

DIPLOMA IN REGISTERED NURSING
e- Learning Training Program

Course Title: Psychology and Nursing

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TABLE OF CONTENTS

Introduction To The Course	6
Course Objectives	6
Course Content	6
Assessment	8
UNIT 1: INTRODUCTION TO PSYCHOLOGY	9
1.1 Unit Introduction.....	9
1.2 Unit Objectives.....	Error! Bookmark not defined.
1.3 Definition of Key Terms Used in Psychology	9
1.4 Main Approaches or Models in Psychology	10
1.5 Importance of Psychology in Nursing	13
1.6 Summary	15
1.7 References	15
UNIT 2: PERSONAL GROWTH AND DEVELOPMENT	16
2.1 Unit Introduction.....	16
2.2 Unit Objectives.....	16
2.3 Definition of Terms.....	16
2.4 Factors Affecting Growth and Development	18
2.5 Current Theories of Growth and Development	21
2.6 Stages of Development Throughout the Life Cycle.....	27
2.7 Unit Summary	30
2.8 References	30
UNIT 3: MOTIVATION.....	31
3.1 Unit Introduction.....	31
3.2 Objectives.....	31
3.3 Definition of Motivation	31
3.4 Theories of Motivation	33
3.5 Reasons for Motivation	38
3.6 Biosocial Basis of Behaviour	40
3.7 Unit Summary	42

3.8 References.....	43
UNIT 4 PERSONALITY	44
4.1 Unit Introduction.....	44
4.2 Objectives.....	44
4.3 Definition of Personality	44
4.4 Development of Personality	45
4.5 Characteristics of Personality	47
4.6 Assessment of Personality	51
4.7 Adjustments and Defence Mechanisms.....	55
4.8 Frustration and Conflict.....	58
4.9. Stress	61
4.10 Psychological Effects of Being a Patient.....	65
4.11 Unit Summary	65
4.12 SelfTest	66
4.13 References	66
UNIT 5: PERCEPTION.....	67
5.1 Unit Introduction.....	67
5.2 Unit Objectives.....	67
5.3 Definition of Perception.....	67
5.4 Sensory Organs Involved in Perception.....	68
5.5 Mental Processes Involved in Perception	69
5.6 Stimulus Response Theory.....	70
5.7 Factors Influencing Differences in Perception.....	70
5.8 Unit Summary	71
<u>5.9 Self Test.</u>	71
5.10References	72
UNIT 6: LEARNING	73
6.1 Unit Introduction.....	73
6.2 Objectives.....	73
6.3 Definition of Learning.....	73
6.4 Forms of Learning.....	74

6.5 Problems of Learning.....	75
6.6 Theories of Learning.....	75
6.7 Memory.....	79
6.9 Remembering and Forgetting	82
6.10 Unit Summary	83
UNIT 7: INTELLIGENCE.....	86
7.1 Unit Introduction.....	86
7.2 Objectives	86
7.3 Definition of Intelligence.....	86
7.4 Measuring intelligence	86
7.5 Extremes of Intelligence	87
7.6 Determinants of intelligence	89
7.7 Unit Summary	89
7.8 Self Test	90
UNIT 8: PSYCHOSOCIAL COUNSELLING	91
8.1 Unit Introduction.....	91
8.2 Objectives	91
Definition of psychosocial Counselling.....	91
8.4 Principles of Counselling	92
8.5 Types of Counselling	94
8.6 The Counselling Process	96
8.7 Counselling Skills.....	97
8.8 Qualities of a Counsellor.....	98
8.9. Support Groups	100
8.10 Unit Summary	100
8.11 Self Test	100
8.12Reference	101

LIST OF TABLES

Table 1: Psychosexual development theory	22
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Table 2: Summary of hygiene and motivation factors	Error! Bookmark not defined.
Table 3: Raymond Cattell's 16 Personality Factors	52

LIST OF FIGURES

Figure 1: Maslow's hierarchy of needs (adopted from Tomey, 2004).	Error! Bookmark not defined.
Figure 4: Puzzle box for learning in animals.	Error! Bookmark not defined.

Introduction To The Course

Welcome to our exciting course Psychology and Nursing. As you know by now that nursing is dealing with human being who is dynamic. It is imperative therefore that you learn human behaviour and events that influence it in order for you to understand human behaviour change in both wellness and sickness. This course has eight units and will take you approximately 25 hours of uninterrupted study.

You might have heard that Psychology is a difficult subject, I too used to think like that, but after going through it, I discovered that it is not that difficulty. It is actually very rewarding to study it because it has helped me to understand myself and those around me.

NB. You are expected to write a **Self-Assessment Test** at end of each lesson. You are therefore to be Alert at end of each lesson. Work hard in order to do well in these tests. These tests will help you gage your understanding and performance at each level of learning. Enjoy your work.

Course Objectives

At the end of the course you should be able to:

1. Describe the main approaches to psychology and their relevance in explaining human behaviour.
2. Describe growth and development.
3. Explain the concept of motivation in relation to human behaviour.
4. Discuss the concept of personality in relation to human behaviour.
5. Discuss the concept of perception in relation to human behaviour.
6. Describe the process of learning and its relation to human behaviour.
7. Describe the concept of intelligence in relationship to human behaviour.
8. Discuss the role of counselling dealing with psychosocial problems.

Course Content

This course has eight main sections as follows:

Unit 1: Introduction to psychology

This unit will view different approaches that reinforce definitions of psychology and human behaviour and events that are determinants to such human behaviours. The section also views the significance of

psychology to nursing. In this unit you will come across the terminology such as model that you will come across in Fundamentals of Nursing and Sociology and Nursing. As you may be aware by now models will help you understand issues like beliefs and behaviours and these influence health practice.

Unit 2: Personal growth and development

In this unit you learn how to define growth and development. You will also view the factors affecting growth and development as related to current theories of growth and development and different developmental stages throughout life cycle. Learning the different theories of growth and development will assist you to understand how clients of different age groups appreciate health and illness.

Unit 3: Motivation

The unit defines motivation and identifies theories that will make you understand why people prefer to do certain things they do. It is believed that people behave differently because of their rewards, desires and goals they have. Under this unit you will come across theories like Maslow's hierarchy of Basic Needs which you also came across in Fundamentals of Nursing and Sociology and Nursing etc.

Unit 4: Personality

The unit gives definition to personality, identifies why individuals are not the same in terms of personality. Personality may also determine way someone behaves towards stress. This unit will help you appreciate that clients are not the same as such even the nursing care you will develop for each client must be tailor made to the specific needs of that client.

Unit 5: Perception

The unit defines perception and show how we interpret information through our senses in the actual action of the sense organ. Also reflects factors influencing differences in perception.

Unit 6: Learning

The unit gives definition to Learning; it also shows that learning process can change the human behaviour through the experiences in life. Also looks at forms of learning, theories of learning, problems of learning, memory and forgetting. You will also identify that learning is a continuous process.

Unit 7: Intelligence

This unit defines intelligence and looks at it as integral (importance) to human nature. It also shows how intelligence is measured, extremes of intelligence and factors that determine intelligence.

Unit 8: Psychosocial counselling

The unit defines counselling, shows how psychosocial counselling help in solving people`s problems, it covers principles of counselling, types of counselling, counselling process ,skills, qualities and support groups ,there are also practical sessions of counselling.

Assessment

Your work will be assessed in the following three ways:

Continuous assessment which carries 40%

- You have to write two tests which are 10% each,total 20%.
- You have to write two assignments which are 10%each,total 20%.
- You must write the final examination which carries 60%.

Activities And Further Readings

At the end of each unit you will find activities, self-help questions and case studies. These are part of planned distance education. They are intended to help you make your learning more active and effective as you progress and apply what you read. They will help to engage with ideas and check your understanding. It is important that you take time to complete them in the order that they occur in the Course. Make sure you write full answers to activities, take notes of the discussions.

UNIT 1: INTRODUCTION TO PSYCHOLOGY

1.1 Unit Introduction

Welcome to Unit 1 in Psychology and Nursing. In this unit you will find psychology being defined as a science that focuses on the behaviour of individuals. Psychologists have a task of looking at variety of behaviour in human beings and animals at large. They try to explain this behaviour by considering the events that cause them. Psychology is looked at as a scientific discipline and a profession as well.

In this unit you will view different approaches that reinforce definitions of psychology and human behaviour and events that are determinants to or influence such human behaviour. This section also views the Fundamentals of Nursing and Sociology and Nursing Models which will help you understand issues of beliefs and behaviour and their influence to health practice. It is important to understand basic key terms such as psychology and behaviour.

1.2 Objectives

By the end of this unit, you should be able to:

1. Define key terms (Psychology and Behaviour)
2. Explain the main approaches/models in psychology
3. Explain the importance of psychology in nursing

Before viewing the definition of psychology I am sure you must have heard people giving various terms used in Psychology now!

In text question

What terms can you come up with that are commonly used in psychology? Write them in your note book.

1.3 Definition of key Terms used in Psychology

In this section we shall define two terms, namely: psychology and behaviour.

Psychology

Psychology comes from two Greek words: *Psyche* and *Logos*. *Psyche* means **mind, soul or spirit**. *Logos* means study or science. Literally, the term psychology is understood as study of the **mind**

Actually Psychology is not defined as the study of the **mind**, but the study of **human behaviour**. Psychology has also been defined as;

- Psychology is a science of mental life of its phenomena and of their conditions. Phenomena includes things such as feelings, desires, cognition, reasoning, decisions, and the like.(Gross:2010)
- Psychology branch of science that deals with the mind and mental process especially in relation to human and animal behaviour.(Dorlands:2007)

Behaviour How would you define behaviour? Think about it for 2 minutes and then complete the following activity.

Activity 1.1

Write down the meaning of the term 'behaviour' in your notebook.

Now compare your answer with what you read in the following section.

Behaviour refers to persons' observable actions or reactions in response to external stimuli. This implies therefore that a person or an organism responds to a specific condition. Stimuli is something that cause a response or something that has an impact or an effect on an organism so that its behaviour is modified in a detectable way (,Hu0ght2005) Therefore, the best way to learn about the human mind is to observe ones actions or reactions and what one says. The observable reactions and reactions could be related to a person's thoughts and are private. It can be said therefore that nobody including the most powerful psychologist can know someone's thoughts. But a person can talk about his thoughts. Talk is a kind of behaviour that can be studied by a psychologist. There are also many other types of behaviour that can be observed to learn about the human mind these include: choice of friends, career preferences, answering questions. These behaviours may indicate preference and knowledge.

1.4 Main approaches or models in psychology

There are six (6) main approaches or models in psychology that are thought to provide different explanations and emphasis on how human behaviour could be caused. The commonest models used in psychology include the following:

1.4.1 Behavioural Model / Approach

The behavioural model was founded in 1930 by John Watson. In this model or approach Watson himself, emphasizes on the importance of the **environment** and the **effects of rewards and punishments in determining behaviour**. The behaviourists see the importance of dealing with behaviours that are directly observable. The **environment** is considered to be the primary determinant of behaviour because it plays a significant role in shaping human behaviour. Did it occur to you that home and school environment are the primary examples that have significant influence in the way some one behaves? It can be said therefore that behaviour can be shaped by **environment of ones' home** and the **school** that one attends. Pause for a moment now and think about both your home environment and schools you have attended, are you able to identify the influence these may have caused on your behaviour?. Good the behaviour is observable indeed.

Moreover, the behaviourists also suggest that we are forced to work hard in school because of the **rewards** we expect to receive. These **rewards** can be in form of the **marks teachers give pupils and the praise that goes with good success. All this can also shape ones behaviour**. Have you also known that when we behave in a well-mannered fashion for our parents because of the controls they put in place this also influence our behaviour. We also hard work at our places of work for the money we expect to receive for our efforts has a bearing on our behaviour. The prominent advocate of this approach is B.F. Skinner.

1.4.2 Psychoanalytic model/approach

General

- Sigmund Freud is the founder of the psychoanalytic theory of development (1856-1939). In this model; the **unconscious processes of the mind** are viewed as being the primary determinant of behaviour. The approach suggests that **hidden conflicts or impulses in the unconscious realm** are responsible for human behaviour. Have you at one time thought that the unrevealed issues in your mind could have a part to play in determining your behaviour? Let us find out what Sigmund Freud has to say about this model. Sigmund Freud made significant contribution to this approach and He suggests that human beings are born with instincts for personal gratification (satisfaction) that are opposed to the morals of society. Society seeks to suppress these tendencies. These suppressed impulses can have powerful influence on behaviour. Freud suggests that , these suppressed impulses can be expressed through every day behaviour, dreams and mental illnesses.

1.4.3 Biological (neuro-biology) model or approach

Some psychologists seek to understand overt behaviour by describing it in terms of underlying biochemical, neurological and neuromuscular causes , because **the nervous system, the endocrine system and the body musculature** have a lot to do with the way human beings behave. Human behaviour cannot be explained without such. Electrical impulses zoom throughout the brain cells and chemical substances are released as a man thinks, feels and acts.

1.4.4 Cognitive model/approach

The cognitive theorists argue that we are not merely passive receptors of stimuli but the mind actively processes the information it receives and transforms it into new forms and categories. Gestalt cognitive psychologists consider that **man at brain level interprets the incoming stimulation** that is received from the sense organs and the peripheral nervous system, translating the totality of the stimulation into some organization meaningful for an individual based on his or her previous experience, expectation, needs and attitudes. *This will mean that the information given to a human being can build or destroy one /herdepending on how one interprets it.*

1.4.5 Humanistic model or approach

The proponents of this approach discuss **human behaviour largely as a result of the free will**. The approach emphasizes that a human being has the capacity for personal growth and freedom to choose his own destiny. Humanistic psychologists take a stance that individuals have the ability to control their lives rather than being manipulated by the environment. Humanistic psychologists argue that human beings have a tremendous potential for self-understanding and self-destiny. *In life we need to be very careful with what we willingly do; because such have a serious bearing on our behaviour consequently.*

1.4.6 Socio-cultural approach/model

You can at this time ask yourself do I have a culture. If you do then you should be familiar with this approach. This model/ approach places emphasis on **culture, ethnicity and gender as essential in understanding human behaviour, thoughts and emotions**. Culture refers to patterns of behaviour, beliefs and other products of a particular group of people such values, work patterns, music, diet and ceremonies that are passed on from generation to generation. Culture influences the identity, learning and social behaviour of its members.

Ethnicity is based on cultural heritage, nationality characteristics, religion and language. Ethnicity involves descent from common ancestors, usually in a specifiable part of the world. These factors play a crucial role in how one carries herself or himself and therefore impacting on behaviour.

Activity 1.2

How would you describe your behaviour?

Knowing your behaviour will help you be able to be aware of your patient's behaviour too.

Checkpoint Question

Match the Models/approaches used in psychology in Column1 to their Explanations in Column2.

COLUMN1

COLUMN2.

- | | |
|-------------------------|--|
| 1. Behavioural | a) Pattern of behaviour, values, passed from generation to generation. |
| 2. Psychoanalytic... | b) Capacity for personal growth freedom. |
| 3. Biological | c). Viewed as primary determinant of behaviour. |
| 4 Cognitive | d). Describe underlying bio-chemicals, neurological causes. |
| 5. Humanistic... | e) Active process information into new forms. |
| 6. Socio- cultural..... | f) Directly observable |

Answers:

1 .f) 2c). 3d). 4e). 5b). 6a).

You now know what psychology is, and have understood terms used in psychology even main approaches of models in psychology. Next we shall look at its importance in nursing.

1.5 Importance of Psychology in Nursing

It is true that as nurses we have a huge task of looking after patients. Patients are complex human beings who come with different behaviours from their different backgrounds. They often present themselves differently as individuals in sickness. It is important for us nurses to understand the basic concepts of psychology in order to function effectively in accepting each patient as an individual in the provision of quality nursing care. Especially after I Knowledge of learning models that influence our behaviour, this will makes us to understand out patients very well. that patients can never be compared because they are different individuals as we have seen from the six models.

Basic knowledge of the concepts of psychology enable us nurses to provide quality and appropriate care because a number of therapies in modern medicine are based on psychological principles. Nurses are required to explain certain concerns about the condition of the client competently as knowledge on part. of the client we implement these treatment modalities in order to alley anxiety in the patientto mindset which give patient a positive behaviour. Knowledge of psychology in is important. It will also help us to make decisions.from an informed position.

When people are unwell, they often behave in peculiar ways. This is another way of attracting attention from others. As nurses we need to understand and learn how to interpret such behaviour in order to help our patients. If as nurses, our knowledge of psychology is poor, we are likely to misunderstand our patients and probably ignore them. This may lead to loss of life. Quite often, we have even called our patients names such as difficult or uncooperative, this is failure for our part as nurseand may imply not understanding the concept of psychology.

It has been estimated that about 40 percent of people who attend the outpatient department suffer from psychological and emotional problems. Many of these go undetected and patients are often put on drugs that they do not need. A nurse with a good foundation of psychology will be able to offer meaningful help to such patients.

Are you aware that in our day to day work, we form relationships with our patients who can bring healing to our patients or therapeutic (treatment)? This enables us to function well and elicit (find out) vital information from the patients which become useful in the care of the patient. Formation of the nurse-patient relationship can be enhanced with good knowledge of psychology.

Knowledge of psychology will also help us to predict behaviour. This will enable us to be thoroughly prepared for any eventuality and consequently result in improved care. Psychology also affords nurse with skills to be able to attend to patients of all age groups competently.

The basic concepts in psychology help a nurse to appreciate that people are different and react differently to sickness. This helps the nurse to provide individualized care.

Psychology is scientific in nature, and a nurse with a good foundation in psychology is able to provide systematic and evidence-based care. This results in improved care and also maintains the standards of nursing care.

Nurses are often called upon to explain procedures to the patients and convince them of their relevance. Good knowledge of psychology provides a base on which we can communicate effectively and convince the patients on the need for certain interventions.

Knowledge of psychology helps us to deal with our own personal problems and to understand ourselves self-better. If we as nurses understand ourselves better, we are able to deal with our problems, we become and will less stressed, hence manage to effectively take care of others.

The old and young people present themselves differently in sickness. Knowledge of psychology assists us to understand the patient's developmental needs and problems so that she or he is we can offer nursing care that is appropriate to the patient's age.

Other contributions of psychology to nursing (Lemma, 2005) 2. assists in understanding other people, especially professionals who we work with. Psychology helps us to

Knowledge of Psychology will also help us to understand how physical illness affects the mental status of the patient.

Checkpoint Question

Multiple Choice Question (M.C.Q)

Circle the MOST appropriate Answer.

Which of the following best explains the importance of Psychology in Nursing?

- A) As nurses we have a huge task of looking after patients.
- B) Because 40% of patients attend out patients department.
- C) To accept patient as an individual in nursing care.
- D) To learn models that seem to influence behaviour

Now check you self on as follows;

Answer: C).

You have now come to the end of our introductory unit. Let us review what you have learnt.

1.6 Summary

In this unit we have discussed the meaning of the terms 'psychology' and 'behaviour'. We have also learnt about the six main approaches/models in psychology that describe the causes of human behaviour. These include behaviour model, psychoanalytic model, biological model, cognitive model, humanistic model and sociocultural model. These models help us to understand the causes of human behaviour. It is important to note that no one model can sufficiently explain the cause of behaviour. These models should be used in combination to fully appreciate the causes of behaviour. Finally, we have considered the importance of psychology in nursing. We have seen that it helps us communicate effectively and respond to the needs of our clients, as well as understand ourselves and improve our interpersonal skills.

In the next unit we will discuss personal growth and development.

1.7 References

1. Altschul, A. and Sinclair, H. C (1981). *Psychology for nurses*. London: mac Milan. Inc.
2. Feldman .R.S. (1996). *Understanding psychology*. 4th ed. Boston: Mc Graw - Hill, Inc.

UNIT 2: PERSONAL GROWTH AND DEVELOPMENT

2.1 Unit Introduction

Welcome to the second unit in our course on psychology in nursing. In the last unit you gained a basic understanding of psychology and its importance to nursing. You have also learned about models that influence and causes of behaviour. In this unit we shall discuss growth and development. Does growth and development affect behaviour? How does growth and development occur? Well, we shall attempt to answer these and other questions in this unit. We shall start by defining growth and development and then proceed to discuss the stages of human development, the factors that affect growth and the theories of development. Lastly, we shall look at stages of development throughout the life cycle.

2.2 Unit Objectives

By the end of this unit you should be able to:

1. Define the terms 'growth' and 'development'
2. Outline the factors that affect growth and development
3. Explain current theories of growth and development
4. Describe the stages of development throughout the human life cycle

2.3 Definition of Terms

In this section you are going to define the following two terms:

- Growth
- Development

You are going to start with defining the term **growth**. Growth generally takes place during the first 20 years of life while development continues after that. Often used interchangeably yet have different meanings. Let us now define each term so that we are able to see the difference thou often used interchangeably. You must note that growth and development takes place from the time of pregnancy up through human life cycle. Do the following activity before you can go into detailed lesson the following s your activity.

Activity 2.1

Write down in your notebook what you understand by the terms 'growth' and 'development'

Very good you can now continue with your lesson defining the key terms; Growth and Development: a. Growth: Basically growth refers to quantitative changes that result in increased bodily dimensions such as height, body weight and size for instance, as a result of growth, the size and structure of internal organs and the brain increase. This implies that the child grows mentally as well as physically. This means that the child has the tendency of learning, remembering and reasoning as a result of growth of the brain. Growth will therefore take place up to 20 years and stops at this same age

- There is physical change and increase in size
- It can be measured quantitatively
- There are Indicators of growth such as weight, bone size, and dentition.
- **Growth** rates vary during different stages of growth and development.
- The **growth** rate is rapid during the prenatal, neonatal, infancy and adolescent stages and slows during childhood.
- Physical growth is minimal during adulthood.

You can now see that **Growth** is said to have taken place when physical change and increase in size are measured because you are able to take one's weight and height. This is what you can refer to as quantitative measurement. Growth can also be measured in terms of it being fast or slow which we have referred to as rate. We have seen that the speed of growth will take place during prenatal, neonatal, infancy and adolescent stages. Example of speed of growth can be noted during pregnancy, when women come for their appointed check-ups. (prenatal period).

But growth slows down during childhood and adulthood. E

b. Development: is a more general term indicating changes physically, mentally and socially. It also explains possible causes of changes in all areas. Development has the sequence of changes that occur during one's entire life span. Development is also regulated by the relationship between hereditary traits (inherited factors with what is around you) with environmental factors and is an increase in the complexity of function and skill progress. Development can also be defined as a progressive sequence of orderly coherent changes, this suggests that there is a relationship between a given stage and the stage which follows it.

The following are the principles of development;

2.3.1 Principles of Development

You will learn now that Development has principles it has to follow in order for it to take place. These principles are

There are three main principles of development, namely:

- Sequential
- Irreversible
- Progressive change

Let us now, how these principles cause development:

i. Developmental Sequential. You come across systemic stages of human development. The following For example, in children is motor development that takes place as follows:

- Two months baby _____ can raise his head.
- Four to seven months baby _____ shows improvement in hand and eye coordination.
- Seven months baby _____ can sit up and stand up holding on a chair

You can see that the sequential development started first with movement of the head then the baby is able to move his hand in coordination with the eye.

Development is:

- It is unidirectional
- It does not switch back and forth.
- Under normal condition we expect mental and social developments to go hand in hand with biological development.

Development is progressive change

A lower level leads to a higher one. For example, in cognitive (mental) development the progress is from sensory knowledge to abstract thinking.

2.4 Factors Affecting Growth and Development

There are various factors that affect growth and development of the individual person and you may have come across some of these factors in Anatomy and Physiology. Before you read about the factors, let us start with your thoughts on this. Complete the following activity. Good go to the following activity before you go into the lesson of factors.

Activity 2.2

List in your note book the factors that you think can affect growth and development. Define each factor you

have listed. outline each of the five factors affecting growth and development.

Well done We hope your answer included the following factors: learner. Now look at those factors in detail through the lecture notes as follows;

- Genetics
- Constitution
- Environment
- External factors
- Internal factors.

Let us look at these factors in detail.

There are five factors that are known to affect Growth and Development and these shall be discussed as follows;

2.4.1 Genetics

This is a branch of biology that deals with the phenomena of heredity and variation. It seeks to understand the causes of the resemblances and differences between parents and children.

Life begins as a single cell and later develops into a human being made up of millions and millions of cells. The nucleus of each cell contains 23 pairs of chromosomes (46 chromosomes). Chromosomes contain the remarkable genetic substance called DNA, which are complex molecules that contain genetic information. Genes are the units of hereditary information, and are short segments of chromosome composed of DNA. Every person has two genes for each characteristics inherited from the parents.

When genes combine to determine our characteristics, some genes are dominant over others. According to the dominant recessive gene principle, if one gene in the pair is dominant, the other one will be recessive. A dominant gene exerts its effect. A recessive gene only exerts its influence only if both genes of the pair are recessive. Parents pass on genes to their children that may determine their height, rate of growth, skin colour, and eye colour among other things.

Some of the genetic and chromosomal factors that affect growth and development are Down's syndrome and Sickle cell Anaemia.

2.4.3 Constitution

This is the physical and mental make-up of a person combined together. An individual may have some mental and physical defects that may affect growth and development. The constitution can affect a person positively or negatively. The constitution is not a fixed thing, but change from time to time.

2.4.5 Environment

Surroundings that provides satisfying experiences, promote growth and development. Factors which influence development are more likely to be environmental in origin than genetic. Among the most important environmental factors are the following:

- **External (Extrinsic) factors**

Family and its cultural background greatly influence the growth and development of children during their formative years. You have come across the same concept in sociology. Learn toThe following external factors have been seen to play a major role in growth and development;

- *Social –economic status of the family:* the environment of the lower social economic status family, is less favourable to growth and development of the child than that of the middle or upper class.
- *Nutrition:* lack of balanced r nutrition may affect both growth and development.
- *Climate and Seasons:* climatic variations influence the infant's health, the seasons of the year influence growth rate in height and weight especially in older children.
- *Illness and Injuries:* these accompanied by *debility and nutritional impairment* can have a great influence on weight and growth.
- *Exercise:* promotes physiological activities and stimulates muscular development
- *Ordinal position in the family:* this is birth of children in a chronological order where the first borne child learns from parents but the second borne learns from the first borne and from parents. In this sequence children develop psychologically normal unlike the child who is borne alone and learns only from parents. As a result the child becomes affected psychologically later in life because he or she is not exposed to other children's behaviours but only from older people ;the parents in this situation also known as the adored child. Children learn from elder siblings among them, there is an advantage that an only 1st child lacks. The youngest child may be relatively slow in certain areas of development because he/she is regarded as a baby by the whole family. The only child is likely to develop more rapidly than the average child because he/she is constantly with adults and is mentally stimulated with their companionship.
- **Internal (Intrinsic) factors**

Examples of internal or intrinsic factors are:

- *Intelligence:* It is co-related to some degrees with physical development i.e., a child of high intelligence is likely to be better than one of low intelligence. Intelligence influences illness, mental and social development.

- Hormonal balance: normal secretions of endocrine glands and gonads promote normal growth of the body especially in the young child.
- Emotions: Emotional disturbances influence growth since the disturbed child neither sleeps nor eats as well as one who is happy and content.

Checkpoint Question

Matching type of questions.

Match the factors in the Column 1 with the developmental influences in column2..

Column 1.

1. Genetics
2. Contitution
3. Environment
4. Extrinsic
5. Intrinsic

Column 2.

- a) provides satisfactory experience
- b) cultural background
- c) Hormonal balance
- d) denotes physical and mental makeup of a person
- e) Begin as a single cell and later develops into a human being.

Answers:

1e) 2d) 3a) 4b) 5c).

Dear learner get ready for self-assessment as follows:

Dear learner compare your work and you will see that current theories are emphasized on two theories which have been discussed in detail below as follows;

2.5 Current Theories of Growth and Development

I want to draw your attention here show you that the current theories we shall look at will address mainly developmental stages in specific lifecycle and will reflect the correlation between development and growth. I remind you also on the meaning of development which states that; it is the ability of a person to increase in the complexity or variety of functions and skill progression, also capacity or ability to adapt to environment.

With the above in mind let us see what the current theories are and do.

Theories are broad explanations and predictions concerning phenomena of interest. They provide a framework for understanding the relationship among a set of unorganized facts or principles (Feldman, 1996). The commonest theories that are discussed below will specifically look at human development and these will include:

- Psychosexual stages of development- by Sigmund.

- Cognitive development- by Jean Piaget.

2.5.1 Psychosexual Stages of Development- by Sigmund

Freud believed that during the first five years of life, the child passes through several stages of development that affect his/her future personality. At each stage, the 'id focuses its pleasure seeking activities on the parts of the body which are highly sensitive due to their endowment with many nerve cells. Freud called these areas erogenous (causing sexual excitement) zones. Gratification in these areas or zones is necessary for emotional well-being. Lack of gratification leads to negative effects on the behaviour and will interfere with psychological development.

Freud proposed (5) five stages of psychosexual development with different parts of the body serving as the focus of gratification of the sexual drive (libido) at different ages. See Table 1 below.

Table 1: Psychosexual development theory

STAGE	AGE	CHARACTERISTICS
1. Oral	Birth to 1½ yrs	Centre of pleasure: mouth (major source of gratification & exploration) Primary need: Security Major conflict: weaning
2. Anal	1½ to 3 yrs	Source of pleasure: anus & bladder (sensual satisfaction & self-control) Major conflict: toilet training
3. Phallic	4 to 6 yrs	Centre of pleasure: child's genital (masturbation) Major conflict: Oedipus & Electra Complex
4. Latency	6 yrs to puberty	Energy directed to physical & intellectual activities Sexual impulses repressed Relationship between peers of same sex
5. Genital	Puberty onwards	Energy directed towards full sexual maturity & function & development of skills to cope with the environment

Let us discuss each stage in further detail.

Oral stage: 0 – 2 years

You will learn that channels of gratification are the mouth and upper gastro-intestinal tract. Infants obtain gratification through stimulation of the mouth, as they suck and bite. The object of gratification is the mother's nipples, child's thumb and fingers. The child's bite, sucking and eating are not only a way of feeding but also as a way of satisfying sexual pleasure (Libido). Freud suggested that if infants were over indulged (being fed every time) or frustrated in their search for gratification, they might become fixed at this stage.

Fixation is showing personality traits characteristic of an earlier stage of development. For example, insufficiently gratified infants compensate by drinking, smoking, eating a lot when they grow up and sucking of a thumb. Over gratified children may become over dependant.

Anal stage: 2 – 3 years

During this stage, the centre of gratifications is the anus. The child becomes aware of the other end of the alimentary canal (anus). The child finds pleasure in playing with the anus or elimination functions associated with it. The child derives pleasure from aggressively expelling faecal matter (anal sadistic phase) and later from withholding faeces (anal erotic phase). In doing so, a child learns how to control biological functions. Toilet training is done during this phase. Freud said that if the parents are too strict during toilet training, the child will grow up later in life to be a perfectionist and will be obsessed with certain practices like cleanliness. Harsh and strict toilet training may also cause the child to be inhibited and fail to develop self-confidence.

C). Phallic stage: –4 – 7 years

Phallic comes from a Greek word phallus which means penis. Freud used the term penis to cater for both sexes. During this stage, the child centre of gratification and awareness are the genital organs. The child enjoys fondling with the private parts. During this stage, children begin to be closer to the parent of the opposite sex and antagonize the parent of the same sex. The term used when the boy child is so close to the mother and opposed to the father is Oedipus complex. Freud believed that the male child begins to develop sexual interest in the mother and sees the father as a rival whereas for the girl child, being close to the father is called **Electra complex**. Freud suggested that the child will unconsciously desire to replace the parent in the family group and enjoy affection from the parent of the opposite sex. The Oedipus and Electra complexes should resolve at some point in life to have a mentally healthy adult. If these complexes are not resolved, there will be inadequate development of masculine or feminine identity leading to possible homosexual behaviour, impotence and frigidity.

Latent phase: –7 – 11 years

At this stage, children's sexual urges are submerged, sexual thoughts are replaced and children direct their energy towards intellectual achievement and coping with their expanding environment. Children try to identify people of their own sex until they reach puberty.

Genital stage – 12 years and above

The focus of excitation is heterosexuality. Stories about sex are common during this stage. The reproductive system is active. Sexual desires are experienced. How these desires are resolved is cardinal. Masturbation is also common during this stage. Watching pornographic materials and reading romantic books is common. If this stage is not handled properly, it may result in sexual perversion.

You now know Freud's theory of psychosexual stages of development. Next let us learn about cognitive development theory. Good! This shows that you really follow your content in lesson preparation. Compare your answers with the responses of the following lesson;

2.5.2 Cognitive Development by Jean Piaget. Jean Piaget

Cognitive development is defined as:

Cognitive development is the process by which a child understands of the world changes as a function of age and experience. Piaget was a Swiss and very famous developmental psychologist who developed the cognitive theory. Piaget believed that human beings go through four stages in their attempt to understand the world. This is from infancy to adulthood. According to Piaget, each of the stage is age-related and consists of distinct ways of thinking and doing things. The stages of the cognitive developmental theories by Jean Piaget are shown in Table 2.

Table 2: Piaget's phases of cognitive development

PHASE	AGE	DESCRIPTION
a. Sensory motor	Birth to 2 yrs.	Sensory organs & muscles become more functional
Stage 1: Use of reflexes	Birth to 1 month	Movements are primarily reflexive
Stage 2: Primary circular reaction	1-4 months	Perceptions centre on one's body. Objects are perceived as extensions of the self.
Stage 3: Secondary circular reaction	4-8 months	Becomes aware of external environment. Initiates acts to change the movement.
Stage 4: Coordination of secondary schemata	8-12 months	Differentiates goals and goal-directed activities.
Stage 5: Tertiary circular reaction	12-18 months	Experiments with methods to reach goals. Develops rituals that become significant.
Stage 6: Invention of new means	18-24 months	Uses mental imagery to understand the environment. Uses fantasy.

<i>b. Pre-operational</i>	<i>2-7 years</i>	<i>Emerging ability to think</i>
Pre-conceptual stage	2-4 year	Thinking tends to be egocentric. Exhibits use of symbolism.
Intuitive stage	4-7 years	Unable to break down a whole into separate parts. Able to classify objects according to one trait.
<i>c. Concrete Operations</i>	<i>7-11 years</i>	<i>Learns to reason about events in the here-and-now.</i>
<i>d. Formal Operations</i>	<i>11+ years</i>	<i>Able to see relationships and to reason in the abstract.</i>

Stages of Cognitive Development

Let us discuss each stage in further detail.

Sensory motor stage (0 – 2 years)

Sensory reflexes set the course for the baby's first exploration of the world. The baby learns how to fling arms towards the crib, turns towards the breast, and grasps objects close to it. The child after some months develops increasing control over movements. The child usually has no awareness of objects or people who are not immediately present at a given time. They lack object permanence.

It develops some degree of perception through the senses and combines this with the motor skills giving rise to children understanding the basic things and people. Object permanence is the awareness that objects and people continue to exist even if they are out of sight. For example, if the child is playing with a toy, then you hid it, he will not bother to look for it.

Pre-operational stage (2 – 7 years)

Pre-operational stage is the period from 2 to 7 years of age. It is characterized by language development. Children at this stage are able to describe people, events and feelings. When a child is playing may use symbols, for example, may be playing with a stick pretending that it is a gun. Children in this stage are also engrossed in egocentric thought. This is a way of thinking in which the child views the world entirely from his or her own perspective. The child thinks that everyone shares their own perspective and knowledge. Another example of egocentric thinking is a hide and seek game. When children are playing such a game one may hide with this face against the wall, covering the eyes, while the whole body is still in plain view. The child thinks that if he cannot see, no one else will be able to see him/her.

Concrete operational stage (7-12 years)

During this stage, the child becomes capable of limiting logical thought processes as in seeing relationships and classifying as long as manipulating concrete materials are available e.g. a 7 year old child may be able

to sort out objects regardless of their colour. He is able to conserve such quantities as volume, length, weight by application of principles as reversibility. He becomes aware that same aspects of things remain the same despite changes in appearance (conservation). He can focus on aspects of a situation at a time (occasion). He can deduce how relationships form. He can order other things in sequence (series) and can group objects on the basis of common features (classification)

Formal operational stage (above 12 years)

During this stage, the child can think in abstract terms. The child can reason by hypothesis. He/she can think by hypothesis. The child thinks about the future, career and religion. During this stage, the child (adolescent) experiments a number of things like alcohol, sex and other vices. Personality is fully developed. The child learns how to plan and solve problems systematically.

note that there are other theories that you need to learn at your own time that we have not discussed in detail include;

- Erikson's stages of development: he explained his psychosocial development theory from infancy to adulthood, through these developmental stage he explains the concept of identity versus role confusion, such as the identity in adolescent which is expressed as identity crisis
- Havighurst's developmental stages and tasks: he has identified difference in tasks done as a child progressively develops. In chronological manner. These are progressive not retrogressive. He has also in this theory shown that in later maturity adjustment to physiological changes take place that affect health of the person.
- Levinson's seasons of adulthood: he identified seasons in life and their characteristics related to age. For example, 18-20 years these are in season of early adulthood transition and their characteristic is that of independence by separating from family.
- Sullivan's interpersonal model of personality development: shows different age groups with type of relationships each rely upon e.g. Birth to 11/2 years rely upon care givers to meet needs and desires. Just to mention a few theories.

Checkpoint Questions

A. Match psychosexual developmental stages in Column 1 with Characteristics in Column 2.

COLUMN 1.

1. Oral (birth to 11/2 years)
2. Anal (1 ½ to 3 years to 6 years)
3. Phallic (4 to 6 years)
4. Latency (6 to puberty)
5. Genital (puberty onwards)

COLUMN 2.

- a. masturbation is child centre of pleasure.
- b. relationship between opposite sex
- c. sexual maturity & development of skills
- d. anus and bladder give satisfaction
- e. mouth major source of gratification.

ANSWERS:

1e), 2d), 3a), 4b), 5c).

B. Match Ages in chronological order in column 1 to cognitive stages of development in column 2.

COLUMN 1.

COLUMN 2.

1. 0 to 2 years

a. able to describe people, events and feelings

2. 2 to 7 years

b. thinks in abstract terms, reasons hypothetically

3. 7 to 12 years

c. Toss arms, increasing control over movements

4. above 12 years

d. capable of limiting logical thought process

ANSWERS: 1c), 2a) 3d) 4b).

2.6 Stages of Development Throughout the Life Cycle

Welcome to these exciting stages of development. You will love to know how you have really developed as an individual.

You will learn here that development too starts as early as conception (pregnancy) to birth just like we have seen in growth too. It is common sense that following fertilization which is commonly known as pregnancy what is fertilized immediately starts to grow and develop. You will learn that the pregnancy that would not even show that one is pregnant will eventually grow big according to the number of months/weeks, this is growth. Moreover, the foetus that could not move there are movements and kicks seen or felt thus development. Therefore development is of different level according to growth of the individual in life cycle. Let us see what it entails in the following information:

Before you continue reading, complete the following activity.

Activity 2.3

Take your notebook and list the six stages of development in a chronological order.

We hope that your answer included the following stages of development in chronological order

- Intra uterine life
- Infancy
- Childhood
- Adolescence
- Adulthood
- Aging

Let us consider each stage in further detail starting with intrauterine life.

2.6.1 Intra uterine Life (from conception to birth)

You may be wondering we use of the term intrauterine.

Intrauterine means inside the uterus. The term intrauterine life therefore means life taking place within the uterus that is the growing of the baby in the uterus. Let you now learn what takes place in the intrauterine

This is the time when most of the physical process of growth occurs. There is much development of organs as well as mobility of the foetus.

- Four (4) weeks – The heart is already formed.
- Six (6) Weeks– Ossification begins-Development of bones takes place.
- Eight (8) weeks–Nose, external ears, fingers and toes can be identified.
- Twelve (12) weeks– External ears show most of the features and nails are forming.
- Sixteen (16) weeks- External genitalia can be identified.
- 20-24 weeks-Sucking reflex is present and also respiratory movements.
- Twenty eight weeks- foetus is viable (can live extra uterine)
- Thirty two –thirty six weeks, it develops more active movements which can be sustained for longer periods. It develops in size, it cries out when it is hungry.
- Thirty six –forty weeks, the baby has definite periods of being alert and it has strong sucking reflex.
- Forty-The baby is ready to survive an extra uterine life.

2.6.2. Infancy (From birth to 2/3 years)

A normally delivered baby, If properly and lovingly cared for, should proceed through series of physical and emotional milestones e.g. recognition of mother or substitute mother, smiling, reaching out, sitting up etc. He is happy to be handled by anyone but at about 6-12 months his behaviour changes. He will not like to be held by strangers. This anxiety builds attachment and trust. The baby starts weaning and eating. Between 1-12 months the baby can talk and walk. He is sociable and able to participate in activities in the environment.

He is more possessive of toys and starts showing stubborn behaviour of saying no to everything. He is not always interested in playing with others.

At three years he starts to develop emotionally. He/she has a temper and wants independence. He becomes co-operative and is pleasant company. He/she tries to please parents and elders. He imitates other people's behaviour. He becomes more sociable and wants to play with others. His/her doings are adventurous and constructive. He/she gives problems in eating because he/she is too playful. He/she adapts to toilet training.

2.6.3. Childhood (From infancy to puberty)

It

is subdivided into pre-school and school age:

- ***Pre-school age (3-5 years)***

A child has improved motor co-ordination and still social. He speaks clearly and has developed large vocabulary.

Towards 5 years he/she becomes timid and fearful. He/she is reluctant to try new things and fears injury. His/her sleep is often disturbed by night mares. He/she is very curious and always asking why? His/she questions should be answered whenever possible to encourage his/her interest in the world around him.

By five years, his/her conscience has become quite well developed, sexual identification is present (Oedipus complex). He/she learns what he and can't do within his family order in society. He/she is self-confident and has good judgment.

- ***School age***

At this stage children are able to learn better. They gain self-confidence and feeling of independence. They become responsible people e.g. bathing themselves. They start removing their milk teeth.

There is little sexual interest. They are trained to take responsibilities, duties and chores related to the parent of the same sex. This sexual identity and physical growth remains steady. Self-controls also undergo further development. They are able to appreciate the rights of others and their appropriate place in the group.

2.6.4. Adolescence (From onset of puberty to beginning of adulthood)

This is the stage of puberty (the earliest stage at which reproduction is possible) It occurs on average of 2years earlier in girls than in boys. Physical changes like growth of bodily hair, development of voice is observed. There is an increase in sexual attraction. Academic performance may decline due to distribution of thoughts such as increase sexual thoughts and fantasy. Adolescents seek a lot of independence

2.6.5. Adulthood (18 -65 years)

This is the age of maturing where people learn to relate to people of opposite sex for purpose of having a family. They seek career opportunities; make achievements of fulfilling their ambitions. There is consolidation of occupational, domestic and other social roles. There is increase in self-esteem

2.6.6. Old age (Above 65 years)

There is a decline in physical changes e.g. bending body, wrinkles on face. If there is satisfaction with life, they accept and welcome death. It is an age of retirement.

You have come to the end of this unit on growth and development. Let us now review what you have learnt. 2.7 Summary:

2.7 Unit Summary

In this unit we started by discussing the meaning of the terms growth and development. We then looked at the factors that affect growth and development, such as genetics and internal and external factors. Further, we discussed current theories of growth and development, such as theories of psychosexual stages of development by Freud and cognitive development by Piaget. Lastly we have looked at the development stages of man through out the life cycle.

In the next unit we shall discuss the concept of motivation in relation to human behaviour.

2.8 References

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UNIT 3: MOTIVATION

3.1 Unit Introduction

You have seen how human development has taken place. This developed individual as dynamic and has life expectations which are expressed as motivations. Motivation is one of the concepts studied by many psychologists in the quest to understand human behaviour. It is believed that people behave in different ways because of the desires and goals they have. The desires and goal can be referred to as motives which are assumed to steer one's choice of activities. This can mean therefore motivation is a force that initiates, guides and maintains goal-oriented behaviours. It is that causes us to take action. Therefore the study of motivation consists of identifying why people behave as they do? Why does behaviour take one form not another? What makes people behave differently or similarly? How can we motivate people to behave in particular ways, such as eating certain foods, quitting smoking or engaging in safer sex practices for example? To address questions like these, in this unit, we are going to consider the processes that underlie motivation and motivation theories. To understand this we need to study content of each of the following objectives; (Girma Lemma 2006).

3.2 Objectives

By the end of this Unit you should be able to:

1. Define 'motivation';
2. Explain the theories of motivation;
3. Outline the reasons for motivation;
4. Discuss the biosocial basis of behaviour.

3.3 Definition of Motivation

Motivation is a reason that guides and strengthens behaviour (Feldman, 1996) or it is the reason that points and rejuvenates the behaviour of humans and other organisms. Motivation also refers to the point people energetically look for or change towards specific kinds of experience. It is something that start, sustains, and guides thinking and behaviour (Edwards & Louw, 1997).

Motivation is concerned with why people do or refrain from doing things. The process of motivation involves choosing alternative forms of actions in order to achieve some desired end or goal

Definition of motivation continued.....

Motivation is a force that determines behavior. This could be a biological, emotional, cognitive or a social force that activates and directs behavior.

Motivation is a feeling of enthusiasm, interest, or commitment that makes somebody want to do something that causes such a feeling. It is very important for you to understand what motivates people or the assumptions on which motivation of man is based:

1. **Rational- economic man**; which states that the pursuit of self-interest and the maximization of gain are the prime motivation of people. Therefore, Human beings can therefore be either untrusted worthy and money motivated or is trustworthy and more broadly motivated.
2. **Social man**; sees man as predominantly motivated by social needs, and finding their identity through relationships with others. Therefore it means pay attention to the roles of groups in the organisation, fostering of social relationships in order to improve cooperation and team work.
3. **Self-actualizing man**; looks at a human being not as social needs but self- fulfillment needs as the prime driving force behind individuals. Therefore man needs challenges, responsibility and sense of pride in his or her work as a motivation in the organisation
4. **Complex-man**; man is viewed as being more than what he or she is described above, but viewed as a complex one who can be either a combination of the above assumptions or more varied complex. This can be understood that man is an interactive man therefore managers should be talking to their subordinates through holding meetings

1.

Apart from the theories that shall be discussed it is important for you to learn that there are two models of motivation namely:

- **1. Homeostatic model of motivation** – This is used to create a state of equilibrium. Human beings always achieve a balance.
- **2. Incentive model** – This has to do with something that gives an arousal to the body in order to bring about behavior.
- Incentive model has both extrinsic and intrinsic motivation
 - **1. Extrinsic motivation**
 - This comes from the environment.
 - Experience comes as a result of the learner having some goals to fulfill in life e.g education.
 - This motivation is not biologically determined.
 - It has to do with knowledge of results.
 - **Intrinsic Motivation** This springs from within the individual not experience.

This motivation has to do with needs that deal with our survival like water, food, etc. also occurs when we enjoy doing an activity without obvious external rewards, because we see it as an opportunity to explore and learn. **What is the difference between intrinsic and extrinsic motivation?**

Intrinsic motivation refers to motivation that is driven by an interest or enjoyment in the task itself, and exists within the individual rather than relying on external pressures or a desire for reward. Students who are intrinsically motivated study willingly in order to improve their skills and master a topic, not just achieve good grades. They attribute their educational results to factors under their own control, also known as autonomy. They also believe that they have the skills they need to be effective agents in reaching their desired goals without relying on luck.

Extrinsic motivation comes from outside of the individual. Common extrinsic motivations are rewards (for example money or grades) for showing the desired behaviour, and the threat of punishment following misbehaviour. Competition is an extrinsic motivator because it encourages the performer to win and to beat others, not simply to enjoy the intrinsic rewards of the activity. A cheering crowd and the desire to win a trophy are also extrinsic incentives

Now with the above information let us see how we shall understand the theories below;

A third year student nurse Y talks to a first year student nurse S at orientation session that she is welcome to ward M, student S smiled and nodded. Student continued to say "I find ward M a practical ward to work in, equipment is readily available, staff very helpful, all procedures are in the ward procedure manual I am really Motivated.

Which of the following best define student nurse Ys' EXPRESSION?

A). Commitment that makes somebody want to do something that causes such a feeling.

B). It has to do with needs which are to do with survival.

C). It comes as a result as a result of having attained some goals

D). Attribute educational results to factors under own control.

Answer; A).

You are doing very well in your lessons by going over tests that you have not done well.

Before you go through I am certain you want to answer the following question.

In text question.

What are the two common theories used to study Motivation?

Dear learner you can now go through the following theories.

3.4 Theories of motivation

There are several theories that reinforce the concept of motivation.

You will come across the theories that reinforce the concept of motivation.

The conceptual approaches used in study of motivation vary in the degree, they focus on biological and other factors, but all seek to explain the energy that guide people's behaviour in particular direction. You will learn that there are many theories that are used in the study of motivation but:

Some of the common theories used in study of motivation are:

1. Maslow's hierarchy of needs and
2. Fredrick Herzberg's theory

3.4.1 1). Maslow's hierarchy of needs

This theory was postulated by Abraham Maslow, an American humanistic psychologist. He suggested that people are motivated by the desire to satisfy a hierarchy of needs. He argued that satisfaction of the basic physiological needs triggers the emergence of more abstract needs. Maslow further suggested that a satisfied need is no longer a motivator. He suggested a method of studying needs by arranging the human needs in a hierarchy of five need system arranged in ascending order. Maslow suggested that needs at the lower level must be satisfied before progressing to the next level.

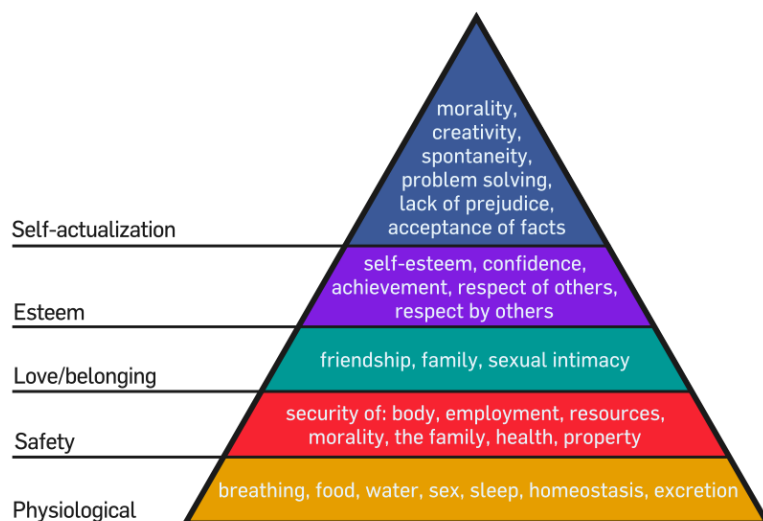


Figure 1: Maslow's hierarchy of needs (adopted from Tomey, 2004).

(A Theory of Human motivation).

Basic assumption of Maslow's motivational theory

- Different motivational needs are arranged in hierarchy in pyramidal shape.
- The more basic needs are at the bottom and the higher level needs are at the top.

Before higher ordered needs are satisfied in the hierarchy, the primary needs must be satisfied. Let us revisit each of the main needs.

- a. Physiological needs
- b. Safety needs security is a need of sense confidence,
- c. Love and Belonging needs
- d. Esteem need
- e. Self-actualization need

Examples of self actualization are:

- A parent with excellent nurturing skills;
- A teacher that maximizes students opportunities for success;
- A health professional who works hard to alleviate health problems of the country. (Girma Lemma 2006).
- A parent with excellent nurturing skills;
- A teacher that maximizes students opportunities for success;
- A health professional who works hard to alleviate health problems of the country. (Girma Lemma)

You have come to learn that this theory has hierarchy of needs.

Attempt the following question before going through the description of each need.

In text question.

List the five Maslow's hierarchy of needs.

This is the need to achieve one's fullest potential. One no longer lives for himself but for others. Feelings of accomplishment, responsibility, importance, challenge, advancement, and new experiences and opportunities for growth will significantly contribute to self-fulfilment.

Importance of motivation

Motivation is important for the following reasons:

- Helps to accomplish goals
- The body is able to maintain balance (homeostasis), for example, by drinking water to replace the lost body fluids (meeting physiological needs)
- Provides opportunities through which we establish social relationships (friendship & closeness) we need over time for survival.

Non-survival needs help us to discover more about the world around us and fully utilize it for our good.3.4.2. Herzberg's Theory (Two factor theory)

This theory was postulated by Frederick Herzberg. He looked at motivation in work places and suggested that the following motivators resulted either in job satisfaction and dissatisfaction:

- achievement,
- growth,
- responsibility,
- advancement,
- recognition and
- a job with a challenging content.

According to Herzberg, these motivators motivate workers and this level of motivation can be sustained for a long time. Herzberg also looked at cognitive development as the process by which a child is able to understand of the world changes as a function of age and experience (Hygiene factors which include: salary- equal or competitive in the same industry. Policies, flexible working hours, vacation, dressing code. Benefits Physical working conditions. Interpersonal relationship with peers, superiors, subordinates. Job security.) and stated that these factors are preventive and environmental dissatisfaction in nature. They can prevent people from being dissatisfied, however they cannot motivate them. The hygiene factors may bring motivation up to a certain level, then after a short while, people will go back to their previous state. Herzberg looked at a salary increment as an example of a hygiene factor because workers may be motivated for the first few months and later go back to their previous state. Other examples of hygiene factors include company policy, supervision, interpersonal relationships, and working conditions. Herzberg's theory talks about motivators. What do you think motivators are? Think about it for 2 minutes and then complete the following activity.

Activity

Write down in your notebook the meaning of motivating factors.

Motivators

- These are factors yielding positive satisfaction or are regarded as motivators.
- They are intrinsic to work or related to the performance of work.

Also called satisfiers. Motivators yield psychological satisfaction. Motivators include:

- **Recognition** – employees being praised and recognized leads to satisfaction
- **Achievement** – sense of achievement yields satisfaction.
- **Growth and advancement** – opportunities for advancement and promotion motivates the employees
- **Responsibility** – workers are satisfied when they are given ownership
- **Work** – Work is satisfying when meaningful and interesting and challenging

Table 3: Summary Of Hygiene And Motivation Factors

HYGIENIC FACTORS	MOTIVATION FACTORS
• Company policy	• Achievement
• Supervision	• Recognition
• Relationship with the boss	• Work
• Work conditions with the other	• Responsibility
• Relationship peers or workmate	• Advancement
	• Growth

SELF- ASSESSMENT TEST.

MATCHING QUESTION.

Match theory of motivation in COLUMN1 with their characteristics in COLUMN2.

COLUMN 1

1. Hygiene factor.....
2. Motivator factor.....
3. Self-actualization need.....
4. Esteem need.....
5. Love and belonging need.....
6. Safety /security need.....
7. Physiological needs.....

COLUMN 2.

- A) Most important determinant that should be met first.
- B).Typical human desire to be accepted and valued by others.
- C). Salary- equal in the same industry.
- D).Physical needs relatively satisfied.
- E). yielding psychological satisfaction.
- F). A persons' full potential.
- G). Acceptance by ones' peer.

ANSWERS.

1C) 2.E). 3F) 4.B) 5.G). 6 D). 7A).

Excellent! You are doing very well. Let's now learn about reasons for motivation.

3.5 Reasons for Motivation

In life there are several reasons for motivation. The following are some of the reasons for motivation.

3.5.1 Past Events

A person's present behaviour may be as a result of past experiences. If the experience provided a positive or negative reward, it may help to determine current behaviour. For adults their behaviours are determined by childhood experiences.

- Past events may be pleasurable or rewarding which drives an individual to initiate an activity.
- Past events arouse the interest for a reward and set goals to acquire the reward.
- However, unpleasant or punishable events also motivate people in an attempt to avoid similar unpleasant or punishable situations.

3.5.2

Purpose

Purpose refers to the reason for doing something or the desired goal. People have goals they intend to meet and this stimulates them to initiate activities to achieve their desires. A goal will give direction

This can either be extrinsic or intrinsic motivation. Extrinsic motivation is initiated by external rewards and punishments, for example a child who is showered with a lot of praises and gifts because of his good

grades may continue to strive to work hard. The behaviour will persist as long as the reward or punishment lasts.

Intrinsic motivation is behaviour taken simply for its sake, for enjoyment and satisfaction. Intrinsic behaviour persists despite setbacks and frustrations.

Most of our daily behaviours result from a mixture of both intrinsic and extrinsic motivation.

3.5.2 Emotional State or Drives.

Emotions are physiological states that we feel as we react to situations. Examples include anger, fear, pain, sorrow, joy, frustration, happiness. Emotions are involved in motivation that directs and sustains behaviour.

Feelings can be positive (Joy, excitement, pleasure) or negative (anger, pain, anxiety). At times people do not experience any feelings.

People develop emotional memories to the positive and negative feelings which drive them to maintain behavior when feelings are positive or change behavior by eliminating negative feelings. The way we behave is largely dependent on our feelings. When we are not feeling well, our ability to think clearly and logically may disappear. This may result in behaviour that is not socially acceptable and the opposite is also true.

You are going to do yet another test below.

SELF-ASSESSMENT TEST.

Indicate your answer by writing 'T' for True or 'F' for False against each of the responses.

- 1.....Genetics are Psychological factors that largely influence behaviour.
2. Physiological factor, hormonal has an influence on many aspects of human behaviour'
- 3.....Emotions are feelings such as happiness, sorrow, and despair.
- 4..... Nurses' attitude will influence the way she looks after clients.
- 5..... Relationships put us together as human beings, without which we are seen as weak individuals.

ANSWER. 1 F) 2 T) 3 T) 4T) 5 T).

MATCHING QUESTION.

Match the reasons for motivation in COLUMN1 with descriptions in COLUMN2.

COLUMN 1.

COLUMN 2.

- | | |
|-----------------------|---|
| 1. Past experience... | A). Physiological states that we feel when we react to situations. |
| 2. Emotional drives | B). Doing the desired goal. |
| 3. Purpose..... | C). Experience provided a positive or negative determine current behaviour. |

ANSWERS.

1C) 2.A). 3 B).

Well done! Now let us move on to the next section on biosocial basis of behaviour.

Before going through the biosocial basis of behaviour attempt the following question.

In text question

What are the Biosocial basis of behaviour?

Good. Compare your answer in the following lesson.

3.6 Biosocial Basis of Behaviour

These are many aspects of human behaviour and mental functions are largely influenced by the underlying biological processes, social and psychological factors.

Activity 3.4.

Write down in your note book factors that you think that address physiological and psychological.

Good you will learn that these factors as include;

3.6.1

i. Psychological factors

A person's state of the mind may largely influence his behaviour. Someone who is worried, scared and anxious may display these attitudes in his behaviour. The worries, fears and anxiety may act as drives (motivation forces). Do you see yourself in this picture? Where you are in the state of fear, worry, and even anxious and displayed peculiar behaviour that could have surprised one next to you Know that the patient can equally display psychological fears when he does not understand his condition and what will happen to him. When patient is well informed anxiety, fears and other worries shall be reduced to acceptable behaviour.

3.6.2 ii. Physiological Factors

- **Genetics**

Heredity plays a significant role in determining a person's behaviour. There are certain traits that we inherit from our parents that are responsible in determining our behaviour. In some ways, we may have a lot of similarities with our parents

- ***Hormonal (chemical)***

Hormones are chemical messengers secreted by the endocrine glands. They influence many aspects of human life like growth and activities. Hormones like adrenaline, when released in the blood stream increases energy for fight and flight when in danger.

- ***Neural***

This involves the nervous system which is the electro chemical system that enables human beings to think, feel, act or behave in a certain way. For example, a pin prick will cause someone to feel and the impulse will be sent to the brain to be interpreted. This will result in moving away from the prick (behaviour)

3.6.3 Individual factors

- ***Thought process***

Thought processes have a lot to do with concept formation, reasoning and generally how an individual is able to draw conclusions from observations and facts. It also involves problem solving skills and language acquisition. These processes can largely influence one's behaviour

- ***Emotional basis***

Emotions are feelings such as happiness, despair, and sorrow that generally have both physiological and cognitive elements influencing behaviour, Motives are internally cause, while Emotions are responses to an external stimulation. Human beings are moved by feelings, if someone is happy, it may be reflected in the behaviour and this is also true with someone experiencing sadness.

- ***Attitudes***

An attitude is a stance an individual takes towards an object, people or events. One's attitude will influence who to play with, how to pass time and the career to take. Attitude may also determine how one behaves towards other people. The nurse's attitude will influence the way she looks after clients.

3.6.4

iv. Social and cultural factors

- ***Societal values***

Values are freely chosen principles, ideals or standards held by an individual, class or group of people that give meaning and direction to life. Each and every society has values and these values help the members

to make day to day choices. Everything that we do, every decision we make and course of action we take is based on our consciously and unconsciously chosen beliefs, attitudes and values.

Some human behaviour may be as a result of peer pressure, observation from friends, family members, church group circles and work places.

- Relationships with others in the environment

The way we interact with others has great bearing on the way us nurses would eventually relate with our patients / clients.

Dear learner, have you really reflected to understand what these relationships are all about?

Relationships puts us together as human beings, without which we are seen as weak individuals or people and relationship is said as fallen or dead. Relationship determines quality and maturity in the way we interact with those around us.

Relationship will also determine our personal feeling towards others, the way we perceive other peoples motives and our cultural teachings on our lives.

(Rapids youth life skills Manual; motivation Centre for Africans transformation)

Dear learner, do you know that the relationship that we maintain with our parents, elders, teachers, supervise may be culturally determined. But the relationship with our friends and partners are more influenced by our personal feelings and our perception on our friends and partners motives.

From what you have learned you should be able to know that you have a relationship with your patient and your patient has a relationship with you.

Activity: 3.4.

Before the next topic write in your note book the type of relationship you have with your patient and why?

Very good; both yourself, and your patient have that relationship that is determined by culture background which commands mutual respect like you have seen in parents, teacher and others. The relationship should not command feeling like of best friend or partner.

You will cover the depth of information on relationships nursing life skills programme.

3.7 Summary

Behaviour can be largely explained in terms of motivation. It is important to note that behaviour does not

occur just for its sake. There should be either some internal or external forces that cause an individual to act in a certain way behaviour is caused. This knowledge shall be highly applied to our patients at all times. The mood you see your patient in find will make you find out what the cause could be so as to be able to give good care. You have equally learned that people have emotions that can be expressed as happiness or sadness. All emotions have functions in ones We have also looked at the theories of motivation of Abraham Maslow which made emphasize on Hierarchy of needs, Fredrick Herzberg's' two factors of hygiene and motivator theories. Reasons for motivation have been expressed as being influence probably by past experience or purpose for achieving a goal.

3.8 References

:

1. Tomey. R. (2004). *Nursing Leader Ship and Management*. U.S.A. Mosby. Inc.
2. Lemma. G. (2006). *General psychology*; Lecture notes for health science students.
3. Motivation centre for Africans transformation; Rapids youth Life Skills manual.

UNIT 4 PERSONALITY

4.1 Unit Introduction

Welcome to our unit on personality development. In the last unit you learnt about the concept of motivation and its relationship with human behaviour. In this unit we shall discuss the concept of personality. The concept of being unique is central in understanding personality. We are all different from each other. Even the most identical twins are not the same in terms of personality. It is important for you to understand the concept of personality well because it will help you in providing individualized care. Personality plays a key role in the way an individual copes with stress, pain, illness and crisis. Personality may determine areas of ability and areas of dislike, hobbies and interests, what type of work an individual enjoys, attitude and beliefs. The way some one behaves in any given situation is a typical reflection of his personality.

Let us begin by reviewing our objectives for this unit.

4.2 Objectives

By the end of this unit you should be able to:

1. Define personality
2. Describe the concept of personality development
3. Discuss the characteristics of personality
4. Explain assessment of personality
5. Describe adjustment and defence mechanisms
6. Explain the concept of frustration and conflict
7. Describe the concept of stress
8. Outline psychological effects of being a client

4.3 Definition of Personality

Personality refers to enduring attributes or characteristics about one self that distinguishes you from others. It can also be defined as patterns of behaviour that makes us unique.

Determinants of personality

Personality is mainly determined by heredity and the environment

- ***Heredity***

Genes are passed from parents to children that cause children to behave in a certain way. Heredity sets the pace. It dictates one's physical development, complexion, intelligence and our behaviour in general. Heredity predetermines what we are supposed to be.

- ***Environment***

In most cases, we are differently from what the genes say we are supposed to be because of environment. The area or home where an individual grows up has a significant impact on one's behaviour. The school where a person goes and generally the circle of interaction will influence one's personality. Therefore, shaping of a person's personality is mainly done by the environment.

4.4 Development of Personality

Will you be able now to understand development of personality after you have well understood the meaning of personality? Your understanding of this lesson is very important because, Personality development is concerned with the process by which children gradually acquire patterns of overt behaviour, thinking, solving problems, and above all the motives, and ways of coping with conflicts that will go to make up adult personality. Development of personality looks at the following:

4.4.1 i. Psychological Development:

When looking at psychological development, special consideration and emphasis is placed on infancy, childhood and adolescence.

Attachment and bonding

Attachment refers to the tendency of infants to try to remain close to certain individuals whom they are comfortable with especially in situations that evoke fear. Attachment can be with one person like a mother or mother substitute. When attachment is with one person, it is known as monotropic and polytropic is used to describe attachment with more than one person.

For the infant to be fully attached to a person, the process should not be less than six months. When attachment is fully established, the infant may show noticeable signs of distress when the mother leaves it. This has psychological effects on the infant. Signs of distress include crying, refusing to eat and temper tantrums. When the child grows, he can endure some degree of maternal deprivation.

The child's experiences of fear of being separated from the mother or mother substitute is known as separation anxiety. Separation anxiety begins at six months and decreases visibly by 3 years. All these experiences have an influence on one's psychological development.

4.4.2 Physiological Development

Physiological development is influenced by the role of the endocrine glands and the central nervous system in personality development. The endocrine system comprises different glands which secrete various hormones which influence behaviour differently.

The central nervous system comprises the brain and the spinal cord. Impulses from different parts of the body are sent to the brain for interpretation resulting in perception and this often directs behaviour,

4.4.3 Socio Cultural Development

Personality is affected by the environment in which one lives and it is modified by socio cultural factors. Society expects a member to behave in a certain way. There are norms which should be observed by every member. Failure to abide by the norms of the society will be considered to be deviant behaviour. Individuals will strive to meet the expectations of the society and this will result in directing behaviour and shaping an individual's personality.

Checkpoint Questions

A. Multiple Question.

Encircle the Most appropriate response in the question below;

1. Which tendency is referred to infants who try to remain close to certain individuals in time of fear?
- A). Attachment.
 - B). Personality trait.
 - C). Soma typing.
 - D). Social- cultural.

Answers 1A)

Indicate 'T' for True and 'F' for False against each of the following

- 1. Psychological development include attachment and bonding.....
- 2. Psychological involves bonding only.....
- 3. Physiological development involves endocrine glands and central nervous system.....
- 4. Social cultural development is affected by environment.....

Answers:

1.T 2. F 3. T 4. T.

4.5 Characteristics of Personality

Before going through the characteristics of personality answer the following question.

4.1 In text question

What are the characteristics of personality?

Compare your answer with the characteristics you read in the following discussion.

4.5.1. Personality Trait

These are qualities or characteristics that a person possess. Such characteristics as patience, honesty, perseverance, consciousness, thoughtfulness, initiative are often mentioned and are referred to as personality traits. A trait is a tendency to behave in a constant manner in various situations i.e. a relatively persistent and consistent behaviour pattern manifested in a wide range of circumstances.

Classifications of personality types

Personality can be classified through theories as follows:

1. *Soma typing/biomedical Approach.*

You earlier on learned about personality theories aimed at attempting to classify individuals into personality types but in this sense, the first attempt to classify personality types was based on body build or physical structures of individuals. In 1954 William Sheldon proposed a theory that postulated that physique was a predictor of behaviour and thus personality. Sheldon identified three main body types namely:

ectomorph, endomorphs and mesomorphs.

- Ectomorph: physically, tall, thin, little body structure. The personality tends to be nervous, restless, intelligent, introvert, reserved, and self-conscious, enjoys solitude, and needs privacy,

Emotionally: restrained, sensitive to pain, and tends to be mentally intense/meditative.

- Endomorph: physiologically short, plumb, fat person whose outward appearance is rounded and soft.

The personality tends to be tolerant of others, non-competitive, slow in reacting, likes social approval and affection, deep sleepers, seeks out other people when in trouble or disappointed.

- Mesomorph: physiologically giant like individuals, large muscles and heavily built (e.g. most of the wrestlers).

The personality tends to be noisy, competitive, and energetic, loves physical adventure and exercise, tends to be dynamic with assertive postures and movements, finds pleasure in organizing and directing others, tends to enjoy risks and taking chances, however, also tends to be aggressive especially when provoked.

2. Psychological types Approach

Carl Jung (1909) divided or classified personalities into two main types:

- Introverts: profile. Tends to be withdrawn especially during times of stress and conflict, inner-directed, shy, prefers to work alone, usually preoccupied with self, avoid social events, concentrates on studies etc.
- Extroverts: Profile: Tends to be self-directed, sociable, mixes easily with other people, outgoing, likeable, and tends to choose careers that permits her/him to deal directly with people, may find problems with studies, influenced by objects and events.

4.5.2. Temperament

The approach was first pioneered by an ancient philosopher and medical practitioner, known as Hippocrates (460-370BC). and was later popularized by Immanuel Kant (1798 BC), Alexander Whyte (1921) and Joseph Massnan (1958).

This approach observed and distinguished four personality temperaments, based on bodily fluids or humors namely, blood, black bile, phlegm and yellow bile. Based on this it came up with four personalities:

1 Sanguine Temperament (Personality)

ProfilePositive: Carefree and full of hope, outgoing enthusiastic, warm, personable, friendly, compassionate, seeks pleasure for self, talkative, gets on well with others (e.g. actors, salesmen, master of ceremony etc.) Negative: weak willed, unstable, restless, undependable, egocentric (self-cantered), loud, exaggerates, fearful.

2. Choleric Temperament (Personality)

ProfilPositive: Eyes full of fire, brilliance and mobile, glance is frank, penetrating and determined, full of energy, strong willed, determined, independent, optimistic, practical and productive (Produce builders, organizer, leaders etc.).

Negative: Angry, cruel, sarcastic, domineering proud, self-sufficient, unemotional etc.

3. Melancholic temperament (Personality).

ProfilePositive: Serious, analytic, sensitive, perfectionists, loyal, artists, self-sacrificing, deep thoughts, feels what she thinks, persistent, dignity than pride in her bearing, eyes are deep seated. (artist, musicians, inventors, professors, philosopher etc.).

Negative: Moody, theoretical, impractical, unsociable, critical, revengeful, rigid and negative.

4. Phlegmatic Temperament (Personality). Profile

Phlegm, Means lack of emotions, implies tendency to be moved either quickly or easily but persistently warms up slowly but retains the warmth longer. Acts on principle not instincts/ impulse

Positive: calm, easy going, dependable, practical, diplomatic, humorous.

Negative: stingy, fearful, indecisive, spectators, self-protector, self-fish, unmotivated

4.5.3 Emotions

Dear learner you have realized that in your table of content emotional state has come under reasons for motivation as well as under characteristics of temperament. It will be beneficial to you if we were to slightly go into depth in understanding emotions.

Definition of Emotions: Emotions are feelings such as happiness, despair, and sorrow that generally have both physiological and cognitive elements influencing behaviour. Emotions are responses to external stimulus. Example physiological emotions can be expressed through an increase in the heart rate and jumping for joy. Example in of cognitive one needs to understand and evaluate the meaning of the act we do when we are happy. Do you now see the relevance of it discussed under temperament?

There are a number of components of emotion. Some of these are:

1. The perception of emotion-arousing stimuli (an armed robber enter your house while watch a television.)
2. Subjective feeling of pleasant/ unpleasant)
3. Involuntary physiological changes of the body s internal balance (arousal/ depression)
4. External bodily changes (facial/ posture)
5. Cognitive factors; awareness of situation, previous experience, memory (seen people in a road traffic accident)
6. Voluntary behavioural consequences; response to the stimulus (do as the robbery say because he has the gun.)

We have said much about the emotions surely you are now raising question what man can benefit through these emotions Let us look at the functions of emotions.

The functions of emotions

These are:

- Preparing us for action
Example: if you see an angry vicious dog running towards you, the sympathetic division of the autonomic system prepares you for an emergency action.
- Shaping our future behaviour
Example: when you encounter a threatening dog some other time, the previous experience teaches you to avoid an incoming danger.
- Shaping you to regulate social interaction
Example: verbal and nonverbal ways of communicating emotions help you to understand the behaviour of another person. Then we modify our actions.

4.5.3 Attitudes

An attitude is the general feeling (ranging from positive to negative) or evaluation (good/bad) a person has towards self, other people, objects or events. It involves the individual's perception and evaluation of the situation and of the people in it. A person's attitude enters into his choice of friends, career, and hobbies. His/her attitude influences the development of his social conscious and political opinions. Not only does attitude determine how one's behaviour towards other people will be but also how other people will behave towards him. Attitude also determines the way in which people communicate with others.

Checkpoint Questions

Encircle the most appropriate response:

- Which of the following statement describes characteristics of personality?
 - Relatively persistent, constant behaviour pattern manifest in a different situation.
 - Patience, honesty, thoughtful and consciousness.
 - Tends to be nervous, restless, intelligent, and self-conscious
 - Restrained, sensitive especially to pain.**

Answers. 1B)

Sheldon in his theory of classification of personality hypothesized that there is relationship between body physique and behaviour and personality.

Match the three main identified body structures in COLUMN1 with personality related to structure in COLUMN2.

COLUMN1

- Physically tall, thin, little body (Etomorphy)
- Physically; short, plumb, fat, round outward (Edomorphy)
- Physically; giant, large muscles, heavy built (Mesomorphy)

COLUMN2

- Tolerant, deep sleeper, affection
- Noisy assertive posture, aggressive.
- Nervous, intelligent, introvert

Answers.

1C). 2A) 3B).

4.6 Assessment of Personality

Having discussed some of the ways in which psychologists have tried to describe personality, we shall now look at the tools which can be used to measure personality characteristics in order to be able to compare people with each other.

Some of these tools consist of highly structured tests to which numerical scores can be assigned. Other tools are instructed and require subjective interpretation by the tester.

No one tool can give full picture of personality. Combination of methods (tools) is recommended when one needs an accurate assessment of someone's personality.

The assessment tools are:

1. Observation method

This involves the direct observation of the natural setting of an individual or interviewing a person

Direct observation or simple observation is also known as non-participant observation as events are observed by an outsider e.g. a researcher can observe the social behaviour of people interacting in a bus, shops, pleasure resorts, church or at political rallies by recording the way the interaction starts and ends.

2. Interview method:

is another way of gathering information directly from someone. Such information cannot be obtained by observation. An interview of whatever type involves direct personal contact with an interviewee.

3. Personality inventories (questionnaire)

This is by far the most common tool used in personality measurement. Questionnaires may be designed to measure a single dimension of personality e.g. anxiety level or several personality traits. The following are some of the personality inventories which have been used.

- ***The Eysenck personality inventory***

This is the shortest questionnaire which measures two personality scales only i.e. extraversion neuroticism unstable. You can get more information on this tool from (http://en.wikipedia.org/wiki/Hans_Eysenck: Eysenck Personality Inventory (EPI)).

- ***Raymond B. Cattell's 16 personal factor test***

This test measures 16 personality factors including dominance and emotional stability. The 16 factors are explained in Table 3 below.

Table 4: Raymond Cattell's 16 Personality Factors

Descriptors of Low Range	Primary Factor	Descriptors of High Range
Impersonal, distant, cool, reserved, detached, formal, aloof	Warmth (A)	Warm, outgoing, attentive to others, kindly, easy-going, participating, likes people
Concrete thinking, lower general mental capacity, less intelligent, unable to handle abstract problems	Reasoning (B)	Abstract-thinking, more intelligent, bright, higher general mental capacity, fast learner
Reactive emotionally, changeable, affected by feelings, emotionally less stable, easily upset.	Emotional Stability (C)	Emotionally stable, adaptive, mature, faces reality calmly Dominant,
Deferential, cooperative, avoids conflict, submissive, humble, obedient, easily led, docile, accommodating	Dominance (E)	forceful, assertive, aggressive, competitive, stubborn, bossy
Serious, restrained, prudent, taciturn, introspective, silent	Liveliness (F)	Lively, animated, spontaneous, enthusiastic, happy-go-lucky, cheerful, expressive, impulsive

Expedient, nonconforming, disregards rules, self-indulgent	Rule-Consciousness (G)	Rule-conscious, dutiful, conscientious, conforming, moralistic, staid, rule bound
Shy, threat-sensitive, timid, hesitant, intimidated	Social Boldness (H)	Socially bold, venturesome, thick-skinned, uninhibited
Utilitarian, objective, unsentimental, tough minded, self-reliant, no-nonsense, rough	Sensitivity (I)	Sensitive, aesthetic, sentimental, tender-minded, intuitive, refined
Trusting, unsuspecting, accepting, unconditional, easy	Vigilance (L)	Vigilant, suspicious, sceptical, distrustful, oppositional
Grounded, practical, prosaic, solution oriented, steady, conventional	Abstractedness (M)	Abstract, imaginative, absent minded, impractical, absorbed in ideas
Forthright, genuine, artless, open, guileless, naive, unpretentious, involved	Privace (N)	Private, discreet, non-disclosing, shrewd, polished, worldly, astute, diplomatic
Self-assured, unworried, complacent, secure, free of guilt, confident, self-satisfied	Apprehension (O)	Apprehensive, self-doubting, worried, guilt prone, insecure, worrying, self-blaming
Traditional, attached to familiar, conservative, respecting traditional ideas	Openness to Change (Q1)	Open to change, experimental, liberal, analytical, critical, free-thinking, flexibility
Group-oriented, affiliated, a joiner and follower dependent	Self-Reliance (Q2)	Self-reliant, solitary, resourceful, individualistic, self-sufficient

Tolerates disorder, unexacting, flexible, undisciplined, lax, self-conflict, impulsive, careless of social rules, uncontrolled	Perfectionism (Q3)	Perfectionistic, organized, compulsive, self-disciplined, socially precise, exacting will power, control, self-sentimental
Relaxed, placid, tranquil, torpid, patient, composed low drive	Tension (Q4)	Tense, high energy, impatient, driven, frustrated, over wrought, time driven.

Source: Primary Factors and Descriptors in Cattell's 16 Personality Factor Model (Adapted From Conn & Rieke, 1994).

- ***Minnesota multiple personality inventory***

This contains more than 400 self-descriptive statements and the subject is asked whether the statements are true or false.

4. Projective test

Assesses personality by presenting ambiguous stimuli and requires a subject to respond by projecting his or her personality into the responses. These tests make use of people's tendencies and willingness to make up stories about things they see (imagination). The individual is presented with a stimulus which has no particular meaning as structure into which he projects his feelings, thoughts and experience. When shown in ink blot for example – people, butterflies, dancing girls, picture of skeletons or many other images. The stories people make up out of the pictures, several times present something about their own personalities. They project into the picture feelings and thoughts of their own.

The projective test most commonly used are:

- ***The Rorschach tests***

It was introduced in 1920 by Hermann Rorschach and consists of series of 10 cards displayed in ink blots. Five (5) of the blots are in black, white and other colours in varying amounts, five (5) are in various colours. The cards are presented to the subjects in a prescribed sequence and the client is asked questions like "what does it look like? "What could this be?" Responses are categorized and evaluated according to such factors as the amounts of movements seen, the content of the blot, colour, responses, shading and originality on popularity.

Responses to colour are indicative of the individual's impulsive and emotional life. Form and location are important indices of the individual overall apperception on approach to this word.

Movements are indicative of introversion. Organization responses may be indicators of mental disturbances. These are helpful in identifying personality problems.

- ***Thematic Apperception Test***

It was introduced in 1930s by Hennerly Murray. It consists of 19 series of pictures without particular meaning. The subject is asked to tell a story suggested by each of the pictures. By telling this imaginary story the subject can project his own needs, emotions, conflicts, motives and problems.

4.7 Adjustments and Defence Mechanisms

What is defence mechanisms?

You may defined "Defence mechanisms as the unconscious strategies that people use to deal with negative emotions" (Ndeti, 2006pg. 83). You can also define them as ways by which an individual cope with anxiety, stress, or painful psychological conflicts. Defence mechanisms help to limit awareness so that life threatening and anxiety cues can be excluded. They allow stressful and anxiety provoking situations to be tolerated by distorting reality.

Defence mechanisms can either be adaptive or maladaptive. They become maladaptive when they become fixed and rigid, and used in every minor stress. Ndeti (2006. pg 83) state that defence mechanisms:

- Do not alter the stressful situation
- Have an element of self-deviation

Help during rough times, but delay the solution seeking behaviour

- are unconscious processes as opposed to other methods of coping with problems

Activity 4.2

Which defence mechanisms do you know about?

Ah! You are faithful, you really have identified them. This is the area most of the people have serious problems where they fail to identify self. The commonest defence mechanisms are:

- Repression
- Displacement

- Denial
- Rationalization
- Regression
- Projection
- Fantasy
- Reaction formation
- Sublimation
- Conversion

Let us discuss each further in turn.

Common defence mechanisms

Since you have identified the defence mechanism we are now going to discuss each defence mechanism:

i. Repression

This is where unacceptable impulses or thoughts, feelings, ideas are pushed out of awareness into the unconscious mind. Think about situations in your life that were unacceptable and you can hardly refer to them just because they are pushed in the unconscious mind. Great isn't? The other example is a child who is abused by the father and cannot remember anything that happened on that fateful day. Repression is considered to be the most basic and psychological defence mechanism. Other defence mechanisms will only be used if repression has failed.

ii. Displacement

This is the unconscious shifting of unacceptable emotions from a person, object or situation to a more acceptable person or object. An example is that a man who is reprimanded at his place of work by his superiors goes home to fight the children and the wife. Do you see this? Look at how you come at work and fight your patients just because you had a fight elsewhere. Be careful.

iii. Denial

This is unconscious refusal to acknowledge painful realities. An example is refusal to accept an HIV positive result even though repeated tests have been done and a clear concise explanation has been made. This knowledge is important so that you are able to understand patients with terminal illnesses.

iv. Rationalization

This is construction of socially acceptable reasons for actions that actually reflect unworthy motives. It is the process of justifying by reasoning after an event.

v. Regression

This is adoption of behaviour appropriate to an earlier stage of life or development in the face of stress. An example is elderly person who starts weeping like a child in the face of a stressful situation.

vi. Projection

This is unconscious attribution of personal shortcomings, problems, and faults on others. An example is a man who has desire to engage in extra marital affairs may accuse the wife of flirting with other men.

vii. Fantasy

This is the use of imaginary events to satisfy unacceptable anxiety

viii. Reaction formation

This is adoption of behaviour that is exactly opposite of the impulses that one dare not express or even acknowledge a situation. An example is a young girl who disliked the sister and received punishment a number of times because of this behaviour, may shower her sister with exaggerated love, but she represses hostility and is detected underneath the loving exterior.

ix. Sublimation

This is expression of sexual or aggressive tendencies into socially acceptable ways. An example is a person who likes fighting a lot in the street, later joins a boxing club which is a socially acceptable sport.

x. Conversion

This is a defence mechanism where unpleasant or anxiety provoking situations are translated into the physical. An example is a man who sees his wife being kissed by another man becoming blind.

Be prepared to take self- assessment tests before the next lecture.

Checkpoint Questions

A. Indicate with 'T' for True and 'F' for false in the following responses;

1. Repression is when one is unconsciously acknowledges shortcomings, problems and faults to others.....
2. The process by which an individual can justify reasoning is referred to as rationalization.....
3. Refusal to acknowledge painful realities known as denial.....
4. Adoption of behaviour that is exactly opposite of the impulses that one dares not express is called reaction formation.....
5. People may use imaginary events to satisfy unacceptable anxiety as projection.....

Answers:

1. F) 2.T) 3.T). 4.T) 5.F).

B. Match the identified defence mechanisms in COLUMN1 with its descriptions in COLUMN2

COLUMN 1

COLUMN 2.

- | | |
|-----------------------|---|
| 1. Displacement..... | A). Pushing thoughts, feelings, ideas, out of awareness. |
| 2. 2. Regression..... | B) Using imaginary events to satisfy unacceptable anxiety. |
| 3. Sublimation..... | C) Expression of aggressive tendencies into socially acceptable |
| 4. Conversion..... | D) Adoption of a behaviour appropriate to an earlier stage of life. |
| 5. Fantasy..... | F) Unconscious shifting of unacceptable emotions from a person |
| 6. Repression..... | H) Unpleasant or provoking situation translated into a physical |

Answers; 1.F) 2.D) 3.C) 4.H) 5.B) 6.A).

4.8 Frustration and Conflict

We all get frustrated from time to time. What does it mean to be frustrated? Think about it for 1 minute and then complete the following activity. You have been frustrated all time, at this time you know what it feels to be frustrated.

Activity 4.3

Cite Write down in your notebook your understanding of the term 'frustration'. Write at least 2 things that frustrate you most in your note book.

Good you are said and written well. Check:

Frustration can result when there is interference with a progress of a desired goal. It can also occur when there is delay in the progress of something that is so much cherished.

Conflict refers to coexistence of opposing desires, impulses or tendencies.

4.8.1 Causes of Frustration

The causes of frustration may be studied under major headings i.e. External factors and internal factors

i. External factors

External factors are also called environmental factors. These are situations present in one's environment. They affect an individual from outside. The main external factors may be as follows

a. Physical factors: Natural calamities, obstacles or events in their physical world such as hailstorms, floods, droughts, earthquakes, fire, accidents etc. They cause frustration in an individual.

b. Social and societal factors: Social force and the social environment may also block the path of an individual either in the attainment of some important goal or in the satisfaction of one's basic needs and desires. In this case they become the potential source for frustrating motivated individuals. e.g. a particular society may impose a ban on a marriage of school mistress who is in deep love with a handsome boy and desires to marry him or a child may feel frustrated when he is denied permission to go to a movie with friends

b. Economic factors: Economic and financial factors contribute much in frustrating individuals .e.g. A young man committed suicide as a result of frustration suffered from a long interval of unemployment.

ii. Internal factors

Internal factors are those which frustrate an individual from within. These are called personal factors as the person himself is the cause of such frustration.

Reaction to Frustration

Frustration, depending on its intensity and nature, results in various types of reactions by the individual. Some have frustration tolerance to the extent that they bear the consequences with a little injury to self or society, while others, become violent and aggressive. Some reactions include the following:

a. Restlessness and Tension

This may involve complaining, blushing, trembling and clenching of fists

b. Aggression

Feeling of anger and displaying hostility. Someone may be verbally and physically abusive.

c. Apathy

This may be exhibited by showing no concern with what is happening in the environment, being indifferent lifeless or withdrawn.

d. Fantasy

It may involve day dreaming and imagination. An individual will derive comfort from day dreaming.

e. Regression

This entails returning to earlier forms of behaviour. Someone displays behaviour characteristic of a young age.

f. Stereo typing

This is tendency to exhibit repetitive movements that do not seem to be goal directed.

4.8.2 Conflict /Emotional state

We'll read through to enable you understand what it is meant by conflict/emotion state. There are types and sources of conflicts that you will learn in this lesson. You will find out that they may be familiar with what you already know.

A major source of frustration is conflict between two opposing impulses. Conflict can arise in different areas of our lives. An example is when a man wants to marry a girl but his parents do not approve of the girl. Or when a child chooses a career that the parents do not approve of. These become a source of conflicts. How a conflict is resolved is important because it may either positively or negatively affect the behaviour in the future.

4.8.3. Types of Conflict

There are three main types of conflict. These are:

a. Approach – approach conflict

In this type of conflict an individual is faced with the problem of making a choice between two or more positive goals almost equally motivating and important. For example, a young man may experience such conflict in choosing between two equally qualified, beautiful and respectable girls for marriage. Conflicts of this type are of little danger and temporary in character since a step taken towards realizing of one goal leads to the automatic diminishing of attraction for the other. However, there are occasions when one feels great difficulty in making a choice between two positive desires e.g. a young girl may be devoted to her family and at the same time desire to marry a boy of another caste whom she loves which is not acceptable to her parents.

b. Avoidance- avoidance conflict

In this type of conflict an individual is caught in a situation where he must choose between two or possibly more negative causes of action. He is torn between two unattractive goals. In other words, he is faced with a choice where he cannot win either way. For example, a child who does not want to study and at the same time does not wish to displease his parents by failing in the final examination may experience such conflict. Due to the threat involved in such a situation both choices are equally attractive and hence the natural tendency to escape from them or to do nothing. In case when one is compelled to take decision, he is likely to suffer the conflict of avoidance –Avoidance type. Usually, this type of conflicts is more serious than approach-approach type of conflicts.

c. Approach- avoidance type

In this type of conflict one is faced with a problem of choice between approaching and avoiding tendencies at the same time. In such a conflict, an individual is both attracted to and repelled by the same goal or cause of action. An individual may be motivated towards a kind of behaviour or activity which he perceives to be wrong, evil and degrading, but at the same time the attraction of behaviour is so strong that he becomes restless without doing it. example, marry or not to marry, to tease girls or not to tease them. These are some of the situations that may repel and attract an individual simultaneously. Approach-Avoidance types of conflicts are distinctly the most serious of the types discussed as they bring about the most severe emotional tension and gives rise to anxieties and complexes.

4.8.4. Sources of Conflict

The sources of conflict include:

a. The Home environment

The faulty upbringings at home, unhealthy or unpleasant relationships among family members ,are the potential sources of conflicts in children. Unstable environments as well as relationships among family members lead to numerous conflicts in theadults. The hard necessities of life also add to the many conflicting situations in the home environment.

b. School environment

Unpleasant school or college environment, dominant or submissive role of the teachers, faulty methods of teaching, contradictory demands of the teachers and classmates are some of the bases of conflicts in the youngsters.

c. Occupational environment

For many adults, their occupational environment proves a source of conflict. The unfriendly or unpleasant and improper working environment, dissatisfaction with the working conditions and career fulfilment, unsatisfactory relationships among colleagues or with authorities, dissatisfaction with wages and salary etc. may prove potential sources of conflicts among adults.

d. Social and cultural environment

The pattern of conflicting values existing in our society and culture is responsible for a number of other conflicts. For example frustrations suffered due to lack of opportunities are also responsible for many conflicts. Chiefs among them are sex conflicts for the reason that the demands of our culture have not been well adjusted to the sexual needs of the individual.

4.9. Stress

Stress is a state produced by a change in the environment and is often perceived as challenging, threatening or damaging to a person's well-being. Stress can also be described as pressure or discomfort caused by adverse stimuli that upset the comfort of homeostasis.

4.9.1. Causes of Stress

People may get stressed because of the following reasons:

- Life crises e.g. bereavements
- Frustrations and conflict
- Natural disasters e.g. earthquakes, floods
- Transitions e.g. divorce
- Strained interpersonal relationships just to mention a few.

Do you know that a certain amount of stress is necessary and essential to stimulate an individual to get to do something? Stress in normal proportions energizes and encourages efforts towards attainment of some goals. Stress in reasonable proportions can help in finding solution towards problems. Ah! Some individuals have often said they work better under minor stress what about you? Follow these;

4.9.2. Concepts of Stress

a. Stress as a stimuli

It is seen as something that happens to us perhaps arising from having a highly stressing job or being put under pressure by not having enough time to complete tasks. Some stress situations may be minor situation e.g. breakfast not saved on time and others may be major like hazards and calamities of life like losing a job, money or property, severe illness or death of someone close

These cannot be ignored or underestimated such stress situations are capable of bringing about behaviour disorders and personality disorganization of a serious nature.

b. Stress as a response

Sometimes stress refers to how we respond to situations. This is a perfect description of how stress can occur as a product of the ways in which we react to people and circumstances. A person's response to stressors is termed strain.

c. Stress as a transaction

There is a transaction between people and their environment resulting in each affecting and being affected by each other. Often people become so tired that they worry about whether they can do their Job properly, on the other hand, having to perform a particularly demanding task can cause tiredness. There is a transaction between people and their environment resulting in each affecting and being affected by each other.

4.9.3. Manifestation of Stress

Dear learner can you identify any of the following manifestation of stress in yourself some times Concentrate and find out what these manifestations can do to you behaviour.

Stress may manifest in the following ways:

- Lack of concentration
- Fatigue
- Impaired judgment
- Insomnia
- Headaches
- Heart palpitation
- Chest pains and tightness
- Restlessness
- Loss of appetite and sometimes increased appetite.

These manifestations can be overcome by what is known as adaptation. This is discussed as follows:

4.9.4. Adaptation and homeostasis

What is adaptation?

Adaptation is the process of overcoming difficulties and adjusting to changing circumstances.

Homeostasis is the tendency of biological systems to maintain stability while continually adjusting to conditions that are optimal for survival.

The concept of adaptation and homeostasis is taken from a physician, Hans Selye. He took the view that human beings encounter many stresses in life and use the same response patterns to restore equilibrium (homeostasis) irrespective of the nature of the stressors. He called this response pattern as the General Adaptation Syndrome (GAS).

4.9.5. Factors Influencing Manifestation of Stress;

they are referred to as stressors and are expressed in the following three stages:

Stage 1-The alarm reaction: This is the initial stage. The blood pressure will initially drop below normal, and rapidly shoots up. There is a lot of adrenaline poured in the blood stream contributing to anxiety,

restlessness and disorientation. The high level of arousal cannot be sustained for a long time because if it happens, it may result in death of the organism.

Stage 2- The resistance stage: If the stress persists and it is not strong enough to cause death, the body goes into resistance stage. This is reaction of the body to restore equilibrium physiologically, psychologically or emotionally. Often there are few outward signs of stress during this stage, but the ability to resist new stressors is highly compromised. Many of the stress related diseases occur during this stage. There may be menstrual disturbances in females during this stage and males may experience reduced sperm count.

Stage 3- Exhaustion stage: Stress continues. The body's ability to restore equilibrium collapses. This is a dangerous stage because the physiological changes that were aroused in the first stage become intensified and may result in permanent pathological state.

4.9.6. Stress Management

Ndetei (2006) outlines three broad ways of controlling stress:

a. Controlling the environment

- Avoidance of noisy environment
- Keeping surrounding clean and tidy
- Taking time to enjoy nature
- Creating time for recreation and relaxation
- Creating good working environment
- Dedicating time to one's partner and family

b. Bodily control

- Eating health
- Having adequate rest
- Drinking a lot of water
- Having moderate and regular exercises
- Avoiding toxic stimulants
- Breathing properly (relaxation technique)

c. Mental control

- Positive thinking
- Maintaining positive mental attitude
- Choosing to be assertive
- Planning activities without one becoming a slave to one's his own plans
- Freeing oneself from guilt

- Practicing relaxation

4.10 Psychological Effects of Being a Patient

The hospital environment is a strange environment for many. Admission to a health facility may evoke a lot of psychological effects. The common psychological effects of being a client include the following:

- **Anxiety:** this is a feeling of apprehension and uneasiness a response to a threat. When a person is admitted to a health facility, they often get anxious. Anxiety may be related to a strange environment with unknown machinery, uncertainties in the prognosis and the attitude of the health care providing team.
- **Fear:** the client may experience this emotion because he/she may not be sure of the disease outcome and unfamiliar to the medical interventions being used
- **Withdrawal:** the client may isolate himself, refuse to talk and generally lose interest in what is happening in his environment
- **Depression:** the client's mood may be very low and extremely sad. He may experience a sense of hopelessness. The bodily processes will be slow. Speech may be monosyllabic and the thought processes will be extremely slow.
- **Dependence:** the client may totally refuse to do anything for himself but only rely on the medical team and the relatives. This will affect initiative and quick recovery.
- **Anger:** this is extreme displeasure. The client may show signs of hostility and aggressive towards the medical team and relatives
- **Projection:** the client may accuse and blame others for his situation. He may verbally abuse the relatives or the medical team.

That discussion brings us to the end of this unit on the concept of personality. Let us now review what you have learnt.

4.11 Unit Summary

In this unit we have seen that the study of personality in nursing is important because it affords the nurse a chance to provide individualized care. We have discussed the meaning of personality and described personality development and the characteristics of a personality. We have also looked at common defense mechanisms which we use to protect ourselves, and the concepts of frustration, conflict and stress. Finally, we have identified the psychological effects of being a client or patient.

In the next unit you will learn about perception. But before then, complete the following self tests to

evaluate your understanding of this unit.

4.12 Self- Assessment Test

Encircle the Most appropriate responses below;

The following are the psychological effects EXCEPT;

- A) Depression.
- B) Anger
- C) Dependence
- D) Fear
- E) Withdrawal
- F) Projection
- G) Accidents.

Answer. G).

4.13 References

1. Ndeti. D. et al. (2006). *Clinical Psychology and Mental Health*. Nairobi. English. Press.
2. Russell J. (2005). *Introduction to psychology for health care*. Cheltenham: Nelson Thomas Ltd.
3. Mangal S.K. (2009). *Abnormal psychology*. New Delhi. Sterling Publishers Pvt Ltd.

UNIT 5: PERCEPTION

5.1 Unit Introduction

Hello dear learner. Welcome to our fifth unit on perception. In this unit you will learn about the definition of perception and the sensory organs involved. We shall also look at the mental processes involved and the stimulus response theory. Furthermore, we will look at the factors influencing differences in perception. Let us start by looking at our unit objectives.

5.2 Unit Objectives

By the end of this unit, you should be able to:

1. 1 Define perception
2. 2 Explain the sensory organs involved in perception
3. 3 Explain the mental process involved in perception
4. 4 Explain the stimulus response theory
5. 5 Describe factors influencing perception
- 6.

5.3 Definition of perception

Now you will learn about perception. Before we move, let us start with your understanding of term perception. What is perception? Take 2 minutes to think about it and then complete the following activity.

Activity 5. 1

Write down the meaning of the term perception in your note book

Good! Now compare your answer with the definition that will be discussed in this section.

Perception: is the process by which the brain receives, organizes and interprets information.(Mangal :2013).

Perception also means the process by which immediate awareness of what is happening in the environment is obtained.

In this case, the brain receives information through the sensory organs. In order to find meaning, the brain organizes information in such a way that it makes sense to us and has meaning. The meaning lies in our past.

At this time you may have covered the Brain and the central Nervous system and Sensory nerves in Anatomy and Physiology. If you still have not covered it all the same make meaning to it when you finally cover it. To understand perception the following is learned;

5.4 Sensory organs involved in perception

Now you will learn about the sensory organs which are involved in perception. To begin with, we have to understand the term sensory.

What is the sensory system?

The sensory system is a part of the nervous system responsible for processing sensory information. A sensory system consists of sensory receptors, neural pathways and parts of the brain involved in sensory perception.

Let us now look at the sensory organs involved in perception. What do you think? What are the sensory organs that are involved in perception? Take 2 minutes to think about it then do the following activity.

Activity 5.2

Write down the sensory organs that are involved in perception

Well done! Now compare your answers with the following

- Vision (**Eyes**)
- We see a three dimensional world from a two dimensional retinal image.
- The eye is the receptor for vision. It contains rods for black and white vision and the cones for color vision. There are a lot of visual cues that can be used. We have two eyes which converge to focus on an object we get information from the convergence. We see a three dimensional world from a two dimensional retinal image.
- The eye is the receptor for vision. It contains rods for black and white vision and the cones for colour vision.
- There are a lot of visual cues that can be used.
- We have two eyes which converge to focus on an object, we get information from the convergence
-
- Hearing (Ear) this is an organ of hearing. Hearing is the ability to perceive sound by detecting vibrations. The physical stimulus for hearing is pressure waves, which have three physical characteristics:
 - frequency, amplitude, and complexity.
- 7. We hear sounds in terms of pitch, loudness, and timbre.
- 8. The receptor for sound is the ear, within which hair cells in the cochlea stimulate the auditory nerve.

- The two types of deafness include conduction deafness and nerve deafness.
- As adults we use some cues which enable us to locate sound accurately.
- Sounds which are directly ahead arrive at both ears at the same time.
- Displaced sounds arrive at different times .e.g. sound from the left side will arrive at the left ear before the right ear
-
- Olfactory (Nose) this is an organ involved in smelling.
- **The nose is the olfactory organ. This sense is mediated by specialized sensory cells of nasal cavity of vertebrates. We are able to respond to noxious odors, sweet aroma and then react accordingly.**
-
- Taste (Tongue) this is the organ of taste. Taste is the ability to perceive the flavour of substances including food. Human beings receive tastes through sensory organs called taste buds concentrated on the upper surface of the tongue
- Somatic sensation (Skin) the skin is involved in haptic perception. Haptic perception is the process of recognizing objects through touch. It involves a combination of somatosensory perception of patterns on the skin surface and proprioception of hand position and conformation. Touch and temperature are actually a collection of several senses sharing enough in common to be called skin senses. Although the skin senses are the first to develop in the new born they are in some ways the least understood of all our senses. Through the skin we are able to perceive pain, heat and cold for it is rich in veins and nerves

The above sense organs are the ones that receive information, and then information is relayed to the brain through nerve fibres for interpretation. This teaches you as a Nurse that these sensory organs are very important for you in order to understand your patient well. These need to be sharp in you.

5.5 Mental processes involved in perception

Let us now look at the mental processes involved in perception. What are the mental processes involved in perception?

The following are the mental processes involved in perception:

- Memory
- Attention
- Concentration
- Emotions
- Reasoning
- Intelligence
- Without this mental process it will not be easy for one to have sound perception.
- People often form impressions of others very quickly with only minimal information.

- We frequently base our impressions on the roles and social norms we expect from people. We may consider how we make judgment of people we meet for the first time depending on dressing, speech and beliefs. Our perception of others refers to the mental processes that we use to form impressions of other people

5.6 Stimulus response theory

You will now learn about the stimulus response theory. What is your understanding of the stimulus response theory? Take 2 minutes to think about it and then do the following activity.

Activity 5.3

Briefly explain what the stimulus response theory is all about in your own note book.

Understand it clearly then compare your content study with following.

Good try! The stimulus response theory: refers to a belief that behaviour manifest as a result of interplay between stimulus and response, in particular, the belief is that a subject is presented with a stimulus and then responds to that stimulus producing behaviour, in other words behaviour cannot exist without a stimulus of some sort. An example of the stimulus response theory is classical conditioning.

5.7 Factors influencing differences in perception

Now we will move on to look at the factors that influence differences in perception. These factors are in two groups namely; personal and social cultural factors. Let us start with your understanding of the personal factors. What are the *personal factors* that can influence differences in perception? Now do the following activity.

Activity 5.4

Write down the personal factors that can influence differences in perception

Good! I hope your answers captured the following on personal factors that can influence differences in perception.

NB. The following are the personal factors that can influence perception

- Mood
- Need

- Interest
- Desire
- AttitudeMental status

Let us now look at the *socio-cultural factors* that can influence perception.

The following are the socio-cultural factors that can influence perception.

- Beliefs
- Values
- Norms of the society

Have you realized that social cultural factors have been also learned in Sociology? Well apply this content to psychology now so as to consolidate your knowledge required in psychology.

We have now come to the end of this unit. Let us now review what you learnt.

5.8 Unit Summary

We have defined perception as a process by which the brain receives, organizes and interprets information. We have also looked at the sensory organs and mental processes that are involved in perception. Furthermore, we have looked at the stimulus response theory and the factors influencing differences in perception. In the next unit, you will look at learning.

We have outlined the functions of sensory organ in brief of which detail shall be covered in your Anatomy and physiology lessons.

You are now going to do a self-test to see how much you have grasped in unit one.

5.9 Self-Assessment Test.

Indicate your answer by writing 'T' for True or 'F' for False against each of the responses

1. ... Perception is the process by which the brain receives, organizes and interprets information.
2. .. The sensory system is a part of the nervous system.
3. The tongue and nose are examples of sensory organs that are involved in perception.
4. Attention and reasoning are some of the examples of mental processes involved in perception
5. ... Operant conditioning is an example of the stimulus response theory.
6. ... Attitude and interest are examples of socio-cultural that influence differences in perception.
7.Values and norms are socio-cultural factors that influence perception.

5.10 Answers;

1. T TAT . B.PH. 6. F 7.T

Excellent and well done keep it up.

References:

- 1 Mangal S.K (2013) *General psychology*. Sterling Publishers Private Ltd.
- 2 Niven N.(2006) *the Psychology of nursing care*. 2nd edition. New York: palgrave MacMillan.

UNIT 6: LEARNING

6.1 Unit Introduction

Hello! learner welcome to unit six on learning. In this unit, you are going to define learning and look at the different forms of learning. You will look at the problems of learning and the theories of learning. Furthermore, you will learn about memory and the factors that promote learning. You shall also look at remembering and forgetting. Before we go any further, let us start by looking at our unit objectives.

6.2 Objectives

By the end of this unit, you should be able to:

1. Define learning
2. Explain the forms of learning
3. Describe the problems of learning
4. Identify factors that promote learning
5. Describe the theories of learning
6. Discuss the concept of memory
7. Remembering and Forgetting
- 8.

You may be wondering what learning is, especially that you have been learning all these days of your life.

6.3 Definition of Learning

Now you are going to look at learning. Let us start with your understanding of the word 'learning'. What is learning? Take 2 minutes and think about it and then complete the following activity.

Activity 6.1

Write down the meaning of the word 'learning' in your notebook

Good try! The following are different Definitions of Learning. Learning is

A relative permanent change in behaviour, which takes place in different settings and it is a continuous process.

- a mental activity by which knowledge, skills, attitudes, appreciations and ideals are acquired resulting in the modification of behaviour. (Heidgerken 1965).
- a critical aspect involving motivation, retention transfer and other on-going functions involved in the long process

- a critical aspect involving motivation, retention transfer and other on-going functions involved in the long process a change in human disposition or capability which can be retained and which is not simply ascribable to the process of growth. Gagne (1977)

6.4 Forms of learning

Am sure you are aware that learning can be formal and informal learning. Formal learning is where you sit in class and taught whereas informal learning is learning taking place through socialization as seen in family structure or peer group.

In either formal or informal learning forms of learning are highly applicable as follows;

Now we will move on to look at the different forms of learning and these include:

- Conditioning
- Trial and error
- Cognitive
- Modelling
- Observation

Let us now discuss each one of them in detail:

6.4.1 6.4.1. Conditioning. This is a form of learning that involves forming of associations between two events by repeatedly having them occur together. Conditioning can be used to treat individual with behavioural disorders e.g. an individual who smokes excessively and expresses desire to stop can be helped by the principle of forming associations. A cigarette can be given to the smoker and an electric shock is used every time a cigarette is given. Pairing cigarette smoking and electric shock will result in forming associations. Even when a cigarette is given without introducing an electric shock, a smoker will feel as though an electric shock will accompany and will quit smoking.

6.4.2. Trial and error

This is the form of learning that occurs in a situation where an individual initially does not know what is to be done to perform a certain task. A person will for example try to operate a given gadget by trying different methods. Eventually, he will discover the right method of operating the gadget and eventually adopts this method as a way of operating the gadget. Trial and error is common in practical skills e.g. a number of things that we learn in operating a computer may be through trial and error.

6.4.3. Cognitive learning

This is the form of learning that is complex and emphasizes the use of thought processes in learning. The word cognitive means knowledge use. This is far more than just stimulus and response or imitation. When

using the cognitive approach, an individual is able to learn very complex things that cannot just be learnt by conditioning.

6.4. 4. Modelling

This is a form of learning that is done by imitating what others are doing. The person who is being imitated may be a role model in the society or an expert in a given field. A son can imitate the father and learn a lot through imitation.

6.4.5. Observation

Human beings can learn by simply seeing what others are doing. Student nurses can learn by observing what senior nurses are doing. However, just observing cannot make a student competent. He has to get involved and do the actual procedure.

6.5 Problems of learning

You will now look at the problems of learning? What are the problems of learning?

The following are the problems of learning:

- Dyslexia: These are functional limitation in reading
- Dysgraphia: **Difficult with physical act of writing**
- **Dyscalculia: Difficulties with calculations**
- **Language deficit: Difficulties in expressing oneself verbally**
- **Auditory deficit: Difficulties in processing information through the sense of hearing**
- **Spatial organization difficulties: Difficulties in perceiving dimensions of space.**
- **Memory deficit:** Trouble with remembering facts or what has transpired during the learning process.
- Attention deficit disorder: difficulties in concentrating for extended period of time.
- Attention deficit hyperactive disorder: Difficulties in concentrating for extended period of time together with high level of excitability and impulsivity
- Social skills deficit: Difficulties in understanding elements of social interaction.

6.6 Theories of Learning

What are the theories of learning?The following are the theories of learning and these include:

- Classical conditioning
- Operant conditioning
- Cognitive learning
- Social learning theory
- Biological theory

Let us now look at each one of the theories in detail:

1. Classical conditioning

This theory was demonstrated by a Russian physiologist by the name of Ivan Pavlov. Pavlov showed that dogs could be conditioned to salivate in response to a stimulus such as a bell if it paired repeatedly with serving of food. If the conditioned stimulus is presented repeatedly without being paired with food, the strength of the response will weaken. The food in this context is the unconditioned stimulus and the bell the conditioned stimulus. For the learned behaviour to persist, the association should be reinforced. Human beings can learn using this theory by forming associations. This theory can be used in treating human beings with unwanted behaviour e.g. excessive drinking.

Classical conditioning has the following principles:

Acquisition: A neutral stimulus through association acquires ability to elicit the conditioned response.

Extinction: If you establish a conditioned response for a long time, the conditioned response will stop or will go into extinction.

Spontaneous Recovery: The return of the previously extinct conditioned response.

Stimulus Generalization: Occurs when a conditioned response that has been associated with a particular stimulus is generalized to other stimulus, for instance, a different bell.

Stimulus discrimination: The opposite of stimulus generalization. The animal is able to differentiate the bell.

2. Operant Conditioning (Instrumental conditioning).

This type of learning is also called Instrumental Conditioning; Skinner coined the term operant conditioning; it means roughly changing of behaviour by the use of reinforcement which is given after the desired response. Skinner identified three types of responses or operant that can follow behaviour.

- *Neutral operant*: responses from the environment that neither increase nor decrease the probability of a behaviour being repeated

- *Reinforce*: Responses from the environment that increase the probability of a behaviour being repeated. Reinforce can be either positive or negative.

- *Punishers*: Response from the environment that decrease the likelihood of a behaviour being repeated. Punishment weakens behaviour.

, the theory was primarily drawn from Edward Thorndike who lived from 1874 to 1949.

Skinner is regarded as the father of Operant Conditioning, but his work was based on Thorndike's law of effect. Skinner introduced a new term into the Law of Effect- Reinforcement. Behaviour which is reinforced tends to be repeated (strengthened); behaviour which is not reinforced tends to die out-or be weakened.

Skinner (1948) studied operant conditioning by conducting experiments using animals which he placed in a “*Skinner Box*” which was similar to Thorndike’s puzzle box.

Skinner’s views were slightly less extreme than those of Watson. **Skinner believed** that we do have such a thing as a mind, but that it is simply more productive to study observable behaviour rather than internal mental events.

Skinner believed that the best way to understand behaviour is to look at the causes of an action and its consequences. He called this approach operant conditioning.

B.F. Skinner (1938) coined the term **operant conditioning**; it means roughly changing of behaviour by the use of reinforcement which is given after the desired response. Skinner identified three types of responses or operant that can follow behaviour.

We can all think of examples of how our own behaviour has been affected by reinforce and punishers. As a child you probably tried out a number of behaviours and learnt from their consequences. For example, if when you were younger you tried smoking at school, and the chief consequence was that you got in with the crowd you always wanted to hang out with, you would have been positively reinforced (i.e. rewarded) and would be likely to repeat the behaviour. If, however, the main consequence was that you were caught, caned, suspended from school and your parents became involved, you would most certainly have been punished, and you would consequently be much less likely to smoke now.

Skinner showed how positive reinforcement worked by placing a hungry rat in his Skinner box. The box contained a lever on the side and as the rat moved about the box it would accidentally knock the lever. Immediately it did so a food pellet would drop into a container next to the lever. The rats quickly learned how to go straight to the lever within a after a few times of being put in the box. The consequence of receiving food if they pressed the lever ensured that they would repeat the action again and again.

Positive reinforcement strengthens a behaviour by providing a consequence an individual finds rewarding. For example, if your teacher gives you k50 each time you complete your homework (i.e. a reward) you are more likely to repeat this behaviour in the future, thus strengthening the behaviour of completing your homework.

3. Cognitive Learning Theory

It is a situation where learning is achieved through understanding. It involves perception, organization and knowledge. Cognitive learning emphasizes what we cannot observe such as thinking and memory. One of the earliest theorists of cognitive learning was Edward Tolman in the 1930s. He believed that cognitive processes play an important role in learning. He believed that behaviour is goal directed and can be modified.

People expect particular outcomes to follow specific behaviours. Tolman emphasized the fact that organisms learn relationships between stimuli rather than responses. Behaviour is always directed towards a certain goal. In a typical experiment, he worked on rats to find out how they would learn using cognition. He put three groups of rats in a maze. The first group always found food at the end of the maze, the 2nd group never found food at the end of the maze and the 3rd group never found food for 10 days but on the eleventh day, Tolman wanted to see if the 3rd group would learn quickly.

He wanted to see if the 3rd group had learnt their way through the maze. The 1st group went straight because they found food always and the 2nd group never went to the maze because it was of no use, while the third group never found food but they later learnt to go straight to the end of the maze where food was found. Therefore, the rats in the third group, had, through their wanderings, learned a great deal about the maze without getting so much as a morsel for their trouble. Tolman and Honzik interpreted these data to mean that learning could take place in the absence of any reinforcement.

5. Social Learning theory (Observation)

The proponents of social learning theory were Dollard and Miller in 1950. They argued that most human beings learn through observing other people. By 1960, others scholars such as Albert Bandura further developed this theory.

Bandura did not dispute that some human learning takes place through conditioning. Rather, he believed that there was a third force the environment. Social learning emphasizes learning through one's environment. According to social learning, environment factors lead to behaviour which can be reinforced or punished. This can lead to behaviour depending on whether a person has been punished or rewarded. Observation learning is very important in all daily lives, you learn from other people's experience and your behaviour impacts on others.

Bandura said that children learn more when they observe people they respect like parents and teachers. These people, he called them models and so this kind of learning can also be called modelling. He concluded that learning by operant classical conditioning will not be sufficient for human beings.

He conducted an experiment where he used nursery school children. He had 3 groups of children. The 1st group saw an aggressive adult beating, insulting and abusing a doll. The model was rewarded for his behaviour. The 2nd group watched the same film but the model was not rewarded for his bad behaviour. The third group watched the same film but the model was punished for his behaviour.

After watching the film, the children in group 1 were very aggressive and those in group 3 were less aggressive because the model was punished. In group 2, other children showed aggressive behaviour but some did not because they did not observe the reward of punishment in the model.

Taking the teaching above, you may recall situations in your life where you were insulting your mother when she asked you to clean plates, even kicking at things before your way. You recall your mother whipping you before your young sisters. The next day when you were given the same task you carried out

without a whimper. This was punishment that was employed on you and you vowed never to misbehave to your mother.

5. Biological theory

The theory focuses on the changes that occur in the nervous system of organisms involved in the learning process. It has been suggested that certain areas of the brain are involved in language acquisition and memory. When an area of the brain concerned with memory is activated, certain memories will be evoked.

6.7 6.8 NB. Factors that promote learning

What are the factors that promote learning?

The following are the factors that promote learning:

- **Reward:** a reward is a positive reinforcement which is key to learning.
- **Feedback or knowledge of results:** if one is provided with knowledge or feedback, the efficiency is increased.
- **Distribution of practice.** the length of the practice session and distribution of rest period affect the learning process to a greater extent
- **Whole and part:** if one has to learn the entire lesson, it is easier to learn it in parts than as a whole.
- **Interest and attitude:** learning is faster if one is interested in the material or skill to be learnt. Another important determinant of effective learning is the learner's attitude towards the material to be learned.
- **Motivation:** a learner with high motivation tends to make more responses than a learner with a weak motivation.

6.8 Memory

You will now learn about memory. We will begin with your understanding of the term memory. What is memory? Take 2 minutes to reflect in what understand about memory and then do the following activity.

Activity 6.2

Write down the meaning of the term memory.

Well done! I hope your answer captured the following meaning of memory:

Memory is the ability to store past experiences and be able to retrieve them.

Memory may be viewed as a mechanism which allows one to retain and retrieve information. Memory and learning cannot be separated from each other, unless passed experience can be remembered it is not possible to conclude that learning took place.

Memory may also be seen as a seemingly effortless recollection of facts depending on several processes working together. For instance, there is evidence that learning and storing memories causes physical changes in the anatomy of the brain. Those processes are encoding, storage and retrieval.

Do you know that there are four components of memory? Pause for few seconds and reflect what these could be. Well done if you have got them all correct. The following are the components of memory:

- Perception /encoding- There is identification of the information and this information is put in an understanding format for storage
- II. Storage – information that has been identified and understood is stored at a certain location until it is required.
- III. Retrieval – Reclaiming of previously stored information due to current demand.

IV. Forgetting

Forgetting is a complex and not entirely well understood process. One theory is that the memory simply decays, that the information simply fades, possibly erased or "overwritten" in the brain. **Types of memory**

Let us now look at the types of memory. We will start with what you know about the types of memory. What types of memory do you know? Do the following activity.

Activity 6.3

Write down the types of memory in your notebook.

Good attempt! The following are types of memory, namely sensory memory/ register, short term memory, long term memory.

Let us now discuss each one of the types in turn:

6.7.1. Sensory memory/register:

This memory is responsible for receiving information from the environment and involves visual, verbal and auditory senses. It has no limit to capacity but the duration is limited to 2 – 4seconds. There is selective attention in which one selects whether to pay attention or to exclude information which is not vital.

Short term memory:

This is the working memory and is in our everyday conscious. It is composed of information we are thinking about at any given time. Capacity is limited to 5 – 9 and duration is 20 – 30 seconds. This is also known as the working memory or active memory. It is able to store information for about 20 – 30 seconds. If nothing is done to the information, it may disappear completely. The short term memory can keep about 5-9 items at once. It is believed to contain contents of our conscious awareness e.g. what one is actively thinking about.

- **6.7.2. Long term memory:**– There is no limitation to duration and capacity.
- **Information can be retrieved even after years. For information to be retrieved elaborative rehearsal and organization should have been well used and the context should have been learnt.**
- **Retrieving of information from long term is done by means of reconstruction and information should be transferred from long term to short term memory.**

Learning and intelligence are made possible through the long term memory. Our experiences are not lost the moment we stop thinking about because of the long term memory. The long term memory is limitless. It is considered to be the human library which can store countless number of items.

Improving the long term memory

The following are measures which can be taken to improve long term memory:

- **Chunking:** This involves breaking information into smaller manageable units. Groups of letters are seen as words, groups of words as phrases and series of phrases as sentences.
- **Rehearsals:** This involves repeating information over and over for a period of time.
- **Use of pneumatic devices:** These are codes that can be easily understood by an individual
- **Method of Loci:** It involves associating of items to be remembered with a series of places that are firmly fixed in memory. It is environmental or situational type of memory.
- **Organization:** When information being received is orderly and in sequence, it is easier to be remembered.
- **Clarity of stimuli:** The information being received must be very clear in order to be easily remembered.
- **Forming list:** What needs to be remembered can be written on a list. This can be checked from time to time

- **Dramatization/role playing:** Role plays facilitate memory because the information being communicated becomes interesting.

Phases of memory

What are the phases of memory?

The following are the phases of memory:

- *Encoding*- This is the act of converting sensory stimuli into the form that can be easily placed in memory often using old information to manipulate data.
- *Retention*-This is the actual storage of information.

Retrieval- This implies searching and locating information in the long term memory and bringing it to the short memory for use **How we retrieve information**

The following is how we retrieve information:

Recognition

- People decide whether they have ever encountered a particular stimulus before. This process is known as matching because an individual tries to match the experience or situation being faced with what is already in memory.
- *Recall* entails the retrieval of specific pieces of information usually guided by the retrieval cues. We all have faced a frustrating experience of knowing that something is stored somewhere in our memory but we are unable to locate it quickly. We feel the answer is about to emerge but somehow we cannot just get it. This experience is known as the tip of the tongue phenomenon.

6.9 Remembering and Forgetting

Now we will learn about remembering and forgetting. Let us start with your understanding of these terms. What is remembering and what is forgetting? Do the following activity.

Activity 6.4

Write down the meaning of the terms 'remembering' and 'forgetting' in your note book.

Good! Now compare your answers with the definitions in the following discussion.

Remembering is the ability to recall past experiences. While forgetting is the exact opposite of remembering and can be defined as failure or inability to retrieve past experiences or information. Lack of interest is a major cause of forgetting.

6.9.1 Theories of Forgetting

There are a number of theories that try to explain why we forget. These include:

- Decay of memory traces
- Interference theory
- Motivated forgetting

Let us look at each one of them in detail.

1. Decay of memory traces

This theory states that memories simply fade away or decay with the passing of time if not renewed through periodic use. It simply looks at how we forget through disuse of information which we have acquired.

2. Interference theory

The theory states that new information might interfere with retrieval of old information. There is also a possibility of old information interfering with the retrieval of newly acquired information.

3. Motivated forgetting

This is also known as repression. Sometimes we forget because we want to. According to the psycho analytic theory, people often push unacceptable and anxiety provoking thoughts into the unconscious so as to avoid confronting them.

We have come to the end of the unit. Let us review what we learnt in unit 6.

6.10 Summary

We have defined learning as a relative permanent change in behaviour. We have also looked at the different forms of learning and the problems of learning. We further went on to look at the theories of memory and the factors that promote learning. Lastly but not the least, we looked at remembering and forgetting. We will now move to our next topic which is intelligence.

1. **Before the next lesson you need to write the self-assessment test which you have realised that it is written end of almost each sub unit content area. Always remember to correct your self – assessment test so that you are in line with content.**

Self-Assessment Test.

MATCHING QUESTION.

Match the following problems of learning in column A with their description in column B

<u>Column A</u>	<u>Column B</u>
1. Dyslexia	a) Difficulties in processing information through the sense of hearing
2. Dysgraphia	b) Difficulties with calculations
3. Dyscalculia	c) Difficult with physical act of writing
4. Language deficit	d) Difficulties in concentrating for extended period of time
5. Auditory deficit	e) These are functional limitation in reading
6. Spatial difficulties	f) Difficulties in concentrating for extended period of time together with high level of excitability and impulsivity.
7. Memory deficit	g) Difficulties in perceiving dimensions of space
8. Attention deficit disorder	h) Trouble with remembering facts or what has transpired
9. Social skills deficit	i) Difficulties in expressing oneself verbally
10. Attention deficit hyperactive disorder	j) Difficulties in understanding elements of social interaction

SELF-ASSESSMENT TEST.

Indicate your answer by writing 'T' for True or 'F' for False against each of the responses.

1. Classical conditioning was demonstrated by a Russian physiologist known as Ivan Pavlov.
2. Operant conditioning is also known as instrumental conditioning.
3. Thorndike is regarded as the Father of Operant Conditioning
4. Reinforcement can either be positive or negative
5. Memory is the ability to store past experiences and be able to retrieve them.
6. Chunking involves repeating information over and over for a period of time.
7. Retention is the actual storage of information
8. Giving feedback is one of the factors that promote learning
9. lack of interest in something is a major cause of forgetting
10. motivated forgetting is also known as repression.

6.11 Answers to the Self-Assessment Test

1.

Cross Matching questions

- | | |
|-----|---|
| 1. | e |
| 2. | c |
| 3. | b |
| 4. | i |
| 5. | a |
| 6. | g |
| 7. | h |
| 8. | d |
| 9. | j |
| 10. | f |

Indicate your response by writing 'T, for True or 'F' for false

- | | |
|-----|---|
| 1. | T |
| 2. | T |
| 3. | F |
| 4. | T |
| 5. | T |
| 6. | F |
| 7. | T |
| 8. | T |
| 9. | T |
| 10. | T |

UNIT 7: INTELLIGENCE

7.1 Unit Introduction

Hello dear learner, welcome to unit 7 on intelligence. In this unit, you are going to define intelligence and how to measure intelligence. You shall further proceed to look at the extremes of intelligence and the determinants of intelligence. Before, we go any further; let us start by looking at our unit objectives.

7.2 Objectives

By the end of the unit, you should be able to:

1. Define intelligence
2. Describe methods of measuring intelligence
3. Explain the extremes of intelligence
4. Explain the determinants of intelligence

7.3 Definition of intelligence

We are now going to look at the word intelligence. We will start with your understanding of the word intelligence. What is intelligence? Do the following activity.

Activity 7.1

Write down the meaning of the word intelligence in your notebook

Well done! Intelligence is the capacity to understand the world, think rationally and use resources effectively when faced with challenges (Feldman, 1996).

7.4 Measuring intelligence

How can intelligence be measured?

The following is how intelligence can be measured:

The automate measure of intelligence has a theoretical faculty and cannot be measured precisely. Intelligent tests do not measure intellectual capacities directly; they measure on the other hand manifestation of intellectual capacity in action or behaviour.

It is believed that every human action has some intelligence behind it even for that of the lowest idiot. The form of intelligence corresponds to the type of behaviour. The level of intelligence of an individual is measured by:

- The difficult of a task he/she can perform
- The range or worthy of the action he/she can perform

The speed with which he/she can do or perform an activity The harder the task a person can perform the greater is his/her intelligence and the more tasks an individual can do the more they do it the more the intelligence.

A psychologist by the name of Alfred Binet was entrusted with a charge of finding out the reasons of backwardness in children at a Monispor school in German. He came to a conclusion that the intelligence of a normal child develops without school education. He prepared a number of tests meant for measuring intelligence of children at each leverage and applied this to them.

He succeeded in standardizing his test. The standardization of the test was to educate them.

Some may only pass tests for their age whilst others may pass even tests of a higher age. These children are referred to be the above average children.

Still others may fail tests for their age range, they are below average. Binet used the intelligence Quotient (IQ) to measure intelligence. The intelligence Quotient is the ratio formed by dividing mental age, by chronological age and X by 100.

$$\text{IQ} = \frac{\text{Mental age}}{\text{Chronological age}} \times 100$$

A child with a mental age of 6 and chronological age of 5 will have an IQ of 120.

$$\begin{aligned}\text{IQ} &= \frac{\text{Mental Age}}{\text{Chronological}} \\ &= \frac{6}{5} \times 100 \\ &= \underline{\underline{120}}\end{aligned}$$

A child with mental age of 5 and chronological age of 10 will have an IQ of

$$\begin{aligned}\text{IQ} &= \frac{\text{Mental age}}{\text{Chronological age}} \\ &= \frac{5}{10} \times 100 \\ &= \underline{\underline{50}}\end{aligned}$$

7.5 Extremes of intelligence

You will now learn about the extremes of intelligence. Under this, you will look at mental retardation. What is mental retardation? Take 2 minutes and think about it and then do the following activity.

Activity 7.2

Write down the meaning of the word mental retardation.

Good attempt! Now compare your answer to the following definition of mental retardation

7.5.1. Mental retardation is also known as learning disability. It is defined as a state of arrest or incomplete development of the intellectual faculties evident from childhood. Mental retardation is also defined as an intelligence quotient of 70 percentile or less.

Classifications of Mental retardation

What are the classifications of mental retardation?

Mental retardation can be classified as follows:

- Mild mental retardation (IQ 55 – 70), 85%
- Moderate mental retardation (IQ 40 – 55), 10%
- Severe mental retardation (IQ 25 – 40), 3 – 4%
- Profound mental retardation (IQ < 25), 1 – 2%

Causes of Mental retardation

What are the causes of mental retardation?

The following are causes of mental retardation:

- Fatal alcohol syndrome
- Down's syndrome
- Prenatal maternal illnesses e.g. toxoplasmosis
- Childhood illnesses e.g. Central nervous infections, brain tumours, head injuries

Treatment for mental retardation:

- The children can be enrolled in special schools to improve adaptive functioning
- Treat underlying physical conditions
- Treat co – morbid psychiatric disorders like depression, anxiety and schizophrenia

7.5.2. Intellectual giftedness

Now you will look at intellectual giftedness. Let us begin with your understanding of this term intellectual giftedness. What is intellectual giftedness? Do the following activity.

Activity 7.3

Write down the meaning of the term intellectual giftedness

Well done! Intellectual giftedness may refer to an individual with a very high intelligence quotient. Such individuals develop much faster than their peers. They acquire an advanced language at a tender age. In a number of cases they may find themselves in higher grades than their peers.

7.6 Determinants of intelligence

What are the determinants of intelligence?

The following are the determinants of intelligence:

1. **7.6.1. Heredity** - The genes inherited from the parents can determine whether a person will be clever, dull or average.
2. **7.6.2. Environment** – It is believed that with adequate stimulation, the intelligence quotient can be shifted. The environment will help to determine whether a person will achieve his possible inherited maximum ability or not. For example, the school that one goes to may have a lot to do with how someone exploits his inherited abilities to the maximum.
3. **7.6.3. Gender differences in intelligence** – It is highly debatable whether males are more intelligent than females. It has been noted that the two genders have not been given equal opportunities to develop. The male gender seems to have been given more opportunities and therefore appears to be more intelligent than the female gender.

7.6.4. Racial differences in intelligence

4. It is found that white people generally superior in average IQ than the black one especially in those countries where white culture is dominant. It is argued that white people get richer environment than black people. Some have blamed that IQ test is developed by the whites who are socialized in cultural values and norms of white people (<http://visionapexcollege.blogspot.com> 2010/psychology).

We have come to the end of this unit. Let us review what we learnt in unit 7.

7.7 Summary

We have looked at intelligence as the capacity to understand the world, think rationally and use resources effectively when faced with challenges. We have also seen that intelligence can be measured and how to measure intelligence and looked at the extremes of intelligence. We further went on to look at the determinants of intelligence. Before, we move to our next topic, psycho-social counselling, you are going to do a self-test to see how much you have grasped in unit 7.

7.8 Self-Assessment Test

Indicate your answer by writing 'T' for True or 'F' for False.

1.Intelligence is the capacity to understand the world, think rationally and use resources effectively when faced with challenges.
2. .. The level of intelligence of an individual can be measured by the speed one can do or perform an activity.
3. ... Mental retardation is also known as learning disability
4. ... Severe mental retardation is when the intelligence quotient is (40-55), 10%
5. ... Hereditary is a determinant of intelligence.
6. ... Childhood illnesses such as brain tumours can cause mental retardation.
7. ... Profound mental retardation is when the intelligence quotient is less 25, 1-2%

7.8 Answers To The Self-Assessment Test

Answers: 1.T 2.T 3. T 4.F 5.T 6.T 7.T

Well done you have now acquired the knowledge in psychology that will enable you nurse your patients with minimum psychological problems because you will be able to handle these individuals.

UNIT 8: PSYCHO-SOCIAL COUNSELLING

8.1 Unit Introduction

Hello learner, welcome to our last unit 8, on psychosocial counselling. In this unit, it is prudent to define terms psychosocial and counselling separately in order to understand the concept psychosocial counselling according to the stated objectives and look at the principles of counselling. You will move on to look at the types and the process of counselling. In addition, you will learn about the counselling skills and the qualities of a counsellor. Furthermore, you shall look at support groups in counselling.

8.2 Objectives

By the end of this unit you should be able to:

1. Define counselling
2. Describe the principles of counselling
3. Explain the types of counselling
4. Describe the counselling process
5. Outline the counselling skills
6. Describe qualities of a good counsellor
7. Explain the concept of support groups

8.3 Definition of Psychosocial Counselling

Let us start with your understanding of the terms psychosocial, counselling and psychosocial counselling. What are they? Think about it for a minute and then complete the following activity.

Activity 8.1

Write down the meaning of the terms 'psychosocial' and 'counselling' in your notebook.

Good! Now compare your answer with the following definitions.

Psychosocial: relating to both the psychological and the social aspects of something. (Encarta®, 2009). Psychosocial refers to the interrelationship between individual thought and behaviour and social factors.

Counselling: help with personal or psychological matters usually given by a professional (Encarta®, 2009)

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. - <http://www.counseling.org>

Counseling is a process in which clients learn how to make decisions and formulate new ways of behaving, feeling, and thinking (Brammer, 1993; Egan, 1990).

Psychosocial counseling- is an interaction in which the counselor (helper) offers another person the time, attention, respect which is necessary to explore, discover, and clarify ways of living more resourcefully (Kara, 2001).

Delete this part as it has no use

8.4 Principles of counselling

Before we move on to look at the principles of counselling, let us start with your understanding of the term 'principle'. What is a principle? Do the following activity.

Activity 8.2

Write down the meaning of the term principle in your notebook.

Good! A principle is a general rule or belief that serves as a foundation for a system of beliefs.

Now you will look at the principles of counselling.

Counselling is the skill you need to obtain, that will help you manage your patients well, and especially that you have attained knowledge in Psychology. You need to understand and acquire the principles of counselling.

What are the principles of counselling?

The following are the principles of counselling:

- Uniqueness
- Neutrality
- Acceptance
- Flexibility
- Realism
- Empowerment
- Autonomy
- Mutuality

Let us now look at each one of them in turn:

- **a. Uniqueness**

This involves treating each client and the problem that they present as being different. It entails refraining from comparing clients and how they respond and adapt to different situations

- **b. Neutrality**

The counsellor has to maintain a non-judgmental attitude. She/he does not play the role of a judge but helper. This will encourage the client to freely express himself/herself freely.

- **c. Acceptance**

The relationship between the counsellor and the client should be empathic. The client should be regarded as a worthy person and treated with dignity. The counsellor should continually emphasize an attitude of positive regard for the client.

- **d. Flexibility**

When dealing with the client, handle him or her and proceed as though he/she is right the way he or she comes out, presents his/her story and how he/she intends to sort out his/her problems.

- **e. Realism**

Be objective as you help out the client set his goals. Be mindful of his/her of his capacity and identify his/her limitation and work within this context.

- **f. Empowerment**

The counselling session should be structured in such a way that it equips the client with skills to handle his/her problems competently. The client should come out of the session with confidence to handle future problems independently

- **g. Autonomy**

During the counselling session, show that you believe in the client as someone who is independent and has the capacity to handle and fix his or her problems. The client should be treated as someone with the ability to take responsibilities for his choices, decisions and actions.

- **h. Mutuality**

Counselling is a shared and sharing responsibility. Demonstrate that both the counsellor and the client have a role to play in sorting out the problem at hand.

Checkpoint Question.

Indicate 'T' for True and 'F' for false to the following responses;

1. Unique entails refraining from comparing clients and how they respond to adapt to different

situations.....

2. Mutually encourages the client to freely express himself.....
3. Acceptance regard client as worth and treat with dignity.....
4. Autonomy is treating someone with the ability to take responsibilities for his choices, and decisions...

Answers. 1T) 2 F) 3T) 4.T).

NB. ASSIGNMENT

Client M has come to you saying she wants to terminate her studies because she feels she cannot go on any more with her studies, because she does not know why she keeps on failing her tests and examinations.

You are to prepare for a counselling session for miss M Read on:

- a. Types of Counselling and b. counselling process..

The assignment will help you understand preparation for counselling and subsequent lessons on counselling. You can compare your work with what is discussed in coming lessons.

8.5 Types of counselling

The following are the types of counselling:

- Client centered
- Directive counselling
- Problem solving
- Cognitive behavioural counselling
- Psychodynamic counselling
- Crisis counselling

Let us now discuss each one of them in detail:

1. Client centered

This approach is widely used. It was first used by Carl Rodgers in 1951. Carl Rodgers noted that clients were better placed to decide and find solutions for themselves. The client centered approach presumes that a client in need goes to the counsellor to be helped. In order to be helped, the client needs to know that the counsellor understands them and how they feel and accepts them completely. The client must know that whatever the counsellor's own feelings about him/her, the counsellor must accept as he/she is. The counsellor accepts the client's right to his/her own life.

2. Directive counselling

It involves making decisions, suggestions or offering advice to the client. This is no longer a popular approach to counselling. However, it can be used in limited number of situations e.g. newly diagnosed diabetics.

3. Problem solving

It operates on the premise that the client's problems are caused by everyday problems. If problems are resolved, symptoms will disappear. Problems are solved using problem solving techniques. The stages of problem solving are listed below:

- Explanation of therapy and formulation of the problem list
- Clarification and definition of problem
- Setting achievable goals
- Generating solutions
- Choice of preferred solutions
- Implementing of preferred solutions
- Evaluation.

4. Cognitive behavioural counselling

It is aimed at changing the thoughts, beliefs and behaviours of a client. It is highly structured looking at specific problems and aims to enable a client learn skills to help him/her deal with present and future problems.

5. Psychodynamic counselling

It emphasizes social development associated with individuation and the family life cycle. The task of the counsellor in this approach is to encourage the client to talk about his difficulties and reflect on them as they may have come from childhood traumatic experiences. Psychodynamic counselling may also incorporate problem solving and behavioural experiments.

6. Crisis counselling

This is a short and active intervention. It is based on sound assessment of the situation which include family, patient, social network, nature of the stressor, severity of the response of risk and available coping resources including external support. The task is directed at helping the client redefine the challenges and mobilize resources for its resolution.

8.6 The counselling process

Before going through the process of counselling, attempt the following question.

IN TEXT QUESTION

What is the counselling process?

Well done, now compare your response with the following;

The process of counselling is as follows:

1. Establish rapport and structure.
2. Greet the client. Find out their name, what they do, and where they come from. Initiate a conversation on neutral topics before asking them to tell you why they have come to see you. Introduce your service e.g. tell them you are a marriage counsellor, HIV counsellor
3. Gather data about client and identify their problems – what is the client's problem of concern and what is his strength and weakness.
4. Determine outcome (what do we want to happen)
5. Generate solutions (what shall we do to bring an end to the presenting problems?) The outcome of this stage is aimed at allowing the client to identify as many solutions as possible, protect the consequences of each solution and finally set priorities of these solutions.
6. Solution application and termination.

In this final stage, the client has the responsibility for applying the determined solution. The counsellor must encourage the client to implement the agreed solution to the problem. While the client is actively engaged in applying the problem solution, the counsellor will often maintain contact as a source of follow up support encouragement. But once the problem has been dealt with to the extent possible and practical, the process must be terminated. The client has the rights to terminate the process any time. The counsellor will normally give some induction that "I think the next session should be the last one as we seem to have addressed all the concerns". We can conclude by summarizing the main points of the counselling process. The counsellor will usually leave the door open for the client to return if need arises. However, because counselling is a learning process, there is hope that the client has not only learned to deal with the

presenting problems, but also learned problem-solving skills that will decrease the probability of the client's need for further counselling in future.

8.7 Counselling skills

Firstly let us start with the basics, what is your understanding of the word skills? Take a moment and think through and then complete the following activity.

Activity 8.3

Write down the meaning of a skill

Good! Well done. A skill is the ability to do something well.

Now we move on to the counselling skills. What counselling skills do you know? Do the following activity.

Activity 8.4

Write down the counselling skills that you know

Very good! The following are the counselling skills.

- **Attending skills**
- **Listening skills**
- **Probing/Questioning skills**
- **Empathy skills**
- **Challenging skills**
- **Paraphrasing skills**
- **Reflecting skills**

Let us now look at each of counselling skills in detail:

a. Attending skills

These involve such elements as friendliness, courtesy, eye contact, relaxed postures, body language and vocal tones. Attending skills also encompasses commitment to time and contractual obligations, and how the counselling room is arranged. These skills are helpful in making the client feel at ease and relaxed.

b. Listening skills

Listening is used to gather information about the client. It is a tool that involves getting the actual words of the client and also involves listening to the mood, the feelings and the underlying messages that are conveyed through the actual words that the client uses.

c. Probing/Questioning skills

This skill involves coming up with the right questions in order to elicit and capture as much information as possible. Open ended questions will be more useful because they will permit the client to express himself fully. If the questioning skills are poor, the counsellor will fail to establish the problem clearly.

d. Empathy skills

Empathy is a form of communication which involves listening to the client, clarifying his concerns and communicating this understanding to the client. This helps the client to discover new meaning and perception in relation to his situation. A great deal of the discussion in empathy centres on the kind of observing and listening needed to develop an understanding of the client and his world. It involves entering another person's perceptual world.

e. Challenging skills

A challenge is an invitation to examine internal and external behaviour that seem to be self-defeating, harmful to others or both. It is aimed at helping the client develop new perspectives to his situation.

f. Paraphrasing skills

A paraphrase is a verbal statement that is interchangeable with the client's statements. The words may be different but the meaning is retained. In other words the counsellor repeats back the essence of the client's main words and thoughts.

g. Reflecting skills

Reflecting refers to the counsellor's ability to communicate his/her understanding of the client's concerns and perspective at an emotional level. It demonstrates that the counsellor is able to follow through what the client is saying and feeling.

Checkpoint Question

Match the following counselling skills in COLUMN 1 with their meaning in COLUMN 2

COLUMN 1

1. Attending
2. Listening...
3. Probing
4. Empathy
5. Challenging
6. Paraphrasing
7. Reflection

COLUMN 2

- A. To elicit as much information as possible
- B. To repeat clients main words and thought
- C. Listening to client clarifying his concern
- D. Examining behaviour that seem to self- defeating.
- E. Ability to communicate clients concern
- F. Involves friendliness, courtesy, eye contact
- G. used to gather information about client

ANSWERS. 1F. 2G. 3A. 4C. 5D. 6B. 7E.

8.8 Qualities of a Counsellor

Now you will look at the qualities of a counsellor. Let us start with your understanding of the word quality. What does quality mean? Take a moment to think through and then do the following activity.

Activity 8.5

Write down in your notebook the meaning of the word 'quality'

Good! We hope you said that quality is the degree of excellence of something.

Now we will move on to look at the qualities of a counsellor. What qualities should a counsellor have? Think about it for a minute and then complete the following activity.

Activity 8.6

Write down the qualities of a counsellor in your notebook.

Well done! Now compare your answers with the qualities in the following discussion.

A good counsellor should have the following qualities:

- **Responsibility:** counselling is an enormous task. For a counsellor to function well and effectively, a high sense of commitment and responsibility is essential.
- **Reliability:** a counsellor must be truthful and honest. She should be able to hold reasonable control over her emotions. She should be someone who is dependable and be considered as such by the client and the community at large.
- **Humility:** the counsellor must be in a position to acknowledge her own limitations. It is not possible for a counsellor to handle all the problems competently. She should be ready and willing to refer the clients that she cannot handle competently.

- **Intelligent:** a good counsellor uses her intellectual capacity to the fullest. The counsellor must be eager to learn and acquire different skills. This will enable him or her to see problems in their right perspective and help or give appropriate advice.
- **Confidentiality:** the counsellor should not divulge information about the client without permission. Information should be kept strictly confidential. This helps the client to trust the counsellor and be ready to share sensitive information that may be helpful in solving the client's problems.
- **Professionalism:** counselling carries with it professional responsibilities. Good conduct and appearance is important for the counsellor's own physical and mental health. This causes the counsellor to be respected and valued by the clients.

8.9. Support Groups

What are support groups?

Support groups refer to groups that are formed by people undergoing similar problems with a view to sharing ideas on how to overcome the challenges that they face. Support groups are beneficial because the members have a sense of belonging. The members feel free to share their problems with each other and develop coping strategies. The help from support groups is meaningful because it comes from people who have gone through a certain problem. The solutions are based on practical experience. The counsellor can provide technical support and guidance and help out in the initial organization of the support group.

You have now come to the end of our final unit in our course, psychology and nursing. Let us review what you have learnt in this unit.

8.10 Summary

We have defined counselling as a skilled and principle use of relationship that develops self-knowledge, emotional acceptance and growth, and personal resources. We went on to look at the principles of counselling and the types of counselling. In addition, we have looked at the counselling process and the skills a counsellor should have. We also learnt about the qualities of a counsellor and support groups. You are now going to do a self-test so as to be able to know how much you have learnt in this unit.

Self –Assessment Test.

Multiple Choice QUESTION.

Encircle the most appropriate answer.

The following are qualities of a Counsellor EXCEPT;

- A. Attending
- B. Professionalism
- C. Confidentiality
- D. Intelligent.

ANSWER. A.

Well done. You can now go to your last topic support groups.

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