

CHAPTER-1

VARIATIONS IN PSYCHOLOGICAL ATTRIBUTES

Topic-1

Intelligence and Theories of Intelligence

Concepts Covered • Individual Differences in Human Functioning • Psychological attributes and • Different assessment methods in psychology • Intelligence- Definition • Theories of Intelligence: Psychometric Theories, • Theory of Multiple Intelligence, Triarchic Theory of Intelligence, PASS Model of Intelligence • Individual Differences in Intelligence • Assessments of Intelligence and IQ



Revision Notes

Introduction

- It is a well-known fact that Variation is a fact of nature.
- The physical and psychological characteristics of Individuals is not the same.
- Individuals differ in their ability to understand complex ideas, adapt to the environment, learn from experience, engage in various forms of reasoning, and to overcome obstacles.

Individual Differences in Human Functioning

- Variability is a fact of nature and individuals are no exception, hence, within and across the species also, there are individual variations.
- It refers to distinctiveness and variations in people's characteristics and behaviour patterns.
- **Situationism:** A principle which states that situations and circumstances outside oneself have the power to influence behaviour.
- The situationist perspective views human behaviour as resulting from the interaction of external and internal factors.

Assessment of Psychological attributes

Assessment is the first step of understanding the attributes.

The different types of Psychological Attributes are as follow:

- **Assessment:** It refers to the measurement of psychological **attributes** of individuals and their evaluation often using multiple methods in terms of certain standards of comparison.
- Formal assessment is objective, standardized and organised.
- Informal assessment is open to subjective interpretations. problem-solving
- Psychological assessment uses systematic testing procedures to evaluate abilities, behaviours and personal qualities of individuals.

Some domains of Psychological Attributes

- **Intelligence:** It is the global capacity to understand the world, think rationally and use available resources effectively when faced with challenges. It represents, general cognitive competence ability.
- **Aptitude:** It refers to an individual's underlying potential for acquiring skills.
- **Aptitude assessment:** They are used to predict what an individual will be able to do if given proper environment and training.
- **Interest:** It is an individual's preference for engaging in one or more specific activities relative to others.
- **Personality:** It refers to relatively enduring characteristics of a person that makes her or him distinct from others.
- Personality tests try to assess an individual's unique characteristics, e.g., whether one is dominant or submissive, outgoing or withdrawn, moody or emotionally stable etc.
- **Values:** They are enduring beliefs about an ideal mode of behaviour. A set of standard rules, guidelines which a person follows to live his life.

Assessment Methods

- **Psychological test:** It is an objective and standardized measure of an individual's mental and/or behavioural characteristics.

- **Interview:** It involves seeking information from a person on a one-to-one basis.
- **Case Study:** It is an in-depth study of the individual in terms of her/his psychological attributes, psychological history in the context of her/his psychological and physical environment.
- **Observation:** It involves employing systematic, organised and objective procedures to record behavioural phenomena occurring naturally in real time.
- **Self Report:** It is a method in which a person provides factual information about herself/ himself and/or opinions, beliefs, etc. Such information can be obtained by interviews, questionnaires or tests.

The Oxford Dictionary explains intelligence as the power of perceiving, learning, understanding, and knowing. Early intelligence theorists also used these attributes in defining intelligence:

- **Wechsler:** The global and aggregate capacity of an individual to think rationally, act purpose-fully, and to deal effectively with his/her environment. Understood intelligence in terms of its functionality, *i.e.*, its value for adaptation to the environment.
- **Gardner and Sternberg:** An intelligent individual not only adapts to the environment but also actively modifies or shapes it.

Approaches to Study Intelligence

- (a) The **Psychometric** Approach considers intelligence as an aggregate of abilities. It expresses the individual's performance in terms of a single index of cognitive abilities.
- (b) The **Information Processing** Approach describes the processes people use in intellectual reasoning and problem solving. The major focus of this approach is on how an intelligent person acts.

(a) Psychometric Approach:

- **Alfred Binet :** Ability to judge well, reason well and understand well. One similar set of abilities used for solving any or all problems.

(i) Uni/One-Factor Theory (Alfred Binet):

Definition: The ability to judge well, understand well, and reason well.

- First psychologist who formalised the concept of intelligence in terms of mental operations.
- Differentiating more intelligent from less intelligent individuals.
- Conceptualised intelligence as consisting of one similar set of abilities which can be used for solving any or every problem in an individual's environment.
- (ii) **Two-Factor Theory (Charles Spearman) [1927]:**
 - Employed a statistical method called factor analysis.
 - Intelligence consists of a general factor (G-factor) and specific factors (S-factor).
 - **G-Factor:** It includes mental operations which are primary and common to all performances.
 - **S-Factor:** It includes specific abilities (singing, scientists and architects, etc.) which allow individuals to excel in their respective domains.

(iii) Theory of Primary Mental Abilities

(Louis Thurstone): Intelligence consists of 7 primary abilities. They are :

- Verbal Comprehension (grasping meaning of words, concepts, and ideas).
- Numerical Abilities (speed and accuracy in numerical and computational skills).
- Spatial Relations (visualizing patterns and forms).
- Perceptual Speed (speed in perceiving details).
- Word Fluency (using words fluently and flexibly).
- Memory (accuracy in recalling information).
- Inductive Reasoning (deriving general rules from presented facts).

(iv) Hierarchical Model of Intelligence (Arthur Jensen):

Abilities operates at two levels:

- **Level I** – Associative learning. [output is equal to input, rote learning or memory]
- **Level II** – Cognitive competence. [output is more than input] Higher order skills.

(v) Structure of Intellect Model (J.P. Guilford) [1988]:

- Classifies intellectual traits among three dimensions— operations, contents and products
- **Operation:** what the respondent does, e.g., cognition, memory, retention, recording etc.
- **Contents:** the nature of materials or information on which intellectual operations are performed, e.g., visual, auditory, semantic, behavioural.

- **Products:** the form in which information is processed by the respondent, e.g., relations, systems, transformations.

Theory of Multiple Intelligences (Howard Gardner)

- Intelligence is not a single entity; various types of intelligences exist independent of each other. Various types of intelligences interact and work together to find a solution to a problem. Studied persons had shown exceptional abilities in their respective areas and described eight types of intelligence.
 - Linguistic (Use of language-skills):** The capacity to use language fluently and flexibly to express one's thinking and understand others. Persons high on this 'word-smart', e.g., poets and writers.
 - Logical-Mathematical (Scientific thinking and Problem solving):** Skills in problem solving, thinking logically and critically and abstract reasoning, e.g., scientists.
 - Spatial (Visual images & Patterns):** The abilities involved in forming, using and transforming mental images (visual images and patterns), e.g., sculptors, painters, architects, interior decorators.
 - Musical (Sensitivity to rhythm):** The capacity to produce, create and manipulate musical rhythms and patterns.
 - Bodily-Kinaesthetic (Using body flexibly & creatively):** The use of the whole body or portions of it creatively and flexibly for display, construction of products and problem solving, e.g., athletes, dancers, actors.
 - Interpersonal (Awareness of one's own feelings):** Skill of an individual to understand the needs, motives, feelings and behaviours of other people for better understanding and relationship, e.g., psychologists, counsellors, politicians.
 - Intra personal (Awareness of one's own feeling, motives and desires):** Refers to the awareness of one's feelings, motives, desires, knowledge of one's internal strengths and limitations and using that knowledge to effectively relate to others, e.g., philosophers.
 - Naturalistic (Sensitivity towards the natural world):** Complete awareness of our relationship with the natural world and sensitivity to the features of the natural world, e.g., botanists, zoologists.

Triarchic Theory of Intelligence (Robert Sternberg)[1985]:

Definition: The ability to adapt, shape and select the environment to accomplish one's goals and those of one's society and culture.

Three Basic Types of Intelligence:

- (i) **Componential Intelligence/Analytical Intelligence:** The analysis of information to solve problems.

Three components:

- **Knowledge Acquisition**—responsible for learning and acquisition of the ways of doing things.
 - **Meta or Higher Order Component**—planning concerning 'what to do' and 'how to do it'.
 - **Performance Component**—actually doing things.
- (ii) **Experiential/Creative Intelligence:** Using past experiences creatively to solve new problems.
- Ability to integrate different experiences in an original way to make discoveries and inventions.
 - Quickly find out what information is crucial in a given situation.

(iii) **Contextual/Practical**

Intelligence: The ability to deal with environmental demands encountered daily—

- May be called 'street smartness' or 'business sense'
- Easily adapt to their present environment/select a more favourable environment, modify the environment to fit their needs.

3. **Planning, Attention-arousal and Simultaneous-Successive (PASS) Model of Intelligence (J.P. Das, Jack Nagliery, Kirby) [1994]**

- Intellectual activity involves the interdependent functioning of three neurological systems, called the functional units of the brain

➤ **These units are responsible for—**

(i) **Arousal/Attention:**

- Arousal and attention enable a person to process information.
- An optimal level of arousal focuses our attention on the relevant aspects of a problem.
- Too much or too little arousal would interfere with attention and attend to stimuli.

(ii) **Simultaneous and Successive Processing:**

- **Simultaneous:** Perceive the relations among various concepts and integrate – them into a meaningful pattern for comprehension, e.g., RSPM.
- **Successive:** Remember all the information serially so that the recall of one leads to the recall of another, e.g., learning of digits, letters.

(iii) **Planning:** It is an essential part of intelligence.

- Allows us to think of the possible courses of action, implement them to reach a target, and evaluate their effectiveness.
- If a plan does not work, it is modified to suit the requirements of the task or situation.
- These PASS processes operate on a knowledge base developed either formally (by reading, writing, and experimenting) or informally from the environment.
- These processes are interactive and dynamic, yet each has its distinctive function.

Cognitive Assessment System (CAS) (Das and Naglieri):

- Battery of tests meant for individuals between 5-18 years of age.
- Consists of verbal as well as non-verbal tasks that measure basic cognitive functions presumed to be independent of schooling.
- Results of assessment can be used to remedy the cognitive deficits of children with learning problems.

Individual differences in intelligence: The evidence for hereditary influences on intelligence comes mainly from studies on twins and adopted children.

Correlation of Intelligence

- **Separated early in childhood**—show considerable similarity in their intellectual, personality and behavioural characteristics.
- **Adopted Children**—children's intelligence is more similar to their biological rather than adoptive parents.
- **Role of Environment**—as children grow in age, their intelligence level tends to move closer to that of their adoptive parents.
- **Disadvantaged Children**—adopted into families with higher socio-economic status exhibit a large increase in their intelligence scores.

Assessment of Intelligence

- **1905:** Alfred Binet and Theodore Simon made the first successful attempt to formally measure intelligence.
- **1908:** Gave the concepts of Mental Age (MA), it is the measure of a person's intellectual development relative to people of her/his age-group.
- Chronological Age (CA) is the biological age from birth.
- Retardation was two mental age years below the chronological age.
- **1912:** William Stern, a German psychologist, devised the concept of Intelligence Quotient (IQ). IQ refers to the ratio between MA and CA.
- **Formula**—
$$IQ = \frac{\text{Mental Age}}{\text{Chronological Age}} \times 100 \text{ or } IQ = \frac{MA}{CA} \times 100$$
- **Intelligence Quotient (IQ):** It refers to mental age divided by chronological age, and multiplied by 100. $IQ = MA/CA \times 100$
- Average IQ in the population is 100, irrespective of age.
- Frequency distribution for the IQ scores tends to approximate a bell-shaped curve, called the normal curve—symmetrical around the central value, called the mean.



Fundamental Facts

The first attempt to measure intelligence was first made by Alfred Binet along with Simon in 1905. They later on came with the first recognized IQ test known as, Binet-Simon Scale.



Key Words

Attributes: It can be defined as a property, a quality, or a particular characteristic of something.

Psychometric: It is a field of psychology that is concerned with measurement of psychological attributes.

Topic-2

Individual Differences in Intelligence, Characteristics of Emotionally Intelligent persons and aptitude.

Concepts Covered • Variations in Intelligence: Intelligence Deficiency, Intellectual Giftedness • Types of Intelligence tests: Group and Individual tests, Verbal, Non-verbal or performance test, Culture fair and Culture Biased test • Culture and Intelligence • Special Abilities: Aptitude • Creativity



Revision Notes

VARIATIONS IN INTELLIGENCE

1. Intelligence Deficiency (Mentally Retarded/Challenged): The American Association on Mental Deficiency (AAMD) views mental retardation as significantly general intellectual functioning existing concurrently with deficits in adaptive behaviour and sub-average manifested during the developmental period.

In order to be judged as mentally retarded, a person must show:

- Significantly sub-average intellectual functioning, e.g., IQ below 70.
- Deficits in adaptive behaviour or the capacity to be independent and deal effectively with one's environment.
- Deficits must be observed during the developmental period, i.e., between 0-18 years.
- **Mild retardation**—development is typically slower than that of their peers but they can function quite independently, hold jobs and families. Level of retardation increases—lag behind their peers in language and motor skills, and need to be trained in self-care skills and simple social and communication skills.

2. Intellectual Giftedness:

Lewis Terman (1925): Study to show how intelligence was related to occupational success and life adjustment. These individuals show higher performance because of their outstanding potentialities.

Giftedness is an exceptional general ability shown in superior performance in a wide variety of areas.

- **Teacher's perspective:** depends on a combination of high ability, high creativity and high commitment.
- **Early signs of intellectual superiority:** during infancy show larger attention span, good memory, sensitivity to environmental changes, early appearance of language skills.
- Other characteristics are advanced logical thinking and problem solving, high speed in processing information, high-level creative thinking, high self-esteem, independence.
- **Incorrect to equate with brilliant academic performance:** each gifted student possesses different strengths, personalities and characteristics, e.g., athletes.
- Talent refers to remarkable ability in a specific field, e.g., social, and are often called prodigies.
- **Technological intelligence:** It deals with adequacy in skills of attention, observation, analysis, performance, speed, and achievement orientation.

TYPE OF INTELLIGENCE TESTS

1. Group or Individual Tests

Group	Individual
Can be administered to several persons simultaneously	Can be administered to one person at a time
Do not allow an opportunity to be familiar with subject's feelings	Require the test administrator to establish a rapport with the subject
Seek written answers in a MCQ format	Allow oral answers/written answers or manipulation of objects

2. Verbal, Non-Verbal or Performance Tests

Verbal	Non Verbal	Performance
Require verbal responses in either oral or written form.	Use pictures or illustrations as test items, e.g. RSPM.	Require subjects to manipulate objects to perform a task; written language not necessary for answering
Can only be administered to literate people.	Can only be administered to literate people	Can be easily administered to persons from different cultures

3. Culture –Fair or Culture-Biased

Culture Biased	Culture Fair
Show a bias to the culture developed e.g. type of questions and language usage.	Can be applied meaningfully to all cultures.
	Culturally appropriate – does not discriminate against individuals of different cultures.

4. **Performance tests:** These tests require subjects to manipulate objects and other materials to perform a task.

Culture and Intelligence: A major characteristic of intelligence is that it helps individuals to adapt to their environment. The cultural environment provides a context for intelligence to develop. 'Culture is a collective system of customs, beliefs, attitudes and achievements in art and literature.'

Sternberg:

- Notion of contextual or practical intelligence implies that intelligence is a product of culture. Vygotsky (Russian psychologist):
- Culture provides a social context in which people live, grow and understand the world around them.
- Elementary mental functions (e.g., walking, crying) are Universal; the manner in which higher mental functions such as problem-solving and thinking operate are largely culture produced.
- **Equal attention given to cognitive and non-cognitive processes and their integration:**
 - (i) Cognitive capacity (sensitivity to context, understanding, discrimination, problem-solving and effective communication).
 - (ii) Social competence (respect for social order, commitment to elders, the young and the needy, concern about others and recognising others perspectives).
 - (iii) Emotional competence (self-regulation and self-monitoring of emotions, honesty, politeness, good conduct and self-evaluation).
 - (iv) Entrepreneurial competence (commitment, persistence, patience, hard work, vigilance and goal-directed behaviour).



Fundamental Facts

- The first culture fair test was developed by the United States during the second World War. This test was called Army Examination Beta and was used to screen soldiers who were illiterate or had English as a second language.
- There are four pillars of emotional intelligence that controls our ability to regulate our emotions. These are:
 1. Self-awareness
 2. Self-regulation
 3. Empathy
 4. Social skills

Emotional Intelligence

- **Emotional Intelligence:** It is a set of skills that underlie accurate appraisal, expression and regulation of emotions.
 - (i) **Emotional Quotient (EQ):** It involves the ability to perceive and manage one's and other's feelings and emotions to motivate oneself and restrain one's impulses and to handle interpersonal relationships effectively. It is used to express emotional intelligence in the same way as IQ is used to express intelligence.
 - (ii) **Salovey and Mayer:** The ability to monitor one's own and other's emotions, to discriminate among them and to use the information to guide one's thinking and actions.

Special Abilities

Aptitude indicates an individual's capacity to acquire some specific knowledge or skill after training.

- People with similar intelligence-IQ differed widely in acquiring certain knowledge or skills, called aptitudes. With proper training, these abilities can be considerably enhanced.
- Interest is a preference for a particular activity; aptitude is the potentiality to perform that activity.
- In order to be successful in a particular field, a person must have both aptitude and interest.

Aptitude

- Aptitude is defined as an individual's potential and capability to learn and acquire skills and aptitude tests give us a clear picture of what a person is capable of doing.

There are several types of Aptitude tests largely available in two forms:

- Independent (specialized) aptitude tests. – Mechanical, clerical, numerical, tests for specialized fields.
- Multiple (generalized) aptitude tests.- Exist in the form of test batteries. Differential Aptitude test (DAT), General aptitude test battery (GATB), Armed services vocational aptitude battery (ASVAB) are well known.
- DAT is commonly used in educational settings, consisting eight specialized subtests- Verbal, Numerical, Abstract, Clerical speed and accuracy, Mechanical, Space, Spellings and Language tests. (common test)

Creativity

- Creativity refers to the ability to produce ideas, objects and problem solutions that are novel and appropriate.
- It refers to the ability to think in novel and unusual ways and to come up with unique solutions to problems.
- Creativity involves the production of the something new and original; it may be an idea, object or solution to a problem.
- Creativity can get manifested in different levels and in different areas.
- Everyday creativity/Day to day creativity. It could be reflected in day to day activities like writing, teaching, storytelling, flower arrangement, dance etc.
- Special talent creativity/Higher order creativity. It is related to outstanding creative achievements e.g. inventions and discoveries.
- Creativity is always reality oriented, appropriate, constructive and socially desirable.
- Everyday creativity could be seen in terms of the level and the areas in which they exhibit creativity and that all may not be operating at the same level.
- Researches suggest that children mostly express their imagination through physical activities and in non-verbal ways, although when language and intellectual functions are fully developed and store of knowledge is adequately available then creativity is expressed through verbal modes too.
- There is no disagreement that creativity is determined by both heredity and environment.
- Limits of the creative potential are set by heredity.
- Environmental factors stimulate the development of creativity.
- No amount of training can transform an average person to develop special talent creativity or higher order creativity like Tagore, Einstein or Shakespeare.

Creativity and Intelligence

- Creativity is a phenomenon whereby something new and valuable is formed. The created item may be intangible (such as an idea, a scientific theory, a musical composition or a joke) or a physical object (such as an invention, a literary work or a painting).
- Terman in 1920 found that certain level of intelligence is necessary to be creative, but a high level of intelligence, however, does not ensure that a person would certainly be creative.
- Researchers have found that both high and low levels of creativity can be formed in highly intelligent children and also children of average intelligence.
- The Relationship between creativity and intelligence is positive.
- There are differences in the potential for creativity across individuals and how Creativity is expressed.
- Creativity can be expressed in writing, dance, poetry, science and so on.
- Manifestation of creativity can be seen in a poem, painting, new chemical process, an innovation of law, a breakthrough in science in preventing disease.
- Names of some highly creative persons in the history: Tagore, Einstein, C.V.Raman, Ramanujan etc. for their outstanding contribution in various fields.
- The definition of creativity has broadened and it includes ordinary people in creative occupations like Pottery, carpentry, cooking etc.

CHAPTER-2

SELF AND PERSONALITY

Topic-1

Personality and Major Approaches to the Study of Personality

Concepts Covered • Introduction about self and personality • Concept of Self • Cognitive and Behavioural aspects of Self- Self esteem, Self regulation, Self control, Self efficacy • Culture and Self • Concept of Personality • Approaches to study Personality- Type, Trait, Interactional, Psychodynamic, Post Freudian, Behavioural, Cultural, Humanistic approach



Revision Notes

Introduction about Self and Personality:

The study of self and and personality helps us to understand ourselves as well as others.

- **Self and Personality**—can be referred to as the characteristics in which we define our existence. These characteristics are usually acquired from our experiences and they show up in our behaviour. These characteristics make people different from each other. Hence, they behave differently in similar situations. Also, the same people behave almost similarly in different situations. Hence it is safe to say that different people have different personalities in different situations.

Concept of Self:

- Totality of an individual's conscious experiences, ideas, thoughts and feelings with regard to her/himself developed since the beginning (childhood days). These experiences and ideas define the existence of an individual both at personal and social level. Parents, friends, teachers and other significant people around ourselves.
- **Self can be classified under two different identities:**
 - Personal identity refers to those attributes of a person that make him/her different from others.
 - Social identity refers to those aspects of a person that link him/her to a social or cultural group or are derived from it.

Cognitive and Behavioural aspects of Self

- (a) **Self-Esteem:** The personal value and worth judgement by a person about her/himself is termed as Self-esteem.
- **High Self-esteem:** Those who think highly of themselves, more accepted by others. Are generally happier, more confident, usually perform better at school/work.
 - **Low Self-esteem:** Those who feel less accepted and valued by others. Are generally anxious, depressed and may develop antisocial behaviour.

By the age of 6-7 years: Every child seems to have formed self-esteem least in four areas.

- Academic competence
- Social competence
- Physical/athletic competence
- Physical appearance

Self esteem has a strong relationship with our everyday behaviour. Children with low self-esteem in all areas often display anxiety, depression and increasing anti social behaviour. Children with high academic self esteem perform better in schools and more liked by their peers than those with low social self esteem.

- (b) **Self-regulation:** It is the ability to organise and monitor our own behaviour.

High self-regulation: It refers to those people who are able to change their behaviour according to the demands of the external environment.

Will power: It is the resistance to situational pressures and control over ourselves.

- (c) **Self-control:** Learning to delay or defer the gratification of needs is called self-control.

Psychological techniques of self-control:

- Observation of own behaviour
- Self-instructions-to instruct oneself on do something

- Self-reinforcement-Rewarding behaviours that have pleasant outcomes.

(d) **Self-efficacy** is another important aspect of our self.

Self-efficacy is the extent to which a person believes he/she himself/herself controls his/her life outcomes or the outcomes are controlled by luck or fate or other situational factors.

- A person who believes that he/she has the ability or behaviour required by a particular situation demonstrates high self-efficacy.
- The concept was originally proposed by the psychologists Albert Bandura. He showed that children and adults learned behaviour by observing and imitating others.
- People's expectations of achievement also determine the type of behaviour in which they would engage, as also the amount of risk they would undertake.
- A strong sense of self-efficacy promotes human accomplishment and personal view challenges as things that are supposed to be mastered rather than threats to avoid. These people are able to recover from failure faster and are more likely to attribute failure to a lack of efforts.
- Society, parents and their own positive experiences can help in the development of a strong sense of self-efficacy by presenting positive models during the formative years of children.

Culture and Self

- Several aspects of Self are linked to the characteristics and features of the culture in which an individual lives. e.g. Distinction between Indian and Western cultures.

Western Perspective:

- In western culture the Individual (self) and the cultural group are two different identities
- The boundaries between self and group are clearly defined.
- Individual members of the group maintain their individuality.
- Western culture is Individualistic.

Indian Perspective:

- Shifting nature of boundary between self and others.
- In Indian Culture, Self is not separated from one's own group
- They both (self & group) remain in a state of harmonious coexistence.
- Lots of dependency and no clear boundaries.
- Indian culture is Collectivistic.

Concept of Personality

- Personality refers to individual differences in characteristics patterns of thinking.
- It is derived from 'persona' (Latin), the mask used by actors in Roman theatre for changing their facial make-up.
- Once we are able to characterise someone's personality, we can predict how that person will probably behave in a variety of circumstances. An understanding of personality allows us to deal with people in realistic and acceptable ways.
- **Features of Personality:**
 - The two components of personality are physical and psychological components.
 - Its expression in terms of behaviour is fairly unique in a given individual.
 - The features of personality don't change over the time completely.
 - Internal or external situational demands; adaptive to situational demand might change features of personality to certain extent.

Approaches to Study Personality

- A number of approaches and theories have been developed to understand and explain personality. Main approaches to the study of personality are:
 1. The type approach
 2. The trait approach
 3. The interactional approach
 4. Psychodynamic approach
 5. Post freudian approach
 6. Behavioural approach

7. Cultural approach
8. Humanistic approach

1. TYPE APPROACH

(a) **Hippocrates (Greek Physician):** One of the first 'type' theories that was proposed around 400 BC by Hippocrates, a Greek physician known as the Father of Medicine. This focuses on people's (character) characteristics like submissiveness, shyness and so-forth and how these characteristics are organized into systems. He grouped people into four **temperament** types.

- **Sanguine**—cheerful, vigorous, confidently optimistic
- **Melancholic**—depressed, morose
- **Choleric**—hot tempered
- **Phlegmatic**—Slow moving, calm, unexcitable.

Since the time of Hippocrates, other ways of grouping people into types have been tried. The grouping or sets of types or typologies.

A type is simply a class of individuals said to share a common collection of characteristics. For example, introverts could be described as people who share characteristics such as shyness, social withdrawal and a tendency not to talk much, while extroverts share a tendency to be outgoing, friendly and talkative.

(b) **Charak Samhita (Treatise on Ayurveda)**

- Classifies people into the categories of vata, pitta and kapha on the basis of three humoral elements called tridosha.
- Each refers to a type of temperament, called prakriti (basic nature) of a person.

(c) **Typology of personality based on the trigunas, i.e., sattva, rajas, and tamas.**

All the three gunas are present in every person in different degrees—the dominance of any guna leads to a particular type of behaviour.

- **Sattva guna**—cleanliness, truthfulness, dutifulness, detachment, discipline.
- **Rajas guna**—intensive activity, desire for sense gratification, dissatisfaction, envy, materialism.
- **Tamas guna**—anger, arrogance, depression, laziness, helplessness

(d) **Sheldon**

Using body built and temperament as the main basis for classification:

- **Endomorphic (fat, soft and round)**—plump relaxed and round sociable tempered and relaxed paunch indicates excess viscera as fat.
- **Mesomorphic (strong musculature, rectangular, strong body build)**—This component refers to the bone and muscles energetic and courageous.
- **Ectomorphic (thin, long, fragile)**—This is based upon delicacy of skin, fine hair and a sonotic-narrow system, brainy, artistic and introverted.

Limited use in predicting behaviour—simple and similar to stereotypes.

(e) **Jung grouped people into two types: widely recognised.**

- **Introverts:** People who prefer to be alone, tend to avoid others, withdraw themselves in the face of emotional conflicts, and are shy.
- **Extroverts:** Sociable, outgoing, drawn to occupations that allow dealing directly with people, and react to stress by trying to lose themselves among people and social activity.

(f) **Friedman and Roesenman tried to identify psycho-social risk factors and discovered types.**

- **Type-A** (susceptible to hypertension and coronary heart disease): Highly motivated, impatience, feel short of time, be in a great hurry, and feel like being always burdened with work. Such people find it difficult to slow down and relax.
- **Type-B** The absence of Type-A traits. Morris continued this research and identified.
- **Type-C** (prone to cancer): Co-operative, unassertive patient, suppress negative emotion, show compliance to authority.
- **Type-D** (prone to depression): Personality typologies are usually too simplistic as human behaviour is highly complex and variable. Assigning people to a particular personality type is difficult. People do not fit into such simple categorisation schemes so neatly.

2. Trait Approach

A **trait** is considered as a relatively enduring attribute or quality on which one individual differs from another. The trait theory of personality suggests that people have certain basic traits and intensity of those traits that account for personality difference.

(a) **Allport's Trait Theory (Gordon Allport)**: Individuals possess a number of traits—dynamic in nature that determine behaviour.

- **Analysed words people use to describe themselves**—provided a basic for understanding human personality—and categorised them into—
- **Cardinal Traits**: highly generalised disposition, indicates the goal around which a person's entire life revolves, rare and dominating usually developing later in life e.g., Hitler's Nazism.
- **Central Traits**: less pervasive in effect, but still quite generalised disposition. e.g., sincere, intelligent, honest, shy and anxious.
- **Secondary Traits**: least generalised characteristics of a person, e.g., like impatience while waiting in line.
- The way an individual reacts to a situation depends on his/her traits.
- People sharing the same traits might express them in different ways.

(b) **Personality Factors (Raymond Cattell) [16 PF theory]**

- Identified primary traits from descriptive adjectives found in language.
- Applied factor analysis, a statistical technique to discover the common structure on which people differ from each other.
 - Source or Primary Traits (16): stable, building blocks of personality which are described in terms of opposing tendencies.
 - Surface Traits: result out of the interaction of source traits.
- Developed Sixteen Personality Factor (16PF) Questionnaire for the assessment of personality.

(c) **Eysenck's Theory (H.J. Eysenck)**

- Eysenck proposed a theory of personality based on biological factors, arguing that individual inherit a type of nervous system that affects their ability to learn and adapt to the environment.
 - Neuroticism (anxious, moody, touchy, restless) vs. Emotional stability (calm, even tempered, reliable)—the degree to which people have control over their feelings.
 - Extraversion (active, gregarious, impulsive, thrill seeking) vs. Introversion (passive, quiet, caution, reserved)—the degree to which people are socially outgoing or socially withdrawn.
- Later proposed a third dimension, Psychoticism (hostile, electric, and antisocial) vs. Sociability, considered to interact with the other two dimensions.
- Developed Eysenck Personality Questionnaires to study dimensions of personality.
- Useful in understanding the personality profile of people across cultures
- Consistent with the analysis of personality traits found in different languages and methods

Five Factor Model of Personality:

- Paul Costa and Robert McCrae have examined all possible personality traits. They indicated set of Big five factors, which are useful and consistent in analysing personality traits across cultures, languages, hence most promising empirical approach to study personality.
 - Openness to experience — (Intellect)
 - Extraversion — (Sociable talkative)
 - Agreeableness— (Briefly and co-operative)
 - Neuroticism— (Emotional stability)
 - Conscientiousness—(More aware of their action)

3. Interactional Approach

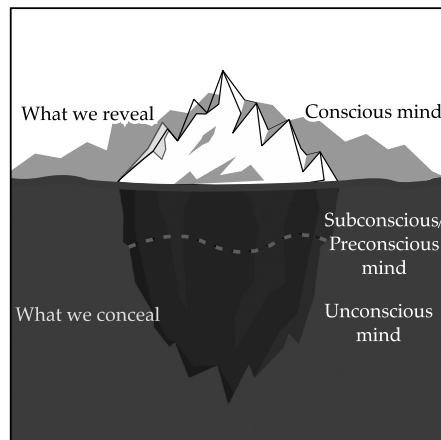
- This theory claims that situational characteristics play an important role in determining our behaviour. People may behave as dependent or independent not because of their internal trait, but because of external rewards or threats. The compelling situations can be used to observe people's behaviour in places like a market, a courtroom, or a place of worship.

4. Psycho-Dynamic Approach (Sigmund Freud)

➤ Levels of Consciousness

- **Conscious**—thoughts, feelings and action of which people are aware. This includes our current thought.
- **Preconscious**—mental activity which people may become aware only if they attend to it closely.

- **Unconscious**—mental activity that people are unaware of these include fears, unacceptable sexual desires, selfish needs, violent motives, and shameful experiences.



Levels of Consciousness

1. Freud gave an imaginary division of mind that believed in internal dynamics which can be inferred from the ways people behave.
2. Three competing forces that make up the Structure of Personality —*i.e.* Id, ego and superego that make up the structure of personality.

➤ **ID:**

- Source of a person's instinctual energy—deals with immediate gratification of primitive needs, sexual desires and aggressive impulses.
- Works on the pleasure principle, which assumes that people seek pleasure and try to avoid pain.
- Demanding, unrealistic and does not care for moral values, society, or other individuals.
- Energised by instinctual forces, life instinct (libido) and death instinct.

➤ **Ego:**

- Seeks to satisfy an individual's instinctual needs in accordance with reality.
- Works on the reality principle, and directs the id towards more appropriate ways of behaving.
- Patient and reasonable.

➤ **Superego:**

- Moral branch of mental functioning.
- Tells the id and ego whether gratification in a particular instance is ethical
- Controls the id by internalising the parental.

According to Freud, personality is biologically determined. It is instinctive. Life instinct and death instinct determine behaviour.

- Life instinct is dominant in human behaviour.

➤ **Ego Defence Mechanisms**

1. A defence mechanism is a way of reducing anxiety by distorting reality unconsciously.
2. It defends the ego against the awareness of the instinctual reality.
3. It is normal and adaptive; people who use mechanisms are often unaware of doing so.
 - (i) **Repression:** Anxiety provoking behaviours or thoughts are totally dismissed by the unconscious.
 - (ii) **Projection:** People attribute their own traits on others.
 - (iii) **Denial:** A person totally refuses to accept reality.
 - (iv) **Reaction Formation:** A person defends against anxiety by adopting behaviours opposite to his/her true feelings.
 - (v) **Rationalisation:** A person tries to make unreasonable feelings or behaviour seem reasonable and acceptable.

➤ **Stages of Personality/Psychosexual Development (Five Stage Theory of Personality)**

- The core aspects of personality are established early, remain stable throughout life, and can be changed only with great difficulty.

- Problems encountered at any stage may arrest development, and have long-term effect on a person's life.
- The stages include oral stage, anal stage, phallic stage, latency and genital stage.
- **Oedipus Complex (Male)**
 - Love for mother, hostility towards the father, and fear of punishment or castration by the father.
 - Accepts his father's relationship with his mother and models his own behaviour after his father.
- **Electra Complex (Female)**
 - Attaches her love to the father and tries to symbolically marry him and raise a family.
 - Identifies with her mother and copies her behaviour as a means of getting (or sharing in) her father's affection.
- **Resolution of Complex**
 - Identification with same sex parent.
 - Giving up sexual feeling for sex parent.
 - Failure of a child to pass successfully through a stage leads to fixation to that stage. The child's development gets arrested at an earlier stage.
 - Regression occurs when a person's resolution of problems at any stage of development is less than adequate. People display behaviours typing of a less mature stage of development.
- **Post-Freudian Approach Neo-Analytic or Post-Freudian View**
 - A number of theory- developed their ideas following Freud.
 - These theories are less characteristics of sexual and aggressive tendencies of the Id and the expansion of the concept of ego.
 - Less prominent role to sexual and aggressive tendencies of the Id.



Fundamental Fact

Carl Jung gave the term Introverts and Extroverts.

- Expansion of the concept ego.
 - Emphasis on human qualities of creativity, competence, and problem-solving.
1. **Carl Jung:** Aims and Aspirations are the source of energy. Jung worked with Freud in his early stage of career. Later he broke away as he believed that human beings are also driven by their aims and ambitions besides sex and aggression.
 - Saw human beings as guided by aims and aspirations.
 - Analytical Psychology; personality consists of competing forces and structures within the individual (that must be balanced) rather than between the individual and the demand of society, or between the individual and reality.
 - Collective unconscious consisting of archetypes or primordial images; not individually acquired, but are inherited—found in myths, dreams and arts of all mankind.
 - The self-strove for unity and oneness; for achieving which, a person must become increasingly aware of the wisdom available in one's personal and collective unconscious, and must learn to live in harmony with it.
 2. **Karen Horney: Optimism**
 - Optimistic view of human life with emphasis on human growth and self actualisation
 - Challenge to Freud's treatment of women as inferior—each sex has attributes to be admire by the other, and neither sex can be viewed as superior or inferior; countered that women were more likely to be affected by social and cultural factors than by biological factors.
 - Psychological disorders were caused by disturbed interpersonal relationships during childhood.
 - When a parent's behaviour toward a child is indifferent, discouraging and erratic, the child feels insecure and a feeling called basic anxiety results—deep resentment toward parents or basic hostility occurs due to this anxiety.
 3. **Alfred Adler:** Lifestyle and Social Interest source of energy-attainment of personal goals.

- Individual Psychology: human behaviour is purposeful and goal directed.
 - Each one of us has the capacity to choose and create.
 - Personal goals, goals that provide us with security and help us in overcoming the feelings of inadequacy, are the sources of our motivation.
 - Every individual suffers from the feeling of inadequacy and guilt, i.e., inferiority complex, which arise from childhood.
 - He believed human beings are social beings and psychological quantities such as growth and realization resulted from desire of freedom and striving.
4. **Erich Fromm:** The Human Concerns
- Social orientation viewed human beings as social beings who could be understood in terms of their relationship with others.
 - Character traits (personality) develop from our experiences with their individuals.
 - Psychological qualities such as growth from our experiences of potentials resulted from a desire for freedom and striving for justice and truth.
 - People's dominant character traits in a given work as forces in shaping the social processes and the culture itself.
5. **Erik Erikson:** Search for Identity
- Rational, conscious ego processes in personality development.
 - Development is viewed as a lifelong process, and ego identity is granted a central place in this process.
 - Identity crisis at the adolescent age—young people must generate for themselves a central perspective and a direction that can give them a meaningful sense of unity and purpose.

Criticism to Psychodynamic Theories

- The theories are largely based on case studies; they lack a rigorous scientific basis.
- They use small and a typical individual as samples for advancing generalisations.
- The concepts are not properly defined, and it is difficult to submit them to scientific testing.
- Freud has used males as the prototype of all human personality development and overlooked female experiences and perspectives.
- Freud focused only on the unconscious aspect of the mind while ignoring other aspects.

6. Behavioural Approach

John B. Watson was the founder behaviourist approach but B.F Skinner was most influential behaviourist.

- **Focus on learning of stimulus**—response connection and their reinforcement.
 1. This approach involves classical conditioning and operant conditioning and works on the basis that learning can form personality.
 2. The focus is majorly on overt (seen) behaviour.
 3. This approach says that an individual personality is based on his/her behaviour and not on what is happening in their mind.

7. Cultural Approach

- Considers personality as an adaptation of individuals or groups to the demand of their ecology and culture.
- A group's economic maintenance system plays a vital role in the origin of cultural and behavioural variations.
- The climatic conditions, the nature of terrain of the habitat and the availability of food determine people's settlement patterns, social structures, division of labour, and other features such as child-rearing practices. Economic maintenance system.
- These elements constitute a child's overall learning environment—skills, abilities, behavioural styles, and value priorities are viewed as strongly linked to these features.

8. Humanistic Approach Carl Rogers

Carl Rogers (1902-1987) was a humanistic psychologist who agreed with the main assumptions of Abraham Maslow. However, Rogers (1959) added that for a person to "grow", they need an environment that provides them with genuineness (openness and self-disclosure), acceptance (being seen with unconditional positive regard), and empathy (being listened to and understood).

- Without these, relationships and healthy personalities will not develop as they should, much like a tree will not grow without sunlight and water.

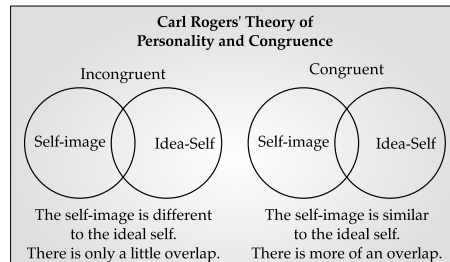


Fundamental Fact

Abraham Maslow is considered as the founder and spiritual leader of humanistic psychology movement.

1. Rogers identified five characteristics of the fully functioning person:

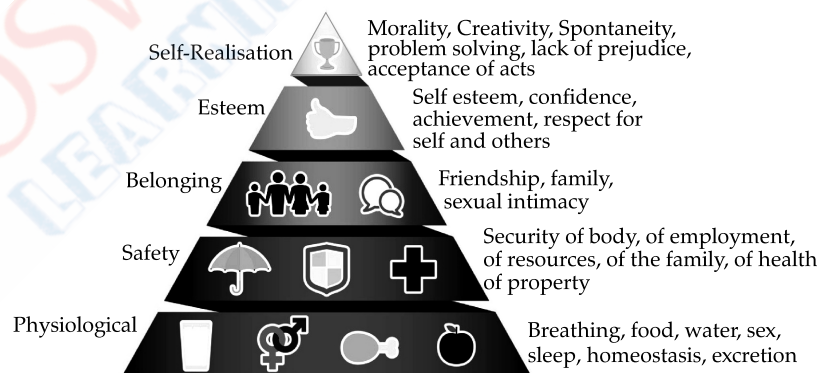
- **Open to experience:** both positive and negative emotions accepted. Negative feelings are not denied, but worked through (rather than resorting to ego defence mechanisms).



- **Existential living:** in touch with different experiences as they occur in life, avoiding prejudging and preconceptions. Being able to live and fully appreciate the present, not always looking back to the past or forward to the future (*i.e.*, living for the moment).
 - **Trust feelings:** feeling, instincts, and gut-reactions are paid attention to and trusted. People's own decisions are the right ones, and we should trust ourselves to make the right choices.
 - **Creativity:** creative thinking and risk-taking are features of a person's life. A person does not play safe all the time. This involves the ability to adjust and change and seek new experiences.
 - **Fulfilled life:** a person is happy and satisfied with life, and always looking for new challenges and experiences.
2. **Assumptions about human behaviour:**
 - (i) It is goal-oriented and worthwhile.
 - (ii) People (who are innately good) will almost always choose adaptive, **self-actualising** behaviour.
 3. People are constantly engaged in the process of actualising their true self.
 4. Ideal self is the self that a person would like to be—correspondence between ideal and real self = happiness, discrepancy = dissatisfaction.
 5. People have a tendency to maximise self-concept through **self-actualisation**.
 6. Personality development is a continuous process.
 7. Role of social influences in the development of self-concept—positive social conditions lead to a high self-concept and self-esteem, generally flexible and open to new experiences.
 8. An atmosphere of unconditional positive regard must be created in order to ensure enhancement of people's self-concept.
 9. Client- centered therapy that Rogers developed basically attempts to create this condition.

➤ **ABRAHAM MASLOW**

MASLOW'S HIERARCHY OF NEEDS



Key Words

1. **Self Actualization:** Complete acceptance and functioning- "What a man can be, he must be!"
2. **Temperament:** Biologically based characteristic way of reacting.
3. **Trait:** Stable, persistent, and specific way of behaving.

1. Attainment of self-actualisation, a state in which people have reached their own fullest potential.
2. Optimistic and positive view of man who has the potentialities for love, joy and to do creative work.
3. Human beings are considered free to shape their lives and to self-actualisation.
4. Self-actualisation becomes possible by analysing the motivations that govern our life.

Who is a healthy person? As per humanistic approach

- According to Humanistic theory no one can be a healthy person by merely adjusting to the society.
- **The characteristics of a healthy person are as follows:**
 1. Awareness of self, one's feelings and their limits and accept themselves.
 2. Experience Here and now, Mindfulness.
 3. Don't live in the past and suffer the future through anxious expectations and distorted defenses.

Topic-2

Assessment of Personality

Concepts Covered • Assessment of Personality- Self Report Measures, Projective Techniques, Behavioural Analysis, Interview, Observation. • Behavioural Ratings, • Nominations, • Situational Tests



Revision Notes

Assessment of Personality

Personality can be assessed using different techniques.

- A formal effort aimed at understanding personality of an individual is termed as personality assessment. Assessment refers to the procedures used to evaluate or differentiate people on the basis of certain characteristics. The goal of assessment is to understand and predict behaviour with minimum error and maximum accuracy. In assessment, we try to study what a person generally does, or how s/he behaves, in a given situation. Besides promoting our understanding, assessment is also useful for diagnosis, training, placement, counselling, and other purposes. Psychologists have tried to assess personality in various ways.
- Psychologists have tried to assess personality in various ways. The most commonly used techniques are Psychometric Tests, Self-Report Measures, Projective Techniques, and Behavioural Analysis
- **Self-report measures:** These are fairly, structured, measures, often based one theory that require subjects to give verbal responses using some kind of rating scale.
 - **Minnesota Multiphasic Personality Inventory (MMPI):** developed for psychiatric diagnosis but later applied to a variety of psychopathology- hypochondriasis, depression, hysteria masculinity, femininity. True/false questions.
 - **Eysenck Personality Questionnaire: (EPQ)** Tests 2 dimensions of personality- Introverted / Extraverted and Emotionally stable/unstable. Later, Eysenck added 3rd dimension to this theory psychoticism (lack of feelings for others). Such people have a tough manner of interaction, tendency to defy social conventions.
 - **Cattell- Sixteen personality factor questionnaire – (16PF).** The tests provide declarative statements and the subjects respond to the specific situation by choosing from a set of given alternatives.
- **Uses of Self-report test:**
 - Career guidance, vocational exploration and occupational testing for students/adults.
 - To assess specific dimensions of personality type (e.g. authoritarianism, locus of control, optimism)



Fundamental Fact

The most widely used personality test is MBTI (Myers-Briggs Type Indicator).

- **Limitations of Self-report tests:**
 - **Social desirability:** This is a tendency on part of a student to endorse/select responses based on socially desirable behaviour.
 - **Acquiescence:** It is a tendency of the subject of saying Yes to items irrespective of the content, which makes it less reliable for an effective outcome. Hesitant to open: This being a direct method where assessment is based on the information directly obtained from the subject, hence he knows that he has been assessed for personality and gets self-conscious and hesitates to share his private feelings. Hence these tests should be performed under careful supervision of an expert or a trained person.

- **Projective Technique:** This technique is an indirect method, used to uncover and assess the large part of the behaviour which is governed by unconscious motives, as direct (self-report) methods cannot assess this. This technique helps in overcoming the shortcoming of paper pencil tests in measuring the person's personality.
- **Methods include:** Reporting association with stimuli- words, inkblots, story writing around pictures, some require sentence completion, expression through drawings. Features of this technique:
 - The stimuli are relatively or fully unstructured and poorly defined.
 - The subject is not told about the purpose of assessment and method of scoring and interpretation.
 - The person is informed that there is no correct or incorrect answer.
 - Each response is considered to reveal a significant aspect of personality.
 - Scoring and interpretation are lengthy and sometimes subjective.
- **Examples of Projective tests:**
 1. **Rorschach Inkblot Test:** This test was developed by Hermann Rorschach. The tests consist of 10 inkblots (5 black and white, 2 red and remaining pastel colours) printed in the centre of a cardboard of 7" by 10".
 - **1st Phase- Performance proper:** Subjects are shown the cards and are asked to tell what they see in each.
 - **2nd Phase- Inquiry:** A detailed report of responses is prepared by asking the subject to tell on where, how and on what basis a particular response made. Use of the test requires extensive training to make fine judgement and interpretation.
 2. **The Thematic Apperception Test (TAT):** This test was developed by Morgan and Murray. It is a little more structured than the Inkblot test. The test consists of 30 black and white picture cards and one blank card. Each picture card depicts one or more people in a variety of situations. Each picture is printed on a card. Some cards are used with adult males or females. Others are used with boys or girls. Still others are used in some combinations. Twenty cards are appropriate for a subject, although a lesser number of cards (even five) have also been successfully used. The cards are presented one at a time. The subject is asked to tell a story describing the situation presented in the picture: What led up to the situation, what is happening at the moment, what will happen in the future, and what the characters are feeling and thinking? A standard procedure is available for scoring TAT responses. The test has been modified for children and for the aged. Uma Chaudhury's Indian adaptation of TAT is also available.
 3. **Sentence Completion Test:** This test makes use of a number of incomplete sentences. The starting part of the sentence is first presented and the subject has to provide an ending to the sentence. It is held that the type of endings used by the subjects reflect their attitudes, motivation and conflicts. The test provides subjects with several opportunities to reveal their underlying unconscious motivations.

A few sample items of a sentence completion test are given below.

 1. My father.....
 2. My greatest fear is.....
 3. The best thing about my mother is.....
 4. I am proud of.....
 4. **Draw-a-Person test:** In this test subject is provided with a pencil, eraser and sheet and asked to draw a picture of a person. After the completion of the drawing, the subject is asked to draw a picture of a person of the opposite gender. Subject is asked to make a story about the person as if he/she was a character of a movie/novel. Some examples of the interpretation as follows:
 - Omission of facial features suggests that the person tries to evade a highly conflict-ridden interpersonal relationship.
 - Graphic emphasis on the neck suggests lack of control over impulses.
 - Disproportionately large size of the head suggests organic brain disease or preoccupation with headaches.
- **Behavioural Analysis:** A person's behaviour in a variety of situations can provide us with meaningful information about her/his personality. Observation of behaviour serves as the basis of behavioural analysis. An observer's report may contain data obtained from interview, observation, ratings, nomination, and situational tests. We will examine these different procedures in some detail.
- **Interview:** Interview is a commonly used method for assessing personality. This involves seeking information from a person on a one to one basis. Diagnostic interviewing generally involves in-depth interviewing which seeks to go beyond the replies given by the person. Interviews may be structured or unstructured depending on the purpose or goals of assessment. In unstructured interviews, the conversation can go in any direction and in unstructured way.
- **Observation:** Use of Observation for a personality assessment is a sophisticated procedure that cannot be carried out by untrained people. It requires careful training of the observer and fairly detailed guidelines to carry out analysis to use observations to assess personality.
- **In spite of the widespread use of this method, it has the following limitations:**
 - Professional training is required for collection of useful data and is quite demanding and time consuming.

- Maturity of the observer is a precondition. Else personal biases can alter the assessment.
 - Mere presence of the observer may contaminate the results.
 - Daily routine life events are ignored or unnoticed in the process of observations.
- **Behavioural Ratings:** Behavioural ratings are frequently used for personality assessment of individuals in an educational or industrial settings. Behavioural ratings are generally taken from the people who know the assessee intimately and have interacted over a period of time. Those rating have drawbacks such as—halo effect middle category bias and extreme response bias. In order to use ratings, the traits should be clearly defined in terms of carefully stated behavioural anchors.
- **Limitations of Behavioural Rating method:**
- Raters generally display biases that colour their judgements of different traits. For example, most are greatly influenced by a single favourable/unfavourable trait which colours the overall judgment on all the traits. This is called 'Halo effect.'
 - Raters tend to place individuals in the middle of the scale (middle category bias) or in the extreme positions (called extreme **response bias**).
- **Nominations:** in this method people in a group who know each other for a long period are asked to nominate another person from the group with whom they would like to work/play/do some activity. Then they are asked to state the reason why they would have nominated that person.
- **Situational tests:** A variety of situational tests have been devised for the assessment of personality. Most commonly used test is –Situational Stress test. It provides us information on how a person behaves under stressful conditions. In performing this test, the person is given a task under a stressful environment, where others are instructed not to provide any support and act non-cooperative. This is kind of role playing. The subject is observed and a report is prepared.



Key Word

Response Bias: Tendency of participant to answer inaccurately or falsely according to their prior experiences or inclination to a certain idea.

CHAPTER-3

MEETING LIFE CHALLENGES

Topic-1

Nature, Types, Sources of Stress and Effects of Stress

Concepts Covered • Basic Features of Stress • Nature of Stress • Signs and symptoms of stress
 • Types of stress • Sources of Stress • Effects of Stress on Psychological • Functioning and Health • General Adaptation Syndrome • Stress and Immune System
 • Stress and Lifestyle



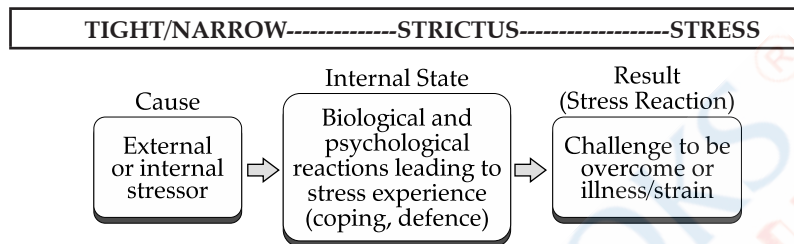
Revision Notes

Basic Features of stress

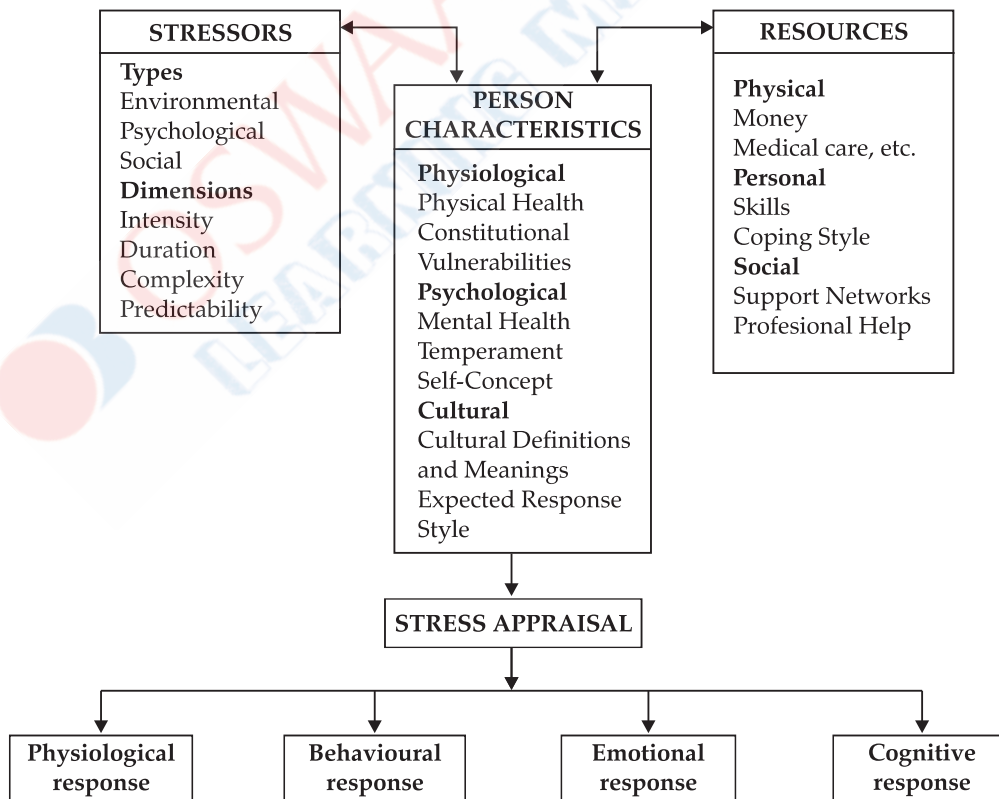
- Stress is a part of life. Stress is neither a *stimulus* nor a response but an ongoing transactional process between the individual and the environment.
- Life's challenges are posed under various circumstances like examination in student's life, challenges about a career, or of a child who loses his/her parents, a young woman who loses her husband in an accident etc. All of us try to meet these challenges in our own way.
- All life's challenges are not necessarily stressful. It depends on how a challenge is viewed. Stress is like electricity which provides energy but too high or too little energy, becomes hazardous. Similarly, too much stress or too little stress have adverse effects on our well-being, optimum stress is healthy.
- Stress can be defined as the pattern of responses an organism makes to stimulus event that disturbs the equilibrium and exceeds a person's ability to cope.

Stress has two levels:

- **Eustress:** It is good, healthy, positive, inspiring and motivational. The term was coined by endocrinologist Hans Selye, consisting of the Greek prefix eu- meaning "good", and stress, literally meaning "good stress". It can be used to reach peak performance and managing crisis.
- **Distress:** Distress refers to non specific symptoms of stress, anxiety and depression. Distress comes together with feelings of anxiety which are considered as negative and unwanted. Distress hinders a person's ability to function normally, communicate and think clearly. If it continues on a long-term basis, it can become detrimental to a person's mental and physical health.

Nature of stress:**Psychological Meaning of Stress**

- The word stress comes from the Latin words 'strictus', which means tight or narrow and 'stringere', the verb meaning to tighten. These root word reflect the internal feelings of tightness and constriction of muscles and breathing, a common sign of stress.
- **Hans Selye on stress:** Hans Selye, in 1936, the father of modern stress research, defined stress as "the nonspecific response of the body to any demand" that is, regardless of the cause of the threat, the individual will respond with the same physiological pattern of reactions.
- **Lazarus and colleagues:** The stress process, based on the cognitive theory of stress propounded by Lazarus and his colleagues, is described in the figure below:



- An individual's response to a stressful situation largely depends upon the perceived events and how they are interpreted or appraised. Lazarus has distinguished between two types of *appraisals*, i.e., primary and secondary.

- (a) **Primary Appraisal:** Primary appraisal refers to the perception of a new or changing environment as positive, neutral or negative in its consequences. Negative events are appraised for their possible harm, threat or challenge.
- Harm *appraisals* is the assessment of the damage that has already been done by an event.
 - Threat *appraisals* is the assessment of possible future damage that may be brought about by the event.
 - Challenge *appraisals* are associated with more confident expectations of the ability to cope with the stressful event, the potential to overcome and even profit from the event.
- (b) **Secondary Appraisal:** Secondary appraisal refers to that assessment of one's coping abilities resources and whether they will be sufficient to meet the harm, threat or challenge of the event. These resources may be mental, physical, personal or social. If he/she thinks that they have a positive attitude, health, skills and social support to deal with the crises, and how much money we have, etc., he/she will feel less stressed.

Appraisals are very subjective and will depend on many factors:

- Past experience of dealing with such a stressful condition: If one has handled similar situations very successfully in the past, they would be less threatening for him/her.
- Whether the stressful event is perceived as controllable, *i.e.*, whether one has mastery or control over a situation.

Signs and symptoms of stress:

- There are individual differences in coping patterns of stress response and therefore the warning signals or signs also vary in its intensity. The signs of stress are very much dependent on how an individual views them or its dimension *i. e.* intensity, duration, predictability or complexity.

Some of the psychological and emotional signs that you're stressed out include:

- Depression or anxiety
- Anger, irritability, or restlessness
- Feeling overwhelmed, unmotivated, or unfocused
- Trouble sleeping or sleeping too much
- Racing thoughts or constant worry
- Problems with your memory or concentration
- Making bad decisions
- The warning signs and its manifestation as symptoms of stress can be physical, emotional, cognitive and behavioural.

Types of Stress— Stress is a feeling of emotional strain and pressure. Following are the main types of stress :

- (a) **Physical and Environmental Stress:** Demands that change the state of our body (overexert ourselves physically, lack a nutritious diet, suffer an injury, or fail to get enough sleep). Environmental stresses are aspects of our surroundings that are often unavoidable such as air pollution, crowding, noise, heat of the summer, winter cold, disasters.
- (b) **Psychological Stress:** These are stresses that we generate ourselves in our minds. These are personal and unique to the person experiencing them and are internal sources of stress.
- Frustration results from the blocking of needs and motives by something or someone that hinders us from achieving a desired goal (social discrimination, low grades).
 - Conflicts may occur between two or more incompatible needs or motives.

Pressure (Expectations)

- Internal pressure stem from beliefs based upon expectations from inside us to ourselves
 - Social pressure may be brought about from people who make excessive demands on us. Also, there are people with whom we face interpersonal difficulties.
- (c) **Social stress:** Social stress is caused due to social interaction. Social events like death or illness in the family, strained relationships, trouble with neighbours, rapid social change, poverty, discrimination, poor societal conditions are example of social stress. Social stress can emerge in a number of situations.

Sources of Stress

- **They vary widely from person to person.**
- **Life Events:** Major life events can be stressful, because they disturb our routine and cause upheaval. If several of these life events that are planned (*e.g.*, moving into a new house) or unpredicted (*e.g.*, break-up of a long-term relationship) occur within a short period of time, we find it difficult to cope with them and will be more

prone to the symptoms of stress. Both positive and negative life events which necessitates change in a person's life can lead to stress.

- **Hassles:** Personal stresses we endure as individuals, due to the happenings in our daily life. These daily hassles may sometimes have devastating consequences for the individual who is often the one coping alone with them as others may not even be aware of them as outsiders.
- **Traumatic Events:** Variety of extreme events (fire, train or road accident, robbery, earthquake, tsunami). The effects of these events may occur after some lapse of time and sometimes persist as symptoms of anxiety, flashbacks, dreams and intrusive thoughts, etc. Severe trauma can also strain relationships. Professional help will be needed to cope with them.

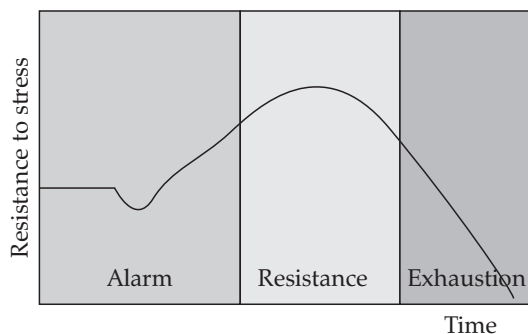
Effects of Stress of Psychological Functioning and Health

- Emotional Effects:** Experience mood swings, show erratic behaviour or maladjustment with family and friends, start a vicious circle of decreasing confidence, intolerance leading to more serious emotional problems.
 - Physiological Effects:** Increases the production of certain hormones, such as adrenaline and cortisol. These hormones produce marked changes in heart-rate, blood-pressure levels, metabolism and physical activity. Helps us function more effectively when we are under pressure for short periods of time, it can be extremely damaging to the body in the long-term.
 - Cognitive Effects:** If pressures due to stress continue, one may suffer from mental overload. This suffering from high levels of stress can rapidly cause individuals to lose their ability to make sound decisions, poor concentration, and reduced short-term memory capacity.
 - Behavioural Effects:** Disrupted sleep patterns, increased absenteeism, reduced work performance.
- **Burn out:** State of physical, emotional and psychological exhaustion.
 - **Stress and health:** Stress plays a role in 50 to 70% of all physical illness, primarily through its effect on the immune system.
 - By draining our resources and keeping us off balance physiologically, stress upsets our complex internal chemistry.
 - It may interfere with efficient operation of our immune system-the mechanism through which our body recognises and destroys potentially harmful substances and intruders such as bacteria, virus and fungi known as antigens. When stress is prolonged, it affects physical health and impairs psychological functioning.
 - The physical exhaustion fatigue, in the signs of chronic fatigue weakness and low energy. The mental exhaustion appears in the form of irritability, anxiety, feeling of helplessness and hopelessness.
 - This state of physical emotional and psychological exhaustion is known as burnout which leads to poor health.

General Adaptation Syndrome gave by Hans Selye

- Hans Selye's GAS Model explains the influence of stress on the body.
 - From his studies, he found that there was a similar pattern of bodily responses in animals to a variety of stressors.
 - According to him, stress refer to non-specific bodily reactions. He believed that stresses may be many but responses are only physiological reactions. Selye is known as 'father of modern stress researches'. He did many experiments on animals in extreme climatic conditions as well as he observed chronic patients and concluded that reaction of stress is the same.
 - On the basis of his experimental conclusions, he gave a pattern of stress reactions. He called this pattern the General Adaptation Syndrome and it involves three stages:

Stages of GAS



- **Stage 1- Alarm Reaction Stage:** The presence of a noxious stimulus or stressor leads to activation of the adrenal-pituitary-cortex system. This triggers the release of hormones producing the stress response. Now the individual is ready for fight or flight.
- **Stage 2- Resistance Stage:** If stress is prolonged, the resistance stage begins. The para sympathetic nervous system calls for more cautious use of the body's resources. The organism makes efforts to cope with the threat, as through confrontation.
- **Stage 3- Exhaustion stage:** The stage is the result of prolonged or chronic stress. Continued exposure to the same stressor or additional stressors drains the body of its resources and leads to the third stage of exhaustion. The physiological systems involved in alarm reaction and resistance become ineffective and susceptibility to stress-related diseases such as high blood-pressure becomes more likely.

Criticisms of GAS:

- Assigning a very limited role to psychological factors in stress. Psychoneuroimmunology focuses on the links between the mind, the brain, and the immune system.

Stress and the immune system

- Stress can cause illness by impairing the working of the immune system.
- Immune system guards the body against attackers within and outside when we're stressed, the immune system's ability fights off infections is reduced. That is why we are more susceptible to infections.
- Excessive release of stress hormones affects immune system
- Stress impairs working of immune system
- Psychoneuroimmunology: link between mind, brain and immune system
- Leucocytes (white blood cells) identify and destroy antigens (foreign bodies) such as viruses
- Also leads to the production of antibodies

Leukocytes are of three types:

1. **T cells:** T cells destroy invaders and T-helper cells increase immunological activity. T helper cells are attacked by HIV leading to AIDS
 2. **B cells:** Produce *antibodies*
 3. **Natural killer cells:** Involved in fight against tumour and viruses
- Stress affects natural killer cell cytotoxicity (defence against infections and viruses)
 - Reduced levels of cytotoxicity have been found in stressed people including people facing exams, bereaved people and severely depressed people
 - Individuals with social support have better immune functioning
 - People with already weakened systems are affected more
 - Depression, hostility, anger and aggression accompany stress
 - Psychological disorders increase with long term stress- prone to panic attacks, obsessive behaviour, mood swings, phobias, depression, anger.

Stress and Lifestyle

- Lifestyle is the overall pattern of decisions and behaviour that determine a person's health and quality of life.
- Stressed individuals are more likely to expose themselves to pathogens (agents causing physical sickness)
- Poor nutritional habits, sleep less and engage in smoking and drinking
- Have long term risks
- Health promoting behaviour like having a balanced diet, regular sleep schedule, exercise and family support helps
- Fast paced lifestyle, drinking, eating junk affects our health negatively



Key Words

Stimulus: Anything in the environment that evokes a response in an individual.

Appraisal: When an individual assesses or examines something.

Antibodies: A type of protein in an individual that helps the body in fighting a disease.

Topic-2**Coping with Stress and Promoting Well-being**

Concepts Covered • Coping and Coping Strategies • Stress Management Techniques
• Promoting Positive Health and Well Being

**Revision Notes****Coping:**

- Coping is a dynamic situation-specific reaction to stress. It is a set of concrete responses to stressful situations or events that are intended to resolve the problem and reduce stress. The way we cope with stress often depends on rigid deep-seated beliefs, based on experience, e.g. when caught in a traffic jam we feel angry, because we believe that the traffic 'should' move faster. To manage stress, we often need to reassess the way we think and learn coping strategies. People who cope poorly with stress have an impaired immune response and diminished activity of natural killer cells. Individuals show consistent individual differences in the coping strategies they use to handle stressful situations. These can include both overt and covert activities.

The three coping strategies given by Endler and Parker are:

1. Task-oriented Strategy:

- It is goal management through confrontation with the problem.
- This involves obtaining information about the stressful situation and making best use of resources available.
- It also involves prioritising and acting so as to deal directly with the stressful situation.
- Mostly it is used by optimists.
- Task-oriented strategies are particularly effective when the resources in the environment are within the control of the individual.
- It is a cognitive response to stress.

2. Emotion-Hyper oriented Strategy:

- It is emotion management.
- This strategy involves efforts to maintain hope and to control one's emotions. Individual works on his emotions rather than situations and goals.
- This mainly happens when the stressful event is such that it cannot be manipulated in any way e.g. loss of spouse or a family member.
- The individual deals with his emotions of anxiety, helplessness, hopelessness etc. and tries to gain hope and happiness again in his life.
- It can also involve venting feelings of anger and frustration or deciding that nothing can be done to change things.
- Emotion oriented strategies are particularly effective when the resources in the environment are beyond the control of the individual.

Avoidance-Hyper oriented strategy

- It is avoiding stressful events by indulging in different activities. Individual does not want to accept that he is facing such a stressful situation.
- This involves denying or minimising the seriousness of the situation.
- It also involves conscious suppression of stressful thoughts and their replacement by self-protective thoughts.
- Watching TV, attending parties or going to sleep are examples of this type of coping.
- It is basically escapism by using defense mechanisms.

According to Lazarus and Folkman, coping responses can be divided into two types of responses:

(a) Problem-Focused:

- It includes taking direct action to solve the problem.
- It is seeking information that will be relevant to the solution for, e.g., developing a study schedule to cope up with the semester demands, and thereby reduce examination pressure.
- It is basically confronting the problem using all the available resources.

- (b) Emotion-Focused:** It refers to reduction of the negative emotional reaction to stress, e.g., by distracting oneself from the problem, relaxing or seeking comfort from others.



Fundamental Fact

Rational Emotive Behavior Therapy (REBT) is a relaxation technique introduced by Albert Ellis used on patients of anxiety and related disorders.

Stress Management Techniques: Managing stress is essential for the mental well being of an individual.

- **Relaxation Techniques:** This technique is highly effective in managing stress when an individual is not feeling his best. Reduces symptoms of stress and decreases the incidence of illnesses such as high blood-pressure and heart diseases. Starts from the lower part of the body and progresses up to the facial muscles in such a way that the whole body is relaxed.
Deep breathing is used along with muscle relaxation to calm the mind and relax the body.
- **Meditation Procedures:** A very powerful tool to manage stress is the ancient yogic practice of mediation. A sequence of learned techniques for re focusing of attention that brings about an altered state of consciousness. Such a thorough concentration that the meditator becomes unaware of any outside stimulation and reaches a different state of consciousness.
- **Biofeedback:** Monitors and reduces the physiological aspects of stress by providing feedback about current physiological activity and is often accompanied by relaxation training.
 - Developing an awareness of the particular physiological response.
 - Learning ways of controlling that physiological response in quiet conditions.
 - Transferring that control into the conditions of everyday life.
- **Creative Visualisation:** Creative visualisation is a subjective experience that uses imagery and imagination. This technique uses the imagination power of an individual to deal with stress. Before visualising one must set oneself a realistic goal, as it helps build confidence. It is easier to visualise if one's mind is quiet, body is relaxed and eyes are closed.
- **Cognitive Behavioural Techniques:** These techniques aim to inoculate people against stress. Stress inoculation training is one effective method developed by Meichenbaum. Replace negative and irrational thoughts with positive and rational ones, *i.e.*, Follow through.
 - Assessment involves discussing the nature of the problem and seeing it from the view-point of the person/client.
 - Stress reduction involves learning the techniques of reducing stress such as relaxation and self-instruction.
- **Exercise:** can provide an active outlet for the physiological arousal experienced in response to stress. Improves the efficiency of the heart, enhances the function of the lungs, maintains good circulation, lowers blood pressure, reduces fat in the blood, improves the body's immune system.

Promoting Positive Health and Well-being

- It is unlikely that we will go through life without some experience of personal crises causing acute pressure for a while. Many people sail through and rebuild their lives very positively. They are likely to have constructive attitudes and also have lots of emotional and social support of various kinds available to them. When we find ways of managing these pressures and can use the energy to create something positive out of the situation, then we will have learned to survive healthily and this will leave us more stress fit for future crises. It is like being immunised against the dangers of unhealthy stress.
- **Life skills** are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.
 - (a) **Assertiveness:** Helps to communicate clearly and confidently, our feelings, needs, wants and thoughts. It is the ability to say 'no' to a request, to state an opinion without being self-conscious, or to express emotions.
 - (b) **Time Management:** Learning how to plan time and delegate can help to relieve the pressure. The central principle of time management is to spend your time doing the things that you value, or that help you to achieve your goals. Each day making a list of things one wants to accomplish.
 - Arranging work schedule.
 - Changing-perception of time
 - Setting aside time in schedule for exercise and leisure activities.
 - Learning to plan time.
 - (c) **Rational Thinking:** When we are stressed, we have an in built selective bias to attend to negative thoughts and images from the past, which affect our perception of the present and the future. Challenging your distorted thinking and irrational beliefs, driving out potentially intrusive negative anxiety-provoking thoughts, and making positive statements.
 - (d) **Improving Relationships:** The key to a sound lasting relationship is communication. Listening to what the other person is saying, expressing how you feel and what you think, and accepting the other person's opinions and feelings, even if they are different from your own.

- (e) **Self-care:** If we keep ourselves healthy, firm and relaxed, we are better prepared . physically and emotionally to tackle the stresses of everyday life. Our breathing patterns reflect our state of mind and emotions. Rapid and shallow breathing from high in the chest, with frequent sighs.
- (f) **Overcoming Unhelpful Habits:** Unhelpful habits such as perfectionism, avoidance, procrastination, etc. are strategies that help to cope in the short term but which make one more vulnerable to stress.

Positive Health: Positive health is a state of complete physical, mental, social and spiritual well being.

- Health is a state of complete physical, mental, social and spiritual well-being, and not merely the absence of disease or infirmity. Positive health comprises the following constructs: “a healthy body; high quality of personal relationships; a sense of purpose in life; self-regard, mastery of life’s tasks; and resilience to stress, trauma and change.”

Factors that facilitate positive health and act as stress buffers:

- (a) **Balanced Diet:** A balanced diet can lift one’s mood, give more energy, feed muscles, improve circulation, prevent illness, strengthen the immune system and make one feel better to cope with stresses of life.
- (b) **Exercise:** Regular exercise plays an important role in managing weight and stress, and is shown to have a positive effect on reducing tension, anxiety and depression.
- (c) **Positive Attitude:** Some of the factors leading to a positive attitude are—having a fairly accurate perception of reality; a sense of purpose in life and responsibility; acceptance and tolerance for different viewpoints of others, taking credit for success, accepting blame for failure, being open to new ideas, having a sense of humour with the ability to laugh at oneself.
- (d) **Positive Thinking:** Optimism, which is the inclination to expect favourable life outcomes, has been linked to psychological and physical well-being.
- (e) **Social Support:** The existence and availability of people on whom we can rely upon, people who let us know that they care about, value, and love us. Perceived support, i.e., the quality of social support is positively related to health and well-being, whereas social network, i.e., the quantity of social support is unrelated to well-being, because it is very time-consuming and demanding to maintain a large _social network. Social support may be in the form of tangible support or assistance involving material aid, such as money, goods, services, etc. Family and friends also provide informational support about stressful events.
- **Resilience and Health:** Resilience is a dynamic developmental process referring to the maintenance of positive adjustment under challenging life conditions. It has been described as the capacity to ‘bounce back’ in the face of stress and adversity. Resilience has recently been defined in terms of three resources—I HAVE (social and interpersonal strengths), I AM (inner strengths), I CAN (interpersonal and problem-solving skills).
- **Examination Anxiety** (evaluative apprehension/stress) involves feelings of tension or uneasiness that occur before, during or after an examination. Many people find it helpful in some ways, as it can be motivating and create the pressure that is needed to stay focused on one’s performance. High stress can interfere with the student’s preparation, concentration and performance. Spend enough time for study, overview and weigh one’s strengths and weaknesses, discuss difficulties with teacher and classmates, plan a revision timetable, condense notes, space out revision periods, and most importantly on the examination day concentrate on staying calm.



Key Word

Positive Psychology: A branch of psychology that studies the positive aspect of human mind and behaviour.

CHAPTER-4

PSYCHOLOGICAL DISORDERS



Revision Notes

- **Concept of Abnormality and Psychological Disorder:**

Most definitions of abnormal behaviour have certain common features, often called “four Ds”:

- **Deviance:** Psychological disorders are deviant- different, extreme, unusual, even bizarre.
- **Distress:** Behaviour which is unpleasant and upsetting to the person and to the others.
- **Dysfunction:** Behaviour which is interfering with the person’s ability to carry out daily activities in a constructive way.

- **Danger:** Behaviour which is dangerous to the person or to others.
- Abnormal literally means “**away from normal**”. It implies deviation from some clearly-defined norms or standards.
- **Conflicting views on abnormal behaviour**
 - The first approach views abnormal behaviour as deviation from social norms.
 - The second approach views abnormal behaviour as maladaptive which states the best criterion for determining the normality of behaviour is not whether the society accepts it but whether it fosters the well-being of the individual and eventually of the group to which he/she belongs.

Well-Being

- Well-being is not simply maintenance and survival but also includes growth and fulfilment.
- “**Physicians make a diagnosis looking at a person’s physical symptoms**”. **How are psychological disorders diagnosed?**
- In order to diagnose psychological disorders, they are classified into categories.
- The American Psychiatric Association (APA) has published an official manual describing and classifying various kinds of psychological disorders.
- The current version of it, the Diagnostic and Statistical Manual of Mental Disorders, 5 edition (DSM-5), evaluates the patients on five axes or dimensions rather than just one broad aspect of ‘mental disorder’. These dimensions relate to biological, psychological, social and other aspects.
- The classification scheme officially used in India and elsewhere is the tenth revision of the International Classification of Diseases (ICD-10), which is known as the ICD-10 Classification of Behavioural and Mental Disorders. It was prepared by the World Health Organisation (WHO). For each disorder, a description of the main clinical features or symptoms, and of other associated features including diagnostic guidelines is provided in this scheme.

Classification of Psychological disorders:

- Classification refers to a list of categories of specific Psychological disorders grouped into various classes on the basis of some shared characteristics.
- **Main Classification.**
 - **ICD-10:** Developed by WHO. This is the official classification in India. The classification is based on symptoms under on broad heading i.e. Mental disorders, related to hypertension.
 - **DSM IV:** Developed by APA. It is multiaxial. It is very comprehensive because classification is based on biological, psychological and social factors, causes and *prognosis* of disorders.
- **Importance:** These classifications provide standard vocabulary through which professionals universally can converse. It also helps in understanding the cause and diagnosis of mental disorders.
- **Recurring Theories to Study Abnormal Behaviour:**
 - Ancient theory suggests some people are possessed by supernatural and magical forces such as evil spirits. Exorcism (removing the evil residing in the individual through prayer) is still commonly used. Shaman or medicine man has contact with supernatural forces, medium of communication between human and spirits.
 - Biological/Organic approach links defective biological processes to maladaptive behaviour.
 - According to psychological approach problems caused by inadequacies in the way an individual thinks, feels and perceives.



Fundamental Facts

- The current version of Diagnostic and Statistical Manual of Mental Disorders is the 5th version that came out in 2013.
- The topic historical background will come after Well being and then continue with Classification of Psychological disorders.

➤ Historical Background:

- Ancient Greek philosophers (Hippocrates, Socrates, Plato) developed an organismic approach — viewed disturbed behaviour arising out of conflicts between emotion and reason.
- Galen—temperament affected by imbalance in four humours, similar to tridoshas. Middle ages, superstition and demonology—people with mental problems, were associated with demons. St. Augustine wrote about feelings, mental anguish and conflict—laid groundwork for modern psychodynamic theories.
- Renaissance Period—increased humanism and curiosity about behaviour.
- Johann Weyer—disturbed interpersonal relationships as cause of psychic disorders, mentally disturbed required medical not theological treatment.
- Age of Reason and Enlightenment (17th/18th centuries)- growth of scientific method replaced faith and dogma, contributed to reform movement
- **Increased compassion for those suffering**—reform of asylums, deinstitutionalisation, emphasised community care.
- **Recent years**—convergence of approaches, resulted in interactional biopsychosocial approach.

Factors Underlying Abnormal Behaviour

- In order to understand something as complex as abnormal behaviour, psychologists use different approaches. Each approach in use today emphasises a different aspect of human behaviour, and explains and treats abnormality in line with that aspect. These approaches also emphasise the role of different factors such as biological, psychological and interpersonal, and socio-cultural factors. We will examine some of the approaches which are currently being used to explain abnormal behaviour.
 - (a) Biological Factors:** Biological factors influence all aspects of our behaviour. A wide range of biological factors such as faulty genes, endocrine imbalances, malnutrition, injuries and other conditions may interfere with normal development and functioning of the human body. These factors may be potential causes of abnormal behaviour.
 - (b) Genetic factors:** Genetic factors have been linked to depression mood disorders, schizophrenia, mental retardation and other psychological disorders. Researchers have not, however, been able to identify the specific genes that are the culprits. It appears that in most cases, no single gene is responsible for a particular behaviour or a psychological disorder. In fact, many genes combine to help bring about our various behaviours and emotional reactions, both functional and dysfunctional. Although there is sound evidence to believe that genetic/ biochemical factors are involved in mental disorders as diverse as schizophrenia, depression, anxiety, etc. and biology alone cannot account for most mental disorders

Models of Abnormal Behaviour

- **Psychological Model:** There are several models which provide a psychological explanation of mental disorders. These models maintain that psychological and interpersonal factors have a significant role to play in abnormal behaviour.

These factors include:

- Maternal deprivation
- Faulty parent-child relationship
- Faulty discipline
- Maladaptive family structure
- Severe stress

The Psychological models include **psychodynamic model, behavioural, cognitive and humanistic-existential models.**

(a) Psychodynamic Model:

- This is the oldest and most famous of the modern psychological models. Psychodynamic theorists believe that the behaviour, whether normal or abnormal, is determined by psychological forces (id, ego, superego) within the person of which he/she is not consciously aware. These internal forces are considered dynamic, *i.e.* they interact with one another and their interaction gives -shape to behaviour, thoughts and emotions.
- Abnormal symptoms are viewed as the results of conflicts between these forces. The model was first formulated by Freud who believed that three central forces shape personality—**instinctual needs, drives and impulses (id), rational thinking (ego), and moral standards (superego).**

- Freud stated that abnormal behaviour is a symbolic expression of unconscious mental conflicts that can be generally traced to early childhood or infancy.

(b) Behavioural Model:

- This model states that both normal and abnormal behaviours are learned and psychological disorders are the result of learning maladaptive ways of behaving. The model concentrates on behaviours that are learnt through conditioning and proposes that what has been learned can be unlearned.
- Learning can take place by classical conditioning (temporal association in which two events repeatedly occur close together in time), operant conditioning (behaviour is followed by a reward) and social learning (learning by imitating others' behaviour). These three types of conditioning account for behaviour whether adaptive or maladaptive.

(c) Cognitive Model:

- This states that abnormal functioning can result from cognitive problems. People may hold assumptions and attitudes about themselves that are irrational and inaccurate. People may also repeatedly think in illogical ways and make over generalisations, that is, they may draw broad, negative conclusions on the basis of a single insignificant event.

(d) Humanistic-existential Model:

- This model focuses on broader aspects of human existence. Humanists believe that human beings are born with a natural tendency to be friendly, co-operative and constructive, and are driven to self-actualise *i.e.* to fulfil this potential for goodness and growth. Existentialists believe that from birth, we have total freedom to give meaning to our existence or to avoid that responsibility. Those who shirk from this responsibility would live empty, inauthentic and dysfunctional lives.

(f) Socio-cultural Model:

- Sociocultural factors such as war and violence, group prejudice and discrimination culture, economic and employment problems, and rapid social change, put stress on most of us and can also lead to psychological problems in some individuals. According to sociocultural models, abnormal behaviour is best understood in light of the social and cultural forces that influence an individual. As behaviour is shaped by societal forces, factors such as family structure and communication, social networks, societal labels and roles become more important. It has been found that certain family systems are likely to produce abnormal functioning individual members. Some families have an enmeshed structure in which the members are overwhelmed in each other's activities, thoughts and feelings. Children from this type of family may have difficulty in becoming independent in life. The broader social networks in which people operate include their social and professional relationships. Studies have shown that people who are isolated and lack social support. *i.e.* strong and fulfilling interpersonal relationships in their lives are to become more depressed and remain depressed longer than those who have good friendships. Sociocultural theorists also believe that abnormal functioning is influenced by the societal labels and roles assigned to troubled people. When people break the norms of their society, they are called deviant and "mentally ill". Such labels tend to stick so that the person may be viewed as "crazy" and encouraged to act sick. The person gradually learns to accept and play the sick role and functions in a disturbed manner.

- (g) Diathesis-stress Model:** This model states that psychological disorders develop when a diathesis (biological predisposition to the disorder) is set off by a stressful situation.

This model has three components:

- The first is the diathesis or the presence of some biological aberration which may be inherited.
- The second component is that the diathesis may carry a vulnerability to develop a psychological disorder. This means that the person is "at risk" or "predisposed" to develop the disorder.
- The third component is the factors/stressors that may lead to psychopathology. If such "at risk" persons are exposed to these stressors, their *predisposition* may actually evolve into a disorder. This model has been applied to several disorders including anxiety, depression and schizophrenia.

Major Psychological Disorders : There are some major psychological disorders that are covered by DSM-5. These are :

- (a) **Anxiety Disorder:** The term anxiety is defined as diffuse, vague and very unpleasant feeling of fear and apprehension. Its symptoms are rapid heart rate, sweating, etc.

An anxious individual shows a combination of following symptoms: Rapid heart rate, shortness of breath, diarrhea, loss of appetite, fainting, dizziness, sweating, sleeplessness, frequent urination and tremors.

Major Anxiety Disorders and their Symptoms

- **Generalised Anxiety Disorder:** prolonged, vague, unexplained and intense fears that are not attached to any particular object. It is accompanied by apprehensive feelings about the future with constant hyper vigilance and motor tension.
- **Panic Disorder:** frequent anxiety characterised by feelings of intense terror and dread; unpredictable 'panic attacks' along with physiological symptoms like breathlessness, palpitations, trembling, dizziness, and a sense of losing control or even dying.
- **Phobias:** irrational fears related to specific objects, interactions with others (social phobia), and unfamiliar situations (Agora-phobia). Some of the phobia related disorders include: specific phobia (phobia from a particular object or situation), Social phobia (phobia from social situations), agoraphobia (fear of certain places that maybe crowded or open spaces).
- **Obsessive-compulsive disorder (OCD):** being preoccupied with certain thoughts (obsessions) that are viewed by the person to be embarrassing or shameful, and being unable to check the impulse to repeatedly carry out certain acts (compulsions) like checking, washing, counting, etc.
- **Post-traumatic Stress Disorder (PTSD):** recurrent dreams, flashbacks, impaired concentration, and emotional numbing followed by a traumatic or stressful event like a natural disaster, serious accident, etc.

Some of its key symptoms are:

- Recurrent dreams.
- Frequent flashbacks.
- Emotional distress.



Fundamental Fact

OCD is not a disorder about cleaning or keeping hygiene, it is about the intrusive thoughts that cause anxiety that is paired with the compulsive acts used to reduce the anxiety.

- (b) **Obsessive-Compulsive and Related Disorder:** People with OCD are unable to control their preoccupations with specific ideas or are unable to prevent themselves from repeatedly carrying out a particular act, which affects their ability to carry out normal activities. Obsessive Behaviour- inability to stop thinking about a particular idea or topic. Compulsive Behaviour- is the need to perform certain behaviours over and over again. For e.g. Counting, touching, checking, washing etc. E.g. Hoarding Disorder, Trichotillomania (hair pulling disorder), Excoriation (skin picking).
- (c) **Trauma and Stressor-Related Disorder:** People who are caught in natural disasters, bomb blasts, or have been in serious accidents, or in a war situation, experience post-traumatic stress disorder (PTSD). Symptoms- Recurrent dreams, flashbacks, impaired concentration and emotional numbing. Includes- Adjustment disorder and Acute Stress Disorder
- (d) **Somatic Symptom and Related Disorder:** Are conditions in which there are physical symptoms in the absence of a physical disease. The individual has psychological difficulties & complains of physical symptoms, for which there is no biological cause.
- **Somatic Symptom Disorder or Somatoform Disorders:** Persistent body-related symptoms which may or may not be related to any serious medical condition. People with this disorder tend to be overly preoccupied with their symptoms and they continually worry about their health and make frequent visits to doctors. As a result, they experience significant distress and disturbances in their daily life. It includes pain disorders, somatisation disorders, conversion disorders, and hypochondriasis.
 - **Pain Disorders:** Reports of extreme pain, either with or without any identifiable biological symptoms.
 - **Somatisation Disorders:** Multiple and recurrent or chronic bodily complaints that are presented in an exaggerated way. Patients tend to believe that they are sick, provide long and detailed histories of their illness, and take large quantities of medicines.
 - **Hypochondriasis:** Person has persistent belief that they have a serious illness, despite medical reassurance, lack of physical findings, and failure to develop the disease.
 - **Conversion Disorders: Symptoms include:** Reported loss of part or all of some basic bodily functions. For e.g. Paralysis, blindness, deafness, difficulty in walking etc. These symptoms often occur after stressful experience & may be quite sudden.

- (e) **Dissociative Disorders Dissociation:** involves feelings of unreality, estrangement, depersonalisation & sometimes loss or shift of identity. Dissociative Disorders-Sudden temporary alterations of consciousness that blot out painful experiences. This includes dissociative amnesia, dissociative fugue, dissociative identity disorder, and depersonalisation.
- (f) **Depressive Disorder/ Depression:** One of the most widely prevalent and recognised of all mental disorders is depression. Depression covers a variety of negative moods and behavioural changes. Depression can refer to a symptom or a disorder. In day-to-day life, we often use the term depression to refer to normal feelings after a significant loss, such as the break-up of a relationship, or the failure to attain a significant goal. Major Depressive disorder is defined as a period of depressed mood &/or loss of interest or pleasure in most of the activities together with other symptoms which may include change in body weight, constant sleep problems, tiredness, inability to think clearly, agitation, greatly slowed behaviour, thoughts of death & suicide, excessive guilt or feelings of worthlessness.

Factors predisposing towards depression:

- **Age:** e.g. Women are at risk during young adulthood & men during middle age.
- **Heredity:** is a major risk factor predisposing people to mood disorders.
- **Gender:** e.g. women in comparison to men are likely to be more depressed.
- **Other factors:** e.g. Negative life events and lack of social support.

(g) **Bipolar and Related Disorder**

Mania: People suffering from mania become Euphoric (high), extremely active, excessively talkative, and easily distractible.

- Manic episodes rarely appear by themselves, they usually alter with depression.
- Such a mood disorder, in which both mania and depression are alternatively present, is sometimes interrupted by periods of normal mood, this is known as Bipolar Mood Disorder.

Suicide: Symptoms of Suicide:

- Changes in eating or sleeping habits.
- Cutt off from friends, family and regular activities.
- Violent actions, rebellious behaviour, running away
- Drug and alcohol abuse
- Marked personality change
- Persistent boredom
- Difficulty in concentration
- Complaints about physical symptoms
- Loss if interest in pleasurable activities.

Factors leading to suicide:

- Social, psychological, cultural and other factors such as mental disorders (especially depression and alcohol use disorders), going through disasters, violence, abuse or loss and isolation. Other factors can include: interpersonal relationships, family and negative peer pressure.
- **Impulse** during crisis or the capacity to deal with life stresses such as financial issues, relationship break-up etc. breaks down.
- Previous suicidal attempt is the strongest risk factor.
- The ramifications of suicide on social circle and communities tend to be devastating and long-lasting.

Some measure suggested by WHO to reduce suicide

- Care for people who attempted suicide and providing them much needed support.
- Limiting access to suicide.
- Early identification, treatment and prevention of people who are at risk.

- (h) **Schizophrenia Disorders:** Schizophrenia is the descriptive term for a group of psychotic disorders in which personal, social and occupational functioning deteriorates as a result of disturbed thought processes, strange perceptions, unusual emotional states and motor abnormalities. Symptoms: can be grouped into 3 categories- Positive (i.e. excess of thought, emotion and behaviour), Negative (deficit of thought, emotion and behaviour) and psychomotor symptoms.

- (i) Positive symptoms include hallucinations, delusions, disorganized thinking and speech, etc.

Delusions can be:

- **Delusion of Persecution:** People believe they are being plotted against or spied upon and threatened .
- **Delusion of reference:** People attach special or personal meaning to actions of others or to objects and events.

- **Delusion of grandeur:** People believe themselves to be specially empowered.
 - **Delusion of control:** Their feelings and actions are being controlled by others.
 - **Hallucinations** can include auditory, tactile, somatic, visual, gustatory, and olfactory hallucinations.
 - **Negative symptoms** include poverty of speech (alogia), blunted or flat affect, loss of volition, and social withdrawal.
 - **Psychomotor symptoms** include odd grimaces and gestures with catatonic actions.
- (i) **Behavioural and Development Disorders:** Includes ADHD, Conduct Disorder, oppositional Defiant Disorder and Separation Anxiety Disorder.
- (ii) **Attention deficit Hyper activity Disorder (ADHD) :** This includes inattention and hyperactivity. In this disorder, the child or the adult find it difficult to concentrate on one thing and is hyperactive. They can be in constant motion too.
- (j) **Disruptive, Impulse-Control and Conduct Disorder:**
- **Oppositional Defiant Disorder (ODD)** display age-inappropriate amounts of stubbornness, are irritable defiant disobedient and behave in a hostile manner. Unlike ADHD, the rates of ODD in boys and girls are not very different.
 - **Conduct Disorder and Antisocial Behaviour** refer to age inappropriate actions and attitudes that violate family expectations societal norms and the personal or property rights of others. The behaviours, typical of conduct disorder, include aggressive actions that cause or threaten harm to people or animals, non-aggressive conduct that causes property damage, major deceitfulness or theft, and serious rule violations.
Types of aggressive behaviour:
 - **Verbal aggression** (*i.e.* name-calling swearing), Physical aggression (*i.e.* hitting, fighting)
 - **Hostile aggression** (*i.e.* directed at inflicting injury to others)
 - **Separation Anxiety Disorder:** It is an internalising disorder in which the child has an excessive anxiety or panic at being separated from their parents.
 - **Proactive aggression** (*i.e.* dominating and bullying others without provocation) . These disorders result in impairment of social interaction and communication skills.
- (k) **Neuro developmental Disorders / Pervasive Developmental Disorders:** Manifested at an early age before schooling. These disorders result in impairment of social interaction and communication skills.
Autistic Disorder: These children have difficulties in social interaction and communication, a restricted range of interests, and strong desire for routine.
- (l) **Feeding & Eating Disorder (Anorexia Nervosa):** the individual has a distorted body image that leads her/him to see herself/himself as overweight. Often refusing to eat, exercising compulsively may lose large amounts of weight and even starve herself/himself to death.
Bulimia Nervosa: the individual may eat excessive amounts of food, then purge her/ his body of food by using medicines such as laxatives or diuretics or by vomiting. A sense of tension and negative emotions after purging.
Binge eating: there are frequent episodes of out-of-control eating.
- (m) **Substance Related and Addictive Disorder:**
- Alcohol:**
- People who abuse alcohol drink large amounts and rely on it to help them face difficult situations.
 - Eventually, the drinking interferes with their social behaviour and ability to think and work.
 - Their bodies builds up tolerance for alcohol and they need to drink large amounts to feel its effect.
 - They also feel withdrawal symptoms when they stop drinking. Alcohol destroys millions of families, social relationships and careers. It also has serious effects on the children of persons with this disorder. These children have higher rates of psychological problems, particularly anxiety, depression, phobias and substance abuse related disorders.
- Heroin**
- Heroin intake significantly interferes with social and occupational functioning. Most abusers further develop a dependence on heroin, revolving their lives around the substance, building up a tolerance for it, and experiencing a withdrawal reaction when they stop taking it.
 - The most direct danger of heroin abuse is an overdose, which slows down the respiratory centers in the brain, almost paralysing breathing and in many cases causing deaths.
- Cocaine**
- Regular use of cocaine may lead to a pattern of abuse in which the person may be intoxicated throughout the day and function poorly in social relationships and at work.
 - May also cause problems of short term memory and attention.
 - Dependence may develop, so that cocaine dominates the person's life, more of the drug is needed to get the desired effects, and stopping it results in feelings of depression, fatigue, sleep problems, irritability and anxiety. Cocaine poses serious dangers. It has dangerous effects on psychological functioning and physical well-being.



Key Words

Prognosis: The course of a medical condition.

Impulse: A sudden urge that needs to be fulfilled.

Instinctual needs: Something innate that happens naturally by the individual rather than being thought out and planned.

Drives: A sudden basic need pressing for satisfaction.

Drives: A tendency that has pre-determined reason. A disorder's predisposition in an individual means they are at a risk to get that disorder

CHAPTER-5

THERAPEUTIC APPROACHES



Revision Notes

Nature and Process of Psychotherapy

- **Psychotherapy** is a voluntary relationship between the one seeking treatment or the client and the one who treats or the therapist.
- **Purpose of the Psychotherapy**
 - To help the people to solve the psychological problems being faced by her or him.
- **Aims:** The aim of psychotherapy is at changing the **maladaptive** behaviours, decreasing the sense of personal distress, and helping the client to adapt better to her/his environment. All psychotherapies aim at a few or all of the following goals :
 - Reinforcing client's resolve for betterment.
 - Lessening emotional pressure.
 - Unfolding the potential for positive growth.
 - Modifying habits.
 - Changing thinking patterns.
 - Increasing self-awareness.
 - Improving interpersonal relations and communication.
 - Facilitating decision-making.
 - Becoming aware of one's choices in life.
 - Relating to one's social environment in a more creative and self-aware manner.
- **Characteristics of Psychotherapies**
 - There is systematic application of principles underlying the different theories of therapy.
 - Persons who have received practical training under expert supervision can practice psychotherapy, and not everybody.
 - The therapeutic situation involves a therapist and a client who seeks and receives help for her/his emotional problems (this person is the focus of attention in the therapeutic process).
 - The interaction of these two persons the therapist and the client — results in the consolidation/formation of the therapeutic relationship. This is a confidential, interpersonal, and dynamic relationship.

Therapeutic Relationship

- **The two major components of a therapeutic alliance are as follows:**
 - The first component is the contractual nature of the relationship in which two willing individuals, the client and the therapist, enter into a partnership which aims at helping the client overcome her/his problems.
 - The second component of therapeutic alliance is the limited duration of the therapy.
- **The properties of therapeutic alliance are:**

- **Trusting and confiding relationship:** This relationship is a trusting and confiding relationship. The high level of trust enables the client to unburden herself/himself to the therapist and confide her/his psychological and personal problems to the latter. The therapist encourages this by being: –Accepting, – Empathic, – Genuine and – Warm to the client
 - **Unconditional positive regard:** The therapist conveys by her/his words and behaviours that she/he is not judging the client and will continue to show the same positive feelings towards the client even if the client is rude or confides all the 'wrong' things that s/he may have done or thought about. This is the unconditional positive regard which the therapist has for the client.
 - **Empathy:** The therapist has empathy for the client. Empathy is present when one is able to understand the plight of another person and feel like the other person. It means understanding things from the other person's perspective, i.e. putting oneself in the other person's shoes. Empathy enriches the therapeutic relationship and transforms it into a healing relationship. Empathy is different from sympathy and intellectual understanding of another person's situations.
 - **Confidentiality:** The therapeutic alliance also requires that the therapist must keep strict confidentiality of the experiences, events, feelings or thoughts disclosed by the client. The therapist must not exploit the trust and the confidence of the client in any way.
 - **Professional:** Finally, it is a professional relationship, and must remain so.
 - **Sympathy:** In sympathy, one has compassion and pity towards the suffering of another but is not able to feel like the other person.
 - **Intellectual Understanding:** Intellectual understanding is cold in the sense that the person is unable to feel like the other person and does not feel sympathy either.
- **Types and Chronological Order of Therapies.**
- Psychodynamic therapy emerged first
 - Behaviour therapy came next
 - Existential therapies which are also called the third force, emerged last.
- **Classification of Therapies**

Parameter	Psychodynamic	Behavioural	Existential
Cause	Intrapsychic conflicts: conflicts within the psyche of the person (dynamics between different components of psyche)	Faulty learning of behaviours and cognitions	Questions about the meaning of one's life and existence
Cause comes into Existence	Unfulfilled desires of childhood. Unresolved childhood fears.	Faulty conditioning patterns, learning, thinking and beliefs.	Important on present-current feelings of loneliness, alienation, sense of futility of one's existence.
Treatment	Free association and reporting of dreams- elicit the thought and feelings of the client. Interpreted to the client to help him/her to confront and resolve the conflicts.	Alternate behavioural contingencies. Cognitive methods which challenge faulty thinking patterns.	Positive, accepting, and non-judgemental environment. Client is able to talk about the problems. Therapist acts as a facilitator.
Nature of Relationship	Therapist understands conflicts better than the client- interprets the thought and feelings of the client to his/hers.	Therapist discerns faulty behaviour and thought patterns- capable of finding out correct and adaptive patterns.	Therapist provides a warm, empathic relationship- client feels secure to explore the nature and causes of his/her problems by himself/herself.
Chief Benefit to Client	Emotional insight: Client understands conflicts intellectually; accepts the same emotionally; changes his/her emotions towards the conflicts.	Instituting adaptive or healthy behaviour and thought patterns.	Personal growth: The process of gaining increasing understanding of oneself, ones aspirations, emotions and motives.
Duration	Several years (classical psychoanalysis); 10-15 sessions (recent versions).	Few months	Few months

- **Agents of change leading to the alleviation of psychological distress:**
 - The therapist
 - The therapeutic relationship
 - The process of therapy (which begins by formulating the client's problem)
- **The following sections explain representative therapies from each of the three major systems of psychotherapy mentioned earlier.**

A. PSYCHODYNAMIC THERAPY

- The psychodynamic therapy pioneered by Sigmund Freud is the oldest form of psychotherapy.
- Carl Jung modified it to what came to be known as the analytical psychotherapy.
- Subsequently, Freud's successors, known as Neo-Freudians, established their own versions of classical psychodynamic therapy.
- **The psychodynamic therapy has conceptualised:**
 - The structure of the psyche
 - Dynamics between different components of the psyche
 - The source of psychological distress

Psychodynamic Therapy Approach

- **Methods of Eliciting the Nature of Intrapsychic Conflict**
- The psychoanalytic approach views intrapsychic conflicts to be the cause of psychological disorder. The first steps in the treatment are to elicit this intra- psychic conflict.
 - **Free Association:** The free association method is the main method for understanding the client's problems. Once a therapeutic relationship is established, and the client feels comfortable, the therapist makes her/him lie down on the couch, close her/his eyes and asks her/ him to speak whatever comes to mind without censoring it in any way. The client is encouraged to freely associate one thought with another, and this method is called the method of free association. The censoring superego and the watchful ego are kept in abeyance as the client speaks whatever comes to mind in an atmosphere that is relaxed and trusting. As the therapist does not interrupt, the free flow of ideas, desires and conflicts of the unconscious, which had been suppressed by the ego, emerge into the conscious mind.



Fundamental Fact

The first psychotherapy procedure was given by Sigmund Freud.

- **Dream Interpretation:** The client is asked to write down her/his dreams upon waking up. Psychoanalysts look upon dreams as symbols of the unfulfilled desires present in the unconscious. The images of the dreams are symbols which signify intrapsychic forces. Dreams use symbols because they are indirect expressions and hence would not alert the ego. If the unfulfilled desires are expressed directly, the ever-vigilant ego would suppress them and that would lead to anxiety. These symbols are interpreted according to an accepted convention of translation as the indicators of unfulfilled desires and conflicts.
- **Modality of Treatment: Transference**
 - (a) As the unconscious forces are brought into the conscious realm through free association and dream interpretation, the client starts identifying the therapist with the authority figures of the past, usually childhood. E.g. the therapist may be seen as the punitive father, or as the negligent mother.
 - (b) The therapist maintains a non-judgmental yet permissive attitude and allows the client to continue with this process of emotional identification. This is the process of transference. The therapist encourages this process because it helps her/him in understanding the unconscious conflicts of the client. The client acts out her/his frustrations, anger, fear, and depression that s/he harboured towards that person in the past, but could not express at that time. The therapist becomes a substitute for that person in the present. This stage is called **transference neurosis**.
 - **Positive transference:** There is the positive transference in which the client idolises, or falls in love with the therapist, and seeks the therapist's approval.
 - **Negative transference:** Negative transference is present when the client has feelings of hostility, anger, and resentment towards the therapist.
- **Modality of Treatment: Resistance**
 - (a) The process of transference is met with resistance. Since the process of transference exposes the unconscious wishes and conflicts, thereby increasing the distress levels, the client resists transference.
 - (b) Due to resistance, the client opposes the progress of therapy in order to protect herself/himself from the recall of painful unconscious memories.

Resistance: The client opposes the progress of therapy in order to protect himself/herself from recalling of painful unconscious memories.

- **Conscious:** Conscious resistance is present when the client deliberately hides some information.
- **Unconscious:** Unconscious resistance is assumed to be present when the client becomes silent during the therapy session, recalls trivial details without recalling the emotional ones, misses appointments, and comes late for therapy sessions.

The therapist overcomes the resistance by repeatedly confronting the patient about it and by uncovering emotions such as anxiety, fear, or shame, which are causing the resistance. Interpretation is the fundamental mechanism by which change is affected.

- **Analytical Techniques of Interpretation: Confrontation**

In confrontation, the therapist points out to the client an aspect of her/his psyche that must be faced by the client.

- **Analytical Techniques of Interpretation: Clarification**

- Clarification is the process by which the therapist brings a vague or confusing event into sharp focus.
- This is done by separating and highlighting important details about the event from unimportant ones. Interpretation is a more subtle process. It is considered to be the pinnacle of psychoanalysis.
- The therapist uses the unconscious material that has been uncovered in the process of free association, dream interpretation, transference and resistance to make the client aware of the psychic contents and conflicts which have led to the occurrence of certain events, symptoms and conflicts.

- **Working Through**

- The repeated process of using confrontation, clarification, and interpretation is known as working through. Working through helps the patient to understand herself/himself and the source of the problem and to integrate the uncovered material into her/his ego.
- The outcome of working through is insight. Insight is not a sudden event but a gradual process wherein the unconscious memories are repeatedly integrated into conscious awareness; these unconscious events and memories are re-experienced in transference and are worked through.
- As this process continues, the client starts to understand herself/himself better at an intellectual and emotional level, and gains insight into her/his conflicts and problems.

Understanding of self

Intellectual understanding
Emotional understanding

Intellectual understanding	Emotional understanding
Intellectual understanding	Emotional understanding
The intellectual understanding is the intellectual insight.	The emotional understanding, acceptance of one's irrational reaction to the unpleasant events of the past, and the willingness to change emotionally as well as making the change is emotional insight.

- Insight is the end point of therapy as the client has gained a new understanding of herself/himself. The conflicts of the past, defence mechanisms and physical symptoms are no longer present and the client becomes a psychologically healthy person. Psychoanalysis is terminated at this stage.

A. Duration of Treatment

- Psychoanalysis lasts for several years, with one hour session for 4–5 days per week. It is an intense treatment.

- (b) There are three stages in the treatment.
- (c) Stage one is the initial phase. The client becomes familiar with the routines, establishes a therapeutic relationship with the analyst, and gets some relief with the process of recollecting the superficial materials from the consciousness about the past and present troublesome events.
- (d) Stage two is the middle phase, which is a long process. It is characterised by transference, resistance on the part of the client, and confrontation and clarification, i.e. working through on the therapist's part.
- (e) All these processes finally lead to insight. The third phase is the termination phase wherein the relationship with the analyst is dissolved and the client prepares to leave the therapy.

B. Behaviour Therapy

[A] POSTULATES

- Behaviour therapies postulate that psychological distress arises because of faulty behaviour patterns or thought patterns.
- It is, therefore, focused on the behaviour and thoughts of the client in the present.
- The past is relevant only to the extent of understanding the origins of the faulty behaviour and thought patterns. The past is not activated or relieved. Only the faulty patterns are corrected in the present.
- Open therapy, i.e., the therapist shares his/her method with the client.

[B] Principles

- The clinical application of learning theory principles constitutes behaviour therapy. The foundation of behaviour therapy is on formulating dysfunctional or faulty behaviours, the factors which reinforce and maintain these behaviours, and devising methods by which they can be changed.
- It is not a unified theory, which is applied irrespective of the clinical diagnosis or the symptoms present.
- The symptoms of the client and the clinical diagnosis are the guiding factors in the selection of the specific techniques or interventions to be applied.
- Treatment of phobias or excessive and crippling fears would require the use of one set of techniques while that of anger outbursts would require another.
- A depressed client would be treated differently from a client who is anxious.

[C] Method Of Treatment

- The client with psychological distress or with physical symptoms, which cannot be attributed to physical disease, is interviewed with a view to analyse her/his behaviour patterns.
- Behavioural analysis is conducted to find malfunctioning behaviours, the antecedents of faulty learning, and the factors that maintain or continue faulty learning.
- Malfunctioning behaviours are those behaviours which cause distress to the client.
- Antecedent factors are those causes which predispose the person to indulge in that behaviour.
- Maintaining factors are those factors which lead to the persistence of the faulty behaviour. An example would be a young person who smokes. Behavioural analysis conducted by interviewing the client and the family members reveals that the person started smoking when he was preparing for the annual examination. Thus, anxiety-provoking situation becomes the causative or antecedent factor. The feeling of relief becomes the maintaining factor for him to continue smoking. The client has acquired the operant response of smoking, which is maintained by the reinforcing value of relief from anxiety.

[D] Establishment of Treatment Package

- Once the faulty behaviours which cause distress, have been identified, a treatment package is chosen.
- The aim of the treatment is to extinguish or eliminate the faulty behaviours and substitute them with adaptive behaviour patterns. The therapist does this through establishing antecedent operations and consequent operations. Antecedent operations control behaviour by changing something that precedes that behaviour.
- The change can be done by increasing or decreasing the reinforcing value of a particular consequence. This is called establishing operation. For example, if a child gives trouble in eating dinner, an establishing operation would be to decrease the quantity of food served at tea time. This would increase the hunger at dinner and thereby increase the reinforcing value of food at dinner. The antecedent operation is the reduction of food at tea time and the consequent operation is praising the child for eating dinner.

[E] Behavioural Techniques

- A range of techniques is available for changing behaviour. The principles of these techniques are to reduce the arousal level of the client, alter behaviour through classical conditioning or operant conditioning with different contingencies of reinforcements, as well as to use vicarious learning procedures, if necessary.

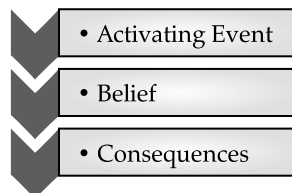
	Definition	Example
Negative reinforcement	Negative reinforcement refers to following an undesired response with an outcome that is painful or not liked. In other words, responses that lead organisms to get rid of painful stimuli or avoid and escape from them constitute negative reinforcement.	The teacher reprimands a child who shouts in class; a teacher threatens to keep whoever is late to class standing for the whole period.
Aversive conditioning	Aversive conditioning refers to repeated association of undesired response with an aversive consequence. (e.g. bitter taste, foul smell, etc.)	An alcoholic is given a mild electric shock and asked to smell the alcohol. With repeated pairings the smell of alcohol is aversive as the pain of the shock is associated with it and the person will give up alcohol.
Positive reinforcement	If an adaptive behaviour occurs rarely, positive reinforcement is given to increase the deficit.	If a child does not do homework regularly, positive reinforcement may be used by the child's mother by preparing the child's favourite dish whenever s/he does homework at the appointed time. The positive reinforcement of food will increase the behaviour of doing homework at the appointed time.
Token economy	Persons with behavioural problems can be given a token as a reward every time a wanted behaviour occurs. The tokens are collected and exchanged for a reward. This is known as token economy.	An outing for the patient or a treat for the child.
Differential reinforcement	Unwanted behaviour can be reduced and wanted behaviour can be increased simultaneously through differential reinforcement.	Giving a child ice cream when she/he completes her/his homework and then a vegetable she/he doesn't like when she/he doesn't.
Ignoring unwanted behaviour	The other method is to positively reinforce the wanted behaviour and ignore the unwanted behaviour.	A girl who sulks and cries when she is not taken to the cinema when she asks. The parent is instructed to take her to the cinema if she does not cry and sulk but not to take her if she does. Further, the parent is instructed to ignore the girl when she cries and sulks. The wanted behaviour of politely asking to be taken to the cinema increases and the unwanted behaviour of crying and sulking decreases.

Systematic desensitisation	Systematic desensitisation is a technique introduced by Wolpe for treating phobias or irrational fears. (a) The client is interviewed to elicit fear-provoking situations and together with the client, the therapist prepares a hierarchy of anxiety-provoking stimuli with the least anxiety-provoking stimuli at the bottom of the hierarchy. (b) The therapist relaxes the client and asks the client to think about the least anxiety. (c) The client is asked to stop thinking of the fearful situation if the slightest tension is felt. (d) Over sessions, the client is able to imagine more severe fear-provoking situations while maintaining the relaxation. The client gets systematically desensitised to the fear.	A spider phobic might regard one small, stationary spider 5 meters away as only modestly threatening, but a large, rapidly moving spider 1 meter away as highly threatening.
Reciprocal inhibition	The Principle of reciprocal inhibition states that the presence of two mutually opposing forces at the same time inhibits the weaker force. Thus, the relaxation response is first built up and mildly anxiety-provoking scene is imagined, and the anxiety is overcome by the relaxation.	If a person with a phobia of lizards is made to imagine holding a lizard in their hand on the principles of systematic desensitisation, their anxiety might be counteracted with calming relaxation techniques.
Modeling	Modeling is the procedure wherein the client learns to behave in a certain way by observing the behaviour of a role model or the therapist who initially acts as the role model.	
Vicarious learning	Vicarious learning, i.e. learning by observing others, is used and through a process of rewarding small changes in the behaviour, the client gradually learns to acquire the behaviour of the model.	

C. Cognitive Therapy

Cognitive therapies locate the cause of psychological distress in irrational thoughts and beliefs. Albert Ellis formulated the Rational Emotive Therapy (RET). The central basis of this therapy is that irrational beliefs mediate between the antecedent events and their consequences.

(a) **ABC analysis:** The first step in RET is the antecedent-belief-consequence (ABC) analysis.



- Antecedent events, which caused the psychological distress, are noted.
- The client is also interviewed to find the irrational beliefs, which are distorting the present reality. Irrational beliefs may not be supported by empirical evidence in the environment. These beliefs are characterised by thoughts with 'musts' and 'shoulds', i.e. things 'must' and 'should' be in a particular manner. Examples, "One should be loved by everybody all the time", etc.
- This distorted perception of the antecedent event due to the irrational belief leads to the consequence, i.e. negative emotions and behaviours.

(b) **Non directive questioning:** In the process of RET, the irrational beliefs are refuted by the therapist

through a process of non-directive questioning. The nature of questioning is gentle, without probing or being directive. The questions make the client think deeper into her/his assumptions about life and problems.

- (c) **Change:** Gradually the client is able to change the irrational beliefs by making a change in her/his philosophy about life. The rational belief system replaces the irrational belief system and there is a reduction in psychological distress.

Aaron Beck's Therapy

1. **Core Schemas:** Childhood experiences provided by the family and society develop core schemas or systems, which include beliefs and action patterns in the individual. E.g. A client, who was neglected by the parents as a child, develops the core schema of "I am not wanted".
2. **Critical Incident :** During the course of life, a critical incident occurs in her/his life. This critical incident triggers the core schema leading to the development of negative automatic thoughts.
3. **Dysfunctional Cognitive Structures:** Negative thoughts are persistent irrational thoughts such as "nobody loves me", "I am ugly", "I am stupid", "I will not succeed", etc. Such negative automatic thoughts are characterised by cognitive distortions. Cognitive distortions are ways of thinking which are general in nature but which distort the reality in a negative manner. These patterns of thought are called dysfunctional cognitive structures. They lead to errors of cognition about social reality.



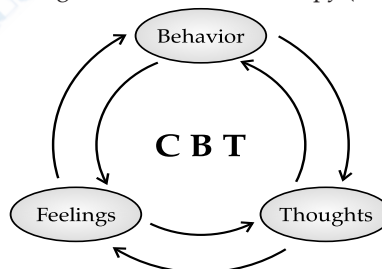
Fundamental Fact

Aaron Beck's Cognitive Therapy was developed only for depression but eventually was used to treat more disorders.

4. **Anxiety and Depression:** Repeated occurrence of these thoughts leads to the development of feelings of anxiety and depression.
5. **Therapist's Approach:** The therapist uses questioning, which is gentle, non-threatening disputation of the client's beliefs and thoughts. Examples of such questions would be, "Why should everyone love you?", "What does it mean for you to succeed?", etc. The questions make the client think in a direction opposite to that of the negative automatic thoughts whereby she/he gains insight into the nature of her/his dysfunctional schemas, and is able to alter her/his cognitive structures.
6. **Goals:** The aim of the therapy is to achieve this cognitive restructuring which, in turn, reduces anxiety and depression. It focuses on solving a specific problem of the client.
7. **Duration :** It is short, lasting between 10–20 sessions.

Cognitive Behaviour Therapy [CBT]

The most popular therapy presently is the Cognitive Behaviour Therapy (CBT).



- CBT adopts a bio- psychosocial approach to the delineation of psychopathology. It combines cognitive therapy with behavioural techniques.
- The rationale is that the client's distress has its origins in the biological, psychological, and social realms. It seeks to address: - The biological aspects through relaxation procedures - The psychological aspects through behaviour therapy - Cognitive therapy techniques and the social ones with environmental manipulations.
- Research into the outcome and effectiveness of psychotherapy has conclusively established CBT to be a short and efficacious treatment for a wide range of psychological disorders such as anxiety, depression, panic attacks, and borderline personality, etc.

D. Humanistic-Existential Therapy :

Humanistic-existential therapy encourages the client to seek personal growth and actualise their potential.

1. Principles

- Human beings are motivated by the desire for personal growth and self-actualisation, and an innate need to grow emotionally.
- When these needs are curbed by society and family, human beings experience psychological distress.
- The humanistic-existential therapies postulate that psychological distress arises from feelings of loneliness, alienation, and an inability to find meaning and genuine fulfilment in life.

2. Self Actualisation

Self-actualisation is defined as an innate or inborn force that moves the person to become more complex, balanced, and integrated, i.e., achieving the complexity and balance without being fragmented; integrated means a sense of whole, being a complete person, being in essence the same person in spite of the variety of experiences that one is subjected to. Frustration of self-actualisation causes distress.

3. Healing Process

- Self-actualisation requires free emotional expression. The family and society curb emotional expression, as it is feared that a free expression of emotions can harm society by unleashing destructive forces. This curb leads to destructive behaviour and negative emotions by thwarting the process of emotional integration.
- Healing occurs when the client is able to perceive the obstacles to self-actualisation in her/his life and is able to remove them.
- Therefore, the therapy creates a permissive, non-judgmental and accepting atmosphere in which the client's emotions can be freely expressed and the complexity, balance and integration could be achieved.

4. Role of Therapist

The fundamental assumption is that the client has the freedom and responsibility to control her/his own behaviour. The therapist is merely a facilitator and guide. It is the client who is responsible for the success of therapy.

5. Aim

The chief aim of the therapy is to expand the client's awareness. Healing takes place by a process of understanding the unique personal experience of the client by herself/himself.

Existential Therapy: Logotherapy

1. **Origin :** Victor Frankl, a psychiatrist and neurologist propounded the Logotherapy. Logos is the Greek word for soul and Logotherapy means treatment for the soul. Frankl calls this process of finding meaning even in life-threatening circumstances as the process of meaning making.
2. **Basis :** The basis of meaning making is a person's quest for finding the spiritual truth of one's existence. Just as there is an unconscious, which is the repository of instincts, there is a spiritual unconscious, which is the storehouse of love, aesthetic awareness, and values of life. Neurotic anxieties arise when the problems of life are attached to the physical, psychological or spiritual aspects of one's existence.
3. **Spiritual Anxieties:** Frankl emphasised the role of spiritual anxieties in leading to meaninglessness and hence it may be called an existential anxiety, i.e. neurotic anxiety of spiritual origin.
4. **Goals:** The goal of logotherapy is to help the patients to find meaning and responsibility in their life irrespective of their life circumstances. The goal is to facilitate the client to find the meaning of her/his being.
5. **Role of Therapist:** In Logotherapy, the therapist is open and shares her/his feelings, values and his/her own existence with the client. The emphasis is on here and now. Transference is actively discouraged. The therapist reminds the client about the immediacy of the present.

Existential Therapy: Client-Centred Therapy

1. **Origin:** Client-centred therapy was given by Carl Rogers. Rogers combined scientific rigour with the individualised practice of client-centred psychotherapy. Rogers brought into psychotherapy the concept of self, with freedom and choice as the core of one's being.
2. **Basic Principle :** The therapy provides a warm relationship in which the client can reconnect with her/his disintegrated feelings. The therapist shows: - Empathy, which sets up an emotional resonance between the therapist and the client. Unconditional positive regard, which indicates that the positive warmth of the therapist is not dependent on what the client reveals or does in the therapy sessions. This unique unconditional warmth ensures that the client feels secure and can trust the therapist.
3. **Role of Therapist**
 - The therapist reflects the feelings of the client in a non-judgmental manner.
 - The reflection is achieved by rephrasing the statements of the client, i.e. seeking simple clarifications to enhance the meaning of the client's statements.
 - This process of reflection helps the client to become integrated.
 - Personal relationships improve with an increase in adjustment.

4. **Goal:** In essence, this therapy helps a client to become her/his real self with the therapist working as a facilitator.

Existential Therapy: Gestalt Therapy

1. **Origin:** The German word gestalt means 'whole'. This therapy was given by Freiderick (Fritz) Perls together with his wife Laura Perls.
2. **Goal:** The goal of gestalt therapy is to increase an individual's self-awareness and self- acceptance.
3. **Therapist's Role:** The client is taught to recognise the bodily processes and the emotions that are being blocked out from awareness. The therapist does this by encouraging the client to act out fantasies about feelings and conflicts. This therapy can also be used in group settings.

E. Biomedical Therapy

Psychiatrist: Prescription of medicines for treatment of mental disorders is done by qualified medical professionals known as psychiatrists. They are medical doctors who have specialised in the understanding, diagnosis and treatment of mental disorders.

Medication: The nature of medicines used depends on the nature of the disorders. Severe mental disorders such as schizophrenia or bipolar disorder require antipsychotic drugs. Common mental disorders such as generalised anxiety or reactive depression may also require milder drugs.

Side Effects: The medicines prescribed to treat mental disorders can cause side-effects which need to be understood and monitored. Hence, it is essential that medication is given under proper medical supervision. Drugs can cause addiction, and harm the brain and the body. Therefore, it is dangerous to self- medicate with drugs which affect the mind.

Electro-Convulsive Therapy (CET)

This therapy can be used in the treatment of mental disorders.

- Electro-convulsive Therapy (ECT) is another form of biomedical therapy in which mild electric shock is given via electrodes to the brain of the patient to induce convulsions.
- The shock is given by the psychiatrist only when it is necessary for the improvement of the patient.
- ECT is not a routine treatment and is given only when drugs are not effective in controlling the symptoms of the patient.

Factors Contributing to Healing in Psychotherapy

- **Techniques Adopted with the Patient/Client:** A major factor in the healing is the techniques adopted by the therapist and the implementation of the same with the patient/client. If the behavioural system and the CBT therapy are adopted to heal an anxious client, the relaxation procedures and the cognitive restructuring largely contribute to the healing.
- **Establishment of Therapeutic Alliance Between Client and Therapist:** The therapeutic alliance, which is formed between the therapist and the patient/client, has healing properties, because of the regular availability of the therapist, and the warmth and empathy provided by the therapist.
- **Process of Catharsis And Emotional Unburdening:** At the outset of therapy while the patient/client is being interviewed in the initial sessions to understand the nature of the problem, she/he unburdens the emotional problems being faced. This process of emotional unburdening is known as catharsis, and it has healing properties.
- **Patient variables, Non specific Factors, Therapist Variables:**
 - There are several non-specific factors associated with psychotherapy. These factors are called non-specific because they occur across different systems of psychotherapy and across different clients/patients and different therapists.
 - Non-specific factors attributable to the client/patient are motivation for change, expectation of improvement due to the treatment, etc. These are called patient variables.
 - Non-specific factors attributable to the therapist are positive nature, absence of unresolved emotional conflicts, presence of good mental health, etc. These are called therapist variables.

Ethics In Psychotherapy

Some of the ethical standards that need to be practiced by professional psychotherapists are :

- Informed consent needs to be taken.
- Confidentiality of the client should be maintained.
- Alleviating personal distress and suffering should be the goal of all attempts of the therapist.
- Integrity of the practitioner-client relationship is important.
- Respect for human rights and dignity.
- Professional competence and skills are essential.

F. Alternative Therapies

Alternative therapies are so called because they are alternative treatment possibilities (especially in case medication side effects are severe) to the conventional drug treatment or psychotherapy. There are many alternative therapies such as yoga, meditation, acupuncture, herbal remedies and so on. [In the past 25 years, yoga and meditation have gained popularity as treatment programmes for psychological distress]

- (a) **Yoga:** Yoga is an ancient Indian technique detailed in the Ashtanga Yoga of Patanjali's Yoga Sutra. Also refers to only the asanas-body posture-components) or to pranayama (breathing practices)
- (b) **Meditation:** Meditation refers to the practice of focussing attention on breath or an object or thought or a mantra.
- (c) **Sudarshan Kriya Yoga:**
- (i) The rapid breathing techniques to induce hyperventilation as in Sudarshana Kriya Yoga (SKY) is found to be a beneficial, low risk, low-cost adjunct to the treatment of stress, anxiety, post-traumatic stress disorder (PTSD), depression, stress related medical illnesses, substance abuse, and rehabilitation of criminal offenders.
 - (ii) Yoga techniques enhance well-being, mood, attention, mental focus, and stress tolerance.
 - (iii) Proper training by a skilled teacher and a 30-minute practice every day will maximise the benefits.
 - (iv) Kundalini yoga- Kundalini Yoga combines pranayama or breathing techniques with chanting of mantras.
 - (v) Zen- Zen/ Zen Buddhism refers to a school of Mahayana Buddhism that asserts that enlightenment can be attained through meditation, self-contemplation, and intuition rather than through faith and devotion. It is practiced mainly in China, Japan, Korea, and Vietnam.

Rehabilitation of the Mentally Ill

Treatment of Psychological disorder:

(a) **Reduction of Symptoms.**

(b) **Improvement of the quality of life.**

1. The treatment of psychological disorders has two components, i.e. reduction of symptoms, and improving the level of functioning or quality of life.
2. In the case of milder disorders such as generalised anxiety, reactive depression or phobia, reduction of symptoms is associated with an improvement in the quality of life. However, in the case of severe mental disorders such as schizophrenia, reduction of symptoms may not be associated with an improvement in the quality of life.
3. Many patients suffer from negative symptoms such as disinterest and lack of motivation to do work or to interact with people.
4. Rehabilitation is required to help such patients become self-sufficient. The aim of rehabilitation is to empower the patient to become a productive member of society to the extent possible.
5. In rehabilitation, the patients are given:
 - Occupational therapy (the patients are taught skills such as candle making, paper bag making and weaving to help them to form a work discipline) - Social skills training (the patients develop interpersonal skills through role play, imitation and instruction. The objective is to teach the patient to function in a social group)
 - Cognitive retraining is given to improve the basic cognitive functions of attention, memory and executive functions (cognitive restructuring occurs).
 - Vocational therapy (the patient is helped to gain skills necessary to undertake productive employment).



Key Words

Maladaptive: not being able to adjust to the environment.

Cognition: mental processes of an individual, such as thinking, decision making, problem solving.

Insight: a deep and accurate understanding to something or someone.

CHAPTER-6

ATTITUDE AND SOCIAL COGNITION



Revision Notes

Social Psychology: Social psychology is a branch of Psychology which investigates how the behaviour of individuals is affected by others and social environment.

- Social psychology is the scientific study of how people's thoughts, feelings, beliefs, intentions and goals are constructed within a social context by the actual or imagined interactions with others.
- It therefore looks at human behaviour as influenced by other people and the conditions under which social behaviour and feelings occur.

Baron, Byrne and Suls (1989) define Social Psychology as

'The scientific field that seeks to understand the nature and causes of individual behaviour in social situations'.

Topics examined in social psychology include: the self-concept, social cognition, attribution theory, social influence, group processes, prejudice and discrimination, interpersonal processes, aggression, attitudes and stereotypes.

Social Cognition:

- The combination of social processes like attitude, impression formation, attribution and pro social behaviour is called social cognition. Social cognition refers to the mental activities related to the gathering and interpretation of information about the social world. Social cognition is activated by cognitive units called schemes.
- Social cognition is activated by cognitive units called schemes. Social cognition of all individuals is affected by the social environment (Societal conditions in the society peace, harmony, trust or aggression, frustration, disharmony and distrust towards individuals, groups, people, relationships and social issues.)
- Because of social influences, people form attitudes or ways of thinking about specific topics and people. Impression formation is when we make inferences about personal qualities of people we meet. Attribution is when we assign causes to the behaviour shown in specific social situations.
- **Attitude:** Attitude is a state of the mind, a set of views or thoughts, regarding some topic (called the 'attitude object'), which have an evaluative feature (positive, negative or neutral quality).
- If your views are not merely-thoughts, but also have emotional and action components, then these views are more than 'opinions' they are examples of 'attitudes'.
- **Beliefs :** Beliefs are generally defined as convictions that things held in the mind are true. Belief refers to the cognitive component of attitudes, and form the ground on which attitudes stand, such as belief in God, or belief in democracy as a political ideology.
- **Values :** Values are attitudes or beliefs that contain a 'should' or 'ought' aspect, such as moral or ethical values. One example of a value is hard work or honesty. Values are formed when a particular belief or attitude becomes an inseparable part of the person's outlook on life. Values are difficult to change.
- **Features of Attitude:**
 - **Valence** (positivity or negativity). Valence of an attitudes tells us whether the attitude is positive or-negative towards to attitude objects.
 - **Extremeness** indicates how positive or negative an attitude is.
 - **Simplicity or Complexity** (multiplexity) refers to how many attitudes there are within a broader attitude. An attitude system is said to be 'simple' if it contains only one or a few attitudes and 'complex' if it is made up of many attitudes.
 - **Centrality:** This refers to the role of a particular attitude in the system much more than non-central (or peripheral) attitudes. Positive attitude towards education influences various other attitudes e.g., attitudes towards knowledge or attitude towards work.
- **Attitude Formation:** In general, attitudes are learned through one's own experiences, and through interaction with others.

➤ **Process of Attitude Formation:**

- Association, e.g., a positive attitude towards a subject is learned through the positive association between a teacher and a student.
- Reward or punishment increases/decreases the further development of that attitude.
- **Modelling:** observing others being rewarded or punished for expressing thoughts, or showing behaviour of a particular kind towards the attitude object.
- **Group or Cultural norms:** through the norms of our group or culture which may become part of our social cognition, in the form of attitude.
- Exposure to information, e.g., positive and negative attitudes are formed through the media.

➤ **Factors that Influence Attitude Formation:**

Family and School environment

(i) Parents and other family members attitude formations.

- Learning of attitudes within the family and school usually takes place by associations, through rewards and punishment and through modelling.

(ii) **Reference groups :**

- Attitudes towards political, religious and social groups, occupations National and other issues are often developed through reference groups.

(iii) **Personal experience :**

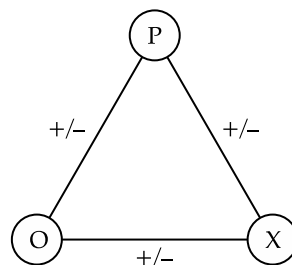
- Many attitudes are formed, not in the family environment or through reference groups, but through direct personal experiences which bring about a drastic change in our attitude towards people and our own life.

(iv) **Media related influences :**

- Technological advances have made audio-visual media and internet as very powerful sources for attitude formation.
- School textbook also influence attitude formation.
- Family and School Environment particularly in the early years of life.
- Reference Groups indicate the norms regarding acceptable behaviour/ways of thinking, reflect learning of attitudes through cultural norms, noticeable during the beginning of adolescence.
- Personal Experiences (direct).
- Media-related Influences.
- Technological advances have made audio-visual media, school level textbook and the Internet very powerful sources of information.

➤ **Attitude Change:** Attitudes that are still in the formative stage, and are more like opinions, are much more likely to change compared to attitudes that have become firmly established and have become a part of the individual's values.

1. **Balance or P-O-X triangle (Fritz Heider)** represents the relationships between three aspects or components of attitude.



- P is the person whose attitude is being studied,
- O is another person
- X is the topic towards which the attitude is being studied (attitude object). It is also possible that all three are persons.

➤ The basic idea is that an attitude changes if there is a state of imbalance between the P-O attitude, O-X attitude, and P-X attitude. This is because imbalance is logically uncomfortable. Imbalance is found when all three sides are negative, or two sides are positive, and one side is negative. Balance is found when all three sides are positive or two sides are negative, and one side is positive.

2. **Cognitive Dissonance (Leon Festinger)** emphasises on the cognitive component. Cognitive components of an attitude must be constant (opposite of 'dissonant'), i.e., they should be logically in line with each other. If an individual finds that two cognitions in an attitude are dissonant, then one of them will be changed in the

direction of consonance. Both balance and cognitive dissonance are examples of cognitive consistency which means that two components or elements of the attitude, or attitude system, must be in the same direction. If this does not happen, then the person experiences a kind of mental discomfort, i.e., the sense that 'something is not quite right' in the attitude system.

3. **The Two-Step Concept (S.M. Mohsin):** According to him, attitude change takes place in the form of two steps: (i) The target of change (person whose attitude is to be changed) identifies with the source (person through whose influence the attitude is to be changed). Identification means that the target and the source have a mutual regard and attraction. (ii) The source himself/herself shows an attitude change, by actually changing his/her behaviour towards the attitude object. Observing the source's changed attitude and behaviour, the target also shows an attitude change through behaviour. This is a kind of imitation or observational learning.

➤ **Factors that Influence Attitude Change:**

- **Characteristics of the Existing Attitude:** All four properties of attitudes mentioned earlier, namely, valence (positively or negatively), extremeness, simplicity or complexity (multiplexity), and centrality or significance of the attitude, determine attitude change. Positive, less extreme, peripheral (less significant) and simpler attitudes are easier to change. In addition, one must also consider the direction and extent of attitude change. Congruent (same direction of the existing attitude) or incongruent (opposite direction). Moreover, an attitude may change in the direction of the information that is presented, or in a direction opposite to that of the information presented.
- **Source Characteristics:** Source credibility and attractiveness. Attitudes are more likely to change when the message comes from a highly credible source rather than from a low-credible source.
- **Message Characteristics:** Attitudes will change when the amount of information that is given about the topic is just enough, neither too much nor too little. Whether the message contains a rational or an emotional appeal, also makes a difference. The motives activated by the message depend on the mode of spreading the message (face-to-face transmission is more effective than indirect transmission).
- **Target Characteristics:** Qualities of the target, such as persuasibility (open and flexible personality), strong prejudices, self-esteem, more willing because they base their attitude on more information and thinking.

➤ **Attitude-Behaviour Relationship:** Psychologists have found that there would be consistency between attitudes and behaviour when—

- The attitude is strong and occupies a central place in the attitude system.
- The person is aware of his/her attitude.
- There is very little or no external pressure for the person to behave in a particular way.

➤ **Prejudice and Discrimination:** Prejudices are usually negative attitudes against a particular group, and in many cases, may be based on stereotypes (the cognitive component) about the specific group. A stereotype is a cluster of ideas regarding the characteristics of a specific group. The cognitive component of prejudice is frequently accompanied by dislike or hatred, the affective components of prejudice are more difficult to change.

➤ **Sources of Prejudice:**

- **Learning:** Prejudice can also be learned through association, reward and punishment, observing others, group or cultural norms and exposure to information that encourages prejudice. The family, reference groups, personal experiences and the media may play a role in the learning of prejudices. People who learn prejudiced attitudes may develop a 'prejudiced personality'.
- **A strong Social Identity and in Group Bias:** Individuals who have a strong sense of social identity and have a very positive attitude towards their own group boost this attitude by holding negative attitudes towards other groups.
- **Scapegoating:** This is a phenomenon by which the majority group places the blame on minority groups for its own social, economic or political problems. The minority is too weak or too small in number to defend itself against such accusations.
- **Kernel of Truth Concept:** Sometimes people may continue to hold stereotypes because they think that there must be some truth, or 'Kernel of truth' in which everyone says about the other group.
- **Self-fulfilling Prophecy:** The group that is the target of prejudice is itself responsible for continuing the prejudice by behaving in ways that justify the prejudice or confirm the negative expectation.

➤ **Strategies for Handling Prejudice:**

The strategies for handling prejudice would be effective if they aim at:

- minimising opportunities for learning prejudices,

- changing such attitudes,
- de-emphasising a narrow social identity based on the in-group, and
- discouraging the tendency towards self-fulfilling prophecy among the victims of prejudice.

These goals can be accomplished through:

- Education and information dissemination, for correcting stereotypes related to specific target groups, and tackling the problem of a strong in-group bias.
- Increasing intergroup contact that allows for direct communication, removal of mistrust between the groups, and discovery context, there is close interaction and they are not different in power or status.
- Highlighting individual identity rather than group identity, thus weakening the importance of group (both in-group and out-group) as a basis of evaluating the other person.

➤ **Schemas and Stereotypes**

- A schema is defined as a mental structure that provides a framework, set of rules or guidelines for processing information about any object. Schemata (or 'schemas') are the basic units stored in our memory, and function as shorthand ways of processing information, thus reducing the time and mental effort required in cognition.
- Schemata that function in the form of categories are called prototypes, which are the entire set of schemata or qualities that help us to define an object completely. In social cognition, category-based schemata, that are related to groups of people, are called stereotypes (over generalized, are not directly verified). The inferences you have drawn are not the result of your logical thinking or direct experience, but are based on preconceived ideas about a particular group.
- A schema for cultural understanding is more than just stereotype about the members of a culture. Whereas stereotypes tend to be rigid, a schema is dynamic and subject to revision.

➤ **Impression Formation and Attribution:**

The process of coming to know a person can be broadly divided into two parts— (a) Impression formation and (b) Attribution. The person who forms the impression is called perceiver (Responds to information about the qualities of the target, organises this information, and draws inferences about the target). The individual about whom the impression is formed is called the target.

➤ **Impression Formation and Attribution are influenced by:**

- the nature of information available to the perceiver,
- social schemas in the perceiver (including stereotypes),
- personality characteristics of the perceiver, and
- situational factors.

➤ **Impression Formation**

The process of impression formation consists of the following three sub-processes:

- (a) Selection:** we take into account only some bits of information about the target person
 - (b) Organisation:** the selected information is combined in a systematic way
 - (c) Inference:** we draw a conclusion about what kind of person the target is
- The order or sequence in which information is presented affects the kind of impression formed.
 - Primacy effect, the information presented first has a stronger effect than the information presented at the end. In Recency effect, the perceiver may be asked to pay attention to all the information whatever information comes at the end may have a stronger influence.
 - Halo effect, a tendency to think that a target person who has one set of positive qualities must also be having other specific positive qualities that are associated with the first set.



Fundamental Fact

Primary and Recency effects are based on memory.

➤ **Attribution of Causality:**

- **Bernard Weiner:** When we assign a cause to a person's behaviour, we can broadly classify the cause as being internal (something within the person) or external (something outside the person). Stable factors are those causes that do not change with the time, while unstable factors are those that do.
- **Fundamental Attribution Error:** There is an overall tendency of people to give greater weightage to internal or dispositional factors, than to external or situational factors. Indians tend to make more external (situational) attributions than Americans do.

- There is a difference between the attribution made for success, and the attribution made for failure. In general, people attribute success to internal factors, such as their ability or hard work. They attribute failure to external factors, such as bad luck, the difficulty of the task, and so on.
- **Actor-Observer Effect:** A distinction is also found between the attribution that a person makes for his/her own positive and negative experiences (actor-role), and the attribution made for another person's positive and negative experiences (observer-role, external).

➤ **Behaviour in the Presence of Others:**

- In 1897, Norman Triplett observed that individuals gave better performance in the presence of others than when they are performing the same task alone because of the eagerness to get praise or reward is stronger.

➤ **Social Facilitation:**

- **Zajonc gave the concept of Social Facilitation.** This means performance on specific tasks is influenced by the mere presence of others because the person experiences arousal, which makes the person react in a more, intense manner.
- **Evaluation apprehension (Cottrell):** The person will be praised if the performance is good (reward), or criticised if it is bad (punishment). We wish to get praise and avoid criticism, therefore we try to perform well and avoid mistakes.
- **Nature of the task:** In the case of a simple or familiar task, the person is sure of performing well and the eagerness to get praise or reward is stronger. In case of a complex or new task, the person may be afraid of making mistakes. The fear of criticism or punishment is stronger. So, the individual performs worse in the presence of others than he/she does when alone.
- If the others are also performing the same task, this is called a situation of co-action. In this situation, there is social comparison and competition.

➤ **Social Loafing:** The larger the group, the less effort each member puts in. This phenomenon is based on diffusion of responsibility.

➤ **Pro-social Behaviour:** Pro-social behaviour is very similar to 'altruism', which means doing something for or thinking about the welfare of others without any self-interest.

➤ **Characteristics:**

- Aim to benefit or do good to another person or other person.
- Doing without expecting anything in return,
- Doing willingly by the person, and not because of any kind of pressure, and
- Involves some difficulty or 'cost' to the person giving help.

Factors influencing Prosocial Behaviour:

- Based on an inborn, natural tendency in human beings to help other members of their own species. "
- **Influenced by Learning:** Individuals who are brought up in a family environment that sets examples of helping others praises helpfulness.
- **Cultural Factors:** Some cultures actively encourage people to help the needy and distressed. In cultures that encourage independence, individuals will show less pro-social behaviour, because people are expected to take care of themselves.

➤ When the situation activates certain social norms that require helping others.

(a) **Social responsibility:** We should help anyone who needs help, without considering other factors.

(b) **Reciprocity:** We should help those who have helped us in the past.

(c) **Equity:** We should help others whenever we find that it is fair to do so.

- Expected reactions of the person who is being helped. For example, people might be unwilling to give money to a needy person because they feel that the person might feel insulted.
- Individuals who have a high level of empathy, that is, the capacity to feel the distress of the person who is to be helped, such as Baba Saheb Amte and Mother Teresa. Pro-social behaviour is also more likely in situations that arouse empathy, such as the picture of starving children in a famine.
- Factors such as a bad mood, being busy with one's own problems or feeling that the person to be helped is responsible for his/her own situation (that is when an internal attribution is made for the need state of the other person).

- When the number of bystanders is more than one. This phenomenon is called diffusion of responsibility. On the other hand, if there is only a **bystander**, this person is more likely to take the responsibility and actually help the victim.



Fundamental Fact

According to the Bystander's effect, when there are more number of people present, it is less likely for people to help the person in trouble.



Key Words

Attribution: The action of regarding something as being caused by a person or a thing.

Schema: A cognitive framework that helps in organizing and interpreting information.

Bystander: A person that is witnessing a situation or even.

CHAPTER-7

SOCIAL INFLUENCE AND GROUP PROCESSES



Revision Notes

Nature and Formation of Groups

- **Group:** An organised system of two or more individuals who are interacting and are interdependent, who have common motives, have set role relationships amongst the members and have norms that regulate the behaviour of members. Examples—family, class, playgroup etc.

Salient Features:

- A collection of individuals who have common goals and motives.
 - Two or more people: perceive themselves as belonging to the group—each group is unique.
 - Members of the group are interdependent.
 - A gathering of individual's who interact with each other directly or indirectly.
 - Members satisfy their needs through joint association—and influence each other.
 - **Governed** by set of norms and roles—specific functions for each member, adhere to norms on how one must behave, expected behaviour, etc.
- **Advantages:** We are simultaneously members of different groups; different groups satisfy different needs but could create pressures due to competing demands and expectations.
 - (a) **Security:** Groups reduce insecurity
 - being with people—sense of comfort/protection.
 - people feel stronger—less vulnerable to threats.
 - (b) **Status:** Recognised group gives feeling of pride, power and importance.
 - (c) **Self-esteem:** Feeling of self-worth and positive social identity.
 - member of prestigious group enhances self-concept.
 - (d) **Goal Achievement:** Group helps to attain some goals which can't be attained alone (power in the majority).
 - (e) **Provides Knowledge and Information:** Broadens views, helps supplement information.
 - (f) **Satisfaction of Psychological and Social Needs:** Like sense of belongingness—giving and receiving attention, love and power.
 - **Group Formation:** Some form of contact and interaction between people is needed.
 - **Proximity:** Common interests, attitudes and background are important determinants for the liking of your group members.

- **Similarity:** People prefer consistency—consistent relationship (reinforces and validates opinions and values; feel we're right).
- **Common Motives and Goals:** When people are driven by common goals, groups facilitate goal attainment.

➤ **Stages of group formation (Tuckman):**

- **Forming:** When group member's first meet—a great deal of uncertainty about group and goal and how it will be achieved. They try to get to know each other—there is excitement and apprehension.
- **Storming:** Second state of group formation in which Intra-group conflict—about how the goal is to be achieved, who will be the leader and who will perform what task (hierarchy of leadership and how to achieve goal is developed).
- **Norming:** Develop norms related to group behaviour (development of a positive group identity).
- **Performing:** Structure of the group has evolved and is accepted (towards goal achievement); as this is the last stage of group development.
- **Adjourning:** Once the function is over or the main goal of the group has been achieved the group may be disbanded.

➤ **Notes:**

- Groups can go back and forth between stages or skip a few stages.
- Stages could even take place simultaneously.
- Groups do not always proceed in a systematic manner.

➤ **Group Structure:**

- Over time there are regularities in distribution of tasks, responsibilities assigned to members and status of members.

➤ **Elements:**

1. **Roles:** Socially defined expectations that individuals in a given situations are expected to fulfil, and it also refers to the typical behaviour that depicts a person in a given social context.
Role Expectations: Behaviour expected of someone in a particular role.
2. **Norms (unspoken rules):** Expected standards of behaviour and beliefs established, agreed upon and enforced by group members.
3. **Status:** Relative social position given to group members by others.
4. **Cohesiveness:** Togetherness, binding or mutual attraction among group members
 - **More Cohesiveness:** Members start thinking, feeling and acting as a social unit (no isolated individuals); there is an increased desire to remain in group (we feeling- sense of belongingness).
 - Extreme cohesiveness leads to group think and is negative.

Types of Groups: Primary and Second group

➤ **Primary Group:**

- Pre-existing formations that are usually given to a person. People usually remain a part of it throughout their lifetime. Includes face-to-face interaction and close physical proximity. Members share warm, emotional bonds. Central to a person's functioning; major role in developing values and ideals. Boundaries are less permeable—can't choose membership, join or leave easily. Example: family, religion, caste.

➤ **Secondary Group:**

- **Groups which individuals join by choice:** Relationships among members are more impersonal, indirect and less frequent. These may or may not be short-lived. It is easy to leave and join another group. Example: Political party.

➤ **Formal and Informal Group:**

- **Formal Group:** Functions, based to be performed are explicitly stated. Formation based on specific rules or laws and members have defined roles. Set of norms help establish order. Example: office, university and organizations.
- **Informal Group:** Roles of each member not so definite and specified. Close relationships among members exist. Formation not based on rules and laws. Example: peer group [or group of 5-6 friends].

➤ **In Group and Out Group:**

- **In group:** One's own group—We denoted it by use of 'we' (e.g., India). Members in the group—similar, viewed favourably, have desired traits.
- **Out group:** Another group—denoted by the term they 'they' (e.g., Pakistan). Member of out-group—viewed differently, negatively in comparison to in group.

➤ **Influence of Group on Individual Behaviour:**

1. **Social facilitations**-Performance on specific tasks is influenced by the mere presence of others.
2. **Social Loafing:** This is the reduction in individual effort when working on a collective task that is the one in which outputs are pooled with those of other group members.
 - Individuals performing an activity with the others as part of a larger group.
 - Individuals work less hard in a group than alone.
 - Don't know much effort each one is putting in.
 - Presence of others leads to arousal; motivates individuals to enhance their performance (only when a person's efforts are individually evaluated).

Causes of Social Loafing:

- People less responsible for the overall task and thus exert less effort.
- Performance of the group isn't compared with other groups.
- Motivation decreases as contributions are not individually evaluated.
- No/improper co-ordination between members.
- Belonging to the same group is not important for members (it is only an aggregate of individuals).

Can be reduced by:

- Making the effort of each person identifiable.
- Increasing pressure to work hard – make members committed, motivated.
- Increase apparent importance and value of task.
- Make them feel their individual contribution is important.
- Strengthen group cohesiveness – increase motivation for successful group outcome.

3. **Group Polarisation:**

- Groups are likely to take more extreme decisions than individuals would take alone
- strengthening of a group's initial position because of group interaction.
- dangerous repercussions—groups may take extreme positions (very weak to very strong decisions).

Causes of group Polarization:

- In the company of like-minded people, you're likely to hear newer arguments favouring your view-points.
- Bandwagon effect—when you find others sharing your view-point, you feel your view is validated by the public.
- When people have similar views as you, you're likely to perceive them as in-group (start identifying with them, show conformity—views become strengthened).

➤ **Social Influences:** Those processes whereby our attitudes and behaviours are influenced by the real or imagined presence of other people. Kelman (1958) is an author who has posed about social influence. Your parents teachers, friends radio and television commercials create one of the other kind of social influences.

➤ **Identification:** Influence process based on agreement or identity seeking.

➤ **Internalisation:** Process based on information seeking.

Conformity:

- Most indirect form of social influence.
- Tendency to follow norms is natural and spontaneous (norms are unwritten informal rules: provide information about what is expected from people in a situation; allows the group to function smoothly).
- People feel uncomfortable if they're 'different' (could lead to dislike/disapproval or some form of social punishment) (deviants/non-conformists).

Following norms is the easiest way to avoid disapproval.

- Norms reflect the views and beliefs of the majority (feel majority is likely to be right). Experiments on conformity by Sherif (Autokinetic effect) and Asch (Asch technique).
- Condition determining the extent of conformity—degrees of conformity determined by situation-specific factors.



Fundamental Facts

Autokinetic effect: Sherif conducted a series of experiments to demonstrate how groups form their norms, and members make their judgments according to these norms.

Asch Experiment: Asch examined how much conformity there would be when one member of a group experiences pressure from the rest of the group to behave in a specific way, or to give a particular judgment.

➤ Determinants of Conformity:

- **Size of Group:** More conformity when the group is small than when the group is large.
- **Size of Minority:** Larger the minority, lesser the conformity (more is the deviance).
- **Nature of the Task:** more conformity when there are objective questions.
- **Public/Private Expression of Behaviour:** More conformity in public and less conformity in private expression.
- **Personality:** Conforming personality— tendency to change behaviour according to what others do (others are independent, don't look for norms to decide how to behave in a situation—highly intelligent people are confident).

➤ Conformity occurs because of:

- Informational influence (that results from accepting evidence, not reality. Rational conformity- learn through observing others actions).
- Normative influence (based on desire to be accepted and admired—conform because deviation could lead to rejection/non-acceptance. Majority determines final decision but at times inferiority is firm and uncompromising it doubts on the majority's minds).

➤ **Compliance:** Extreme condition forcing the person to accept influence (of another significant condition) and behave in a particular way in response to a request from another person/group even in the absence of a norm. Why do we comply—an easier way out of the situation is more polite.

➤ Factors used to make others comply:

- (a) **'Foot in the Door' Technique:** Being by making a small request that one can't refuse, move on to bigger ones—once you comply with the first request, feel uncomfortable refusing the second one.
- (b) **'Deadline' Technique:** A 'last date' is announced until an offer is available—make people hurry so they can't miss the opportunity. More (the one actually required), usually granted.
- (c) **'Door in the Face' Technique:** Being with a large request and when this is refused, move onto making a smaller request (the one actually required), usually granted.

➤ Obedience

- Response to a person in authority.
- Direct and explicit form of social influence (someone has requested and you comply).
- If disobeyed, one is likely to get punished from people in authority; thus, one has to obey as people in authority have effective means for enforcing order.
- **Milgram's experiment:** Even ordinary people are willing to harm innocent people if ordered by someone in authority.



Fundamental Fact

Milgram's experiment was conducted by Stanley Milgram who gave high voltage shock to men to check their obedience for authority figures. The results of this experiment were shocking and horrifying.

➤ Why do people obey (after knowing the effects)?

- (a) Feel they are not responsible for their own action and that they are simply carrying out orders from an authority.
- (b) Authority is powerful and possesses a symbol of status, and thus difficult to resist.
- (c) Authority increases commands from lesser to greater levels (initial obedience binds followers for commitment and once you obey small orders you start obeying bigger orders as you feel committed to the authority).

(d) Events move at such a fast speed that there is no time to think, one just obeys orders, e.g., riots

➤ **Co-operation and Competition:**

- **Co-operation:** When groups work together to achieve shared goals. No individual rewards. Only group rewards exist.
- **Co-operative goals**—each attains his/her goal only if other members attain theirs. There is respect for one another's ideas and members are more friendly. There is more co-ordination.

➤ **Competition:** When group-members try to maximize their own benefits. They work for self-interest and individual reward. Competitive goals—each gets his/her goal only if others don't attain theirs. Leads to conflict and disharmony. More group cohesion and solidarity within one's group.

➤ **Determinants of Co-operation and Competition:**

- (a) **Reward Structure:** Co-operative reward structure promotes interdependence; reward possible only if all contribute. Competitive reward structure—only one gets the award.
- (b) **Interpersonal Communication:** Good inter- personal communication increases co-operation (facilitates interaction, discussion, convinces each other and increases learning about each other).
- (c) **Reciprocity:** People feel obligated to return the behaviour they get (initial co-operation leads to increased co-operation and initial competitiveness leads to competition).

➤ **Social Identity:** Aspect of our self-concept which is based on our group membership (tells us about one's position in the larger social contact and helps us located in society).

- derives from groups we are a part of.
- includes personal attributes and attributes we share with others.
- acquires certain attributes from interaction with others in society.
- identification with social groups is important for self-concept.
- provides members with a shared set of values, beliefs and goal about ourselves and others
- group within a group with which you identify yourself (start showing favouritism towards it. Rate it above out-group and devalue out group—basis of intergroup conflicts).

➤ **Intergroup Conflicts:** This is process in which either an individual or a group perceives others as having opposing interest and both try to contradict each other ('we' and 'they' feeling-are strong)

- belief that 'others' will protect only its own interests.
- both try to exert power on one another.
- when groups are more aggressive than individuals, it leads to escalation of conflict.
- costly human price in conflicts.

➤ **Causes of Intergroup conflict:**

- (a) **Lack of communication or Faulty Communication:** It leads to suspicion and lack of trust.
- (b) **Relative Deprivation:** Compare oneself to members of the other group:
 - don't have what you desire: others have it.
 - not doing well in comparison to others: deprivation, depression.
- (c) **Belief that one is better than the other:** What one partly believes should be done (if it does not happen—then members accuse one another and small differences are magnified. This leads to increased conflict).
- (d) **Desire for Retaliation:** For harm done in the past.
- (e) **No Respect for Others Norms:** Feeling that another group does not respect norms of my group and violates them because of malevolent intent.
- (f) **Biased Perception:** Feeling of 'they/' and 'we'.
- (g) People are more aggressive and competitive in groups than on their own (due to competition over scarce resources).
- (h) **Perceived Inequity:** Equity—distribution of rewards in proportion to individual's contributions (you feel irritated and exploited if you contribute more and are rewarded less).

➤ **Notes:**

- Conflicts between groups lead to a series of social and *cognitive processes*—hardens the stand of each side (ingroup polarization).
- Coalition of like-minded parties increases apprehension.
- Misperceptions and biased interpretations increase conflicts.

➤ **Murphy**—Conflicts begin in the minds of men.

Structural Level	Group Level	Individual Level
Increase in poverty rates, inequality, limited political and social opportunity, economic and social stratification.	Social identity, unequal power relations, resources.	Beliefs, biased attitudes, personality characteristics (there is progression along a continuum of violence—butterfly effect).

➤ **Consequences (Deutsch):**

- Communication becomes poor between groups (lack of trust—breakdown in communication leads to suspicion).
- Groups start magnifying their differences and perceive their behaviour as fair and others as unfair.
- Each side tries to increase its own power and legitimacy, thus the **conflict** shifts from smaller to larger ones.
- Once conflict starts, other factors lead to escalation of conflict (in-group opinion is hardened, out-groups are threatened and when other parties choose sides, the conflict is further escalated).

➤ **Conflict Resolution Strategies:**

- Introduction of Superordinate Goals:** Superordinate goals reduce conflict and are mutually beneficial to both sides, thus sides work co-operatively.
- Altering Perceptions:** Through persuasion, educational and media appeal portrayal of groups differently. Also promoting empathy for others should be taught.
- Increasing Intergroup Contact:** By involving groups on neutral grounds through community projects and events they become more appreciative of each other's stand. Contacts need to be maintained, supported over a period of time to be successful.
- Redrawing Group Boundaries:** Group boundaries create conditions where boundaries are redefined; Members perceive themselves as belonging to a common group.
- Negotiations:** Reciprocal communication so as to reach an agreement in a situation where there is a conflict.
 - Conflict can be resolved through negotiations and third party interventions.
 - Groups try finding mutually acceptable solutions.
 - When negotiation doesn't work then mediation (both parties reach a voluntary agreement and focus discussions on relevant issues) or arbitration (third party has the authority to give a decision after hearing both parties).
- Structural Solutions:** Redistributing societal resources according to principles based on justice. Principles of justice—equality (allocating equally to everyone), need (allocating on the basis of one's need) and equity (allocating on the basis of contribution).
- Respect for other Group's Norms:** To respect and be sensitive to the strong norms of various social and ethnic groups, especially in India where many communal riots have occurred due to insensitivity of one religious group towards another.

➤ **Group think (Irving Janis)**

- Cohesion can lead to a tendency to make irrational and uncritical decisions—group allows -its concerns for unanimity.
- Appearance of consensus or unanimous agreement—each member believes that all members agree upon a particular decision, no one expresses dissenting opinion (undermines cohesion of group, makes him/her unpopular).
- Exaggerated sense of its own power, ignores real world cues, out of touch with reality— occurs in socially homogeneous, cohesive, isolated, do not consider alternatives, decisions have high cost.
- Prevention-encouraging and rewarding critical thinking and disagreement, encouraging groups to present alternative courses of action, inviting outside experts to evaluate group decisions, encouraging seeking feedback from trusted others.

3. **Social Felicitation:** When an individual performs better due to the presence of others.



Key Words

Conflict: Disagreement or agreement between two parties.

Cognitive Processes: These are mental processes such as, thinking, decision making and problem solving.