitude or the negative tendency and the behavior away from the object of the attitude.

Attitudes functions:

1-Adaptive functions: attitudes perform a utilitarian adaptive function through which the physiological-psychological balance is worth.
2- Organizational functions: individual attitudes extend to reference frameworks and behavioral standards that suit social situations
 3- Defensive functions: The attitudes perform the function of defending the person's self and entity.

Changing Attitudes:

First: Behavioral and Social Measures in Changing Attitudes.

A- Changing the individual's frame of reference: It means changing the customs, traditions, norms, concepts, opinions and ideas in which the individual lives.

B - Change of the reference groups to which the individual belongs: It means changing the groups to which the individual belongs, such as the club group, the group of friends, or the work group..etc

C- Change in the subject of attitude: through changing the subject of the attitude itself.

D- Media: where the media provide information on normal and abnormal attitudes, which helps in changing attitudes

E - direct contact with the topic of the attitude: as direct contact with situations and people shows them some things that are hidden from them.

F - The influence of the opinion of experts and the opinion of the majority: as the opinion of experts is based on the experience of the elite of society, when the society wants to change any direction that this elite uses.

H- Discussion and group decision: Dialogue and discussion are effective in changing individuals 'attitudes, especially if they are wrong.

Second: The methods of changing attitudes taken from the field of psychotherapy:

A - Group play style: Gathering individuals and playing together leads to each of them influencing the other in terms of changing directions.

B - Method of reinforcement: where the desired direction is strengthened and strengthened in order for the individual to adopt it and continue with it.

C- Role-playing: where the individual plays roles that include attitudes and through them the individual knows the importance of the new direction and the defects of the old attitude.

E- Changing the status of stimuli: such as changing the individual's exposure system to stimuli, which leads to a change of attitudes.

Chapter Two

LEADERSHIP

Introduction:

Leadership is both a research area and a practical skill encompassing the ability of an individual, group or organization to "lead", influence or guide other individuals, teams, or entire organizations.

Leadership is the art of motivating a group of people to act toward achieving a common goal. In a business setting, this can mean directing workers and colleagues with a strategy to meet the company's needs.

What Is Leadership?

Leadership captures the essentials of being able and prepared to inspire others. Effective leadership is based upon ideas - both original and borrowed - that are effectively communicated to

others in a way that engages them enough to act as the leader wants them to act.

A leader inspires others to act while simultaneously directing the way that they act. They must be personable enough for others to follow their orders, and they must have the critical thinking skills to know the best way to use the resources at an organization's disposal.

Definition of Leadership:

There is no specific and agreed definition of the concept of leadership. The many and imprecise definitions have increased the ambiguity of the concept of leadership, due to the use of many expressions related to leadership such as influence, power, authority, management, control and supervision to describe the phenomenon of leadership. Pence 1959 concluded after reviewing the leadership literature that the idea still needs to define its concept. The following is the contribution of a number of researchers in defining the concept of leadership:

Humphill and Conner 1957: Leadership is the behavior of an individual when he directs the activities of the group towards a common goal.

Ganda 1960: Leadership is a special type of power relations practiced by a member of the group. The group believes that individual has the right to determine the behavior patterns of its members as one of its members.

Masaryk, Skinner and Tannenbaum 1961: Leadership is a mutual influence exercised in a position and guided through communications to achieve a common goal.

Stamdel 1974: Leadership is the creation and maintenance of structures in interaction and expectation.

Roche & Pahling, 1984: Leadership is the process of influencing the activities of an organized group to achieve goals.

It is noted from the previous definitions that there are common basic elements:

First: Having a specific goal.

Second: the existence of a group.

Third: The presence of a member of the group exercising influence over it to achieve a common goal and this individual is the leader of the group.

It follows from these definitions that there is no leadership without a group, without a goal, or without a leader who works to direct the group's activity to achieve the goal. The association of the idea of leadership with the group made social scientists study it as a social phenomenon inherent in the existence of groups.

Leadership Effectiveness:

The definition of leadership effectiveness is related and depends on the effectiveness criterion for the group's activities, as the criterion may be the result and the consequence of the group's activity in terms of achieving growth, the survival of the group, and high performance. The approaches to the effectiveness study dealt with the topic of the leader's success and define his effectiveness in short and **as follows:**

First: The leadership study approach that focuses on strength deals with the topic of effectiveness as a result of the impact caused by the strength of the leader so that it achieves effectiveness measured by one of the effectiveness criteria, and effectiveness is proportional to the strength of influence directly and the success of the leader is related to the extent of his use of the power of influence on subordinates. (Power effect effectiveness or success)

Second: The traits approach deals with the leader's effectiveness and success as an inevitable result of the presence of specific traits in the leader and his enjoyment of human, technical and leadership skills. The owners of this approach attribute the leader's success to the extent of the availability of the personality traits and the necessary skills. (Traits and skills of success and effectiveness of a leader)

Third: The behavioral approach addresses the issue of effectiveness by focusing on the behavior of the leader influencing the existing variables so that this influence leads to the desired results.

(The behavior practiced by the leader, the variables that exist, success and effectiveness)

Fourth: Situational approach that focuses on the influence of the leader's behavior by the factors of the situation and the standards of effectiveness, so that the factors of the situation and the standards of effectiveness determine the behavior of the leader and his extent of success.

Fifth: the interactive approach (compromise) The owners of this approach believe that the leader's success in a given situation or the leader's effectiveness is related to the leader's traits, skills, and behavior, and to influencing situational factors such as power, strength and ambition.

It is noted that these trends explain the leader's success, either by the strength of the influence or by the traits and skills available to the leader or by the behavior of the leader that affects the situational variables or by the extent to which the leader's behavior is affected by the factors of the situation and the standards of effectiveness.

In sum, the effectiveness of leadership is affected by the extent of the leader's power that he exerts on the subordinates, and the leader is happy in influencing his possession of specific characteristics and required skills, and each position has its important and influential factors that the leader must realize and deal with in a manner that facilitates the achievement of the group's goal.

Leadership vs. Management

The terms leadership and management tend to be used interchangeably, but they're not the same. Leadership requires traits that extend beyond management duties. Both leaders and managers have to manage the resources at their disposal, but true leadership requires more. For example, managers may or may not be described as inspiring by the people working under them, but a leader must inspire those who follow them.

Another difference between leaders and managers is that leaders emphasize innovation above all else. Whereas a manager seeks to inspire their team to meet goals while following

company rules, a leader may be more concerned with setting and achieving lofty goals—even at the expense of existing corporate structures. When a worker has a radical new idea for how to tackle an issue, a leader is likely to encourage that person to pursue the idea.

Managers may be more likely to preserve existing structures because they themselves operate within that structure. They may have bosses above them, so they have less freedom to break rules in the pursuit of lofty goals. Leaders, on the other hand, often operate fairly independently. That allows them to tolerate a greater amount of chaos, so long as they believe it will be worth it in the end.

Leadership styles

A leadership style is a leader's style of providing direction, implementing plans, and motivating people. It is the result of the philosophy, personality, and experience of the leader. Rhetoric specialists have also developed models for understanding leadership (Robert Hariman,2009.

Different situations call for different leadership styles.

Autocratic or authoritarian:

Under the autocratic leadership style, all decision-making powers are centralized in the leader, as with dictators.

Autocratic leaders do not ask or entertain any suggestions or initiatives from subordinates. The autocratic management has been successful as it provides strong motivation to the manager. It permits quick decision-making, as only one person decides for the whole group and keeps each decision to him/herself until he/she feels it needs to be shared with the rest of the group, Lewin, K.*; Lippitt, R.; White, R. K. (1939).*

democratic or Participative:

The democratic leadership style consists of the leader sharing the decision-making abilities with group members by promoting the interests of the group members and by practicing social equality. This has also been called shared leadership.

Task-oriented and relationship-oriented

Task-oriented leaders are typically less concerned with the idea of catering to group members, and more concerned with acquiring a certain solution to meet a production goal. For this reason, they typically are able to make sure that deadlines are met, yet their group members' well-being may suffer. These leaders have absolute focus on the goal and the tasks cut out for each member.

Relationship-oriented leaders are focused on developing the team and the relationships in it. The positives to having this kind of environment are that team members are more motivated and have support. However, the emphasis on relations as opposed to getting a job done might make productivity suffer.

Paternalism:

Paternalism leadership styles often reflect a father-figure mindset. The structure of team is organized hierarchically where the leader is viewed above the followers. The leader also provides both professional and personal direction in the lives of the members. There is often a limitation on the choices that the members can choose from due to the heavy direction given by the leader.

The term paternalism is from the Latin pater meaning "father". The leader is most often a male. This leadership style is often found in Russia, Africa, and Pacific Asian Societies, Aycan, Z..

Refferences

1- World Health Organization 2003, 20 Avenue Appia, 1211 Geneva 27, Switzerland.

2- the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.)

3- Medically reviewed by Timothy J. Legg, Ph.D., CRNP — Written by Adam Felman on April 13, 2020.

4- http://www.who.int/mental_health/media/investing_mnh

5- *Marty, Meghan A.; Segal, Daniel L. (2015). "DSM-5". The Encyclopedia of Clinical Psychology. American Cancer Society. pp. 1–6. doi:*

6- Durham Health Connection Line 905-666-6241 durham.ca

7- *Marty, Meghan A.; Segal, Daniel L. (2015). "DSM-5". The Encyclopedia of Clinical Psychology. American Cancer Society. pp. 1–6. doi:10.1002/9781118625392.wbecp308. ISBN 978111862 5392.*

8- *Butcher, James; Mineka, Susan; Hooley, Jill (2007). Abnormal Psychology and Modern Life (13th ed). Boston, MA: Allyn & Bacon.*

9- *McLeod, Saul (2014). "The Medical Model". Simply Psychology*. Retrieved 11 February 2017.

10- Durand, V., & Barlow, D. (2016). Essentials of Abnormal Psychology. Boston, MA: Cengage Learning.

11- *Mills, Daniel S. (2003-05-02). "Medical paradigms for the study of problem behaviour: a critical review". Applied Animal Behaviour Science. 81 (3): 265–277. doi:10.1016/S0168-1591(02)00286-1. ISSN 0168-1591.*

12- *"Normal vs. Abnormal Behavior: A Continuum". First Responder's Guide to Abnormal Psychology. Springer, Boston, MA. 2007. pp. 13–18.*

13- David Rosenhan & Martin Seligman (1984) Abnormal Psychology.

14- Carson, R.C., Butcher, J.N. & Mineka, S. (2009) Abnormal psychology and modern life (14th edn). Allyn &Bacon

15- Taormina RJ, Gao JH. Maslow and the motivation hierarchy: measuring satisfaction of the needs. Amazon J Psychol. 2013;126(2):155-77.

16- Gurven M, Von rueden C, Massenkoff M, Kaplan H, Lero vie M. How universal is the Big Five? Testing the five-factor model of personality variation among forager-farmers in the Bolivian Amazon. J Pers Soc Psychol. 2013;104(2):354-70. doi:10.1037/a0030841

17- Allport, G. W. (1937). Personality: A psychological interpretation. New York: H. Holt and. Company.

18- Cattell, R. B. (1965). The scientific analysis of personality. Baltimore: Penguin Books.

19- Eysenck, H. J. (1952). The scientific study of personality.

20- Eysenck, H. J. (1966). Personality and experimental psychology. Bulletin of the British Psychological Society.

21- Eysenck, H. J. (1967). The biological basis of personality (Vol. 689). Transaction publishers.

22- Freud, S. (1905). Three essays on the theory of sexuality. Se, 7.

23-Krapfl JE. Behaviorism and Society. Behav Anal. 2016;39(1):123-9. doi:10.1007/s40614-016-0063-8

24- Malone JC. Did John B. Watson Really "Found" Behaviorism? Behav Anal. 2014;37(1):1-12.

25- Schreibman L, Dawson G, Stahmer AC, et al. Naturalistic Developmental Behavioral Interventions: Empirically Validated Treatments for Autism Spectrum Disorder. J Autism Dev Disord. 2015;45(8):2411-28.

26- Robert Hariman, Political Style, U of Chicago Press, 1995.

27- Philippe-Joseph Salazar, L'Hyperpolitique. Technologies politiques De La Domination, Paris, 2009

28- Susan Ward: University of British Columbia.

29- Headquarters, Department of the Army (2006). "Army Leadership. Competent, Confident, and Agile". FM 6-22. Washington, D.C., 12 October 2006 p. 18. Publication available at Army Knowledge Online (www.us.army.mil) and General Dennis J. Reimer Training and Doctrine Digital Library at (www.train.army.mil).

30- Lewin, K.; Lippitt, R.; White, R. K. (1939). "Patterns of aggressive behavior in experimentally created social climates". Journal of Social Psychology. 10 (2): 271–301. doi:10.1080/00224545.1939.9713366.

31- "Modern leadership and management methods for development organizations". Research Gate. Retrieved 2018-11-07.

32- Griffin, Ronald J. Ebert, Ricky W. (2010). Business essentials (8th ed.). Upper Saddle River, New Jersey: Prentice Hall. pp. 135–136. ISBN 978-0-13-705349-0.

Aycan, Z.. Paternalism: Towards conceptual refinement and operationalization. London: Cambridge University Press. pp. 445–446.