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PSYCHOLOGY

Class-XII

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FOREWORD

Psychology is a growing discipline and psychologists play a significant role in the field of general health. Knowledge of psychology is as important as its applications in various walks of our life. This book is an earnest attempt in this direction. I am extremely delighted in presenting this text book entitled **Bureau's Higher Secondary Psychology, Class - XII** for the Higher Secondary students of psychology, published by the Odisha State Bureau of Text Book Preparation and Production.

I sincerely acknowledge with gratitude the contributions of **Dr. Kalyani Mishra** and **Dr. Ajoy Kumar Das** in fulfilling our dreams of bringing out this book to the lime light, Especially I am thankful to Dr. Kalyani Mishra for her initiative, commitment and support not only in writing chapters, but also in taking all the pains of reviewing and editing the entire book. Both the authors have done a commendable job and completed this book in time and with enthusiasm.

I also express my gratitude to the Govt. of Odisha and the Chairman, CHSE, Odisha, without whose support we could not have ventured to shoulder this responsibility. The Bureau is grateful to all the members of the Syllabus Committee in Psychology of CHSE for recommending this book as the prescribed textbook in psychology for Higher Secondary students.

I am very much hopeful for the success of this book and confident that this book will cater to the needs of both the teachers and the students of not only the CHSE Board, but also to the students and teachers of other Boards as well.

Umakanta Tripathy
Director
Odisha State Bureau of Textbook
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PREFACE

The present volume of the Bureau's Higher Secondary Psychology, Class - XII is designed in a novel way as per the revised syllabus to be introduced from the current session 2017. The formulation of this newly designed syllabus is a bold initiative taken by the higher academic authorities and the members of the Board of Studies (BOS) of the Council of Higher Secondary Education (CHSE), Bhubaneswar. The authorities have realized incorporating relevant chapters keeping in view the demand of the present situation and the competitive atmosphere prevailing everywhere.

This book is a combination of nine different chapters and each chapter is unique from the point of view of not only gaining understanding about important phases and aspects of our life, but also for applying this knowledge in changing our attitude, behavior, personality pattern and life-style, in particular.

Enhancing human potential is a universal concern for all involved in the issue of human development. In psychology, it is being approached through various developmental theories, research applications and practices all over the world in order to make this discipline more demanding and fulfilling.

The present publication is a milestone in the area of human potential enhancement and development movement. It spans across a vast array of selected subjects that carries great significance in our daily lives. Beginning with the knowledge of the creation of a human being to the knowledge of the self personality formation and change, meeting life-challenges through adequate stress management, learning the skills of developing pro-environment behavior, developing leadership abilities, understanding the basic counselling skills, developing knowledge about various psychological disorders along with therapeutic interventions and importance of statistics in psychological research, everything, has been elaborated in a lucid way. However the authors do not claim originality except in the matter of putting, arranging and designing the facts. Any text book in psychology cannot be written without facts, research evidences and references. However, the authors have put their best efforts to fulfill the aspirations of the students and teachers.

The authors owe their responsibility for any error or mistake in the book that might have crept in inadvertently in this volume. We would sincerely appreciate receiving feedback from the teachers, students and the general readers for making further improvement in the quality of the text.

The authors sincerely acknowledge the encouragement and support they received from the Director and Deputy Directors of Odisha State Bureau of Textbook Preparation and Production. Their thanks are also due to the Secretary, and all the staff member: of the Bureau.

Dr. Kalyani Mishra
Dr. Ajoy Kumar Das

CONTENTS

❖❖❖

Chapter - 1

LIFE-SPAN DEVELOPMENT

C O N T E N T S

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This Chapter Covers :

i) Meaning of development - Life-span perspective

iii) Principles and characteristics of development.

iii) Stages of Development :

      a) Prenatal

      b) Infancy

      c) Baby hood

      d) Childhood,

      e) Adolescence

      f) Adulthood

      g) Old Age

After going through this chapter, you would be able to :

❖ Understand the meaning of the term development from a life-span perspective.

❖ Have thorough knowledge about the principles and characteristics of development.

❖ Have an idea about different stages of our life-span and the related changes taking place stage-wise.

❖ Understand the important role played by maturation, learning, heredity and environment in the process of development.

❖ Understand life's journey in the most systematic way to use this knowledge intelligently.

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Chapter - 1
LIFE SPAN DEVELOPMENT

Introduction

Development is the foundation of human life. The creation of a new life in the mother's womb is no less than a miracle. The whole structure of the human body, its networking system and functions are not only surprising but also fascinating. The beginning of human life, its inside journey of long nine months in the uterus is very crucial in understanding the complex process of development. This stage is known as the prenatal stage of development. A thorough knowledge about the process of development, both prenatal and post-natal also helps us in monitoring, regulating and controlling the irregularities and abnormalities arising in many stage life across our life span.

Meaning of Development : Life-Span Perspective

Developmental Psychology is one of the vital branches of Psychology. It studies and focuses upon various aspects of human development. Development is a continuous process in life. The process of devlopment does not start with the birth of the new born infant. Life begins at the time of conception, i.e. the fertilisation of the ovum and the sperm in the mother's womb. The scope of developmental psychology is much wider when we compare it with the scope of child psychology. The process of development is a systematic one and because of this, it has predictable characteristics.

Development progresses through different stages in a systematic and orderly way. It never stops at any particular point of time. However, the speed and rate of devlopment. may be different for different child, but, the serial order of the stages never change. For this reason, it can be said that, the process of development of a human child is an universal one irrespective of caste, creed, religion, culture, place or geographical conditions. The study of factors leading to conception, birth

and growth along with those factors that causes decline, are included under the wider scope of developmental psychology.

Development involves 'change'. Life span development means study of all the developmental changes covering the life span from the moment of conception till death. This gives a complete picture of the process of growth, development and decline.

According to E. Hurlock, the term devlopment. refers to a "progressive series of changes that occur as a result of maturation, learning and experience." According to van, den Daele, "development implied qualitative change" which means devlopment is a complex Process of integrating many structural as well as functional mechanisms. From conception till death, change takes place constantly in relation to physical and psychological capabilities. One interesting feature marked by the developmental psychologists in relation to the process of change in development is that, in the early years of life, **growth** predominates while in the later part of life. **decline** or decay predominates. As pointed out by E. Hurlock, 'growth' can be named as **evolution** where as **decay** can be called as i**nvolution.** These may be conceived as two essentially antagonistic processes taking place in development simultaneously throughout our life. According to Bower, "development is a cyclic process with competences in developing, then disappearing, only to appear at a later stage".

All these indicate that the process of development is a systematic, orderly and coherent one, continuing in a progressive manner, thus giving and showing a pattern which are predictable. According to Fredman(1944), "Developmental pattern has predictable characteristics". Because of this, it is easy to predict the possible pattern of behaviour expected of any particular age or stage on the basis of which detection of any deviation or abnormality can be easily noticed. According to Hurlock "the transformation process by which a fertilized egg-cell develops into an adult organism is called development."

Many factors influence the length of the life span of an individual. It is also impossible to predict how long a particular individual will survive. However,

regardless of how long or how short the whole life span is, it is generally subdivided into stages which is characterized by specific behavioural characteristics. These stages of life span can be broadly explained under the following headings:

i)   Prenatal stage

ii)   Period of Infancy

iii) Babyhood

iv)   Childhood stage

    a)   Early childhood

    b)   Late Childhood

v)   <u>Adolescence</u>

    a)   Preadolescence

    b)   Adolescence

    c)   Late Adolescence

vi)   Adulthood

vii) Middle Age

viii) Old Age

Each stage is accompanied by some special characteristics typical of that age. Even though all individuals are different, they certainly follow definite and predictable patterns of development that are similar to all. Developmental psychology acquaints us with the nature and principles of various types of development i.e. physical, mental, social, emotional etc. The successive changes that occur from time to time in these types are studied in detail in developmental psychology.

Growth and Development

As observed, most people use both the words synoymously. But, developmental psychologists have pointed out the basic differences that exist between them. They can be explained as follows :

i)   Growth refers to **quantitative changes** where as development refers to **qualitative changes.** As for example : changes in size and proportion. Changes in height, weight and body circumference etc. are coming under quantitative changes where as qualitative changes refers to changes in behaviour mental maturity, emotional stability, personality patterns and overall response pattern of a person that usually gets refined day by day.

ii)   Changes in growth continues upto a certain period after which it is arrested. Usually, it continues at a faster rate till attainment of maturity after which

no increment is observed where as development is found to be a continuous process in life. It begins from the time of conception and continued till late adulthood after which it deteriorates gradually.

iii) Change in quantity is directly observable and measurable where as qualitative changes is often difficult to mark without making continuous and careful observation.

iv) Even if the dimensions of growth and development are different from a developmental perspective, still then, they are related to each other as growth is often accompanied by development in a qualitative direction. This shows that without adequate growth, development is bound to be affected. Hence, devlopment. involves dynamic and sequential change.

The following descriptions explain the terms growth and development in its exhaustive form :

Types of changes in Development

As development progresses in a systematic and sequential order, it becomes easy to notice the changes externally and if required, some of these changes can be measured also. As pointed out by the developmental psychologists, even if the pattern of development is similar to all, still then, **individual difference** is often observed. However, it is a fact that development involves change. These changes can be classified into four major types which include the following :

    i)   Changes in Size
    ii)   Changes in proportion
    iii)   Disappearance of Old Features
    iv)   Acquisition of new features

i)   **Changes in Size :** The first noticeable change in the process of development is that of change in size. As the infant grows older, it is most often accompanied by changes in height, and weight which can be externally observed and simultaneously it can also be measured. These changes are both external and internal. With the increase in size of the external physical

features, the internal organs of the body also increases in size even if not with equal proportion. These measurable increase in size is often followed by other qualitative changes in the baby. The ability to perceive, to understand, to learn and to remember etc. also increases with each passing year. Language development becomes more prominent along with other developments.

ii) **Changes in Proportion :** The second type of change is that of changes in proportion. Changes in size should be accompanied by changes in proportion. Other wise, the shape of a human child will not appear neither a systematic one nor that of a structured one. As for example : changes in height must be accompanied by changes in body circumference. Changes in physical growth should be proportionate with changes in the mental development of a child. The process of development proceeds in such a way that automatcally 'balance' is maintained. Of course, exceptions are always there where genetic factors might play an important role. But, under normal conditions, the process of development follows certain developmental directions in relation to physical growth which is often accompanied by adequate mental growth. Because of this, we find a consistent improvement in the sphere of mental development along with increase in age.

iii) **Disappearance of old features :** With increase in age certain physical features gradually disappears like baby teeth, baby hair etc. Along with it, the thymus gland located in the chest and the pineal gland located in the base of the brain disappears gradually. Apart from this, some other bodily characteristics like Babinski reflex, baby form of talk and movement also disappears as the baby grows older.

iv) **Acquisition of new features :** With the disappearance of some of the old features, some new features develop to compensate the loss. As for example: appearance of the first and second set of teeth, new hair etc. The child, then, acquire some new physical and mental characteristics which are the result of the effect of both maturation and learning. To be specific,

these include-refinement in language, the idea of sex differentiation, development of morality in behaviour and imitation of elder members in the family.

These are the four major types of change that occur in the child with increase in age. Such developments takes place with each and every child irrespective of differences in geographical locations.

The main goal of developmental changes is to enable the child to adjust to their surroundings in which they live. Developmental psychologists believe that the pattern of change closely resembles to a bell-shaped curve, i.e. rising suddenly at the beginning and then flattening out during the middle years of life and then showing the decline slowly or abruptly in old age. This pattern of change usually maintain its nature.

Principles and Characteristics of Development

Development is a continuous process in life. It never stops at any point of time in the life of an individual. Development proceeds through different stages in a systematic, orderly and coherent manner. Such changes are both physical and psychological in nature. Even if such changes are taking place constantly, most of the people usually do not pay attention or give importance to it. If we really want to know and understand the process and the pattern of development, certain fundamental facts must be taken into consideration. Because, these facts provide a clear view of the entire process of development starting from the point of conception till the death of the individual.

There are ten fundamental principles of development which can be explained as follows.

    i)   Development is continuous.

    ii)   Develop involves change.

    iii)   Developmental pattern is similar to all.

    iv)   Development proceeds from general to specific.

    v)   Development progresses at different rates.

vi)   Individual difference is observed in the process of development.

vii) There is correlation in development.

viii) Development proceeds through different stages/periods.

ix)   Development follows law of developmental directions.

x)   Developmental pattern is predictable.

xi)   Development is the product of both maturation and learning.

xii) There are social expectations for each stage of development.

xiii) Early foundations of development are more critical than later periods of life.

i)   **Development is continuous**

Development is a continuous process in life. Life begins from the moment of conception and ends with the death of the individual. Throughout this period, the process of development continued at different rates-sometimes rapidly and sometimes slowly. This continuity is the most important feature of the process of development. Any irregularity, noticed at any stage of development, is due to the effect of many external and internal factors. However, such factors, cannot stop the process of development. The continuity of development in a child is clearly visible externally. Starting from physical growth to vocabulary development and development in the mental sphere, there is clear indication of the continuity in development.

ii) **Development involves change**

The process of development certainly involve many changes. These changes are both external as well as internal. External changes like changes in height, weight or body circumference are observable while internal changes i.e. changes in the heart, lungs, stomach, thickness of the bones and of some other structures are not directly observable. As pointed out by Developmental psychologists, four types of change takes place in the child, i.e. changes in size, proportion, disappearance of old features and finally acquisition of new features. Likewise, changes also takes place at the mental level, more specifically in relation to

perceptual ability, vocabulary development, thinking and reasoning abilities, creativity etc. So, development involves both qualitative and quantitative changes.

iii)   Developmental pattern is similar to all

The pattern of development is common to all children irrespective of differences in social, cultural and geographical conditions. As for example: each baby creeps, crawls, sits and puts efforts to stand before walking. Not a single step is omitted during this process of development. This is equally applicable to each and every baby whether he/she is intelligent or dull, poor or rich etc. This pattern helps us to know what are the serial steps of development in a baby that occurs one after another. There may be difference in relation to the speed of this pattern. But, overall, each baby is bound to pass through all these stages of development.

iv)   Development proceeds from general to specific :

In the beginning, the baby responds to the external surrounding in a general way. This principle is applicable to both physical and mental development. As for example, in the beginning, the baby tries to move his/her whole body at a time after which it takes specific forms like creeping, crawling, sitting, falling down many times while trying to stand up and then to walking. In the similar fashion, all the babies make **cooing** sound, then **babbling** sound and so on and so forth before they are able to speak clearly. Initially a baby say pa.....pa.....pa, ma.....ma.....ma, in general, then, by looking at the mother and father individually saying either papa or mama etc Hence, at the initial stage, all the activities of the baby are indicated in a generalized form and later on, it is expressed in specific form. This tendency is observed in the realm of emotional development also, starting from showing general excitement to showing more specific forms of emotional expressions like fear, anger, love etc.

v)   Development progresses at different rates

As observed, the rate of development is not the same for different parts of the body. Because of this, the process of development do not take place uniformly

in different parts of the body. As the process of development is a systematic one, change in size is usually followed by changes in proportion. Otherwise, human features could have taken a very peculiar form. This can be called as the magic in the process of development. Development of each and every part of the body automatically stops at a particular point after which no further growth occurs. However, development is fast during the first fifteen to twenty years of life like from the moment of conception till the attainment of sexual maturity and four to five years even after that. This process continues till late adolescence and thereafter the speed of development becomes slow. Hence, rate or speed of development is sometimes fast and sometimes slow. According to van den Daele, "development implies qualitative change". This means development does not consist merely of adding inches to one's height or of improving one's ability. In stead, it is a complex process of integrating many structures and furnctions.

vi) **Individual Difference is observed in the process of development**

Another principle of development implies that all individuals are different. As pointed out by Dobzhansky, "Every person is biologically and genetically different from every other", even in the case of identical twins. There is also strong evidence which indicate that the differences increase rather than decrease as the child grows older and older. According to Neugarten, "Adults are not only more complex than children but they are more different from one another, and increasingly different as they move on from youth to extreme old age". This factor of individual difference is very significant because they are the determining factors deciding one's individuality and personality make up. Practically speaking this factor of individual difference indicate a child's uniqueness.

vii) **There is correlation in development**

the process of development definitely indicate positive correlation between physical and mental development. In a normal child, a proportionate balance is miaintained between these two types of development. With increase in age, there is physical growth which is visible to every body. Along with it, there is also development in the mental abilities of the child. Because of this correlation, it is

possible to predict what is the pattern of development, both physical and mental, that is expected of any particular age. In case of mentally retarded children, such correlation is not present. There is a breakdown in maintaining the right correlation. Otherwise, each and every normal child exhibit equilibrium between their physical growth and mental development. This is a clear indication of the fact that the process of development is not a half-hazard one, rather, it is a systematic and orderly one.

viii) **Development proceeds through different stages/periods**

As observed, the pattern of development is similar to all children. Life starts from the moment of conception and ends with the death of the individual. Throughout this journey of life, each and every child is bound to pass through several stages of development that are common to all. Under no condition, the order of these stages are altered. The following are the detailed description of these stages of human life.

a) **Prenatal Period :** From conception to 280 days.

b) **Infancy :** From birth to two weeks.

c) **Babyhood :** From third week to two years.

d) **Childhood : a) Early Childhood :** Three to six years.

   b) Late Childhood : Seven to twelve years.

e) **Adolescence : Pre-adolescence :** Ten to twelve years

   Middle Adolescent :

Thirteen to Sixteen years

Adolescence : Seventeen to Twenty one years.

f) **Adulthood : Early adulthood :** Twenty two to Thirty years.

   Middle Age : Thirty to Fifty five years.

   Late Adulthood : Fifty five to Sixty five Years

g) **Old age :** Sixty five years to death.

ix) **Development follows laws of developmental direction**

Another important principle of development is that it follows a definite and predictable pattern. According to E. Hurlock. development follows the **laws of developmental direction**. There are two different laws and they are :

     i) **Cephalocaudal law**
     ii) **Proximodistal law**

The first law states that development follows the pattern of head to foot order of succession or continuation where as the second law states that development progresses from the centre to the periphery i.e. from the trunk to the extremities. No research evidence have indicated the fact that each child follow his own individual pattern of development. Rather evidence point to the fact that the rate of development varies from individual to individual.

x) **Developmental pattern is predictable**

Because developmental pattern is predictable, it is possible to predict what a child can do at a given age and accordingly to plan their education, and provide them adequate training to fit into this pattern. In addition to this, if developmental pattern were not predictable, it would be impossible to plan ahead or to prepare well for any period in the life span. According to Hurlock, since most of the traits are correlated in the process of development, it is possible and rather easy to predict the changes that will happen at different stages of life. Today, medical science has developed to such a great height that just by examining the internal body conditions, organs, tissues and cells, they can predict their period of longivity and simultaneously can also take steps to improve and protect them.

Another important advantage is that because developmental pattern has predictable characteristics, we can easily predict the series of developments that are associated with each and every stage of life. Along with it, we can also asses the level of physical growth as well as mental development that is appropriate to that age and on the basis of which if there is either slight delay or a definite delay in the natural process, preventive measures could be taken at right time.

xi) **Development is the product of both maturation and learning**

Role of maturation and learning is very important in the process of development. They play a very powerful role in determining the rate of physical and mental development. Maturation means unfolding the individual's inherent traits. For example : the activities such as creeping, sitting and walking - development comes from maturation.

Learning refers to the acquisition of knowledge and skill in various fields. Learning is development that comes from practice, effort and excercise on the part of the individual. As for example : driving a car, swimming, dancing, playing football, writing, painting and drawing etc.- Maturation provides the raw materials for learning, creates the conditions to acquire knowledge and skill and finally determines the more general patterns and sequences of behaviour. Hence, maturation and learning are the real cause of development. Maturation practically sets the limit beyond which development cannot progress, even with the most effective learning methods and highest level of motivation on the part of the learner. According to Hurlock, **developmental readiness** determines the real time of learning. "Readiness to learn" is the prerequisite for acquisition of any knowledge or skill. Hence, both maturation and learning are equally important in the process of development.

xii) **There are social expectations for each stage of development**

Each stage of development is characterized by its own prominent characteristics. With each passing stage, the child shows more matured forms of behaviour as well as understand his approved pattern of societal behaviour. The foundation for personality formation is laid during the first five to six years of a child's life. In this context, the process of socialization is very important. Parental training plays the most powerful role in helping children to behave in socially appropriate ways. Because, our society expects specific pattern of behaviour from children and adolescents that is appropriate of their age group. If, there is any deviation, they are also cautioned to stick to that. It is true that adjustment to a new situation is usually difficult for any child. But, preparing the child to be cognizant

of all those requirements and expectations will naturally make them more comfortable to, at least, in accepting the approved patterns of behaviour. Every social and cultural group expects its members to function in certain specific ways at various age levels. Non-adjustment and non-acceptance, may create major problems in life making the individual emotionally unstable.

xiii) **Early foundations of development are more critical than later periods of life**

The entire process of development reflect the specialities of each stage or phase. Each stage is characterized by 'change', both in a qualitative as well as in a quantitative direction. But, why the early periods in the life of a child is more critical? It is because, the foundations of the personality development are laid during the first five to six years of life. These years are also called as the **formative years** in a child's life. The child's perception, attitudes, habits and patterns of behaviour are formed and shaped during these early years of life. This, in turn, determine to a large extent, how successfully they can adjust themselves with different situations in their later years of life as they grow older.

According to Hurlock, early foundations are likely to be persistent . We all also believe in the saying that "morning shows the day". What a child will become in future , his attitude and behavioural characteristics will definitely reflect that. According to White, "the foundations laid during the first two years of life are the most critical". He emphasized the fact that the origins of human competence are to be found in a critical period of time between eight and eighteen months. He had also mentioned that the child's experiences during this time span do more to determine future competence than at any other time, before or after. In this context Erikson's view point also stated that babyhood is the period to learn general attitudes of trust or mistrust, depending on how the parents satisfy their child's need for love, care, attention, food etc. Their attitudes, he believes, remain more or less persistent throughout life and exert a very powerful impact in determining their subsequent perceptions of people, environment and situations.

However, this does not mean that these attitudes and perceptions will not change. They are changeable, but with special effort.

These are the basic principles of development which provide sufficient knowledge about the process and pattern of development. Analysis of these principles makes us aware of the following facts :

i)   Different type of changes takes place at different age level and within the approximate time period.

ii)   The possible causes behind these changes, both physical and mental.

iii)   How these changes influence human behaviour.

iv)   Whether predicting corresponding changes in behaviour possible ?

v)   Whether these developmental characteristics are specific to individuals or they are universal?

vi)   What are our common traditional beliefs about individuals at all ages.

Stages of Development

Development, as the term indicate, implies qualitative changes in behaviour and abilities. Each individual passes through a succession of developmental stages that are common to all. All cultures divide the life span into different periods or stages. Regardless of how long or how short the total life span is, it is generally subdivided into some stages or periods. Each stage is characterized by certain behavioural or developmental characteristics. Failure at any particular stage adversely affect later stages. Unless the problems are solved in time, it may lead to poor adjustment, immatured behaviour and other related problems. Each stage of development is very crucial keeping in view the physiological and psychological changes it brings with it. Hence, it is very important to understand the developmental characteristics of each and every stage.

Table : 1.1

Stages of Development in our life-span

S.No.	Developmental Stage	Duration of the stage/period
01	Prenatal stage :	From conception till Birth
02	Period of Infancy	From birth to First 2 weeks
03	Period of Babyhood	From 3 weeks to 2 years
04	Period of Childhood : i)　Early childhood - ii) Late Childhood -	From 2 years to 12 years 2 years to 6 years 6 years to 12 years
05	Period of Adolescence	From 12 years to 22 years
06	Period of Adulthood : i) Early Adulthood - ii) Middle Adulthood - iii) Late Adulthood -	From 22 years to 60 years From 22 years to 30 years From 30 years to 55 years From 55 years to 60 years
07	Old Age	From 60 years to death

Stages of Prenatal Development

Name of the Stages	Duration	Major Development
Period of the Ovum/ (Germinal Period)	0 to 2 weeks (Two weeks)	Fertilization Cell Division & Implantation
Period of Embryo/ (Embryonic Period)	2 to 8 weeks (Six weeks)	Formation of Placenta, Umblical Cord, Amniotic Sac, Formation of the Nerrous System, Respiratory System, Circulatory System, Reproductive System, Formation of all the structures of the body in a rudimentary form.
Period of the Fetus	8 to 40 weeks (32 weeks)	Further Growth and development of all the already formed structures in the Embryonic period, Paving the way for the natural birth of the baby. Each stage of development is very crucial keeping in view the physiological and psychological changes it brings with it. Hence, it is very important to understand the developmental charac-teristics of each and every stage.

i)   Prenatal Stage

This period starts from the moment of conception and continues to about approximately 280 days or 40 weeks. Human life begins with the union of a male sex cell and a female sex cell. Conception takes place when a female sex cell-"ovum" is fetilized by a male sex cell - spermatozoa. This period is characterised by a period of rapid growth and that too, to such an extent that when the infant is born, there is approximately two billion cells in his/her body. the size also increases from the size, i.e., smaller than the head of an alpin, to a size of approximately eighteen to twenty inches long. How this stage progresses, is of great importance to all of us. This period is characterized by six major factors, each of which exert quite a strong impact upon the development of the foetus. These include the following :

a) The mechanism of hereditary transmission or the hereditary endowment act as the foundation for the later growth and development of the fetus. Its effect is fixed and no force, external or internal can change it.

b) The pregnant mother's mental and physical condition, play a very significant role in fostering as well as in arresting the growth and development of the fetus.

c) The sex of the new life is fixed at the time of conception and it is not affected by mother's physical or mental condition.

d) Growth of the fetus is very systematic and rapid during the prenatal stage in comparision to any other stage of development of a human child.

e) The entire prenatal period is considered to be very important from the point of view of providing a very safe and favourable environment to the fetus. This period is full of unexpected hazards which needs extra care and caution.

f) Attitude of the parents, especially that of the mother towards her pregnancy is very important in determining not only the mental health of the mother, but also in deciding the mental health of the fetus in later years. Research investigation has already proved this.

All these characteristics of the prenatal stage makes it more complicated and important. Because of this, the expected mother is required to be careful in each and every step of her life as she has to shoulder the prime responsibility of rearing up her baby in her own womb.

How Conception Occurs :

Conception marks the beginning of human life. A new life begins with the union of a male sex cell and a female sex cell. These sex cells are developed in the reproductive organs - the gonads. Spermatozoa are produced in the male

gonads, the testes - while the female sex cells, the ova, are produced in the female gonads, the ovaries.

There are some of the similarities as well as differences between the male and female sex cells. They are similar in the sense that they contain "Chromosomes". There are 23 chromosomes in each matured sex cell and each chromosome contains genes, which are the true carriers of heredity. There are approximately 3,000 genes in each chromosome and they are passed on from the parents to the offspring. But, what is the difference between the male and female sex cells? There are two main differences. In the first place, there are 23 matched chromosomes in the matured ovum while there are 22 matched chromosomes and one unmatched chromosome in the matured spermatozoon which may be either 'X' or "Y". The second important difference between them is in relation to the number of preparatory stages of development they usually pass through before they are ready to produce a new life. Of course, it is true that all the sex cells must pass through preliminary stages of development. But, while male sex cells pass through two preparatory stages, i.e. maturation and fertilization, female sex cells usually pass through three preparatory stages like: maturation, ovulation and fertilization. Maturation refers to the process of chromosome reduction through cell division. Division of chromosomes is a matter of chance. There are approximately 16,777,216 possible combinations of the 23 chromosomes from the male and 23 from the female sex cells.

Ovulation is the process of preparation to create the way to a new life. Research findings has also indicated the fact that the two ovaries alternate in producing a matured ovum during each menstrual cycle of about 28 days. Ovulation usually occurs on the 11th day of the menstrual cycle. However, it may vary from the 5th day to the 23rd day (approximately). Once the matured ovum enters into the fallopian tube, it moves down towards the uterus. Under normal circumstance, the ovum usually takes 2 to 7 days to move from the fallopian tube to the uterus. In case of non-identical multiple births, two or more mature ova are released from the ovaries.

"Fertilization" is the third stage of development. Fertilization takes place when the ovum is in the fallopian tube. It is usually believed that fertilization occurs within 12 to 36 hours and usually within the first 24 hours after the ovum has entered the tube. After a spermatozoon has penetrated the ovum, the surface of the ovum changes in such a way that no other spermatozoon can enter. After the sperm cell penetrated the wall of the ovum, the nuclei from the two cells are connected to each other and are merged and the new life thus receive 46 chromosomes (23 pairs), one half from the female cell and the other half from the male cell. This is how conception occurs and a new life is formed.

Stages of Prenatal Development :

The total duration of the prenatal development is approximately 280 days, nine calender months or 40 weeks. This period is divided into three major stages : They are the following :

    i)   **The Period of the Ovum** : Germinal Period/Period of the Zygote (from fertilization to the end of 2nd week.)

    ii)   **The Period of the Embryo :** (End of the second week to the end of second lunar month).

    iii)   **The Period of the Fetus** : (End of the Second Lunar month to birth).

i)   **Period of the Ovum :**

The usual duration of this stage is from fertilization to the end of second week. During this time, the size of the zygote (that of a pinhead) remains unchanged as it received no external nourishment. It lives by the yolk in the ovum. As the zygote passes down the fallopian tube to the uterus, it breaks down into many cells and a small cavity is created within the masses of the inner and outer layer of cells. Later on, the outer layer develops into the placenta, the umblical cord and the amniotic sac and the inner layer develops into a tiny human structure. During the first week of this period, the zygote remains free-floating as it is then not attached to the uterine wall. Usually on the 10th day, **implantation** takes place

and the zygote become attached to the mother's uterine wall and thereafter become dependent upon the mother for its food and nourishment. If, due to any kind of hormonal deficiency, the zygote fails to attach itself to the mother's uterine wall, then, it dies. In some exceptional cases, after fertilization, if the ovum fails to move down the fallopian tube and attach itself to the wall of the fallopian tube, it is named as "tubal pregnancy". As it is not coming under normal pregnancy, surgical removal of the fertilized ovum is normally advised for the safety of the pregnant mother.

ii)   **Period of the Embryo :**

This is the second stage of the prenatal stage and the duration of this stage is from the end of the second week to the end of the second lunar month. Development is very rapid during this period. Three different layers are formed during this period namely:

a)   The Ecotderm(Outer Layer)

b)   The Mesoderm (Middle Layer)

c)   The Endoderm (Inner Layer)

From the outer layer, i.e., the Ecotderm, the whole nervous system develops. More specifically, the nails, teeth, hairs, external layer of the skin, sensory cells etc. From the middle layer, i.e., the Mesoderm, the excretory and the circulatory systems develop. To be specific, the muscles and inner layer of the skin is formed. From the inner layer, i.e. the Endoderm - lungs, liver, bronchia, pancreas, the salivary glands, the thyroid gland and the thymus glands develop. Altogether, different parts of a human body are formed in rudimentary shape during this period of embryo. During this stage, the embryo develops into a miniature human being and the limbs started making automatic movements within the uterus. Following the principles of development, major developments occur in the head region first and in the other extremities at the last.

These are the main structures that are formed during the period of embryo. Apart from the formation of these structures, some special structures, are also

formed during this stage which are of special significance from the point of view of providing protection as well as nourishment to the embryo till the time the new life comes to the world. They are the following :

i)   The Placenta   ii) The Umblical Cord and the   iii) Amniotic Sac

i)   **The Placenta :** It looks like a solid mass. Its size is approximately one inch thick and its diameter is about approximately 8 inches under normal conditions. The Placenta play a very important role in regulating the development of the embryo. Various nutritional substances from the mother are transmitted to the embryo through the placenta.

ii)   **The Umblical Cord :** It is a rope like structure. It is considered to be the life-line of the embryo. The umblical cord extends from the embryo at one end it is connected with the uterine wall and at the other end, it is connected with the placenta. Through this cord, two arteries carry blood from the embryo to the placenta and one artery carries blood to the infant from the placenta. But, the function is such that these two systems are usually separated by cell walls within the placenta. Because of this, the relationship between the blood stream of the mother and the embryo is not a direct one. Apart from this, there is also no direct neural connection between the nervous system of the mother and the embryo. But, in spite of this, the emotional state of the mother indirectly affects the functioning of the embryo. Research has also proved that only chemicals can cross the barriers of the placenta. Hence, if the pregnant mother will experience continuous stress, secretions from specific glands along with some other toxins may mix with the mother's blood stream and may reach the embryo through the placenta, as a result of which the adequate growth and development of the embryo may get arrested.

iii)   **The Amniotic Sac :** It is another special structure that is formed during this period of embryo. The shape of this sac is like a bag and it contains a fluid like substance which is called as **amniotic fluid**. Within this fluid, the embryo floats comfortably as throughout the prenatal period. This fluid provide constant temperature to the fetus making it completely unaffected by external temperature.

Another speciality of this amniotic sac is that its flexibility is so much that it increases its size to adjust to the increasing size of the embryo. During the time of delivery, this fluid makes the birth tunnel smooth making the process of delivery an easy and smooth one. But, if due to any reason, the sac breaks and the fluids are wasted away, normal delivery becomes difficult.

Towards the end of the second prenatal month, the size of the embryo is about $1^{1/4}$ inches long and its weight is about two and half grams. By this time, all the human structures are formed, heart begins to function, the sex organ is formed and eye-balls are moved to the front of the eye. The shape of the embryo appears like a very tiny human structure, very delicate.

iv)   **The Period of the Fetus :** This is the last and the final stage of the prenatal period. Compared to the first two stages of the prenatal period, this is the longest phase, near about 32 weeks. The duration of this stage is from the end of the second lunar month to birth. At this stage, no new features develop, rather whatever structures are developed in a rudimentary form during the period of embryo, develop further. Changes are noticed in the size of the already formed sructures. Many other organs also begin to function. At about four months of pregnancy, the mother can feel the movement of the fetus in the womb. Fetal heartbeat can also be detected by this time. The growth of the fetus continued in proportionate manner provided the mother takes sufficient nutritious food as required at this stage. All the motor functions of the fetus becomes well differentiated. By the end of the fifth month, the size of the fetus increases to about 10 inches in length and its weight increases to 8 to 9 ounce. All the body structures gradually increases in its size and started functioning in adequate manner. By the end of seven month, almost all the functions, both sensory and motor, are remarkably improved. The age of seven months is known as the **age of viability** which means the baby has the capacity to survive if born at this stage. Of course, they will be termed as prematured babies. They can survive with extra care and caution. Because, all the bodily systems are already developed to the point that it can function like a fully developed baby. At the end of nine lunar months, violent

uterine contractions happen and the fetus is eventually expelled from the mother's womb to see the light of a new world with a huge cry.

Possible hazards during the prenatal period :

Throughout the life-span, an individual is supposed to face many hazards. But, as rightly pointed out by the Developmental Psychologists, compared to any other stage of our life, the more serious hazards practically happen during this prenatal period. These hazards can be broadly explained under two diferent categories like the "physical hazards" and the psychological hazards. Sometimes, the psychological hazards can prove to be as serious as the actual physical hazards because of the complexity of human nature and attitude. The common physical hazards during the period of the ovum/zygote is that of too little yolk to keep it alive till the time of implantation, the second one is that of tubal pregnancy that is implantation in the wrong place. In these two cases, the zygote is bound to die. During the period of Embryo, the two most important physical hazards include **miscarriage** and **malformation** due to developmental irregularities. Miscarriage refers to a natural abortion due to unfavourable conditions in the prenatal environment. Malformation is another serious hazard, because, if due to any glandular disturbance, malnutrition, serious maternal diseases like German measles, pneumonia etc. happen, the normal development of the embryo is arrested. If any one structure is not formed at this stage, there is no question of its formation in the period of the fetus. Because, most of the developmental irregularities happen during the period of the embryo. For this reason, this period is considered to be a very crucial phase of prenatal period.

During the period of the fetus, there are four major possible **physical hazards** like miscarriage, malformation premature birth, complicacy in delivery etc. But, along with it, the most important hazard is that of developmental irregulerities that has already happened in the period of the embryo. This may continue to affect the normal growth and development of the fetus during the fetal period to such an extent that the resulting baby may be a deformed one with many complications. For example : Epilepsy, mental deficiency, cerebral palsy etc.

may come out later on even if they may not be detected at birth. This is considered to be one of the most serious impact of any kind of developmental irregularities occured during the period of embryo and continued till the time of the birth of the baby. Besides this, multiple births are more hazardous than single births.

The **psychological hazards** include the attitude of the mother towards her pregnancy, i.e., whether it is a forced pregnancy or a planned one. Parental attitude as well that of the attitude of the other elder members of the family is also very important in creating a conducive prenatal environment, both externally and internally. Because, the maternal emotional state play a very important role in affecting the physiological functioning of the inborn baby. Besides this, preference for a son and forcing the pregnant mother to have sex determination tests, may strongly affect the mental state of the mother. Hence, psychological hazards also create serious impact upon the unborn baby.

Factors affecting prenatal development :

Many factors influence the adequate growth and development of the fetus during the prenatal period. Most of the factors are related to the condition of the mother. The expectant mother is required to take care of not only her own self, but that of the conditions within the body and uterus as well the external surrounding within which she lives. As identified by the developmental psychologists, the following are some of the major factors influencing the development of the fetus during the prenatal stage :

    i)   Age of the Mother.

    ii)   Diet of the Mother.

    iii)   Physical health of the Mother.

    iv)   Emotional State of the Mother.

    v)   Maternal diseases.

    vi)   Use of drugs, alcohols and tobacco during pregnancy.

    vii)   Rh. Incompatibility.

viii)   Irregular secretion from the endocrine glands.

ix)   X-Ray Irradiation.

x)   Maternal Attitude towards pregnancy.

xi)   Uterine Crowding.

xii)   Nature of the work/profession.

i)   **Age of the Mother :**

Research evidence points to the fact that the best age for a woman to have a baby is in between 22 to 28 years. Prior to 22 years, the reproductive organs are not ready on matured enough to carry a new life. After the age of 28 years, there may be difficulty due to hormonal imbalance or disturbance in the functioning of the glands leading to complications in pregnancy. Of course, now-a-days, medical science has developed to such an extent that it can eliminate many problems occuring during pregnancy. In spite of this, maternal age is one of the determining factors.

ii)   **Diet of the Mother :** It is another crucial factor influencing the development of the fetus. Research evidence has clearly proved the impact of **malnutrition** upon the proper growth and development of the fetus. Quality of the diet is more important for the mother than that of the quantity of the food. Development of the fetus, towards the later stage is practically very rapid. She has to take food for two persons. Hence, the diet should be rich in calcium, protein, fats, vitamins and carbohydrates. In this context, various studies have shown that malautrition, during the formative and post formative periods of prenatal stage may lead to mental retardation, dysfunction of the nervous system, different types of physical and mental disorders, nervous instability, defective teeth, weak bones, defective eye-sight, epilepsy, paralysis of the brain etc. It may also lead to miscarriage, still birth and premature birth.

iii)   **Physical health of the mother :** The **health** of the mother is very important during pregnancy. It has direct impact upon the growth and development of the fetus in the womb. If the expectant mother is healthy and free of diseases,

then, with proper diet, care, environmental condition, she can give birth to a healthy baby. She must be fit not only with regard to her age, dietery chart, regular medical check up, sound mental health, but also with regard to developing a positive and healthy feeling and attitude towards her pregnancy.

iv) **Emotional States of the mother :** Even though, research evidence indicate that there is no direct connection between the nervous system of the mother and the fetus and transfer of thought from the mother to the fetus is not possible, still then, maternal stress can adversely affect the reactions and development of the fetus. Because, when the pregnant mother is under stress, anxiety, tension, depression, irritation etc, the autonomic nervous system of the mother is activated as a result of which certain toxins and chemicals are released into the blood stream. The adrenals also secrets hormones which changes the composition of the blood and these substances are transmitted to the fetus through the placenta. Fetal activity increases tremondously when the expectant mother is under chronic stress. All these findings support the fact that the emotional state of the mother during pregnancy is so important that it can affect the development of the fetus adversely.

v) **Maternal Diseases :** It is true that there is no direct-connection between the nervous system of the mother and that of the fetus, as a result of which transfer of thought from the expectant mother to the fetus is not possible. But, in spite of this maternal health, emotional state and maternal diseases do affect the adequate growth and development of the fetus inside the mother's uterus. As for example: it has been confirmed that if the pregnant mother suffers from "rubella" or "German measles" during first three months of pregnancy, the possibility of developmental irregularities in the form of eye defects, ear defects as well as malformation of the heart happens. The development of the heart is very rapid during the second and third lunar months of pregnancy. If, at this time, the mother will take estrogen and pregestens, it may affect the cardiovascular functioning of the fetus and this may lead to congenital heart diseases. In addition to this, diseases like syphilis in the mother can also strongly affect the normal development of the fetus.

vi)   **Use of drugs, alcohols and tobacco :** Intake of drugs, alcohols and tobacco by the mother during pregnancy can lead to blindness and deafness in the fetus. Sometimes, certain medicines can also create serious side-effects in the fetus. Smoking, drinking, taking barbiturates and drugs like thalidomide may lead to anatomical defects, problems in respiration, functioning of the cortex and in many cases, brain damage. The amount of damage is directly related to the intensity or proportion of its intake. Certain drugs like heroin may create behavioural disorders in children even after two years of birth.

vii)   **Rh-Blood factors/Incompatibility :** Research findings have very clearly established the role of Rh- Blood factors in producing developmental irregularities. As for example : the genetically determined incompatibility between the blood types of the fetus and the mother. When the mother's blood type is Rh negative and that of the fetus is Rh positive, serious consequences happen. The Rh positive fetus produces certain antigens which are passed on to the mothers blood stream through the placenta. These are then passed on to the fetus as a result of which the red blood cells of the fetus are destroyed and this prevents the supply of normal oxygen to the fetus. This may lead not only to miscarriage, still birth, but also it can lead to the death of the unborn child. As per report, such cases occur in about one out of 220 pregnancies. As observed, usually the first born baby is not affected as development of antibody takes time. But the second and third born infants are most likely to be victims of this kind of problem. If due to any miracle, the baby survives the effect of incompatibility, he may develop mental retardation and partial paralysis subsequently. However, at present, new technologies are devised to control the effects of Rh-blood factors. Hence, what is most important, in this context, is to be aware of the dangerous consequences of this factor and then to take preventive measures to overcome it.

viii)   **Irregular secretion from the Endocrine Glands :** It has been noticed that irregular secretion from the endocrine glands create major problems in the unborn baby. It not only disturb the cognitive functioning, but also increases the possibility of cretinism and microcephaly in the fetus. It also affects the texture of

the skin and proper development of the bones. In very rare cases, it may also lead to **mongolism** in the fetus.

ix) **X-Ray Irradiation :** Frequent use of X'Ray irradiation during the initial months of pregnancy may lead to serious abnormality in the unborn baby. More specifically/the exposure of the pelvis area is very harmful. The resulting consequence of this may produce microcephaly or tiny-headedness leading to cognitive impairment. The entire world have already observed the ill-effects of the dropping of atom bomb in Hirosima in Japan for so many years. Hence, early exposure to X-ray irradiation should be restricted to prevent various forms of mental retardation.

x) **Maternal Attitude towards pregnancy :** This factor is very important from psychological persepective. The attitude of the mother towards her pregnancy is very important from the point of view of determining the amount of stress that she is going to experience throughout the prenatal period. It has been confirmed by research studies that continuous exposure to stress or heightened general emotionality over quite a long period of time affect the adequate growth and development of the unborn baby throughout the prenatal period. It also affects the development of the infant in the post prenatal period due to glandular imbalance and also creates serious developmental inregularities in the fetus, both before and after birth.

Another important factor relating to this is the attitude of the father and other family members towards the pregnancy of the mother. It means whether the baby is wanted or not, whether it is a forced pregnancy or planned pregnancy. It matters a lot from psychological point of view.

xi) **Uterine Crowding :** Under normal circumstance, the uterus is sufficient to carry a single fetus. Problem arises when more that one fetus share the same space. There is possibility that while one of them may get an advantageous position within the uterus another fetus may not. Research on twin studies and on multiple births clearly revealed that prenatal crowding not only arrest development while the fetus is there in the uterus, it also significantly affect the post natal life of the

baby. These problems are not only related to comparing their IQs, but also their academic, social and emotional adjustments. It may affect their longivity also.

xii)   **Nature of the work/profession :** Recent research studies have pointed out that the nature of the work, the expected mother is associated with is also another contributing factor in producing developmental irregularities in the fetus. As for example : women working in factories, hospitals, chemical laboratories, hospitals, beauty parlours etc. are more prone to such difficulties and they directly add to the increasing number of birth defects as well as miscarriages. It has also been considered as a burning medical problem.

These are some of the most common factors that influence the develpment of the whole prenatal period. Hence, awareness should be created to prevent its effects so that the mother can give birth to a healthy baby free of any kind of developmental irregularity. A healthy prenatal environment will contribute to a healthy postnatal development.

ii)   Infancy (From birth to two weeks)

This period starts immediately after the infant tastes the light, sound, air and atmosphere of the external environment without understanding its nature and meaning. The period of infancy is also known as the period of newborn or the period of the neonate. The duration of this period is only two weeks. This is the shortest of all the developmental periods. The infant usually respond to the postnatal environment with a very painful cry. Infancy is considered to be a plateau in the development which means a period of 'halt' or no development. Developmental psychologists believe that most probably the infant marks a big difference in temperature first as it changes from 100^0F in the uterine sac to the postnatal temperature ranging or varying between 60^0F to 70^0F. Secondly, with regard to breathing, as the umblical cord is not there, he has to breathe on its own, thirdly, to take nourishment from the mother through sucking and swallowing and fourthly, the activation of the elimination system for bowl and bladder function. Hence, this plateau or period of no growth and development is due to the necessity to make immediate adjustment to the new postnatal environment. This process of

adjustment is usually difficult to all the infants. As observed, some infant may experience difficulty in making adjustment to the external temperature while some others may experience difficulty in breathing and may need oxygen to overcome it, some may experience difficulty in sucking milk from the mother while some others may experience difficulty passing urine. All the infants need to make major adjustments, especially in relation to these four areas.

In this context, developmental psychologists have identified six major factors that are most important in helping the infant to make comfortable adjustment with the post natal environment. They include the following :

a)   Prenatal Environment - (Proper/Improper)

ib)   The type of birth - (Natural/Breech/Transverse/ Instrument/
                                                Caesarean birth)

c)   The Experience associated with birth.

d)   The length of the gestation period

e)   Parental attitude/maternal attitude.

f)   Immediate postnatal care.

Research studies have clearly proved the positive impact of a healthy prenatal environment contributing to easy adjustments to postnatal life. Birth itself, is considered to be a hazardous experience. More risks are associated with instrument births as well as caesarean births. Hence, the experiences associated with birth is also a major contributing factor to infant's adjustment in the post-natal period. Besides this, the length of the gestation period whether it is a premature or post-mature birth or a perfectly normal birth is also another vital factor in determining the degree of adjustment of the infant to the post-natal environment. In this context, parental attitude towards the new born infant, more specifically, that of the mother, from the day of conception till its birth, is another crucial factor. The final and another important and powerful condition is the type of post-natal care the new born gets during the period of infancy.

The vital point here is that as the infant is unable to speak, the parents and significant others should understand and feel the needs of the infant. If the mother observe the nature and intensity of the crying behaviour of the infant, then, she could most probably identity the difference and understand what the infant wants at that moment. When all these factors are taken care of, the process of adjustment becomes less difficult and the road to the next developmental period, i.e. babyhood, becomes smooth and obstacle free.

iii) **Babyhood** (From 3 weeks to the end of 2 years)

The duration of this period ranges from the end of two weeks to the end of two years. During this period, the babies grow very rapidly with regard to their height, weight and body circumference, with regard to their appearance, activities and behaviour. Marked changes are also noticed in their expressions. As pointed out by the Developmental psychologists, there are mainly two different stages in development in which the process of development is very rapid. One of them is "babyhood" and the other one is at "puberty" or pre-adolescence. In babyhood, development is very rapid during first year in comparision to the second year.

This age is also considered to be the age of helplessness because the baby has to depend on others for his survival, for everything. But, practically speaking, through the process of getting help and support from others, the baby minutely observe behaviour pattern, emotional expression, habit pattern, skill pattern etc. from them and tries to do it individually. For this reason, babyhood stage is considered to be the real foundation period of human life. If the foundation period is strong, then in later years, the baby will show good adjustment pattern not only in his personal life, but also in his social life.

The most important development during this stage is the development of the ability in the baby to know and to respond to different people and objects in the environment. From knowing, they begin to understand them and finally they learn how to communicate to them. Throughout this period, the baby learns the art of becoming independent as far as possible and practicable. Hence, the type of environment they should be provided with, adequate parental care and training,

are very vital at this stage to set the foundation of the baby very strong. Through the process of socialization, the baby begins to form his attitude, belief and value system, habit pattern and thereby the very root of his personality pattern. They are trained to sit, to stand to walk and to climb steps as expected of their age. They are also trained to express many things through language, i,e, through words. Imitation and identification practically starts from the period of babyhood. Hence, for many reasons, this stage is very crucial in the life of each and every baby. Babyhood is the age of increased individuality.

According to Erickson, "Babyhood is the period when individuals learn attitudes of trust and mistrust depending on how parents gratify their child's need for food, attention and love. These attitudes, he learns and maintains, remain more or less persistent through out life and colour the individual's perception of people and situations". Early patterns do tend to persist, but they are changeable.

Knowing that early foundations tend to persist, enables one to predict with a fair degree of accuracy about what a child's future development is likely to be. Environmental psychologists say and believe that an optimum environment will result in maximum expression of genetic factors. However, it is difficult to provide an optimum environment during the pre-school years when development is taking place rapidly.

iv)   Childhood : (From the end of two years to the end of twelve years)

This stage continues from the end of two years to that of the end of twelve years. Like the period of infancy and babyhood, this stage has its own distinct set of characteristics. For many reasons, this stage is very very crucial in the life of a child. With regard to the developmental tasks children are expected to master during this period, most parents consider this stage as a "problematic stage". Developmental psychologists preferred to divide this stage into two parts like :

a)   Early Childhood Stage : (2 years to 6 years)

b)   Late Childhood Stage : (6 years to 12 years)

Of course, there cannot be any rigid compartmentalization or division between these two because many characteristics developed at the early childhood stage are rather experimented in the late childhood stage. The predominant features of this stage includes the following :

a)   In comparision to babyhood, the degree of physical development attained during childhood is little bit slow.

b)   The habit patterns that are developed in babyhood became more pronounced during childhood as they are repeated again and again.

c)   slowly and gradually, the child tries to become independent with regard to his bowl and bladder functions like the adults.

d)   The fourth area of development is related to the formation of different skills through which the child can express his/her talent and creativity.

e)   Another important characteristic of this stage is selection of a friend circle consisting of like-minded children with whom the child is comfortable.

f)   With improved vocabulary and language development, there is no inhibition in expressing their demands. Expression of satisfaction and dissatisfaction is another important characteristic feature of this stage.

g)   Improvement in comprehension and communication is another important characteristic feature of this stage which helps them to understand others and to communicate to them in a better way.

h)   This is also the stage in which children learn new habit patterns from others that are suitable to them.

i)   The first idea of **sex differentiation** also develop during early childhood years which pressurizes the boy child and the girl child to behave and act in socially accepted ways. This is more popularly known as **sex-role typed behaviour.**

j)   During this stage, children learn about the concept of society, culture, tradition, custom, approved and unapproved behaviour patterns.

k)   Most of the children, during this stage, consider their parents as their ideals and engage themselves in imitating them and practically trying to identify to them also. This happens profoundly during early childhood years more in comparision to late childhood years. From psychological persepective, this stage of childhood is very very significant in predicting about a comfortable adolescent stage or vice-versa.

l)   With regard to expressions of their emotions, they are significantly affected by adult emotions reflected in the family front, at home than that at school or social situations.

m)   Children pass through many different stages of their intellectual development in which both the genetic and environmental factors play their own important roles.

n)   Most of the children are admitted into diferent schools during the early child years where they are required to show approved patterns of behaviour. Many children face problems in making right adjustments at the initial stage of their entry.

o)   "Parent-child interaction" during childhood years, sets the foundation for the personality development of children. Parental training is very important at this stage.

p)   Development of "self-esteem" is initiated in the early childhood stage, but it takes its formative shape in late childhood stage. How the parents value their child is very important in shaping their self-concept and self-esteem in later years.

q)   Major Psychological problems in children are more or less the result of problems in parents and other elder members of the family. These are the reflections of unhealthy parental communication and training, lack of understanding and proper guidance at right time etc.

Successful completion of this childhood stage is a pre-requisite to a successful entry into the adolescent stage. Hence, the parent-child interaction forms the most powerful basis at this stage to help children develop a strong foundation of personality.

v)   Adolescence (From 12 years to 22 years)

The duration of this period is practically from twelve years to twenty two years. This stage is considered to be a bridge between childhood and adulthood. Adolescence represents a difficult developmental period in one's life. It can also be considered as the most critical period of life with so many confusions.

Modern Classification of Adolenscence :

		Boys	**Girls**
i)	Early Adolescence	11 to 12 years	10 to 11 years
ii)	Middle Adolescence	13 to 18 years	12 to 16 years
iii)	Late Adolescence	18 to 22 years	17 to 22 years

This classification of adolescent period is accepted by almost all the psychologists and this division has been made strictly on the basis of beginning of hormonal changes among boys and girls to actual entry and exit to and from this stage of adolescence. Typical characteristics observed during this period has made this period more critical from physical, psychological and social point of view.

Characteristics of Adolescence :

This phase is very important in the life of each boy and girl, because of the presence of certain characteristics that are unique in influencing their personality pattern. For many reasons, this is also considered to be a period of storm and stress for many boys and girls when they are unable to handle this stage properly. The following are the major characteristics of this phase :

i)   This is considered to be the most critical period in the life span because of the effects it creates in the physical, psychological and social sphere.

ii) This period is accompanied by a number of changes related to physical, mental, social and emotional domain.

iii) This phase is the bridge between childhood and adulthood. Hence, it is also considered to be a transitional period.

iv) Problems of different nature and confusion regarding many things including one's own self-identity is another characteristic feature of this stage.

v) Frequent mood swings are common among adolescent boys and girls, more prominently among boys.

vi) High degree of psychological vulnerability also colour this phase of adolescence.

vii) Social networking of adolescents is at the highest level during adolescence.

viii) There is resistance to "parental control" as they value their own existence and opinion at this stage.

ix) Most adolescents experience a feeling of loneliness.

x) Heightened emotionality is observed in early adolescence phase more prominently in comparision to that of late adolescence resulting from physical and glandular changes.

These are the prominent characteristics of adolescence. Developmental psychologists opined that in general, on an average, girls mature earlier than boys. Hence, in case of girls, the duration of early adolescence period is longer compared to boys. The duration of late adolescence phase is practically very short keeping in view the attainment of sexual maturity. Moreover, early adolescence phase is usually called as 'teen age'. So, they are called as 'teenager' until they reach twenty years of age. The prime period is considered to be from 13 years to 19 years (as the name indicates.)

vi) Adulthood : (22 years to 60 years)

The duration of this period, in, general, is from 22 years to approximately 60 years. During adulthood, the growth process is usually complete and hence, the adults consider themselves as responsible members of the family and that of

the society. Because, the term 'adult' is derived from the Latin Verb - 'adultus' which means "grown to full size and strength" or maturity, while the term "adolescence" refers to "to grow to maturity". In comparision to all other developmental periods of life span, the adulthood stage, is by far, the longest period.

Like adolescence, adulthood can also be sub-divided into three parts like:

i)   Early Adulthood -   22 years to 35 years

ii)   Middle Adulhood -   35 years to 55 years

iii)   Late Adulthood -   55 years to 60 years

For variety of reasons, the period of adulthood is a very important period with its own distinct set of characteristics. The most important of these characteristics is that this stage begins with assuming responsibility, to take charge of one's life, to adjust to new patterns of life and expectations of the family and that of the society. These adjustments make early adulthood a distinctive period in the life span. This is also considered to be a very difficult period, as they realize that they have to become independent financially to play different roles. As such, 'sense of responsibility' appears to be most important at this stage.

Practically speaking, **Early adulthood** extends from age twenty two to approximately thirty five years of age. This stage is characterized by changes at the physical as well as psychological level. This phase marks the maturity of the reproductive capacity as well as that of loss of this capacity.

Middle adulthood is also known as the 'middle age', which begins at thirty five and it extends to age fifty five. This stage is characterized by 'decline' - both at the physical level as well as psychological level. This kind of change is quite visible to others, to oneself also. Of course, the intensity and proportion of decline is different for different persons.

Late Adulthood period is also called as "Old age". Which starts approximately at the age of sixty and continued till the death of the individual. However, the modern classification of old age has extended the time frame in a

different way depending upon increased medical facilities as well as changing life styles of people. Even if the process of physical and psychological decline continues to take place, still then, the effects of aging process is found to be different upon different people. Practically speaking, how you feel psychologicaly at this stage, is more important than actual physical decline that is taking place at this stage.

Characteristic Features of Adulthood :

The entire period of adulthood is very important in our life for many reasons. Many things happen at this stage that makes life more difficult and pressing. The following characteristics indicate the significance of this stage :

i) Early adulthood is a stage of both adjustment and preparation to meet personal and social expectations.

ii) "Parenthood" is usually achieved during this phase and with it there is a shift in role playing behaviour and taking up many responsibilities at a time.

iii) Most adults experience maximum stress, tension and anxiety at this stage because of work overload. The tendency is in the direction of focusing on the problem rather than upon the solution.

iv) The interest pattern during adulthood changes remarkably as compared to adolescence because of increasing sense of responsibility and the desire to hold a powerful status in the society.

v) Marital adjustments usually consume more time during adulthood. Adjustment with in-laws has been a major problem, more specifically for women.

vi) For many reasons, which are mostly psychological, middle age is considered to be a stage of stress, crisis and anticipated fear.

vii) After attaining menopause, women, as a group are more prone to psychological and emotional disturbances. This also makes themselves vulnurable to many adjustment problems.

viii) "Effect of age" has its own psychological impact upon both men and women. These are usually expressed in the form of loss of interest in many things that they actually like.

ix) Social adjustments at middle age are usually found to be satisfactory compared to early adulthood stage. Middle adulthood is characterized by interest in religious and spiritual activities.

During this period of adulthood, many of the interest patterns developed during adolescence, takes new forms depending upon the suitability of the situations. With increased psychological maturity, adults try to play different roles meaningfully without any confusion. However, the pattern of adjustment for an young adult is practically very difficult because of the changing roles, increased maturity as well the usual expectations of our society. How well they are able to adjust themselves to different life situations also influence their degree of satisfactions as well as success in life. However, it is true that while achieving this target, the early foundation laid during childhood and adolescence, carries great significance. In sum, it can be stated that, this longest period of adulthood is very critical as well as crucial from many different angles as there are frequent shifts of roles - assuming the role of a bread earner, husband, father etc. etc. each role expecting certain matured forms of behaviour. While playing these roles, they encounter many stress, crisis and challenges leading to problems in adjustment.

vii) Old Age : (From 60 years till death)

This is the final stage of the life span, so to say that this is the closing period of human life. According to the old classification of old age, the division is as follows :

i) Early Old Age   -   60 to 70 years

ii) Advanced Old Age   -   70+

According to the modern classification, the division of old age is as follows:

i) Early Old Age   -   60 to 70 years

ii) Middle Old Age   -   70 to 75 years

iii) Advanced/Late Old Age   -   75 onwards

Although changes of a physical or psychological nature are constantly taking place, many of us are not aware of them unless they occur abruptly or markedly affect our pattern of life. For example- the changes of old age usually occur at a much slower pace than those of childhood or adolescence. However, how slow or fast the rate of change may be, they certainly require readjustment on the part of the individual. On the other hand, when changes are very rapid, the individual himself is well aware of it including others. As for example- changes taking place during puberty/adolescence.

Likewise in adulthood, when the downward movements begins to accelerate, the elderly are aware of the fact that their health is "failing" and that their minds are "slipping". Hence, they are required to make constant readjustments to these changes in their scheduled pattern of life. In fact, they must slow down as the incapacities and informities of old age catch up with them and they must frequently forgo some of the activities that formerly played important roles in their lives.

When people become aware of the changes taking place in themselves, they develop definite attitudes towards these changes. Whether these attitudes will be favourable or not, depends on many factors the most important of which are : their appearance, behaviour, role changes, social and cultural values & sterotypes and personal experiences.

Personal experiences have a profound effect on an individual's attitude towards developmental changes. When somebody feels that his authority, status and prestige is decreasing as he is approaching retirement, then, his attitude towards 'aging' is affected unfavourably.These attitudes are intensified by unfavourable social attitudes.

Old age is characterized by varieties of changes that are basically physical and mental. But, these two major changes are responsible for some other changes in life of an old person. It is true that old age generally make people more inactive and dependent which also affect their family as well as social relationships and personal and social adjustments.

Characteristic of Old Age :

The following are the distinct characteristic features of old age :

i) Old age is a period of rapid decline.

ii) Like all other phases of life, old age is also characterized by physical and mental changes.

iii) There is individual difference with regard to the effect of aging.

iv) Old age is evaluated and interpreted from many different perspective.

v) Old age is characterized by emotional, social and other adjustment problems.

vi) Cognitive abilities are greatly affected during old age.

vii) Old age is also characterized by rapid memory loss.

viii) Old people generally experience a feeling of low self-esteem.

ix) Social attitudes are usually unfavourable towards old age.

x) The desire to live long increases proportionately with increase in age. For this reason, it is said that the desire for rejuvenation increases tremendously during old age.

All these characteristics of old age points to the fact that old age necessiate changes in living arrangements because of a number of reasons. Because, after retirement, many things change at home. During old age, the physical changes are automatically in the direction of deterioration. There is no denial to it. Changes in appearance, texture of the skin, bones, decrement in sleeping hours, changes in the digestive system and changes in the functioning of the endocrine glands etc. are bound to happen. With this, the psychology of the person also changes. But, all these changes do not happen overnight. Slowly and gradually, the aging process continues. Research studies, in this context, have also proved that if the status and position along with the respect for the old person is taken care of even after retirement, then, the process of aging will automatically get delayed. They will continue to live with same strength and vigour for some more years. This

factor is very important from psychological point of view. "Feel good" factor practically works like magic. But, unfortunately, this kind of situation happens with a few lucky old people today.

With regard to changes in the mental domain, marked individual differences are observed. When and how the process of mental decline begins and spread its wings, there is no specific age range. Because, many other factors are practically linked with it. However, the common observations gives us the impression that so long as a person utilises his intellectual abilities and other potentials in a positive and constructive dimension, the process of decline takes quite a long time to exert its influence.

Hence, from strict biological point of view, old age may bring with it many psychological problems. But a loving and caring as well as a stimulating environment at home may reduce its impact to a considerable extent. Instead of using words like a old person, a dependent one, a burden to the family, if we could project them as a guide, a mentor and a motivator, to the youngsters, then the situation could be dramatically different. Because, psychologists have rightly pointed it out that - "Our age is what we mentally think and feel about it". At the age of seventy also, we can work with equal strength and vigour as that of age forty. This means, first we begin to age mentally and then, physically.

These are the detailed description of various developmental periods of our life span. Each stage is unique with its distinct characteristic features. One point should be made very clear here that when we are explaining the term-developmental stages or periods, they are five in number like the prenatal period, infancy, babyhood, childhood and adolescence. By the end of the period of adolescence, the process of growth is usually complete. But, qualitative development has no end to it. When we are talking of the term - stages in our life span - then we need to add two other very important phase of our life i.e. adulthood and old age

viii) Role of Maturation and Learning

Both maturation and learning are vital in facilitating the process of development. The term maturation refers to increased growth. This growth is both physical and mental. In developmental psychology, the term maturation is defined as a systematic process through which a tiny cell develops to a human form. Hence, the process of maturation starts immediately from the moment of conception and the process continues till adulthood. The term development refers to the process by which the fertiliz-ed egg cell develops to an adult organism. The process of development is accompanied by changes that are basically physical and psychological. All these changes are the product of both maturation and learning. Maturation does not depend on learning, but learning depends upon maturation. All kinds of physical and structural changes taking place in a human baby is the result of the process of maturation. These are independent of environmental influences. Maturation of all the hereditary traits is a natural process. Of course, to a major degree, maturation depends upon the prenatal conditions, genes and chromosomes, hereditary influence and of other factors. It does not depend much on environmental factors. Because of the dominance of the genetic factors, babies grow according to the principles of development. As for example: creeping, crawling, sitting, standing, walking and climbing steps etc. occur at specific time without waiting for any other thing. Hence, maturation refers to the normal development of the inherent traits of a person. Apart, from this, maturation sets the limits beyond which development cannot progress, even with the most conducive learning conditions. Maturation brings "developmental readiness" which makes learning possible and "failure" at any time may result from either genetic or environmental influences that reduce the genetic potentials for development.

In spite of this, it can also be said that the interacting role of both maturation and learning is the cause of development and the process of maturation can be accelerated or retarded depending upon post-natal environmental conditions, of course, with reference to the prenatal conditions. Because, human beings are capable of learning and receiving, variation in development is possible. For example: individual differences in attitudes, interest patterns, choices, personality types

and behaviour pattern are not the result of maturation alone, but it is the joint interplay of both learning and maturation. But, at one point, maturation is very important and that is the baby cannot learn unless it is ready to learn.The creation of the condition of the readiness to learn cannot come without maturation.

Hence, both maturation and learning are important in the process of development and both are also closely related to each other. Maturation is a necessary condition for learning. Though, maturation does not depend upon learning, still then, learning, training and exercise definitely accelerates the process of maturation. Hence, it can be said that for complete development, both maturation and learning are important in their own way.

ix) Role of Heredity and Environment :
(Nature Vrs Nurture controversy)

There has been much debate on the question - as to which one of these two -'Heredity' or 'Environment' contribute more to the process of development. This has been more prominent in the name of "nature vrs. nurture controversy". This controversy is still continuing among expert groups to find out the authentic answer to this question and controversy.

Before going deep into analysing the role of heredity in the process of development, it is very much essential to know about the mechanism of hereditary transmission. What is then hereditary transmission? The process through which various characteristics and qualities of parents, their forefathers and their forefathers are transmitted to the child at the time of conception is called as the mechanism of hereditary transmission. This mechanism tells us the reasons behind why children born from the same parents are not similar with regard to their physical features and mental characteristics. It is true that "fertilization" sets in motion the process of gene transformation. Each child receives only 50% of each parents genes, but which combination of genes, it is a matter of chance factor. Children in the same family inherit different combinations of genes from their parents as a result of which they also look different with definite differences in their nature and temperament. The traits that are transmitted from the parents to the offspring, they never change afterwards. This is the truth and we have to accept this.

Genes consist of thousands of chromosomes. These genes and chromosomes are called as the carriers of hereditary traits from the parents to the offspring. The process of hereditary transmission begins from the moment of conception. At this time, the sperm enters into the wall of the ovum and releases 23 minute particles called as 'chromosomes' and at about the same time, the inner part of the ovum called as the nucleus also releases 23 chromosomes of its own. These chromosomes are then further divided into small particles called as genes. There chromosomes are like chemical substances. The offspring, thus receive 23 pairs of chromosomes at the time of conception, i.e. 23 single chromosome from the father and 23 single chromosome from the mother.

The term chromosome is a combination of two words like "Chroma" and 'Soma'. Chroma refers to colour and soma refers to body. Hence, the term chromosome refers to 'coloured body'. These chromosomes contain genes. In every male and female cell, there are about approximately 1,000,000 genes and in every chromosome, there are approximately 20,000 genes. In total in the new born infant, there are near about 80,000 to 1,20,000 genes. The hereditary endowment of the infant is determined by these chromosomes and genes. A single gene is composed of a chemical called as the DNA (Deoxyribonucleic Acid). DNA is the molecle of heredity and it contains the genetic code that practically determine what is transmitted from one generation to the next generation through the process of cell division and cell multiplication. This process is known as the process of "meiosis" and "mitosis" and through this process, one single fertilized egg cell is divided and multiplied into 2, billion cells (2,000000000000) when an infant is born.

This process of cell division through chromosome reduction takes place in a very systematic and scientific manner in an automatic way. Each child is genetically unique and also biologically different from other infants. However some differences are noticed in case of twins. For example : in case of "Identical Twins", they share the same genetic code. They are also called "monozygotic twins". Such twins emerge from a single fertilized ovum which is divided into two distinctly separate bodies with similar genetic code. Because of this, they are also of the same sex -

either two boys or two girls. However, in case of "Fraternal Twins", which are also called as the "dizygotic twins", the process is different. Because, when the female ovaries releases two ova at the same time and each of which is fertilized by different sperm cell, the fraternal twins are formed. Their genetic foundation is also different and they are of different sex like one boy and one girl. Hence, according to research findings, if there is any change in their personality pattern and behaviour, it could be due to the effect of genetic factors as well as that of other environmental influences, as many factors after birth practically make post-prenatal period more complicated.

This is how the process or the mechanism of hereditary transmission works and continue to show its effects on the child. Whether genetic factors or environmental factors are more important - has been a matter of controversy since long and even today, there is differences of opinion among experts about the percentage of contribution each have upon the child. It will be rather more wise to consider both of them equally important in the complete process of development. Of course, there are many instances in which the impact of genetic factors are found to be very strong. As for example : in case of different degrees of mental retardation, psychiatric illness and diseases like mongolism and cretinism, phenylketonuria (PKU), Huntington's disease, sickle-cell disorder, hemophilia etc., the effect of genetic factors are more pronounced. Even, research findings have also proved that the basic traits of our personality, even our "Intelligence" or I.Q (Intelligence Quotient) are genetically determined. In this context, research findings relating to identical and fraternal twins have also strongly supported the significant and powerful role played by genetic factors in the process of development. Mendelian Law of Heredity, (the law developed by J.G. Mendel, 1822-1884) also strongly support the powerful role of genetic factors in development. He had given his own principles and laws of hereditary transmission for the first time that had created great steer among the researchers of his time. On the basis of his research findings, he had identified between the impact of 'dominant' and 'recessive' genes on the basis of which the characteristic traits of personality are to be decided. He had very strongly projected the impact of previous eight generations

while explaining the concept of hereditary transmission of the present generation i.e., why the present child resembles his grand parents and great grand parents. He had discovered these principles of hereditary transmission and different laws of heredity on the basis of his research work taking white and red peas. He named the genes as the 'determiners' or the 'carriers' of heredity and explored different laws of heredity transmission.These laws are more popular in the name of 'Mendelian Laws'. His concept of dominant and recessive genes had encouraged vast research in the area, the results of which were shown by later researchers in detailed form. Even if he had been subjected to criticisms by his contemporary experts, still then, he had also been credited for showing the researchers a new path towards discovering the rules governing the process on mechanism of hereditary transmission. More prominently, his work had encouraged the genetic experts to think of conducting research, in that direction. Overall, it can be stated that Mendel's law of hereditary transmission definitely explain the superior and powerful role played by genetic factors in the process of development.

Research is still going on to find out new facts relating to the rules governing the functioning of the genes. In future, the findings could throw more light on the role of hereditary factors in development. But, with regard to the role of environment, its effect is also very important. It is true that the prenatal environment is greatly influenced by the process of maturation, but development at the post-natal stage is also equally important in setting the foundation of early development. Because early foundations of development are considered to be more critical than later process of development. Environment includes family in which the role of parents and other family members are very important. At the initial stage, the perception and attitude of children are greatly affected by the home environment. "Parental training" as well as "child rearing practices" carries great significance in setting the foundation of their personality. Then comes the role of friends, teachers, relatives and other society members. The entire process of socialization is very important from the point of view of later development of children. Environmental psychologists have strongly supported the role of an enriched and stimulating environment in bringing about qualitative development among babies, children,

adolescents, adults and old people. J.B. Watson, a staunch behaviourist, in this direction, have strongly emphasized the more powerful role played by environmental factors in the personality development of children. According to him, "heredity determines what we can do, but, environment decides what we can practically do." Hence, the importance of environment cannot be overlooked. Modern research has clearly established the fact that both genetic and environmental factors, together, can make the process of development more complete. Without a nourishing or stimulating environment, many of our inherent potentials cannot be developed to its fullest extent. In the absence of right opportunities, a child cannot prove his talents and abilities. This is not only true of children only, it is true for individuals of all ages. If the environment is restricted, it will definitely block the process of development. Because, development of many of our traits are dependent on home environment and environment outside the home. In what way, environment is important to us? Developmental psychologists and psychologists believe that environment can play the most powerful role in the form of learning, exposure, opportunity, encouragement, inspiration and influence in a positive dimension, right guidance by people at right time, instilling values of truth, honesty, morality etc. can remarkably change the life of any individual in the world. Our own experiences are like guiding road maps that make our life valuable and these experiences come from our environment. Physical growth and mental growth can be viewed as two sides of the same coin.

Hence, it can be stated with affirmative that both heredity and environment are important part of the whole process of development. Each one is important in its own way in defining and explaining the concept of growth and development.

x) Mechanism of Sex Determination :

During pregnancy, there is a natural curiosity on the part of the parents to know the sex of the baby . Traditionally speaking, majority of the parents prefer a boy child during their first opportunity. There has also been a wide spread myth that only the mother is responsible for the sex of the child. But, research studies and medical science had already proved the truth that mother has no role to play

in this process and it all depends on the father. Let us put a glance to know how the sex of the child is determined.

Each cell has twenty-three pairs of chromosomes out of which only one pair is called sex chromosomes. This is applicable to both males and females. These pair of sex chromosomes are diferent for males and females. Because, the female has two X chromosomes, i.e. (XX) and the male pair has both X and y, i.e., (XY) combination. This means that this pair of sex chromosome is responsible for determining the sex of the child. All the mature ova of the mother contain only 'X' chromosomes. They do not contain 'Y' chromosomes while half of the sperm of the father contains 'X' and the other half contains 'Y' chromosomes. Hence, chances are fifty-fifty about the possibility of a boy child or girl child. If the ovum is fertilized by a sperm carrying 'X' chromosome, then, the resulting combination is 'XX' which will lead to the birth of a girl child. On the other hand, when the ovum is fertilized by a sperm carrying 'Y' chromosome, then the resulting combination is 'XY' which will lead to the birth of a boy child. Hence, the equation is as follows :

XX Combination = Girl child
XY Combination = Boy child

The 'Y' chromosomes are smaller in size compared to that of the size of the 'X' chromosomes. From this, it is very clear that chances of giving birth to a boy child or girl child is 50-50, almost equal. This is how, the father is responsible for the sex of the child. 'Conception' marks the final sex of the child. The mother, carrying only XX combination of sex chromosomes, have absolutely no role to play in this process. Only chance factors decides it.

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KEY TERMS

Amniotic Sac	Life-Span Development
Maturation	Conception
Genes	Sperm
Chromosomes	Fertilization
'X' and 'Y' Chromosome	Ovum
Sex Determination	Ovary
Dominant & Recessive Genes	Ovulation
Miscarriage	Implantation
Still Birth	Uterus
Zygote	Cell Division
Identical Twins	Uterine Wall
Monozygotic Twins	Fallopian Tube
Dizygotic Twins	Tubal Pregnancy
Multiple Births	Growth
DNA	Cephalo-Caudal Sequence
Malformation	Proximo-Distal Sequence
Prenatal Development	Period of Ovum
Uterine Crowding	Period of Embryo
Rh-Incompatibility	Period of Fetus
X' Ray Irradiation	Ectoderm
Mendelian Law	Mesoderm
Genetic Influence	Endoderm
Adolescence	Placenta
Adulthood	Umblical Cord

CHAPTER SUMMARY

1.   Life begins at the moment of conception, not on the day the infant is born, as believed by many.

2.   Development takes place in a systematic and orderly way.

3.   The process by which a fertilized egg cell is developed into an adult organism is known as 'development'.

4.   The process of development follows certain principles, because of this developmental pattern has predictable characteristics.

5.   Even if the terms 'growth' and 'development' are used synonymously, they are not exactly the same. One of the basic difference between these two is that while growth refers to all the quantitative changes, development refers to qualitative changes.

6.   Development involves change and these are of four different types like: changes in size, changes in proportion, disappearance of old features and acquisition of new features.

7.   Development is a continuous process and it usually progresses in a proportionate manner for physical and mental development.

8.   The process of growth and development follows a sequential pattern, the most important of this is that of developmental directions. One is that of 'Cephalo-Caudal Sequence' of development (from head region to foot) and the other one is that of 'proximo-distal' sequence of development (from centre to the periphery). This sequence of development practically gives human beings a beautiful and proportionate shape or structure.

9.   The process of development progresses follows twelve different principles of development. Each principle is important in its own way in explaining the characteristics of development.

10. The factor of 'individual difference' continued to signify the entire process of development. This factor is mainly due to the influence of hereditary and environmental factors.

11. The characteristics and stages of development is the same for each child irrespective of sex, caste, religion, culture, geographical area etc. Not a single stage is omitted at the middle.

12. There are altogether seven major stages of development with their own sub-divisions depending upon its characteristic features. These stages are : prenatal stage, Infancy, babyhood, adolescence, adulthood and old age. Each stage is significant in its own way keeping in view the changes it bring with it.

13. The role of maturation and learning is very important in the process of development. Both are important in their own way in influencing the process of development.

14. Development involves change. These changes are both physical and psychological. All these changes are due to the effect of maturation and learning. Maturation provides the necessary conditions for learning to take place. So to say, maturation sets the limit beyond which development cannot progress, even with the most favourable learning and motivating conditions.

15. Maturation brings 'developmental readiness'. It provides the raw materials for learning and determines the general patterns and sequences of behaviour.

16. There can be maturation without learning but for learning, to maturation is inevitable. No doubt, learning, in the form of training and excercise helps the development of inner potential to the optimum level. Maturation is the unfolding of an individual's inherent characteristics. Hence, both are equally important in facilitating the process of development.

17. Both heredity and Environment also play vital roles in smoothening the process of development. Genetic factors do play a very powerful role in facilitating the process of development. In this context, the mechanism of

hereditary transmission provides us a clear knowledge about the role of genes and chromosomes in setting the foundation of human life.

18. The prenatal stage is of utmost significance in the process of development as it is complicated by many factors. This period of approximately 280 days is divided into three stages like the period of the ovum, period of the Embryo and the period of the fetus. The prenatal environment is very important in determining any kind of developmental irregulation in the baby. Many factors influence the prenatal environment like the diet of the mother, her attitude towards pregnancy, her emotional state throughout the prenatal period, maternal diseases, kind of drugs, alcohols and tobacco taken, exposure to X' ray irradiation, maternal age, uterine crowding etc.

19. Each and every developmental stage has its own hazards and risk factors which needs to be taken care of. Starting from the period of prenatal development to post-natal developmental periods like Infancy, babyhood, childhood, adolescence, adulthood and old age. each stage contribute a lot to the further development in the next stage.

20. Excluding the period of infancy/neonate and babyhood, other four stages have their sub-divisions that gives a clear picture about the various developmental characteristics that are specific of that stage.

21. Each stage of development is accompanied by both physical as well as psychological changes. Physical changes creates changes at the mental level that ultimately influence the overall behaviour pattern of both males and females.

22. The duration of the period of infancy is from birth to first two weeks of our life span. The period of babyhood continued from the end of second week to the end of second year. The period of childhood continued from the end of two years to the end of twelve years. The period of early childhood ranges from two years to 6 years while the period of late childhood ranges from six years to twelve years. Both early and late childhood periods have their own specific characteristics.

23. Likewise, the period of adolescence begins from twelve years to the end of twenty years. This stage is classified into three major categories like early adolescence, middle adolescence and late adolescence. For many reasons, this stage is very crucial in our life span. With the attainment of sexual maturity, remarkable changes are marked among both adolescent boys and girls in their physical, mental, emotional and social domain that ultimately shape their personality.

24. The longest period in the entire life span is that of the period of adulthood. The duration or length of this period is from twenty two years to approximately sixty years. This stage is also sub-divided into three types, like; early adulthood, middle adulthood or middle age and the late adulthood. This stage is very crucial from many different perspectives. Like the previous stages of development in our life span, this period is also full of hazards and challenges, both at the personal and professional front.

25. From early adulthood period to the middle age, the interest pattern of an adult undergone many changes and there are definite shifts in the interest pattern that are related to shouldering important responsibilities in life. The major focus during middle age is to develop an attitude of preparedness to face all the challenges of life. This is considered to be not only the age of adjustment, but also the age of making successful readjustments in many important spheres of life.

26. The old age is the final stage in our life span. "Aging process" is practically slow and gradual. An individual never becomes an old person overnight. From a psychological perspective, getting old or approaching old age, is perceived differently by different people. Depending upon the quality of environment in which you live, the intensity and care in relationships that you feel and the dignity and respect that you receive from others, play a very vital role in making oneself feel the value of becoming old.

27. Old people can better play the role of a guide, a mentor, a counsellor and a motivator not only to their family members, but also to the society as well.

28. The most unfortunate thing that is happening in our society is the attitude of the young mass to the old people. Majority of the old people are not getting that practically they deserve. Our social attitude is also not that much favourable towards old people.

29. Psychologists say "our age is actually what and how we feel about it". Physical age matters, no doubt, but our own experiences of people around us provide us sufficient impetus to draw our own conclusions in this matter.

30. Regardless of how long or how short the total life span is, the sequential stages of development are similar to all. There could be no addition or alteration in there stages.

31. Because developmental pattern has predictable characteristics, it is easy to expect patterns of behaviour that are appropriate to that age. Hence, unless environmental conditions predict it, development will follow pattern that is similar to all . However, as each individual is different from the other, the rate and speed of development varies from individual to individual.

32. Finally, individual differences are important because they are also responsible for "individuality" or "uniqueness" in personality pattern. To add to this, because of this factor of individual difference, each child is unique in his own way. There could be no comparision between two children with different hereditary endowments. Rather, it could be wise to make their environment so stimulating that their inherent potentials could develop to the highest.

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QUESTIONS

A.   True - False Questions.

(State whether each of the following statements are "True" (T) or "False" (F).

1.   Development is a continuous process in life.

2.   Life begins at birth.

3.   The pattern of development is not similar to all.

4.   There is individual difference with regard to the speed of development.

5.   Developmental pattern is not predictable.

6.   Growth and development are similar.

7.   Early development is more critical than later development.

8.   The period of infancy is lengthier than the period of babyhood.

9.   Growth refers to qualitative changes.

10.   Development is the product of maturation and learning.

11.   Maturation is impossible without learning.

12.   Changes in proportion refers to changes in size.

13.   The pineal gland is located in the chest.

14.   Cephalo-caudal sequence of development means development from the centre to the periphery.

15.   Conception marks the beginning of life.

16.   The duration of Prenatal stage is 270 days.

17.   The period of embryo is the longest period of the prenatal stage.

18.   The mother is responsible for determining the sex of the baby.

19. Development of a baby is affected by endocrine glands.

20. The fertilized ovum contains 23 pairs of chromosomes.

21. 'X' chromosome is bigger than 'Y' chromosome.

22. Combination of XY chromosome results in a female child.

23. Genes contain chromosomes.

24. The process of hereditary transmission starts from the moment of conception.

25. Implantation takes place during the period of the embryo.

26. Identical twins are also known as "monozygotic twins".

27. Malnutrition can seriously affect the development of the fetus.

28. Mother's emotional state during pregnancy can significantly affect the development and reaction of the fetus.

29. Rh- Incompatibility is harmful to the development of the baby.

30. Learning facilitates the process of maturation.

31. Development involves change.

32. Development proceeds from general to specific.

33. "Mendelian Law" was developed by George Brown.

34. Development follows the process of developmental directions.

35. Proximo-distal sequence of development refers to the development from head to foot.

36. The duration of the period of "Infancy" is that of three weeks.

37. The period of adolescence is popularly known as the "Teen-age".

38. The period of "adulthood" is the longest period during our entire life-span.

39. The process of "aging" depends a lot on our attitude.

40. The entire period of adulthood is characterized by a sense of responsibility.

41. "Old age" is not a stage of isolation, it is a stage to play the role of an inspirational mentor.

42. There are social expectations for each stage of development.

B.   Multiple-Choice Questions

(Choose the correct alternative from the bracket to fill up the blank and answer the questions)

1.   Life begins at _____. (Conception, birth, fertilization)

2.   Developmental pattern has _____ characteristics. (Systematic, Predictable, Ambiguous)

3.   The process of development follows the law of developmental _____.

     (Dimension, direction, Instruction)

4.   The duration of the prenatal period is _____ days. (270, 280, 290)

5.   The fertilized ovum is called a _____ (zygote, embryo, fetus)

6.   A new born baby inherits _____no. of chromosomes from his parents.

     (44, 46, 48)

7.   All human structures are formed during the period of _____.

     (Ovum, embryo, fetus)

8.   Most of the abortions/miscarriages occur during the period of _____.

     (ovum, embryo, fetus)

9.   The size of the 'X' chromosome is _____ than that of the 'Y' chromosome.

     (Larger, smaller, equal)

10.   'Implantation' occurs during the period of _____. (ovum,embryo,fetus)

11.   The best age for a woman to have a child is in between_____.

     (18-21 years, 21-25 years, 22-28 years)

12. Maturation provides the basis for _____. (learning,emotion,motivation)

13. The longest period during our life-span is _____. (adolescence, adulthood, old age)

14. Maximum physical changes takes place during the period of _____. (Babyhood, childhood, adolescence)

15. The duration of the period of Infancy is _____. (One week, Two weeks, Three weeks)

16. _____ combination results in a male child. (XX, XY, YY)

17. Growth refers to _____ changes. (Qualitative, quantitative, general)

18. The process of development is influenced by _____ factors. (Hereditary, Environmental, Both Hereditary and Environmental)

19. Development is the product of _____. (Learning, Maturation, Both Learning and maturation.

20. _____ gland is located at the brain. (Pineal, thymus, aadrenal).

21. A new-born baby is born with _____ cells in higher body.

    (1 billion, 2 billion, 3 billion)

22. The head-to-food order of development is called_____. (proxymodistal sequence, developmental sequence)

23. Development involves _____ major types of change. (two, four, six)

24. _____ age is popularly known as teen-age. (Early childhood, Late childhood, Adolescence)

25. The life-span development covers_____ major stages. (six,seven,eight)

26. Identical twins are also called _____. (monozygotic twins, fraternal twins, two-egg twins)

27. The period of infancy is also known as the period of _____. (babyhood, neonate, prenatal)

28. There are about _____ genes in a new born infant. (60,000 to 70,000,

70,000 to 80,000, 80,000 to 1,20,000)

29. DNA is the _____ of heredity. (atom, molecule, cell-centre)

30. "Tubal pregnancy" is coming under _____ type of pregnancy. (normal, natural, abnormal)

31. The whole nervous system develop from _____. (ectoderm, mesoderm, endoderm)

32. _____ is a bag like structure containing a fluid substance that is formed during the period of the embryo. (The placenta, The Amniotic Sac, The umblical cord)

33. The longest period during our entire life-span is the period of _____. (childhood, adolescence, adulthood)

34. _____ is known as the stage of decline. (Adulthood, Adolescence, Old Stage)

35. Social expectations are at the highest during the stage of _____. (Adolescence, Adulthood, Old Age)

36. Frequent "mood swift" is the characteristic feature of the period of _____. (babyhood, childhood, adolescence)

C. Short-Type Questions

(Write the answer to each question in five sentences.)

1. What do you mean by the term life-span development?

2. Mention the different stages of development.

3. Differentiate between growth and development.

4. Explain the different type of changes that occur in the process of development.

5. How the sex of the child is determined ?

6. Explain how conception takes place.

7. What is the difference between Identical and Fraternal twins?

8. Explain the main features of the period of the ovum.

9. Mention the major developmental structures formed during the period of the Embryo.

10. Write about genes and chromosomes.

11. What do you mean by prenatal development?

12. Mention the characteristics of prenatal stage.

13. Discuss any two factors influencing prenatal development.

14. What do you mean by the term "Age of Viability"?

15. What is placenta?

16. Mention the importance of the amniotic sac.

17. Write the functions of the umblical cord.

18. Explain the period of Infancy.

19. What are the characteristic features of babyhood?

20. Discuss the classification of the period of childhood.

21. Explain the major physical changes taking place during adolescence.

22. What are the characteristics of adolescence?

23. Explain the various mental changes taking place during old age.

24. Mention the classification of the adulthood stage according to the age factor.

25. What are the main characteristics of old age ?

26. Why old age is considered as the period of decline?

27. What are the social expectations from old people ?

28. Which is the longest period in the life-span development and why?

29. Why developmental process is considered to be a continuous process in life?

30. Why it is said that the developmental pattern is similar to all?

31. Mention any three important principles of development.

32. "There is individual difference" in development, explain how?

33. "Getting older is the reality of life, But the process of aging is a matter of attitude" - explain the statement.

34. What are the benefits of knowing the details of the process of development?

D. Essay - Type Questions.

(Write long answers)

1. Define the term development. Briefly discuss the difference between growth and development and mention the different types of changes taking place in the process of development.

2. Briefly discuss the principles and characteristics of development.

3. How many stages are there in the process of development? Give a brief classification of all the stages in the life-span.

4. What do you mean by prenatal development? Explain the different stages of it.

5. Discuss the factors responsible for influencing prenatal development.

6. Discuss the possible hazards during the prenatal period.

7. Briefly discuss the characteristic features and major developments taking place during the childhood stage.

8. Explain the major characteristics and developmental change taking place during the period of adolescence.

9. What do you mean by the term adulthood? Discuss the characteristic features of this stage. Why this period is considered to be a socially responsible stage?

10. Briefly discuss the important characteristics of the old stage. Mention the major problems relating to old age.

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A N S W E R S

A. **True - False Questions :**

1. T	7. T	13. F	19. T	25. F	31. T	37. T
2. F	8. F	14. F	20. T	26. T	32. T	38. T
3. F	9. F	15. T	21. T	27. T	33. F	39. T
4. T	10. T	16. F	22. F	28. T	34. T	40. T
5. F	11. F	17. F	23. F	29. T	35. F	41. T
6. F	12. F	18. F	24. T	30. T	36. F	42. T

B. **Multiple-choice Questions :**

1. **Conception**
2. **Predictable**
3. **Direction**
4. **280 days**
5. **Zygote**
6. **46**
7. **Embryo**
8. **Embryo**
9. **Larger**
10. **Ovum**
11. **22 to 28 yrs.**
12. **Learning**
13. **Adulthood**
14. **Adolescence**
15. **Two weeks**
16. **XY**
17. **Quantitative**
18. **Both hereditary & Environmental factors.**
19. **Both Learning & Maturation**
20. **Pineal**
21. **2 Billion**
22. **Cephalo-caudal sequence**
23. **Four**
24. **Adolescence**
25. **Seven**
26. **Monozygotic Twins**
27. **Neonate**
28. **80,000 to 1,20,000**
29. **Molecule**
30. **Abnormal**
31. **Ectoderm**
32. **Amniotic Sac**
33. **Adulthood**
34. **Old Age**
35. **Adulthood**
36. **Adolescence**

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Chapter - 2
SELF AND PERSONALITY

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This chapter covers :

i) Concept of self and personality.

ii) Types of self and personality.

iii) Type theory of personality.

iv) Trait theory of personality

v) Approaches to study personality.

vi) Assessment of personality.

After going through this chapter, you would be able to :

- ❖ Know the real meaning of the term self, the 'I', the 'Me'.

- ❖ Know different forms of our self and the context in which it is shown and its purpose.

- ❖ Understand the difference between self and personality.

- ❖ Have a thorough knowledge of various theories of personality, both type and trait.

- ❖ Know about various approaches to study personality in detail.

- ❖ Know about personality testing, i.e., how to assess human personality, what are the different types of tests that are available and their effectiveness in understanding the complexity of personality.

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Chapter - 2
SELF AND PERSONALITY

Introduction

The concept of self and personality has been the concern of philosophers and great thinkers for a pretty long time. This has led to the quest for knowledge to understand the true meaning of the term 'self'. If we observe our daily activities and our interactions with other people, we can mark that we, ourselves, are the main centre or focus of our attention. We usually pay more importance to our own likings, dislikings, choice, interest pattern, happiness and unhappiness, comfort and to our own priorities in life. This does not mean that we are not giving attention or importance to others or to those who are very close to us.

'Who am I' is indeed a very old and deeper level question. This question was, perhaps, one of the earliest questions that give rise to various systems of philosophical reflection, contemplation and metaphysics. Human beings wanted to solve the mystery of their existence and also worked to solve the riddle of one's self-identity. People wanted to understand where they come from, why they were here and what is their goal and purpose in life.

From past to present moments, throughout the history of human endeavour, as human minds reach across the pathways to personal growth, they consistently enquire about the final aim of life. From the vedic period, intricate questioning and profound pursuit on the part of the seeker can be noticed as people searched for an answer to the three important questions of life :

i)   Who am I ?

ii)   Why I have come to this world ?

iii)   What is the highest goal/purpose of my life ?

An important goal of life is to "know thyself" which means 'knowledge of the self'. The term 'self' contains within itself all the organized characteristics of our existence including our feelings, emotions, observations and experiences. We can experience our self in two different forms - in its subjective form and in its objective form. Due to our ignorance, we think that 'self' includes my name, my profession etc. Due to various false perceptions of life, we have lost our true identity and try to search ourselves in our roles, titles, labels, possessions etc. Since childhood, it has been instilled in our mind that "I am a boy" or a "girl", I am a doctor, teacher or an engineer etc. I am tall, dark, slim, fatty or pretty etc. For this reason, we grew up absolutely committed to the ideas of physical attributes that is visible to us. Hence, it is very much essential to understand the true meaning and nature of the term self.

The concept of self

Our observation of our own behaviour can tell us many things about ourself. Our assessment of our own behaviour increases our awareness about our self. Much of our informations about our own self is practically acquired by comparing ourselves with others, either consciously or unconsciously. The term 'self' can be classified under three categories like the following :

i)   The Real / Original Self

ii)   The Possible Self

iii)   The Ideal Self

The **real** or **original self** is our true self. This means this is the self in our original form and it cannot be easily affected by external pressure. It can be experienced at a subtle level. These are the qualities which we feel and posses.

The second one is that of our **possible Selves.** It can be defined as one's own conception of what type of person he/she is going to become in his life. There are three major factors that usually influence our possible self and they are our past experiences, our present behaviour and interaction with others and finally our future expectations. Possible self can be positive or negative. The

third one is that of our **Ideal Self** which means perceptions of our own self at a higher level.

When our actual or real self is not congruent with our ideal self, then, we experience emotions of dejection, sadness, failure, disappointment etc. Even though most of us experience discripancy in these three selves, we are also able to deal with it in a reasonable manner either by changing our thought or our behaviour or by both. This concept of "self" can be explained in relation to many concepts, especially in relation to our individual as well as social context. These are mentioned below :

i)	Self - identity	xi)	Self - attribution
ii)	Self - concept	xii)	Self - understanding
iii)	Self - Esteem	xiii)	Self - Enhancement
iv)	Self - perception	xiv)	Self - regulation
v)	Self - Evaluation	xv)	Self - efficacy
vi)	Self - Presentation	xvi)	Self - defeating
vii)	Self - focussing	xvii)	Self - Schema
viii)	Self - monitoring	xviii)	Sef - Disclosure
ix)	Self - discripancy	xix)	Self - realization
x)	Self - awareness	xx)	Self -control

Self-identity is one's definition of oneself. It also means evaluation of our own self. It includes ones qualities, gender, social status, profession as well as relationships, ethnicity and religion etc.

Self - concept is a multifaceted construct. It is the central element of oneself. It is also one of the most important component of our social identity. According to (Markas & Wurf, 1987), self-concept can be defined as "an organized collection of beliefs about the self. Our sel-concept is acquired primarily through our family and social interaction. We can view our self-concept as the **"Central Schema"** of our personality. Hazel Markus has talked about the concept of **"Working Self-concept"** which means the total self-concept can never be manifested at a given period of time. Only certain part of our self-concept operate at one time.

Self-esteem is relatively a stable aspect of our self. It can be defined as "one's overall assessment of one's worth or value as a person." Our self-esteem influences our interactions and adjustments to a great extent. It is one of the key components of one's personality trait which is considerably influenced by our early childhood experiences. Our success and failure in life is greatly influenced by our self-esteem. Low self-esteem has been found to be a very common problem among people of all age groups today.

Self-perception means how we perceive our own self, whether I have a positive or negative view of myself. It also refers to our own interpretations of ourselves. Many processes are involved in it. Our own perception of our own self starting from our physical body to personality caracteristics, our potentials, maturity level, stability etc., all can be included under self-perception.

Self-Evaluation refers to one's evaluation of one's own self. How I value myself. It helps us to know and understand "where we stand" at any given time. Self-evaluation helps us to assess our own performance at different times and situations and gives us scope to change ourselves to cope with the demand of the situation.

Self-Presentation refers to how we present ourselves in different contexts. Because, many a times we present ourselves in a way which we, actually, are not. This factor necessiate us to find our the difference between our **"actual self"** and the 'self' that we present before others. We may call it as public self. We are more conscious of our public image rather than our real self. It is also a fact that we exhibit multiple public selves.

Self-focussing is a cognitive activity. It can be defined as "the extent to which our attention can be directed towards oneself." To make it more simple, self-focussing refers to whether I am focussing more on my inner-self or to that of the aspects of the external word. According to sedikides, 1992, "there is close relationship between self-focussing and one's mood."

Self-monitoring can be defined as "a personality disposition that ranges from the tendency to regulate one's behaviour depending on the need, demand

and pressure of the situation to the tendency to regulate one's behaviour on the basis of internal factors or conditions at any given time. Self-monitoring practically influence many aspects of our interpersonal relationships and behaviour.

Self-discripancy can be defined as "the gap that exist between our real self and our ideal self." Hence the gap between what we actually are and what we would like to become is called as self-discripancy. Though most of us experience self-discripancy at many phases of life, still then some how or other we manage to overcome its negative effects either by changing our behaviour or our thought process. What is most important is to be aware of the frequency of its occurence and the resulting impact it is creating on us.

Self-awareness refers to a state of consciousness in which we focus our attention inward, upon ourselves. Large individual differences exist in relation to the tendency to be self-aware. In general, we are more aware of our own selves under three different situations like : when standing before the mirror, performing in front of an audience and taking our photographs. In these three particular situations, we all are aware to a heightened degree. The effect of the degree of awareness has both positive and negative effects upon our performance and behaviour.

Self-attribution refers to the process by which we draw inferences about the causes of our own behaviour. This process helps us to analyse the meaning of our own experiences. According to Heider (1985), two factors influence our behaviour and they are : The personal factors or the factors within the person and the other one is the environmental factors or the factors lying in the external environment. This means our own emotional state as well as our adjustment to our environment, both influence as to whether our self-attributions are external or internal.

Self-understanding is very important from the point of view of setting realistic goals in life, behaving appropriately with others and taking interest to create good impression and influence on others. In order to achieve this, we need accurate information about our own self starting from our physical appearance to

our abilities, qualities, our self-image and personality characteristics. Sometimes, we create our own false image and are satisfied with it and are reluctant to change ourselves. This will definitely inhibit the process of our growth.

Self-Enhancement is a very powerful motive that helps in understanding our ownself. It is defined as "a tendency to maintain good and positive feelings about our self. In general, people have a tendency to improve themselves, but many people are there who do not want to grow in their life. Many of us have the desire to enhance our self by connecting ourself with successful persons and celebrities. But, this will not serve the purpose provided we draw inspiration from them and use them in our life.

Self-Regulation can be defined as "a tendency on the part of an individual to direct and control his own behaviour, desires, impulses and instincts." Because, under normal conditions, individuals usually resist their desires and impulses that stand as an obstacle in their path to progress. Social researchers have found that this tendency to regulate oneself has its root from early childhood years. Hence, family plays one of the most important role in helping children develop this tendency in them.

Self-Efficacy can be defined as "a strong conviction among people that they can definitely achieve their desired goals or targets. They have both faith and belief in them that they can excellently perform the tasks that they have been entrusted with. This happens only when a person has sufficient confidence on his abilities. 'Self-efficacy' is considered to be one of the most important components of one's personality that not only helps in making appropriate personal adjustment, but also in achieving success in professional and other fields too.

Self-defeating behaviour can be defined as those action patterns that is against an individual's self-interest and which are performed sometimes intentionally and at some other time, unknowingly. At times, there may be a deliberate intention to destroy oneself while at other time the behaviour results as a result of self-defensive measure.

A **Self-Schema** is the sum -total of everything that a person knows about himself and imagined about himself/herself. This self-schema exercise a very powerful control in regulating one's own behaviour and also helps us in processing only those informations that are relevant to our self rather than focussing on other irrelevant informations. According to klein & Loftus (1998), "such informations are readily processed in the memory and can also be easily recalled." This tendency is also popularly known as the "Self-reference effect".

Self-disclosure is another important aspect of self in which the person concerned has no inhibition in expressing or disclosing everything about him/her, however personal, unpleasant and negative it may be. They do not bother as to what impression other people will carry of him. The reverse of it also observed where people are very much reluctant to speak about themselves.

Self-realization means understanding the self in its totality, in connection with the real purpose, value and goal of human life. Self-realization is to know the totality of changes that take place within the self. It is a relatively higher state of human life. By exploring our own self, we can come to this state.

Self-control or **Self-discipline** is the key to attain realization of one's own self. It can be achieved by adhering to a disciplined life-style. Self-control refers to holding in check of the instinctive urges that try to drag the individual away from the experience of the real truth of life. Regular practice of yoga and meditation helps us to attain self-control to the highest.

All these facets of 'self' gives us a wider meaning of the concept of self. Each aspect or component is very important in clarifying the true meaning of the term self.

Self in the Indian Tradition

The concept of 'self' can be dated back to five thousand years ago. It is the foundation of human life. It has a definite spiritual base. Self involves my own mental representations, image of myself- my body, my thought process, my feeling, emotions, experiences etc. The terms we generally use to explain our own self is

that of I, me, mine, myself etc. depending upon the context we are expected to judge, evaluate and decide. The Indian concept of 'self' focusses more on the concept of "Atman" or "soul", It consider "jiva" as the experiential self and "Bramha" as the Supreme Being or the Absolute. The goal of human life is to realize the reality behind the changing phenomena. the summum bonum of human aspiration is to attain self-realization. Devotion and discipline are the two key mediums to know and understand- our true-self. Body is mortal, but soul is immortal, eternal. Atma is a part of the Absolute. The Indian views on self focusses more on many different aspects of human existence like the physical, mental, social, cultural and spiritual. Indian conceptualization of 'self' is somewhat different from the Western conceptualization of self. It believes - the 'Jiva' or 'prana' consists of five different layers of "Koshas" the structure of which can be compared with that of the structure of an onion.

These five koshas are the following :

i) **The Annamaya Kosha :** The physical Body getting energy from food.

ii) **Pranamaya Kosha :** The existence of self as the prana or having life.

iii) **Manomaya Kosha :** It involves the sense organs, the mind, Ahankar etc.

iv) **Vigyanamaya Kosha :** It is related to the concept of ideas, concepts, constructs, schemas etc. that helps in understanding the world.

v) **Anandamaya Kosha :** This is the innermost layer which reflects the real self as a divine and spiritual being. This layer helps in experiencing a blissful state.

These are called "Panchakoshas".

The conceptualization of these Koshas represent the gross physical body as well as its progression towards achieving a more subtle form of experience ending with a blissful state. Hence, the process of exploring our own self is quite an interesting and adventurous one and this requires a complete understanding of the concept of the self or that of the sould.

The concept of personality -

The term **personality** has its orgin from the Latin word **persona** which means a "mask". It can be also called as a theatrical mask used by the actors in the drama while playing the roles of different characters. But, in our daily life, we are using the term personality mostly to mean the overall get up of an individual giving more importance to his/her physical appearance or attractiveness.

How can we define the term personality ? It can be defined as "the sum-total of an individuals attributes or qualities". These attributes include all those that constitute the whole person, starting from his/her physical appearance to his nature, temperament, interest and choice pattern, liking and dislikings, gestures and postures, communication style, dressing sense, attitude, action and behaviour etc. All these comprises one's personality.

Let us put a glance to the term "mask". what happens when we use a mask ? It replace our original face and we use it to play the role of some other person that is not exactly, the "me". We are also required to change our voices and many other things to suit the "targeted character" in the drama. Once our "roles" are over, we returned back to our original role and personality. What is most important here is that this temporary "role playing behaviour can bring minor changes in our nature and temporament also. The possibilities are always there and it cannot be ignored.

Can there be a distrinction between our **Inner self** and **outer self ?** This has been the frequently raised question in many minds ? The reality is that there is a definite gap between these two selves. The reason being, we, as human beings have a born tendency to appear nice before others. We all want to show socially approved pattern of behaviour because in our sub-conscious mind, the

desire to get social approval is always there. This desire motivate us to show specific patterns of behaviour. This indicae the fact that most of us usually create this gap between our actual self and the external self to fulfill some of our personal, psychological and social needs. This, certainly justify the use of the term- 'mask'.

Personality Defined

The term personality has been defined differently by many eminent psychologists, social scientists and sociologists. The following are some of the most popular definitions of the term personality.

i) According to George. Herbert (1936), "Personality is the product of our interactions with varieties of people at different situations of our life, but the major influence being exerted by family members."

ii) According to Mc Arthur, (1985)., the term personality can be defined as "the relatively consistent and enduring aspects of our behaviour that cause us to resemble others in some ways and to be unique in other ways."

iii) According to warren, (1962) personality can be defined as "the entire mental organization of a human being at any stage of his development."

iv) According to Nelson & Miller (1995), personality can be defined as "an individual's unique and relatively stable patterns of behaviour, thoughts and emotions."

v) Morton Prince has defined the term personality as "the sum-total of all the bilogical innate dispositions, impulses, tendencies, appetites and instincts of the individual and the acquired disposition and tendencies acquired by experience."

vi) According to G.W. Allport, personality can be defined as "the dynamic organization within the individual of those psychophysical systems that determine his unique adjustment to his environment."

Allport's definition is considered to be one of the most exhaustive definition of personality. This definition has focussed on three major aspects like the following :

a) Personality as the dynamic organization,

b) Psychophysical system and

c) One's unique adjustment to his environment.

This definition can be summarized as follows : Personality is the sum-total of the physical and mental traits of an individual which are dynamic and subject to change and they help in making unique adjustment to his/her adjustment.

All these definitions point out the fact that personality is a social phenomenon and it is greatly influenced by our social interaction. It indicates the uniqueness of an individual. Personality is never static, it is subject to change. It is the sum-total of all the traits and characteristics, qualities or attributes of a person. According to the **Interactionists Perspective,** our behaviour in any given situation is usually a complex function of our **internal factors** and the **situational factors** in the world around us.

This perspective has now been accepted by most psychologists. However, certain traits of our personality continue in a consistent manner. The factor of **individual difference** carries a great value in this regard.

Approaches to study personality :

How to study one's personality ?

It is a fact that most of the characteristics that identify and define us as individuals are the product of social interaction. In as much as each individual interact with others throughout his/her life-span, and because no two interactions are the same, personality undergoes a constant process of modification. In addition to this, our own involvement in the roles we play is also likely to create some kind of effect on us and upon our relationships with others. in this process, as we move from one situation to another, and from one role to another, we reveal many aspects of ourselves - our personality, to others to ourselves as well.

There are mainly **four major approaches** to study personality. These include the following :

i)   **The type and the Trait Approach**
ii)   **The Psychodynamic Approach**
iii) **The Behaviourist Approach**
iv)   **The Humanistic Approach**

i)   The Type and the Trait Approach

What is the necessity to understand and to differentiate between different types of personality pattern ? Why psychologists are interested to categorise people on the basis of their personality characteristics ? Even though we know that there can be no comparision between two individuals, still then, there are certain traits or characteristics that may be common. The term **type** refers to categories where as the term **trait** refers to characteristic pattern. Approaches to study personality on the basis of both types and traits can throw some light in finding out the similarities or differences, if any, among individuals in relation to their behavioural dimension.

The first attempt to study personality on the basis of types was made by the Greek physician Hippocrates. He had the belief that the body constitution of the individual determines the way he or she is expected to behave. So, he had classified personality types under four categories. They are the following :

i)   **The Sanguine :**   Those who are cheerful, active, quick in action.
ii)   **The plegmatic :**   Those who are slow, dull, calm and inactive.
iii) **The Choleric :**   Those who are short tempered, irritable, aggressive.
iv)   **The melancholic :**   Those who are sad, depressed and pessimistic.

Such a typological classification of personality was made by Hippocrates on the basis of the predominant fluid in the body of the particular individual, i.e., whether it is blood, phlegm, yellow bile or black bile.

After Hippocrates, the next attempt to classify personality was taken by Kretschmer(1925). He was a psychiatrist by profession and he wanted to to classify personality on the basis of an individual's body form and structure. He had observed both the normal individuals as well as mental patients. According to him,

schizophrenic and manic depressive patients have different types of body constitution. Because certain body types gives rise to certain types of mental disorders. He then classified normal individuals under 3 categories which include the following :

i) **Asthenic Type :** These people are tall, thin. They are shy, sensitive, gentle, idealistic and imaginary, non-expressive.

ii) **Athletic Type :** These people are tall, well-built, active, joyful, practical and adjustive, have patience.

iii) **Pkynic Type :** These people are short statured, fatty, round-faced, thick-necked. Are jovial, easy going, mobile, tolerant, popular with sense of humou,r are expressive.

So, like Hippocrates, Kretschmer also believed that there is direct and positive correlation between our body structure with that of our nature and temperament.

After Kretschmer, the next classification of personality was made by sheldon in the year 1942. His theory is popular in the name of the **somato type theory** of personality. Sheldon strongly believed the interlink between one's body constitution with personality type.

He classified human personality into 3 types like :

i) **Endomorphy :** Fond of food, like comfort and relaxation, jovial, amiable, are apprehensive with sense of insecurity.

ii) **Mesomorphy :** Like hard work, adventurous, pain-staking, calm and cool, Energetic, competitive mind etc.

iii) **Ectomorphy :** Unsocial, Inactive, thoughtful, shy, non-adventurous, impatient.

Shelon's classification was based on the belief that there is close connection between one's physique and temperament.

These classifications of personality made by Hippocrates, Kretschmer and Sheldon, even if they are not accepted to-day, stile then credit should be given to

them at least for initiating the door to a deeper understanding and study of human personality.

Next important typological division of personality type was made by Carl Jung. Even to day his classification was accepted by psychologists and other personality psychologists and has occupied a prominent place in understanding the psychology behind one's personality. Jung has classified personality into two types like : The **Extroverts** and the **Introverts** basing on their overall tendency while responding to the external world.

General Characteristics of Extroverts :

(i)	Easy and outgoing	(vi)	Take interest in other people
(ii)	Sociable and friendly	(vii)	Like to be involved in new tasks
(iii)	Lively and active	(viii)	Sportive and Jovial
(vi)	Men of action and practical	(ix)	Expressive
(v)	Insensitive to social criticism	(x)	Less emotional

These are the general characteristics of Extroverts. They prefer to give more importance to their success and want to avoid failure. They do not feel easily embarrassed or insulted. They seemed to be more confident of themselves and like to discuss their views with others. Leaders, actors, entrepreneurs belong to this group.

General characteristics of Introverts

(i)	Like to stay in their own world	(ix)	Self-critical
(ii)	Imaginative	(x)	Repressive type
(iii)	Socially sensitive	(xi)	Thoughtful/moody
(vi)	Shy, reserved type	(xii)	Magnify failures
(v)	Less expressive	(xiii)	Not very friendly
(vi)	Indecisive	(xiv)	Tendency to compare

vii) Prefer to stay alone   (xv)   Can't easily mix with others

viii) Self analytical   (xvi) Emotional

These are the overall characteristic pattern of the introverts. They usually do not want to talk more and they never prefer to tell their personal or private problems or feelings to others. It is commonly assumed that scientists, philosophers, poets, artists, painters etc. belong to this group.

Jung's classification of personality was based on his personal observations of people in different settings as well as his experiences in his clinical field.

In our real life situation, we have observed that it is practically very difficult to classify people strictly into any specific category. Because, human beings are vulnerable to situations. At different situations they exhibit completely opposite and contradictory attitude and behaviour. Rather, it will be more appropriate to think of another category the **Ambiverts.**

The Ambiverts - This category of people possess characteristics of both the Extroverts and Introverts. Depending upon the need and demand of the situation, they exhibit different characteristics. Practically speaking, the majority of the people falls in this category. Hence, the same individual show both the tendency or characteristic pattern of extroversion and Introversion.

This typological division of personality is just an explanation of human nature and temperament on the basis of their overall reaction and behaviour pattern. As personality is multidimensional, this typological division is not at all exhaustive in explaining the concept of personality.

Trait Approach - This approach focusses mainly upon identifying the key dimensions of personality along which people differ from each other. If we are able to identify these dimensions, then it will become easy on our part to find out "how much they differ from other". The term 'trait' refers to a stable and enduring attributes of a person that are more or less consistent and are revealed in different situations. It refers to a common tendency on the part of an individual that motivates him to act and behave in typical ways. It has been estimated that more than

40,000 traits can be described. Allport and Warren have done extensive research to study these traits. Apart from these two, cattell, and Eyesenck et. al have also tried to explain the term personality on the basis of "traits".

In this context, cattell has differentiated between two different type of traits namely-

i) **Source Traits** and   ii) **Surface traits**

By source traits, it is meant those attributes or qualities that are there at a deeper level and these traits are the actual traits of a person. By surface traits, cattell believed that these are the attributes of a person as exhibited by him directly in his action pattern/

According to this trait approach, these traits determine the differences in personality dimension. It is only because, these traits are found to be relatively stable over time and they are reflected more or less consistently across situations. Hence, depending upon the strength and weakness of these traits along with their combination, we can identify the basic differences among individuals.

While discussing the salient features of this trait approach, it is very important to know the works of Allport, Cattell and Eyesenck whose contributions were note worthy.

Contributions of G. Allport :

Gordon Allport is considered as the champion of the trait approach. He was of the opinion that an individual's personality can be divided into many different categories and these categories vary in relation to their strength and importance. He had explained three major categories of traits in this regard. These traits include the following :

i) **The Central Traits**

ii) **The Cardinal Traits**

iii) **The Secondary Traits**

The Central Traits are generally few in number. Yet, these are very strong traits and they are strong enough not to be influenced or affected by situational factors. Practically speaking, these traits determine the "uniqueness" in an individual's personality.

Cardinal Traits are those traits that are limited to either one or two dominant traits that determine the entire personality of an individual.

In contrast to the central and the cardinal traits, the **secondary traits** are those traits that exert very little and weak influence upon the behaviour of an individual. These secondary traits are considered to be the least important traits of one's personality.

Later on Allport has developed the concept of **functional autonomy** in the year 1965, to explain the reason as to why many individuals show interest to show definite patterns of behaviour, intentionally in order to get desired results.

Allport viewed that the way an individual react and respond to different situations is dependent upon his/her personality traits. While expressing these traits, parental training and social conditioning play an important role. Because of this, people having same type of personality traits may express it differently.

Contributions of R. B. Cattell -

Raymond Cattell has proposed his own unique trait theory of personality after conducting research on thousands of persons to find out the key dimensions of personality. He used the **factor analysis** technique to analyse the response pattern of his subjects. His intention was also to find out the possibility that might exist between different traits on the basis of which he could identify important cluster of traits.

With this intention in mind cattell did collaborative work with Dreger in the year 1977 and was able to identify **sixteen** source traits and 35 surface traits which he considered as more stable traits less affected by environmental factors. He described these sixteen traits in terms of opposing tendencies like disciplined vrs undisciplined, cool vrs. calm etc. Later on, he used these materials for assessing

personality in the form of a self-administered questionnaire which is popularly known as Sixteen-Personality Factor Questionnaire (SPFQ).

Contributions of H. J. Eysenck -

Eysenck is a popular British Psychologist. He attempted to describe the basic dimensions of personality. He wanted to classify various dimensions into major dimensions. These major dimensions include many other contractory traits. These two dimensions include the following:

i) **Neuroticism Vrs Emotional Stability**

ii) **Extraversion Vrs Introversion**

i) **Neuroticism Vrs Emotional Stability :**

As the name indicates, both the terms stand opposite to each other. Neurotic people are those who are anxious, tensed, restless, moody and somewhat emotionally unstable where as those who are emotionally stable, they have good control over their emotions and feelings. They appear to be calm, stable, easy and balanced. Both of them stand at the two extremes of a scale.

ii) **Extraversion Vrs Introversion :**

The tendency and behaviour pattern of both the categories are opposite to each other. While the **Extroverted** people are active, energetic, outgoing, impulsive, decisive & friendly etc., the **Introverts** are socially withdrawn type, shy, reserved, reflective, solitude-seeking, indecisive etc.

Later on, after engaging himself in other research activities to know more about the functioning of the traits and its resulting impact on personality pattern, he has proposed the third dimension - **psychotism.** According to him, a person whose personality dimension is more towards psychotism, behaves in a typical manner that can be well differentiated from the other two dimensions. These people behave in an anti-social manner, they are emotinally unstable and unpredictable in relation to their personality pattern.

A comparision between the 'type' and the 'trait' approach speaks of the superiority of the later. A descriptive approach, no doubt, helps in knowing the concepts, varieties etc., But a more scientific and objective approach always yields better results. To conclude, trait approach to study personality is definitely a more promising approach.

An evaluation of both the approaches by psychologists definitely shows the preference towards the trait approach as it was accepted by almost majority of the psychologists. But, this does not mean that this approach is free from shortcomings. One such demerit is connected to the aspect that it fails to explain the 'how'and 'why' factor of behaviour, i.e. what are the sources of the development of these traits and how they affect human behaviour and finally why studying these factors are important. Inspite of these limitations, the trait approach has it's own importance in explaining basic dimensions of personality, This approach has become successful in inviting more comprehensive research relating to identifying

other important dimensions of personality.

New Developments in Personality Research

The contributions of Paul Costa and Robert Mc Crae and Zuckerman (1994) has created a steer among psychologists with their popular **Big Five Dimensions** of personality. Why they are so named? What justification we can give? These three renowned scholars have identified five basic dimensions of personality that they consider central to final research on personality. These five key dimensions include the following :

    i)   Openness to Experience

    ii)   Extraversion

    iii) Agreeableness

    iv)   Conscientiousness

    v)   Emotional Stability

i) Openness to Experience : Individuals high on this dimension are found to be openmined, flexible, imaginative, open to new ideas, interested to explore new things, simple and down-to-earth people. They donot want to limit themselves to any kind of narrowness that may create barrier to the path of their exposure to the big world.

ii) Extraversion : It is same as that of Jung's concept of **Extroversion.** Individuals high in this dimension are found to be sociable, friendly, energetic, enthusiastic, outgoing, talkative and very much expressive. Individuals who score less in this dimension possess all those traits of an **Introvert** who are shy, reserved, less talkative, inexpressive, socially inactive etc.

iii) Agreeableness : This dimension is expressed in the form of being a good human being with good nature. These people very much helpful, reliable, co-operative & supportive. Individuals low in this dimension show the reverse of these traits or qualities.

iv) Conscientiousness : Individuals who are high on this dimension are found to be systematic, well-organized, responsible, disciplined, careful, duty conscious and ethically strong. Those who score less or are low in this dimension exhibit just the opposite of these qualities.

v) Emotional Stability : Individuals who are emotionally stable, are found to be calm and composed, balanced, emotionally mature and know the art of when to talk and when not to. These people also recognise other's emotions and set their interaction pattern accordingly. On the contrary, those who are emotionally unstable, are found to be nervous, anxious, tensed, stressed, imbalanced and showing abnormal behavioural tendencies.

Many researchers still believe these "Big Five factors" as the key dimensions of our personality and they also claimed that people across cultures can also be evaluated quite correctly on the basis of these five central dimensions. According to (Hogan & Roberts, 1996), these dimensions can also explain the causes behind various forms of behaviour and by this, the shortcomings of the previous trait approaches can be ignored. However, there are psychologists, who still are not

ready to accept this model whole heartedly. But, in spite of a little difference of opinion about this final description of personality dimension, it has acclaimed greater acceptance among majority of the psychologists including personality psychologists. At least, it can provide sufficient impetus to those who are ready to continue further research in this area.

ii) The Psycho-dynamic Approach :

Credit goes to Sigmund Freud for developing such a novel approach to the study of human personality. He was the first psychologist who took the initiative to classify human mind in order to find out the "causes" behind different patterns of human behaviour.

According to Freud, human mind can be classified into two major divisions like :

a) **The Topographical Aspect** which includes the **conscious mind,** the **sub-conscious mind** and the **unconscious mind.**

b) **The Dynamic Aspect of Mind** which includes the **Id, the Ego** and the **Super Ego.**

Freud believed that there are **three levels of consciousness.** In the conscious level, we are aware of what is happening around us, we are also aware of our own thoughts, feelings, emotions, relationships, conflicts in our interactions etc. Hence, the level of consciousness means the level of our awareness.

The **pre-conscious** or the **sub-conscious** level is that level in which neither we are fully aware of everything nor fully unaware of what is happening, which means when we are partially aware of the happenings. With regard to certain other matters, we can access it through extra effort, which means, certain things may not be immediately accessible, but can be made accessible by putting additional effort.

The **"unconscious"** is the reservoir of all our repressed, suppressed, immoral, aggressive and sexual desires, according to Freud. He believed, dreams are the mediums through which these unconscious desires can get themselves manifested.

According to Sigmund Freud, 90% of our mind is covered by the unconscious. The conscious and the sub-conscious constitute only 10% of it. It was Freud who had developed the important **psychoanalytic Technique** to understand the causes of mental illness and other maladaptive behaviour patterns.

ii) **The Dynamic Aspect of Personality :**

This aspect of personality, according to Sigmund Freud, include **three major structures.** They are :

a) **The Id (Idam) - The Desire**

b) **The Ego (Aham) - The reality**

c) **The Super Ego (Paramaham) - The conscience**

These three structures act and function on the basis of three different principles. The following are the descriptions of these three structures :

i) **The Id** - This structure or aspect of our personality is guided by **Pleasure principle.** Id consists of all those immoral, aggressive, impulsive and sexual desires and want immediate gratification of all these needs. Persons guided by the force of Id commit many crimes and engages themselves in anti-social behaviour pattern. These people have no sense of time, place and person.

ii) **The Ego** - This aspect of our personality is guided by the **reality principle**. The ego is the modified form of the Id. It develops around three years. Prior to that, the baby is guided by the force of Id ignorant of the realities of life. It is considered to be the judicial aspect of our personality. The Ego tries to maintain balance between the immoral desires of the Id and the super moral desires of the super Ego. When the balance is disturbed, the individual experiences anxiety, tension and restlessness.

iii) **The Super Ego** - It is also considered as the **Ego Ideal.** It works on the basis of the **morality principle.** Persons who works on the basis of their conscience are considered to be ideal persons. They maintain their ethics in their thought, action and behaviour. The presence of the super ego creates

feelings of guilt whithin us when we do something immoral and worng. It symbolizes individual and societal ideals. We often consider super ego as our internal parent.

The classification of Sigmund Freud has created a milestone during his time.

Stages of Personality formation and Development

Freud was the first psychologist who took the first attempt to classify human mind and personality in a new way. The concept of Id, the Ego and the super Ego (dynamic aspects) along with the concepts of the conscious, sub-conscious and the unconscious has practically provided the foundation for doing more work on human mind as well as on human personality. His theory of **psychosexual stages of Development** is another important framework to study the stage by stage formation of human personality. According to Freud, each child passes through five major stages of Psycho-Sexual development starting from the day the baby is born to about twenty years of age. These stages include the following :

i)	Oral Stage	i)	Oral Sucking
		ii)	Oral Biting
ii)	Anal Stage	i)	Anal Expulsive
		ii)	Anal Retentive
iii)	Phallic Stage		3 to 6 years
iv)	Latent Stage		6 to 12 years
v)	Genital Stage		12 to 20 years & onwards.

The real fact is that there is much overlapping between all these stages. As such, there cannot be strict division among these stages. Freud was of the opinion that early childhood experiences practically sets the foundation for later personality development. Each stage has its own characteristic features as well as importance. The point is that **fixation** at any stage of development may lead to any kind of abnormality in subsequent stages of our life and Freud has explained it in detail.

Let us have a brief look upon these stages.

i) Oral Stage : As the name suggests, the chief area of pleasure for the baby lies in the oral region. In the oral sucking period, the baby gets pleasure through sucking milk from the mother where as in the oral biting stage, the baby expresses feelings of discomfort through biting as most of the babies experience **Weaning** after six months. The degree of satisfaction and dissatisfaction, both, as experienced by the baby during the entire oral stage are reflected in different forms in the later years of life. As for e.g. sucking one's own thumb, continuous chewing of someking talking more etc. are some of the symptoms of oral dissatisfaction.

ii) Anal State : The chief area of pleasure at this stage lies the **anal** region. In the anal expulsive stage, the baby gets pleasure by putting feces and urine here and there to take revenge on parental control and in the anal retentive stage tries to imitate the elders regarding his bowl and bladder function thinking that he has grown up. Freud believed that the **ego** begins to develop towards the second half of this stage. Dissatisfaction experienced by the baby at this stage may create rigidity, authoritarian atttitude, disobedience, stubbournness in the child in the later years of his life.

iii) Phallic Stage : The first idea of **Sex differentiation** develops in the mind of the child at this stage. The thought of gender difference, difference in the physical structure create confusion as well as questions in his mind. According to Freud, **Oedipus complex** and **Electra complex** among boys and girls develop at this stage. Both the boys and girls identify themselves with their father and mother respectively. Boys are found to be more attached towards their mother and girls to their father in this stage and Frued has attributed the reason to the factor of sex difference and the related confusion it creates in the mind of the child.

From many angles, this stage is found to be very important from the point of view of personality formation and development.

iv) Latent Stage / Latency Stage : This stage is dominated by the pressure of study as well as the pressure of leading a disciplined and time-bound life. Hence, the child repressess the confusions and thoughts regarding **infantile**

sexuality and engage more in studies and other play activities. Many confusions regarding biological differences among boys and girls remain subdued due to various social factors and parental pressure.

v)   Genital Stage : This is the final stage of psychosexual development. At this stage, both the boys and the girls attend their sexual maturity and they are permitted by the society to start heterosexual relationship after marriage. However, at this stage, any fixation developed during the phallic stage, may be expressed in a different form.

While formulating his theory of psychosexual development, Freud has given importance to the concept of **fixation** and **regression**. Any disturbance, anger, aggression, rebellious attitude developed in any of these five stages of development, may create fixation during later years which may lead to maladjustment, behavioural dysfunction etc. while in "regression", efforts may be made to satisfy certain motives by returning to childish form of behaviour.

Hence, from the above discussion, Freud's theory of psychosexual development certainly carries importance even if it has been criticized by many, on the ground of centering his explanations on **sex.**

Defense Mechanisms :

According to Freud, the role of 'Ego' is very important in determining our action pattern or behaviour. Under normal circumstance, ego usually maintains balance between the negative forces of the Id and the superior, high level, conscientious behavioural expectations from the super Ego. Till the moment, the ego is strong, an individual shows normal and balanced behaviour. But, when the force of the Id is very strong and the ego becomes weak, it is reflected in the form of anxiety, tension, restlessness, indecisiveness etc. If this stage continues for a longer period, it may be expressed in the form of behavioural dysfunction. The ego, then takes recourse to certain artificial and unrealistic mechanisms to reduce the anxiety. These mechanisms may temporarily help to solve some problems, but, if these are used continuously or regularly, it will lead to varieties of neurotic problems and the individual will show maladjusted behaviour pattern. Freud named

these mechanisms as **defense mechanisms.** These mechanisms are central to the psychodynamic theory developed by Sigmund Freud. There are many such mechanisms that are used by individuals to release their anxiety and tension. These anxieties are intense feelings of tension, nervousness and worry. The main purpose behind the development of these defense mechanisms is to keep unacceptable instincts from the Id out of our consciousness and to stop them coming out or expressed overtly. The following are some of the most important defense mechanisms that the Ego uses to reduce anxiety :

i) **Repression :** Forgetting of painful memories, i.e. pushing unacceptable impulses or instincts from the consciousness to the unconscious.

ii) **Regression :** Returning to childish form of action of behaviour. This may happen in response to a threatening situation. This is a faulty adjustment pattern.

iii) **Denial :** Escaping or avoiding the situation when there is a feeling that there is no other alternative to get rid of the situation nor to substantiate one's stand.

iv) **Displacement :** Transmitting inner anger from the original source to a substitute or less powerful source.

v) **Rationalization :** Justifying one's action by citing socially accepted reasons.

vi) **Projection :** Throwing out inner motives, intentions and unacceptable impulses to external objects, persons etc.

vii) **Reaction formation :** Replacing the anxiety provoking impulse from the consciousness by it's opposite.

viii) **Withdrawyal :** Avoiding the situating consciously when there is the fear of feeling either embarassed or charged with allegations.

ix) **Sublimation :** Channelizing unaccetable instincts - sexual or immoral in socially acceptable ways through positive actions.

According to Freud, these defense mechanisms are our reactions to avoid unpleasant feelings of anxiety. Even if the mechanisms are used differently still then the basic purpose is to reduce anxiety at the earliest. Freud has developed a specific therapy on the basis of his theory of personality in which attempt is made to bring repressed unconscious material into the consciousness. This process helps in treating mental illness.

In this context, Freud has also mentioned that interpretation of dreams can also help in the treatment of mental illness. According to him, the contents of the dream is very important from the point of view of identifying the source of the illness. In his book named **Interpretation of Dreams** Freud has given detailed description of different theories of dream along with its mechanisms and functions etc. He considered dream as **the royal road to the unconscious** as dreams are the medium through which the unconscious desires get themselves manifested and projected in different forms. Hence, interpretation of dreams provide clues to delve into the unconscious segment of our personality.

The Neo - Freudian Views :

The psychodynamic perspective has its root from Freudian psychoanalysis. The views of the Neo-Freudians clearly indicate a definite paradigm shift. The emphasis has shifted from the sexual, immoral and aggressive nature of Id, from repression and regression to social and cultural factors with **human factos** playing the most dominant role. Some of the most prominent neo-freudians were Erich Fromm, Karen Honney, Erik Erikson,Carl Jung and Alfred Adler.

Let us discuss their view points on self and personality.

Carl Jung (1875-1961) : The collective Unconscious C. Jung was a Swiss psychiatrist. He was the founder of the School of **Analytical psychology.** Initially, he was a great admirer of Freud and has been his follower for a long period. Later on, due to difference of opinion with Freud in relation to certain issues, he preferred to propound his views separately. He has developed the concept of **collective unconscious.** He strongly advocated the fact that the components of collective unconscious are mostly **archetypes** or premordial images. These are found in

our dreams, myths, art and culture of humanity. He propounded the view that human psyche consists of both the conscious and the unconscious. He opined that Freud has overlooked another important part of personality i.e. the collective unconscious - which holds experiences that are shared by all human beings and these experiences are part of our biological heritage. This collective unconscious is expressed in our minds in various ways. The concept of **archetypes** are central to Jung's theory. By this he meant that these are the reflections or manifestations of the collective unconscious when our conscious mind is distracted or in a dormat state. As for example : during sleep, in our dreams or in our day dreaming etc. Neher (1996).

Apart from this, Jung has specifically mentioned about two important archetypes like **animus** and **anima.** According to Jung, the animus represents the musculine side of the females where as anima represents the female side of males. Projecting on these hidden sides of our personality, one can experience better relationship. Besides this, Jung was also famous for his typological division of personality i.e. the **Extrovertion** and **Introvertion.** He believed that human beings are born with these two tendencies, i.e. they will be leaning more towards their inner selves or to the external world. The Extroverts are open minded persons. They are confident, sociable, friendly while the introverts and shy, not talkative, not so friendly. They do not want to share their personal matters to others. Even if Jung's view points are not accepted by all the psychologists of his time, still then, his concept of collective unconscious and the extroversion-Introversion dimensions of personality was considered to be worth researching. He was of the opinion that all the human beings are connected to the external world through **four major** processes and these help in gaining varied experiences in life. These processes include : **sensing, thinking, feeling** and developing Intuitions. In his theory, he mentions collective unconscious as a portion of the unconscious shared by all human beings.

Erich Fromm (Human being with social orientation)

Fromm's view points are oriented more towards social factors and he had strongly emphasized the fact that the relationship between the individual and the

society is the cornerstone of human growth and development. It is only because of the fact that no individual has exclusive existence without the society. Hence, all human beings can be understood on the basis of their relationship with others starting from his family members to other non-family members. The creation of any particular culture is determined by the attitude of the people who live in this society. Growth and development of any individual is possible only in a social context. In fact, Fromn believed that the culture is moulded and shaped by the dominant characteristic traits of the people who are part of it. The social process is also shaped accordingly through this process. He was also of the opinion that good qualities among human beings can help in creating a harmonious society where the ideals of the society could be based only on truth, justice, freedom, love, concern for each other etc.

Karen Horney : (Emphasis on Social Foundations of personality)

K. Horney was considered to be one of the few women involved in the early psychoanalytic movement. She was a strong supporter of the existing social factors and that of the system that create differences among the personality pattern of males and females. She has strongly condemed the view point of Freud that the anatomical differences between men and women creates difference in personality type. Rather, she viewed that biological differences does not matter at all in shaping one's personality, rather, the way men and women are treated in the society, determines their attitude and personality. She went to the extent of saying that since childhood, girls are reared up in a different way. They have been trained mostly to play typical feminine roles. They have never been encouraged to enjoy power, status, decision-making power, autonomy etc. This creates a sense of inferiority complex among them. Had they been born and reared up in a different environment, their mindset could have been completely different. Hence, she was of the opinion that the social foundations are practically very important in the formation of personality. She disagreed with Freud with regard to many issues.

One such difference between Horney and freud was with regard to the source of **psychological disorders** or development of pathological personality. According

to Freud, psychological disorders have their origin from the fixations experienced by the child during the stages of psychosexual development of personality. But, Horney strongly view that the disorder results due to disturbances in the **interpersonal relationships** during childhood. As for example : children develop anxiety because of varieties of reasons like : their fear of being left alone, when they feel helpless, insecure, lack of love etc. These give rise to **anxiety** which, when chronic, take the shape of psychological disturbances or disorders. Apart from this, this anxiety also creates deep resentment in the mind of the child. She called this type of anxiety as **basic anxiety.**

Alfred Adler (1870-1937) (Striving for Superiority)

Like Horney and some other neo-Freudians, Alder also emphasized the important role of **social factors** in the formation and development of personality. His points of disagreement with Freud is not much as such, but his views are somewhat different with regard to certain issues. He was the founder of the school of Individual psychology. He emphasized the fact that childhood experiences are very important in shaping personality, but sexual urge is not the most dominant driving force or energy in human life. What is most important is the **self-assertive** or the **mastery motive.** He wanted to clarify the point that for varieties of reasons, children develop a sense of **inferiority complex**, especially when they compare themselves with their parents, teachers and other elder members who are capable of showing dominance over others. He, thus, viewed that personality development is very much related to our efforts to overcome such type of complex. He called this term as **striving for superiority** and he also suggested not to raise this level to such an extent that the individual will show a sense of **superiority complex.** It should be goal-directed and purposeful, so that it will provide a sense of security, confidence along with a sense of fulfillment. This will definitely help in overcoming the feeling of inferiority complex. Because, he believed that this complex is the primary motive for human behaviour.

With regard to dream, his views are different from that of Freud. According to him, "dreams represent the dreamer's life-style". He believed that dreams point

out to the immediate future, not to the past as pointed out by Freud. Hence, the effort extended by the individual is very important in achieving success in life. He said, dream is a type of preparation for the future and the purpose and the goal set by the dreamer is very important.

Erik Erikson : (The Search for Identity)

Erikson's theory of personality is centered around the concept of **Social adaptation.** According to him, development is a continuous process in life and each stage of life brings with it some kind of crisis or problems to the child that are difficult to adapt. Along with it, the social and cultural factors are also very important from the point of view of forming one's **self-identity.** He modified the five **psychosexual stages** of Freud to eight **psycho-social stages** of development. According to him, there are eight stages of development and they are :

1-2 years	Young adult
2-3 Years	Middle Age
School Age	Old Age
Preadolescence	
Adolescence	

He viewed that during the process of development, adolescents develop **Identity Crisis** for many reasons. There is much ambiguity in their mind with regard to various roles and relationships. Parents should train their children from the very beginning to reduce their conflicts as well as confusions arising in their mind from time to time. Besides this, the process of socialization and social interaction should be such that it should make the process more adaptable and meaningful.

Overall impression :

An in-depth analysis of the views of all these Neo-Freudians gives us the impression that modern psychodynamic theorists have moved quite far from Freud's Central concepts. Due to lack of scientific validity behind the newly developed

concepts, many are subjected to criticisms. Many statements and concepts of Freud had also been severely criticized on the ground of giving more emphasis to sexual energy and considering it as the most important driving force in human being. But, whatever may be the comments or criticism, there is no doubt that these concepts practically paved the way for doing more extensive research in the field.

There is no denial of the fact that the psychodynamic theories has its root from Freudian psychoanalysis. Even if the Neo-Freudians disagree with Freud on many issues and shifted their focus from biological domain to social and cultural concern, still then, each and every new concept developed in the post Freudian era definitely add something substantial to the field of testing, research, methods used etc. Subsequent theories focus more on behavioural approach.

Behaviourist Approach :

This approach is somewhat different than that of the psychodynamic approach. This approach holds the view that **behaviour** is the product of stimulus response interactions and learning takes place through series of stimulus - response (S-R) connections. They believe that external reinforcement directly influence the process of learning and helps in making easy S-R connections. Hence, according to the behaviourists, an individual's behaviour is determined, to a great extent, by the external conditions and factors rather than that of the internal factors affecting behaviour.

This approach practically does not explain and describe the concept of self or personality, as such. Rather, they use the process of learning by connecting it to other environmental factors like rewards, punishment etc. while analysing human behaviour.

In this context, the works of I.P. Pavlov, B.F. Skinner and A. Bandura deserves attention.

I.P. Pavlov and Classical Conditioning :

Pavlov was famous for developing a special type of learning technique popularly know as **classical conditioning**. According to him, **learning** is a key

process in human behaviour. It plays an important role in every activity we perform. Learning takes place in different forms. Pavlov advocated classical conditioning. It is a basic form of learning in which one stimulus comes to serve as a signal for the occurrence of a second stimulus. In this type of learning, a **stimulus** that does not elicit a particular response in the beginning gradually acquires the capacity or ability to elicit that response as a result of repeated pairing with a stimulus that can elicit or evoke a reaction. Pavlov strongly advocated that learning is the product of pairing of the responses with the stimulus. When a neutral stimulus is paired with a potent stimulus **(Unconditioned stimulus) UCS,** it can change the situation in such a manner that the previously neutral stimulus alone evokes the same response that was produced by the potent stimulus. In such a situation, the neutral stimulus is called as the **conditioned stimulus** (CS). This process is termed as **acquisition.** Pavlov has demonstrated this process by taking a dog as his subject. He wanted to study the connection between food, bell and salivation and become successful in proving it. According to him, conditioning is a gradual process and it is also affected by many other factors. From this experiement, he concluded that this type of learning is quite common and it also seems to play an important role in the treatment of some other varied reactions like strong fears, prejudiced behaviours as well as some aspects of sexual behaviour. He thus, identified conditioning as an important behavioural process.

Pavlov was a Russian physiologist and he won a Nobel Prize in 1904 for his work on **digestion** and his pioneer research in the field of classical conditioning.

B.F. Skinner (Operant Conditioning)

Operant conditioning is a form of learning in which **behaviour** is maintained or changed through the consequences. Skinner was of the opinion that it is a process through which the organism learns to repeat behaviours that brings positive outcomes and it can also allow to avoid negative outcomes. He believed that the probability of a particular behaviour will occur and change depending on the consequences that follow it. Most of the psychologists assume that behaviour can be strengthened or weakened depending upon two things and they are :

i)   Reinforcement/Reward

ii)   Punishment

Reinforcements usually strengthen behaviour in the sense that it brings satisfaction to the organism. On the other hand, **punishment** weakens the stimulus-response connections. These two are external motivators. Skinner holds the view that motivation can be induced externally through reinforcement or rewards. Reinforcement can be. **Positive** or **Negative.** What he meant to say is that behaviour can be controlled by external stimulus conditions. He also stated that because positive and negative reinforcement exert powerful effects on behaviour, the principles of operant conditioning can be applied in solving many problems of our daily life.

Alfred Bandura (Observational Learning)

Bandura has propounded the famous **Social learning theory.** According to him, **observation** is the most powerful tool that helps in learning, in acquiring new skills and in understanding concepts. Just by observing behaviour one can learn and acquire new skills and new forms of behaviour. He also believed that most of our learning occurs in the **social context.** Many of the research findings on observational learning also support the fact that it can play a very important role in almost every aspect of behaviour.

According to Bandura, human behaviour is dynamic and it is very much influenced by situational factors. Similarly, observational learning is also affected by many factors and some of the most important factors include the following :

i)   Our own attention and focus

ii)   Our ability to remember them and to retain in the brain.

iii) Its implementation part

iv)   The desired interest and motivation to learn.

Bandura has emphasized that almost each and every individual have their own **Role Models** in their life and as such, there is also a tendency to imitate and

identify with them. Observational learning can also be found in the negative dimension when people learn aggressive and criminal behaviour from others. Of course, the choice to learn is influenced by many other familial, social, economic and psychological factors.

From our own experiences, we also came to know that such type of learning affect many aspects of our behaviour. Even, psychologists have also proved that much of our understanding of the world, our customs, social system, culture, language etc. also comes through observation of others behaviour. According to Bandura, we can learn both **healthy** and **unhealthy** behaviour pattern through such type of learning. As for example : exposure of children to violent scenes on television. It can encourage them to do wrong activities.

These three types of learning process developed by **Pavlov, Skinner** and **Bandura** had also helped a lot in understanding and analysing human behaviour. But, to conclude, these theories are not that much exhastive in providing a clear view of behavioural dynamics.

Humanistic Approach :

This approach came into existence to compensate the limitations observed in psychodynamic and Behaviouristic approaches to study self and personality. This approach gives importance to **human factors,** i.e. human beings are capable of achieving anything they want. All human beings are basically good and they have the motive to achieve great things in life. What is most important is to create an atmosphere of trust,understanding and cooperation so that ultimately it will lead to growth in the society and also among the individual. This approach focuses on holding a positive attitude and outlook towards oneself, society and other fellow men. Among all the humanistic theories, the theories propounded by Carl Rogers and Abraham Maslow deserves special consideration.

Carl Rogers (Self-theory)

Carl Roger's theory is more popular in the name of **Self-theory.** He has given a new direction to the explanation of the term **self**. According to him, each human being show a natural inclination towards becoming a complete or a **fully**

functioning person. What idea he wanted to convey is that people want to live their life in their own way independent of others directions, instructions and expectations. They do care for others needs, feelings and emotions etc., but they do not prefer other people nor societal standards to dominate their life. They want to experience their life as their own master with their impulses and instincts. Rogers also emphasized the concept of 'self-concept' which means our knowledge and beliefs about ourselves. He maintained the view that problem arises only when the gap is more between our self-concept and the realities of life. The less is the gap, the more balanced and well adjusted a person is. This **equation** is applicable to each and every individual irrespective of culture and other geographical conditions.

By a fully functioning person, Rogers meant a person who is psychologically healthy and who live their life to the fullest. But, most of us experience much illusions with regard to our self-concept because of some conditions created in our social and family system. He had talked of the concept of **conditional positive regard.** We are trained to behave in typical ways as expected by our elders. This has created limitations in our path of progress. We are forced to suppress and sacrifice some of our interests to fulfill the expectations of some others. The dissatisfaction created out of this result in maladjusted behaviour patterns and other kind of mental problems. According to Rogers, this problem can only be solved by showing **unconditional positive regard** which can only be provided by the therapists. The therapist accept each individual with positive regard without putting any conditions. Hence, they feel accepted, respected and satisfied.

Later on, Rogers has changed the name of his therapy as **client-centered therapy** and **person-centered theraphy**. He concluded that the inconsistency between our own experiences of life with our self-concept create **anxiety** leading to varieties of problems.

Abraham Maslow (Theory of Self-Actualization)

Maslow's theory of self-actualization has practically placed him at a higher level among the contemporaries of his time. It has been considered as the most

influential humanistic theory of personality. According to Maslow, **psychologically healthy** persons are those who have attained their actual potentials in life. These people know their self-concept in the right way. They can assess their own strengths and weaknesses and have the mindset to change themselves depending upon the demand of the situation. They are also mentally stable individuals and know the art of maintaing a balance between their inner world and outer world. They know how to cross the hurdles of life and they do not blame others for their pain and failure. In one sense, Maslow called these people as **self-actualized** individuals. Maslow was also very famous for developing the **concept of heirarchy of needs** beginning with the satisfaction of physiological needs to safety needs, social needs, self-esteem needs and ending with the self-actualization needs at the top. Those who have attained this highest state/level of development not only enjoy a contented personal life. they are also in a position to achieve a blissful state - a completely different state with **peak experiences.**

An analysis of these theories propounded by the famous theorists under the humanistic approach clearly reveal their strength in motivating and forcing the modern psychologists to continue further research in specific areas.

In conclusion it can be said that all these approaches starting from **type and trait approach** of personality to the **psychodynamic approach,** the **Behaviourist approach** and ending with the **Humanistic approach,** contribute either to a greater or lesser degree in refining the domain of psychology. Practically these theories have led the foundations for more exhaustive form of research in a more systematic and scientific way.

Personality Types

Researches conducted on psychosomatic disorders clearly indicated the role of **Personality factors** in the causation of illness. How our attitudes and emotions act as the contributing factors in the development of these psychosomatic diseases has been the subject of concern for psychologists, clinicians medical professionals etc. In this context, the comments given by two prominent cardiologists deserves special attention.

An important research conducted by Meyer Friedman and Ray Rosenman found that certain personality traits are more prone to heart disease. Observation of may of their heart patients has revealed this result. These two researchers have identified three different type of personality traits like Type A, Type B and Type C on the basis of their research data and results.

The following are the detailed description of these personality traits.

i) <u>**Type 'A' personality characteristics :**</u>

Ambitious	Workaholics
Competitive	Highly Sincere
Aggressive	taking more responsibility
Perfectionist	conscious of date line tasks
Hostile	Consicous of time
Impatient	Like multitasking
Hard working	Punctual
Dedicated type	Disciplined
Faithful	High achievement motivation
Reliable	Like challenging work
	Can work under pressure

In spite of many good qualities, these people are more prone to heart disease. To make it more simple, these people are at a greater risk for all types of cardiovascular diseases.

ii) **Type 'B' personality characteristics :**

Easy going	Less prone to hear diseases
Relaxing type	
Sociable	

Careless about time

Do not like hard work

Do not like to take more responsibility

Do not feel like duty bound

Not that much punctual

Low achievement motivation

Very much casual about everything.

Less prone to heart diseases

iii) **Type 'C' Personality Characteristics**

Cooperative

More Patience

Not Assertive

Like to suppress emotions like anger and hostility

More prone to cancer (Lungs Cancer)

Such a personality is called cancer-prone personality. The reason being their suppressed emotions. These create blockages in the brain disturbing the homeostatic mechanism of the body and weaken the body's capacity to protect itself from cancer cells. Research findings has revealed that one's personality type can directly influence his/her health related behaviours and can also affect the functioning of his immune system by weakening it. However, more research need to be conducted on people to identify Type C personality traits.

According to the opinion of Friedman, we can also develop another type of personality which is complete in itself and that is the **self-healing personality type.** As the name implies, these people possess all those qualities and characteristics that are essentially required to become a **disease free** person. Unfortunately, we can include only a few percentage of people under this category.

Assessment of Personality :

Personality consists of the unique and stable patterns of behaviour, thoughts and emotions shown by individuals. Research evidence on personality studies also support the consistency of these traits. However many psychologists believe that, **behaviour** is the outcome of the complex interaction between both the personality factors and that of the situational factors. **Assessment** of personality refers to **evaluation** of it. It also means **measurement** of personality.

How personality can be measured ? The answer to this question is by administering different types of **tests.**

Personality testing is considered to be an important as well as an interesting area of study. It is found to be most important in the field of **selection and placement** of candidates to different jobs. At present, more than five hundred tests are available to asses personality. The main objective of assessing personality is help people to know their personality traits accurately so as to avoid unwanted anxiety, frustrations and unhappiness in life. Understanding our own 'self' correctly can solve many confusions of our life also. From strict practical point of view, even if we cannot guarantee to find out the exact personality pattern as it is a very complex phenomena, still then basic dimensions of personality can be assesed with accuracy. According to D. Campbell (1975), personality tests can be of two types like the **structured type** and the **unstructured type.**

However, we can conveniently explain different tests of personality under two broad types.

i)   **The psychometric tests**

ii) **The Projective tests**

Personality psychologists believe that the psychometric tests are more reliable in measuring the **surface traits** of personality while the **projective techniques** are more reliable in assessing the **source traits** of personality. Under the **psychometric tests,** we can include the following :
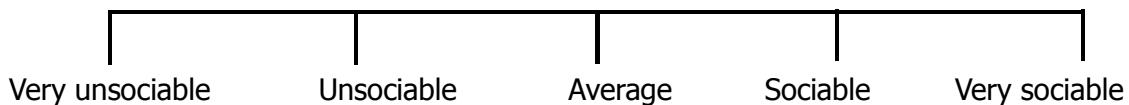
i)   Collection of case-history reports

ii)   Evaluation through Rating Scales

iii)   Using Questionnaires

iv)   Using Self-report Inventories

v)   Through Behavioural tests / situational tests

vi)   Through personal and group Interviews

i)   Collection of case-history reports

These reports are very helpful for gathering valuable readymade informations about the person's life whose personality we want to assess. Normally, these informations are collected from their parents, family members and relatives, teachers, friends and from other society and organisation members who know them. At least, basic level informations can be collected from these sources to have an overall impression about the personality pattern.

ii)   Evaluation through Rating Scales

The **range** of these rating scales starts with **three** and continue till thirteen or twenty one depending upon its necessity and usability. However, in majority of the situations, five to seven point rating scales are used to measure various types of personality traits. As for example : if we want to measure the **sociability** trait of a person, the following is the procedure :

Very unsociable	Unsociable	Average	Sociable	Very sociable

There are different types of rating scales like the **relative rating scale** and the **Absolute rating** scale. The data collected from both these scales can be quantified. One of the advantage of these rating scale is that they are subject to less error of judgement.

iii)   Using Questionnaires

Questionnaires, in general, consists of a set of standard questions or in the form of general statements the answers of which can be marked under three

different categories like yes, No and can't say or doubtful. These can be used to collect informations about the attitudes and temperament of a person towards many issues. They have to say whether the statements are true or false, whether they agree or disagree to these statements.

iv) Using self-report Inventories

These tests are coming under the structured category of personality testing. The task of the subject here is to give verbal responses or written responses about himself in a rating scale. The mode of responding is purely objective to different items. The Interpreter analyses the responses of the subject to know about their personality pattern.

The most important merit of these tests are that they are objective as well as quantitative.

v) Through Behavioural / situational tests

In such type of test, the subject is placed in typical situations and the test instructor observe and record the subject's reactions and responses to these situations. These tests are normally carried out in group settings. As for example : how to test the qualities of honesty, leadership, sincerity etc. of a subject ? It can only be assessed in specific situations. Psychologists have found that assessment of various personality traits through these tests usually provide consistent results.

vi) Through personal and group Interviews

An **interview** technique is considered to be the most powerful tool for assessment of personality. An interview session involves face to face communication between at least two persons , the **Interviewer** and the **Interviewee.** It can be conducted **individually** as well as in a **group setting.** Psychologists strongly believe that there are certain aspects of personality which cannot be assessed through rating scales or by questionnaires. But, they can be easily assessed through the interview technique. Starting from observing the degree of nervousness, level of confidence, fluency, depth of knowledge to bluffing, hiding etc. everything can be minutely observed through this technique. Because of this reason, this technique

forms one of the important basis for the selection of employees to different jobs. According to psychologists, an interview session provides first hand information about the candidate in the most convincing manner. However, the most important demerit of this method could be the **degree of subjective bias** of the Interviewer. Excluding this, this technique of assessment of personality is unanimously accepted to be the best one.

These are some of the tests that are used under the category of **psychometric tests** of personality.

Projective Techniques

The term 'projection' literally means **throwing out.** Projection is considered to be one of the most common type of defense mechanism used by people. As a technique of measuring personality, the term was used by Frank. These techniques measure the **source traits** of personality. Hence, these tests are also called **depth method's** of testing personality.

Projective techniques are different from the **psychometric tests** in many aspects. In the first place, the approach to test personality is different. Secondly, these tests are subjective and they cannot be evaluated or measured objectively. In the third place, its **analysis** and **interpretation** part is also quite significant from the point of view of assessing personality. Because, in this technique, the subjects are presented with ambiguous scenes. The rationale is that when the stimuli themselves are ambiguous, it is expected that while responding to these pictures, the subjects will automatically reflect their inner thoughts, desires, emotions and frustrations, if any and thus will reveal their personality traits.

Different types of projective tests are used to assess personality. Some of the most widely used techniques include the following :

i)   The Rorschach Ink-blot Test (RIT)

ii)   The Thematic Apperception test (TAT)

iii) Rosenzweig Picture Frustration Test (RPFT)

iv) Sentence completion Test (SCT)

v) The Draw-a-person test (DPT)

vi) Word Association Test (WAT)

i) The Rorschach Test

This test of personality was developed by Hermann Rorschach, a Swiss psychiatrist. This test is also popularly known as the **Rorschach Ink-bLot Test.** This test consists of 10 standard symmentrical **ink-blots.** Five of them are black and white while the other five are of the same colour. These blots are printed on the centre of a white card board of about 7" x 10" size. The process of printing of blots are unique. They are made by dropping ink first at one place and then folding the paper in just half of its size. After opening, it gives the imppression of very ambiguous scenes. They appeared to be more or less meaningless pictures. These cards are used individually, one card at a time from four different angles. The subjects are simply asked what the pictures are looking like. The responses of the subjects are recorded and then interpretation and scoring are made accordingly. It is expected that while responding to these ambiguous inkblots, the subjects will respond on the basis of their own past experiences, present experiences and thereby will definitely reveal important dimensions of their personality.

The success of this test, to a great extent, depends upon the quality of analysis and interpretation of the responses given by the subject. As such, it requires complete expertise on the part of the test interpreter and it is not an easy task at all.

Rorschach test is widely used for clinical and diagnostic purposes. This test has a standard scoring manual that helps the psychologists to score different types of responses. This manual is based on careful research designed to determine its reliability and validity. However, in spite of the precautions in administration of the test, the scoring and interpretation part may suffer from several limitations. In spite of this, this test can help us collecting useful clues about one's personality.

ii) Thematic Apperception Test (TAT)

This test was devised by Murray and Morgan in the year 1935. This test is more often used than that of the Rorschach Test. The term **thematic** refers to the theme and **apperception** means clear perception. Administration of this test is also quite easy and simple. This test consists of a set of twenty standard pictures and a blank card. Each card represents different characters and situations. The subject is presented with the pictures/cards with pictures one at a time and is asked to imagine a story that must have a past, what is happening at the present and what will be the outcome of the story. Thus, it is assumed that while making a story, the subjects might use the happening of his/her own life events unknowingly and thereby will indirectly reveal important aspects of their personality. The final scoring shall be made as per the method of scoring by Murray and Morgan. The final interpretation of the score will give an overall impression about the personality type of that person. As for example: one can predict whether the subject is an **optimist** or a **pessimist.**

iii) Rosenzweig Picture Frustration Test (RPFT)

This test of assessing personality was devised by Rosenzweig in the year 1935. This test consists of twenty four **cartoons** representing situations of everyday life. In each picture, the character is presented with saying something that has some frustrating significance to the other character. The subjects are instructed either to write down a story or to tell verbally as to what is the reply of the second person to that character. The responses are then recorded and interpreted on the basis of the reactions expressed by the subject. The degree of aggression, frustration or of any other reaction are analysed on three different categories, i.e. whether they can be included under the **Extra-Punitive Category, Intra-Punitive** or **Impunitive** category. This test can be administered to children as well as to adults.

Final interpretation of the score gives some impression about the personality of the subjects.

iv) Sentence completion Test (SCT)

As the name indicate, this test consists of some incomplete sentences and the subjects are required to complete the sentences of their own. The **Free association method** is used to conduct the test. No restrictions are imposed on the subject to complete the sentence in specific ways. It is assumed that while completing the sentence, the subject will unintentionally and unknowingly reflect some of his/her personality traits. The formation of the sentences could be like this :

    i)   My happiness is dependent on ....

    ii)   I am afraid of ....

    iii)   I cannot tolerate ....

    iv)   I like ....

    v)   My greatest fear is ....

v)   The Draw-a-Person Test (DPT)

The administration of this test is quite easy and simple. The subjects are presented with a blank sheet of paper, pencil and an eraser. Then, they are asked to draw the picture of any person. When the subject draws the picture, then he/she is told to draw another picture or figure of the opposite sex. At the end, they are required to imagine a story about the person as if they are characters of any drama or novel.

This test was devised by Machover to test personality. While analysing and interpreting the drawings, she preferred to use the psychodynamic approach. The way the pictures are drawn, the parts that are missing, the proportion of different parts of the structure of the person etc. gives some impression of his/her personality dimension. Freud was of the view that we project our inner conflicts, frustrations, desires, aggression and irritations to external objects or persons unknowingly and thereby project our unconscious aspect of mind.

vi) Word Association Test (WAT)

This test was originally devised by Francis Galton and later on it was used by wundt and Cattel for assessment of personality. Administration of this test is very easy and simple. A list containing 50 to 100 words is taken for this test. Only one word is verbally spoken to the subject at a time and the subject is required to respond to that word as quickly as possible with the first word that comes to his/her mind. Normally, the list developed by Jung and Kent-Rosanoff is used for this purpose. Out of the total words, 80 percent are neutral words and factual words and 20 percent of the words are emotional words that are scattered randomly in the list. The responses of the subject along with the time taken by the subject to respond, all are recorded in the sheet. At the end, the words taking more time to respond are identified to find out the reasons behind the same as these words are called complex indicators of one's personality. These are also called critical words. Then, the subject is one's again asked why he/she took more time to respond to these words. **Free association method** is used to collect information from the subject. Then, these responses are analysed and interpreted to find out if any such blockings are there in the personality of the subject.

WAT is a widely used test of personality and this test is used for different purposes like:

a)   For clinical diagnostic purpose i.e., to diagnose who is a normal person and who is a psychotic.

b)   For detection of guilt.

c)   For Identifying complex areas in one's personality

d)   Disturbances in the personality

e)   To know the real attitude and internal pattern of the subject

An analysis of these personality tests provide valuable informations about the inner dynamics of human personality. All these projective tests have their root essentially in either one or more psychodynamic theories of personality. These tests are designed in such a way that administration of these tests will definitely

result in collecting valuable informations about the personality traits of the subject under study. As these projective tests are subjective, they may vary with respect to their **validity.** In conclusion it can be said that, no one test is complete by itself. But, together they can definitely contribute to identify stable patterns of behaviour that are more or less consistent and that virtually make each individual so special and so unique.

Personality testing in India :

The field of personality testing has been expanded remarkably. Apart from the psychometric and projective tests mentioned earlier, some other tests are also in practice in India. These include some of the **behavioural observations** along with some **Biological measures** of personality. There has been a tradition in India to use foreign tools for varieties of purposes starting from academic, business to other fields of interest. This is no exception to adoption of personality tests from foreign countries and to see its effects in India. But, not all the tests are suitable in the Indian context due to strong cultural variations and that of some other factors which affects the interpretation part of the tests. Since last one and half decade, Indian psychologists have shown considerable interest not only in the adaptation of some foreign tests but also in developing more tests to assess personality traits more accurately. These tests are currently available in many different Indian Languages including English. The following are the lists of some of these tests :

  i)   Multivariable Personality Inventory (MPI)

  ii)   Tripathi Personal Preference Schedule (TPPS)

  iii) Jodhpur Multiphasic Personality Inventory (JMPI)

  iv)   Dependence Proneness Scale (DSP)

a)   The **MPI** is used for testing adults. This Inventory was developed by B.C. Muthayya. This test consists of 50 items and it is designed to assess personality traits like achievement needs, Introversion, neuroticism, self-confidence and other dominant traits. The subjects are required to answer to the test items by marking 'yes' or 'No'.

b)   The **TPPS** is developed by R.R. Tripathy. This schedule is in the form of a multi-trait scale consisting of fifteen personality variables. These variables include aggression, autonomy, affiliation, achievement, abasement, dominance, nurturance, endurance, change, order, exhibition, Interception, difference, succoraver, heterosexuality etc. ALL total, there are 225 items in the test. The subjects are required to record their responses in the specific response sheet provided to them. The total duration of the test is approximately between 50 minutes to 1 hour.

c)   The **JMPI** is developed by Mallick and Joshi which is more or less similar to **MMPI** test. **(Minnesotta Multiphasic Personality Inventory.)** It is also another Indian version of the test. It is an objective type of test. The subject is required to respond to the test items in three different categories like 'true', 'false' or 'cannot say'.

d)   The **DPS** is developed by Prof. JBP Sinha. This test consists of 50 items. The responses of the subjects are measured in a five-point rating scale ranging from **Quite True**$_{5)}$ to **not at all true**$_{(1)}$ with **undecided**$_{(3)}$ in the middle.

This test measures **dependency** as a response disposition. This test is centered around four components. These include : affection - affiliation, lack of internal control, evading responsibility and the fourth one is conformity. The process of scoring is such that the possible range of score is in between 20 to 100. The rationale is that the higher is the score, the greater is the degree of dependence proneness.

The outcome of these tests are satisfactory. However, more research in this area may throw more light in the desired direction.

Conclusion :

'Personality' has been a topic of interest since long. Why individuals differ from each other in so many ways and why they are unique - this question has practically made the poets and the philosophers to look into the details as well as the secrets of such variations in human life. Even if it is believed that people do

show a considerable degree of consistency in their actions and behaviour, still then it is also a fact that many people show so much of variations in their behaviour across situations that it becomes practically very difficult to predict their real personality. In the words of Walter Mischel (1985)," various traits of personality generally show only moderate correlations with overt behaviour, i.e., from +.20 to +.30. But, many other researchers have refuted this view saying that," people do show and maintain consistency in their behaviour across situations than that of what Mischel has viewed.

In this context, the **Interactionist Perspective** seems to be more appropriate which states that behaviour is the outcome of the complex interaction between one's personality traits and the external environment. Today, most of the psychologists have accepted this. All the theories propounded by the stalwarts in their field focuses on different perspectives on personality. Some have also raised questions about the nature of human uniqueness.

In spite of differences of opinion, it is true that whatever contributions the field of psychology has received till today is overwhelming. It is also hoped that, in future, more novel things will come making the term **Personality** more interesting as well as fascinating.

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KEY TERMS

Anxiety

Displacement

Repression

Projection

Withdrawyal

Sublimation

Rationalization

Denial

Reaction Formation

Neo-Freudian

Collective unconscious

Mastery Motive

Complex

Adaptation

Identity crisis

Reinforcement

Stimulus

Observation

Self-actualization

Questionnaire

Psychometric

Inventory

Apperception

Extraversion

Introversion

Ambiversion

Neuroticism

Psychotism

Cardinal

Functional

Conscientious

Agreeableness

Dimension

Id

Ego

Sub-conscious

Unconscious

Psychosexual

Phallic

Latent

Fixation

Regression

Weaning

Oedipus Complex

Electra Complex

Defense Mechanism

Self

Personality

Indentity

Self-esteem

Awareness

Attribution

Efficacy

Schema

Discripancy

Disclosure

Self-concept

Evaluation

Soul-Atma

Attributes

Temperament

Psychophysical

Surface trait

Source Trait

Unique

Disposition

Psychodynamic

Humanistic

Psychoanalysis

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CHAPTER SUMMARY

1. The concept of self and personality has been the concern of philosophers and great thinkers for a pretty long period.

2. Understanding the true meaning of the term self will solve many of our unsolved problems.

3. Our assessment of our own behaviour increases our awareness about our self. We can experience our own self in two different forms like : in its "subjective" form as well as in its "objective" form.

4. The term "self" can be classified under three categories like : the real self, the possible self and the Ideal self.

5. The concept of self can be explained in relation to many concepts especially in relation to our individual as well as social context. These include : self-concept, self-identity, self-esteem, self-evaluation, self-presentation, self-focussing, self-discripancy, sel-awareness, self-attribution, self-understanding, self-enhancement, self-regulation, self-efficacy, self-defeating, self-schema, self-disclosure, self-realization and self-control etc.

6. the Indian concept of self focuses more on the concept of "atma" or "soul". It considered 'jiva' or 'prana' as the experiential self. It believes this prana consists of five different layers of "koshas" like the Annamaya Kosha, the Pranamaya Kosha, the Manomaya Kosha, the Vigyanamaya Kosha and the Anandamaya Kosha. These Koshas are more popular in the name of "panchakosha".

7. The meaning of self and personality are not the same. The term "personality" has its, root from the Latin Word 'persona' which means a 'mask'.

8. Personality is the sum-total of all the qualities and attributes of a person. However, there is definite distinction between our inner self and outer self.

9. Personality is a social phenomenon and it is greatly influenced by our social interaction. The factor of individual difference carries great value in this context.

10. There are mainly four major approaches to study personality. These include : the type and the trait approach, the psychodynamic approach, the behaviouristic approach and finally the humanistic approach.

11. The term 'type' refers to categories where as the term 'trait' refers to characteristic pattern.

12. With regard to the first approach, the major contributions are that of Hippocrates, the Greek Physician, Kretschmer, the great psychiatrist, Sheldon, the great somatologist and Carl Jung. analytical psychologist.

13. The concepts of Extroversion, Introversion and Ambiversion developed by Jung has been considered to be highly influential in explaining the concept of personality type.

14. Extroverts, Introverts and Ambiverts reflect different characteristics, more or less consistently.

15. Cattell's description of 'source traits' and 'surface traits' carries great value in explaining various aspects of one's personality. He was able to identify sixteen number of source traits as well as thirty-five number of surface traits.

16. G. Allport's description of three major categories of traits like : the central traits, the cardinal traits and the secondary traits has also contributed a lot in understanding basic dimensions of human personality.

17. Eysenck, the prominent British psychologist attempted to describe primary dimensions of personality. His concept of Neuroticism, psychoticism, emotional stability and that of the Extraversion Vrs. Introversion dimension has also helped a lot in identifying some other basic dimensions of personality.

18. A comparative analysis of both the type and trait theory of personality definitely speaks volume of the trait theories. In spite of this, type theory has also been successful in providing a descriptive analysis of personality types.

19. New Development in personality research started with the joint venture of Paul Costa, Robert M Grae and Zuckerman in the year 1994 with their popular **Big Five Dimensions of Personality.** These key dimensions include : Openness to experience, Extraversion, Agrreeablenees, Conscientiousness and Emotional stability.

20. The Psychodynamic aspects of personality focuses mainly on the contributions of sigmund Freud. His analysis of the dynamic and topographical aspects of mind has opened a new era in expaining the functioning of human mind. The concept of the Id, the Ego, the super Ego and that of the conscious, the sub-conscious and that of the unconscious state of mind created a new era in explaining the underlying causes of human behaviour. His theory of psychosexual development along with its five stages of oral, anal, phallic, latent and genital, has given a completely different type of explanation of the formation of human personality.

21. Freud's description of "defense mecahanisms and dreams and its role in regulating human behaviour is another milestone in understanding human mind and human personality.

22. With the advent of Neo-Freudians like Erich Fromm, Karen Horney, Erik Erickson, Carl Jung and Alfred Adler, the focus has shifted to social and cultural dimension and with 'human factors' playing the most dominant role. Each and every concept developed in the post Freudian era has added something substantial to the field of testing, research and methods used etc.

23. With regard to the behaviouristic approach, the works and contributions of Pavlop, Skinner and Alfred Bandura was note worthy. The concept of classical conditioning and operant conditioning along with the famous social learning theory has tremendously impacted the field of human learning and behaviour.

24. The Humanistic approach facuses primarily on human factors. Human beings are at the centre of everything and they are capable of achieving anything - the advocates of this approach strongly viewed this point. In this context, the contributions rendered by Carl Rogers (self-theory) and Abraham Maslow

(theory of self-actualization) deserve special consideration. Their approach was completely different from those of others in explaining the concept of self and personality.

25. Later researchers have identified other type of personality characteristics basing on their research on psychosomatic disorders. They have emphasized the definite role of personality factors in the causation of illness i.e. how our attitudes and emotions act as contributing factors in the development of psychosomatic disorders like heart disease, diabetis, cancer, high blood pressure, ulcer etc. Type A, Type B and Type C. personality characteristics throws light on this.

26. With regard to assessment of human personality, various tests and techniques are used. More than five hundred personality tests are available today to measure personality.

27. Personality testing is considered to be an important as well as an important area of study. These tests are of two major types like : the psychometric and the projective tests.

28. the psychometric tests generally measure the surface traits of personality while the projective tests measure the source traits of personality. As observed by personality psychologists, there is definte gap between our inner self and our outer self or the so-called social self.

29. Some of the common psychometric tests include : case history, rating scale, use of questionnaires, Inventories, behavioural and situational tests as well as the Interview method. All these tests are very effective in assessing personality.

30. The major projective tests of personality include: the Rorschach Ink-Blot Test, the Thematic Apperception Test, the Word Association Test, Sentence completion test and Rosenzweig Picture Frustration Test. These tests are very powerful and effective in assessing the real personality characteristics of individuals. However, both the psychometric and projective tests of personality have their relative merits and limitations.

31. Personality testing in India, today is quite interesting and encouraging. These tests are also available now in different languages. Some of these tests include : the MPI, the TPPS, the JMPI and the DSP. All these tests are differently designed to indentify various dimensions of human personality.

32. The area of personality testing and research has drawn the attention of many of the prominent personality psychologists today. In future, many new findings are expected to reach us making personality testing more interesting.

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QUESTIONS

A. True-False Questions

State whether the following statements are True (T) or False (F).

1. Self and personality convey the same meaning.

2. The real self is our original self.

3. Self-identity is one's definition of oneself.

4. Self-awareness means a state of consciousness.

5. The Indian concept of self relates to the concept of Soul or Atma.

6. There is no difference between our inner self and outer self.

7. The term 'trait' refers to categories.

8. The first attempt to study personality on the basis of types was made by Kretschmer.

9. The 'Extrovert' and 'Introvert' concept of personality was developed by Hippocrates.

10. The term 'trait' refers to characteristic pattern.

11. Source traits and surface traits are similar.

12. Major contributions of G. Allport to personality include the central, cardinal and secondary traits.

13. The concept of 'neuroticism' and 'psychotism' was developed by Eysenck.

14. The psychodynamic approach was developed by Sigmund Freud.

15. The dynamic aspect of personality include the conscious, the sub-conscious and the unconscious.

16. The psyhoanalytic technique was developed by Cattel.

17. The Ego is guided by the pleasure principle.

18. The super ego is called as the internal parent and the conscience.

19. The Id is guided by pleasure principle.

20. The Ego is also known as "ego ideal".

21. The theory of psychosexual stages of development was propounded by Freud.

22. According to Freud, 'ego' begins to develop in a child in the anal stage.

23. The first idea of 'sex differentiation' develop during the phallic stage of psychosexual development.

24. Defense mechanisms are good and healthy to use.

25. Adler has developed the concept of the collective unconscious.

26. Carl Jung was a Swiss Psychiatrist.

27. Erich Fromm's view points are oriented more towards social factors.

28. According to Karen Horney, social foundations creates difference in personality among men and women.

29. The idea of self-assertive or mastery motive was that of Carl Jung.

30. The psychosocial stages of development was propounded by Erik Erikson.

31. Psychodynamic theories has its root from Freudian Psychoanalysis.

32. I.P. Pavlov was famous for developing operant conditioning.

33. Social learning theory was developed by Alfred Bandura.

34. According to the Behaviouristic approach, behaviour is the result of stimulus-response interactions.

35. According to Skinner, motivation can be created externally through reward or reinforcement.

36. Most of our learning occurs in a social context.

37. 'Self-theory' was developed by Carl Rogers.

38. Abraham Maslow has propounded the theory of self-actualization.

39. Psychosomatic disorders indicate the role of personality factors in the causation of illness.

40. Personality cannot be measured.

41. The projective tests measure the surface traits of personality.

42. Psychometric tests are coming under the structured tests of personality.

43. 'Interview' is the most powerful tool for assessing personality.

44. Projective tests are different from the psychometric tests.

45. Word. Association Test (WAT) was developed by cattell.

B. Multiple choice Questions:

Choose the correct alternative from the bracket to fill up the blank and answer the questions.

1. The term self can be classified under three categories like the real, the possible and the _____. (thyself, myself, ideal self)

2. The Indian concept of self focuses more on the concept of _____. (Soul, body, mind).

3. Indian conceptualization of 'Jiva' or 'Prana' consists of _____ layers. (three, four, five).

4. the 'outer self' is also known as the _____ self. (real, external, ideal).

5. The first approach to study human personality is called as the _____ approch. (Type, trait, psychodynamic)

6. Kretschmer's classification of personality consists of Asthenic, Pkynic and (Phlegmatic, Atheletic, Sanguine) type.

7. Jung's classification of personality type includes Extroverts, Introverts and _____. (Experts, Genius, Ambiverts).

8. G. Allport talked about three types of personality traits likes the secondary,

cardinal and _____ traits. (functional, autonomous and central).

9. According to Freud, the dynamic aspects of human mind consists of the Ego, the super Ego and _____. (Conscious, sub-conscious, the Id).

10. Freud believed that the unconscious state of mind constitute about (70%, 80%, 90%) of our mind.

11. The Ego is guided by _____ principle. (Pleasure, reality, morality)

12. The first three stages of psychosexual development of Freud consists of the oral, anal and _____. (Latent, Phallic, genital).

13. The Book named 'Interpretation of Dreams' was written by _____. (Carl Jung, Freud, Adler)

14. _____ is not a Neo-Freudian. (Allport, Erik Erickson, Erich Fromm).

15. According to Freud, dreams are connected with our _____. (past, present, future).

16. Classical Conditioning technique was developed by (thorndike, skinner, pavlov).

17. Reinforcement can be positive or _____. (neutral, negative, subjective).

18. Client-centered therapy was developed by _____. (Freud, Watson, Rogers).

19. The term projection literally means _____. (Throwing in, throwing out, being neutral).

20. Word Association Test (WAT) was developed by _____. (Jung, Cattell, Galton)

21. The Rorschach Ink-Blot test consists of _____ standard symmetrical inkblots. (10,15,20)

22. The Thematic Apperception Test (TAT) was developed by _____.(Eysenck, Jung, Murray and Morgan).

23. In Sentence Completition Test (SCT), the _____ method is used to collect information from the subject. (controlled, Experimental, Free Association)

24. The Rosenzweig Picture Frustration Test (RPFT) consists of _____ cartoons. (14,24,34).

25. The Draw-a-person test was developed by _____ (Horney, Morton Prince, Machover)

26. Projective tests measure _____ traits of personality. (surface, source, bodily)

27. _____ used the term Projection. (Freud, Frank, Federer)

28. Rating scale can be relative or _____. (ordinal, central, relative)

29. To day more than _____ personality tests are available. (250, 550, 650)

30. Personality is a _____ concept. (subjective, objective, dynamic)

C. Short-type Questions

(Write the answer to each question in five sentences)

1. Explain the term self.

2. Define personality.

3. What do you mean by the term self-esteem ?

4. What is self-awareness?

5. Mention about the Panchakoshas.

6. What are the different approaches to study personality ? Mention their names.

7. Explain the meaning of the term 'type' and 'trait'.

8. Mention the characteristics of Extroverts.

9. Write the general characteristics of Introverts.

10. How could you explain the term "Ambiverts" ?

11. Differentiate between source traits and surface traits.

12. Write about the central traits as explained by G. Allport.

13. What do you know about cardinal traits ?

14. Explain the concept of 'psychotism' as described by Eysenck.

15. Mention the 'Big Five Dimensions' of personality.

16. Write about the dynamic and topographical classification of personality as described by Freud.

17. What are the different stages of psychosexual development ?

18. What do you mean by defense mechanisms ?

19. Mention about any two defense mechanisms.

20. Write the names of the Eight psychosocial stages of development as stated by Erik Erickson.

21. What do you mean by the term reinforcement and punishment ?

22. State the concept of 'heirarchy of needs' according to Maslow.

23. What are the characteristics of Type 'A' personality ?

24. Mention the characteristics of Type 'B' personality ?

25. What are the characteristics of Type 'C' personality ?

26. What do you mean by assessment of personality ?

27. What are the difference between the psychometric and projective tests of personality?

28. Mentions the names of some psychometric tests used for measuring personality.

29. What are the different types of projective tests of evaluating personality ?

30. Write about the advantages of Interview technique of assessing personality.

D. Essay-Type Questions.

   (Long answers)

1.   Explain the concept of self. Discuss about different types of self.

2.   Define personality. Describe the 'trait' approach to study personality.

3.   What are the different approaches to study personality ? Briefly discuss the psychodynamic approach.

4.   Discuss Jung's classification of personality.

5.   State the contributions of G. Allport to explaining human personality.

6.   Briefly discuss 'Big Five Dimensions' of personality.

7.   Explain Freud's theory of psychosexual development.

8.   What do you mean by defense mechanisms ? Discuss any three such mechanisms.

9.   What do you mean personality types ? Mention the characteristics of Type A, Type B and Type C personality.

10. What do you mean by assessment of personality ? Briefly discuss any three psychometric tests of assessing personality.

11. What do you mean by projective techniques ? Discuss the administration of the Thematic Apperception Test (TAT) for assessment of one's personality.

12. What are the different types of projective techniques ? Briefly discuss about the Rorschach Ink-Blot Test.

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A N S W E R S

A. **True & False Type**

1.	F	16.	F	31.	T
2.	T	17.	F	32.	F
3.	T	18.	T	33.	T
4.	T	19.	T	34.	T
5.	T	20.	F	35.	T
6.	F	21.	T	36.	T
7.	F	22.	T	37.	T
8.	F	23.	T	38.	T
9.	F	24.	F	39.	T
10.	T	25.	F	40.	F
11.	F	26.	T	41.	F
12.	T	27.	T	42.	T
13.	T	28.	T	43.	T
14.	T	29.	F	44.	T
15.	F	30.	T	45.	F

B. **Multiple - Choice**

1.	Ideal Self	11.	Reality	21.	10
2.	Soul	12.	Phallic	22.	Murray & Morgan
3.	Five	13.	Freud	23.	Free Association
4.	External	14.	Allport	24.	24
5.	Type	15.	Past	25.	Machover
6.	Atheletic	16.	Pavlov	26.	Source
7.	Ambiverts	17.	Negative	27.	Frank
8.	Central	18.	Rogers	28.	Absolute
9.	Id	19.	Throwing out	29.	550
10.	90%	20.	Galton	30.	Dynamic

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Chapter - 3

STRESS : MEETING LIFE CHALLENGES

C O N T E N T S

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This chapter covers :

i)   Meaning and definitions of stress and its nature.

ii)   Causes of stress.

iii)   Coping strategies to deal with stress.

After going through this chapter, you would be able to :

❖ Understand the concept of stress, its nature and views of researchers engaged in studying stress.

❖ Know the relationship between our appraisal process and degree of stress.

❖ Understand the sources and causes of stress.

❖ Develop thorough knowledge about various coping strategies to deal with stress.

❖ Know different techniques of managing stress.

❖ Develop an overall idea of the origin of stress and the simplest ways to handle stress effectively.

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Chapter - 3
STRESS : MEETING LIFE CHALLENGES

Introduction

Our thoughts are the seeds of the tree of our whole life. The quality of thoughts that we have, will determine our feelings, emotions, attitude, behaviour, health, relationships, personality and ultimately our future. Often, we are not aware of our thinking pattern and feel that we are unable to control it. But, the fact is that our thoughts are our own creation. Hence, ultimately, we are the one who has control over our life.

What goes on in our mind affects all that we say and do, making the difference between our success and failure. On functioning well, the mind is the source of ideas, inspirations and innovations, the creator of clear communication and high quality decisions. But the reverse of it can become the source of hopelessness, discontentment, irritation, fear and depression etc. Our 'thought' is the raw material for our own mind. Any successful and creative idea, strategic business plans, intricate designs, new products, techniques and even whole new phiosophies, all begin with a single thought in someone's mind. This is, then, shaped and sculptured into the details of the plan and brought into life through words and actions. People who are successful in their life usually take time to organize and systematize their thought patterns. They realize their mind as a precious reservoir from which thoughts are created to actualize their ambitions and dreams. They understand the fact that a "peaceful mind" is able to cope with all situations without becoming agitated and disturbed.

All that we are, is the result of what we have thought. Thoughts are our constant companions and the most powerful instrument that mankind possesses is this "thought power". The memories of all our past experiences influence us to a greater or lesser extent depending upon how deep the initial impact was.

External influences such as situations, circumstances or relationships act as catalysts in triggering off our past memories which emerge as thoughts in the mind. On the basis of this, we act or react accordingly and thus reinforce the habit. The types or quality of thoughts created determines the particular feeling of emotion we experience. That's why it is said that "We are what we think". Our reactions to daily events are connected with our thoughts and attitudes to those things. We have the ability to create the type of thoughts we want, whenever we want so. The resolulutions to problems are to be found within the self and therefore, we need to work from the inside out rather than outside in. The resulting calmness and stability helps us to cope with potentially stressful situations in a matured manner. Hence, creating a positive or negative state of mind is exclusively there in our control.

All these discussions carry great significance from the point of view of analysing the meaning, nature and causes of stress.

Meaning and Nature of Strees

The term "stress" is not a new word to the common people. In fact, people have taken it for granted that 'stress' is an inevitable part of human life and it is an unavoidable human experience.

What is stress? This has been a frequently asked question by everybody even though people say that they are experiencing it daily. Let us have a clear view about the concept of stress:

i)   Stress is an internal feeling, a state of mind.

ii)   It is a negative emotional experience.

iii)   It is the consequence of our own psychological appraisal of any situation or event.

iv)   We can't level any particular situation as stressful as the same situation is interpreted differently by different people depending upon their own perception and interpretation of the situation.

v)   The experience of stress is usually accompanied by predictable physiological, biochemical, cognitive and behavioural changes that are directed either towards altering the stressful event or adjusting to its effects.

vi)   In general, stress produces a state of overload.

vii) Stress is caused by "stressors" which are the activators of stress.

viii) Stress produces an incompatible response pattern in the person leading to the creation of an "approach-avoidance" type of conflict.

ix)   When stress assume greater intensity, it appears to be uncontrollable.

x)   Stress is like an external force acting upon the organism and creating varying level of internal turmoil.

xi)   The degree of stress an individual is going to experience at any given time depends on his own psychological appraisal of the situation, as well as his past experience.

xii) Any external or internal event that has harmful effect on mind and body is "stress".

xiii) Our true source of stress are not always obvious.

xiv) "Stress" may be stimulus-oriented, response-related or personality generated.

xv)   Stress is a response to events or situations that disrupt the physical and psychological well-being of a person.

Appraisal process and stress

In the modern age, "stress" is considered to be the principal cause of physical illness and psychological distress. Research investigations over a pretty long period of time strongly supported the role of our own "appraisal" of any situation or event in determining the degree/level of stress we are going to experience at any given situation. From our own personal day-to-day life experiences, we can also come to the same conclusion. Hence, it is a fact that "stress" is the consequence of an individual's appraisal process.

There are two types of appraisal. They are :

i) Primary Appraisal

ii) Secondary Appraisal

i)   Primary Appraisal : When an individual is exposed to a new or changed environment, some amount of insecurity and uncertainity may cloud his thought process. Any event or situation may be perceived as positive, negative or neutral in their consequences. Primary appraisal refers to the process as to whether an individual perceive a situation as harmful, threatening or challenging. These three words are very important from the point of view of determining the degree of stress.

The term "harm" refers to the evaluation or assessment of the damage that has already been done by an event or situation earlier. The term "threat" refers to the assessment of the possible future damage that may occur this time by the particular event or situation. The term "challenging" refers to the potential or the ability to overcome the situation and even to get some benefit out of it.

Primary appraisals of events or situations as harmful or threatening may have definite effects on our physiological responses to threat. But, challenging appraisals are usually connected with more confident expectations of the ability to cope with the stressful event and more favourable emotional reactions to the event (Maier et.al. 2003; N. Skinner & Brewer, 2002)

ii)   Secondary Appraisal : It refers to the process of assessment of our own personal resources: i.e. whether it is sufficient enough to meet the demands of the situation or environment. In the words of R.S. Lazarus and Folkman (1984b), stress is determined by the interaction between the individual and his environment and they called this concept as the "Person-Environment Fit". This secondary appraisal of the situation plays the most significant role in finally determining the level of stress an individual is going to experience in any particular situation.

Levels of Stress

Stress can be experienced at three different levels. Such as high, moderate and low. When an individual feels that his personal resources are not sufficient enough to meet the demands of the present situation, he or she may experience high level of stress.

When an individual feels that his existing personal resources will probably be sufficient to meet the demands of the situation, he or she may experience a moderate degree of strees.

On the contrary, when an individual feels that his personal resources are sufficient or more than enough to meet the demand of the situation, then, the stress level may be very very low.

Such an analysis of the levels of stress clearly indicates the importance of the process of our own psychological appraisal of situations in determining the degree of stress we are going to experience in any particular situation. In this context, the term "personal resources" is very important "Resources" can be of two types like :

i)   **The external Resources :** These include time, money, energy, family support and the social support etc.

ii)   **The Internal Resources :** These include an individuals level of confidence, interest and choice pattern, will-power, level of motivation and personality dynamics etc.

Hence, our cognitive appraisal of any event or situation, at any given time, play a very powerful role in determining the degree or level of stress. The subjective experience of stress is a balance between the primary and secondary appraisal of the situation.

In sum, it can be said that stress results from the process of appraising events as harmful, threatening or challenging, of assessing potential responses and of responding to those events.

Stressors : Stressors are the activators that trigger stress. A stress can be a stimulus, a person, an object, an event or situation in one's environment. Stress is a multi-faceted process that occurs in reaction to situations or events in our environment. Normally, people think that anything negative or unpleasant will eventually create stress. Hence, all negative events or situations are usually perceived as stressors. But, to be practical, situations or events, themselves, are not stressful as they appear to many. Rather, it mostly depends upon our own psychological appraisal of that event or situation. Because of this, people react differently to the same stimulus, event or situation. Hence, there can never be common stressors. As for example : One person might find 'loss of a job' highly stressful while another person might perceive it as an opportunity to try for a better one. One may consider it as a "threat" while the other may consider it as a "challenge". Here comes the role of the factor of individual difference that is vital in determining the level of stress.

Sometimes, "positive events" in our life also create stress. For example : getting married, getting an unexpected job offer, assignment of an important portfolio which somebody is looking for since long, etc. These positive events may also generate some amount of stress. So, the main cause of stress may ultimately comes back to our individual appraisal of any event or situation.

Types of Stress : Hans Selye (1956), the famous Canadian physiologist, is considered to be the pioneer in the field of stress research. According to him, the obstacles we face in our life place adjustive demands on us and this can lead to experiencing a state of stress. He defined stress (1979) as "non-specific response of the body to any demand." According to Luthans (1998), stress refers to, "an adaptive response meditated by external action, situation or event that places excessive psychological and/or physical demands upon an individual".

When we look at these statements relating to the concept of stress, it can be said that the experience of stress causes a wide range of reactions in the individual. With regard to the type of stress, Asmodt (1999) was of the opinion that "stress" can be of two different types like "Good Stress" and "Bad Stress". We

can also call it as positive stress or Eustress and "negative stress" or "distress". This can be illustrated in the following way :

i)   Positive Stress - Good Stress (Eustress)

ii)   Negative Stress - Bad Stress (Distress)

When we are able to convert stress into positive energy, it becomes more motivating and challenging. For example : making preparation for an important examination, making arrangement for a big seminar/conference, making preparation for an important interview etc. Only when some amount of stress is there, it will make us more serious in achieving our target or fulfilling our desired goals.

However, too much stress will negatively affect our performance. Hence, having no arousal or excitement or too much arousal may hinder the quality and quantity of our performance.

Negative stress or distress arises when events happen over which we have no voluntary control. When we feel that the demand of the situation is far greater than that of the resources and coping ability of ours, then, the result will definitely be stress.

Whether it is positive stress or negative stress, it is one thing. But, for our own convenience, we can classify stress into the following categories :

i)   Psychological Stress

ii)   Environmental Stress

iii)   Societal Stress

iv)   Work/Job - related stress

i)   Psychological Stress :

Such type of stress is personal in nature and hence, there is wide variation in relation to experiencing this type of stress. The causes of such type of stress lies in the nature and temperament of the individual. The external sources are there in the environment which may be common to all. But, our own internal sources are primarily responsible to generate such type of stress. As for example : one's own frustrations and disappointments, existing conflicts relating to issues

of primary importance, anxiety, tensions that arise from external sources as well as internal disturbances etc. Hence, psychological stress is limited to the individual concerned with his coping ability and strategies.

ii)   Environmental Stress : These stresses are present in our environment and their intensity is quite high to generate stress among the public. For example : Intense noise, high pollution, crowding, flood, fire, earthquake etc. Many of them are beyond the control of the common people while many of them are man-made disasters. It is a fact that our physical environment influences our behaviour directly or indirectly.

iii)   Societal Stress : In such type of stress, social issues, conditions, factors, events and situations are the principal causes of stress. The interaction between the individual and the society is a prime factor affecting our social relationships in general and our family relationships in particular. In the present day society, the major factors leading to social stress is that of crime, aggression, violence, communal riots, religious conflicts, political turmoil, inter-personal rivalry, overpopulation, social imbalance, social disorganisation, umemployment, poverty, economic imbalance, gender discrimination, and other dreadful social diseases, dowry death, bride burning, female foeticide etc. These events or conditions are perceived as stressful and it affects the physical, mental, social and emotional health of the individual.

iv)   Work/Job-related stress : Available research findings in relation to job-related stress indicates a consistent rise in almost all sectors of work. Apart from home, an individual engaged in any profession, spend maximum time in his work place. Hence, the work-culture and the work environment naturally exert great influence on the workers. The major causes of job-related stress include : work overload, injustice, relationship with colleagues and authority, criticism, jealousy, revengeful attitude, unfair promotion system, inadequate performance appraisal, lack of opportunity for growth, unhealthy competition, role conflict and role ambiguity, sexual harrassment, discrimination etc. Sincere, honest and committed workers experience more stress when they find other less efficient employees are

getting more benefit simply by praising wrong doings of persons in power. This not only lower their self-esteem, but also demotivate them to the highest extent. The discontentment experienced in the professional field is transferred to their family life situation for which relationship factor is affected, level of stress increased and if it continued for a pretty long period, they may become victims of psychosomatic disorders.

At present, work-related stress, consistently assuming great proportion, is found to be responsible for high percentage of stress. According to Sarason, Johnson & Siegel, (1978), negative events or situations show a stronger relationship to both psychological distress and physical symptoms in comparision to that of positive events or situations. Many events have the potential to be stressful because they present people with extra work-load or other specific problems that may exceed their available resources.

An interesting and important finding in this context was that given by J.D. Brown & Mc Gill, 1989. According to them, among people who hold negative opinion of themselves, even positive life events can have a detrimental effect on health where as for people with high self-esteem, positive life events are linked to better health.

Signs and Symptoms of Stress

What are the common symptoms of stress? This has been the most frequently asked question by the common people. For our convenience, these signs can be classified into three major forms like :

    i)   Mental signs of stress

    ii)   Physical signs of stress

    iii)   Behavioural signs of stress

The following are the detailed description of these symptoms.

TABLE : 1.1

Mental	Physical	Behavioural Signs
Resistance	Headache	Withdrawyal or
Anxiety	Increased Heart Beat	Isolating Oneself
Tension	High Blood Pressure	Pulling Hair
Anger	Digestive Disturbance	Biting One's Nails
Guilt	Sweating	Grinding the Teeth
Impatience	Heart Attack	Speech incoherence
Criticism	Chest Pain	Overeating on Eating less
Tightness	Ulcers	Wagging Legs when crossed
Tiredness	Insomnia	High pitched Nervous Laughter
worry	Alcoholism	Yelling or Screaming at others
Friction	Diarrhoea	Increased Smoking
Discontentment	Restlessness alcohols	Increased use of drugs &
Apprehension	Bodyache	Sensori-motor imbalance
Evasion	Muscular stiffness	Carelessness or unmindfulness
Reactive tendency	Accident Proneness tendency	

Stages of stress :

Whenever we experience stress, there are three phases to our response. They are :
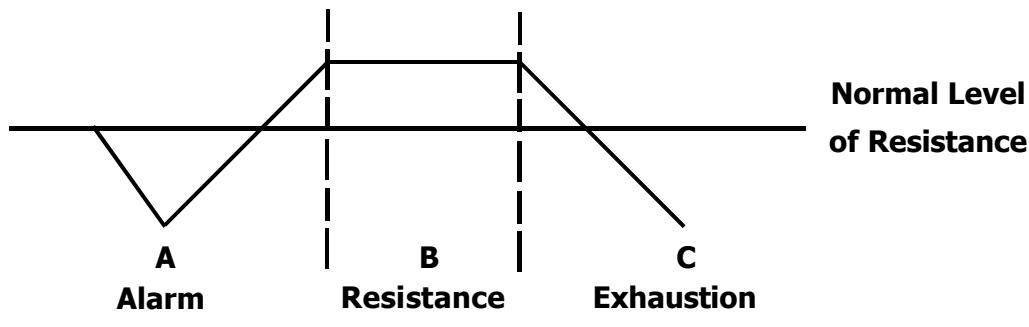
     i)   The stressful Event

     ii)   Our Inner appraisal of it

     iii) Our body's reaction

What makes the stress response so difficult to handle is that once it begins, the mind has no control over it. In totally inappropriate situations, such as sitting in a traffic jam or being criticized at work, the stress response can be triggered with no hope that it is intended purpose - fighting or flee(running away) can be the options to be carried out.

Modern life is full of many such external stressors that cannot be avoided. A "noise" does not have to be loud to be damaging. The stressful effects come about if any irritating noise is repeated over and over, out of our control. This places the burden of dealing with stress of phase two, i,e. appraisal. Although we may not be able to control the stressful event or our body's reaction to it, our appraisal, the vital link that bridges the event and the reaction, is up to us. Any situation that appears the same on the outside can turn into a powerful stress once the interpretation of it changes. A policeman appearing in the scene of the crime evokes tremendous fear in the criminal but create great relief in the victim. A diagnosis of cancer sends the patient into wild stress but not to the doctor. So, the totally personal way in which we filter all events determines how stressful they are. External stressors are basically triggers. If we don't feel triggered, there is no stress. Management of stress, therefore, turns out to be much more complicated than is generally supposed because an individual's perception and interpretation of any situation is usually coloured by his/her experiences in the past.

Selye's GAS Model of Stress (1976)

Psychologists have been studying stress and its impact on physical and psychological health for several decades. To see how stress researchers have arrived at our current understanding of stress, we need to analyse their contributions to the field. In this context, the contributions of Hans Selye (1976) appears to be more comprehensive and noteworthy.

Figure : 1.1

(The three phases of Selye's GAS Model (1974))

He exposed rats to different types of stressors like extreme cold and fatigue and minutely observed their physiological responses. He was very much surprised when he found that all the stressors produced essentially the same pattern of physiological response. On the basis of his observations on rats, he later on, developed his model of General Adaptation Syndrome (GAS). He emphatically mentioned the fact that when an organism is exposed to a stressor, it mobilizes itself for action. The response itself is non-specific with respect to the stressor which means whatever may be the type of the stressor and the anticipated threat it may bring with it, the individual will respond with the same pattern of physiologicall reactions and prolonged exposure to stress may damage the system significantly.

Selye's General Adaptation Syndrome (GAS) consists of three different phases. They include the following :

    i)   The Alarm Phase

    ii)   The Resistance Phase

    iii)   The Exhaustion Phase

i)   **The Alarm Phase :** This is the first phase in which the body first experience and then reacts to a stressor. After that, the body prepares itself for immediate physical action and tries to resist the stressors for which the sympathetic nervous system is activated, the adrenal activity and the

cardiovascular functions etc. are heightened. However in the alarm phase, resistance is diminished.

ii) **The Resistance Phase :** This phase starts with continued exposure to a stressor where the body maintains a moderate level of physiological arousal and resistance level rises above the normal level and along with it, the bodily signs marked in alarm phase disappears. Practically, in this phase, the organism makes efforts to cope with the threat by trying to face it.

iii) **The exhaustion Phase :** This phase occurs if the organism fails to overcome the threat. Because, while trying to counter with the existing threat, much of the physiological and mental energy is depleted and the person feels quite exhausted.

This three stage model of Selye definitely encourage us to think about the possible pattern of interaction between physiological factors with that of environmental factors, i.e. the relationship between stress starts from the exhaustion phase and it paved the way to be affected by many types of diseases. He believed that continued exposure to stress disturb body chemistry and makes the organism prone to psychophysiological disorders.

Criticsms raised against this Model :

i) The first criticism was raised by R.S.Lazarus & Folkman,(1984b) on the ground that this model did not take the cognizance of the psychological factors involved in stress as one's own psychological appraisal of any event or situation is the primary determining factor in deciding the level of stress one is going to experience at any given situation.

ii) As pointed out by Selye, the psysiological responses of the organism is the same irrespective of the type of stressors, was criticised on the ground that there is strong evidence in support of the fact that "not all stressors produce the same endocrynological responses. (Kemeny, 2003). Apart from this, people's responses to stress is substantially impacted by their perception and interpretation of different events and situations, their body constitution as well as their personality pattern.

iii)   The third criticism is related to Selye's view point of considering stress as the outcome or the end product of stressful experience where as the real fact is that people experience many negative impacts of stress even when the event is going on and even in anticipation of its occurrence.

However, whatever may be the criticisms raised against Selye's GAS, there is no doubt to accept the fact that his model still remains the cornerstone of the field of stress research.

Effects of Stress on Health

Research findings have clearly indicated the adverse effect of stress on our physical, mental, social and emotional health. Considering the varied effects of stress on health, medical experts call it, "The Silent Killer". According to the recent report presented by the World Health Organisation (WHO), today, more than 80% of the diseases are psychosomatic in nature. As the name indicate, 'Psycho' means mental and 'Soma' refers to body. So, what happens in such type of disease is that chronic exposure to stress, tension and anxiety create emotional imbalance and they mostly affect the weakest organ of the body generating definite symptoms. These diseases are renamed us "Psychophysiological Disorders".

According to medical experts, the connection between stress and health is very strong (Kiecolt, Glaser & Glaser- 1992). In the words of Frese (1985), In about 50 to 70 percent of all physical illness, the effect of stress has been noticed. Even most of some life-threatening diseases have also been included within this percentage and they are: high blood pressure, heart disease, ulcers and diabetes. How does stress produce such effects ?

Growing evidence, in this regard, point to the fact that continuous exposure to stress depleted our physical and mental energy to such an extent that, it disrupts the internal chemistry of our body. As identified by stress researchers and medical experts, stress has effects on at least 4 general physiological systems of the body. They include the following :

i)   The sympathetic - adrenomedullary system (SAMS)

ii)   The pituitary - adrenocortical system

iii)   The neuropeptide system

iv)   The Immune system.

Stress is both a subjective and objective experience. In fact, both of these aspects of stress affect the possibility of resulting in health problems. Herbert and Cohen (1993) noticed that exposure to long-term stressful event was significantly related to poorer immune functioning. Under normal conditions, our immune system work wonders by daily removing or destroying many potential threats to our health. According to (Cohen et. al, 1992; Miller et al;1999), a variety of stressors including problems in our relationships, daily hassles of life, academic pressure, loneliness, disruptions in our interpersonal relationships and lack of family, friend and social support, can interfere with our immune system. Many other research findings have also proved this.

In this context, some other recent research findings suggests that the effects of stress on the immune system may be less potent for people who have effective and constructive ways of dealing with their stressors than that for those who do not do this. In addition to this, additional facts also suggests that the attitude of optimism, regular physical exercise, practice in yoga and meditation and a sense of contentment and control over stressful situations helps to maintain not only our internal blood chemistry, but also helps in strengthening our immune system (Taylor, 1999). These findings show that reductions in stress is definitely beneficial to our health.

Other important findings in the field of stress research indicate **individual difference** in resistance to stress. It is a fact that individuals differ in their resistance to stress. According to (Scheier & Carver, 1988), people who have general expectancies for positive or good outcomes are much more stress-resistant than people who have general expectancies for negative outcomes. These two dimensions are more popular in the name of **optimism-pessimism dimension**. In this context, research evidence also points to the fact that this resistance stems from beneficial changes that takes place in their immune system.

To add to this, Segerstorms study (1998), with regard to examining the effects of optimism on mood and immune changes among law students in their performance in First Semester Study indicated that optimism was associated with better mood, higher numbers of helper T Cells (involved in immune reactions to infections), and higher natural killer cell activity, thought to be important in fighting viral infections and some types of cancers. The difference between optimism and pessimism is that they adopt different coping strategies to deal with stress. (Scheier & Carven), 1992). In short, success in dealing with stress is best accomplished through the use of a wide variety of coping strategies. In this context, there is some evidence which supports the fact that "men and women differ in relation to the 'choice' of coping strategies. People from different cultures may also differ in this regard. Chang, 1996). Hence, many findings indicate that individuals differ greatly in terms of their ability to deal with stress and a thorough understanding of the reasons behind such differences can help us a lot from practical point of view.

Causes of Stress : Our response to a stressful event or situation largely depends upon what we notice, how we perceive, interprete and appraise them. In fact, situations or events, themselves, are not stressful. Rather, it is our own perception and appraisal of the situation, relating it to our past experiences. Events that are stressful to one person may not necessarily be stressful to another person. Because of this sort of complexity, it is very difficult to specify definite causes underlying stress.

The number of factors contributing to stress are many. In fact, we have already accepted stress as a normal part of our life. Almost every individual faces stress in his life either to a greater or lesser degree. Psychologists have pointed out that the stressors of today are more related to affect our sense of self-esteem than that of our physical survival. Modern life style or way of living has practically invited unwanted stress in our lives many of which are avoidable. However, it is also true that not all stress affect us to the extent of falling a victim to illness because of our natural capacity to cope with situations. From another perspective, it is also true that, stress can affect our health and well-being to a great extent provided we are unable to manage it effectively. Continuous stress is definitely

dangerous to our health as they invariably lead to "psychosamatic disorders" like asthma, migraine, hyper-tension, ulcer, heart disease, high blood pressure, allergy, low back pain, all kinds of body ache etc. which have a pure psychological base. At present, almost every disease starting from headache to cancer has been attributed to mentally induced stress.

What, then, are the various sources of stress? This has been the most pertinent question asked by many. Even though most of us have already experienced and identified many important sources of stress, still then, for a better understanding and clear identification of the root causes of stress, the following factors can be paid attention to :

1. Daily Hassles of Life

According to Robert A. Baron (2000), **hassles** are annoying minor events of everyday life that cumulatively can affect our psychological well-being". He said that there is great individual variation with regard to the effects of stress in relation to daily life stressful events. Because, while some individual suffer ill-effects after exposure to a few mild stressful events, others remain healthy and unaffected even after prolonged exposure to high levels of stress. Such individuals are described as **stress resistant.**

On the basis of their research findings, Chamberlain and Zika (1990), had listed the following ten factors that could be included as the most dominating factors creating stress.

Table : 1.2

Sl.No.	Daily Hassles
01.	Not Enough time
02.	Too many things to do
03.	Troubling thoughts about future
04.	Too many interruptions
05.	Misplacing or loosing things

06.	Health of a family member
07.	Social Obligations
08.	Concern about standards
09.	Concern about getting ahead
10.	Too many responsibilities

They have used the adaptation of the kanner scale of the 10 most frequently endorsed hassles by a sample of 161 students in New Zealand. This scale also partially measures "neuroticism".

We can also include the following factors which can be categorized under daily hassles of life: misunderstanding with family members, common quarrel at home, homework of children, frequent unexpected requirements of near and dear ones, financial problem and any kind of addiction problem of family members, being stuck in a traffic jam, waiting in a line etc.

According to Lazarus & his associates, Folkman (1988), our daily life is filled with unlimited minor irritating sources of stress, which can be called as "hassles". These daily hassles can, sometimes, become the major causes of stress. Hence, these events should be properly taken care of by people in order to prevent later complicacies. In some other research findings Weinberger (1987), S.N. Dubey (1993), Holmes & Rahe (1967), Gilligan, (1982) etc. have also reported a clear relationship between daily hassles and health problems. According to Lazarus, 1981, 1984 Chamberlain & Zika, (1990), "As daily hassles go down, well-being goes up." Hence, there is absolutely no doubt that daily hassles definitely affect our emotions and mood instantly, but we gradually learnt to adapt to them so that its bad or negative effects do not affect ourselves the next day. In the words of Weinberger (1987)."One view of stress holds that an accumulation of small frustrations more often leads to strees than do big, infrequent jolts of change". This statement carries great significance in the context of stress-illness relationship. Lazarus, (1984) holds the view that "If we interprete these hassles as salient, harmful or threatening to our well-being, they affect us more than we might

imagine". This statement is very true when we try to correlate the effects of these daily hassles on our mood, emotions, quality and quantity of performance and our **happiness index**.

Hence, these minor hassles may have relatively lower intensity, but they have usually higher frequency and we can't simply judge or anticipate their negative impact upon our physical and mental health just by looking at its repeated occurrence. But, no doubt, they create their own effects at the physical, mental and social level.

2. Stressful Life Events : The effect of stress can also be analysed from another perspective, i.e. in relation to the "psychological experience of stress". In this context, one line of stress research has focussed more intensely on measuring the impact of "stressful life events". The range of such events covers a broad array of events starting from death of one's spouse to being fired from a job or switching over to a new home at a new place etc.

In this context, if we critically analyse the statements of two pioneers in stress-research, T.H. Holmes and Rahe (1967), who argued that, when an individual is required to make a substantial adjustment to his environment, the likelihood of stress is very high. Keeping in mind the possible impact of such stressful life events, they have developed an "Inventory" to measure stress. Specifically, they have identified the events that force people to make the most changes in their lives and then assigned point values to those events to reflect the amount of change that must be made. As for example, with the death of one's spouse, virtually, almost every aspect of life gets disrupted. On the other hand, getting an urgent flight ticket within a limited time span may be annoying and distressing, but is unlikely to produce much change in one's life. Hence, in order to obtain a stress score, one totals up the point values associated with the events a person has experienced over the past year. What message practically Holmes & Rahe wanted to communicate to people was that "almost all people experience at least some stressful events, some will experience a lot and that group is more vulnerable to illness. Some other studies have also shown that "stressful life events predict illness". (Rahe, Mahan & Arthur, 1970).

It is a fact that most of us experience traumatic events and major changes at some point of our life like death of a spouse, divorce, termination of a pregnancy, losing a job etc. The point is that how we react to these events that suddenly happen in our life. In this connection, the first attempt has been made by Holmes and Rahe in the year 1967. They developed an Inventory/Scale which is popularly known as Social Readjustment Rating Scale (SRRS). They had administered the scale to a large group of people and instructed them to assign points to a maximum of one hundred to various life events according to how much readjustment each event required. The greater the number of points assigned to a given event, the more stressful it was for the persons experiencing it. The degree of stress associated with different kinds of change experienced in a given period was measured in "life change units". (LCU)

Holmes and Rahe (1967), in their pioneering research work, enlisted forty three stressful life events. They administered it over four hundred subjects (adults) to rate the relative amount of readjustment that they think would be required independently for these events.

Out of these 43 life event, the following are the 10 highest rated life events:

Table : 1.3

Sl.No.	Stressful Life events
01.	Death of a spouse
02.	Divorce
03.	Marital separation
04.	Detention in Jail
05.	Death of close family members
06.	Major Personal injury or illness
07.	Marriage
08.	Being Fired at Work
09.	Marital Reconciliation
10.	Retirement from work

The following is the detailed description of the stressful life events as included in the Social Readjustment Rating Scale (SRRS)

Table :

Life Events and Stress

1.	Death of spouse	100	23. Son/daughter leaving home	29
2.	Divorce	73	24. Trouble with In-Laws	29
3.	Marital separation	65	25. Outstanding personal achievement	28
4.	Jail term	63	26. Wife beginning or stopping work	26
5.	Death of close family member	63	27. Beginning or ending school	26
6.	Personal injury or illness	53	28. Change in living conditions	25
7.	Marriage	50	29. Revision of Personal habits	24
8.	Getting fired at work	47	30. Trouble with Boss	23
9.	Marital reconciliation	45	31. Change in work hours or conditions	20
10.	Retirement	45	32. Change in residence	20
11.	Change in health of family	44	33. Change in schools	20
12.	Pregnancy	40	34. Change in recreation	19
13.	Sex Difficulties	39	35. Change in church activities	19
14.	Gain of new family member	39	36. Change in social activities	18
15.	Business Readjustment	39	37. Taking out a loan for a lesser purchase	17
16.	Change in financial state	38	38. Change in sleeping habits	16
17.	Death of close friend	37	39. Change in number of family get together	15
18.	Change to different line of work	36	40. Change in eating habits	15
19.	Change in number of arguments with spouse	35	41. Vacation	13
20.	Taking out mortgage for major purchase (e.g. Home)	31	42. Christmas	12
21.	Free closure of loan	30	43. Minor violation of law -	11
22.	Change in responsibilities at work-29			

(Source : Based on Data from Holmes & Masuda, 1974)

However, the detailed analysis of the scores has revealed the fact that stressful life events (SLE) predict illness. But, overall, however, the relationship between SLE scales and illness is quite modest. The SLE scale do predict illness, but not very well. (Adams, Dammers, Saia, Brantley & Gaydos (1994), Levy, Cain, Jarrett & Heitkemper (1997), Yoshiuchi & et al., (1998). Other research findings revealed that life stress increases an individual's overall susceptibility to illness (Holmen & Masuda, 1974). Some other findings also reported that the life change units (LCU) values are also high for sometime after an illness.(Rahe & Arthur, 1978). Recent researches strongly supported the fact that "chronic stressors" may be a more important determinant of illness than that of short term stressful events.

However, practically speaking, there are some problems in measuring stressful life events using a stressful life event inventory. The following are some of the main problems as identified by the researchers themselves and subsequent researchers :

i) some of the items present in the list are not fully clear to expect a clearcut answer.

ii) Because, the events have pre-assigned point values, individual differences in the way events are experienced are not taken into consideration (schroeder & costa, 1984).

iii) In general, events in an inventory include both positive and negative items. They include events that an individual choose such as getting married and events such as death of a close family member which just happen. Hence, these differences matter a lot and may affect the trustworthiness or effectiveness of the inventory (R.J. Turner & Avison, 1992). Further, while counting the frequency of life events, researchers typically do not evaluate whether those events have been successfully resolved or not. (Thoits, 1994)

iv) Assessing specific stressful events may also increase chronic stress and can also produce psychological distress and physical illness.

v)   Some people are more stress-prone and because of their personality pattern, they may report more stress in their lives, and that too, more intensely. S.Epstein & Katz, 1992, Magnus, Diener, Fujita & Pavot, 1993). Thus, more life events may be checked off by people with a propensity to react intensely to the stresses and strains of life.

vi)   Life event measures may not be reliable to the extent that the reactions to any stressful event may be intense during the period of happening but the intensity may reduce with the passage of time. (Kessler & Wethington, 1991), Raphael, Cloitre & Dohrenwend, 1991). Some may also totally forget the events.

Keeping in mind all these problems related to the authenticity of the scores collected, many researchers feel that if we want to avoid these problems then "Measuring perceived stress" could be a better measure of stress. To experiment on this issue, S.Cohen and his colleagues (1983), developed a measure of perceived stress. These measure appears to be more broader in its approach and orientation.

Like this, there are also scales to measure our daily stress and strain. One such scale was developed by Lazarus and his associates (Kanner, Coyne, Schaefer & Lazasus, 1981) and they named it as the "Hassles Scale". These researchers strongly believe that minor hassles can remarkably produce stress and can affect our physical and mental health in many different ways. However, administration of this scale has also revealed similar problems as used with other stressful life event measurement scales. On the basis of their study, the researchers have suggested that hassles do, indeed, compromise physical and psychological functioning.

Sources of Chronic Stress :

There is strong evidence that chronic stress is an important contributor to physical illness as well as psychological distress. It has been a frequently asked questions to many researchers : can people adapt to chronically stressful events ? The answer was that, people can adapt to chronic stress to a degree but continue to show signs of stress in response to intense chronic strains in their lives. Continuous stress can strongly affect a person's coping abilities. (G.W. Brown & Harris, 1978). Even researchers went to the extent of stating that, "chronic stressors

of life may be more important than major life events in the development of illness. Of course, there are different types of chronic stress and strain and the way they affect an individual's physical and mental health is also different. It is also very difficult to evaluate the way they affect us during our life span. But, it is true that they do affect us to a major extent. Hence, the factor of "Individual Difference" do play a very vital role in ascertaining their possible effects on our overall health.

The following have been identified as the major contributing factors related to chronic stress :

i)   Childhood sexual abuse

ii)   Exposure to natural and human made disasters.

iii)   Rape, molestation and abduction.

iv)   Risky families - that are high in conflict or abuse and low in warmth and nurturance.

v)   Living in constant poverty

vi)   Being in a bad and strenuous relationship

vii)   Remaining in high stress job

viii) Constant humiliation from authority

ix)   Stress in marital relationship

x)   Post-traumatic stress disorder (PTSD)

Researchers like Repetti, Taylor and Seeman,(2002), have strongly supported the long-term effects of early stressful life experiences on illness or disease we develop later in life. Other research findings similarly shows the delayed impact of stressful life events on later illness, that stress can have (Leserman, Li, Hu and Drossman, 1998). According to J. Pike et al., (1997), people who were undergoing chronic life stress showed exaggerated sympathetic reactivity and corresponding decrements in natural killer cell activity in response to an acute stress in the

laboratory, as compared with people who have fewer background stressors.

In this context, many research findings strongly supported the fact that "workers with high levels of job strain and low levels of control over their work are under great stress and they are at greater risk for coronary heart disease. Chronic stress has also been related to a variety of adverse health related outcomes including the likelihood of giving birth prematurely. (Rini, Dunkel-Schetter Wadhwa & Sandman, 1999).

Coping with stress

The term "coping" refers to the process of dealing with or managing the demands of the environment, both external and internal that are appraised as taxing or exceeding the existing resources of the person. (R.S. Lazarus & Folkman, 1984a). According to R.S. Lazarus's view of stress, any new event or change in the environment prompts the individual to make definite appraisal relating to the significance of the event. In this context, both our primary and secondary appraisals play their own important role. Finally, on the basis of our own psychological appraisal of the situation or event we experience different levels of stress.

Coping consists of efforts. It could be an action-oriented effort or an effort at the intrapsychic level. The purpose is simply to manage the existing environmental demands and internal pressure. Normally, these efforts are in the direction of either reducing or minimizing the pressure in order to avoid stress. Research findings have clearly indicated the fact that "people respond very differently to stress". Even, the same stimulus, situation or event is appraised differently by different people depending upon their past experiences, personality pattern and their earlier attempts leading to successful or unsuccessful coping in the past in relation to handling stress. Whatever may be the cause of stress and our reactions to it, the factor of "individual difference" do play a vital role in determining how much stress we are going to experience in any particular situation. But, under normal circumstances, events that are negative, unpredictable or uncontrollable, ambiguous, overwhelming and threatening to our life, are likely to be perceived as

stressful.

Hence, how to cope with stress ? Is there any specific way to cope with stress to which we can say it is the best one ? What is the relationship between stress and coping ? These questions need to be answered in the most simple way.

i) The relationship between stressful event and coping is not a static one. It is a dynamic one.

ii) the process of coping involves a series, of interactions between the person and his available resources, both external and internal, with the present demand of the situation/environment.

iii) Coping is not an one time attempt taken by the person. It is a set of responses, occuring over time, by which both the person and the environment influence each other.

iv) Coping efforts are moderated by the existing resources available to the person at any given time.

Lazarus (1974) has strongly emphasized the central role of our own cognitive appraisal process in coping with stress. Sometimes, we try to deal with stress before it actually occurs. This approach is called "anticipatory coping" by Folkman, 1984. According to him, coping can be accomplished with actions, feelings or motives. Such type of coping can help us to prepare better to face the stressful situation and its effects are often found to be positive.

Psychologists, clinical psychologists and psychotherapists have tried to differentiate between the terms "coping" and "Defending". While coping refers to the process of dealing with stress by facing it, using different strategies to reduce its effect, defending is simply a temporary measure to avoid stress. These are artificial and defensive measures which simply reduces our ability to cope with different stressful situations in the long run.

Personality and coping

Research findings have clearly indicated the relationship between an individual's

personality characteristics with experience of stress. Some people are predisposed by their personalities to invite more stress than it is normally expected. Such type of personality pattern is called "stress-prone" personality. They experience stress more frequently and which, in turn, affect their physical and psychological functioning making them physically ill and psychologically distressed. Research findings on this line has focussed on the creation of a psychological state called "negative affectivity" (Watson & Clark, 1984). This state is characterized by a pervasive negative mood marked by anxiety, depression and hostility. According to (Gunthert, Cohen & Armeli, 1999), individuals high in negative affectivity express distress, dissatisfaction and discomfort across a broad array of situations. Such people are also more prone to drink heavily (Francis, Franklin and Flavin 1986), and to involve in suicidal gestures and sometimes even commit suicide in reality. (Cross & Hirschfeld, 1986).

Some other personalities are called "coping-oriented. Whenever they face any stressful event, they use their resources, both internal and external, more wisely and that too, in a cool and stable manner. Such type of people respond to any kind of stressful situation or events with three distinctive attitudes like commitment, control and challenge. They welcome any change not as a burden, but as a challenge, use their inner sense of control and are committed to cope with the situation confidently, purposefully and with a positive attitude.

Psychologists have identified four different types of personality pattern which influences their responses to stress. These personalities include :

i)   Type 'A' personality   ii) Type 'D' Personality
     iii)Type 'T' Personality   iii) Hardiness

i)   Characteristics of Type 'A' Personality :

i) High achievers ii) Ambitious   iii) Competitive, iv) Highly Energetic

v) Aggressive   vi) Perfectionist   vii) Hostile   viii) Impatient

ix) Time conscious   x) Workaholic

Such people are more prone to stress since they usually prefer to complete

their assignments in time. They engage themselves in many activities simultaneously. They do not usually relax. Such people are sincere and committed to their work. As a result, these people experience more stress, are more sensitive to criticism and are more prone to all categories of cardiovascular diseases. (Heynes & Feinleib, 1980).

ii) Type 'D' Personality :

It is a personality type characterized by a general tendency to cope with stress by keeping negative emotions to oneself. People who exhibit this type of behaviour pattern are more likely to experience suppressed immune systems and health related problems. According to Denollet (1999), the term Type D, is meant for distressed personality type. According to (Levy et al., 1985, 1988), inadequate emotional expression of negative emotions create more stress and can have an adverse effect on the progression of certain type of illness - like cancer. This finding has created a steer in the field of stress research.

iii) Type 'T' Personality :

Such type of people are of adventurous type, risk-taking and courageous. They like climbing mountains, skydiving, hanggliding. They are more eager to explore new things, enjoy thrilling experiences with excitement. They are extremely bold and usually engage themselves in risk-taking behaviour.

There are two different types of Type T personality like Creative Type and Destructive Type. The creative type focusses more on positive and constructive activities with motivation and interest where as the destructive type often engage themselves in delinquent and criminal activities. Howevery, Type 'T' pattern is not a category or strategy for stress management, rather they represent a set of characteristics that are important from the point of view of coping with stress.

iv) Hardiness : Such type of personality is considered to be a distirct pattern which has received attention as a "stress moderator". It is the degree to which stress is moderated by individual and circumstantial factors. This concept of hardiness was developed by S. Maddi and S. Kobasa in the year 1984. It indicates an individual's stable, cool and characteristic way of responding to life events.

Such people are less prone to psychological distress and psyical illness (Funk, 1992, Horner, 1998, Kobasa, 1994). Such type of personality is usually characterized by three major attitudes and they include challenge, commitment and control. They are more of resilient type. They know how to face stressful situations and how to manage it. For this reason, they are more popularly called "stress-resistant".

Optimism and Pessimism : Contrasting strategies for coping with stress:

It is a fact that individuals differ in their resistance to stress. As we observe people on different occasions, we find some people seem to be "disease-prone" as they cannot withstand the ill effects of even mild level of stress where as some others are "disease-free" whom we call them as "self-healers". Why they are so-called is that they could manage to function quite effectively under intense stressful situations. This pattern has been well analysed by the research findings of three prominent researchers like (Friedman, Hawley & Tucker, 1994). What then is the reason ?

The answer to this specific question definitely involves the dimension of "optimism-pessmism". The following are the major points of difference between them :

i)   Optimistic people usually expect positive outcomes where as pessimists expect more negative outcomes.

ii)   Optimisitic people use their resources more effectively when they face stress where as pessimistic people fail miserably to use their resources because of their negative attitude.

iii) Optimism promotes more active and persistent coping efforts which also improves their psychological adjustment and health where as pessimism promotes a state of denial and refusal to cope with stress.

iv)   Optimism reduces the risk for illness and other health problems where as pessimism increases the risk for illness and other related health problems.

v)   Optimists have more positive mood which can directly create a state of

physiological resilience where as pessimists have more negative mood that itself create both physical and psychological instability.

vi) Optimists use "problem-focussed coping" strategy, they objectively observe the situation and deal with them with proper planning where as pessimists use "emotion-focused coping", focussed more on expressing their emotions in stead of working on the problem directly.

vii) Optimistic people are more likely to seek social support, suggestions and advices of others while encountering stressful situations where as pessimists usually use the strategy of giving up, denying their existence and ignore its importance.

viii) An optimistic person perceive a glass as half-filled where as a pessimistic person perceive it as half-empty. This itself indicate hopefulness and hopelessness respectively.

All these differences between optimism and pessimism dimension clearly indicate the basic fact that optimism was associated with less stress and depression because they know to size up the stressful situations positively. Because of this, optimism has clear health benefits and an optimistic style appears to be protective against the risk of coronary heart disease among older people. (Kubjansky, Sparrow, Vokonas & Kawachi, 2001). Hence, optimism also predicts better physical functioning.

Coping Style

The term "coping" refers to the process of dealing with stress using one's internal as well as external resources. Coping Style refers to a general propensity to deal with stressful events in a particular way. There are three major styles of coping. They include the following :

    i)   Action-oriented/problem-focused coping,

    ii)   Emotion-focused coping,

    iii)   Ego-defensive/ faulty-adjustment coping style

i)   Action-Oriented/Problem-focused coping

This type of coping involves an objective evaluation/assessment of the stressful event or situation, analysis of the nature of the problem, evaluation of the available resources both external and internal and then developing proper plan and course of action to deal effectively with stress. Such a coping style is found to be effective in successfully coping with stress (Suls & Fletcher, 1985).

ii) Emotion-focused coping

Such a coping style involves efforts to control and regulate emotions arising out of the perception of the stressful event or situation. The main objective is to relieve oneself from anxiety, tension, anger, frustrations and other related emotional reactions.

According to (Thompson et. al., 2004), emotion-focused coping includes two different types of coping. The first category is that of "rumination" - i.e., negative recurrent thoughts that is dangerous to our health. However, in some other cases, rumination has been tied to several indicators of compromised immune functioning in both young and elderly subjects. The Second category involves emotional approach coping, which involves clarifying, focussing on and working through the emotions experienced in conjuction with a stressor, (Stanton, Danoff Burg, Cameron & Ellis, 1994). This category of coping has benefits for a broad range of stressful situations. Emotional - approach coping was found to improve adjustment to many chronic conditions, including chronic pain (J.A. Smith, Lumley & Longo, 2002) and medical conditions such as pregnancy (Huizink, Robles de Medina, Mulder, Visser & Buitelear, 2002) and breast cancer (Stanton, Kirk, Cameron & Danoff Burg, 2000). According to Stanton and his associates (2000), "even managing the stressors of daily life can be benefited by emotional - approach coping." This approach was found to work better with women than men.

However, sometimes "problem-solving efforts and emotional control and management work together. In fact, both problem-focussed and emotion-focussed coping are useful for most stressful events (Folkman & Lazarus., 1980).

iii) Ego-Defensive / Faulty adjustment coping

The main focus of such type of coping is to prevent the ego from extreme

anxiety and pressure and low self-esteem. These mechanisms are called defense mechanisms most of which occur at the unconscious level. Minimum use of such mechanisms may provide temporary relief to the person, but regular use of these mechanisms disturb the normal process of adjustment. Some of the most frequently used such mechanisms include : repression, projection, rationalization, fantasy or day dreaming, displacement and denial of reality. These mechanisms are not adaptive and faulty. The chief purpose of these mechanisms is to reduce tension, anxiety, stress, to maintain self-esteem and to maintain feelings of emotional relief, adequacy and self-worth.

The effectiveness of these coping styles is mostly situation-specific and individual-specific. However, a flexible approach while dealing with stressful events or situations provide more benefits.

Aims and objectives of coping

Successful coping depends on a large number of factors. Coping must be thought of not only as a series of process that occurs in reaction to certain stressful events, but also as efforts the aim of which is to achieve certain specific goals. These goals include the following :

i)   To reduce the harmful effects of the existing environmental conditions.

ii)   To enhance the adjustment process to face the reality.

iii)   To maintain emotional balance/stability.

iv)   To maintain a positive self-image.

v)   To continue maintaining good relationship with others. (F.Cohen & Lazarus, 1979).

Coping efforts are generally accepted to be more successful if they reduce arousal and its indicators like heart beat, pulse rate, blood pressure and skin conductivity.

Coping Strategies

The past few decades have seen great progress in the field of coping research.

Researchers have identified many of the common coping strategies that people use to deal with stress. As observed, an individual's coping responses are often spontaneous which means people generally react and respond in the way that comes naturally to them. Whatever strategy has already acted successfully in the past also play a vital role in determining what strategy he is going to adopt at the present situation. Moreover, people use both adaptive and non-adaptive strategies to cope with stress. Repetition of any strategy depends largely upon their successful and unsuccessful outcome. However, as observed on the basis of many research findings, there are three different strategies / techniques to manage stress. They include the following :

    i)   Physiological coping strategy

    ii)   Cognitive coping strategy

    iii)   Behavioural coping strategy

i)   Physiological Coping Strategy :

    The common physiological responses created by stress include tense muscle, increase pulse rate, vibrating heart, sweating, dry mouth and an upset stomach. All there produces a total state of discomfort and affect the physiological and psychological well being of a person. Hence, how to cope with such a distrubed state, is the most important task. Some of the most effective strategies in this regard include the following :

    a)   Learning the technique of **progressive relaxation** to reduce the tension in the muscles which are usually expressed in the form of stiffness of muscles. Use of this technique involve alternate stretching and relaxing of the muscles, then relaxing the arms and the shoulders in a circular direction. Relaxing the neck also forms an important part of this technique. On the whole, it involves the relaxation of the whole body.

    b)   Making regular **physical exercise** is another important technique for reducing stress in the entire body. Although, such excercises does not remove the problem, still then, they definitely help in preparing the

ground to cope with stress. It also helps in decreasing the state of discomfort.

c) Another powerful technique involves **controlling one's breathing** and noticing its nature and duration. It should change from short breaths to deeper and longer breathes. This process also begins with the relaxation technique. Such procedure are effective in relieving emotional tensions also. Yoga and meditation also helps a lot in experiencing a calm and composed state of both mind and body.

These are all stress-reduction techniques, that can be used by people to reduce the intensity of stress.

ii) Cognitive coping strategies :

Stress is a fact of life and stressors are present everywhere in different forms. It is also not possible to completely eliminate stress from our life. Hence, the best option is to channelise our thought process in a positive direction. The nature of human mind is to create thoughts continuously most of which are usually unnecessary and negative. How much stress we are going to experience at any given situation depends upon our own cognitive appraisal of that events or situation. For better results, we need to use the process of "cognitive restructuring" (Meichenbaum, 1977). It refers to the process of changing negative appraisal of stressors with more positive ones. This involves modifying the thought process in a positive direction in order to eliminate the source of stress. Our family, friends, relatives and other social support system can play the most important role in restructuring our process of appraisal. Stress researchers strongly believe that our cognitive appraisal plays a crucial role in interpreting different stressors present in our environment. Social support is considered to be the most vital of all resources against stress. They have long been considered as emotionally satisfying and relaxing to an individual. They can also neutralise the effects of stress and can help reduce the negative feelings that are often associated with the stressful events or situations.

iii) Behavioural Coping Strategy :

This strategy focuses on changing our behaviour in a positive and constructive dimension by adhering to planned course of action. Sometimes, we also feel guilty and ashamed of our own behaviour and thereby invite stress in our life. Many times, we also overload ourselves with too many tasks and responsibilities which ultimately ends in more stress. These unwanted and irrelevant stress can be easily removed by developing an adequate schedule of work and proper management of time. 'Time' is considered to be one of the most important and powerful resource of which nobody can complain of inequality of distribution. Hence, by taking recourse to a well-planned action plan along with adequately managed time schedule, we can perform our actions in a disciplined manner. Not only that, this is also the best way of getting the most out of our day. When the direction is focused and the action plan is based on proper time schedule, irrelevant behaviour will automatically slow down.

These techniques, if not in complete form, will, most probably, lessen the potentially harmful effects of stress to a major degree.

Stress-Management Techniques

i) **Taking Direct Action :** Coping researchers have found that direct action often leads to better adjustment to a stressful event than do coping efforts aimed at avoidance of it or denial of its existence.

ii) **Enhancing Resilience :** Experiencing positive life events, good mood, opportunities for rest, relaxation and renewal can help people cope more effectively with life-stressors and prevent illness, (Ryff & Singer, 2000).

iii) **Disclosure of Emotional Experiences :** A good number of research has examined the impact of sharing personal emotional experience with trusted persons in relieving stress. It has also beneficial effects on health. When people experience and undergo traumatic events and are not able to share with others because of inhibitions, they create internal turmoil and emotional instability, the result being enhanced stress. Hence, disclosure of repressed emotional feelings helps in reducing stress (R.L. Silver, Boon & Stones, 1983). It also helps in reducing heart rate, blood

pressure and their skin conductance (Pennebaker, Hughes & O Heeron, 1987).

iv) **Shifting coping Strategies :** People who are able to shift their coping strategies to meet the demands of the situation, cope better with stress than those who do not. Overall, research suggests that people who are "flexible copers" may cope extremely well with stress (cheng, 2003).

v) **Avoiding Negative thinking and talking :** As pointed out by (Meichenbaum, 1975), negative self-talk can contribute to irrational feelings and gives rise to persistent stress. So, developing positive self-talk not only provide satisfaction and solace to the individual, it also helps in enjoying relationships.

vi) **Developing a healthier Life-Style :** Developing good health habits, social skills, assertiveness in social relationships and situations along with a disciplined life-style, definitely contribute, to a major degree, in minimizing stress in life. Research evidence have also supported the great role of maintaining a healthy life-style not only in reducing stress, but also, in expanding life-span (Pelletier, 1986).

vii) **Enhancing Social Support :** Considerable research findings have strongly supported the most significant role of social support in reducing stress. It also effectively reduces psychological distress like anxiety, depression during times of stress (Haines, Hurlbert & Beggs, 1996, 1999). Fleming, Baum, Gisriel & Gatchel, 1982), also revealed that people with high levels of social support felt less distressed than did people with low levels of social support. According to B.S. Wallston, Alagna, De Vellis & De Vellis, 1983), social support enhances the prospects for recovery among people who are already ill. It has also been associated with better adjustment to and faster recovery from coronary heart disease and kidney disease as well as strokes.

viii) **Using Biofeedback technique :** This technique helps to monitor and control the physiological aspects of stress. By providing feedback about the details of body's functioning during stress, an individual is trained to identify the stressors to monitor them accordingly and finally, to control them. This mechanism is effective in reducing stress.

ix) **Stress Management through Education, Practice and Training :** Knowing the meaning and nature of stress, identifying the stressors and then learning different ways of handling or managing stress through active training and practice, are the three major objectives of education, practice and training. Without clear knowledge about many facets of stress, it is practically impossible to control it and to eliminate its effects.

x) **Developing Positive Outlook towards Life :** The real source of our happiness lies in our attitude towards our own self, about people around us and our relationship with them. Optimism, in this direction, helps us to achieve this target. It has the power to enhance our level of acceptance of people, events or situations. It increases our mental strength and reduces the effects of stress.

xi) **Setting the goal within achievable limits :** Research findings have very clearly indicated the fact that the greater is the discripancy betwen our level of aspiration and achievement, the more is the chance of getting frustrated in life. Hence, we must set a goal slightly above our capacity so that we can achieve it with effort. This, in turn, will help us to eliminate irrelevant stress.

xii) **Developing our spiritual dimension through regular practice of yoga and meditation :** To experience a state of happiness and contentment, great mental power is necessary. This requires development of our spiritual dimension which has been the most neglected aspect of our life. We take good care of our external body and its cleanliness. But, we are less concerned with the cleanliness of our inner self. Regular practice of yoga and meditation enhance our spiritual power that

ultimately gives us energy to overcome stress in life.

xiii) **Making Relaxation and Humour a part of Life :** Modern living has become so mechanical that we are getting distanced from enjoying the real happiness of life. Relationships have become so complicated that people are not ready to trust and accept others. These are felt in some kind of emptiness within our own self as if somethings is missing. We are just living without life in it. Hence, we must fix up sometime to relax, exchanging happy emotions, smiling, joking in lighter veins etc. This will make our life more meaningful, healthy and happy.

xiv) **Avoiding comparision, criticism, competition and the tendency to control others :** These four C's are the real source of our frustration and unhappiness in life. We spend more than 80% of our life thinking "what other people think of me." It is as if I do not know myself. Each individual is unique with his own personality characteristics. Hence, there is no necessity to compare ourselves with others. The solution to reduce unwanted stress is to avoid these four C's.

xv) **Moving from Expectation to Acceptance :** We are living in a materialistic world where we are trying to find happiness in materialist possessions. Practically speaking, we do not own anything. We are only the trustees. The more we desire, the more discontentment we will experience. Hence, we must learn the art of converting our expectations to acceptance in order to enjoy a stress-free life.

These are some of the simple yet powerful techniques to manage stres successfully.

Conclusion

As per the recent report of the WHO (World Health Organisation), to day, more than eighty percent of the diseases are psychosomatic in nature. The source of such diseases are negative thoughts and attitudes which creates emotional disturbances leading to more stress. Stress directly impact our health. It has been

called as a "silent killer". According to medical experts, the link between stress and personal health is very strong (Kiecolt - Glaser & Glaser, 1992). According to the observations of (Frese & Others, 1985), stress plays some role in fifty to sevety percent of all physical illness. Among these are included some life-threatening diseases like heart disease, high blood pressure, ulcers, diabetes and Cancer. The foundation of these diseases are more psychological than biological.

Research studies in relation to identifying the behavioural and psychological correlates of illness clearly indicated the direct effect of our thoughts, words and actions on our health. The experience of "stress" is our own creation. Because, we cannot level any event or situation as stressful. It is our own psychological appraisal of any situation or event at any given time. Hence, knowing the concept of stress, its cause, and coping styles and stress management techniques, we can learn the art of combating stress.

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KEY TERMS

Psychosomatic Disorder	Stress
Anxiety	Emotion
Immune System	Perception
Daily hassles	Appraisal
Life events	Primary Appraisal
Chronic Stress	Secondary Appraisal
Coping Strategy	Stressors
Stress-Prone	Signs of Stress
Optimism	Symptoms of Stress
Pessimism	Alarm Stage
Ego-defense	Resistance Stage
Resilience	Exhaustion Stage
Bio-feedback technique	GAS model of stress
Stress Management	Threat
Adjustment	challenge
Readjustment	Resources
Person-environment fit	Eustress
Life-style diseases	Distress
Silent-Killer	

CHAPTER SUMMARY :

i)   Stress is a negative emotional experience. It is an internal feeling.

ii)   Stress is experienced in the form of internal turmoil which is both physical and mental.

iii)   Stress is an external force acting upon the organism. When the demands of the situation exceeds an individual's resources and abilities, there is stress.

iv)   The degree of stress an individual is going to experience at any given time and situation depends upon his own cognitive appraisal of that situation.

v)   There are two types of appraisal : Primary appraisal and secondary appraisal. Primary appraisal refers to a process as to whether a particular situation or event is perceived as harmful, threatening or challenging in which the most important role is played by our own past experiences. Secondary appraisal refers to an individual's evaluation of his own personal resources, both external and internal and whether they are adequate to meet the demands of the situation.

vi)   Stress is generated by "stressors". They are the activators of stress.

vii)   There are three major characteristics of stress. They produce a state of overload giving rise to incompatible chain of responses. In many cases, they are found to be uncontrollable.

viii) Stress is accompanied by major physiological, biochemical, cognitive and behavioural changes.

ix)   Stress can be experienced at three different levels like high, moderate and low level of stress.

x)   Our own psychological appraisal of any event of situation is very important in determining how much stress we are going to experience at any given situation.

xi)   There are two major categories of stress like : positive stress (Eustress) and negative stress (distress). We can also call them as good stress and bad stress.

xii) Depending upon the nature of the stress and the impact it creates on the individual, they can further be classified into four other types like psychological, Environmental, societal and work-related stress.

xiii) Stress is indicated in the form of several symptoms or signs. They can be classified into three types like mental signs, physical signs and behavioural signs.

xiv) There are three different stages of stress like the stressful event, our inner appraisal of it and the third is our body's reaction.

xv) Hans Selye (1976) was the pioneer in the field of stress research. He has developed a three phase model of stress to explain an individual's reactions to stress. This model is popular in the name of General Adaptation Syndrome (GAS). These three phases include the Alarm phase, the Resistance Phase and the Exhaustion Phase.

xvi) Research findings in relation to the link between stress and health clearly indicate a strong relationship between them. Stress is even considered as a "silent killer" by medical experts. In about 50 to 70% of all physical illness, the effect of stress is noticed. Heart disease, high blood pressure, ulcer, and diabetes are also included in this category.

xvii) As per the recent report of the World Health Organization (WHO), more than 80% of the diseases are psychosomatic in nature.

xviii) There are definite causes of stress, some of which are also common to many. They can be categorised under two major types. They are : the daily hassles of life and stressful life events. Apart from that, there are many different sources of chronic stress in which bitter childhood life experiences also play a major role.

xix) How to deal with stress ? Individuals use many different strategies and styles to deal with stress. There are three different coping styles and they are. Action-oriented, Emotion-focused and Ego defensive styles. There are three different strategies to manage stress. They include : the psysiological coping

strategy, cognitive coping strategy and behavioural coping strategy. Each strategy and style has its own advantages and disadvantages.

xx) There is also strong relationship between personality type and stress. The analysis of Type A, Type D, Type T and Hardiness type throws light in this regard.

xxi) Optimism and pessimism dimensions indicate the factor of individual difference in resistance to stress. Research findings clearly supported the benefits of optimism in experiencing less stress.

xxii) Various stress-management techniques have been developed by researchers to get rid of the negative effects of stress on our physical and mental health. They are also found to be very effective in preventing stress and providing relief to individuals.

xxiii) Stress is our own creation. Clear understanding of the situation is the prime requirement to eliminate unnecessary stress.

xxiv) Research evidence clearly indicate that 45% to 65% of the total stress that an individual experiences daily can be easily avoided by attaining mental stability.

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QUESTIONS

A. True-False Questions

State whether the following statements are True (T) or False (F).

1. Getting stressed is normal.
2. Becoming angry is natural.
3. Situations are responsible for creating stress.
4. Our thoughts are the seeds of our stress.
5. We are what we think.
6. We have the ability to create the type of thought we want.
7. Stress is an unavoidable part of human life.
8. Stress is an internal feeling.
9. Stress is a negative emotional experience.
10. Stress is the consequence of our own psychological appraisal of any situation or event.
11. Stress is caused by stressors.
12. Stressors are the activators of stress.
13. The level of stress we are going to experience in any situation is the result of the cognitive appraisal of that situation.
14. The impact of stress is not always negative.
15. A positive mind is a stress-free mind.
16. The first model of stress was developed by J.D. Brown and Folkman.
17. Stress has no impact on our health.
18. Chronic stress can lead to death.
19. Stress reduces our immunity power.
20. Pessimistic people are happy people.
21. There is individual difference with regard to experiencing the level of stress.
22. Stress can be positive and negative.

23. Stress is both a subjective and objective experience.

24. Stress reduces our performance and achievements.

25. Optimism helps in preventing stress.

26. There exist positive correlation between an individuals personality and coping style.

27. Type 'A' personality experience less stress than type 'B' personality.

28. To-day more than eighty percent of the diseases are psychosomatic in nature.

29. Stress can be prevented with effort.

30. Stress-management techniques do not help in reducing stress.

B. Multiple - Choice Questions

Choose the correct alternative from the bracket to fill up the blank and answer the question.

1.   Stress is a _____ emotional experience. (Normal, negative, positive)

2.   Stress is an internal _____. (emotion, feeling, experience)

3.   Stress is _____. (unavoidable, avoidable, abnormal)

4.   Stress is caused by _____. (feelings, emotions, stressors)

5.   The effect of stress can be positive and _____. (objective, negative, subjective)

6.   Selye's GAS model of stress consists of _____ phases. (two, three, four)

7.   Stress _____ our immunity power. (increases, reduces, maintains)

8.   Stress and illness are _____ correlated. (positively, negatively proportionately)

9.   Stress has its root from our _____ process. (thought, feeling, emotion)

10. Stressors are the _____ of stress. (motivators, receptors, activators)

11. Stress can be experienced at _____ different levels. (three, four, five)

12. Eustress is also known as _____ stress. (positive, negative, neutral)

13. The signs of stress can be explained in terms of physical, mental and _____ category. (cognitive, behavioural, perceptual)

14. The GAS model of stress was developed by _____. (Folkman, Selye, Brown)

15. Action-oriented coping is also known as _____. (emotion-focused, problem-   focused, solution-focused)

16. The three different coping-styles include the physiological, behavioural and _____ aspects.(perceptual, cognitive, emotional)

17. Chronic stress _____ our immunity power.

    (increases, decreases, maintains)

18. Stress is a _____ killer. (suppressed, open, silent)

19. There is _____ correlation between personality dimension and stress.

    (positive, negative, neutral)

20. Optimism helps in _____ stress. (increasing, reducing, neutralising)

21. Pessimistic people experience _____ stress. (more, less, no)

22. We all need to maximize _____ stress in our life.

    (positive, negative, neutral)

23. At present, more than _____ percent of the diseases are psychosomatic in nature. (70%, 80%, 90%)

24. Chronic diseases _____ our immune system. (affect, repair, destroy)

25. Stress-management techniques helps in _____ stress.

    (combating, increasing, neutralising)

C. Short-Type Questions

(Write the answers to each question in five sentences)

1. what do you mean by the term stress ?

2. What are stressors ?

3. What is the relationship between stress with our appraisal process ?

4. What do you mean by the process of primary appraisal and how it is different from secondary appraisal.

5. Mention the different levels of stress as experienced by individuals.

6. Write about the external and internal resources of stress.

7. What do you mean by positive and negative stress ?

8. What are the different signs/symptoms of stress ?

9. Mention the different stages of stress.

10. What are the effects of stress on health ?

11. Write the main components of the GAS model of stress.

12. What is the relationship between personality dimension and stress ?

13. What are the effects of stress on health ?

14. What are the common causes of stress ?

15. What are the factors that can be included under daily hassles of life?

16. Mention the factors that can be included under stressful life events.

17. What do you mean by chronic stress and what are the main sources of it ?

18. What do you mean by the term coping ? Mention the names of the major coping strategies.

19. Write about anticipatory coping.

20. What do you mean by Type 'A' personality ? Mention the different characteristics of it.

21. Write the charactic features of Type 'T' personality.

22. Explain the concept of "Hardiness".

23. What do you mean by optimitism ? What are its characteristics ?

24. In what way pessimistic people are different from optimistic people.

25. What do you mean by action-oriented coping ?

26. Write about emotion-focused coping.

27. In what way Ego-defensive coping is different from action-oriented and

emotion-focused coping ?

28. What are the primary objectives of coping ?

29. Write about the physiological coping strategies.

30. What are the special features of the cognitive coping strategy ?

31. Explain the behavioural coping strategy.

32. Write about the concept of cognitive restructuring ?

33. What do you mean by psychosomatic disorders ?

34. What do you mean by stress-management ?

35. Mention the names of some of the stress-management techniques.

D. Essay-Type Questions :

1. Explain the concept of stress. Briefly discuss different types of stress.

2. Define stress. Discuss the GAS model of stress.

3. What do you mean by stress ? Explain the role of our appraisal process and its   relationship with stress.

4. What is stress ? Briefly discuss the signs and symptoms of stress.

5. State the relationship between stress and health. What are the characteristics of stress ?

6. Define stress. Briefly discuss the causes of stress.

7. Discuss various coping styles to deal with stress.

8. What is stress ? Discuss the different sources of chronic stress.

9. Mention the relationship between personality and stress. Differentiate between optimism and pessimism.

10. Briefly explain some stress management techniques.

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A N S W E R S

1.   (True - False Questions)

1.	False	11.	True	21.	True
2.	False	12.	True	22.	True
3.	False	13.	True	23.	True
4.	True	14.	True	24.	True
5.	True	15.	True	25.	True
6.	True	16.	False	26.	True
7.	False	17.	False	27.	False
8.	True	18.	True	28.	True
9.	True	19.	True	29.	True
10.	True	20.	False	30.	False

2.   Multiple - Choice Questions

1.	Negative	9.	Thought	17.	Decreases
2.	Feeling	10.	Activators	18.	Silent
3.	Avoidable	11.	Three	19.	Positive
4.	Stressors	12.	Positive	20.	Reducing
5.	Negative	13.	Behavioural	21.	More
6.	Three	14.	Selye	22.	Positive
7.	Reduces	15.	Problem-focused	23.	80%
8.	Positively	16.	Cognitive	24.	Destroy
25.	Reducing				

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CHAPTER-4
PHYSICAL ENVIRONMENT AND BEHAVIOUR

CONTENTS :

Introduction

Models of man-environment interaction.

i. Kurt lewin's theory.

ii. Bronfenbrenner's Ecological model.

Environment effects on human behavior

Air pollution

Noise pollution :

Its sources causes and effects

Crowding : Its effects :

❖　　Psychological

❖　　Social

❖　　Biological

Impact of human behavior on environment :

❖　　Green house effect and global warming

❖　　Ozone layer depletion

❖　　Loss of biodiversity

❖❖❖

This chapter covers :

i.　Understanding of human / environment relationship.

ii.　Human impact on environment :

Noise pollution
Air pollution
Crowding
Natural Disasters

iii.　Impact of environment on human behavior

After going through this chapter, you would be able to :

❖　Realize the value of our own environment in which we live and work.

❖　Understand the close relationship between human being with their environment.

❖　Have clear cut ideas about natural disasters and man-made disasters along with the ways of preventing man-made disaster.

❖　Understand the effects of global warming on human life and behavior.

❖　Realize the necessity of developing awareness about protecting our own environment by learning pro-environmental behavior.

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CHAPTER-4

PHYSICAL ENVIRONMENT AND BEHAVIOUR

Mother earth is the most precious gift of the universe. The world around us is the environment. Environment is an integration of several worldly objects, such as air, water, soil, minerals, oil, forests, grasslands, oceans, agriculture and live stock which form a part of our life support system. Without these, human life itself would be impossible and unimaginable. Thus, the behaviour and activities of all living beings are mostly dependent and influenced by different environmental factors. However, the environment in relation to human beings is natural and also man-made.

Towards the later part of the 19th century psychologists seized on the idea of environment as an explanation for human behaviour. But issues relating to environment was first expressed, according to written history, by the ancient Greek historian Herodotus. Herodotus emphatically raised the importance of Geography to the development of Egyptian civilization. It is also very much evident that the vast and rich Egyptian civilization and culture of ancient times would not have developed, were it not for the distinctive geographical characteristics of the region.

We may think that people behave the way that they do by choice, but in fact the environment plays a critical and significant role such as change in temperature plays a profound effect on behaviour. Environmental psychology is that newly developed branch of psychology which studies the relationship between environment and human behaviour. Environmental psychology also defines the term environment very broadly including all that is natural on the planet as well as social settings, built environment, learning environment and informational environment. Some of the behaviorists, ignoring individual uniqueness, claimed that they could produce the sort of individual, they set out to produce. This concept is akin to John Locke's view that human mind is a blank slate "Written upon" by education and experiences which are considered as part of the environment.

Models of Man-Environment Interaction :

Kurt Lewin (1890-1947) was a great charismatic psychologist who is now considered as the father of social psychology. Lewin, a Germanese born American Psychologist, viewed the social environment as a dynamic field which cause adjustment in an interactive way with human consciousness. Lewin is well known for his terms "Life space" and "Field theory". He introduced the life space concept which explain the nature of relationship between the individual and its environment. Further, he observed that life space is the psychosocial composition that determines the behaviour (B) of an individual. The person (P) and his environment (E) in together constitute the life space (L) that determines the totality of an individual's behaviour. Within this environment everything outside the person (P) such as physical, psychological and social aspects do exist. The field theory is the proposition that human behaviour is the function of both the person and the environment and it is expressed in symbolic terms :

$$B = f (P \times E)$$

This explains that one's behaviour is related both to one's personal characteristics and to the social situation in which one finds oneself. However, the physical environment that does not affect behaviour directly and is called "foreign hull". But this foreign hull influences the psychological environment of a person in many ways.

E

P

E
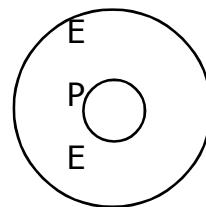
Figure of Life Space-

Bronfenbrenner Ecological Model :

However, Bronfenbrenner developed a different model which is mostly based on hierarchy of environment. His hierarchy of environment consists of five systems. These systems are organized in a nested manner and have their respective direct

or indirect impact on the individual, who is to interact or be influenced by these five systems. Also, Bronfenbrenner described these five systems positioned in nested manner as stated below:

Micro system: It is the innermost system and located in the central place, where the individual lives. The individual is surrounded here by its own family, peers, neighbourhood and many more institutions like social and educational. 'In micro system the individual has most direct face to face interaction which are of continuous and regular manner. Also this system is mostly responsible for shaping and streamlining the individual behavior.

Mesosystem: It refers to the region which is close and next to micro system. It involves the reflection of certain behavior caused out of certain interlinkage among elements of micro system such as family, school, peers, neighborhood etc. For example family experience of a child may affect his interaction with peers, schoolmates, teachers and neighbors. Also when the children from good families show adjustment with peers, others from broken families experience difficulty in their adjustment. Thus the interaction in micro system leads to its reflection in mesosystem.

Exosystem: It is that system which affects the behaviour of the individual for the experience in some other setting which is not close to the existing one. In fact, it is an experience of a particular setting that affects the behavioural manifestation in some other settings. For example, a person's experience at home affects his interaction with his colleagues at workplace.

Macrosystem: By birth or care and nurture a person becomes a member of a particular culture. Culture includes tradition and practice, values and beliefs of a particular society or a group of people. A person is supposed to share all these which are mostly shared by the majority of that culture. Thus, macrosystem which is considered as culture influence and impress the individual for its behavioural outcome.

Chronosystem: Life span development is a lifelong process that shapes and moulds the behaviour of an individual. Throughout the process there is change in life course and the behaviour is shaped by its historical and cultural contexts. For example, the behaviour of an adult is potential and optimistic, whereas an aged is less potential and less optimistic. so chronosystem is that which involves change in human behaviour that caused out of socio-historical conditions.

Thus it can be said that environment has three major components such as physical, social and cultural which mould and shape the behaviour of an individual.

Environmental effects on Human Behavior :

The environment in which people live and work affect and influence their thought, feelings and behaviour. Human beings are affected by the environment and human beings also affect the environment. Through ages, environment has nurtured as well as devastated the human lives. Across the civilizations, human beings have been threatened by natural disasters and calamities and even many more have been killed because of environmental cause and impact. They include sunami, super cyclone, hurricane, land slide, earthquake, flood, famine etc. which are considered as horrible and hazardous to humankind. Further, certain technological advancement have caused many threats from the environment and are perceived as man-made. Thus environmental effects are both physical and psychological. These effects are extensively stressful and few stressors are noted to be discussed. They include natural and man-made disasters like air pollution, noise and crowding. These can be discussed as stated below:

Natural and Man-Made Disasters:

Nature has its own process of change. This change involves certain change in the existing status of the mother earth which is there around the human being. Many changes in the mother earth lead to some kind of natural disasters like earthquake, super cyclone, hurricane, tornado, flood and famine. The Super Cyclone (1999) and Super Flood (2011) of Odisha, the earthquakes (2001) at Latur and Bhuj, Tsunami (2004) in Indonesia and Japan have caused giant damage to lives and properties of mankind. Also there are disasters which are caused because of the

human behaviour operating upon the environment that leads to damages to people. The world community has witnessed some technological disasters like problems in Atomic Reactor in 1979 and Atomic Reactor Unit-II in 1985 in the Three Mile Island situated in Pennsylvania state of USA. These problems had affected the health condition and psychological state of mind of the local people for which they were under stress. Further the Bhopal Gas Tragedy (1984) of Union Carbide Industry took life of more than 3000 people and lakhs of people became disabled for all times. It has been observed that many people have developed both physical and mental problems and are expressing anger, anxiety and showing depression and inconsistency in behaviour. Another major nuclear disaster occurred at Chernobyl in 1986. This accident has crossed the geographical boundary of the country and caused stress related reactions in the public in a number of countries. Further nuclear and toxic waste disposal facilities seem to be of great concern throughout the globe. So care and concern have become a big challenge for the years ahead.

Air Pollution:

Respiration is inevitable for the survival of the living beings. Respiration is only possible in the presence of free and pure air. Industrialization and urbanization has resulted into profound deterioration of air quality. People living in urban areas get exposed to more of pollutants in terms of quality and types such as more noise, heat, suspended particulate matter etc. Pollutants can be in the form of solid particles, liquid droplets or gases. The atmosphere is a complex, dynamic natural gaseous system that is essential to support life on planet earth. Stratospheric ozone depletion due to air pollution has long been recognized as a threat to human health and ecosystem of the earth. The polluted air contains harmful and toxic gases which include carbon monoxide, nitrogen dioxide, sulphur dioxide etc. So when human beings breathe in the polluted air, carbon monoxide prevents heart, brain and certain important organs of the body in absorbing plenty of oxygen from the air. This kind of limited and restricted breathing cause health hazards which may range from subtle biochemical and physiological changes to difficulty in breathing, wheezing, coughing and aggravation of respiratory and cardiac conditions

which lead to premature death. Breathing polluted air also cause headache, eye irritation, reduced visibility, insomnia, fatigue and various respiration related diseases.

Dust from natural sources, usually large areas of land with little or no vegetation cause congestion in respiration. Methane emitted due of digestion of food by cattle is not toxic but it is highly flammable and may form explosive mixtures with air. Methane is also an asphyxiant and may displace oxygen in any closed space. Radon gas released from radioactive decay within the earth's crust is a colorless, odorless and naturally occurring noble gas. It is considered to be a health hazard and is usually accumulated in confined areas such as basement and is also considered as frequent cause of lung cancer. Most often wildfires lead to smoke and carbon monoxide. Also during volcanic activity release of sulfur, chlorine and ash particulates become hazardous to the environment and human life.

The World Health Organization (WHO) states that 2.4 million people die each year from causes directly attributed to air pollution of which 1.5 million of these deaths are attributable to indoor air pollution. Furthermore, deaths per year are linked to air pollution than to automobile accidents. To sum up, direct causes of air pollution related deaths caused out of aggravated asthma, bronchitis, emphysema, lung and heart diseases and respiratory allergies. In India the worst air pollution crisis was the Bhopal Gas Disaster of 1984. The United Kingdom suffered its worst air pollution event when the December 4 of 1952 Great Smog formed over London in which 4000 died within six days and more than 8000 within few following months. Also the world community is witnessing almost every day some kind of air pollution related hazards somewhere in the globe.

However, the air pollution has become a constant concern for people living in big cities and sky scappers. Due to rapid industrialization and heavy traffic, the quality of air has become poor and lead to a number of physical and mental hazards. Also people in these polluted areas are experiencing psychological problems like emotional instability, anxiety and depression which are mostly responsible for

poor work efficiency, reduced social perception and interaction.

Noise Pollution: Rapid technological and industrial developments have led to unimaginable increase in the level of noise pollution. Noise is defined as, "any unpleasant sound that causes irritation and annoyance to the listener," It is measured in terms of decibel (dB) Any kind of sound within an intensity between zero to 100 dB is pleasant and acceptable to our ears, but when the intensity is more than 120 dB, it causes uneasiness, discomfort and irritation:

(Table-1, showing classification of sound in dB)

Intensity of sound	Classification of sound (in dB)	Examples
0-30	Very quiet	Soft whisper
30-60	Quiet	Conversation
60-90	Moderately loud	Traffic
90-110	Very loud	Press, loudspeakers
110-120	Uncomfortable	Industrial Area
120-140	Painful	Jet Planes

(Table-2, Effects of Noise at different levels)

Cause of Noise	Loudness in dB	Effects of Noise
Breathing	0	No effect
Soft whisper	30	No effect
Normal Noise at home	40	No effect
Normal Speech	60	No effect
Noisy Restaurant	70	Telephone use is difficult
Train (100 ft. away)	80	Reaction time affected
City traffic	90	Legally acceptable noise limit for 8 hrs a day
Food Blender	95	Cognitive performance is reduced
Textile Weaving Plant	100	Blood pressure increases
Jet Aircraft take off	130	Brief exposure results in permanent deafness

Sources and causes of Noise-Pollution :

Noise is produced from many sources such as natural, biological and artificial. These can be discussed in the following manner:

a) Natural Source: The universe is vast and produces a variety of sounds caused out of many natural occurrences. They include earthquake, cyclone, super cyclone, tsunami, turnado, thunderstone, release of lava at the time of volcanic eruption etc. These are destructive in nature and as well as produce such amount of sound which affect the psychological state of the individuals.

b) Biological Source: There are a large number of animals living on the earth. Human beings are also a part of it. At different times man and other animals make such sounds which are considered harsh and even intolerable. The roaring

of lions and tigers, barking of dogs and jackal in the midnight, quarreling among angry people and even crying in higher pitch also produce noise pollution and subsequent impact on human behaviour.

c) Artificial Source: Most of the sound pollutions are because of the activities carried out by the human beings. Man has made a number of things which have become the source of noise pollution. Besides, some of the human activities are the constant source of noise pollution. They are discussed as below:

i. Railroads and Road Traffic: The noise from locomotive engines, horns and whistles as well as switching and shunting operation in rail yards usually affect neighbouring communities and employees engaged in railroads. For example rail car retarders produce a high frequency of 120 dB at a distance of 100 feet which translates to levels as high as 138 or 140 dB at the rail road workers ear. On the other hand, in the cities, main sources of traffic noise are the automobiles and exhaust system of autos, trucks, buses and motorcycles. The movement of these automobiles also produce noise pollution.

ii. Air Craft: The number of aircrafts are increasing with the advent of time. The problem of low flying military aircrafts has posed a serious concern about noise pollution. At the time of take up and landing of aircrafts the people of the nearby areas are also affected by the sound produced.

iii. Industry: Neighbours of noisy manufacturing units are disturbed by sources such as motors and compressors mounted on the outside of building. Interior noise can also be transmitted to the community through open windows and doors and even through building walls. These interior noise sources have significant impacts on industrial workers among whom noise - induced hearing loss is unfortunately common.

iv. Bad Construction of Buildings: Skyscraper and apartment dwellers are often annoyed by noise in their homes and particularly when the building is not well designed and constructed. In such cases, internal building noise from plumbing, boilers, generators, air-conditioners etc. can be audible and annoying. Improperly insulated walls and ceilings can reveal the sound of amplified music,

voices and noisy activities from neighbouring units. External and other city noises can be a problem for urban residents.

v. Household appliances, Loud Speakers etc: Though not significant, certain household equipments such as vacuum cleaners and some kitchen appliances continue to be noise producers. Also during festivals and marriages burning of firecrackers and use of loudspeakers cause noise pollution.

Effects of Noise Pollution:

Most of the human activities lead to noise pollution and noise has always been with the human civilization. Before the end part of the last century it was not so intense and pervasive as it is seen today. Noise pollution makes people more irritable and inconsistent. The effect of noise pollution is multifaceted and inter related. The effects of noise pollution on human behaviour can be summarized as below:

i. Performance Decrement: Impact of noise on human efficiency in performing a number of work is very significant. A study by Sinha and Sinha suggested that reducing industrial booths could improve the quality of their work. Researchers have also revealed that a noise-free zone always facilitates the working of the planners, executives and intellectuals. Though, both mental and physical work are affected, the impact is more on mental work. Thus performance decrement is related to noise pollution.

ii. Lack of attention: For better quality of work there should be proper attention or concentration. Noise leads to poor attention which subsequently leads to fall in performance. In big cities all the offices, schools and colleges are on the roadside. The noise of traffic, loudspeakers, different types of horns affect and interfere the attention of the people at work. Research findings have established that the attentivity of school children are most affected ranging from moderate level of noise pollution to high noise pollution:

iii. High levels of stress: Noise pollution has direct impact on individual behaviour and experience. It induces stress within people for which they show unstable, undesired and worried behaviour. Also they experience headache, body

ache, fatigue and tiredness. When these experiences become regular it also leads to suffering from many kinds of diseases. People become unreasonable and show poor tolerance in certain life situations. Thus people living in high noise pollution areas such as nearer to railway stations, bus and truck terminals and airports usually experience significantly higher level of stress.

iv. High levels of Arousal: Noise-pollution affects the person's peace of mind. Noises are recognized as major contributing factors in accelerating the already existing tensions of modern life. Because of noise pollution the functioning of autonomic nervous system is affected and it results in inappropriate behavioural responses to different life situations. The personal and social behaviour of an individual become unusual and abnormal. Further, it has been found that persons influenced by noise pollution have high blood pressure and pulse rate in comparison to others. The impact of noise pollution also leads to irregular blood pressure and mental illness.

v. Reduction in Reading Comprehension: Children living in noise polluted areas are more prone to high reduction in reading comprehension. When the degree of noise pollution increases, it affects duration of the comprehension task as well as the scores obtained by the individual child. Also, in case of children living in very high noise polluted areas, they exhibit poor reading comprehension in comparison to low polluted areas. Besides, some other effects are to be mentioned which include deafness, loss of memory, abortion, fatigue etc. The effect of noise on audition is well recognized. Locomotive drivers, mechanics, telephone operators etc. have their hearing impairment as a result of noise at their workplace. Higher degree of noise pollution leads to temporary or permanent deafness. Also people cannot concentrate on their work due to noise pollution. So they have to give more time for completing the task and they feel tired. Noise pollution affects the short term memory of the people in general and long term memory is least affected.

Furthermore, old people experience more loss of short term memory in comparison to others. Calm and peaceful atmosphere is very essential during pregnancy. Thus, unpleasant sounds make pregnant women irritative and sudden noise sometimes leads to abortion.

However, one can conclude that a noise-free and quiet environment is essential for the overall well being of an individual.

Crowding:

Crowding is defined as a gathering of large number of people in a specific and limited space. Such kind of gathering is also called density crowding. Thus density is the actual number of people per square foot and crowding is the subjective feeling of being very close to each other in a defined space. In human beings overcrowding appears to result in a decline in task performance and deterioration in social behaviour. However, these effects are not universal and may depend on a number of factors including the amount of perceived control, the person has over the situation. Density crowding affects the social, psychological and biological aspects in such a manner for which the individual behaviour is affected. The consequences of density crowding are being discussed below:

a) Psychological effect:

Crowding leads to both direct and indirect psychological effect which are clearly evident from the individual behaviour. Crowded situations appear to result in poor performance and it is only on more complex type of task. Saegert et,al (1975) conducted a study in which participants undertook a number of cognitive tasks including looking up telephone numbers and finding the ticket office. The setting was a railway station and the level of crowding was varied. The study revealed that under more crowded conditions participants were less likely to complete all the tasks and reported higher anxiety and poorer mood in comparison to low crowding condition. In another study Karlin et. al (1978) examined the academic performance of students living in overcrowded (three in a two - person room) condition and found that students in the overcrowded accommodation experienced higher stress levels and achieved poorer grades compared to controls. These results support the proposition that crowding is detrimental to cognitive performance. Apart from the effect of overcrowding on cognitive performance, some research studies have suggested that crowded conditions can detrimentally affect children's development.

Social Effect:

Crowding contributes to far-reaching social problems. It places a strain on social relations within the home and community. Overcrowding in schools and homes is linked to substandard education and functional illiteracy and even be related to increased child labour. In Calhoun's rat study, it is revealed that overcrowding leads to increased aggression, particularly in dominant rats.

Studies or human beings have suggested that social behaviour is adversely affected by higher population density. Also altruistic behaviour tends to decline as crowding increases. Latane and Darley (1968) made an observation that, the more people that witness an emergency the less responsibility any particular person will feel for giving help. If anyone person is present, then he could possibly help and thus bear all the responsibility for doing so. However, if two people are present, then each knows that the other could help and therefore feels less responsibility for helping themselves. Some research studies have linked crowding to antisocial behaviour but not in a conclusive way. Gifford and Peacock (1979) compared crime rates in Hong kong and Toronto. Hong kong has the highest population density in the world but has only a quarter of the crime rate of Toronto which has a much smaller population density. However, aggression does seen to be related to crowding in some settings.

Biological Effect : Towards the end part of the twentieth century, the assumption that people living in crowded conditions have ill health became changed. European data from the turn of the century consider 'overcrowding' as being synonymous with poor housing conditions. Research studies affirm that the transmission of disease increase among people living closely together. Overcrowding increases the risk of infection as the number of potential transmitters is increased. The result is that children and adults living in crowded conditions get more infections (UNCHS 1995). Overcrowding results in insufficient ventilation in homes causing or exacerbating respiratory illness. Susceptibility to diseases, the severity of diseases, the spreading of illness and the rate of mortality due to diseases all increase as a result of social and physical overcrowding. Also overcrowding physically and

emotionally overburdens mothers and other caregivers, increasing health risks of dependents. Lack of space and overcrowding directly impacts on the physical development and psychological well being of the people. Thus, crowding has its detrimental effect on the physical aspect of the people which further leads to a variety of behavioural changes.

IMPACT OF HUMAN BEHAVIOUR ON ENVIRONMENT:

Human behaviour everywhere are closely linked to their environment and the impact that different patterns of human behaviour have on the state of the environment pollution The behaviour of man is caused out of the natural environment and subsequently the natural environment is influenced and affected by human activities. This is the commonly called a two-way process that exist in between man and environment. The natural environment is a term that encompasses all living and non-living things occurring naturally on earth. The natural environment means complete ecological units that exist as natural systems without any human interference including all vegetation, animals, microorganisms, soil, rocks, atmosphere and natural phenomena that occur within their boundaries. Even air, water, climate as well as energy, electric charge, radiation and magnetism not originating from human activity constitute the part of the natural environment. Humans are causing environmental changes and are the only, who can address them. Human activities are mostly affecting the earth's great biophysical cycles and are responsible for the most pressing environmental challenges of our day, including climate change, the loss of biodiversity, global warming, green house effect etc.

When we talk of effect of human behaviour on environment, we visualize the threats arising from factors like lack of development and every process of development. Lack of development is the foremost issue and poverty is related with the unemployment and underemployment which is due to high population growth and its consequent demand for food and work. Rapid population growth is a prime threat to sustainable development in countries like India, China, Bangladesh etc. Every extra mouth must be fed, every extra body clothed and housed and also

provided with food, fibers and other materials. For example, in the present context of developing urbanization and industrializtion, the amount of waste water are continuously increasing and all our natural sources of water are getting defilled. As a result, the water quality of surface water and underground water are getting degraded to levels that prevent their direct use for some of human needs (Bhargava, 1987). To cite an example, the Ganga water at Haridwar, Allahabad and Varanasi and the Lake water at Pushkar (Ajmer) and Surajkund (Kurukshetra) is consumed directly by many pilgrims on a regular basis and particularly during some religious festival days in India, despite the fact that these water are polluted and are not at all suitable for direct inhalation as per the water quality requirements for direct drinking.

Thus, at the advent of time along with growth of science and technology as well as human civilization the impact of human behaviour on environment has become varied and vast. A few are being discussed as below;

a) Green House Effects and Global Warming:

The green house effect is the heating of the surface of a planet or moon due to the presence of an atmosphere containing gases that absorb and emit infrared radiation. Greenhouse gases which include water vapour, carbon dioxide and methane are almost transparent to solar radiation but strongly absorb and emit infrared radiation. Thus greenhouse gases trap heat within the surface-troposphere system. This mechanism is fundamentally different from that of an actual greenhouse which works by isolating warm air inside the structure so that heat is not lost by convection. The greenhouse effect was discovered by Joseph Fourier in 1824, first reliably experimented on by Johan Tyndall in 1858 and first reported quantitatively by Svante Arrhenius in 1896.

Greenhouse gases in the atmosphere act like a mirror and reflect back to the Earth a part of the heat radiation, which would otherwise be lost to space. The higher concentration of greenhouse gases like carbon dioxide into the environment mainly from burning of fossil fuels like oil, gas, petrol, kerosene etc has been increased tremendously over the past five decades. The increase of greenhouse

gas concentration led to a substantial warming of the earth and the sea called global warming. Thus, the increase in the man-made emission of greenhouse gases is the cause for global warming. The largest contributing source of greenhouse gas is the burning of fossil fuels leading to the emission of carbon dioxide.

Greenhouse effect helps in increased frequency and intensity of storms, hurricane, floods and droughts and causes melting glaciers and polar ice. Greenhouse effect increases frequency of forest fires and helps in spreading tropical diseases due to insect proliferation. Because of thermal expansion of water and melting of continental glaciers, sea levels would rise. Rising temperature could lead to changes in regional wind systems which would influence global rain fall distribution and lead to the redistribution and frequency of floods, droughts and forest fires. Increase in sea temperature would cause coral bleaching and the destruction of coral reefs around the world. Climate change would create favourable conditions for growth in insect populations. This would likely have a negative effect on agriculture and human health and result in the spread of malaria and other tropical diseases. Water supplies would become disrupted in some regions, particularly in already vulnerable arid areas.

Ozone Layer Depletion : Ozone is a bluish gas that is formed by three atoms of oxygen. But humans breathe in consists of two oxygen atoms called O_2. When found on the surface of the planet, Ozone is considered a dangerous pollutant and is one substance responsible for producing the greenhouse effect. However, Ozone is both beneficial and harmful to mankind. Near the surface of the earth, Ozone forming as a result of chemical reactions involving traffic pollution and sunlight may cause a number of respiratory problems and especially for young children.

Besides, high up in the atmosphere in a region known as stratosphere, Ozone filters and obstructs the incoming radiation from the sun in the cell-damaging ultraviolet (UV) part of the spectrum. Without this Ozone layer, life on earth would not have evolved in the way it has.

In the recent years, the fact that the Ozone Layer is being depleted because of the release of CFCs (Chlorofluorocarbons). CFCs are used in industry in a variety of ways and have been amazingly useful in many products. Discovered in the 1930s by American chemist Thomas Midgley, CFCs came to be used in refrigerators, home insulation, plastic foam and throw away food containers. Many countries have called for the end of CFC production, but only a few produce this chemical. However, those industries that do use CFC do not want to discontinue usage of this highly valuable industrial chemical. Antarctica is an early victim of ozone destruction. If the ozone layer is depleted by human action, the impact on the planet could be catastrophic.

Loss of Biodiversity: The term biodiversity or biological diversity refers to the total variation in all forms of life on earth or within a given area or ecosystem. Typically expressed, it is the total number of species found within the area of interest or the genetic diversity within a species. There are three main types of biodiversity namely genetic diversity, species diversity and ecosystem diversity. The behaviour of human beings in the extinction of species has meant that the natural process is distorted. Natural resources including biodiversity have been under great biotic pressure for decades now. High levels of human and domestic animal populations, their density and rapid growth, high rate of urbanization and industrialization have all contributed to degradation of natural resources and loss of biodiversity. Also many plants and animal species are on the brink of extinction.

Last but not the least, humankind has not woven the web of life, but it has to save the web. Environment is the gift of nature which includes everything that is natural and is exploited by human beings for their own benefits and it is increasing day by day. As a result of interference of human activities, environment has started reacting back through number of natural calamities. There are various environmental issues which are mostly caused out of human behaviour. Climate change is the most crucial problem faced globally which is the reflection of human activities on environment. Due to lack of proper sewage system, lack of awareness among people, release of hazardous pollutants in the water have resulted into water pollution. Effluents emanating from tanneries and sewage disposal have polluted

the rivers. One of the basic threats from human to humanity in form of environmental degradation is enormous nuclear tests by bigger countries is a direct cause of global warming and derailment of existing ecosystem.

Conclusion : The term 'Environment' literally means the surrounding. Environment refers to the whole physical and biological system encompassing man and other organisms along with interacting components. Under natural situations, organisms live together influencing each others' life directly or indirectly. Earth is the only planet in the solar system which is the most suitable habitat for man. Besides oxygen and water, the sun's gravitational force on earth favours man and environment to exist and to sustain in this planet. As we know, environment broadly consists of both the living and non-living things, any change in the atmosphere in a negative dimension, creates profound effect on various components of environment. In spite of knowing this, human beings have been exploiting this precious gift of nature since long in the name of industrial growth and development for their selfish interests. As a result, environment has also started backfiring it through innumerable natural calamities and devastations. Now, we all should take a vow not to exploit it any more by learning pro-environmental behaviour in order to protect our own environment - our mother earth.

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KEY TERMS

Environment	Life space
Ecology	Hierarchy
Mesosystem	Microsystem
Macrosystem	Chronosystem
Exosystem	Devastation
Pollution	Crowding
Stressors	Disaster
Industrialization	Pervasive
Multifaceted	Global warming
Green house effect	Biophysical
Climatic change	Infrared radiation
Depletion	Ozone layer
Ultraviolet	Spectrum
Extinction	Pollutants
Degradation	

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Chapter Summary :

1.   The world around us is our environment. We all must admit that our mother earth is the most precious gift of the universe.

2.   The environment in which we live directly influence our thoughts, feelings, emotions and action pattern.

3.   Environment is an interpretation of many wordly objects like air, water, soil, minerals, forests, oceans etc. without which human life itself would be impossible and unimaginable.

4.   Environmental psychology is a newly developed branch of psychology which studies the relationship between environment and human behaviour.

5.   Kurt Lewin, the father of social psychology viewed that social environment is a dynamic field which necessitate adjustments in an interactive way on the part of human being. Its concept of 'life space' explains the nature of relationship between the individual and his environment.

6.   Lewin was very much famous for his 'field theory' which states that human behaviour is the function of both the person and the environment which can be explained by the formula B = f (PXE).

7.   Bronfenbrenner's Ecological Model. It's concept of different 'systems' like Microsystem, meso-system, exosystem, macrosystem and chronosystem focus on the fact that physical, social and cultural environment exercise tremendous influence in moulding and shaping individual's behaviour.

8.   Both environment and individual influence each other. Human beings affect the environment and in turn, are affected by the environment.

9.   We all have noticed the effects of natural calamities and other disasters like earthquake, flood, famine and super cyclone etc. Apart from this, the serious effects of technological disasters like problems in atomic reactors, Bhopal gas tragedy and other nuclear disaster have shaken the whole world.

10. Starting from air pollution, noise pollution and crowding we have seen its devastating effects on mankind. The natural and man-made disasters are now posing serious challenges to human life and their existence.

11. Apart from this, the green house effects and global warming have already shown its effects earlier and even today, its effects are still continuing.

12. However, behind all these disasters, human beings have forgotten the truth that " our environment is a precious gift of nature and they have been exploiting it to the highest in the name of industrial growth and development for their selfish interests. As a result, environment has also started back firing it through innumerable natural calamities.

13. 'Climate change' is man made. It is the most crucial problem at the global level which is simply the reflection of human activities on environment.

14. Now, the time has come to develop complete awareness about man-made disaster which could be avoided easily. They must be ready to learn pro-environmental behaviour to protect our environment, i.e, our own mother earth.

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Questions

True-False Questions

A. State whether each of the following statements are True (T) or False (F)

1. Physical environment has aspects of natural environment.

2. Man-made environment includes oceans, mountains and islands.

3. Psycho-social environment refers to the combination of psychological and biological environment.

4. Environmental psychology studies man-environment relationship.

5. In Indian culture, people believe in superiority of man over nature.

6. Family and peers are included in the eco-system of the environment.

7. Noise-pollution influences human behaviour.

8. People in densely populated areas show more withdrawal symptoms.

9. Kurt Lewin has developed field theory.

10. Kurt Lewin has developed the concept of social environment.

11. Population density is the gathering of people within a confined area.

12. Hierarchy model of environment was proposed by Bronfenbrenner.

13. Hierarchy model of environment refers to man-animal interaction.

14. In small geographical region, the physical environment of man does not vary.

15. Air-pollution reduces work efficiency.

16. Breathing polluted air is correlated with anxiety and depression.

17. Crowding is a feeling of being too close to each other.

18. Personal space refers to the 'visible boundary'.

19. Human behaviour can control air-pollution.

20. Increased ozone layer in the atmosphere is harmful to human life.

21. "Green house effect" is good for human health

22. Sound pollution brings falls in the blood pressure.

23. Social behaviour is affected with increase in temperature.

24. Water pollution is man-made.

25. Population explosion results in environmental pollution.

B.   Multiple – choice Questions

Choose the correct alternative from the bracket to fill up the

blanks and answer the questions :

1. Environmental psychology studies the influence of man on …………………..

    (animal , plant , environment)

2. Environmental psychology studies the impact of environment on ………………….. . (earth, planet, man)

3. Field Theory model of man and environment interaction was proposed by …………………... (Freud, Lewin, Skinner)

4. ……………………. is not a term related to Field Theory.

    (Meso system, Life space, Man)

5. ………………….. is a part of the physical environment.

    (Man, Culture, Religion).

6. Carbon dioxide, methane and chlorofluorocarbon are known as …………………….. (cooking gas, green gas, biogas)

7. ……………………… in man-made emission of green house gases is the cause of global warming . (Increase, Decrease, Change)

8. …………………….. pollution causes narrowing of attention.

    (Noise, Air, Crowding).

9. ………………….. pollution causes respiratory problems.

    (Noise, Air, Water).

10. Climate, rainfall and temperature belong to …………………………. Environment.
    (natural, social, artificial)

11. The terms "Green House Effects" was first used by ……………………

    (Lewin, Fourier, Water)

12. Anger and aggression are caused by ……………………. .

    (air pollution, water pollution, crowding)

13. …………………… is not an agent of air pollution.

    (Sulphur dioxide, Oxygen, Carbon dioxide)

14. Territorial crowding refers to …………………… .

    (landless people, interference to a group by others, many people in a limited
    space).

15. Global warming means …………………… .

    (flow of warm wind, increased temperature of the atmosphere, increased
    temperature of the sun)

16. …………………………. does not result from density crowding.

    (withdrawal symptoms, aggressive action, small family)

17. Technological changes have brought ………………………

    (new life style, decrease in risk behavior, poor personal relationship)

18. ………………………… is not a man –made environmental stressor.

    (Crowding, Volcanic eruption, Noise pollution)

19. Excess use of ……………………….. resources threaten life and earth. (man-made, natural, human)

20. Environmental psychologists study how ………………………. environment influences human behavior. (physical, social, cultural)

C. Short – Type Questions

(Write the answer to each question in five sentences.)

1.   What is man-environment relationship ?

2.   Briefly explain products of behaviour.

3.   How environment influences human behaviour ?

4.   How do human beings affect environment ?

5.   How pro-environmental behaviour can be promoted ?

6.   How air pollution can be controlled ?

7.   How sound pollution affects academic performance ?

8.   How does noise affect human behavior ?

9.   What is global warming ?

10. Distinguish between physical and social environment.

11. Distinguish between microsystem and mesosystem.

12. Distinguish between exosystem and macrosystem.

13. Distinguish between natural and man-made disaster.

14. What are the different systems of 'hierarchy of environment' ?

15. Write some of the names of man-made disasters.

16. What are the different sources of noise pollution ?

17. Write the effects of noise pollution.

18. Write the names of some of the natural disasters.

19. What do you mean by "Green house Effects" ?

20. What do you mean by environmental pollution ?

D. Essay-Type Questions

Write long answers :

1. Define and briefly classify the term environment.

2. Briefly discuss the nature and scope of environmental psychology.

3. Examine and explain the relationship between human beings and environment.

4. What do you mean by the term environment ? Briefly discuss various components of environment with examples.

5. Discuss the effect of environment on human behaviour.

6. Explain the impacts of human behaviour on the environment.

7. Briefly discuss the psychological consequences of crowding and noise-pollution.

8. What do you mean by crowding? How crowding leads to pollution ?

9. What is pro-environmental behavior? How can it be promoted ?

10. Briefly discuss Brofenbreener's model of man-environment interaction.

11. Briefly explain kurt Lewin's model of man-environment relationship.

12. What do you mean by noise pollution? Briefly discuss its effects.

13. What do you mean by Green House effect ? How it is related to global warming ?

❖❖❖

ANSWERS

A. True and False Questions :

1. T	7. T	14. T	21. F
2. F	8. T	15. T	22. T
3. F	9. T	16. T	23. T
4. T	10. T	17. T	24. T
5. F	11. T	18. F	
6. F	12. T	19. T	
	13. F	20. T	

25. T

B. Multiple-Choice Questions

1. Environment

2. Man

3. Lewin

4. Mesosystem

5. Man

6. Bio-gas

7. Increase

8. Crowding

9. Air

10. Natural

11. Fourier

12. Crowding

13. Oxygen

14. Interference to a group by others

15. Increased temperature of the atmosphere

16. Small family

17. Poor interpersonal relationship

18. Volcanic

19. Natural

20. Physical

❖❖❖

GROUP PROCESSES AND LEADERSHIP

This Chapter Covers :

- ❖ Groups : Its Nature
- ❖ Types of Groups
- ❖ Formation of Groups
- ❖ Leadership : Its Nature
- ❖ Functions of Leaders
- ❖ Styles of Leadership

After going through this Chapter you would be able to :

- ❖ Know the details about the concept of group, its nature and characteristics.
- ❖ Understand how groups are formed, what are its properties and functions and also the facts as to why people join groups.
- ❖ Know the distinction between different types of groups.
- ❖ Know about leadership, what it is and what are its characteristics in detail.
- ❖ Have a thorough knowledge about the functions of leaders.
- ❖ Have a clear concept of different types of leadership style and its importance today.

❖❖❖

C O N T E N T S

❖❖❖

Chapter - 5
GROUP PROCESSES AND LEADERSHIP

Introduction

Human beings are the most wonderful creatures of this world. They have the power to think, communicate and express. In a very real sense, 'communication' makes groups. Groups exist because individuals are able to communicate with one another. Associations with others provides us with a basis to understand our environment and our role and position there in. In simple words, it can be said that our interactions with others enables us to identify and define ourselves and our relationships with the social and the physical world. As human beings, we all have a natural inclination, an inner drive to associate ourselves with others. Hence, communication between two or more individuals makes a group even though it be a temporary one. Let us analyse the meaning of the term 'group', its nature and characteristics more clearly.

Nature of Group

Two or more persons engaged in any kind of functional relationship with each other constitute a group. Practically speaking, the term group has some degree of ambiguity in it because it can refer both to aggregate of individuals who do not interact, but who share some common trait, and to actively functioning groups. Groups may survive only a few minutes or they may continue beyond the life times depending upon the attraction, attachment and the bond developed in course of time.

Human behaviour can be analysed only in a social context and the 'family' is rightly considered to be the basic and primary social unit. It exert tremendous influence on our behaviour and attitude after birth. The process of socialization carries great significance in this context. Social behaviour has its origin from this family itself.

Apart from this, when we find people standing in a queue to buy a ticket waiting to catch a bus, train or to board a flight, waiting in the stadium to watch a football, hockey, badminton or cricket match etc. can we level them as a group ? The answer to this question is that when we use the term group to refer to such aggregates or collection of people, we are using it largely as a descriptive category or classification. In such situations, no doubt, people are together, in great numbers, but they do not have any defined motive, status, role and expections towards each other. Hence, togetherness only on the basis of physical proximity alone, does not constitute or make a group.

The following definitions will definitely provide a better understanding of the term 'group'.

Definitions of the term 'Group'

Groups are formed formally or informally to fulfill varieties of needs of human beings. Interaction with others helps an individual not only to share his/her feelings and emotions, it also helps in fulfilling his needs and desires.

According to Newcomb, (1968) "a group consists of two or more persons who share norms about certain things with one another and whose social roles are clearly interlocking."

According to Sherif & Sherif(1969), "A group is a social unit which consists of a number of individuals who stand in role and status relationship to one another stabilized in some degree at the time and who possess a set of value or norm of their own regulating their behaviour at least in matter of consequence to the group."

According to Baron & Byrne(1988). "Group consists of two or more persons engaged in social interaction who have some stable structure relationship with one another, are interdependent, share common goals and perceive that they are, in fact, part of a group."

According to Fieldman (1983). "An individual's relationship to the group can be influenced by many factors and in many ways and it will also affect the degree

to which the group can produce conformity among the members of the group so that the more attractive is the group and its members, the more people confirm to it."

According to David H. Smith, "a group is a set of two or more individuals who are jointly characterized by a network or relevent communications, a shared sense of collective identity and one or more shared dispositions with associated normative strength."

According to Marvin Shaw, "A group is two or more persons who are interacting with one another in such a manner that each person influences and is influenced by each other person."

According to E.H. Brown, "A group is any collection of individuals who have mutually dependent relationships."

In a layman's view, a number of people together at any given place at any given time can be considered as a group. A formal definition of group is that. "It refers to a collection of two or more interacting individuals with a stable pattern of relationship between them, who share common goals and who perceive themselves as being a group."

A thorough analysis of all these definitions can be summarized by saying that a group is the aggregation of small number of persons who work for common goals, develop a shared attitude and are aware that they are a part of a group and perceive themselves as such.

According to Fieldman(1983), group membership is a very powerful factor to influence our thoughts, actions and behaviour. He believed that there are four major criteria that help to make a group and they are the following :

    i)   Interaction among group members
    ii)   Perception of group membership
    iii) Shared goals and norms
    iv) Sense of Interdependence

If all these four factors are present and all the group members think, feel and act more or less with the same feeling, motive and spirit, then only we can say that a sense of commitment and belongingness as well as some kind of mental closeness is there among the member of the group.

Types of Groups

Human beings have a natural tendency to associate themselves with different groups. These groups help to fulfill many different need and desires of people. However, for how long a particular individual remain attached to any particular group, depends upon a long list of factors. Till the moments a person feels good in the company of the group members, he preferred to continue as its member. Hence, in one word we can say that this type of membership can be a temporary one or a permanent one. Because, people join in different groups for different purposes.

In general, the following are different types of groups we find in our society. However, the type of group is usually determined by its structure.

i) Primary and the secondary groups
ii) Formal and Informal groups
iii) In-group and out groups
iv) Autocratic and Democratic groups
v) Membership and reference groups

i) Primary and Secondary groups :

As the name implies, the 'primary' group is of utmost importance in the life of an individual. It is called primary because without this, an individual has practically no existence in life. As such, the "family" is considered to be the basic and primary social unit, the first home for all. When a baby is born, he/she automatically becomes a member of this primary group and is exclusively dependent upon the family member for survival. The process of 'socialization' plays the most crucial role in shaping the personality of any child. Hence, it is said that the foundations for the first social life are laid in this family itself. Starting from the role of parents

to other family members, each and every member present in the family influence the behaviour of a child directly or indirectly. For this reason, the family is said to be the "cradle" of civic virtues. A child learns all the basic human virtues first from the family members.

The second social life of a child starts from the school. Interaction with the teachers, friends and other members in the school also influence the personality of children significantly. Childrens start making comparisions immediately after joining schools as they are required to behave in typical ways with certain limitations. At this time, a complete understanding about the family situation and aout the school environment becomes very much essential to avoid many confusions arising in the mind of children at that time. One major difference between the primary and the secondary group is that while the primary groups are characterised by more closeness, both physical and mental, emotional bonding etc. the secondary groups are characterized by relationships that are not so personal and emotional nor they play such a crucial role in nurturing their inner values and setting their personality foundations. Some kind of terms and conditions, rules and regulations are applied in the secondary groups.

In these secondary groups, children are forced to learn approved patterns of social behaviour. They also learn the art of group behaviour which are just part of big social behaviour.

ii) Formal and Informal Groups

The distinction between the formal and informal groups are somewhat clear from their name itself. The structure and functions of the formal groups are specific. They rigidly function on the basis of the prescribed rules, regulations, norms and guidelines and with well defined status, roles and responsibilities. In a formal group, one has to perform, act and function adhering to the prescribed procedure. These norms and guidelines direct, regulate and control the behaviour of all the members of the group. In the formal group, the role and status of every member is well-defined along with its limitations. As for example : the role and position of the Director, Managing Directors, General Managers, Secretaries, Ministers, Head

of the Institutions and Organizations etc. Provision for punishment is also there for acting against the rules and regulations etc. However, a member of any formal group can also become a member of one or more informal groups.

In contrast to the formal groups, the informal groups does not operate on the basis of strict rules and regulations, norms and guidelines. Rather, the members enjoy more freedom in the informal groups. He/she has also the freedom to choose their roles suitable and comfortable to themselves. As for example : a tea party or a picnic party, a musical party etc. these are all informal arrangements. These groups are more and less transient or temporary. Many such informal groups can be created at any time depending upon the need and desire of some members. As for example : collecting money to help the needy people during flood, earthquake, famine etc. However, every informal group can also be linked with some formal groups. Similarly, a formal group has also a number of informal groups within it. As for example : arrangement of a party to celebrate the success of any member of the group, welcome and farewel parties etc. No such agenda is followed in these activities and no such rigid status or position is maintained by the members of these groups.

Hence, in simple words, we can say that these formal groups and informal groups are connected to each other and the nature of the interaction differs depending upon the purpose for which its organized. In many cases, many groups, initially, may start as informal groups, but, in course of time, they may take the shape of formal groups. As for example : the Lion's Club, the Rotary Club, different political parties, service groups and other such voluntary groups etc. In informal groups, the pattern of interactions are more personal and intimate. Members feel free to share their ideas and opinions and suggestions. From psychological point of view, the role of these informal groups are very important as they provide some kind of relaxation and enjoyment to its members.

iii) In-group and Out-groups

Once an individual becomes a member of any particular group or some other groups, somehow or other interaction and communication begins. Depending upon

one's own personal experience with group members, in general, interaction continues or comes to an end. This is what our common observation says.

The concept of in-group or out-group is mostly psychological than social. We always give priority to our own views, comforts, respect etc. From this develop the feeling of **'I', We, He, She or They.** Hence, once a group is formed, the members are expected to behave in a certain way. Any member who act and behave according to group norms is viewed as an **'in-group** member and the opposite of it as **out-group.** Apart from this, those members who also take initiative to create an atmosphere of unity and oneness among members of their own, are also considered to be members of in-group. This happens under normal circumstances. When a person identifies himself with the group, he automatically develops a sense of loyalty and belonginess and this helps him to be perceived favourably by other group members.

In some other cases, when there is keen competition between different groups as for example : in case of a cricket, football, hockey or badminton match, one particular group may consider the other group as the out-group. Even in the same group, those members who support and act according to group norms are called as the In-group and those opposing to it are designated as out-group. Such feelings are very unhealthy for the future growth of the group.

Hence, under such circumstance, the group leader and other senior and active members need to play a crucial role to create a healthy and positive feeling in the mind of all the group members and to induce sense of belongingness, loyalty and unity among them.

iv) the Autocratic and Democratic Groups

The creation of an autocratic or democratic group is mostly dependent upon the nature and temperament of the group leader. Authoritarian behaviour, when it is accepted by the group members, reinforce's the attitude of the leader. Here, the leader of the group exhibit an autocratic style of leadership. As observed, an autocratic leader can operate in two different ways - i.e., either as a **hard-boiled**

autocrat or as a **benevolent autocrat.** The former is too rigid, very much status and role conscious. He does not trust the ideas of other group members and does not encourage them to share their suggestions. He considered them as his subordinates and disregard their opinions. Hence, the members never enjoy a sense of participation and belongingness under such a leader, rather they develop dissatisfaction, tension, irritation and aggression towards him which is not at all healthy for the group.

On the other hand, the benevolent autocrat excercise complete domination over the group members. The members have no independence to carry out any activity without the consent and permission of their leader. Rather, they depend upon the leader for all decisions even if they do not like them. This simply decreases their sense and ability of taking responsibility, they develop the tendency to depend on the leader for everything. The leader is always the **Initiator** of any activity, plan and policy and the members are simply required to carry out the order.

In a democratic group, the members enjoy freedom to share their views, ideas and suggestions. The members are encouraged to participate in each and every activity, policies and planning of the group. They are allowed to take individual responsibilities with trust and confidence. The democratic leader usually create an atmosphere of mutual trust and cooperation where each member is valued individually. In any important situation, the leader invite suggestions and ideas from the members and also reward their creativity and talent. Automatically, there is mutual trust and cooperation among all the members of the group. The group morale is also found to be high under democratic style of leadership because all the members prefer to participate meaningfully in the decision-making process.

Many research studies, in this regard, clearly indicate that when the leaders are member- friendly, considerate and worker-oriented, growth and development of the group enhances remarkably. However, the leadership style has been found to be one important factor in influencing the attitude and temperament of group members as many other factors are still there to determine in which context what type of leadership will be effective. In some cases, it has also been observed that

some people prefer an autocratic leadership style when a particular leader fails to demonstrate the required skill and authority to manage challenging situations. However, overall, the democratic leadership style usually brings more participatory spirit and higher level performance as it has been supported by many research findings.

v)   Membership and Reference Groups

Many groups are operating in our society and they are created to fulfill varieties of desires of people. As for example : social, cultural, religious and other philanthropic groups. It is not possible nor desirable to associate ourselves with many groups at the same time. A person may become a member of either one group or two to three other groups at the same time. But, the level of involvement may not be the same. So, membership groups are those groups to which a person actually associate himself or herself with some purpose or motive either formally or informally. At the same time, through his contact with other group members known to him, he may also relate himself to it. Such type of group is called reference group. Sometimes, it so happen that we may be a member of one particular group of our choice, but we may appreciate the activities and principles of some other group and may follow their ideals for our satifaction. As observed, in our social life, most of us relate ourselves either directly or indirectly to many such reference groups and these groups also influence many of our attitudes and behaviour. These influences are more popularly called psychological influences. In our personal lives, we are also motivated by the views of many political leaders, social leaders and their group ideals. We may also relate ourselves to many spiritual groups being inspired by their motivational and inspirational speeches. Hence, the role of these reference groups, are sometimes found to be more influential in changing our life-style, temperament, interest pattern and behaviour.

Reference groups are usually positive in their influence. But occasionally, its effect may act negatively.

Formation of Groups

Before going to discuss about the process of formation of groups, it is very much essential to know why people want to join groups ? what purpose it fulfills ? What are the functions of these groups ? The answer to these questions will definitely clarify our querries and curriosity.

There are three main reasons as to why people want to join different groups of their choice like :

i)   Attraction to the activities of the group and its objectives/goals.

ii)   Liking for some of the members of the group.

iii)   The inner urge to associate oneself to satisfy specific motives and emotions.

Research studies conducted by many notable Social Psychologists in this context provide sufficient impetus to prove the fact that human beings are bundles of feeling and emotions. They feel that group membership can help them to meet and satisfy their social and emotional needs. To which group one person will join depends upon his liking and attachment to specific people in particular and attraction to the nature of activities undertaken by these groups in general. Social psychologists strongly believe that interpersonal attraction is a very powerful factor behind motivating people to join different groups.

Next important question arises here as to what are the functions of the groups and how they fulfill individual aspirations. In general, the following are some of the most important functions of a group.

Functions of a Group

❖   Group membership helps a person to satisfy important personal, social, emotional and psychological needs and thereby life appears to be more meaningful and contended.

❖   Group membership satisfy our need for affiliation and provide a sense of safety, security and protection against real and anticipated potential hazards.

❖ Groups help in enhancing our inner potential to achieve more and also helps in developing a competitive spirit to do something to bring social recognition.

❖ Group membership can become a good source of knowledge and information sharing and thereby help in updating our knowledge.

❖ Association with reputed groups provide an opportunity to the person to raise their self esteem as well as their social identity the impact of which is psychologically satisfying.

❖ Groups also provide effective means of learning new skills, techniques and also in increasing organizing abilities in a person.

❖ Group membership can provide an excellent means of social support to each and every single individual which is very important from a psychological perspective.

❖ Engaging oneself in group activities can also provide a sense of relaxation and enjoyment as well as an opportunity to temporarily avoid stresses and strains of life.

Hence, being a part or a member of a group is beneficial in many ways.

With regard to the process of formation of groups, certain factors play the most crucial role. Why people join groups and why groups are formed ? Basic buman factors are involved in it. Because, human beings cannot live without communicating and interacting with others. It is an innate tendency in man to remain in close contact with others to whom they like. The following are some of the key factors behind formation of groups.

    i)   Closeness and liking

    ii)   Similarity in attitude and Interest

    iii)   Common motivation and common goals

    iv)   Need for interaction

    v)   Unity among group members

i) Closeness and Liking :

It has been a common observation that when peole came in regular contact with other people whom they do not know, they develop some kind proximity towards them. Later on, when their interest pattern matches with each other, they develop some kind of liking or attraction towards each other leading to formation of some kind of relationship. As rightly pointed out by social psychologists, as the number of interactions increases, the liklihood of spending more time together also increases and ultimately when like-minded people meet together for a pretty long period, it paved the way for formation of small informal groups. These informed groups, in course of time, many convert itself into formal groups. Hence, closeness and liking is one of the prime factors behind formation of groups.

ii) Similarity in Attitude and Interest :

There is a popular belief that relationship is converted into friendship when there is similarity in nature, temperament, interest and attitude of people. This practically holds good in almost all the situations. The factor of similarity is the seed behind the formation of both formal and informal groups. Cmmonality in attitude and interest pattern helps to set common goals for the group and it ultimately increases the size of the group.

iii) Common motivation and common goal :

Common motivation is the foundation for the formation of groups. It not only helps in the formation, it also helps in sustaining the group for a longer period. As observed, people with common motives, objectives and goals tend to form groups spontaneously. They also strive hard to continue its activities consciously. According to sherif & Sherif, common motivation lies at the root of formation of any group. It acts as a driving force for the continuity of any group. As for example : motivation can be social, psychological or biological Research studies conducted by sherif and sherif strongly emphasized the importance of social needs like need for power, prestige, status, recognition, belongingness, achievement etc. in the formation of groups. Because, many a times, groups help people in achieving certain goals which a person might not be able to attain individually.

iv) Need for Interaction :

Interaction forms the basis for the formation of groups. Unless the desire is there to interact and to associate oneself with the other, there is no scope for communication. Communication give rise to the formation of group. Interaction, is the instrument through which one member can influence the other person. Social interaction influence interpersonal relation to a great extent. Because, it gives us the scope not only to understand others, but also helps us to understand ourselves.

v) Unity among group members :

We are quite familiar with the proverb- "Unity is strength". Unity comes only when all the members of the group think in terms of **'we',** not **'I'.** This also enhances group cohessiveness. Members begin to experience feeling to oneness. From a psychological perspective, this feeling is very important in strengthening bond among members of the group. Because, we often say "together we stand and divided we fall". Feeling of oneness is also very important from the point of view of raising the morale of the group. Achieving common goals is found to be easy for the group members provided there is the sense of unity among members. When members are united together, they can easily compete with other groups in a positive direction.

According to Sherif and Sherif, once a group is formed, the leader is chosen by the group members. The role of the leader then is very crucial in strengthening the spirit of unity and level of motivation among all the members of the group. The leader perform manifold roles in the group and the successful continuity of a group exclusively depend upon the leader.

Once a group is formed, then under the dynamic leadership of the leader, group norms begin to emerge to regulate and control the activities of the group as well as the behaviour of all the group members. Norms refers to the standardized rules prescribed by the group to which all the members are required to adhered to for the smooth functioning of the group. As observed, our behaviours are very much influenced by the nature and types of groups and along with it our own feelings and perception of these groups.

Concept of Group Morale

There is close connection between our family life and social life as each one is influenced by the other. We all have seen that presence of people at any point of our life affects our attitude and behaviour. Individual behaviour is' highly influenced by group behaviour and there is no denial in it. Morale is a group process. According to Allport, morale can be explained as 'an individual's attitude in a group endeavour. According to Blum, morale can be said to be the degree of an individual's acceptance of the goals of the group. Hence, in this sense, morale can be considered as a by-product of the group. It is a feeling on the part of the members that they are being accepted by the members of the group, they show due respect to the achievement of the group goal and they have also a strong feeling that together they can achieve any of their objectives however challenging it may be.

Hence, group morale can be best understood in terms of three basic elements and these include :

      i)   Feeling of being accepted by members of the group.

      ii)   Feeling of belongingness/oneness

      iii)   Adherence to common goals and confidence in achieving these goals.

Leadership

i)   Meaning and Definitions

Leadership is an art. It is a skill. Leaders differ in their style and in their approach to leadership. Leaders possess certain traits that set them apart from most human beings. The essence of leadership is 'leading change'. Being a leader involves influence. Observations of the great leaders of the world helps us to know the fact that they are not just simply ordinary persons. They are different from other people in many respects. Each successful leader possess certain uniqueness in their personality traits. This clearly shows that everybody cannot become leaders. It is a rare quality. The **Great Man theory** and the **Trait Theory** have also supported this concept of leadership.

In the modern competitive world, where we face challenges at every walk of life, where competition dominates the whole environment, developing leadership abilities has become a necessity now. We all need to cultivate this quality to become successful not only in our professional life, but also in our personal and social lives. Social psychologists believe that leaders emerge out of situational factors. Even today people are confused with regard to the debate on leadership - whether leaders are born or are made !!

The role of the leader is very crucial in a group. Because he is the key person or centre in the group around which the fate of the group depends. The leader assumes a distinct position in the group. Because, the essence of leadership is **leading change**. Leadership indicates the ability of an individual to accept responsibilities and challenges willingly and confidently even under riskey situations. A true leader is committed to his role and is ready to sacrifice his personal achievements for the sake of Institutional/organizational goals and objectives. Most leaders can be placed along a small number of dimensions relating to their overall approach to leadership. We all know that "great leaders lead by example." They know the art of converting their mission into a vision.

Definitions of Leadership

i)   According to M.E. Shaw (1971), "leader is a group member who exerts more positive influence over others than he exert over him." By positive influence we mean the direction of the influence is that chosen by the leader.

ii)   Daniel Katz and Robert L. Kahn (1969) define leadership as "the combination of three factors like : (a) An attribute of a position, a trait of a person and (b) a category of behaviour." What they meant by this is that the leader is a person who possesses certain qualities, who occupies a certain position and who behaves in certain ways.

iii)   According to Peter Drucker, "Leadership is not making friends and influencing people. It is the lifting of man's visions to higher sights, the raising of man's personality beyond its normal limitations."

iv) According to James J. Cribbin, "Leadership is a process of influence on a group in a particular situation at a given point of time, and in a specific set of circumstances that stimulates people to strive willingly to attain organizational objectives and satisfaction with the type of leadership provided.

v) According to George R. Terry, "Leadership is the activity of influencing people to strive willingly for group objectives.

vi) According to Brass (1960), Leadership can be defined as "The observed effort of one member to change another by altering their motivation or by changing their habits."

vii) According to Sherif and Sherif (1956), "A leader is a member with the top status, i.e. power and position in an organizational heirarchy."

All these definitions of leadership point to the fact that the main emphasis is on the capacity or ability of a individual to influence and direct the effort of the group towards the achievement of group goals. Leadership is the ability to build up confidence and zeal among people and to create an urge in them to be led. The power of leadership is the power to integrate. The true leader practically stimulates what is actually best in his group members.

ii) Nature and characteristics of Leadership

Why some individuals become leaders ? Why not everybody ? Are some people born to lead ? What special traits do leaders possess ?

The following are the answers to these questions :

a) Leadership, at its essence is 'leading change'

ib) Leadership is a personal quality / attribute.

c) Leadership is a process of influence. A leader has the ability to inspire and influence others.

d) It involves readiness to accept complete responsibility and accountability in all situations.

e) Leadership is a function of stimulating the group members to strive willingly to attain group's objectives / organizational objectives.

f) Leadership styles do change depending upon the nature and demand of the situation.

g) Leadership does not mean bossism.

h) Leadership is an important part of management. While powerful leaders are more than just excellent managers, an essential aspect of their credibility stems from their managerial expertise.

i) Personal integrity of leaders is the source and foundation of organizational integrity and ethics.

ji) Leadership defines what the future should look like, aligns people with that vision and inspires them to make it happen despite the obstacles (John Kotten)

It is said that "leaders emerge out of situational factor." The most important criteria to identify leaders is their ability to influence people, their assertiveness and their communication style. The following characteristics of leadership will throw more light on this.

iii) Characteristics of Effective Leaders

The extent to which leaders can influence the behaviour of others is called **power.** It is a fact that power varies with the prestige of the leader. There are many ways in which individuals can influence others. It is also true that some roles and activities are more conducive to influence than some others. Practically speaking, any action in which an individual contributes to the setting and achievement of group goals in a way that is remarkably different from that of other members, can also be considered as a type of leadership. Even though each leader is unique in his own way, certain characteristics are commonly observed among successful /effective leaders. These include the following :

❖ Drives   :   The desire to achieve continuously with high level of energy and motivation.

❖ Self-confidence & : Complete faith on one's ability to achieve the target
   will-power   without any apprehension and even without support
                   from others.

❖ Flexibility : The ability to change one's approach and action-style
                depending upon the need and demand of the
                situation.

❖ Vision, foresight, creativity and originality.

❖ Intelligence / presence of mind

❖ Emotional stability

❖ Attractive communication skill and style

❖ Open mind and adaptability

❖ Organizing, planning, supervising and executing ability

❖ Social Competence

❖ Knowledge and technical skills

❖ Sense of committment and Accountability

❖ Capacity for divergent thinking

❖ Supportive, participative and achievement oriented

❖ Effective time management

❖ High degree of problem-solving and decision-making ability.

❖ Integrity and Ethical behaviour

❖ Honesty, sincerity and determination

❖ Surgency (Cheerfulness, Alertness and Expressiveness)

❖ Human Relations Attitude

❖ Acceptance and positive thinking

❖ Appreciative and Adjustive

❖   Willingness to accept criticism

❖   Industriousness and Resourcefulness

❖   Insight and sense of justice

❖   Commanding personality

❖   Sense of Humour

❖   Ability to coordinate and analyse

❖   Good Administrator with sense of justice

❖   Fairness and objectivity

❖   Empathy

❖   Social Skills

iv) Leadership Functions

By virtue of their position in the group leaders perform important activities and role in the group. The function of all the leaders in the group are not exactly the same because the specific functions of a leader vary with the type of the situation in the group, nature of the objectives of the group and of course nature of the environment present in the group. However, most of the leaders are expected to play their roles in specific ways that are expected of them.

The following are some of the most important functions of a leader in the group :

a) Leader as the group Administrator :

The term 'administrator' covers a wide variety of assignments like planning, coordinating, organizing, managing, directing and policy-making etc. It is their main responsibility to see that things get done effectively and smoothly. Playing the role of an administrator requires many skills on the part of the leader. As pointed out earlier, an effective leader possesses all these abilities / traits to carry on his multidimensional roles in the group. Each type of activity requires balance and stability on the part of the leader. To perform the role of an administrator

requires dynamism with a powerful personality. Successful management of this role helps the leader to create a favourable image in the group. This is the most important role played by the leader.

b) Leader as the Director and Motivator :

Leadership is an important part of management. Managing people is the most difficult task today. It is the main function of a leader to motivate people to perform their best. This requires encouragement and inspiration. As the director of the group, it is the primary task of the leader to give the required guidance to his group members and to motivate them to give their best in achieving the target of the group. The personality of the leader matters a lot in this regard in encouraging group members to do so.

c) The leader as the Initiator

The leader is considered to be the chief executive and administrator of the group. Under normal situation, the leader excercises good control over the management of various activities of the group. Practically speaking, group members expect novel ideas from the leader. Hence, another important function of the leader is to play the role of an initiator in all matters of interest to the group. This is the real sign of a true leader. He should not wait for others to start any action. Rather, with proper discussion with group members, he should take independent decision.

d) The leader as the goal-setter

Setting goals for the group is another important function of the leader. This requires vision on the part of the leader. A creative leader can generate new ideas which may have long term benefit for the group. The nature of the goal should be made very clear to the members, but the final decision still rests with the potential leader. This function of the leader is very important from the point of view of continuity and sustenance of the group.

e) The Leader as the Group Representative

The leader usually act as the representative of his group. While dealing with members of other groups, it is practically impossible on the part of each and every member to come forward to talk to other groups. Leader as the head of the group is expected to assume the role of the group's representative in the management of external relationships. From a socio-psychological perspective, this role is very important.

f) The Leader as the controller of Rewards and Punishments

Maintaining a disciplined atmosphere in the group is the primary requirement for any group. Without a set of policies, rules and regulations, it is very difficult to control members of the group. The leader occupies the key position in the group. As the controller of both rewards and punishments, the leader can excercise disciplinary as well as motivational control over group members. The desire to get recognition is there in everybody. The leader has to take proper care of this motive and should act accordingly.

g) The Leader as an Expert

An 'Expert' is a specialist in some field of information and in this capacity, he works as a consultant. He is considered as a special resource person with the knowledge of almost all the required information. In the same line, leaders are also perceived as experts with all the updated information with them. With the required knowledge, skill and expertise, the leader is perceived at a higher level by his group members and this also gives him an added advantage to his image.

h) The Leader as the Exemplar

The leader can play the role of an ideal 'role model' to others. He should display all those qualities that will distinctly distinguish him from others. Thereby he can also stimulate others to follow him willingly considering him as a live example, as a popular role model. We all know leadership is a function of influence and effective leaders have the power to inspire, motivate and encourage others.

Leadership serves as a motive power to group performance. Under a dynamic leader, members prefer to render their efforts voluntarily.

i) The Leader as the Scapegoat

One of the functions of leaders is that of taking maximum responsibility for the operation and management of the groups they head and lead. In this process, it is quite natural that at times, he may be targeted for any kind of failure faced by the group. Hence, if members are not satisfied with the results, they are likely to blame somebody and the logical target for blame is usually the leader. In other words, there is a tendency in people either to place a person at a high level or at the same time, to bring him down to our own level. As for example: Americans are inclined to express hostile feelings toward leaders somewhat more openly than people in more traditional cultures. Hence, the leader must be ready to accept both success and failure, appreciation and blame at the same time with stability and maturity.

j) The leader as the father - figure

The term 'father-figure' indicate some kind of emotion attached to it. In many cases, we have seen, members perceive the leader not only as their role model, but also as a parent. To a child, in the family, the first leaders are the parents playing the lead role in the management of family responsibilities. At school, teachers and principal take on parental roles. There is a tendency to feel all authority figures as parent in our mind. Sometimes, this tendency also continues throughout our life in that if we notice any parental characterstics in any leader, we develop the same kind of feeling and consider them as father figures. When this happens, the leader can excercise tremendous influence over group members and can lead the group as he likes.

These are the major functions of leaders. After analysing all these functions starting from the role of an administrator to planning, organizing, coordinating, initiating, directing, motivating, influencing and encouraging to playing the role of a father-figure to group members, we find leaders performing multi-dimensional roles in the group. In big organizations, the leaders act a connecting link between

the workers and the management and thereby the leader act as an aid to the authority.

Hence, the importance of leadership in any activity of the group is too obvious to be overemphasized. The leader is practically needed at all levels of management. An effective leader displays a combination of characteristics that place him at a higher level by his group members.

v) Leadership styles/Types of Leaders

All the leaders are not the same and they do not function in the same way. The term 'leadership style' refers to the consistent behaviour pattern of a leader as perceived and observed by people around him. We say that each leader is unique in his/her own way. Every leader follow their own style and approach while dealing with their co-workers and others. But, they may change their style and approach depending upon the situation as well as depending upon the nature of their sub-ordinates. Many traits of personality are reflected more or less consistently. Differences in styles of leadership are usually based on the nature of relationship between the leader and his group members and the extent to which the leader gives importance to reach at the targeted goals.

Whatever may be the leadership style exhibited by the leader, no specific type of leadership is suitable in all the situations. The leaders are expected to change their styles depending upon the need and demand of the situation as well as upon the nature and temperament of his group members. Let us discuss some of the major leadership styles as observed today.

a) Authoritarian / Autocratic leadership style
b) Democratic / participative style of leadership
c) Laissez-Faire / Free-rein style of leadership
d) Nurturant Task Leadership style
e) Charismatic Leadership style
f) Transformational Leadership style

a)   Authoritarian / Autocratic Leadership Style

In such type of leadership, the leader wants to enjoy absolute power singlehandedly. As such the leader wants to dominate each and every activity of the group. He expects complete obedience from his sub-ordinates and any deviation from his group member is perceived with greater intensity. The leader alone decide everything for the group and the members are simply required to carry out the decision of the leader. He never encourage ideas and suggestions from his sub-ordinates and never encourage their participative spirit and decision-making ability. In one sense, it can be said that the decision-making power is centralized in the leader. Even such type of leader went to the extent of setting the pattern of interaction between the group members. He acts as a dictator and consider himself as the supreme authority of the group as a result of which the group morale is found to be very low in such type of leadership style. Group members also experience low self-esteem under such type of leadership style. However, under certain situations, such leadership style may become fruitful.

b)   Democratic/Participative style of Leadership

An autocratic and a democratic leader differ from each other not in terms of the amount of power they have but in regard to the way they exercise their power. Democratic type of leadership is also known as the participative type of leadership because a democratic leader believes in the strength of mutual trust and cooperation. He wants to involve each and every member of the group in all its activities and decisions, seeks their suggestions, ideas and opinions in order to make them feel important and to make them understand their value in shaping the future fate of the group. Under a democratic leader, the members enjoy freedom in their expression, action and views. The leader is found to be very much open, friendly full of warmth and approachable. He decentralizes his power among group members and don't want to limit all the power to himself. Hence, such type of leadership style in helpful not only in raising morale of the employees, but also in increasing feeling of togetherness, sense of cooperation and belonginess among group members. Besides this, a democratic leader is both worker-oriented and action-oriented type. He wants to develop more of a 'we' feeling than that of 'I'

feeling in his group. As observed, the group cohesiveness is high under democratic style of leadership.

One important advantage of this type of leadership style is that in the absense of the leader, the activities of the group continues unaffected where as in an autocratic style leadership, the group disintegrates in the absence of the leader.

However, in some cases, there may be unnecessary delay in the decision-making process because of differences in opinion causing indiscipline among members of the group. Otherwise, such type of leadership is appreciated by all.

c) Laissez-Faire/Free-rein style of Leadership

These two are French terms which means- "let the people do what they chose." The leader here allows maximum freedom to the workers to do their job without interfering in their activities. They are also allowed to take their own decisions, to select their own method of completing the work. The leader explains the nature of the task, the date lines to complete the task, but allows them to use their own talent and creativity in finalising the task. Unless invited by the workers to guide them, he never prefer to interfere in their work. Automatically, the sub-ordinates feel good, develop self-confidence as the leader provide them the necessary opportunity to use their innovative ideas and talents. However, research studies have shown that such a style of leadership works good with people who are honest, sincere, talented, dedicated and self-disciplined. In situations where the workers are inactive, dull and unresponsive, this type of leadership is not found to be successful.

d) Nurturant Task Leadership Style

Such a type of leadership style was propounded by Prof. Jai B.P. Sinha. According to him, autocratic leaders are self-centered as well as power-centered and they want to enjoy absolute power and to show supremacy over others. On the other hand, the democratic leaders are people-oriented type and they demonstrate values of mutual trust and cooperation, giving and sharing to their sub-ordinates. They don't want to be rigid in their approach while dealing and

interacting with their sub-ordinates. According to Prof. Sinha, in western countries, the leaders give importance to 'task achievement' where as in some other cultures, importance is being given to the factor of human relations, i.e., a kind of "nurturant relationship" of the leader with their group members or sub-ordinates. He proposed a different type of style in the name of Nurturant task leadership style and said that such a leadership style can be best fitted in between the autocratic and democratic leadership styles as it has the components of task achievement having structured expectations from the group members, basic cultural values like care and concern, affection, interdependency as well as the need for close interpersonal relationships. He believed that an effective leader is the one who is both task oriented and nurturant in his approach. His intention is to create an atmosphere where employees or members feel cared for, can foresee progress and advancement in their work and voluntarily put their efforts to achieve their targets. According to him, when leaders maintain personalized relationships with the subordinates, they accept their authority and continue to work with the combined feeling of love and respect. This is how Prof. Sinha wanted to show that in India we need India-centric management style and Indian organizations are best suited for nurturant task leadership style than that of autocratic and democratic leadership style.

e) Charismatic Leadership Style

In Greek language, 'Charisma' means gift. As the name implies, such leaders are considered to be God-gifted. Such leaders demostrate extra-ordinary personal charisma and the influence of the leader is based on his magnetic personality. Charismatic leader display a positive corelation between the personal charisma with high performance and high level of satisfaction of their subordinates. People like them to such an extent that they voluntarily donate extra time to work. Charismatic leaders are ready to sacrifice their personal achievements for their organization and are ready to take personal risks of their own. In this context, one important study was undertaken by Warren Bennis upon 90 most effective leaders of USA. From his study Warren found that such leaders have a compelling vision, they are visionary and have the power to communicate their vision clearly to their followers, demostrate consistency, concentration and focus in the pursuit of thier

vision, can better assess their strengths and capitalize on them. They want continuous improvement in their organization, are very much optimistic and positive in their attitude.

Research studies have also shown that these people are born leaders and such leaders emerge during the period of crisis. These leaders know the art of converting challenges into opportunities and are very much passionate about their success. Leaders like Mahatma Gandhi, Winston Churchill, J.F. Kennedy, Franklin D. Roosevelt, etc. belong to this category who have created their own image in history of the world.

f) Transformational Leadership Style

As the name implies, such leaders have the power to change the attitude and perspectives of people in new directions. These leaders are truely the live example of social transformation. They are considered as the "agents of change". They have the capacity to influence people to such an extent that they are ready to sacrifice their personal interests for the sake of the leader. Their uniqueness and magnanimity are truely exemplary. They are able to direct the vision of the people towards a new dimension by changing their belief system.

Such leaders usually reflect four unique abilities like personal charisma, ability to influence and inspire, ability to stimulate people intellectually and their individual uniqueness. Their greatest strength is their "charisma" and this is the most important attribute of transformational leaders. At present, organizations are looking for such type of leaders in changing the old scene and in transforming the organizations to sustain in the world warket. Research studies have clearly proved superior performance in organizations under transformational leaders.

Such type of leadership style can also be called as "leading change leadership style". All leaders have a natural inclination to do things differently. This is the reason as to why we observe different leadership styles today. Each style is special in its own way. No single style of leadership is effective in all the situations. The leader should know the art of adopting different styles depending upon the nature and demand of the situation.

vi) Why leaders differ from each other

All leaders are not definitely alike. They may share certain traits to a degree, but in terms of their personal style, communication style and approach to leadership, they differ remarkably. Research on leadership behaviour have shown that most leaders can be placed along a small number of dimensions relating to their overall approach to leadership. Most of the management gurus believe that three things are essential to become a leader and they are knowledge, skill and attitude. This is popular in the name of ASK Principle of success. We find, many people have all the knowledge in the world, yet they fail to achieve anything in life due to lack of skills, most often in dealing with others and the right attitude that is required to influence others. There are second group of people who have both knowledge and skill, but in the absence of right attitude, they do not achieve success in their life. Combination of all these three things makes a person a true leader, a successful person. We have also seen plenty of success stories where people even without adequate knowledge and skill achieve great heights only due to their attitude. Hence, 'right attitude' is all about being passionate about what you do. Every successful leaders more or less understand that 'success is a matter of attitude'. It is a matter of what you think you are capable of. From Henry Ford to J.F. Kennedy, are successful heroes of their time because they are passionate of their work. Successful leaders are self-motivated and self-driven people. These people are very much flexible in their approach and style. They are so much involved in their work or task that once they have determined their goals, they are ready to try many different approaches. They are found to be more goal-riented than technique-oriented. Hence, leadership style play a very significant role. A true leader needs to understand that a specific type of leadership will not work effectively on everybody and in all situations. For this reason, which type of leadership is suitable in which type of situation, is practically very difficult to predict. Leadership is about having a flexible attitude. It is about matching our styles with the personality traits of our people/subordinates.

It is a fact that leaders exhibit certain kinds of behaviour in order to inspire and influence others. We should also know one more thing here that there is a

receprocal effect i.e. groups influence leaders just as leaders influence groups. A leader also learns the art and behaviour and style of leadership through being reinforced by his success rate in influencing others. According to Kenney and Zaccaro (1984), Individuals possessing certain traits particularly the ability to adopt to changing conditions prove as good leaders in a wide range of settings. This proves that certain traits are perhaps more important on the part of a leader to prove his/her effectiveness.

Hence, it can be concluded that whatever may be the personality traits of a leader, his effectiveness, as a leader of an organization, nevertheless depends upon the level of satisfaction experienced by his subordinates under his leadership. No specific style of leadership is suitable in every situation as it depends upon many factors Ultimately, it is the 'human factor' that supercedes everything.

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KEY TERMS

Attainment	Authority	Leadership
Reference	Empathy	Influence
Interaction	Effectiveness	Confidence
Norms	Style	Willingness
Cohessiveness	Laissez-Faire	Recognition
Perception	Charismatic	Motivation
Interdependence	Stimulation	Traits
Group mind	Transformational	Dimensions
Loyalty	Visionary	Vision
Heirarchical	Scapegoat	Credibility
Purveyor	Challenge	Expertise
Exemplar	Opportunity	Strategy
Proximity	Skill	Integrity
Identity	Consistency	Personality
Conformity	System	Drive
Nurturant	Morale	Flexibility
Authoritarion	Involvement	Creativity
Facilitation	Resistance	Accountability
Evaluation	Communication	Commitment
Compromise	Delegation	Divergent
Magnanimity	Control	Surgency
Extra-ordinary	Criticism	Emotional stability

CHAPTER SUMMARY

i)   A group consists of more than one person. This is the smallest group. A combination of people standing in a queue, waiting for the bus or train, watching a cricket, football or a hockey match cannot be called as groups. They can simply be called as a mere collection of people. They do not have any kind of interaction with each other, nor they have any defined status, role and responsibility towards each other. Hence, they cannot be called as groups.

ii)   According to Fieldman, there are four criteria on the basis of which a group is formed. These include : Interaction among group members, perception of group membership, sharing common goals and Interdependence. Hence, a group is a collection of two or more persons who are interdependent in their relationships for which they interact with each other. The members of such a group share common goals, values, norms, motives, ideologies etc. They work together with a common purpose or motive.

iii)   There are certain conditions that help formation of group. We all know that interaction and communcation forms the foundation of a group. Among the most important factors leading to the formation of a group, the most significant factors include physical closeness, commonality or similarity among them, presence of a common goal, common motivation to achieve the goal, interaction among them with a feeling of oneness etc.

iv)   Once a group is formed, then the role of the group leader assume great significance. Initially, importance is given to the formation of group norms or values which will direct and regulate the behaviour of the members of the group. These are the real pillars of group formation.

v)   Groups perform important functions for its members. They not only help in satisfying important social, personal, emotional and psychological needs of its individual members, but also helps in gaining more knowledge and

information and many other things including the understanding of human nature and behaviour. Group association also provides social support and as well as security to its members. Besides this, it also pushes forward individual achievement simultaneously with group achievement.

vi) With regard to the types of group, they can be classified under ten categories like the formal and informal, primary and secondary. In-group and out-groups, autocratic and democratic, membership and reference groups. These groups differ in terms of their function and organization. The dimensions and characteristics of all the groups are different.

vii) The concept of group cohesiveness is very important for any group. The term cohesiveness is characterized by a 'we' feeling rather than that of 'I' feeling Group morale is a natural by-product of group cohesiveness. In this context, the role of the group leader is very important.

viii) There is definite influence of group on individual behaviour. Social interaction gives us the opportunity not only to understand other individuals, it also helps us in understanding our own selves and thereby also helps us to change our attitude and opinions in many situations about other people or groups.

ix) People join different groups for three reasons like : attraction to the activities and goals of the groups, liking towards some members of the group and a need to associate oneself with others.

x) Leadership is a skill. Its essence is leading change. There are as many definitions of leadership as there are leaders. Leadership is a unique quality.

xi) Leaders have the ability to influence, encourage and inspire other people. Being a leader involves influence.

xii) Leaders possess certain traits which some others do not have and they reflect it depending upon the nature, need and demand of the situation. Most of the social psychologists believe "leaders emerge out of situational factors even if some other conditions might also play significant roles."

xiii) The characteristics of an effective leader include his personal charisma and influence, high level of confidence and will-power, the desire to achieve high,

flexibility, emotional stability, vision, creativity, integrity, adaptability, knowledge and skill, social competence, presence of mind, excellent communication style, sense of humour, alertness and expressiveness etc.

xiv) Leaders perform many important functions in the group. The most important of them are : as the administrative head, Expert, group representative, controller of rewards and punishments, source of knowledge and skill, as the scapegoat, as an example before others, as a father figure etc. His performance on these roles determine his effectiveness and success as a leader.

xv) Leaders do not operate in the same way. It is their style that place them at different heights before their sub-ordinates or members. They adopt different leadership styles to show their uniqueness.

xvi) Some of these leadership styles commonly observered are : the autocratic and democratic leadership style, Laiessz-Faire or free-rein style, nurturant task leadership style, charismatic leadership style and transformational leadership style etc.

xvii) No single leadership style is effective in all the situations. The leaders are expected to change their leadership style and approaches depending upon the need and demand of the situation, the nature of the sub-ordinates as well as the resources available at that moment.

xviii) The role of the leader has become significantly important in the modern competitive world. 'Competition' has become the buzz word today. Organizations are giving importance to quality management and excellence in performance. Workers want dynamic leaders who can show them the right way to make full utilization of their power and potential. The entire world is now looking for transformational leaders.

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QUESTIONS

A. True - False Questions

State whether the following statements are true (T) of false (F).

1. People standing in a queue, waiting to catch a bus is called a group.

2. The smallest group consists of two persons.

3. Members of a group share common motives and goals.

4. People may join groups because of their liking towards some members of the group.

5. People watching a movie in the cinema hall can be called as a group.

6. Group cohesiveness focusses more on 'I' feeling.

7. Factor of similarity is a necessary condition for group formation.

8. Groups satisfy important social and psychological needs of persons.

9. Group membership can influence our individual achievement.

10. Social Interaction does not help in understanding others.

11. Family is considered as a primary group.

12. People join secondary groups by choice.

13. In secondary groups, relationship among members are more personal.

14. The citizens of a country are deemed to be the members of a formal group.

15. In the formal group, the role status of every member is defined.

16. A picnic party or a tea party is an example of informal group.

17. A formal group has a number of informal groups in it.

18. Members of a group who support group norms and goals are usually perceived as In-groups.

19. In case of two competing cricket teams, one team perceive members of the other team as out-group.

20. In group and out-group feeling negatively affect member's behaviour.

21. Reference groups can also influence our attitude and behaviour.

22. Both the group members and leaders influence each other.

23. The essence of leadership is leading change.

24. Being a leader involves influence.

25. The leaders are always superior to that of their sub-ordinates.

26. Autocratic leaders are usually very friendly.

27. Democratic leaders love to enjoy absolute power.

28. Laissez-Faire leadership style works better where workers are honest, sincere and creative

29. Nurturant task leadership style was proposed by Jai B.P. Sinha.

30. charismatic leaders lack the ability to influence people.

31. Great leaders lead by example.

32. The present world needs more and more transformational leaders.

33. All successful leaders use same leadership style.

34. No particular leadership style is effective in all the situations.

35. The path of leadership is open to all.

B.   Multiple Choice Questions :

(Choose the correct alternative from the bracket to fill up the blanks and answer the Questions.)

1.   A group consists of more than _____ person. (one, two, three)

2.   A group is born out of _____. (Interaction, motivation, chance)

3.   Group-cohessiveness implies _____ feeling among group members.

     (I, we, mine)

4.   Morale is a _____ phenomenon / process. (social, group, political)

5.   Family is a _____ group. (formal, informal, primary)

6.   The in-group and out-group feeling _____ the morale of the group. (Increases, decreases, neutralizes)

7.   The autocratic and democratic leaders differ from each other with regard to _____. (amount of power, use of power, type of power)

8.   People join secondary group by _____. (force, choice, rule)

9.   A political party is a _____ group. (primary, secondary, informal)

10. Primary groups are characterized by _____ relationship.

     (personal, impersonal, social)

11. Leaders operate in a _____ context. (personal, social cultural)

12. the democratic type of leadership is also called as the _____ type of leadership. (participatory, non-participatory, free-rein)

13. Nurturant task leadership style was proposed by _____.

     (Allport, Jai B.P. Sinha, R.C. Tripathy)

14. Autocratic leaders are usually _____ by people. (liked, disliked, accepted)

15. All successful leaders are _____ in their approach.

     (rigid, flexible, demanding)

16. Charismatic leaders reflect _____ personality.

     (dominant, weak, magnetic)

17. Leadership is a _____. (trait, nature, duty)

18. Leaders _____ operate in the same way. (do, don't, usually)

19. ASK principle in management refers to attitude, _____ and knowledge. (Success, skill, sociability)

20. Emotional stability can be measured by (EQ, IQ, PQ)

21. The term surgency refers to _____.

    (expressiveness, acceptance, integrity)

22. Leaders do differ from each other with regard to their _____.

    (style, function,power)

C. Short-type Questions

(Write the answers to each question in five sentences)

1. Define the term group.

2. Differentiate between the term group and collection of people.

3. What are the characteristics of a group?

4. Why people join groups ?

5. State the functions of a group.

6. What are the factors leading to the formation of a group ?

7. Mention the names of different types of groups.

8. What do you mean by a formal group ?

9. What is the difference between a primary and a secondary group ?

10. Differentiate between In-group and out-group.

11. Mention the characteristics of an effective leader.

12. Write the characteristics of an autocratic leader.

13. How a democratic leader function ?

14. What do you mean by Laissez-Faire leadership style ?

15. What are the qualities of a charismatic leader ?

16. Explain the role of the leader as an administrator of the group ?

17. What are the functions of the leader in a group ?

18. Mention the characteristics of a transformational leader.

19. Explain the nurturant task leadership style.

20. Why it is said that all leaders do not function in the same way ?

D.   **Essay type Questions :**

Write Long Answers

1. What do you mean by the term group ? Briefly discuss the nature and characteristics of groups.

2. Define the term group. Discuss the factors leading to the formation of groups.

3. Describe different types of groups citing examples.

4. Why people join groups ? Mention different functions of groups.

5. Define the term leadership. Mention the characteristics of an effective leader.

6. What do you mean by leadership functions ? Briefly discuss the functions of a leader in a group or in an organization.

7. Explain the term leadership style ? Briefly discuss the functions of an autocratic and democratic leader.

8. What do you mean by leadership style ? what are the different styles of leadership ?

9. Discuss the qualities of a charismatic leader. What are the specialities of such type of leadership.

10. Whom do you consider to be a leader ? Write any ten important facts about leadership.

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ANSWERS

1. (True - False Questions)

1.	False	13.	False	25.	False
2.	True	14.	True	26.	False
3.	True	15.	True	27.	False
4.	True	16.	True	28.	True
5.	False	17.	True	29.	True
6.	False	18.	True	30.	False
7.	True	19.	True	31.	True
8.	True	20.	True	32.	True
9.	True	21.	True	33.	False
10.	False	22.	True	34.	True
11.	True	23.	True	35.	True
12.	True	24.	True		

2. Multiple - Choice Questions

1.	One	8.	Choice	15.	Flexible
2.	Interaction	9.	Secondary	16.	Magnetic
3.	We	10.	Personal	17.	Trait
4.	Group	11.	Social	18.	Do not
5.	Primary	12.	Participatory	19.	Skill
6.	Decreases	13.	Jai B.P. Sinha	20.	E.Q (Emotional quotient)
7.	Use of power	14.	Disliked	21.	Expressiveness
22.	Style				

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Chapter - 6

COUNSELLING PROCESS

C O N T E N T S

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This chapter covers :

i) Meaning, concept and definitions of counselling.

ii) Fields of counselling and its goals.

iii) Types of counselling.

iv) Stages involved in counselling.

v) Characteristics of an Effective counsellor.

After going through this chapter, you would be able to :

❖ Understand the broad meaning of the term counselling, its fields, types, stages etc.

❖ Know the process of counselling, the techniques used in it and the role played by the counsellor in the process.

❖ Know in detail the goals and benefits of counselling in solving various problems of our life.

❖ Have a concrete idea about the skills involved in the counselling process and the characteristics possesed by an effective counsellor.

❖ Understand finally, the contributions of counsellors to the society, at large.

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Chapter - 6

COUNSELLING PROCESS

Introduction

The term "counselling" literally means **advice**, **suggestion**, **to help** etc. The concept of counselling is not a new one. It has its root since the time of Sigmund Freud who had used counselling as an important part of his famous **psychoanalysis** technique. It is a broad field of psychology that focusses on helping, guiding and suggesting people to make necessary changes in their life so as to make better adjustments in every field. Traditional psychotherapists have always used **counselling** as a vital aspect of their treatment process. Today, with increased competitiveness, people are experiencing more stress as they are unable to adjust themselves to the demand of the changing situations. In this context, as a technique, counselling helps a lot in solving many problems relating to their daily lives as well as other problems in their personal, professional and social lives. Hence, counselling, at present, has become an inevitable part of everybody's life. Starting from solving day-to-day problems to management of other emotional and psychological problems like depression, family problems, marital problems, relationship problems and other adjustment problems, choice of a career etc. counselling, as a technique, has proved to be the most effective one.

In practice, the main purpose of counselling is to promote "wellness" of people. In recent years, the idea of promoting wellness within the counselling profession has grown to a remarkable degree. As is clear from the name, wellness involves many aspects of living including the physical, mental, social, psychological, intellectual and environmental domain. Wellness can be defined as "a way of life oriented towards optimal health and well-being in which mind, body and spirit are integrated by the individual to live life more meaningfully within the human and

natural community and ideally, it is the optimum state of health and well-being that each individual is capable of achieving." (Myres, Witmer & Sweeney(2007).

As per the report of the World Health Organisation (WHO), today, more than 80% of the diseases are "psychosomatic" in nature. Mental illness is growing in a very rapid manner. Majority of the people are not able to manage themselves properly. **Self management** has now become the most common and prominent problem not only among the young youths, but also among children and people belonging to other age groups. Every where, there is chaos and peacelessness. It is only because, people do not know their own selves, their abilities, aptitude, strengths and weaknesses. The ultimate result is the choice of a wrong career leading to job dissatisfaction, frustration, development of complex, irritation etc. All these are indicated in the form of **maladjustment** in many important aspects of our life. These problems can be conveniently solved by counselling. Today, people have started realizing the importance of counselling and because of this the role of psychologists, psychiatrists, clinical psychologists and counsellors have become well recognized. But, unfortunately, their numbers are quite less in comparision to the number of people who actually need counselling and treatment. Besides this, the changing roles of men and women, poverty, homelessness, trauma, lonliness and aging, conflicts, crime and violence, innovations in media and technology etc. are the burning topics that has captured counselling's attention to a great extent.

Today, counselling is considered to be a distinct profession as it is concerned with both wellness and development, management of mental health, management of stress, treatment of dysfunctional behaviour, career management, management in marital and family life etc. Hence, this profession has an interdisciplinary foundation.

Concept of Counselling

It is a technique or a process in which the client or the counsellee comes to the counsellor willingly, shares his/her problems with the hope of getting the right guidance and suggestions, which will help him to overcome irrelevant stress, tension,

anxieties and worries. The counsellor, on the other hand, is a person who also willingly listen to the problems patiently, provides him an atmosphere of warmth, trust, care and concern. A typical counselling session involves a relationship between the counsellor and the counsellee the foundation of which is trust, confidence and openness. In this context, the first impression created towards the counsellor is of utmost importance for the continuation of the next interaction. The role of the counseller is not limited to giving advice or suggestions only. It is much more than this. The main purpose of counselling is to help the client to realize his own self, to make him understand and identify the real source of his problems, stress, anxieties and tensions. The most important dimension of the counselling technique is to extract everything that is there in the mind of the client. This will help the client to experience some kind of relaxation at the initial stage. This feeling will definitely strengthen the trust and confidence of the client. Unless the client has faith on the counsellor, the result may not be that much encouraging. The main role of the counsellor is to help the patient to develop insight to his problems, to make him aware of his personality traits, to make him understand about the real sources of his frustration and depression etc. so that he/she can take his/her own decision. Counsellors focus on their client's goals.

Many people believe that **guidance** and **counselling** are same. But, this is not true. No doubt, they are related to each other. Practically speaking, counselling - as a profession, developed out of the guidance movement, not due to the effect of **psychoanalysis** or **psychotherapy** even if counselling has formed one of the most important aspect of the treatment process of different types of mental health problems. "Guidance" refers to the process of helping people to make right choices that determine their success and failure in life whereas counselling focuses on helping people to understand and identify the sources of their problems and then to make the required changes in order to make better adjustment in various fields of life. Mostly, guidance is required while taking any important decisions in life like choice of a stream or a vocation or any particular course for study. Major of the earlier work in guidance practically happened in different schools as well as career centres where adults and other experienced persons were there to give right

decisions to students in planning for a study or career suitable to their interest and ability. Other important sources of guidance were the parents themselves, religious gurus and leaders and other mentors. The main intention was to help the student to understand himself and the world around him. This has been the conventional way of helping students.

But today, the field of counselling has become so vast and multifaceted that providing this type of guidance form only one part of the total service provided by professional counselling.

Definitions of Counselling

Some of the most prominent definitions of the term "counselling" include the following:

i)   According to the American Counselling Association (ACA) 1997, professional counselling can be defined as "the application of mental health, psychological or human development principles through cognitive, affective, behavioural or systemic interventions, strategies that address wellness, personal growth, career development as well as pathology."

This definition gives a very clear picture about the wide areas or fields covered by the counselling technique. This definition strongly focusses upon four points which are as follows:

a)   Various mental or psychological health problems can be well addressed to through professional counsellors.

b)   **Counsellors** usually work in areas that involve **relationships.** They can provide better ways of solving various emotional and adjustment issues or problems.

c)   To be practical, counselling covers a wide area under its scope as it meets the needs of a wide variety of people. This process helps in adjustment as well as readjustment. The problems may range from intra-psychic to interpersonal issues that may demand short term intervention.

d) The process of counselling involves establishment of rapport with the client and to focus on the goals set by the client for himself to achieve. The counsellor focuses on the personality traits of the client,his abilities and aptitudes and analyse the possibilities of achieving the goals from practical point of view. From this perspective, the process of counselling involves both choice and change.

ii) According to Ginter, (2002), counselling can be defined as "a process, a necessity that has emerged during a socially turbulent period marked by great change that has caused a major shift in the way individuals view themselves and others."

iii) According to Aubrey (1982), counselling can be defined "as a profession concerned with wellness, development and situational difficulties and extending its help to dysfunctional persons."

iv) According to W. Williamson (1990), the term counselling can be defined as "a process or technique intended to address issues relating to personal, professional, familial, social, emotional and other adjustment issues and problems."

All these definitions point to the fact that counselling involves the establishment of a dynamic relationship between the counsellor and the client the foundation of which is based upon trust. The counsellor is there to help his client developing **insight** and understanding to his problems so that he himself can take decision for himself. The main goal is to help the client to become independent, not dependent upon the counsellor for everything and to provide him the opportunity to make better as well as satisfactory adjustment in different problematic situations. In many cases, administration of many tests may become necessary to ascertain the real potentials of the client in order to help him/her in the right direction.

Apart from career building and vocational selection, the role of the counsellor is very vital in resolving many interpersonal and intrapersonal problems, conflicts, addictions feelings of guilt, emotional blockages as well as mild depression etc. The process of counselling is more of **listening** and **understanding** than that of giving dictations to the client. The counsellor is not also required to take **decision**

on behalf of his/her client, rather, to help him to such an extent that he will be in a position to take his own decision. Here lies the **skill** of the counsellor. Usually, successful counsellors are caring, friendly, full of warmth and are sensitive in their nature and temperament. They possess a very pleasant personality and they know how to create an environment of trust, confidence and openness for the smooth continuation of a successful counselling session/sessions.

Many people have misconceptions about what counselling is. Even among the educated mass, a wrong belief system is associated with this term. To make it more clear, almost every individual in our society need counselling to experience a stress-free life. At present, young children and adolescents need more counselling. Because, each year, there is an addition of approximately twelve thousand juvenile delinquents in our country and the incidence and percentage across the globe is really horrifying. Keeping this in view, the process of counselling carries great significance in relieving people of unwanted stress, tension, anxieties and worries etc. Inspite of this, the most unfortunate thing that we all observe today is that many clients have different perceptions and impressions about the purpose and nature of counselling. Practically, many people consider "counselling" as a last resort for their treatment. Because, initially, most of them preferred to consult their family members, friends, relatives, teachers and other well-wishers to get themselves free from their problems. Whey they have failed to get the desired result, they are being advised to consult counsellors as the last option. Because of this reason and because of their ignorance about the benefits of counselling many clients actually seek the help of the counsellor with reluctance and hesitation,. Many times, this belief system actually affect the success of any counselling session. Hence, awareness needs to be created among people about the real importance and benefits of the counselling process. Successful counselling can remarkably change the life of the client, as observed by many people.

Important facts about counselling

i) Counselling is a process/technique the aim of which is to help people solve or to get rid of mild emotional, psychological, behavioural and other adjustment problems through effective suggestions or advice.

ii) This process focuses on helping people to make necessary changes in their lives for the better, to promote wellness as well as personal growth.

iii) Counselling, as a technique is a skill. It is the art of helping basically healthy people to work through the normal developmental issues, problems, decisions and even at crisis that invariably came to all of us in life.

iv) Counselling is concerned with relationships and counsellors work in areas that involve relationships.

v) The process of counselling is centered on the effective relationship between the client and the counsellor and in the absense of such a relationship, it may be considered as only expensive conversations.

vi) The best counselling practice is practically that in which the relationship between the client and the counsellor is intense and emotionally charged and the foundation of which is based on trust, respect, care, warmth, acceptance and openness.

vii) It gives importance to effective communication skills on the part of the counsellor so as to extract the real facts behind the problems of the client.

viii) The way we communicate to each other, the amount of clarity or transparency involved in the process is of utmost significance in counselling.

ix) The process of counselling paves the way for self-exploration on the part of the client, which in turn, helps him to exercise good control over his own self, to take charge of his life and to do something constructive in the long run.

x) During the course of counselling, the counselee is helped to asses his own abilities, aptitudes, strengths and weaknesses and other coping skills on the basis of which he develops confidence to face various challenges of life..

xi) Another important aspect of counselling is related to maintaining its ethical aspect. Ethics focus on principles and standards that govern relationships between individuals - such as those between the counsellors and the clients.

For this reason, counselling is often considered to be a **value-based activity**. Values are at the core of counselling relationships.

xii)   As observed, most of the professional counsellors are concerned with ethics and values. However, in few cases, unethical behaviour may arise because of lack of ethical knowledge and the result of which may be very negative and harmful. As for example : development of physical intimacy between the client and the counsellor, creating dependency in the client, taking decesions for the client in stead of helping him/her to take his own decision, taking financial advantage from the situation etc.

Hence, all the professional counsellors are expected to maintain strict professionalism in their career as counselling is considered to be a noble profession.

Fields of Counselling

At present, counselling has become a very demanding as well as the most sought after field keeping in view the alarming rise in mental health problems. As a profession, the field of counselling is relatively a new one as it originated in early 1990^s. It is considered to be a multi-disciplinary branch. But, as a process or a technique, it has its origin since the days of Freudian psychoanalysis "Theory of psychoanalysis" developed by sigmund Freud has practically influenced the practice of psychotherapy for years. During his time, counselling was used as a technique for the treatment of mental illness. In this sense, its origin is very old.

Today, many counselling experts believe that without a guiding theory of the system of counselling, counsellors will be directionless. Because, theory gives a consistent perspective on human behaviour, the problems that people face and the ways of bringing about a change in them by solving their problems. Only a good grounding in theory will help the counsellors to help their clients to get rid of their personal, emotional, social and psychological problems. Hence, as observed, practice in counselling is preceeded by extensive study of its theoritical framework as well as of the strategies that have developed out of them. Because of this, at present, most of the successful counsellors are flexible enough to borrow knowledge from different theories and implementing them in their counselling practice for

better results. Counselling technique is used in theraputic process and therapy is based on counselling.

At present, the field of counselling has been expanded to almost all the important areas of our life. The following are some of the most focused areas of counselling that is coming under applied psychology :

i)   Family Counselling

ii)   Marital Counselling

iii)   Career Counselling

iv)   Child Counselling

v)   Adolescent Counselling

vi)   Vocational Counselling

vii)   Sports Counselling

viii)   Counselling in schools

ix)   Counselling for juvenile delinquents and criminals

x)   Counselling for defence personnel

xi)   Counselling for Executives and Managers

xii)   Counselling for mentally-ill persons

xiii)   Interview Counselling

xiv)   Leadership counselling

xv)   Entrepreneurship counselling etc.

Each area of counselling is specific in its orientation and application. What is most important is that the counsellors must have expertise and skills in their required fields with sufficient knowedge about its theoritical back ground. They must also have thorough knowledge about the strategies involved in practice and that of its ethical aspect.

Application of counselling in all these areas involve many risks on the part of both the counsellors and that of their clients. Hence, they must be ready to face the challenges involved in the process. This requires expertise and skillful handling on the part of the counsellors. They have tremendous responsibility in not only solving the problems of their clients but also in bringing about a change in the society. But, unfortunately, the number of professional counsellers, psychologists and clinical psychologists are much less in comparision to the number of people who need it.

Ethical Issues Involved in Counselling

Today, counselling is considered to be a very noble and important profession keeping in view its objectives and goals. The role of counsellors carries great significance as their profession directly impact the well-being of the society. However, during the course of their profession, they may face many ethical dilemmas that may affect their image and social identity. Both ethics and law are crucial in the actions and well-being of the counsellor and that of the counselling process. Directly and indirectly, maintenance of ethical code of conduct on the part of the counsellors not only enhances their competency and dignity as a counsellor but it also promote professionalism in counselling.

Keeping this in view, the following factors need to be taken care of with honesty and sincerity.

i)   The "Counsellor-client relationship" is the foundation of the counselling process. A client comes to a counsellor as a last resort. Hence, the counsellor must act in the best interests of the client with the intention of a positive outcome.

ii)   From ethical point of view, the counsellor is expected to maintain "confidentiality" with regard to the problems of his/her client.

iii) The counsellors should not impose their values on their clients, rather, they should be given ample freedom to express their problems, their goals and coices as the matter is connected to their lives.

iv) Any important informations about the client and his problems should be recorded with their knowledge and its purpose should be made very clear to them. This will strengthen their trust.

v) The role of the counsellor is to help his client to develop insight to his problems to identify the sources and causes behind his problem, then to suggest alternatives to get out of it. Under no circumstance, the counsellor should take the decision for his client. Rather, he should create the necessary conditions so that the client could take his own decision.

vi) Creating unnecessary dependency in a client is unethical. It should be strictly avoided.

vii) The relationship between the client and the counsellor should be only at the professional level. There should not be any kind of physical intimacy between them. This is purely unethical and it will simply destroy the very purpose of counselling. Its effect is also very harmful.

viii) The counsellors must maintain their personal and professional honesty. There should not be any such motive of malice or getting personal benefit.

ix) If, in the opinion of the counsellor, the nature of the problem is such that, he is not in a position to show his client the right direction, he should allow his client to take the help of the right counsellor or an expert in that field.

x) When the counselling sessions are in progress, both the client and the counsellor must feel the progress that they are making. This is very important from a psychological perspective. Feeling of progress will naturally increase trust and confidence towards the counsellor. How long the session will continue, should be made clear to the client. Any kind of exploitation in this matter, is unethical and undesirable.

Apart from these principles and values, certain other **values** are also there that also affect the clients, the counsellors and the process of counselling, in general. These include the following :

i)   Sense of Responsibility

ii)   Sense of Commitment

iii)   Sincerity and Integrity

iv)   Freedom of Choice

v)   Sense of Empowerment

vi)   Sense of Morality

vii)   Sense of Respect

viii)   Warmth and Genuineness

ix)   Openmindedness and Simplicity

x)   Fairness and Faithfulness

One point that is very important here is that those counsellors who are not clear about their values, beliefs and ethics as well as about their legal responsibilities, and responsibilities towards their clients can practically cause harm to them rather than solving their problems. As their profession demand goodness and genuineness from them, their motto should be to do good to the clients in order to prevent any kind of harm.

Types of Counselling

Depending upon the nature, procedure and structures used in the counselling technique, it can be conducted in four different forms. They are the following :

i)   Direct Counselling

ii)   Indirect Counselling

iii)   Individual Counselling

iv)   Group Counselling

i)   Direct Counselling :

In this type of counselling, the client takes the appointment with the counsellor and then as per the scheduled date and time, meets him in his personal chamber after which the actual process of counselling begins. The arrangement is such that both of them sat facing each other in a comfortable position. Then, the counsellor initiated the process by taking an active role. Beginning with the introduction of the client and his family members to presentation of the problems,

sharing of personal informations to its actual description, the counsellor coninue to play the dominant role. Establishment of rapport is the first step of any kind of counselling. Because, unless the client develop trust and confidence on the counsellor in the first meeting, he/she will not prefer to share any personal information. The personality of the counsellor, his communication skills, way of asking questions and seeking clarifications etc. creates the first impression in the client. If the counsellor becomes successful in his approach, then the actual counselling session starts with more direct interaction and discussion. This is more often an interview session with the client which helps the counsellor to collect detailed information about him. But, certain skills are also required at this stage on the part of the counsellor like paying attention to the client, listening to him, encouraging, empathizing and questioning him in such a way so as to create a positive impact on the client. This practically make the counselling process more effective.

Next step of direct counselling is that of **Identification of the problem** and then finalizing the strategy depending upon five factors. They include :

i) Nature of the problem
ii) Nature or personality type of the client
iii) Nature of the present situation
iv) Understanding client's present life situation
v) Knowing the goals set by the client, his preferences and choices etc.

Analysis of there five factors is very important in achieving the target. Both the client and the counsellor, jointly devise ways to achieve the targeted goal. However, while achieving the goal, the theoritical knowledge of the counsellor as well as the suitability of the client to this orientation play a very vital role. The final step is that of administration of different tests, ranging from the psychological tests, personality tests to different types of aptitude tests (if required). The main aim is to asses the strengths and weaknesses of the client and his/her suitability to the **goals** set by him / her. However, today, direct counselling is used mostly for choice of a career, job, vocational selection and placement etc.

ii)   Indirect/Non-Directive Counselling

This type of counselling is more popular in the name of client - centered counselling. Developed by the famous American psychologist Carl Rogers (1951, 1961, 1966), this therapy is the most frequently used therapy that is coming under humanistic therapies. The main proposition of Rogers was that, psychological and behavioural disorders result due to **faulty life experiences** and **inadequate perception of one's own self**. This, in turn, gives rise to the development of a feeling of low self-esteem for which a person is not able to do or achieve something that he/she is actually capable of. Apart from this, the person experience lack of motivation and interest in managing his daily assignements, faces problems in relationships and exhibit adjustment problems.

This type of counselling is called "non-directive" because the counsellor plays a passive role in the entire process, rather he creates conditions for the client to take up an active role. He has to create an envirnment of acceptance, warmth, unconditional positive regard for the client and to help hem/her expressing his deepest emotional feelings, conflicts and other inhibitions which block the process of self actualization. The main purpose of this type of counselling is to remove the blocks that are created due to faulty analysis of situations. People and relationships. This is also called client-centered therapy because, the client has to do everything to get rid of his problems, conflicts, wrong belief system etc, but with the whole hearted support of the counsellor. The counsellor encourages him to release his pent up emotions freely before him so as to experience a state of relaxation.

The counsellor's job is not to interfere, to question and to interrupt in the middle of the conversation, but to allow his client to express freely without any inhibition and specification. The client, thus, is given full independence and opportunity to develop an insight to his/her problems, to analyse his emotional conflicts which ultimately helps him to remove various blockages that have been created over a long period of time. This, ultimately create a feeling of self-actualization in the client.

A comparision between the relative effectiveness of both the directive and non-directive counselling, indicate better benefits under the later than that of the former type of counselling. In both types of counselling the role of the counsellor is very important and there is no doubt in it. But, the approach and the strategy used by the counsellor is different. However, the success of any counselling technique depends a lot on the knowledge, skill, approach and the behaviour of the counsellor. All of us know that counselling is a skill, it is an art, and counsellors do differ from each other in their effectiveness, personality pattern, communication skills, knowledge, theoritical orientation and experience and the way they interact with their client.

Non-directive counselling is still used today by many counsellors. But, the trend in counselling to day is in favour of using an **eclectic approach** in stead of strictly adhering to any particular counselling technique. The reason being differences in nature of the problem, nature of the client and the nature of the situation in which the client lives.

iii)   Individual Counselling :

In such type of counselling, only one individual is counselled at a time by the counsellor. The steps used in individual counselling is the same like that in group counselling. In general, there are three main stages in counselling like : the **Stage of Initiation,** the **action or the working stage** and the **termination** or the final stage. However, the most important step in the counselling process is that of **establishment of rapport** between the client and the counsellor and this is very important for the success of counselling. Starting from identification of the problem to the analysis and interpretation of the problem, the suggestions and ideas given by the counsellor, each step is important in any type of counselling process. The counsellor must have sufficient knowledge as to where to use which strategy.

In general, individual counselling is preferred when the matter is very personal and of critical type. No individual wants to make his personal problems public so easily.

iv) **Group Counselling :**

In group counselling, groups of clients having similar problems with similar background are counselled by a single counsellor. It is also good if they fall within a particular age range. Usually, the nature of the problem is not so complex or of a serious nature in group counselling. The ideal number of clients for group counselling is between eight to ten. Otherwise, if the number is too large, there is no scope for face-to-face interaction as a result of which the purpose of counselling may not be fulfilled. Hence, for effective counselling in a group, the number of clients should be within ten so that communication, interpersonal interaction among them will be better. Moreover, it will be also convenient on the part of the counsellor to observe all of them minutely.

In general, the main objective of group counselling is solving similar type of problem of a group of people within less time. Usuallys the type of problem discussed in group counselling is related to one's study, career, job and family. Hence, there is no inhibition on the part of the clients to express their problems freely in a group. Rather, they seemed to be comfortable to tell their problems when they are surrounded by some others of their own age group.

The role of the counsellor, at the initial stage is to establish a relationship of trust, acceptance and openness with the client. Because, unless the clients find the counsellor reliable or trustworthy, they may not disclose their problems freely. The counsellors, in group situations, takes time to collect informations from their clients about their journey in life so far, asked them about their choices, preferences and goals in life etc. along with the possible obstacles that hinder their progress at the present time. Then, depending upon the nature of the problem and situation their family background and their present family condition, they are adviced to adopt certain measures to meet the demands of the situation. Initially, they are adviced to excercise control over their negative emotions like anger , hatred, aggression etc. in order to make themselves emotionally stable and realistic - oriented. Besides this,if any of them have already engaged themselves in any kind of negative activity or habit pattern like stealing, snatching, robbery or other related

petty crimes, they can also be adviced about its negative consequences that they may face in future spoiling their career and family prestige. In all these cases, their parents are also consulted for discussion and were adviced to adopt several preventive measures at home. They also provided them necessary guidance on a continuous basis. As per the recent crime report, more numbers of young children and adolescents are involved in small crimes due to lack of right guidance at right time. Hence, timely counselling can definitely help a lot not only in controlling mischivious behaviour among children and adolescents, but also is found to be very effective in solving their personal, social, emotional, economic problems.

As observed, the counsellors, in group counselling, use different strategies and skills to create awareness among their client. Because, there is no single method or strategy that is suitable for every problem. Hence, depending upon the nature and severity of the problem, the strategies are selected. **Psychotherapy** is found to be effective in group counselling. More specifically a particular type of therapy known as **psychodrama** is found to be very effective, as a technique in solving this type of problems. This technique was devised by Jacob L. Moreno, a viennese psychiatrist. This theraphy is based on **role-playing** behaviour. The plot of the drama is selected depending upon the nature of the problem of the clients in the group. They are allowed to play the role of different characters. The counsellor play the role of the **director** in the drama. Each client is allowed and encouraged to play their role very lively with real expressions of emotion. The choice of the character is solely upon the counsellor to decide. The main intention of psychodrama is that through their roles, they may release their pent up emotions, frustrations, anger, violence, hatred, aggression and revengeful attitude etc. The therapist or the counsellor is also expected to remain with them from the beginning to the end as an active participant in the drama. Moreno was of the opinion that psychodrama is a very powerful means of releasing pent up emotions and helps in **emotional cattharsis**. In many group counselling techniques, this drama is used for threatment of personal, emotional, social and other behavioural problems as many emotional disturbances are manifested in the form of behavioural disorders or problems.

The most important benefit of group counselling is that it **saves time** and is also **less expensive.** Another important advantage is that of the effect of a **group feeling** that provide a sense of comfort among the client. Because, all the clients may not necessarily be of **extroverted** type to express their problems freely before the counsellor. When, such type of clients are surrounded by few others, they feel secure and communicate better. However, the most important part of group counselling is that of **selection of the clients** or groups. If the screening part is perfect, the outcame is expected to be encouraging. In specific cases, the therapist or the counsellor may suggest for **individual** and **group counselling** alternatively for better result. However, the "effectiveness" of this alternate form of therapy is yet to be established.

These are the types of counselling techniques each of which is significant in its own way and its effectiveness cannot be challenged. Because, it has already established its effect. Hence, more and more people need to be aware of the benefits of the counselling process.

Stages involved in Counselling

The process of counselling provide ample scope to the client for **Self-exploration**. Analysis of one's own self is the most effective way to identify the real source of the problem. Even if the process of counselling is not the same for all types of counselling, still then, certain stages are usually common to all. But, how these stages should be managed depends on the counsellor. **Three factors** play important role in this regard and they are the following:

i)   The knowledge and expertise of the counsellor and his theoritical orientation about the issue.

ii) Nature and personality traits of the client in order to ascertain the suitability of this orientation.

iii) The present situation of the client in which he lives and the goal set by him.

With regard to the **steps involved in the** process of counselling, mainly there are **3 stages** which are again sub-divided into other stages. These include the following :

i)   The stage of Initiation or the starting stage.

ii)   The working stage or the action stage.

iii)   The termination on the final stage.

All these stages are related to each other and they overlap with each other.

i)   The stage of Initiation/Starting Stage

The beginning stage is very crucial keeping in view the foundation of the possible future interaction between the client and the counsellor. In simple words, it is the foundation stage of the counselling session. What will be the future direction of the counselling stage is decided at this stage. The following factors needs to be taken care of during this, stage : (four factors)

a)   The physical setting of the counselling session.

b)   The background of the client and his personality traits.

c)   The technical expertise and personal skills of the counsellor.

d)   The type of relationship established between the counsellor and the client.

In sum, it can be said that the starting stage is mainly designed to collect all possible informations about the client by using the face-to-face interview technique. It can either be of **relationship-oriented type** or **information-oriented type** or it can also be a combination of both.

This starting stage focusses upon the following three factors :

i)   Identification of the problem

ii)   Defining the problem

iii)   Analysis of the problem and selection of the strategy to be adopted in the action stage.

The success of any counselling session depends upon the correct identification of the problem and then relating it to the physical and mental manifestations as exhibited by the client. After analysing the problem, the strategies are selected by the counsellor.

In most cases, the counsellors suggested some changes in the existing condition of the client that act as triggering factors. But, the willingness of the client is very important at this stage as the setting of the final choice or goal is to be decided jointly by the client and the counsellor. In psychological terms, this **mutual understanding** between them is called **goal-setting.** However, the counsellor could bring further changes in it depending upon the demand of the situation. In general, importance is given to achieving such goals that are achievable with minimum effort. But, there should be **clarity** with regard to the nature of the goal and not **ambiguity.**

ii)   The Action Stage / Working Stage :

This stage is very important in the counselling process. Before proceeding to the action-oriented stage, it is very vital to understand the source and the nature of the problem. More important is to know the nature and temperament of the client along with his personality dimensions. Because, selection of any particular strategy depends upon its suitability to the client. It is also better to suggest various alternative strategies to the client so that he can also make his own choice. This will make the process more effective as **acceptance** of any **intervention strategy** by the client will lead to a better outcome. The role of the counsellor is very crucial at this stage. Because, the selected strategy should match with the nature of the problem, nature of the situation in which the client lives and finally the nature and temperament of the client himself or herself.

In general, these intervention strategies are centered around four categories. They include the following:

a)   The cognitive strategy
b)   The Behavioral strategy
c)   The Affective strategy
d)   The Interpersonal strategy.

The **cognitive strategy** deals with the thoughts, attitudes, beliefs, value system and attitude of the person. The **behavioural strategy** deals with the habbit pattern, working style, action pattern, skills as well as upon the strengths

and weaknesses of the person. The affective strategy focuses primarily on the feelings and emotions, consciousness, likings and dislikings of the person. Finally, the **interpersonal strategy** deals with the environment within which the person lives, his/her pattern of relationship with others like with family members, friends, relatives etc.

The most important aspect of this working stage is to observe and analyse each and every responses of the client minutely along with his/her reactions and then to **record** everything for future use. From ethical point of view, each information about the client should be recorded with the knowledge and consent of the client. This will free the counsellor of unwanted legal complicacies at any point of time. All the informations and observations about the client need to be recorded in a very systematic way along with the progress of the client. For deciding the **termination point** of the counselling sessions, this stage is very crucial.

The most important point with regard to the use of intervention strategies in counselling is : **where to use which strategy ??**

It is a fact that no single method is suitable to solve all problems. Hence, the choice of the strategies depends a lot upon the nature and characteristics of the problem. In order to achieve best results, the intervention strategies should match with the important components of the client's problem. To add to this, the complete analysis of the problem, the thorough understanding of the present life situation of the client and the personal goals set by the client will provide valuable input and impetus to handle the problem constructively. Before selecting any strategy to be implemented, it is better to use the **brainstorming** technique in order to asses the suitability of the best strategy to be used with the hope of getting the desired outcome. As for example : strategies like information - processing, problem-solving, decision-making, conflict resolution, role playing, role reversal, will be more suitable to deal with problems related to vocational, educational and relationship issues. They may not be suitable to deal with personal issues.

In general, it is observed that if the client's problem is related to sadness, lonliness, depression etc. then, the intervention programme should focus on the

emotional component. If the client feels that "I am useless, worthless, hopeless, cannot do any good thing in life, the focus should be directed to the **cognitive component.** Thirdly, if the client finds it difficult in expressing his or her views, opinions to others, experience inhibitions etc., then the intervention should be targeted to **behaviour modification.** Finally, if the difficulty is related to maintaining adequate relationship with friends, relatives , colleagues, family members etc., then the focus should be directed towards interpersonal component.

Another important difficulty that has been observed during the process of implementation of strategy is that clients express their feelings in many different ways like: some may experience stress and anxiety at the physical or body level (somatic), another may express it cognitively and some other may experience it behaviourally. Sometimes, they may exhibit a combination of all these simultaneously. In such a situations, multiple or sequential strategies can be used.

All these indicate that successful interventions are directly related to the nature of the problem of the client on the one hand and the mutual goal to be achieved has to be decided by the client and the counsellor jointly when the counselling process is in progress.

iii)   The Termination Stage :

The literal meaning of the term **"termination"** is to stop the process of counselling. It is not related to the termination of the counselling sessions only, it also indicate the termination of counselling relationship. Even if, this stage is considered as the final stage of the counselling process, yet it is not so easy to put a complete end to the relationship. Many people believe that termination comes naturally and no effort is required to tolerate its stopping. As observed, in many cases, clients becomes very much attached with and dependent on the counsellor. In real life situation, its effect may be harmful as it continue to increase **"dependency"** in the client. To add to this, it has its impact upon each and every person connected in the process. As pointed out by (Kottler, Sexton and Whiston, 1994), "termination may well produce mixed feelings on the part of both the client and the counsellor". As for example, the client may like the counsellor to such an

extent that he may not like to stay away from him. He may be happy that he is perfectly fine at the present moment because of the sincerity, dedication and commitment maintained by the counsellor. But, he may be unhappy with the feeling that now he has to stay distanced from him. Because, each relationship has its own effect on our mind, may be in a positive dimension or in a negative dimension. But, it is expected that every counselling session should end with a feeling of satisfaction to both the client and the counsellor. In the words of Yalom (2005), "In counselling, termination is more than an act signifying the end of therapy; it is also a motivator. Successful ending of a counselling session means change has taken place with a positive note. In simple words, it can be said with affirmative that successful counselling results in significant changes in the way the client thinks feels, and acts. Thinking, feeling and action part are very strongly connected to each other. The most important aspect of counselling is to practice and repeat the successful habit patterns and change in attitude to get the best out of the counselling sessions. Rather, we can say that, "termination, practically gives opportunity to the client to practice in order to continue to experience the resulting change. According to (S. Gladding, 1990), at termination, the opportunity to put "insights into actions" is created. In the words of (Vickio, 1990), termination serves as a reminder that the client has matured. Practically speaking, an effective counsellor helps the client to feel less absorbed by and preoccupied with personal problems and to relate comfortably to people and situations around him. Successful termination of a counselling session enhances the client's ability to cope successfully with the external world.

From these above discussion, it is very clear that termination literally indicate end of the counselling session. However, a few follow-up sessions may be advisable provided the client shows interest in it and the counsellor is also equally interested to watch the follow up results. Now, one question may arise in the minds of many people about "What is the most suitable time / best time to terminate the sessions"? However, nobody can give a complete genuine and perfect answer to this question. Under no circumstance, the counselling session should end abruptly without the knowledge of the client. This fact is very important from psychological point of

view. Practically speaking, the ideal timing of termination must be decided by both the client and the counsellor openly with good feeling. Nobody can fix a permanent time limitation for termination. It depends upon the nature and severity of the problem, nature of the client and his attitude and the degree of improvement in the client as observed by the counsellor and as felt by the client himself or herself. A condition of readiness must be created in the client and the main responsibilitilies lies with the counsellor.

Ideal situations for termination

The term "termination", sets in motion, the ideal time to come to an end of both the process and relationship. The best way for termination is to carry it out slowly and gradually in stead of abruptly. This could be done by simply increasing the gap between two counselling sessions and to see its effect. The counsellor can also try to collect information from different sources as to how far he/she is able to cope with different situations even without the support of the counsellor. Whatever may be the process or strategy to be adopted for counselling, the following situations are considered ideal, in general, for the termination of the counselling sessions. They include the following :

i)   Analysis and examination of the client's main problem along with their symptoms with the current behavioural and attitudinal change and the degree of relief that the client is experiencing at the present moment.

ii)   Thorough assessment of the degree of improvement noticed in the coping styles of the client.

iii)   Observation of the degree of stress and anxiety in the client on the first day of interaction between the client and the counsellor till the present day. This is clearly observable.

iv)   Degree of understanding and realisation on the part of the client then and now.

v)   Examining the degree of dependency at the initial stage and the present stage.

vi)   Degree of readiness on the part of the client and his views regarding the end of the process and relationship. This part is very important.

vii)   The degree of emotional maturity attained by the client along with the degree of confidence shown in various situations.

viii) When both the client and the counsellor feel that no more sessions are required and the progress has already been made.

ix)   When both of them feel that the real goal is achieved and the client can function independently without any support and guidance from the counsellor.

x)   It is a fact that successful termination is vital to the health and well-being of both the client and the counsellor. It is also a stage of counselling that can determine the success of all previous stages of counselling. Hence, it is usually advisable to give permission as well as assurance to the client to contact the counsellor again if needed. This will definitely provide some kind of relaxation to the client. It is also very much necessary that termination of any type of counselling session must end with a positive note. Once termination is over, it is better to call the client for a few follow up interactions within a year. This will generate a feeling of self-worth in the client whose effect is positive.

Important Issues of Termination

'Termination' generally means stopping of both the counselling session as well as that of counselling relationship. Termination may be related to individual counselling sessions and group counselling sessions. Normally, it is expected that they must end with a positive note and feeling also. It must provide satisfaction to both the client and the counsellor. However, some uncommon and unpleasant issues also happens in relation to the termination process like : **Resistance to termination.** It could be from the client side or from the counsellor's side. This happens only when the counselling relationship has given rise to the development of the feeling of high degree of intimacy as well as dependency. Both the cases are harmful to both of them. The counsellors must learn their professional ethics.

A counsellor can show empathetic attitude and feeling while maintaining professionalism in spirit. Frequent interactions without necessity, not sticking to the time, talking unnecessary things not related to counselling-all these affect the effectiveness of the counsellor and that of the counselling process. On the contrary, in some other cases, we find **premature termination** of sessions, i.e., either from the client's side or from the counsellor's side. When the client is not able to continue as per the requirement of the case, either due to typical temperament and nature on the part of the client, they may not prefer to come to the counsellor for the second time. Why this happens, reasons are many and also very difficult to identify accurately. They resist to change from the beginning justifying their point of view. However, it creates an unpleasant feeling in the counsellor. The matter should be analysed very carefully and with all seriousness. It is better to discuss the matter very openly with a positive mind. In may case, premature termination may happen due to **time factor,** i.e., whether the time set by the counsellor is suitable to the client or bot. Adjustment between both of them may prevent early termination of the session. Otherwise, if both of them fail to establish a conducive relationship either due to personality factor, or due to ego factor or due to some kind of complex and low self-esteem either from one side or from both the sides, it is better on the part of the counsellor to refer to some other expert counsellor at least by creating a better feeling on the part of the client.

On the other hand, if the resistance is from the counsellor's side, i.e. when the counsellor feel that some more sessions are practically needed to help the client to function independeatly. In some other case, if the counsellor feels that he was not able to do justice to his client due to his own personal and family problems, he may develop guilt feeling in him. In extreme cases, when the behaviour and attitude of the client is not at all acceptable to the dignity of the counsellor and the client is in a mood to make argument, the session, in such a situation, may end abruptly and both of them may react to each other aggressively. However, such cases are practically very rare. In extreme rare cases, the counsellor may resist termination due to the involvement of unethical issues. But, the most unfortunate thing that sometimes happen in premature termination is that either the counsellor

blames the client or blame himself for the situation the effect of which is negative. The tendency is usually more towards blaming the client. The best option in such a situation is to adopt a positive approach or strategy so as to overcome feelings of discomfort or uneasiness.

Another important aspect of counselling process is that a particular counsellor may not necessarily have expertise in all the fields. It is natural. If he really wants to help the client in spite of inconsistency in his behaviour or incompatibility in personality characteristics, he may suggest the client another counsellor who is an expert in the particular field. Anyways, the purpose of counselling is to help the client to get rid of his troubles. Technically, this is known as **referral. Recycling** can also be done in counselling as it can act as a supplement or as an alternative when the progress of counselling is not up to mark and another trial can be taken to see whether it will work or not.

Hence, regardless of who has initiated the termination issue, it is very important and crucial that all those who are involved in the counselling process will be able to know the present impact of counselling and will prepare themselves mentally accordingly.

These are the three different stages or phases of counselling. Starting from initiation of the counselling session to termination is somewhat a time-consuming process. While success of any counselling process is dependent on the personality pattern, skill and effectiveness of the counsellor, it certainly require full cooperation from the client and that of their family members. It is a two-way process.

Characteristics of an Effective Counsellor

The **role"**of the counsellor is very important in the counselling process. The professional and individual qualities of counsellors, in general, are very important in facilitating client-counsellor relationship. Everybody cannot become a counsellor as this profession requires certain unique qualifies to be possessed by the counsellors. These characteristics include the following :

i) Personal attractiveness

ii) Required Expertise

iii) Trustworthiness

iv) Excellent Communication Skills

v) Self-awareness

vi) Honesty and Sincerity

vii) Warmth

viii) Genuineness

ix) Empathy

x) Positive regard

xi) Concreteness

xii) Congruence

xiii) Sense of Humour

xiv) Ability to extract and analyse information

The following are the detailed descriptions of the personality characteristics of an effective counsellor :

i) **Personal Attractiveness :** The term "attractiveness" is not limited to external beauty only. It also reflect the inner beauty of the counsellor. The face value of a counsellor is very important in catching the first impression of the client. The way the counsellor speaks, interact, and the clarity in expression, open mindedness, all these create a very positive impact on the client. This quality is very important in creating a sense of trust and confidence also.

ii) **Required Expertise :** In general, counsellors have the required expertise related to their profession. Expertise on the part of the counsellor is one of the most powerful and influential qualities in the process of counselling. It is the degree to which a counsellor appeared and perceived to be knowledgeable in his/her own field. What are his professional qualities, credentials, specialities, achievements etc. practically matters a lot in creating his social image.

iii) **Trustworthiness :** This term is related to the honesty, sincerity and consistency of the counsellor. How much reliable he/she is as a person is also very important. The client-counsellor relationship is built on the basis of trust, acceptance and warmth. The client can sense this quality in the first meeting. However, it takes time to develop complete trust.

iv) **Excellent Communication Skill :** It is the most powerful quality of a counsellor. But, all the counsellors may not **necessarily** be competent enough in relation to their communication skills. They may be a stalwart in their field, but if he/she is weak in communicating it, the effect will be less. Excellent communication skill is an added advantage to the effectiveness of a counsellor. The use of words, the way they are spoken act like a magic.

v) **Self-Awareness :** It is another important quality or characteristics of a counsellor. It refers to the consciousness on the part of the counsellor about the way he/she is functioning. This is a quality that need continuous updatation. While solving the problems of the client, the counsellor should always keep a track upon his own values, attitude and belief system. Under no circumstance, the counsellor is expected to impose his belief and, value system to dominate over that of the clients. Their observations and perceptions should be very clear and they are also expected to be non-judgemental in their approach. What is the need of the moment and what are the needs and requirements of the client, he should have a very clear vision of that.

vi) **Warmth and Genuiness :** Being warm and genuine means the counsellor is truely interested to help the client. He is supportive and very true and sincere to understand the problems experienced by the client. His attitude is not cold means indifferent. Spontaniety in attitude and action is reflected in his interactions. It is practically very difficult to develop real interest from the core of the heart to solve problems of other people. Unless a person is genuine, committed and honest, he or she cannot reflect warmth and genuineness. These two are the real keys to build a trusted client-counsellor relationship.

vii) **Empathy :** Empathy refers to placing oneself in some other person's situation and experiencing the same feeling and emotion in one's own self. This quality is very rarely observed. But, to become an effective counsellor, empathetic attitude is one of the strongest quality. Empathetic attitude brings with it warmth and genuineness naturally.

viii) Positive regard to Client's needs :

This term was used by Carl Rogers (1967). According to him, **unconditional positive regard** to the client and his needs is one of the most necessary and effective condition to facilitate the process of counselling. Because, usually most of our relationships are **conditional** where **expectations** always dominate either consciously or unconsciously. The real feelings coming from the counsellor can be deeply sensed by the client. If the feeling and vibrations are positive, it will definitely accelerate the process of treatment.

ix) Concreteness : It refers to the ability to pay attention to what is **said** by the client rather than drawing implications from what has been said. Normally, after listening to somebody, we frame our own interpretations from what has been said and also draw our own conclusions. But, in counselling, this is not going to serve the real purpose. Focus shuld be given to the fact as to what exactly the client wants to convey. Otherwise, any easily offered advice may not work and is also unlikely to be helpful. Keeping in view the requirement of the client, the counsellor will stay concrete, he/she is likely to listen to the client fully and allow him to do all the talkings till the moment he/she is satisfied that he has conveyed most of his feelings in the form of words. Hence, concreteness is a skill. It could be developed with practice. **Listening** is considered to be a very important skill to be used by all the counsellors.

x) Congruence : The role of the counsellor is to touch the emotional aspect of the client's mind by encouraging him/her to talk about his deepest emotional feelings, conflicts and dilemmas that lie at the core of his problem. The counsellor is expected to be warm and responsive to the feelings of his client. He has to create a receptive climate in which the client will reveal his very personal matters. This requires warmth, acceptance, regard, congruence and unconditional support from the counsellor. The term congruence indicate the level of honesty, sincerity, commitment and genuineness on the part of

the counsellor. By "congruence", Roger meant the therapists total non-judgemental acceptance of the client". If the client is able to release all those disturbed thoughts and feelings before the therapist or the counsellor, then, he can understand and identify the real causes behind his problem. Hence, breaking incongruence means helping the client to develop a better self-concept.

xi) **Sense of Humour :** A sense of humour on the part of the counsellor can play a significant role in creating a relaxing atmosphere in the counselling room. This will also help the client to feel some kind of lightness in the mind. Making the situation easy and creating an environment of relaxation for the client is very important from a psychological perspective. It also enhances the personality of the counsellor and make the client-counsellor relationship more strong and healthy.

xii) **Ability to extract information :** Not all the counsellors are equally effective in extracting the real sources of the problem from the client. If the client is not convinced about the nature and temperament of the counsellor and is not satisfied with his behaviour, interaction and attitude, he will never reveal his/her true feelings. In the absense of a healthy client counsellor relationship, there is no possibility of the continuity of further counselling relationship. Building a relationship is the first stage of counselling and it is very important to maintain consistency in it. If the counsellor is able to maintain this rapport from the beginning till the end, then, the end result is expected to be positive. Because, clients are likely to work best with counsellors they perceive as trustworthy, accepting, empathetic and knowledgeable.

These are the qualities of an effective counsellor. However, personality characteristics and styles of functioning of the counsellor cannot be separated keeping in view the strong connection between the two. They should be aware of their own needs, values and beliefs, attitudes and perceptions, thoughts and feelings etc. They must have basic knowledge about **what to do** and **what not to do**

while building client counsellor relationship. As rightly pointed out by welfel & patterson, (2005), counsellors must avoid **four factors** that directly affect the quality of communication with their clients. They include :

i) Excessive questioning

iii) Giving lecture and dictation

ii) Giving Advice

iv) Story telling

If these qualities are present in a counsellor, it becomes easy to motivate the clients who are reluctant and resistant to continue counselling. Usually the reluctant clients are not at all motivated to seek help from the counsellor. They only prefer to tell from their side only and are not ready to listen to the counsellor. A resistant client is usually found to be unwilling and unready to continue the counselling process. They do not want to bring changes in them. They may seek counselling, but they do not show interest in changing their perspective and to reflect over their problems and sufferings; usually, they prefer to exhibit an attitude of "I don't know" creating difficulty on the part of the counsellor to proceed.

Like this, many factors affect the process of counselling like the nature and temperament of the client, the seriousness of the problem, informations supplied to the counsellor, the physical setting or arrangement of the counselling sessions, the knowledge and expertise of the counsellor and finally the personal qualities of the counsellor.

The aim of counselling is not to teach morality and ethics to the client. Its purpose is to help the client to find his or her own way to lead a life comfortable amidst problems. The role of the counsellor is to show them the way by developing "insight" to their problems. All counselling strategies are intended to encourage the client to be positive and to develop the spirit to face difficult situations.

Important skills in counselling

Counselling, as a process and profession, is noble and comprehensive. The personality of the counsellor is a crucial ingredient in the entire process of counselling. Not all persons are equally fit to choose counselling as a profession as this is a profession which requires some special qualities. The literature in counselling is very vast. Once a person develop an inclination to become a counsellor, it is

definite that he or she possess the basic required qualities and traits in him. Because, psychologists believe that "Interest and aptitude go together". From this stand point, many conclusions can be drawn regarding the required skills needed for effective counselling. The following are the detailed list of such skills :

i)   Ability to listen
ii)   Ability to understand and empathize
iii)   Ability to Introspect
iv)   Ability of Emotional Insightfulness
v)   Ability to use self-denial
vi)   Ability to create sense of humour
vii)   Ability to be supportive

viii) Intellectual competence
ix)   Emotional Stability and consistency
x)   Flexibility
xi)   Ability to sustain emotional closeness
xii)   Self-awareness
xiii) Assertiveness
xiv)   Ability to make constructive suggestions.
xv)   Ability to receprocate and to challenge

These are the most important skills that are very much required to establish oneself as an effective counsellor.

Benefits of Counselling

There are many advantages of counselling which can be described as follows :

i)   It can be considered as the most powerful technique to heal the individuals both physically and mentally. It removes the heaviness of mind and create a feeling of lightness and relaxation.

ii)   This is the most frequently used technique to free individuals of unwanted stress, tension and anxiety.

iii) The process of counselling helps a client to develop an insight into the dark chamber of his personality which, in turn, helps him to identify the root causes of his problems. This helps him in changing his perspective towards different situations and people.

iv) From prevention point of view, counselling can be considered to be the most suitable technique.

v) Counselling helps individuals to realize their own self, their hidden potentials and thereby helps in raising their self-esteem, self-confidence and motivation.

vi) Counselling can act as the most powerful tool to prevent antisocial behaviour pattern among young children and adolescents, help them reduce their criminal tendencies.

vii) Prevention and control of depression and suicidal tendencies can be best achieved through counselling.

viii) Feelings of worthlessness, lonliness, emptiness, alienation etc. can be removed by counselling.

ix) Repetitive and painful thoughts of the past have a direct negative impact upon the present mental state of the individual. Regular counselling can dramatically change the mindest and helps in removing the blockages created by these thoughts.

x) The counsellor can act as the best coach, guide, teacher and mentor to his client. This is possible without the aid of any medicine.

xi) Effective use of skills by the counsellor result in clients viewing their lives differently and thinking, feeling and behaving accordingly.

xii) A counsellor, who has complete knowledge about his own self, his/her strengths and weaknesses, belief and value system, can help the client to the maximum extent to relieve him of his troubles, problems and obstacles and thereby can reenergize him to start a new life with a different perspective altogether.

xiii) Today, the branches of counselling has become so much expanded that it has practically touched almost all aspects of human life. Society simply need to take the benefit of it.

xiv) As rightly pointed out by counselling experts, as a technique, counselling can prove to be the most powerful tool to bring about social change and transformation.

xv) It has been a misconception even among the educated mass that only mentally ill persons need counselling. This is a wrong belief. Because the benefits of counselling is extended to all categories of people irrespective of their profession, status, position, caste, creed, religion, age, culture etc.

xvi) Effective counselling works at three different levels like the cognitive, affective and behavioural level leading to a major change in the attitude and behaviour of the client.

xvii) Most professional counsellors today, i.e., approximately 60 to 70% preferred to use an **eclectic approach** in counselling, i.e., to use those techniques to match their client's needs. As the needs change, the counsellors shift their approach from one to the other depending upon their suitability. This technique has been found to be very effective in fulfilling the needs and goals of both the client and the counsellor.

xviii) The role of the counsellor is a holistic one. His main job is to create a climate in order to promote in their client the desire and interest to explore all aspects of their own self. In this sense, his job is to work and function as a **facilitator** rather than a director. The client can take maximum benefits from such counsellors.

xix) The person-centered or the client-centered counselling developed by cart Rogers is applicable to a wide range of problems. If successfully administered, it can lead to major transformations in many institutions, organizations, employer-employee relationships, leadership development, decision-making in career, international diplomacy and also in promoting multi-cultural counselling.

xx)   The goals of counselling is to help individuals to become more efficient, independent, effective, and resourceful in their abilities to solve the problems that they face. Playing this role is not so easy as they are also human beings with their own problems and difficulties. In spite of this, if they are rendering their selfless services for the betterment of the society, it is really a blessing to those who have understood and experienced the value of counselling, as a process, a technique and as a profession.

These are the benefits of counselling. But, unfortunately, the number of counsellors, clinical psychologists and psychologists are quite less compared to that of the number of people who need counselling.

Counselling and Consultation

Both the terms are not the same as many people believe. Consultants are persons with expertise in their field. They are specialists in their field well acquainted with latest technologies and intervention strategies. In simple words it can be said that "consultation involves and interaction between the consultant and consultee in which the consultant, as the expert provide help to the consultee." The counsellors, too, also provide consulting services as part of their profession. This is also a function that is expected from all the counsellors, in general. Those counsellors, who provide frequent consultations, are called **counsellor consultants.** (Randolph & Graun, 1988).

Like counselling, consultation also involve relationships, i.e., the relationship of **giving** and **receiving.** The common components of the consultation process involves **seven functions.** They include the following :

    i)   It is process-oriented
    ii)   It is goal-oriented
    iii)   It focusses on roles and relationships
    iv)   It focusses on problem-solving
    v)   It focusses on giving expert suggestions
    vi)   It is based on professional ethics
    vii)   It is system oriented.

As observed, most counsellors provide consultation in their work-setting as a part of their profession. Both consultation and counselling are considered to be interpersonal processes. The ultimate goal of both of them are also somewhat similar to look at. In spite of this both the terms are not exactly the same. One of the difference between them is that, most of the consultations takes place in a natural setting. It can even be conducted in the consultee's sevenprofessional field, where as most of the counselling is done at the specific counselling centres. Another important distinction between them is that consultation is mostly required **at the time of crisis** (Nelson & Shifron, 1985) where as people seek counselling when they experience **psychological distress.** Another difference between them is that both the counsellors and the consultants attend to people, listen to them, ask questions to find out the source of the problem. But, while the consultant focus on the **subject matter or the content of the problem,** the counsellor focuses upon the **emotional and feeling aspect** of the problem. Besides this, the counsellor focuses his counselling skills to solve the problems of one signle client at a time where as consultation can be imparted to one single person or groups of people at a time in which the benefits can be enjoyed by the whole organization. In this sense, its effect is more or less indirect where as the effect of counselling is purely direct and client centered. If, it is a type of group counselling, its focus is only on the specific clients of the group having more or less similar problems. Usually, the focus of counselling is on a single individual, at a time.

All these differences between these two points to the fact that the differences are very clear in relation to the setting they operate, the way communications take place, the directness of the activity and the way they function and render their services to the society.

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KEY TERMS

Catharsis

Traits

Personality

goal-setting

cognitive

Affective

Behavioural

Brain-storming

Intervention

Dependency

Transference

Insight

Habit Pattern

Observation

Resistance

Referral

Recycling

Congruence

Self-awareness

Warmth

Genuineness

Concreteness

Trustworthiness

Flexibility

Assertiveness

Skills

Introspection

Eclectic

Consultation

Counsellee

Counselling

Psychoanalysis

Psychotherapy

Treatment

Depression

Wellness

Psychosomatic

Psychiatry

Trauma

Guidance

Blockage

Suppression

Repression

Multifaceted

Rapport

Intra-psychic

Strategy

Suggestion

Client

Aptitude

Delinquency

Ethics

Empowerment

Empathy

Identification

Self-esteem

termination

critical

Realistic

Psychodrama

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CHAPTER SUMMARY

i)   "Counselling" refers to a process of interaction between the counsellee and the counsellor in which the former seeks 'help' from the later and the later is ready to help in solving the problems faced by the former. To make it simple, counselling is a technique or a process in which some one seeks voluntary help from the counsellor and the counsellor is ready to help the person in solving his mild social, emotional, personal and other adjustment problems.

ii) Today's counselling technique, has its origin from the works of Sigmund Freud, more specifically, from his work on "psychoanalysis".

iii) Traditional psychotherapists have always used counselling as a vital aspect of their treatment process.

iv) The main prupose or objective of counselling is to promote wellness of people. Wellness involves many aspects of our living including the physical, mental, social, psychological, intellectual and environmental domain.

v)   The term "guidance" and "counselling" are not the same. Guidance refers to the process of helping people to make right choices that determine their success and failure in life whereas counselling focuses on helping people to understand and identify the sources of their problems and then to make the required changes in order to make better adjustment in various fields of life.

vi) Counselling covers a wide area under its scope as it meets the needs of a wide variety of people. This process helps in adjustment and readjustment.

vii) Counselling involves the establishment of a dynamic relationship between the counsellor and the client the foundation of which is based upon trust, confidence, openness, warmth and acceptance.

viii) The process of counselling is more of "listening" and "understanding" than that of giving dictations to the client. The main goal of counselling is to help the clients to become independent, not dependent so that they can take their own decisions in life.

ix) "Counselling psychology" is considered to be a multi-disciplinary branch as there are quite a large variety of fields where counselling is offered. At present, there are as many as thirty such branches of counselling.

x) The process of counselling is also a value-based activity. Hence, it involves "ethical issues" which are very important and crucial to maintain.

xi) Depending upon the nature, procedure and structures used in counselling technique, it is generally conducted in four different forms like direct counselling, Indirect counselling, Individual counselling and group counselling.

xii) The process of counselling involves three different steps like : the stage of Initiation, the working or the action stage and finally, the termination stage.

xiii) Three factors are very important in the process of counselling like : the nature of the client, the environment within which the client lives and the previous strategies used by the client to solve his/her problems earlier.

xiv) In general, there are four different types of strategies (Intervention) that are used by the counsellor. They include : the cognitive strategy, the Behavioural strategy, the affective strategy and the Interpersonal strategy.

xv) Counselling is a skill. It is an art. All the counsellors may not necessarily be considered as successful or effective. Hence, the individual qualities of a counsellor is very important in facilitating the client - counsellor relationship.

xvi) The process of termination is very important in the process of counselling. Normally, the best way for termination is to carry it out slowly and gradually in stead of abruptly. This could be done by simply increasing the gap between two counselling sessions and to see its effect. It is usually advisable to give permission as well as assurance to the client to contact the counsellor

again, if needed. However, it must be kept in mind that "successful termination is vital to the health and well-being of both the client and the counsellor".

xvii) Counselling, as a process and profession, is noble and comprehensive. The personality of the counsellor is a crucial ingredient in the entire process of counselling. Not all the persons are equally fit to become a counsellor. They need special qualities and skills in them in order to become an effective counsellor.

xviii) the benefits of counselling are many. It is considered to be the most powerful technique to heal individuals both physically and mentally. The counsellor helps the client in exploring his/her own self and thereby helps in developing an insight and understanding about his/her problems.

xix) From prevention point of view, counselling can be considered as the most suitable and powerful technique.

xx) Counselling can act as the most powerful tool to prevent anti-social behaviour pattern, criminal tendencies, depression, suicidal tendencies, addictions among young children adolescents and adults. Feeling of worthlessness, lonliness, emptiness and alienation etc. can also be removed by counselling. Emotional blockings can also be removed by regular counselling as regular counselling dramatically change the mindset of individuals.

xxi) Effective counselling works at three different levels like the cognitive, affective and behavioural level, leading to a major change in the attitude and behaviour of the client.

xxii) The "role" of the counsellor is a "holistic" one. The benefits of counselling is extended to all categories of people irrespective of their profession, status, caste, creed and religion, age, culture etc.

xxiii) If, successfully administered, it can lead to major transformations in the society.

xxiv) The counsellor can act as the best coach, guide, teacher, mentor and facilitatior to his/her client, and to the society, at large.

xxv) Playing the role of a counsellor is not so easy as they are also human beings with their own problems and difficulties. Still , if they are rendering their selfless services to the society, it is a blessing to those who are getting the real benefits of it. However, it is very very unfortunate to know that their number is too small in camparision to the requirement.

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QUESTIONS

A. True-False Questions

State whether the following statements are True(T) or False (F) :

1. The Concept of counselling is a new one.

2. Guidance and counselling convey the same meaning.

3. Counselling is a skill.

4. All groups of people need counselling.

5. Anybody can easily become a counsellor.

6. A typical counselling session involves a client and a counsellor.

7. Counsellors work in areas that involve relationships.

8. Establishment of rapport is the foundation of counselling.

9. Only mentally ill persons require counselling.

10. The process of counselling is more of listening and understanding than that of giving dictations.

11. No such rules and proceduces are followed in counselling.

12. Counselling can be done any where, at any place.

13. Maintaining ethics is very important in counselling.

14. Counselling is very much helpful in overcoming addictions.

15. Mild depression can be effectively treated by counselling.

16. Counselling has no role to play in the treatment of psychotic problems.

17. The field of counselling is not so broad in its scope.

18. There is acute shortage of counsellors in our society.

19. Today, more than 80% of the diseases are psychosomatic in nature.

20. Treatment of psychosomatic diseases are not possible through counselling.

21. From prevention point of view, counselling can be considered as the most suitable and powerful technique.

22. Anti-social behaviour pattern can be successfully prevented by using the counselling technique.

23. Suicidal tendencies cannot be controlled by counselling.

24. The role of the counsellor is a "holistic" one.

25. Even today, most of the educated people are unaware of the benefits of counselling.

B. Multiple Choice Questions.

(Choose the correct alternative from the bracket to fill up the blank and answer the questions.)

1. Cunselling literally means _____ (to direct, to advice, to instruct)

2. Counselling as a technique has its root from the works of _____ (Watson, Freud, Adler)

3. The main purpose of counselling is to promote the health, wellness and _____of people. (relationship, goodness, peace)

4. Today, more than _____ of the people are suffering from psychosomatic diseases. (60%, 70%, 80%)

5. Counsellors usually work in the field involving _____ (problems, relationships, negotiations).

6. The process of counselling is more of _____ (listening, dictating, pressurizing).

7. As a profession, the field of counselling started in the year _____ (1970, 1980, 1990).

8. The goal of counselling process is to make the client (dependent, independent, fearless).

9. Counselling can be conducted in _____different forms. (four, five, six,)

10. The middle stage of counselling is called as the _____(action stage, termination stage, initiation stage).

11. The intervention strategies in counselling are centered around _____ categories. (three, four, six)

12. The foundation for counselling is establishment of _____ (relationship, attachment, rapport).

13. The concept of unconditional positive regard was developed by _____(Freud, Jung and Rogers.

14. The term "concreteness" refers to the ability to give _____to what is said by the client. (decision, attention, suggestion)

15. The role of the counsellor is a _____ one. (part-time, holistic, temporary)

16. Counselling can be considered as a process and _____ (profession, delegation, confrontation).

17. The type of counselling developed by Carl Rogers is called _____direct counselling, client-centered, humanistic counselling).

18. Psychotherapy, as a technique, is used to treat _____ (physical illness, mental illness, social illness).

19. The process of consultation involves _____(medicine, technology, interaction).

20. People seek counselling when they experience _____(crisis, psychological distress, disease).

C. Short-type Questions.

(Write the answers to each question in five sentences).

1. What do you mean by the term counselling?

2. Write the difference between guidance and counselling.

3. Define the term counselling.

4. What are the different fields of counselling?

5. Mention the values that should be maintained by the clinets and the counsellors during the process of counselling.

6. Mention the different types of counselling commonly used by the counsellors.

7. Mention about individual counselling.

8. Write about client-centered counselling.

9. What are the different stages of the counselling process.

10. State the names of some intervention strategies used in counselling.

11. What do you mean by the process of "termination"?

12. Mention the different characteristics of an effective counsellor.

13. What are the required skills for effective counselling?

14. Mention any five benefits of counselling.

15. What do you mean by the term "emotional Catharsis"?

16. In what way counsellors are contributing to the society?

17. What are the problems associated with counselling ?

18. What do you mean by psychosomatic disorder?

19. Why privacy/confidentiality is maintained in counselling ?

20. After going through the chapter on counselling, what is your opinion about counselling?

D. Essay-Type Questions :

(Write Long Answers)

1. Define the term counselling ? Explain the meaning and concept of counselling.

2. Differentiate between guidance and counselling. Briefly discuss different types of counselling.

3. Mention the different stages followed in the counselling process.

4. State different types of counselling?

5. Briefly discuss the characteristics of an effective counsellor.

6. Explain the strategies used in the process of counselling.

7. Mention the important skills required for effective counselling.

8. Why Ethical issues are important in counselling ? Write the reasons.

9. Mention different fields of counselling and mention the goals or objectives of counselling.

10. Explain the benefits of counselling technique in the present day scenario.

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ANSWERS

A. True & False

1.	F	6.	T	11.	F	16.	F	21.	T
2.	F	7.	T	12.	F	17.	F	22.	T
3.	T	8.	T	13.	T	18.	T	23.	F
4.	T	9.	F	14.	T	19.	T	24.	T
5.	F	10.	T	15.	T	20.	F	25.	T

B. Multiple Choice Questions

1.	To advice	11.	Four
2.	Freud	12.	Rapport
3.	Wellness	13.	Rogers
4.	80%	14.	Attention
5.	Relationships	15.	Holistic
6.	Listening	16.	Profession
7.	1990	17.	Client-centered
8.	Independent	18.	Mental illness
9.	Four	19.	Interaction
10.	Action stage	20.	Psychological distress.

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Chapter - 7

PSYCHOLOGICAL DISORDERS

CONTENTS

Introduction

Concept of normality and Abnormality, characteristics of normal and abnormal behaviour.

Criterion of studying abnormal beheviour

Causal factors associated with abnormal beheviour.

Major Psychological Disorders

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This Chapter Covers:-

· Concept of normality and classification of abnormal behaviour.

· Different criteria's of studying abnormal behaviour.

· Casual factors associated with abnormal behaviour.

· Major Psychological Disorders.

i) Anxiety Disorders

ii) Somatoform Disorders

iii) Mood Disorders.

After going through this chapter you would be able to:-

· Have an idea about the meaning, nature and types of abnormal behaviour

· Know various causes underlying abnormal behaviour.

· Understand major types of Psychological Disorders, the way they operate, their symptoms and behavioural manifestations.

· Acquaint yourself with the impact of these diseases in general.

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Chapter - 7
PSYCHOLOGICAL DISORDERS

INTRODUCTION :-

Man is considered as the supreme creation of the universe. It is because, man is endowed with knowledge and wisdom. But many people live their lives in suffering and desperation. Even they are unable to cope with challenges that seen to be too great. They also lack adaptation and adjustment to the every day life situation. Surprisingly human behaviour is extremely complex and its understanding is also equally very difficult. Through centuries, it has become a giant task to give a detailed and accurate explanation for many behavioural manifestations. Our scientific understanding is on progress and we may identify the differences between two words such as 'normality' and 'abnormality'. Also with continuing progress in our endeavour, we may on some other day reach the point where irrational and maladjusted behaviour, that leads to persistent self-defeat and threatens social life will be more or less understood to its fullest tune.

However, most psychologists do agree that mental disorders involve patterns of behaviour of thought that are considered to be unusual in the context of any particular society. Also people with mental disorders do not think and behave like common people. The differences are very much apparent to others living around them. Besides, such disorders produce distress and negative feelings among the people who share with them. Considering the existing facts Nietzel et.al (1998) have rightly observed mental disorders as, "disturbances of an individual's behavioural and psychological functioning that are not culturally accepted and that lead to psychological distress, behavioural disability or impaired overall functioning."

CONCEPT OF NORMALITY AND ABNORMALITY:-

Man is a social animal. It takes its birth, grows like anything and dies amidst a specific social environment. It is obvious that the beheaviour of man is absolutely

shaped and guided by the existing social norms and practices. Behavioural deviations in any kind to its norms and expectations is always perceived as unaccepted and abnormal. Etymologically if we consider the word 'abnormality', it will mean deviation from normality. However, these two words "normality' and 'abnormality' are not being separated like water-tight-compartments. Based upon the intensity, frequency of occurrence and certain socio- cultural contexts, these two words can be discriminated to each other. Also unlike physical illness, it is very difficult to ascertain any behavior as abnormal. In case of physical illness 'relating heart, kidney, gastro-intestinal functioning or neuro-transmitters , it can be scientifically measured and predicted. But in case of mental illness, there is no universally accepted standard measurement. Abnormality cannot be characterized as an extreme range of normality or a statistically infrequent pheromenon. A high level of intelligence of a genius is never considered as abnormal even through it is statistically infrequent. Also in some socio-cultural groups, people with low-level of intelligence are not being considered as mentally retarded or having mental disorders. Further, when the behavior of the people is much away from the existing social norms and not to the tune of socio-cultural acceptability, it is considered as abnormal behaviour. Surprisingly, each and every individual must have experienced both normality and abnormality. But there may be variations in the degree and intensity of experience. To sum up, Carson, Butcher and Mineka have rightly mentioned, "Abnormality consists largely of a poor fit between behaviour and the situation in wich it is enacted."

CLASSIFICATION OF PSYCHOLOGICAL DISORDERS:-

Scientific discoveries always require the combined efforts of many scientists over extended periods of time. Such discoveries rarely proceed sequentially and rather these may happen from an unconditioned process. Similarly there was a tremendous need and scientific urge to classify mental disorders for appropriate treatment and other remedial measures. Emil Kraepelin (1856-1926) is the pioneer in this field to play a dominant role. Besides his work on psychopathology, his contribution was his system of classification of mental disorders became the guiding factor of today's DSM-IV. In fact classification is a matter of making generalization

based on what has been observed. The usefulness of the classification system depends largely on its reliability and validity. DSM (Diagnostic and Statistical Manual of Mental Disorders) classification of mental disorders at present in its fourth edition (DSM-IV) is prepared by the American Psychiatric Association. The first edition published in 1952 with successive editions appeared in 1968 II, 1980 III, 1987-IIIR and 1994-IV. However, the latest verson with certain specific changes called DSM-IV Text Revision (DSM-IV, TR) published in the year 2000. DSM-IV (TR) contains around 250 different mental disorders. The key feature of the DSM-IV TR is its multiaxial system which classifies people on the basis of five dimensions of axes. The clinical psychologists or psychictrists assess people on each of these five axes. DSM-IV (TR) is categorically stated below.

Axis – I :-

It includes clinical disorders and other conditions that may be a focus of clinical attention. Disorders such as anxiety disorders, substance related disorders, somatoform disorders, dissociative disorders, sexual and gender identity disorder, sleep disorders, learning disabilities, ADHD, adjustment disorders, mood disorders. Also Alzheimer's disease and parkirson's disease have been included in it.

Axis – II :-

It includes majority of personality disorders and mental retardation.

Axis – III :-

Disorders involved with general medical conditions which affect an individual's psychological adjustment leading to high blood pressure and juvenile diabetes.

Axis – IV :-

It includes psychological and environmental problems which may affect an individual's adjustment process in case of death of a loved one, the loss of job and etc.

Axis – V :-

It includes overall judgement of current functioning including mental, social and occupational aspects of an individual.
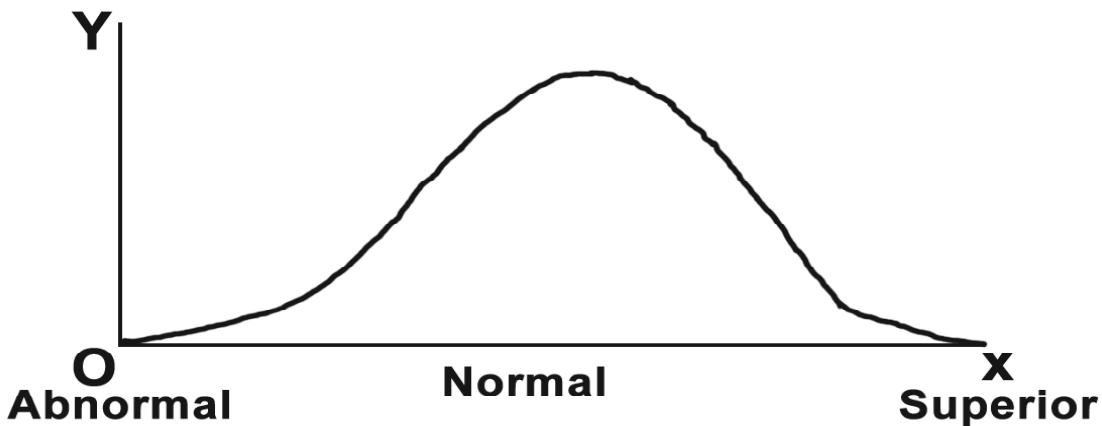
However, Axis-I and Axis-II include the classification of mental disorder and Axis – III through Axis – V mostly involves occupational, economic and family problems. Axis-V helps the clinician to make a diagnosis about the highest level of adaptive functioning the individual has made in the preceding year. Even though DSM-IV (TR) has put under certain criticism, it is the most acceptable comprehensive classification of mental disorders.

CRITERIA OF ABNORMAL BEHAVIOUR:-

Earlier the concept 'Normality' and 'abnormality' have been discussed. Abnormality cannot always be quantified because there is no clear demarcation between normality and abnormality. Unlike physical disorders, the concept of abnormality is a relative term which needs some criteria for all kinds of diagnosis and prognosis purposes. In this context the American Psychiatric Association has defined and developed certain standards which are well accepted and are being used. When behaviour is not culturally and socially appropriate and approved, it is considered as abnormal behaviour. The American Psychiatric Association has significantly specified that the criteria for defining mental disorders must have clinically significant behaviour resulting in association with distress of the individual. Further the behaviour or set of behaviours must not be culturally sanctioned or appropriate. However, several perspectives proposed to explain and understand abnormal behaviour can be taken for consideration and they can be summed up as below :

(i) Statistical Criterion :

On the basis of the frequency of occurrence of the behaviour, the distinction between normality and abnormal behaviour is determined. From statistical aspect, it is considered that the most frequently occurred behaviour is normal and rare as well as infrequent behaviour is abnormal. Further, it is also called the quantitative criterion of abnormality which explains that normality and abnormality only differ in degree. The following bell shaped curve accordingly shows the distribution of the concepts like abnormal, normal and superior in case of general human population.

The above distribution is continuous and the continuity between normality and abnormality focuses that they are very much related. Further, the distribution explains that most of the population are normal and lie in the middle of the probability curve. Also the abnormals and superiors fall on the two sides of the probability curve.

In contrary, it is said that statistical criterion can not always be considered as a quantitative or statistical extreme occurs infrequently.

Pathological Criterion :

Research studies strongly explain that mental disorders can be identified on the basis of symptoms and physical structure of the individual. Patho-psychologists have found that even a slight unpleasant sensation in the stomach or a harmless epidemic disorder makes such people to anxiety and think of their possible suffering from cancer. It also appear to be true that biological specifics of a given disorder do not directly cause mental disorder but play the role of conditions for the forming of an anomalus personality. Pathological problems are not new to the people living in different cultures and common within their own culture. Most often it has become more wide spread that abnormality in emotional experiences does not seem similar. In the past it was considered that mental disorders happened to be caused out of brain damage or deterioration. While determining the fact it became inappropriate to many mental disorders. Later on it is found that mental

disorders may be psychological in nature which have symptoms of some underlying internal pathology or illness. For example, fever is a symptom of an underlying food or urine infection. Further, Sigmurd Freud (1856-1939) developed a theory of psychopathology and used a method to identify and treat mental patients is called psychoanalysis. Also people with mental disorders have abnormalities in experiencing and manifesting emotion provoking situations, while the same is not observed in normal people.

Socio-Cultural Criterion :

In our society an inverse correlation exists between socio-cultural impact and the prevalence of abnormal behaviour. The lower the socio-cultural status, the higher the occurrence of abnormal behaviour. The abnormal behaviour is perceived in terms of cultural inappropriateness which are held responsible for any kind of dysfunction associated with distress or disability. Research studies have shown that people living in poor socio-cultural conditions appear to have greater tendency towards some forms of abnormal behaviour. People with any kind of abnormal behaviour usually fail to adapt the situation faced within their own socio-cultural set up. Further in a society characterized by poverty, unemployment, illiteracy and blind beliefs, there are changes in behaviour of the people, which are most often considered as abnormal. Furthermore, socio-cultural researchers have designed to detect abnormality and improve the social conditions which in turn will facilitate the task of prevention and treatment of mental disorders.

Causal Factors Associated with Abnormal Beahviour :

Even today, there is no clear-cut finding about the cause of abnormal behaviour. However, over centuries, researches are going on. On the basis of researches and other scientific studies, certain view points of the causes of abnormal behaviour have been emerged. These view points help us understand the causes of disorders from three important aspects such as biological, psychological and socio-cultural. Subsequent upon, these three are considered as important factors leading to the cause of abnormal behaviour.

i) Biological Factors – Mental disorders are mostly considered as medical diseases in which primary symptoms are behavioural rather than physiological. The biopsychological model focuses on the genetic, biochemical and other biological processes which can disrupt normal human behaviour. There are five categories of biological factors which seen relevant to the abnormal behaviour and they include biochemical imbalances in the brain, genetic defects, constitutional liabilities, brain dysfunction and physical disruptions. All these factors influence the functioning of the body for which people manifest different types of abnormal behaviour.

Excessive production and release of neurotransmitter substances cause dysfunction in the normal processes. Dysfunctions create biochemical imbalances for which different disorders are being caused. Genes are responsible to affect biochemical processes which lead to structure and physiology of the individual. It is considered that heredity is an important predisposing causal factor in many mental disorders like depression, schizophrenia, alcoholism and etc. Researches have established that abnormalities in the structure or number of the chromosomes are involved with many disorders. For example, Down syndrome is that kind of mental retardation in which there is a set of three chromosomes instead of two in chromosome 21. This extra chromosome is the basic cause of mental disorder. Also constitutional liabilities including physical handicaps, certain basic reaction tendencies, temperament and etc. can be taken for consideration. Low birth weight, conditions operating before or after birth, premature birth, nutritional deficiencies, exposure to radiation, drugs, acute emotional stress, use of drugs, alcohol or tabaco by the mother during prenatal period are some of the reasons which also held responsible for biological factors. Brain damage in case of aged people may cause abnormal behaviour. Brain damage also leads to maladjustment in case of an aged. Moreover a number of biological processes like blood circulation, digestive system, and respiratory system usually need to ensure some essential functioning for survival. This process is called homeostasis. Any distrubance to this process will lead to physical disruption resulting a number of psychological abnormalities.

Psychological Factors :

The psychological processes within an individual are very much important and a number of causal factors associated with abnormal behaviour can well explain their effects. The psychodynamic model as proposed by Freud emphasized that the interplay of id, ego and super ego is of great significance in determining the behaviour of the people. The inner conflicts among these three sub systems lead to intrapsychic conflicts which finally lead to different types of mental disorder. It is because all the subsystems usually strive for different goals. Further unconscious materials continue to have their expression, it may cause irrational and abnormal behaviour. The behaviourists viewed that abnormal behaviour is the outcome of a failure to learn useful adaptive behaviour which is required to establish acceptable personal relationship. Also they viewed that maladaptive or abnormal behaviour is the result of faulty learning experiences. The cognitive-behavioural view point has focused that thoughts and information processing can become disturbed and produce abnormal behaviour. Because of its significant insights into the disturbed cognitions in understanding abnormal behaviour, it is said that any failure in attention, memory, thinking, planning and decision making processes may lead to cause abnormal behaviour.

Socio-Cultural Factors :

Today socio-cultural factors are considered as most important to the cause of abnormal behaviour. These factors increase the vulnerability among people to abnormal behaviour. Every cultural group induce its own pattern of behaviour and understanding through teaching to its offsprings. Like genetic inheritance, it is found that socio – cultural inheritance has become a way of life. Certain social factors like low socio-economic status, social roles, prejudice and social discrimination, social change, unemployment and etc. have become instrumental in increased vulnerability to abnormal behaviour. Social change has influenced many aspects of human life including family structure and system, leisure persuits, finances, beliefs and values, education and jobs. Any kind of attempt to cope and adjustment required by these changes produce constant stress which may terminate in abnormal behaviour.

Besides the above discussed facts, certain other aspects can be taken into consideration. These may include early childhood trauma, abuse in the home, inadequate parenting, parental psychopathology, maladaptive peer relationship, divorced families and marital discord. Whatever the reasons for these difficulties, usually facilitate the onset of abnormal behaviour.

MAJOR PSYCHOLOGICAL DISORDERS

Psychologists most often conduct assessment interviews with individuals those who seek their help. These assessments provide knowledge and information that help psychologists identify the psychological disorders being experienced by the concerned persons. Each behaviour that does not conform to contemporary societal values is abnormal, mentally disordered and self defeating in its consequences. However, DSM-IV-TR includes a large number of psychological disorders which are not possible to discuss in the present context. In keeping with the comprehensive aims of the text, a few are being discussed and they include anxiety disorder, somatoform disorder and mood disorders. Further, these disorders will be discussed in a nutshell.

ANXIETY DISORDERS

Barlow(1980, 1991 a) has observed that anxiety involves negative mood, worry about possible future threat or danger, self-preoccupation and a sense of being unable to predict future threat or to control if it occurs. Anxiety is a worry about future events and fear is a reaction to current events. DSM-IV-TR has recognized certain primary types of anxiety disorders and they are Obsessive Compulsive Disorder, Generalized anxiety disorder (GAD), Panic Disorder, Post Tracematic Stress Disorder (PTSD), Agoraphobia, Social Phobia, Specific Phobia, Adjustment Disorder, Acute stress disorder, Substance-Induced Anxiety Disorder and anxiety due to general medical conditions. People often have more than one anxiety disorder. People with anxiety disorder feel inappropriate amount of anxiety more often than usual expectation. A common man may feel anxiety before going to a physician, but a man with anxiety disorder will experience anxiety everytime he goes outside for any work. People with anxiety disorder are excessively anxious

in general, maintain good contact with reality and do not realize any defined treatable disorder that requires hospitalization. Also in certain cases anxiety seems to be unrelated to any realistic and established factor, it is mostly referred to as free-floating anxiety. Anxiety disorder marked by unrealistic or excessive worry described as 'free-floating anxiety' and is also known as generalized anxiety disorder. This kind of disorder may continue for months together and is not attributed to recent past life experience.

Psycho-physical symptoms in Anxiety Disorder

People with Anxiety Disorders present a variety of physical and psychological symptoms that characterize the disorders as unrealistic and worrying. Many of these symptoms are similar to those exhibited by persons suffering from general illness. The following are the lists of physical and psychological symptoms associated with anxiety disorders.

Physical Symptoms –

- Breathlessness
- Feeling tired
- Dizziness
- Frequent urination
- Increased palpitation
- Feeling faint
- Dryness of throat
- Trembling
- Sweating

Psychological Symptoms-

- Worry and apprehension
- Difficulty in concentration
- Nervousness

- Tension

- Sleeplessness

- Hightened vigilance

Persons with anxiety disorder often present symptoms similar to clinical depression and vice-versa. It is very rare for a person to exhibit symptoms of only one of these.

OBSESSIVE – COMPULSIVE DISORDER

Obsessive Compulsive Disorder (OCD) is that in which thinking certain thoughts and neglecting to do certain things such as washing the hand or checking the lock on entrance arouse intense anxiety and deep concern. A person diagnosed as having obsessive compulsive disorder shows an unpleasant and unwanted thought that keeps coming to mind even though a person efforts to resist it. The most common obsessions usually involve doubt, fear of contamination, reluctance in doing certain things or fear of one's own aggression. A majority of people with an OCD have intrusive thoughts but do not act on them. Many are both obsessive and compulsive. But few are with compulsive behaviour without obsessional thoughts.

However, most of the people are experiencing minor obsessive thoughts such as whether remembered to lock the door or turn the gas stove off or the computer off. Being prevailed with obsessive thoughts many people show some compulsive behaviour, but without the degree of compulsiveness people who feel compelled to perform repeated acts usually seem absurd and meaningless. Such kind of compulsive acts are basically of three primary types which include cleaning, checking and counting (Barlow, 1988) with many people showing multiple kinds of rituals. People with obsessive-compulsive disorder are frequently worried about the probability that something wrong and devastating will happen.

Sometimes healthy and normal people experience some kind of obsessive-compulsive tendencies within themselves. These experiences help them to work meticulously, effectively and efficiently and they become more successful in doing

their day-to-day activities. Many of them are more sincere, conversant and concerned to their jobs like machine designer, industrial and laboratory technician and cashier of a bank or accountant of an organization. In spite of these, when obsessive thoughts or compulsive acts begin to influence, it becomes a major crisis and an immediate professional care and attention is needed.

Obsessive-Compulsive Disorder is considered to be caused out of psychological, biological and general socio-cultural factors. The four primary defense mechanisms such as isolation, displacement, reaction formation and undoing are being taken for research. A two process theory of avoidance learning postulated by O.H. Mowrer (1947) explained that natural stimuli become associated with aversive stimuli through a process of classical conditioning help to elicit OCD. Research evidence comes from genetic studies, studies of structural brain functioning and psychopharmacological studies have established some substantial biological causal factors in OCD. Also cross-cultural research suggests that anxiety disorders must be considered, at least in part, disorders of the interpretive process. Obsessive-compulsive disorder like other anxiety disorders frequently co-occur with other mood and anxiety disorder. Also most of the people with OCD may experience depression at certain time in their life.

Besides bio-medical treatment, cognitive behavioural therapy, psychotherapy or a combination of therapies along with psychological counselling can be adopted to get relief from this kind of disorder.

GENERALIZED ANXIETY DISORDER (GAD)

People with generalized anxiety disorder do not have very effective anxiety-avoidance mechanism to any particular object. The victims of this disorder are having certain characteristics like chronic and excessive worry about a number of events or activities. Also people with this disorder resemble normal fears. In fact there is no actual danger. People with generalized anxiety disorder experience a relatively constant tension, worry and diffused uneasiness. Barlow (1988, 1991a, 1991b) has rightly observed that this disorder involves an attempt to be constantly ready to force any kind of upcoming negative events. Such kind of anxious

apprehension is most often observed in other anxiety disorder. It is one of the important aspects of generalized anxiety disorder. In generalized anxiety disorder, usually anxiety continues for six months or more than that and cannot be attributed to recent life experiences. The significant symptoms observed in case of generalized anxiety disorder include motor tension, danger pertaining to future, hyper activity of the autonomic nervous system and excessive vigilance to hyper aroused state. However, Marten et al.(1993) has found that seven characteristic symptoms are especially observed in generalized anxiety disorder patients which also include irritability, restlessness, muscle tension, difficulty in concentrating, sleep difficulties, feeling keyed up and feeling fatigued. In case of any person suffering from three of these symptoms may be considered as a victim of generalized anxiety disorder.

PANIC DISORDER

Panic Disorder is a disorder that occurs unpredictably and suddenly. Panic is triggered by a specific object or situation. It is much more intense than any other anxiety disorder. According to DSM-IV definition, the person must have experienced recurrent unexpected attacks and must have been persistently concerned about having another attack. Also people suffering from panic disorder experience shortness of breath, heart palpitations, dizziness, sweating, depersonalization, fear of dying, losing control over their own self and etc. Some of the panic victims do not understand such kind of panic attack and consider it as heart attack. The most important aspect of this disorder is that no proper diagnosis is carried out in such kind of experience. The unexpectedness of attack leads to the development of anxiety which gradually changes the life style of the victims.

There are two important features of panic attack that distinguish them from other types of anxiety disorder. These two include brevity and intensity. In case of panic attack, the symptoms develop all of a sudden, reach at its peak within 10 minutes and start reducing after 20-30 minutes. Many contemporary researchers of panic disorder are of the opinion that a panic attack is an activation of the 'fight or flight' response of the sympathetic nervous system (a part of autonomic nervous system). Panic disorder is also identified with the emotions of

fear. Panic and phobic fear are less complex than anxiety which is having diffused blend of emotion and cognition. Agoraphobia and panic disorder are considered together because agoraphobia involves frequent complication of panic disorder. But panic disorder with and without agoraphobia cause impact on many people.

Further, it can be said that research findings have established the involvement of both biological and psychological factors in panic disorder.

PHOBIC DISORDERS

The word 'Phobia' is derived from the name of Greek God of fear. People who have phobias have fears related to specific objects, people or situations. These are developed in a gradual manner with generalized attack of anxiety. When a person with phobia encounters a fearful object, he or she will experience the fight or flight response which insists the person to escape from the situation. People who have phobic disorders know the cause of their afraidness. These individuals usually do not engage in gross distortions of reality. These people do not have any physical symptoms. But their fears are beyond reality and their voluntary control. Women are twice susceptible to this disorder in comparison to men. Further phobias often begin before adulthood and are even likely to become chronic. In DSM-IV, there are three main categories of phobias such as Specific phobias, Social phobia and Agora phobia. These can be discussed as below:

Specific phobias-

Most commonly occurring type of phobias are considered as specific phobias and are diagnosed if persons show marked and persistent fear which are excessive and unreasonable. Any attempt to avoid the feared situation or the distress experience will interfere significantly with normal functioning or produce distress. The following list of the common phobias and their objects of fear will give some impression of the variety of situations and events around which specific phobias may be centered. Phobias have been named by using Greek and Latin prefixes that stand for the object of fear and are stated below:-

Acrophobia	-	heights
Algophobia	-	pain
Astraphobia	-	thunder storms, lightning
Claustrophobia	-	enclosed places
Hydrophobia	-	water
Monophobia	-	being alone
Mysophobia	-	contamination of germs
Nycto phobia	-	darkness
Ochlophobia	-	crowds
Pathophobia	-	disease
Pyrophobia	-	fire
Zoophobia	-	animals or any particular animal

In fact majority of the population have negligible irrational fears. But in phobic disorders such fears interfere significantly in day-to-day activities.

However, like classical conditioning approach, procedure of pairing the phobic stimulus with a non anxiety response can be used systematically for the treatment of specific phobias.

Social Phobia :-

In the late 1960s social phobia was identified as a distinct phobia. It is characterized by intense and incapacitating fear during dealing with others. DSM-IV has mentioned two distinct subtypes of social phobia such as specific social phobias and generalized social phobias. In case of specific social phobias people have fears of being scrutinized or humiliated. They usually expect such kind of occurrence in case of public speaking, urinating in public bathroom and writing or eating in public places. Generalized social phobias are exhibited during social interaction and public performance. Approximately 2 percent of the population may qualify for the diagnosis of social phobias. Social phobias involve fear of members of

one's own species. Social phobias seem to originate out of perceived social defeat, humiliation and target of anger or criticism. In case of social phobias cognitive therapy seems to be more effective in reducing it.

Agoraphobia :-

Agoraphobia is the term usually used when people manifest a fear of entering unfamiliar situations. It is a frequent complication of panic disorder, but can occur in the absence of acute panic attack. Most of the agoraphobics are afraid and reluctant to leave the home and go outside. It is because their normal social life is severly affected. Also agoraphobics are frightened about walking in the street and if they are, some of them experience panic attacks. Panic attacks often begin first and afterwards lead to agoraphobia. Agoraphobics can be treated with behavioral techniques in which the victims are exposed to the feared stimuli under controlled conditions and very much with the support and supervision of a therapist.

Considering the facts as discussed earlier and above, it can be concluded that every human being has experienced one or more than one phobic experience which is infrequent and rational. However, when these experiences become frequent and irrational, the person must be considered as having anxiety disorder called phobic disorder.

POST-TRAUMATIC STRESS DISORDER (PTSD)

Post traumatic stress disorder involves an experience of extreme stress which may occur after a natural disaster or a serious accident, a participation in war or war related situations. For example victims of natural calamities like earthquake, tsunami, super cyclone, flood, fire and tornado experience depression, anxiety, helplessness and numbness for an unspeculated time period. The victims range from people who have directly experienced to those witnessed (a family member or close relative) such occurrences. The onset of the disease varies from soon after the trauma to a long time afterward. In DSM-IV, it has been observed that PTDS will be considered as acute if the condition begins within 3 months of the trauma and delayed up to a period of 6 months. The symptoms of PTDS may include sleep and dream disturbances, revival of thoughts and feelings relating to

traumatic events, selective inattention, amnesia, withdrawal from reality and use of fantasy. Also certain pre existing emotional and behavioral difficulties constitute the susceptibility and increase the likelihood of PTSD. Further, those who tend to shut out reality in stressful situation are at risk for a later severe post-traumatic disorder. Psychodynamic and cognitive therapy have been found effective and helpful. Besides, psychotherapy can be helpful in reducing this disorder.

SOMATOFORM DISORDERS

Somatoform disorders involve multiple somatic complaints that are recurrent or chronic. The word "Soma" means 'body' and somatoform disorder is that in which the individual complains some kind of bodily problems. But these complaints have no physical basis to examine and explain. Surprisingly, people with such problems presumed with some kind of bodily problems. Failure to diagnose such cases on the basis of physical pathology opened the ways for psychological consideration. Thus, it is said that these psychological disorders are being manifested in physical dysfunctions. Further, somatoform disorders are not similar to psychosomatic disorders. It is because psychosomatic disorders have both physical and psychological origin and symptoms.

People with this disorder have usually a long history that beins before age 30 and are deeply concerned about multiple physical complaints. However DSM-IV has emphasized a list of 4 types and levels of symptoms which justify the diagnosis of somatoform disorder. The different types of disorders are to be discussed include somatization disorder, conversion disorder, hypochondriasis and pain disorder.

Hypochondriasis :-

People affected with this order manifest unrealistic fears of illness like tuberculosis and cancer. The patients have assumed that there is no recovery or escape from such disorders. These people have several obsessive concern about the perceived disorders. Hypochondriacs always look for signs of different illness and thoughtful about their health status. Sometimes, these people raise their suffering to draw attention of others and confuse physicians about diagnosis of

the disorder. In fact a needful interpersonal communication can help in reducing this disorder.

Somatization Disorder :-

In this disorder, the victims mostly have multiple somatic complaint experienced over a period of years. The common complaints are irrelevant body pain, fatigue, headache, palpitation, nausea, abdominal pain etc. Such patients also report sexual problems, irregular menstruation, gastro-intestinal problems and vomiting tendencies. In fact there is no real physical experience of the disease. It is reported that these complaints are presented in a dramatic and exaggerated manner. Persons with this disorder visit their physicians frequently and go for surgery and take unnecessary medicines.

Conversion Disorder :-

People suffering from conversion disorder report loss of part or all of some basic functions. For example, such victims report loss of some (visual or auditory etc.) sensations or paralysis of some organs of the body. In fact the patients express such problems without any reality in experience. Expression of these symptoms do not fit with the facts. Sometimes the loss may include double vision, selective hearing, laryngitis or mutism. In the past, conversion disorders were relatively common in civilian and especially in military people. But, at present conversion disorders constitute some 1-3 percent of all disorders for mental health treatment. Their decrease in number seems to be closely related to advancement of medical and psychological care and treatment. Conversion disorders seem to stem from a desire to escape from unpleasant situation, wish to be sick to avoid the situation or feelings of guilt and the necessity for self punishment. Besides using anti depressant medicines, this disorder can be successfully reduced by the behavioral and cognitive therapies.

MOOD DISORDERS

Mood disorders are those previously called affective disorders. Mood disorders are characterized by extreme variations in mood. The variations are usually either low or high. Every common individual experiences such variation at

mild to moderate in the normal course of life. When disturbances in mood are intense and persistent, these are considered as disorders. Mood disorders are basically emotion based disturbances. Some persons experience swings in their emotional states which are also extreme and prolonged. The same is not true among most of the people. Broadly considered, mood disorders are of three types and they include depressive disorder, bipolar disorder and other mood disorders. The different types of mood disorders can be discussed as below.

Dysthymic Disorder :-

People who have constant mood disorders for more number of days but not more than two years are considered as having dysthymic disorder. These people at least suffer from two of the symptoms out of the six such as poor appetite, sleep disturbance, low energy level, low self-esteem, difficulties in concentration and inability in decision taking. Like major depressive disorders, people with dysthymic disorder manifest similar severe symptoms. But these symptoms are not exhibited everyday. Genetic factors are mostly involved for the cause of this disorder. Besides Electro Convulsive Therapy (ECT), social skill training and cognitive therapy seem to be more effective and helpful.

Depressive Disorder :-

Depression is a common and serious medical illness that adversely affects how one feels, the way he or she thinks and acts. Depression is that category of mood disorder in which people experience extreme unhappiness, poor energy and ability and many a number of symptoms. Depressive symptoms include fatigue, dissatisfaction, anxiety, insomnia, feelings of worthlessness or guilt, recurrent inability to think and recurrent thoughts of death or suicide. According to classification made by DSM-IV, persons who experience at least five or more number of these symptoms within the same two weeks of time period are considered undergoing major depressive disorder. Depression is more prevalent among women in comparison to men population. Strickland (1992) has observed that females have usually had lower status, power and income than males for which they are more worried and finally suffer from depression. However, women are more willing

to admit their feelings and experiences than males (Wilhelm & Parker, 1994). It can be said that depression can affect anyone including a person who appears to live in relatively ideal circumstances. Also several other factors can cause depression and those are as such: biochemistry changes, genetics, personality and environmental factors.

Bipolar Disorder :-

Sometimes people experience depression and mania simultaneously, even though both are opposite to each other. Like unipolar disorder the severity of bipolar disorder swings from mild to moderate to severe. In case of mild to moderate range, it is called cyclothymia and moderate to severe range is known as bipolar disorder. People suffering from this disorder move over varying periods of time between deep depression and an emotional state like 'mania' . This period is significant with extreme excitation, elation and energy. People experiencing such disorder, speak rapidly, show sharp decrease of sleep, inconsistent in activity and engage in pleasurable activities which may cause harmful consequences. As it is found, bipolar disorders are very disruptive to the victims as well as the people around them.

DISSOCIATIVE DISORDERS

People with disturbances or dissociation in the functions of memory, consciousness, sense of identity are considered as suffering from dissociative disorder. In most or the cases it occurs suddenly or gradually and continues for a brief period or long lasting. The person looses personal identity for a temporary time period. This is considered as maladaptive behaviour that arises from adjustment failure. According to the DSM-IV classification, dissociative disorders are of four types such as dissociative amnesia, dissociative fugue, dissociative identity disorder and depersonalization disorder. All of these four disorders have their independent characteristic symptoms and can be briefly discussed as below:-

Dissociative Amnesia :

People suffering from dissociative amnesia have extensive loss of memory and are not ordinary in nature. The victims cannot remember and recall anything

about their past experience which include their association with certain place, people or event. Dissociative amnesia may happen because of emotionally traumatic event or acute painful disappointment. Also dissociative amnesia is of many types which include localized, selective, generalized, continuous and systematized amnesia.

Dissociative Fugue :

The word "fugue" is derived from Latin word "fugue" and literally it means flight. Dissociative fugue is also known as psychogenic fugue. Its essential characteristic is unexpected travel away from home or workplace. Also after leaving their own place the victims start living with a new identity and even failed to recall their previous identity. These people usually settle down chances of recovery under unknown and unpredictable circumstances. Dissociative fugue most often occur because of acute stress, marital problems, natural distress, personal rejection etc.

Dissociative Identity Disorder :

Dissociative Identity Disorder is also known as "multiple personality". People with this disorder assume alternate personalities. In the present day, this kind of population is becoming more and more with different typical behaviour. The victims do not recall about their previous personality and each changed personality has no similarity with the earlier personality and behaviour. This is a rare kind of disorder with increased occurrence among general population. People with dissociative identity disorder have variations in their values, beliefs and problems. When there is any change in personality, there are changes in hand writings, accents and speech. The occurrence of this disorder is more possible among the people who have experienced several physical and sexual harassment at their early age. Because they usually develop another self to come over such feelings and experiences.

Depersonalization Disorder :

This disorder is a very common disorder mostly observed in adolescents and young adults. People with this disorder usually lose the ability to perceive self and their sense of reality is changed. There is a repitition of thought and feelings

that they are detached from their body and feelings. The onset of this disorder is very rapid and leads to social and various occupational disturbances. Depersonalization also involves dream like experiences and derealization in which the external world is perceived as disturbed. The victims also report out-of-body experience in which they feel that as if they are floating above their physical bodies. This disorder is caused out of acute stress, infectious illness, accident or other traumatic events.

SUBSTANCE RELATED AND OTHER ADDICTIVE DISORDERS

People including Egyptian, Greek and Roman of ancient times most often used excess of alcohol. Excess consumption of alcohol is always considered as the cause of substance related addictive disorder. Thus, addictive behaviour based on the pathological need for a substance or activity involve the abuse of substances. The psychotic drugs like alcohol, minor tranquilizers, heroin, marijuana etc. affect mental functioning and can cause certain mental disorders. Substance-related disorders are divided into two major categories. The first category can be described as psychoactive substance-induced organic mental disorders which involve organic impairment caused out of ingestion of psychoactive substances. Because of it there are certain physiological changes in the brain resulting a disorder called Alcohol Abuse Dementia Disorder (AADD). Further, a second category of addictive disorders are there caused out of substance-abuse such as driving while intoxicated or regular intake of alcohol despite psychological, social, occupational or some persistent health hazards. The symptoms of psychoactive substance dependence disorder include physical symptoms such as sweating, tension and tremors etc. Now-a-days, these increased problems of substance abuse and dependence has become a cause and concern of the society for which a holistic approach is most desired.

SCHIZOPHRENIA

Schizophrenia is an acute mental disorder characterized by hallucinations, delusions and disturbances in behaviour, speech and emotion. It is considered as the most severe and devastating disorder among all the psychoses. Further it is

characterized by division of psychological functions which include attention, perception, thought and behaviour. Because of such fragmentation, people with this disorder fail to adjust the needs and demands at various walks of their lives. Also these people lack the ability to take any right decision at any moment of the situation. It seems that schizophrenics have lost all the normal mental functioning. Further schizophrenics experience voices which are not there, speak to others with no meaning and relevance. Also their thought and behaviour are not socially accepted and they become unacceptable to the society as well as the families of their own.

The word 'schizophrenia' is derived from two Greek words 'Schizo' and 'Phrene'. The word 'schizo' means division or split and 'phrene' means mind. In together the meaning of the word schizophrenia becomes 'split of mind'. In ancient times this kind of disorder was called 'Dementia Praecox'. However, most of the characteristics of this disorder was first proposed by a Swiss psychologist named kraeplin. Kraeplin reported that division of the thought processes, feelings and behaviour are the major symptoms of this disorder. Besides, the criteria presented in the DSM-IV, characteristic symptoms of schizophrenia broadly include positive symptoms such as delusion, hallucination, disorganized speech, catatonic behaviour and negative symptoms like affective flattening, alogia or avolition. Persons having positive symptoms are called as Type-I schizophrenics and those with negative symptoms are known as Type-II schizophrenics. The characteristic symptoms can be described as below :

Positive Symptoms of Schizophrenia :-

Delusion :- According to R.A. Baron delusion is, "a firmly held belief that has no basis in reality". In fact delusion is essentially a faulty interpretation of reality that cannot be changed at any circumstances. Delusions can be experienced in other mental disorders with variations in content. It may be expressed in many ways. Delusion of persecution involves thoughts about threatening, ill-treat or conspiracy which can bring some harm to the victim. Delusion of grandeur induces thoughts about being an extremely important person or a man of dignity like Jesus Christ,

Lord Budha or Mother Theresa. A third category of delusion is delusions of control which include the thoughts and ideas that people from unknown place may come and control them. Any of these delusions may control and influence the personality and behaviour. At times when these delusions become strong the person becomes a schizophrenic whose thoughts and beliefs will have no reality.

Hallucination :

Hallucinations include wide sensory experiences which have no real physical basis of perception. The victims manifest certain experiences of the external world which are mostly the projections of the internal feelings and experiences. Sensory experiences like hearing voices or seeing people or certain other objects are being reported by the victims and these do not really exist. Auditory hallucination is very common experience reported by the schizophrenics. Research studies have established that lower intellectual development, aggressive impulses, projections of critical superego or conscience may induce such kind of hallucinatory experiences.

Disordered Speech :

People with schizophrenic disorder lack the ability to think and speak properly like normal people. They express disorganized speeches which are reflection of their inconsistent and irrelevant thought. Disordered speech is also described as loosening of association for which there are fragmented speech. Because of irrational and inconsistent thought, the expressed speech looses its meaning and becomes difficult to follow or understand the fact. Further, most of the schizophrenics speak coherently all the times and these are very peculiar in nature. Schizophrenics also speak vague, stereotyped and repetitive words which are meaningless and unconnected.

Disorganized Behaviour :

Disorganized thoughts and feelings usually induce disorganized behaviour. It is therefore the behavioral manifestations of schizophrenics which are more bizarre. They also lack goal-directed behaviour. Their day-to-day activities, social and interpersonal relations are very much unaccepted and undesired. Also, schizophrenics lack the ability to dress themselves properly, look their own food or

perform their own routine activities. Sometimes, these people remain either nude or overdressed and over acting on the streets.

Schizophrenics also become wild and aggressive and cause harm or damage to others. It is very difficult to control schizophrenics and their behaviour can only reduce after excess exhaustion.

Negative Symptoms of Schizophrenia :-

Negative symptoms of schizophrenia are absolutely different to positive symptoms and are significantly marked with poverty of speech content and speech. Lack of motivation and flattened affect or no emotion. Many people with schizophrenia manifest flat affect which include no expression or emotion, apathetic and no interest, low voice, difficulty in speech and their faces appear to be masks. Poverty of speech is another type of negative schizophrenia in which schizophrenics show long lapses before giving any answer, failure to answer, blocking, restricted quantity of speech and slow speech. Sometimes they do not have and answer and remain silent. A third type of negative symptom involves lack of directedness which can be described as poor voluntary movements or disturbed movements and postures or immobile in fixed awkward postures. Some research studies have suggested negative symptoms are more likely to be related to non-genetic causes such as birth complications, pre or postnatal virus infection and brain damage.

Types of Schizophrenia :-

There are five different types of schizophrenia which may include catatonic, disorganized, paranoid, undifferentiated and residual. In case of catatonic type people show acute psychomotor activities and sometimes remain stand still for hours and days together. People of disorganized type show inappropriate emotions and bizarre behaviour. Schizophrenics of paranoid type usually experience delusions of prosecution or grandeur, visual or auditory hallucinations etc. The residual type of people exhibit lack of will, social isolation and apathy and are mostly insensitive and non-responsive. Besides, a group of schizophrenics are there who can't be put under any of these types and are considered as undifferentiated.

Causes of Schizophrenia :-

Schizophrenia, an acute psychological disorder may be caused by genetic factors, brain dysfunction, biochemical factors and psychological factors. Like many other psychological disorders, schizophrenia is mostly observed to run in families. Researches have established that genes and other environmental factors act together to produce the tendency of this disorder. Sometimes increased size of the ventricles (fluid-filled spaces) lead to abnormalities in central cortex which may produce certain brain dysfunction and cause mental disorder. Further, disturbances in the functioning of some specific neurotransmitters have significant role in the onset of schizophrenia. Last but not least, schizophrenia seems to run in families, where social environment produce every susceptibility among the children and other family members for this disorder. Very often, the communication pattern of the family members contribute to become the victim of this disorder.

Therapeutic Approaches to Schizophrenia :-

As discussed earlier, schizophrenic disorder is likely to cause from different sources in different people. Treatment can be carried out from many aspects with consideration to the sources of the disorder. However, use of antipsychotic drugs, skill training, family interventions and community support have helped to treat people with schizophrenic disorder.

CONCLUSION :

Psychologists viewed a distinction between adaptation and adjustment. Adaptation refers to survival of the species and adjustment refers to individual mastery of the environment and the sense of peace with oneself. Abnormality is largely a poor adjustment between behaviour and the situation in which it is enacted. Also behaviour is considered as abnormal, when it is considered as culturally in appropriate and maladaptive. Science of course does not have all the answers. Any approach to the knowledge about mental disorders must also recognise the significance of differences between normal and abnormal behaviour. While considering the crucial elements involved in the total scenario of normal and abnormal functioning, a knowledge based humane approach to mental disorders should be extended by psychologists and psychiatrists.

KEY TERMS

Abnormal
Criterion
Illness
Psychopathology
Dysfunction
Clinical
Disorder
Symptoms
Treatment
Syndrome
Diagnostic
Prognosis
Anxiety
Neuroses
Psychoses
Impulsive
Maladjustment
Self-centered
Predisposing
Precipitating
Diathesis
Obsession
Compulsion
Somatoform
Dissociative
Conversion
Panic
Phobia
Dizziness
Hypochondriasis
Amnesia
Depression
Mania
Delusion
Hallucination

Schizophrenia
Dysthymic
Bipolar
Split
Psychomotor
Psychoactive
Substance
Withdrawal
Drugs
Fatigue
Suicide
Episode
Chronic
Electro convulsive therapy
Therapy
Neurobiology
deterioration
Prolonged
alcohol
Tranquilizers
distress
Addiction
Unrealistic
Irrational
Free-floating
Resistance
counselling
Avoidance
Conditioning
Traumatic
Psychodynamic
Affective
Mood
Dementia praecox

SUMMARY :

- Begening from prehistoric period to the present day consideration of abnormal behaviour has its significant progress, It is because the life style of post modernization period has become hazardous and sometimes leading to the arousal of abnormal behaviour.

- Abnormal behaviour is also known as mental disorder or psychological illness/disorder. Mental disorders are disturbances of an individual's behavioural and psychological functioning and are not socially and culturally accepted.

- To identify abnormal and normal behaviour there are some criteria. Behaviour which is clinically significant dysfunction and culturally inappropriate and also considered as abnormal behaviour.

- International classification of disorders by WHO and classification made by American Psychiatric Association (APA) known as DSM-IV have become very much popular for diagnosis and prognosis of mental disorders.

- Mental disorders are there because of biological, psychological and socio-cultural factors. However, efforts are being continuing to ascertain more acceptable and accurate causal factors for a greater and healthier human society.

- Diagnostic Statistical Manual of Mental Disorder, Version - IV (Text Revision) (DSM-IV-TR) has identified around 250 types of mental disorders. The American Pshychiatric Association (APA) has published it in the year 2000.

- Major psychological disorders like anxiety disorders, somatoform disorders, mood disorders, dissociative disorders, schizophrenic and delusional disorders and their subtypes are most frequently perceived among the victims.

- Anxiety disorders include negative mood, worry about possible future threat or danger, self preoccupation and a sense of being unable to predict future threat or to control it if occurs. A common man may feel anxiety before going to a physician but a man with anxiety disorder will experience anxiety everytime.

- Somatoform disorders are not similar to psychosomatic disorders and involve multiple somatic complaints that are recurrent in nature.

- Mood disorders also known as affective disorders are characterized by extreme variations in mood. Mood disturbances are mostly emotion based which are experienced by each and every individual with certain variations in degree and intensity.

- Schizophrenia which was earlier known as "Dementia Praecox" is an acute mental disorder characterized by disturbances in behaviour, speech and emotion. Victims of this disorder experience hallucinations and delusion. Also schizophrenics have lost all the normal mental functionings.

❖❖❖

Questions

Multiple choice (Fill in the blanks by selecting appropriate answers from the brackets)

1. The biological model proposes, psychological diseases have a _____ cause .

    (mental, physical, social)

2. An irrational and persistent fear of some object or situation is called _____ .

    (Anxiety disorder, Schizophrenia , Phobia)

3. If a person checks and rechecks the door lock several times before he goes out, he is probably suffering from _____ .

    (Schizophrenia/Mood disorder/Obsessive-compulsive disorder)

4. Delusion is a predominant symptom of _____ .

    (Anxiety disorder / Schizophrenia / Dissociate disorder)

5. Excessive _____ makes a person abnormal.

    (happiness / stress/ poverty)

6. Anxiety caused out of unrealistic and unknown factors is known as _____.

    (Free-floating anxiety / simple anxiety / Phobia)

7. A person's inability to cope with excessive environmental demands results in the manifestation of _____.

    (Schizophrenia/ Amnesia/ Psychological disorders)

8. A cluster of symptoms usually found together are called _____.

    (syndromes/ symptoms/ disorders)

9. A person showing inability to cope with excessive demands resulting into a breakdown is known as manifestation of _____ disorders.

    (Psychological / Physiological / Social)

10. A _____ cause increases the vulnerability of the individual to become a victim of the disorder.

   (Primary/ Predisposing/ Precipitating)

11. Predisposition towards a disorder is called _____ .

   (Diathesis/ Homeostasis/ Delusion)

12. Dysthymic disorder is one type of _____ depression.

   (mild/ moderate / acute)

13. Irational fears of public places is called _____ phobia.

   (Social / Agora/ Specific)

14. The name Schizophrenia is coined after _____ words.

   (Greek/ British/ Specific)

15. Hallucinations and delusions are major symptoms of _____ .

   (Panic Disorder/Mood Disorder/ Schizophrenia)

Answer whether the following statements True/ False Questions.

1. Freud was the first person to classify mental disorders.

2. Watson advocated that abnormal behaviour is caused by faulty learning.

3. Pre-historic treatment for possession of bad spirit was exorcism.

4. The Greek physican Hippocrates is considered as the father of modern medicine.

5. Abnormal behaviours do not go against social norms.

6. Failure to learn necessary behaviour leads to mental disorder.

7. Normal people sometimes, exhibit abnormal behaviour.

8. Behavioral dysfunctions are considered as maladaptive behaviour.

9. Depressive persons have a tendency to commit suicide.

10. Delusional disorder is not anxiety disorder.

11. Generalized Anxiety Disorder is marked by excessive worry.

12. Sweating is a physical symptom of anxiety disorder.

13. Sleeplessness is a symptom of anxiety disorder.

14. Feeling breathlessness is not a physical symptom of anxiety disorder.

15. Somatoform disorders refer to mental problems.

16. Dissociative disorders are only pathological in nature.

17. Amnesia involves memory loss.

18. Emotional disturbances cause mood disorder.

19. Victims of dysthymic disorder have difficulty in sleeping.

20. Schizophrenics have no thought disorder.

21. Schizophrenics experience emotional disturbances.

22. DSM classification is scientific and popular.

23. Excessive stress makes a man weak and unhealthy.

24. Social isolation is a symptom of schizophrenia.

25. Schizophrenics experience hallucination.

   Short Answer Type : (Answer the following questions within five sentence)

1. What do you mean by abnormal behaviour ?

2. Distinguish between normal and abnormal behaviour ?

3. What do you mean by D.S.M. ?

4. State any two symptoms of abnormal behaviour ?

5. Write any two biological causes of mental disorder ?

6. Write any two socio-cultural causes of mental disorder ?

7. Write any two types of anxiety disorders?

8. Mention any two types of Phobia?

9. What is obsessive-compulsive disorder ?

10. What are the characteristics of obsessive-compulsive disorder ?

11. What do you mean by bi-polar disorder ?

12. What is Agoraphobia ?

13. What is meant by hypochondriasis ?

14. What do you mean by delusion and Hallucination ?

15. What is Dysthymic disorder?

16. What do you mean by mood disorder?

17. What is Dissociative Amnesia ?

18. What do you mean by delusion of grandeur ?

19. What are the major symptoms of catatonia ?

20. Distinguish between positive and negative symptoms of schizophrenia ?

21. What do you mean by Generalized Anxiety Disorder?

22. In what way panic disorders are different from Generalized Anxiety Disorder?

23. What is post traumatic stress disorder ?

24. What do you know about conversion disorder?

25. What do you mean by dissociative disorder?

ESSAY TYPE QUESTIONS (LONG ANSWERS)

1. What do you mean by abnormality? Explain the different criteria of abnormal behaviour.

2. Define abnormal behaviour. Distinguish between normal and abnormal behaviour.

3. Explain different criteria of abnormal behaviour with suitable examples.

4. Briefly explain the biological and psychological causes of abnormal behaviour.

5. Define and discuss different types of anxiety disorders.

6. What is mood disorder? Discuss the different symptoms of mood disorders.

7. What is obsessive compulsive disorder? Distinguish between obsessions and compulsions.

8. What do you mean by phobic disorder? Briefly discuss different types of phobic disorder.

9. What is somatoform disorder? Briefly discuss any two types of somatoform disorder.

10. Define schizophrenia. Discuss the general symptoms of schizophrenia.

◆◆◆

ANSWERS.

A. True False Type

1.	False	9.	True	17.	True	25.	True
2.	True	10.	True	18.	True		
3.	True	11.	True	19.	True		
4.	True	12.	True	20.	False		
5.	True	13.	True	21.	True		
6.	True	14.	False	22.	True		
7.	True	15.	True	23.	True		
8.	True	16.	True	24.	True		

B.   Multiple Choice.

1.	Bodily	10.	Predisposing
2.	Phobia	11.	Diathesis
3.	Obsessive-compulsive Disorder	12.	Mild
4.	Schizophrenia	13.	Agora
5.	Stress	14.	Greek
6.	Free Floating Anxiety	15.	Schizophrenia
7.	Psychological Disorder		
8.	Syndromes		
9.	Psychological		

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Chapter - 8
THERAPUTIC APPROACHES

CONTENTS

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This chapter covers :

i) Nature and processes of therapy

ii) Types of therapy :

      a) Psychotherapy

      b) Behaviour therapy

      c) Cognitive therapy

      d) Biomedical therapy

After going through this chapter, you would be able to :

Know the meaning and nature of the term therapy and the processes involved in it.

Understand the aims and objectives of the theraputic process.

Know various techniques used in different types of therapies in detail.

Have a better understanding of the benefits of these therapies along with the risk factors involved in it.

Have an idea about ancient Indian approaches to health.

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Chapter - 8
THERAPUTIC APPROACHES

Introduction

We are living in a world where 'competition' dominates every sphere of our life. This is the 'Age of Information and Communication Technology' and technological advancement have definitely improved our quality of lives. We have raised our standard of living, levels of comfort, status and position etc. In spite of this, life is becoming more and more mechanical. From morning to evening, we are carrying with us 'machines' or electronic gadgets to communicate with our near and dear ones, professional colleagues and others. Face-to-face interactions and relationships are gradually substituted by machinery conversations. In simple words, we can say that amidst all kinds of amenities in our life, we all are experiencing some kind of emptiness within ourselves. **Relationship factor** is at a great stake now posing all kinds of challenges in our personal, professional and social lives. Everybody is moving in the direction of competing with each other as a result of which an **attitude of comparision** has emerged giving rise to many types of psychological problems like stress anxiety, tension, worry and depression etc. All these are reflected in our attitude, behaviour and actions. As per the report of the World Health Organization (WHO), mental health problems are increasing very rapidly since last ten to fifteeen years, the matter which deserves serious consideration.

At present, more than eighty-five percent of the disorders are classified as **psychosomatic Disorders.** The source of these disorders are at the level of our thoughts, emotions and feelings. As the name implies, in such type of disorders, emotional disturbances, conflicts etc. are actually converted into actual physical symptoms. These problems are not caused by any virus of germs, rather, due to

negative thoughts. All these are posing great challenge to all categories of mental health professionals today.

Psychologists believe that psychological problems can be better solved by psychological procedures like therapy, counselling etc. Hence, **therapy** and **theraputic approaches** are the most powerful processes to alleviate major psychological problems. The percentage of recovery through this process is also found to be very much encouraging.

Nature and Processes of Therapy :

The term **therapy** refers to a broad range of treatment processes. Starting from giving suggestions and advices to helping the person to understand the real source of the problem, the psychologists, psychiatrists, clinical psychologists, therapists and Counsellors play the most crucial role. In general, the term **therapy** refers to treatment of mental or psychological disorders through psychological procedures. As such **theraputic procedures** covers multidimensional approaches for the treatment of mental problems. Which approach will be suitable for which type of problem or illness is exclusively dependent upon the nature and intensity of the problem. As observed, no single method or approach is suitable for the treatment of all kinds of disorders. Depending upon the nature of the problem, the process of treatment varies. Hence, no single form of psychological treatment is effective for treating varieties of problems.

The main objective of any theraputic procedure is to help the person to develop better understanding of the situation in order to have better adjustment with his/her surroundings. Hence, developing better adaptive behaviour pattern in the person having mild or major psychological problems, is the goal of any theraputic procedure. In this context, the most prominent name in the theraputic field is that of **psychotherapy.** Different types of procedures are included under this broad term. These procedures are diverse in its orientition and action pattern. Many forms of psychotherapy are available starting from the **Psychoanalytic technique** of Sigmund Freud to modern theraputic techniques the foundation of which is based on fundamental principles of learning and other cognitive processes.

Currently, a large number of therapies are available and are used by the therapists depending upon the nature and complexity of the problem on the one hand and the nature and personality traits of the individual on the other hand.

Psychotheraputic techniques are coming under the **psychological approaches** which are meant for treatment of mental disorders. This process of 'psychotherapy involves the face-to face interaction between the therapist and the client in which the client expresses his/her problems to the trained therapist and the therapist helps the client to develop an **insight** into his problems and thereby helps him to change his maladaptive behaviour patterns, thoughts and emotions in order to enable him to function in a better manner. The most important aspect of psychotherapy focuses more on the establishment of **rapport** between the therapist and the client. If the therapist becomes successful in this aspect, then we can expect a positive outcome. Such theraputic procedures can be undertaken both at the **individual level** (Individual Psychotherapy) and at the **group level** (Group Therapy)

Psychotherapy : Its Aim and Purpose

Every theraputic procedure is based on certain principles and psychotherapy is no exception to it. These are based on systematic application of psychological principles relating to different theories of therapy. Theoritical knowledge is very much essential for the practice of psychotherapy. Besides this, the therapist must be an expert in his field. He/She must be a trained professional with sufficient expertise in the field. He must know the art of influencing his client so that establishment of rapport, can be easily achieved. This means the therapist's personality must be pleasant and attractive.

These are the preliminary requirements before conducting any theraputic sessions. The following are the **goals** of psychotherapy :

i)   To change maladjusted behaviour patterns, unguided thoughts and uncontrolled emotions of patients by trained therapists.

ii)   To help them develop understanding and insight to their problems with careful and close interaction.

iii) To minimize the environmental conditions that triggers maladaptive behaviour pattern.

iv) To help the client in improving his/her interpersonal relationships.

v) To develop an understanding about one's true self i.e. realization about one's potentials, strengths and weaknesses etc.

vi) To modify or change negative thoughts, emotions and habit patterns.

vii) To clear emotional blockages with understanding and insight.

viii) Finally, to help the client to restore back to his/her normal life with their original potential with an increased sense of confidence, motivation and will-power.

These are the real aims of psychotherapy. Almost all forms of psychotheraputic procedures aimed at fulfilling the above-mentioned goals and thereby helped individuals with problems to start a menaingful life once again with confidence and strength. The skillfulness of the therapist is of utmost importance in this process.

Stages involved in psychotherapy :

Certain steps are followed while conducting psychotheraputic session. These steps are arranged in a serial order for getting the desired result within a short span of time. However, complicated cases may take more time depending upon its intesity.

The following **steps** are usually followed in psychotherapy :

1. i) Appointment with the therapist.

2. ii) Creation of a theraputic atmosphere.

3. iii) Establishment of Rapport.

4. iv) Emotional release or catharises.

5. v) Development of understanding and insight to the problem,

6. vi) Emotional re-education and training.

7. vii)   Setting up goals.

8. viii) Termination.

The following are the detailed description of these steps :

i)   **Appointment with the therapist :**

This is the first step involved in the process of psychotherapy. The client, takes appointment with the therapist and then, as per the date and time set by the therapist, the client went to meet him in his chamber and after that the first interactive session begins This stage is considered to be the starting stage of the theraputic process.

ii) **Creation of a theraputic atmosphere :**

The first meeting between the therapist and the client is very important keeping in view the continuity of the next theraputic sessions. It has been a well-known fact that, therapy or counselling sessions cannot be conducted here and there, at any time or at any place. It can be conducted in the therapist's clinic or in hospital settings, in a room specifically meant for theraputic purpose. Like the proverb "first impression lasts long", the first meeting practically sets the foundation for the successful begining of a theraputic session. Hence, it is the main responsibility of the therapist to create the situation in such a way that it can provide a sense of psychological satisfaction to the client.

iii) **Establishment of Rapport :**

When the client meets a therapist in his chamber, the first interaction begin. The client comes to him with the hope of getting rid of his problems of which he was unable to manage. In this context, the first meeting with the therapist, the way he interacts with the client, talks, smiles, communicate etc. creates the first impression in the mind of the client. Hence, establishment of rapport between them is very important. The term 'rapport' refers to establishment and exchange of a positive energy, feeling, goodwill between them. Unless the client develop faith in the therapist, he cannot reveal his personal matters to him so easil There is also the possibility that he may not prefer to come to the therapist next time.

Hence, from the treatment or recovery point of view, establishment of rapport is of utmost importance.

iv)   **Emotional release or catharsis :**

The root of any kind of mental illness or problem is the creation of emotional blockages in our mind. When the mind is filled with negative thoughts, it leads to negative emotions. These negative emotions creates a sense of insecurity in the person for which he shows jealousy, hatred, dissatisfaction towards others. Unless these blockages are removed, they are reflected in the form of maladjusted behaviour pattern. When such type of behaviour continued for a longer period, they take the shape of mental illness or mental disorders. When the client was able to release all his pent up emotions before the therapist, he becomes free of its effects. This process of release up pent of emotions is called **catharsis.**

v)   **Development of understanding and insight to the problem :**

The main purpose of psychotherapy is to help the client develop complete understanding to his problem. The role of the therapist is to show the mirror to his client so that he can see the reflections of his unrealistic perceptions, irreational beliefs and unachievable desires in it. Once the client becomes successful in gaining catharsis, the way becomes clear to develop complete understanding of his own self. Thus, the role of the therapist is to help his client develop insight to his problems and to enable him to overcome his faculty perceptions and to make himself ready once again to start his life with new hope. Hence, this stage is very important from a psychological perspective.

vi)   **Emotional re-education and training :**

Once the client develops clarity with regard to his problems, the next important step is to develop a realistic-oriented approach to life and to remain alert about not repeating faulty patterns of living once again. In this context, emotional re-education becomes very much essential especially at this stage of theraputic process. The therapist, at this stage, practically trained his client in developing adequate habit patterns so as to start his life in a positive direction. The therapist, at this stage, must also be convinced that his client has developed

the required clarity as well as maturity and is ready to work out his suggestions in the right way. Hence, from many angles, this stage is very important from theraputic point of view.

vii)   **Setting up Goals :**

When the therapist feels that the theraputic sessions are progressing in the right direction and the client is also showing gradual improvement in his condition, the next step is to help his client setting **realistic** goals in life that is achievable. Because, 'unrealistic goals' are the most important cause of frustration and disappointment in life. The therapist helps his client to think in terms of alternatives while setting various goals at this stage so that his previous condition will not relapse once again. A thorough discussion between them, finally helps both of them at reaching mutually aggreable goals which is the ultimate aim of psychotherapy.

viii)   **Termination :**

The term **termination** refers to the ideal time not only to stop the process of therapy but also it indicate the termination of the theraputic relationship. The best way for termination is to carry it out slowly and gradually, not abruptly. Normally, it is expected that they must end with a positive note and feeling too. Apart from this, it must also provide satisfaction to both the client and the therapist. Even if this stage is considered to be the final stage of the theraputic process, yet it is practically very difficult to put a complete end to the relationship. Hence, normally the therapist may advice some follow up sessions at regular intervals to see the effect of therapy. This also provides a sense of psychological satisfaction to the client that the therapist is still concerned about his health and condition.

This is how the theraputic processes operate, more specifically in psychotherapy.

Types of Therapy

Currently, many theraputic procedures are available for the treatment of mental disorders. The focus and purpose of these techniques vary depending

upon the nature of the problem, nature of the situation and the nature of the individual. Current practices in psychotherapy has expanded a lot and it has taken many different forms. The processes adopted and the techniques used are also different. the following are some of the most important forms of therapy :

    i)   Psychodynamic therapies
    ii)   Humanistic / Experiential therapies
    iii)   Behaviour therapy
    iv)   Cognitive therapy
    v)   Biomedical Therapy.

The **Psychodynamic theories** are based on the proposition that all types of mental illness result from the coflict between the forces of the Id and super Ego. When the inner balance is disturbed due to strong conflict between these two contradictory forces, it is expressed in the form a mental disorder. Even if several forms of therapies are founded on this assumption, the most famous of these psychodynamic approaches is that of the **Psychoanalytic Technique** developed by sigmund Freud, a physician doctor of Venice. Later on, he become the founder of modern psychology. He had used the Free-association method and dream analysis as the two powerful means to retrieve materials from the unconscious layer of mind.

Techniques used in Psychoanalytic Therapy

Psychoanalysis is a long-term theraputic process. This therapy primarily focuses on helping individuals develop insight to their hidden conflicts as well as repressed desires. He believed that all the desires are developed in the conscious state of mind. Unfulfilled desires never get extinguished from mind and they are stored in the **unconscious** layer of mind. Mental disorders result when the inner balance is disturbed and ego becomes weak. The individual then, takes recourse to defense mechanisms to get rid of tensions anxieties and worries temporarily. However, regular use of these mechanisms give rise to faulty adjustment pattern and are indicated in the form of mental disorder. The only way to get out of it, according to Freud is to overcome repression and to identify the reasons for inner conflicts.

In general, four different techniques are used in this therapy and these include the following :

i)   Free Association Method
ii)   Dream Analysis
iii)   Analysis of Resistance
iv)   Analysis of transference.

In the **free association method,** the therapist allowed his client to sit comfortably and feel relaxed. Initially, both of them sat facing each other. After formal discussion, the therapist asked his client to speak or tell everything about his problems freely without any hesitation or inhibition and also assured him of maintaining complete confidentiality of the matter. He puts questions skillfully and tries to identify important points, statements and reactions of his client while describing his feelings. The intention of the therapist here is to catch all those important facts that lies at the source of his problem. When the therapist allowed free flow of thoughts to his client, it is expected that he will reveal some of the repressed unconscious materials. From diagnostic and treatment point of view, this method of free association works wonders.

The next important technique used in psychoanalysis is that of **Analysis and Interpretation** of dreams. Freud believed that the unconscious constitute 90% of human mind. It is the reservoir of all the repressed, suppressed, frustrated, aggressive, immoral and sexual desires and dreams are the medium through which the unconscious desires are manifested. Hence, he believed that analysis of dreams provide readymade clues in identifying important factors underlying mental disorders. According to Freud, even if most of the dreams occur in a symbolic form, still then a thorough analysis of the **latent** and **manifest** content of the dreams provide valuable informations that are very important from treatment point of view.

Analysis of resistance is another important tool to identify the root cause of the client's problem. During the process of free association, Freud had noticed some kind of **resistance** on the part of the client in the form of sudden stopping

of the flow of thoughts. The client may show strong resistance in the form of unwillingness to speak, refusing to speak etc. creating problem on the part of the therapist. This can be considered as one type of 'blocking'. Such type of resistance can be direct or indirect. As for example: expressng the inability to speak, not showing the interest to speak are coming under indirect resistance while out right refusal to talk, to answer to the questions are coming under direct resistance.

Here lies the skillfulness of the therapist as to how to break this kind of resistance. If the therapist becomes successful in handling the situation, then, the client definitely gains insight to his problem and the chances of getting rid of all the problems seems to be nearer. Hence, breaking the resistance is very important.

The fourth technique used in psychoanalysis is **analysis of transference.** The term 'transference' was used by Freud which refers to the distinct feelings felt by the client towards the therapist through out the period of treatment and interaction i.e. eight the client show intense love and attachment towards the therapist or may show its opposite if he is not satisfied. Whatever may be the feeling, positive or negative, towards the client, it is not at all desirable for a healthy treatment. Rather, Freud considered such feelings as a neurotic conflict the root of which lies in one of the stages of psychosexual development. Because of this tendency, the client may show similar type of feelings towards any person resembling the therapist.

A thorough evaluation of the psychoanalytic therapy definitely proves its effectiveness and many contemporary psychologists during that period also considered it as the most famous form of psychotherapy. The reason being the novel ideas and techniques used in the therapy by Freud himself. However, three important criticisms have been raised against this technique on the ground that : It is an expensive and time consuming process of treatment so that only a few can afford to it. Secondly, the foundation of the psychoanalytic treatment is based on Freud's theories of personality and his theory of psychosexual development. Finally, this technique has been criticized on the ground of not being so scientific and logical in its approach and orientation.

However, in spite of these criticisms, this therapy has practically paved the way for doing more research in the area of bringing repressed unconscious thoughts to the conscious layer by developing insight to the source of the problem as well as conflict.

ii)   The **Humanistic or Experiential therapies** are founded on the idea and belief that if we want to understand people, we have to see the world through their eyes, not that of ours. According to this approach, the **success** of this type of therapy is exclusively dependent upon the type of the **theraputic relationship** between the therapist and the client. the **goal** of this therapy is to help the client to come out of his/her problem by trying himself/herself honestly and sincerely. The role of the therapist is that of the mentor, the facilitator, not the director.

The **Gestalt therapy** is coming under humanistic therapy where the focus is on attaining **psychological wholeness.** This means, the gap that exist between the client's awareness of their genuine feelings with their present perception. This can be called as the **incomplete self-awareness** and it is the most important cause of mental illness.

Carl Roger's client-centered therapy is one of the most powerful and influential humanistic approach. He believed that mental disorder result due to the client's desire and effort to attain **self-actualization.** Because, an individual's self-worth has been affected to a great extent in the early years of life by the judgements of other people. Hence, just by showing **unconditional positive regard** to client's feelings and emotions, we can help them achieving self-actualization, i.e. understanding oneself in the right perspective. According to Rogers, this can simply be provided by the therapist in the most empathetic way.

An evaluation of the humanistic therapies in comparision to psychodynamic therapies definitely speaks of its weightage in a positive dimension. Because, unlike the psychoanalytic therapy, they do not apprehend that human beings have to continuously fight to get rid of their mental turmoit. their approach seems to be more positive and optimisitc. In fact, many techniques used by humanistic therapies during that period are also used today. Moreover, the assumptions made by these

therapies have scientific validity. In sum, it can be said that the contributions rendered by the humanistic therapies are truely substantial in enriching the field of therapy.

ii)   **Behaviour Therapy**

While the psychodynamic and humanistic therapies gives importance to early traumatic experiences in the life of the client as a major contributing factor in the causation of later mental illness. **Behaviour Therapy** focuses more on the prevalent or latest disturbances in an individual's behaviour. this therapy is practically a combination of a number of therapies where the main objective is to modify current maladaptive behaviour patterns. In this sense, these therapies are not only different in its orientation, but also different in relation to its approaches and techniques used in comparision to earlier therapies. This therapy is based on the belief that the source of mental disorders lies in faulty learning process.

Behaviour therapy came into existence in the year 1960. The main assumption of this therapy is that "learning" can bring change or modification in behaviour and if we want to correct or modify faulty behaviour pattern, we need to apply basic principles of learning. Hence, behaviour therapy makes wide applications of learning principles like classical conditioning, operant conditioning and observational learning for changing maladaptive behaviour pattern.

Behaviour therapy emerge from the works of I.P. Pavlov, B.F. Skinner and J.B. Watson. As such, we find a combined application of these three learning techniques in the works of behaviour therapists. They believe that maladaptive behaviour patterns are acquired or learned behaviour patterns. They are not innate. They are learned through classical conditioning and are reinforced through Instrumental conditioning.

Classical conditioning is a form of learning in which two different types of stimulus are associated with each other in such a way that the presence of one stimulus leads to the occurrence of the other. Hence, in such type of learning, one stimulus act as the signal for the occurrence of another stimulus. Such type of conditioning is a gradual process in which a conditioned stimulus gradually acquire

the strength to elicit a conditioned response. In this context, one question may arise in our mind as to what role is played by classical conditioning in the causation of mental disorder ?

Behaviour therapists believe that most of our habit patterns are acquired in course of our interaction with others. We learn both constructive and negative behaviour pattern. Once habits are formed, they continue on automatic mode and no effort is required further. Hence, there are certain elements, objects, symbols and people, in our environment, which act as triggering factors in generating unaccepted behaviour pattern. These are called maladjusted behaviour pattern and they can be brought under control by the application of several learning principles. Because of this, this therapy is also called **behaviour modification.** J.B. Watson was the first persn who took initiative to use some conditioning techniques for treating behaviour disorders in the year 1920. Hence, for this reason it is said that behaviour therapy stems from Watson's principles of behaviourism. Later on, many experiments were conducted by I.P. Pavlov and B.F. Skinner using classical conditioning and operant conditioning techniques in order to see how this technique can change behaviour of human being and animals too. In fact, in psychology, most of the experiments were carried on with animals first.

According to Skinner, 'behaviour' can be modified by the application of both rewards and punishments. He believed that **reward** definitely strengthens positive behaviour and punishment over a period of time. weakens negative behaviour pattern.

As pointed out earlier, behaviour therapists used many different techniques for behaviour modification.

They include the following :

i) Systematic Desensitization
ii) Relaxation Technique
iii) Heirarchy of anxieties
iv) Aversion therapy
v) Desensitization sessions

vi)   Flooding therapy

vii)   Assertive training

viii) Modelling technique

ix)   Token Economy technique

i)   **Systematic Desensitization**

This is the most frequently used technique in behaviour therapy and was developed by **wolpe.** According to him, neurotic behaviour results due to continuous exposure to anxiety provoking situations. Hence, by developing and reinforcing certain habits that can counter its effect, one can get rid of it. For this purpose, he used **muscular relaxation** technique to counter anxiety. In the systematic desensitization technique, the patients first learn the skills of experiencing a relaxed state in their body by learning the art of relaxing the muscles.

The following four steps are used as important tools of this technique.

ii)   **Relaxation training**

This is the first step of the theraputic process where the patients are trained with the skills of bringing relaxation to their body by learning the tricks of muscle relaxation i.e. how to contract and relax various body muscles. The rationale behind this technique is that relaxation helps in reducing anxiety and creates a conducive state in the patient to face the situation with less disturbance. In this context, studies of brain waves also indicate generation of more alpha waves under states of meditation and relaxation. Hence, this technique is beneficial in the treatment of anxiety, miagraine, excessive stress, other kinds of neurotic and psychosomatic disorders.

iii)   **Assessment of Heirarchy of anxieties**

This is the second step of the sensitization technique in which prior to the creation of a relaxation state, the patient's degree of anxiety is assessed by exposing him to different types of anxiety-provoking situations that have been arranged in a progressive order from less anxiety-provoking to intense anxiety-provoking situations in a heirarchical order. After that, the patient is trained in the skills of

achieving a state of relaxation. Then, the patient is exposed to the same level of anxiety-provoking stimulus or situations to assess the effect of relaxation in reducing anxiety. The results indicate a definite impact of relaxation technique.

iv)   Desensitization Sessions

This behavioural technique is mostly used to eliminate anxiety and phobias. In this process, persons with anxiety and phobias are helped to learn the art of creating a relaxed state in their body by relaxing their muscles. Once this state is achieved through some continuous number of sessions, then the patient is exposed to stimulus that elicit fear and anxiety in him. As the relaxation technique act as an antagonistic force in combating fear and anxiety and many other things, the connection between them (stimulus-response) gradually weakened and more repetition of this technique finally helps in completely eliminating fear or anxiety.

v)   Aversion Therapy

This therapy is based on the principle that any kind of maladjusted or undesirable behaviour pattern can be modified or changed by connecting it to a painful stimulus or punishment. the rationale behind this is that any unhealthy and undesirable behaviour pattern can be changed through punishment. As for example : those who are addicted to alcohol (chronic alcoholics), they can be refrained from doing so by this technique. When specific drugs (nausea producing) are mixed with the alcoholic drink, it produces a feeling of sickness, discomfort and leads to actual vomiting in the person. By repeting this process again and again, the situation will become such that just by looking at the drink, the person develop an aversion tendency and finally will stop taking it. Likewise, many other addictions can also be brought under control by adopting this technique.

vi)   Flooding Therapy

This therapy is also known as **Implosive Therapy.** This technique is more or less similar to the systematic desensitization technique. This therapy attempts to put the patient to actual anxiety-provoking situations repeatedly and thereby tries to create stress tolerance or anxiety tolerance capacity in him. Because, repeated exposure to such situations helps in reducing the intensity of the stimulus

gradually. This process also helps the patient not only to reduce his autonomic responses but also in reducing his avoidance responses to such anxiety provoking stimuluses. Hence, this therapy helps in deconditioning of maladaptive responses with understanding.

vii) Modelling Technique

This technique is basically used to eliminate undesirable social behaviours and to improve the social and interpersonal skills of people. As observed, many people do not know how to interact with people, how to maintain relationships, how to express their emotions and feelings etc. as a result of which they face difficulties in their daily lives-both at home and in their profession. This technique was originally used by Alfred Bandura in his famous **Social Learning theory.** He believed that all acquired behaviours are learned. As such, if we want to change any undesirable social behaviour, we can use the technique of **modelling** through **observation** learning. By using popular models/celebrities etc. high in social skills, persons with difficulties are provided either live demonstrations or videoclips as to how to develop social skills and maintain important relationships.

Apart from learning social skills through observation, research studies have also proved the effectiveness of this technique in elimination of phobic rections like excessive fear of cats, dogs, snakes, cocroaches, snakes, spiders, lizards, darkness etc. Observational learning have been found quite sucessful not only in learning social skills but also in overcoming many phobias. Hence, modelling is a process through which individuals acquire new information, learn new behaviour by observing the actions of others.

viii) Token Economy Technique

This technique is specifically used to change undesirable social behaviour and it is primarily based on operant conditioning technique of learning developed by B.F. Skinner. In token economy, in stead of money, a token is used to get work done and if the person is able to act successfully by showing expected socially desirable behaviour pattern, then the token can be exchanged for getting the desired objects. The rewards, thus received in exchange of a token are of different

types that are attractive to the person. This technique is a method of treatment generally meant for mental patients staying in hospitals. The rationale behind this technique is that rewards can bring desirable behaviour as it brings happiness to the person. It also gives the patient the feeling that they can control their environment by their his token is available either in the form of a card or a slip.

However, certain steps are followed in this process. Undesirable behaviour pattern needs to be identified first, then any desirable change in behaviour is to be noticed and reinforced. Finally, the medium of exchange is to be decided as to which type of reward or facility the patient wants to avail. There is also the provision to take care of the back up rewards also.

In sum, it can be said that undesirable social behaviours can be deconditioned by learning through rewards or reinforcements. The general outcome of this technique is also found to be impressive.

These are the techniques used under the term behaviour therapy. These techniques are exclusively based on the principles of learning. An evaluation of these therapies definitely speaks of its merits over the earlier therapies. These therapies are scientific systematic, objective and also easy to use. The results can also be tested and verified. However, its limitations include non-consideration of early childhood experiences in the causation of disorder. Apart from this, treatment of depression, schizophrenia, bi-polar disorder cannot be treated effectively by this therapy.

Cognitive Therapy

The term 'cognition' refers to higher mental processes like learning, thinking, retaining, attending, problem-solving, decision-making, sensing, experiencing etc. Hence, the main focus of this therapy is to change negative and distorted thoughts, beliefs etc. to positive and constructive one's. Cognitive therapists viewed that our cognitive processes significantly influence our actions, behaviours, belief and value system. Mental disorders result from distorted though pattern and if we want to cure any disorder, we need to change our faulty, negative and maladaptive thought pattern first.

Currently, cognitive therapies are gaining more and more attention for its effectiveness in treating anxiety and depression. A. Ellis and A.Beck are the two prominent pioneers of cognitive therapy and they have done extensive work using this therapy.

Beck's cognitive Behaviour therapy :

Aaron Beck was very much interested to search for techniques to treat 'depression', which, he considered as a serious mental disorder. He believed that depression stems from negative, distorted, self-defeated and illogical pattern of thoughts. Hence, with the motive of alleviating depression, he developed a new form of therapy popularly known as CBT or **Cognitive Behaviour Therapy.** According to him, people who hold negative image of themselves, negative and unrealistic beliefs about themselves and about the world around them and tend to develop illogical and irrational thoughts making them prone to suffer from depression. This CBT is designed to help the patient to put a break to this pattern of thought and to develop a realistic orientation towards self and that of the world around them.

Beck has also emphasized upon another important aspect of this kind of negative thought and viewed that negative though pattern usually creates negative 'mood' in the person and this state usually invites more negative thoughts leading to continuity of the problem. In such situations, the application of cognitive behaviour therapy can put a check to such a pattern. In this therapy, both the patient and the therapist work together to get the desired result.

Rational-Emotive Therapy (RET)

This theraputic technique was developed by Albert Ellis (1987). According to him, **unrealistic** or **irrational** thoughts are the central factors in the causation of various types of mental disorders. RET is a type of therapy where the prime focus is to help the person to change his irrational thought pattern through **persuation** and **influence.** In this process, the first step is to identify such type of thoughts in the person and then to have intensive discussion with him to find out the reasons behind the creation of such type of thoughts. As we know, thoughts

produces feelings and these feelings create specific emotions and an individual forms impressions accordingly. Such attitudes are finally reflected in the form of actions. Elli's RET is an attempt to change such thought patterns, beliefs and values formed out of it and finally to help the patient to realize the irrationality of his beliefs and also to realize how much harm it is causing to him. In other words, the main aim of this therapy is to restructure one's cognitive aspect so that the person can relearn the art of developing and maintaining his self-esteem. This therapy has been found to be very much effective in curing **depression, anxiety** and **irrational beliefs.**

An evaluation of these cognitive therapies clearly indicate its success as well as effectiveness in eliminating not only undesirable thoughts, beliefs and unrealistic assumptions about one's own self, but also in countering depression and other personal problems and difficulties. Both the therapies devised by Beck and Ellis are very much effective in the treatment of depression. Apart from this, research studies have also indicated the long-term effects of these cognitive therapies in comparision to other therapies. At present, the use of cognitive therapies is on rise. Cognitive therapists are also trying to expand its applications to many other psychological disorders in future.

Biomedical Therapies

These therapies are based on the assumption that mind and body are related to each other so closely that change in the one automatically create change in the other. From the point of view of a strict medical practitioner, mental illness and physical illness can be placed in the same dimension. They consider both types of illness from the same angle as most of the psychological disorders have some biological base. Keeping this idea in mind, they develop some **medical models** with the hope that they can reduce many symptoms associated with many different types of psychological disorders. The following some of such therapies that are used to treat psychological disorders.

    i)   Electro convulsive Therapy (ECT)

    ii)   Drug Therapies (DT)

iii)   Psychosurgery (PS)

iv)   Insulin Coma Therapy (ICT)

i)   Electro Convulsive Therapy (ECT)

This therapy is coming under **Electrotherapy**. By using this therapy, the effect of electric current is studied on the functioning of the central nervous system. Originally, this therapy was developed by a renouned psychiatrist of Budapest Dr. Vonneduna in the year 1935. This therapy is more popular in the name of **Shock therapy.** This has also been a widely used therapy. In the beginning, this therapy was used for the treatment of Epilesy and Schizophrenia and later on its application was also extended to the treatment of some other mental disorders. Its outcome was also found to be satisfactory. In this therapy artificial convulsions were created by injecting metrazol and some other drugs in the patient to cure major psychotic disorders like Schizophrenia, depression etc.

However, the modern form of ECT is some what different. The doctors place electrodes on the patients and inject shocks of 70 to 130 volts for a second. The electric current passes through the brain within this time causing a brief seizure. The usual dosage is to have three such sessions in a week for some more weeks.

The outcome of this therapy is also found to be satisfactory. This process of treatment seems to be effective in reducing severe depression, more specifically with those patients who have not been benefitted from any other treatment process earlier. Interestingly, the APA (American Psychiatric Association) has also recommended the use of ECT to treat psychotic patients with symptoms of depressive stupour with suicidal tendency.

However, certain risks are associated with this therapy. As for example, in some casees, the patient reports loss of episodic memory (forgetting) events personally experienced. Otherwise, ECT is found to be quite effective in treating severe depressive patients with suicidal tendencies.

ii) Drug Therapies

These therapies are mainly used for the treatment of psychotic disorders and some other type of neurotic disorders. These include : Schizophrenia, depression, mania, bi-polar disorder and anxiety etc. These drugs are called **"antipsychotic drugs".** Different types of drugs are used to control different types of symptoms. As for example : **antipsychotic drugs** are mostly used with schizophrenic patients to reduce the frequency of hallucinations and delusions. After administering these drugs, the patient can easily notice its calming effects. Apart from this, **Anti-depressant drugs** are given to the patients having depression along with suicidal tendencies. **Antianxiety drugs** are usually meant to help the patient to experience sound sleep. As observed, most antianxiety drugs create drowsiness in the patient, but along with it, it seriously disturb motor coordination. If the patient will use these drugs with alcohol, the situation could have become extremely dangerous. These drugs also reduces the activity in the nervous system. The long-term use of these drugs are fatal. It may take the life of the patient. **Antimanic drugs** are given to the patients who are hyperactive, highly agitated, uncontrolled and unmanageable.

All these drugs, may temporarily control strong physical and biological symptoms. But, each and every drug has its side effects, if taken more than that is required.

iii) Psychosurgery

It refers to brain operations that are specifically designed to change abnormal behaviour in mental patients. This type of surgery has its origin from the works of a portuguese psychiatrist, Egas Moniz(1935). He wanted to reduce aggressive behaviour among psychotic patients through the technique of **prefrontal lobotomy** in which neural connections are made between the prefrontal lobes with the other parts of the brain. This type of operation was found to be successful in reducing aggressive behaviour among psychotic patients.

For this work, Moniz received the Nobel prize in medicine for the year 1949. Being influenced by this type of operation, subsequent therapists of the whole

world attempted to use psychosurgery as a method to treat mental disorders. But, unfortunately, they have failed miserably in their effort. The results were not at all encouraging, rather baffling.

After a long gap, some experts develop another type of operation known as **Cingulotomy** i.e. connections between a limited area of the brain and the limbic system. They found this technique some what effective in the treatment of obsessive - compulsive disorder (OCD), anxiety disorders and depression. Presently, doctors use Magnetic Resonance Imagery (MRI) Scans, to make small leisons in the brain. It has now become one of the most important as well as widely used technique for complicated diagnosis of disorders.

However, its effectiveness as well as its side-effects are yet to be proved. Medical science is still in a confusing state in predicting its long-term benefits.

iv) Insulin Coma Therapy

Initially, this therapy was developed to treat schizophrenic patients. "Insulin" is a hormone that regulate sugar metabolism in the body. As the name implies, in this therapy, increasing among of insulin is injected to the body of the patient on daily basis until he goes into a coma stage. This results due to acute shortage of sugar in the blood. This process is repeated near about forty to fifty days or even more under close supervision of expert doctors. Then, its side-effects are observed minutely. The outcome of this therapy was not found to be satisfactory, rather, many risk factors are found to be associated with it. This therapy was used with the hope and belief that the effect of coma can create convulsions in the body as well as mind and which, in, turn, may reduce behavioural disorder.

An evaluation of these biomedical therapies indicate a mixed reaction among all categories of medical professionals. These therapies are also called **biological therapies.** With regard to the effects of ECT, it seems to be effective in reducing severe depression, more specifically with those patients who do not respond to other forms of treatment or therapy. However, unwanted risk factors are also connected to it. With regard to drug therapy, even if, these are found to be somewhat effective in the treatment of depression, schizophrenia, anxiety disorders etc. still

then, research evidence indicates the truth that they cannot be considered more effective than psychotherapy, cognitive and behaviour therapies (Bruder et al. 1997, Hollon, Shelton & Loosen, 1991). Rather, the effects of cognitive and behaviour therapies have better and long-term effects on patients. With regard to use of drugs, even if antidepressant drugs are found to be very much effective for the treatment of severe depression, they are not suitable for treating mild depression cases. Insulin coma theraphy have become banned now. However, the effectiveness of psychosurgery is yet to be proved. Even if it has helped a lot in the diagnosis part (MRI Scan), still then, research is still going on to prove its credibility in the medical field.

Conclusion :

Any theraputic process is intended to help the patient to recover from his/her disorder. Today, the field of medical science has witnessed development to an unimaginable height. Information and communication technology (ICT) have tremendously impacted our lives. Modern innovations in science and technology has touched the sky. But, the paradox is that the rate of mental illness is increasing at an alarming speed giving caution signals. Technology can enhance our standard of living, can increase our degree of comfort. But, it cannot teach us the secrets behind relationship management, cannot show the road to happiness. Today, the term 'health' is not limited to physical or mental domain only, it has expanded to some other dimensions like the emotional, social, economic, cultural, spiritual, environmental and intellectual. We need to improve in all these dimensions and also to maintain balance among all these. We cannot buy happiness in life as it is an internal feeling.

At present, most of the people are very low and weak in their spiritual dimension. If we go back to our ancient Indian tradition and literature, we find, it is quite rich in its essence and orientation. We all are aware of the names like yoga, meditation, pranayam, yoga sutra, vedas, upanishads, charak sanhita, Bhagwad Gita etc. which are the real treasures of our life. All these are intended to help an individual to lead a healthy and virtuous life. Five thousand years ago, vast

varieties of practices have been developed by our Gurus, rishis as to how to stay connected to nature and be healthy.

These theraputic approaches are just a means to help individuals to lead a disease-free life. But, without taking recourse to our vast Indian theraputic approaches, we may not achieve complete health in the true sense of the term. We still need to acquaint ourselves with the concepts of Sanyam, Niyam, Asan, Pranayam, Dharna dhyana, Samadhi, Satya, ahimsa, bramhacharya or celebacy etc.

It is true that many people, at present, are realizing the importance of practicing many of these techniques to experience peace, calmness and stability in their lives and of course, they have started practicing it in their daily lives. It definitely indicates a positive change in our attitude. However, more awareness is needed in this regard.

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KEY TERMS

Psychotherapy	Schizophrenia
Rapport	Irrational
Catharsis	Distorted
Maladaptive	Conditioning
Theraputic	Desensitization
Psychoanalysis	Relaxation
Cognition	Heirarchy
Reinforcement	Aversion
Self-awareness	Flooding
Self-evaluation	Assertive
Resistance	Modification
Termination	Assessment
Anxiety	Phobia
Neurotic	Stimulus
Psychotic	Addiction
Transference	Stress tolerance
Termination	Insulin
Free-association	Convulsion
Assumption	Antipsychotic
Blocking	Antianxiety
Insight	Antimaniac
Pattern	Antidepressant
Client	Biomedical
Unconscious	Psychosurgery
Interpretation	Tranquilisers
Psychodynamic	Lesion
Symbols	Delusions
Humanistic	Hallucinations
Depression	Disorder

CHAPTER SUMMARY

1. Therapy refers to a process of treatment. Psychotherapy refers to treatment of mental disorders through psychological procedure.

2. The theraputic process involves face-to-face interaction between the client and a trained professional therapist.

3. The main objective or goal of any therapy is to help the patient to get rid of his/her problem.

4. Many types of therapies are available today to deal with mental disorders and other types of behavioural problems. Some of the most frequently used therapies include : Psychotherapy, Psychodynamic therapy, Humanistic therapies, Behaviour therapies, Cognitive therapies and Biomedical therapies.

5. From theraputic point of view, cognitive and behaviour therapies are found to be more effective. More risk factors are seemed to be associated with biomedical therapies like the drug therapies, electro-convulsive shock therapy (ECT) and psychosurgery. Any slight imbalance either in dosage of taking drugs or time factor of ECT, the areas of the brain that are to be covered by psychosurgery may create irreparable damage in the patient.

6. The assumptions of all these therapies are different even though their objectives are the same. Apart from this, the techniques used under all these therapies are significantly different.

7. While psychotherapy and psychodynamic therapies focuses more on importance of early childhood experience and unresolved inner conflicts in the causation of mental disorders, humanistic therapies focuses more on human factors. While behaviour therapies are founded on the principles of learning, cognitive therapies focuses more in changing the distorted and irrational thought pattern. Biomedical therapies assume that since body and mind are related to each other, each and every physical illness and mental

disorder has definite biological base. However, risk factors are usually associated with these biological therapies.

8.   An evaluation of all these therapies, in general, speaks volume of cognitive and behaviour therapies in comparision to other theraputic processes. However, this does not mean that all other therapies are not at all beneficial from the treatment point of view.

9.   In recent years, people have realised the value of the long-term effects of our ancient Indian approaches that helps to lead a happy, healthy and disease-free life. These include : yoga, meditation, pranayam etc. These are the methods, the benefits of which has been scientifically tested. These are the real treasures of our life, the natural ways to heal ourselves physically, mentally, emotionally, socially and intellectually. Development of the spiritual dimension is essentially required to experience a stable state of both mind and body.

10.   The success of any theraputic process is primarilydependent on the skill of the therapist followed by the type of techniques used, its reliability and the expected benefits it is going to provide not only to the individual patient, but also to the whole society, at large.

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QUESTIONS

A. True-False Questions

State whether each of the following statements are True (T) or False (F).

1. The term 'therapy' refers to treatment of mental disorders through psychological procedures.

2. Theraputic approaches are diverse.

3. There is no difference between therapy and counselling.

4. Guidance and Counselling convey same meaning.

5. Psychotherapy aimed at changing maladaptive behaviour pattern.

6. 'Rapport' means establishment of a theraputic relationship.

7. 'Catharsis' refers to the release of accumulated, painful emotions.

8. 'Termination' is the middle stage of the theraputic process.

9. Dream analysis is a technique used in psychoanalysis.

10. The psychoanalytic technique was developed by Adler.

11. 'Resistance' is a form of behaviour shown by the patient in client-centered therapy.

12. Humanistic therapies are also called Experimental therapy.

13. Behaviour therapy is also known as behaviour modification.

14. Behaviour therapy has its origin from Watson's 'behaviourism'

15. Classical conditioning technique was developed by B.F.Skinner.

16. 'Reinforcement' is a term used in operant conditioning.

17. Free-association method was used by Freud to collect information from his client.

18. Carl Rogers has propounded the client-centered therapy.

19. Humanistic theories focuses more on the ability of the individual in changing maladaptive behaviour.

20. Gestalt theories are coming under psychodynamic theories.

21. Defense mechanisms are faulty mechanisms.

22. Desensitization technique is used in biomedical therapy.

23. Modelling technique is based upon observational learning.

24. Social learning theory was propounded by J. B. Watson.

25. Assertive training is used to shape undesirable behaviour pattern.

26. Aaron Beck is a famous cognitive therapist.

27. Rational Emotive Therapy (RET) was developed by Aaron Beck.

28. Gestalt theory was developed by Fritz Peris.

29. Cognitive therapies aimed at changing negative and unrealistic beliefs.

30. Token economy uses the technique of reinforcement.

31. Biomedical therapies are also known as biological therapies.

32. Drug therapies are included under biological therapies.

33. Antidepressant drugs are used for the treatment of schizophrenia.

34. Schizophrenia is a major psychotic disorder.

35. Antipsychotic drugs are used for the treatment of schizophrenia.

36. Antianxiety drugs are also called minor tranquilizers.

37. The technique of prefrontal lobotomy was developed by the psychiatrist Moniz.

38. No risk factors are associated with drug therapy.

39. Biomedical therapies are physiological interventions for treating psychological disorders.

40. Electro-convulsive therapy (ECT) is used for the treatment of severe depression.

B. **Multiple-choice Questions**

(Choose correct alternatives from the bracket and answer the questions)

1. The term therapy refers to a broad range of .... processes.

   (treatment, diagnosis, symptoms)

2. The theraputic process is .... in its approach.

   (unified, diverse, complicated)

3. Psychoanalytic technique was developed by ....

   (Adler, Freud, Jung)

4. Psychotheraputic techniques are coming under .... approaches.

   (physical, psychological, social)

5. Release of pent up emotions are called ....

   (rapport, catharsis, resistance)

6. Psychodynamic theories has its root from the works of ....

   (Rogers, Watson, Freud)

7. Termination is the .... stage of the theraputic process.

   (initial, middle, final)

8. .... is considered to be the royal road to the unconscious.

   (Ego, unconscious, dream)

9. According to Freud, the unconscious constitutes .... of human mind. (70%, 80%, 90%)

10. Client-centered therapy was developed by ....

    (Maslow, Rogers, Freud)

11. Humanistic therapies are also called .... therapies.

    (existential, experiential, experimental)

12. Behaviour therapy is based on the principles of ....

    (memory, learning, cognition)

13. The aim of behaviour therapy is to .... maladaptive behaviour pattern.

    (strengthen, weaken, modify)

14. Classical conditioning technique was developed by ....

    (Skinner, Pavlov, Bandura)

15. Systematic desensitisation technique is used in .... therapy.

    (Cognitive, Behaviour, Psychodynamic)

16. Operant conditioning technique was developed by ....

    (Lindsley, Watson, Skinner)

17. Aversion therapy can be used for controlling ....

    (addictions, mental problems, neurotic disorder)

18. The technique of modelling is based on .... type of learning.

    (conditioning, observational, insightful)

19. The Rational Emotive Therapy (RET) was developed by ....

    (Beck, Ellis, Selye)

20. Cognitive therapy is aimed at changing .... thoughts.

    (unrealistic, logical, imaginative)

21. Biomedical therapies are also called .... therapies.

    (medical, biological, psychological)

22. Electro Convulsive Therapy (ECT) is categorised under .... therapy.

    (Humanistic, Biological, Social)

23. Antipsychotic drugs are used to treat .... patients.

    (Neurotic, psychotic, addicted)

24. Use of drugs have .... benefits.

    (short-term, long-term, life-long)

25. Antidepressant drugs can be successfully used with .... patients.

    (phobic, depressive, neurotic)

26. .... therapies involve more risk on the part of the patient.

    (ECT, RET, Drug)

27. Psychosurgery can be used as the ....

    (first option, last option, inevitable option)

28. Yoga and meditation can also be used as a ....

    (substitute, theraputic, diagnosis)

29. Yoga and meditation are .... methods of healing mind and body.

    (unscientific, scientific, unsystematic)

30. Regular practice of yoga and meditation .... mental and physical energy.

    (decreases, increases, disturbs)

C.   Short Type Questions

(Write the answer to each question in five sentences)

1.   What do you mean by the term therapy ?

2.   What is psychotherapy ?

3.   What are the steps involved in the process of psychotherapy ?

4.   Mention the techniques used in psychoanalysis.

5.   Explain the term resistance.

6.   What do you mean by free-association method ?

7.   What do you mean by the term termination ?

8.   What are the assumptions of the Humanistic therapies ?

9.   Explain Carl Roger's view point.

10.   What are the techniques used in Behaviour therapy ?

11.   Explain the concept of relaxation.

12.   What do you mean by modelling technique ?

13.   What are the goals of Behaviour therapy ?

14.   Explain the Rational Emotive Therapy (RET).

15.   What are the assumptions of Cognitive therapy ?

16.   Mention about different types of Biomedical therapies.

17. Mention the names of different types of drugs.

18. What do you mean by Electro Convulsive Therapy ?

19. What is psychosurgery ?

20. Of all the therapies which therapy shows long-term benefits to patients ?

D. Essay-type Questions

(Write long answers)

1. What do you mean by psychotherapy ? Briefly discuss the stages involved in it.

2. Explain the techniques used in psychoanalysis.

3. What do you mean by Behaviour therapy ? Briefly discuss the techniques used in this therapy.

4. What are the assumptions of Cognitive therapy ? Explain the Rational Emotive Therapy (RET).

5. What do you mean by Biomedical therapies ? Briefly discuss about Drug therapies.

6. What are the assumptions of Biological therapies ? Briefly discuss about Electro Convulsive therapy.

7. What do you mean by the psychosurgery technique ? What are the advantages and disadvantages of it ?

8. Evaluate the Cognitive therapy. What are its goals ?

9. What do you mean by psychodynamic therapy ? What are its assumptions ?

10. Of all the therapies, which therapy is found to be more effective from long-term point of view and why ? ❖❖❖

ANSWERS

A.   True - False Questions

1.	T	11.	F	21.	T	31.	T
2	T	12.	T	22.	F	32.	T
3.	F	13.	T	23.	T	33.	T
4	F	14.	T	24.	F	34.	T
5.	T	15.	F	25.	T	35.	T
6.	T	16.	T	26.	T	36.	T
7.	T	17.	T	27.	F	37.	T
8.	F	18.	T	28.	T	38.	F
9.	T	19.	T	29.	T	39.	T
10.	F	20.	F	30.	T	40.	T

B.   Multiple-choice Questions

1.	treatment	16.	Skinner
2.	diverse	17.	addictions
3.	Freud	18.	observational
4.	psychological	19.	Ellis
5.	catharsis	20.	unrealistic
6.	Freud	21.	Biological
7.	final	22.	Biological
8.	dream	23.	psychotic
9.	90%	24.	short-term
10.	Rogers	25.	depressive
11.	experiential	26.	Drug
12.	learning	27.	last option
13.	modify	28.	theraputic
14.	Pavlov	29.	scientific
15.	Behaviour	30.	increases

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Chapter - 9

STATISTICS IN PSYCHOLOGY

CONTENTS :

- Need and Use of Statistics in Psychology.
- Important Concepts in Psychology,
- Methods of organizing data
- Frequency Distribution
- Sample Examples
- Grouped Frequency Distribution
- Methods of describing the limits of class intervals in a Frequency Distribution.
  - I.   Exclusive
  - II. Inclusive
  - III. True class Limit

Measures of Central Tendency
- I.   Mean
- II. Median
- III. Mode

Its applications and uses

Conclusion

Key Words

Summary

Questions

Answers

❖❖❖

This chapter covers :

- Meaning of statistics
- Its applications in Psychological research
- Important concepts in statistics
- Frequency Distribution
- Measures of central Tendency:
  - **I.   Mean**
  - **II. Median**
  - **III. Mode**

After going through this chapter, you would be able to:

- Understand the meaning and application of statistics in psychological research.
- Have an idea about different levels of measurement with examples.
- Know the process of collecting organizing and interpreting data while making statistical analysis.
- Understand the different measures of Central Tendency and its uses more clearly.

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Chapter - 9

STATISTICS IN PSYCHOLOGY

Introduction

Statistics is an old and existing discipline of knowledge. The knowledge of statistics has become very essential in the systematic study of many branches of knowledge. The use of statistics is as old as the human society itself. Psychology, being an important social science discipline, psychologists use statistics for an understanding of behavioural problems quite apart from the treatment of data. In psychological studies, the use of statistics always helps to draw scientific inference which in turn produces several statements from the study of a particular case.

The word 'statistics' has been derived from the latin word 'status' or the Italian word 'statista' or the German word 'statistique' each of which gives a meaning like 'political state'. However, seventeenth century witnessed the origin of vital statistics and Captain John Graunt(1620-l674) of London is known as the father of vital statistics. It was he who started a systematic study in population studies. In fact statistics refers to numerical data. Statistics also signifies the method or methods of dealing with numerical facts. Further, it is considered as the science of collection, presentation, analysis and interpretation of numerical data (Croxton and Cowden). Tate (1955), has rightly observed that we compute statistics (mean, median, mode etc.) from statistics (numerical data) by statistics(statistical methods).

Need and use of statistics in Psychology

Psychology as an independent branch of social science, studies the behaviour and activities of human beings and other living beings and summarize the facts and draws inference after due application of statistical methods and procedure. Thus, the need and use of statistics in Psychology is very significant and these may be summed up as below :

1.   It helps in understanding the most exact kind of description ;

2.   It helps psychological studies to be definite and exact in procedures ;

3.   It forms the basis of scientific approach to problem in which inductive inference is commonly used ;

4.   It provides basic tools of data analysis in psychological studies and researches;

5.   It provides basis to predict and draw several conclusions about behaviour and activities of human beings and other animals;

6.   It enables to summarize results in a meaningful and convenient form ;

7.   It enables psychologists to study various phenomena for which other statistical techniques are indispensable ;

Important concepts in statistics :

While using statistics in the study of social sciences and as well as in psychology we will come across many concepts which are very much common and most frequently used. These concepts are discussed below:

Data :

Any purposive gathering of information relevant to the subject matter of study, quantified and expressed in mathematical numerals are known as "data". Data is the plural form of the word 'datum'. The etymological meaning of the word is datum and thus meaning of data signifies 'more than one fact. Also the word " data" expresses the facts describing a group or a situation. Literally the word 'data' is used for the expression of numerical facts such as measures of height, weight, population, temperature, rainfall and various scores on intelligence and achievement tests.

Methods of organizing Data :

Studies in Psychology which involve various tests, experiments and survey usually give numerical or quantitative data. Data are always in the form of numerical scores. In order to derive any useful and appropriate conclusion, the data are to be organized in certain systematic and required manner. Also to engage appropriate analysis and useful interpretation, proper organization of data is essential and encouraging. The organization of data is carried out in following three ways :

1.   Organization in the form of statistical tables ;

2.   Organization in the form of rank order;

3.   Organization in the form of Frequency Distribution ;

However, organization in the form of frequency distribution is most important and can be discussed as stated below :

Frequency distribution :

In Psychology, Sociology and Education we come across large number of data and the simple listing of the data is not sufficient enough for the interpretation and analysis of data. So there is a need for systematic arrangement or classification of data. As a result of which, the data need to be organized into groups called classes and presented in a table which gives the number of occurrences or observations in each group. Thus, a table is meaningful when it gives overall impression about the distribution of data and also helps better access to important characteristics of data for further interpretation and analysis.

Frequency distribution is a table which shows the number (frequency) of individuals, events, scores or cases of a sample in each of the classes into which the variable under investigation or the study has been classified. The purpose of the table is to simplify the presentation and bring understanding for better comparison and conclusion. Based upon the number of scores and the nature of requirement, we can have two different types of frequency distributions such as Simple Frequency Distribution and Grouped Frequency Distribution. The classification of the distribution may be discussed in the following ways :

Simple Frequency Distribute

Simple frequency distribution is also known as the table which shows raw scores only once in the table having it's number of occurrences reported as the frequency of the score. The raw scores are usually arranged either in ascending or in descending order and each score is written once in the order without regard to the times of occurrences. The number of occurrences are reported in the corresponding frequency column of the score.

Example :

The following are the marks secured by 40 students(+2) in History out of a full mark 100. Prepare a simple frequency distribution table of the given data :

22	83	30	63	75	24	48	39
67	78	35	72	30	69	24	43
24	43	72	48	35	43	56	63
22	35	63	58	30	58	24	48
56	69	24	22	35	56	51	30

Solution :

Step 1: Arrange all the scores in an ascending order. Afterwards, underline the same scores as separate groups.

22,22,22, 24, 24, 24, 24,24, 30,30,30,30, 35,35,35,35, 39, 43,43,43, 48,48,48, 51, 56.56.56, 58,58, 63,63,63, 67, 69,69, 72,72, 75, 78, 83

Step 2 : Now prepare a report table in which each score and its corresponding frequency is to be mentioned. After completion of the task, it has become easy to understand and explain many questions which may be asked.

Table 1 shows scores with corresponding frequency

Scores	Frequency	Scores	Frequency
22	03	48	02
24	05	63	03
30	04	67	01
35	04	69	02
39	01	72	02
43	03	75	01
48	03	78	01
51	01	83	01
56	03		∑F=40

A few seconds look can enable any researcher or a common man to give reply to many questions asked about the students regarding their performance in history. The questions may include 'How many students passed or failed ?, What is the highest or lowest mark obtained by students ?"

Grouped Frequency Distribution :

Simple Frequency Distribution is usually convenient and easy for understanding in case of few number of scores. When there are large number of scores, the simple frequency distribution table will become too long, time consuming and sometimes difficult to prepare. Also it is difficult to draw any instant conclusion. Consequent upon these facts and more particularly, when there are large number of scores it is preferable to distribute the scores into certain groups or classes. In this form of distribution and arrangement of data , the numerical data are grouped into some arbitrarily chosen classes or groups. In this process, the scores are distributed into the groups of scores (classes) and each score is allotted a place in the respective group or class. Also it reflects the number of times a particular score or group of scores occur in the given data. Thus, grouped frequency distribution may be considered as a method of presenting a collection of group of scores to explain the frequency in each group of scores.

How to construct a frequency Distribution (grouped) Table:

To construct a frequency distribution table, a number of systematic steps are involved with certain principles or norms. Steps for classifying the scores into a frequency distribution table is as follows :

Step 1 (Finding the range) :

The range is the gap or distance in between the highest score and lowest score which needs to be calculated at the beginning.

Example :

The following are scores obtained by plus two second year students in a test of logic. Prepare a grouped frequency distribution table of the scores.

58	30	83	30	63	72	22	24	43	69
39	43	58	72	56	63	75	63	30	48
63	24	67	35	78	24	35	56	24	56
43	35	22	30	43	56	58	30	30	30
22	48	24	69	24	48	63	51	35	58

Solution :

step 1: At the beginning the range of the series is to be found out. Range is calculated by deducting the lowest score from the highest score in the series of scores (i.e. Range=Highest score -Lowest score). Thus the range of above example is 83-22= 61. After counting the entire number of scores write it as N=50.

Step 2 : Now we have to decide about the number of classes . Usually we have 6 to 20 classes of equal length and in case of large number of scores , we have 10 to 20 classes. When the number of scores is not too large , we take classes less than 10.

The commonly used formula to calculate the number of classes is as follows :
Number of classes = Range/Length of class interval = 61/10 = 6.1

As it is more than 6, the required number of classes will become 7. After deciding the number of class intervals , we can also accordingly decide the size of the class intervals. It has become convenient, customary and comfortable to choose 3,5,10 or 15 as the size of class intervals. Because, when we take the size of the class-interval less than 3, there will be no meaning to the frequency distribution table and so also it becomes the same when it exceeds 15.

Also a commonly used formula to calculate the size of the class-interval is as follows :

Size of class-interval = Range/Number of classes = 61/7 = 8.7 = 9

So it will be convenient to take 10 as the size of the class- interval.

Step 3 Having determined the number of classes and size of the class interval , we must decide where to start the classes . Since for data in the example, the lowest score is 22 , so we might begin with 20 as it is common to let the first class start with a number which is , multiple of class intervals . Also the highest score of the given data is 83. Now we can proceed to write the contents of the frequency distribution. In order to construct a frequency distribution table, three columns are drawn and they are as below :

Construction of the Frequency Distribution table

Class Interval	Tallies	Frequencies
80-90	I	1
70-79	IIII	4
60-69	IIII, III	8
50-59	IIII, IIII	9
40-49	IIII, II	7
30-39	IIII, IIII, II	12
20-29	IIII, IIII	9
		N = 50

i.   Writing the class-interval:

All the classes are placed in the first column . First of all 20-29 is taken as the lowest class interval with the size of class interval 10. Afterwards the upper class intervals are written down in an ascending order. In the above table 20-29 is the lowest class-interval and the higher class intervals are 30-39, 40-49, 50-59 and up to 80-89.

ii.   Tallying the scores :

In this column, scores covered within a particular class interval are tallied one by one. Each group of 5 tallies are being presented separately for easy and instant counting.

iii.   Checking and counting the tallies :

After presentation of all the scores in the column specified for tallies, the tally marks against each class interval are counted and written in the respective third column known as column for frequencies. Lastly, all the frequencies are summed up to see at least it is equal to the number of students to whom the test was administered.

Some Methods of Describing the Limits of the *Clms* Intervals in a Frequency Distribution Table :

There are three ways of expressing the limits of the class intervals in a frequency distribution and they are stated below :

   i.   Exclusive Method

   ii.   Inclusive Methods

   iii.   True Class Limit Method

Each method is discussed and stated below :

i.   Exclusive Method :

In exclusive method of forming class intervals, we add the interval of 10 to the lower limit of the lowest class interval to find the upper limit of the class i.e. 20 + 10 = 30. Now the lowest class interval becomes 20-30. The subsequent class limits and classes are obtained by adding 10 to each class limit until we reach the highest class interval 80-90 which contains the highest score 83. However, in exclusive method , the score equal to upper limit is exclusive because the score 30 will be included in the class interval '30-40' and not in 20-30. An exclusive method of constructing frequency distribution table is given below :

Exclusive classes

Class - Interval
80-90
70-80
60-70
50-60
40-50
30-40
20-30

ii.   Inclusive Method

While forming class intervals by using inclusive method we take both the lower and upper limits of the class intervals inclusive for any particular class. In such kind of class intervals we have to start with the lower limit 20 of the scores for the first class and the lowest class becomes 20-29 so as to include 10 scores (i.e. 10 being the interval). These 10 scores include 20, 21, 22,......., 29 . The other 6 classes are obtained by adding the interval in same manner until we get the highest class interval 89. Thus, the inclusive class intervals so formed are presented below :

Inclusive Classes

Class Interval
80-90
70-79
60-69
50-59
40-49
30-39
20-29

True or Actual Class Limit

In case of inclusive method, it seems that there is no continuity between classes. However, for better clarity and statistical computation , it is desirable that classes are to be continuous. In order to overcome such kind of difficulty, scores are not to be represented as a point on a continuous scale but an interval of unit length of which the given score is a mid-point. Thus, a score of 20 usually represents an interval of 19.5 to 20.5 on a continuous scale. Further, a score of 29 is represented by an interval 28.5 to 29.5. So the true or actual class limit for the class interval 20-29 becomes 19.5-29.5 and other class intervals can be formed as stated below :

True class limits

Class- Interval
79.5-89.5
69.5-79.5
59.5-69.5
49.5-59.5
39.5-49.5
29.5-39.5
19.5-29.5

Measures of Central Tendency :

Earlier, it has been discussed about the collection , organization and tabulation of data and how the scores are distributed in the form of frequency distribution table. The purpose is to summarize and condense the data which can allow quantitative comparison between two or more number of distributions. Also we need to use further statistical methods to draw summary information of independent scores from the whole set of data . For this purpose, it is required to compute average score for each group and then compare the averages. Because any set of scores can be more meaningfully explained, if it can be reported by a single number. Always most of the scores obtained by the group in any test like achievement

scores lie somewhere between the highest and the lowest scores of the whole group. This tendency of the group is named as central tendency. Thus, central tendency is the middle point or the score which falls between the extremes and shared by most of the participants . Hence , a measure of central tendency as J.P.Guilford defines ," An average is a central value of a group of observations or individuals." Also in the words of Tate(1935), a measure of central tendency is ," A sort of average or typical value of the items in the series and its function is to summarize the series in terms of this average value."

Measures of central tendency is broadly grouped into two categories which include arithmetic average or "mean" and averages of position. The averages of position are median and mode. These three such as arithmetic mean or mean, median and mode are the most common measures of central tendency.

Arithmetic mean or Mean :

The arithmetic mean is the most simple and useful measure of central tendency or central location. It is also most popularly known as mean which is nothing but the average of the observed scores. In our day to day life situation, we use or come across this word such as : average income, average temperature, average height, average weight and average intelligence. Literally, the arithmetic mean (AM) is defined as "the sum of all the scores in a series divided by the number of items".

a) Calculation of mean from ungrouped data :

Calculation of mean from ungrouped data is otherwise called as calculation of mean from raw scores. The mean of a series of ungrouped data can be calculated by using the formula given below :

$M = \sum X / N$

where M = Mean (Arithmetic mean)

$\sum$ = Sum total of

X = Score

$\sum X$ = Sum of scores

N = Total number of scores

Example-1: The weight of 10 students are observed as 65, 47, 62, 51, *82,* 67, 73, 43, 55 and 41 kgs. Find out the mean weight of the students.

Solution :

Mean weight of the students (M) = $\sum X/N$ = $(x_1 + x_2 + x_3 + x_4......+ x_{10})/10$

$$= (65+47+62+51+82+67+73+43+55+41)/10$$

$$= 586/10 = 58.6$$

Thus the mean weight of the group is 58.6 kgs. (Answer)

b)   Calculation of the mean from grouped frequency distribution : (Long Method)

When we have large number of data , it is needed to convert the data into frequency distribution table . While converting data, we need to distribute the data along the class intervals either in ascending or descending order. After distribution of scores into a frequency distribution table the mean is calculated in the following formula :

$$M = \frac{\sum fX}{N}$$

where,

M = Mean

$\sum$ = Sum total of

f = Frequency

X = Midpoint of the Class interval

N = Total number of cases

Further, Midpoint of each class intervals is taken for consideration because an assumption is made that most of the of the frequencies are concentrated at the midpoint of respective class intervals.

Example -2 : We can illustrate the use of this formula by taking the frequency distribution given in Table - 1 :

(Table - 1)

Scores	*f*	Midpoint	Fx	
65-69	2	67	134	
60-64	3	62	186	
55-59	4	57	228	
50-54	5	52	260	
45-49	6	47	282	
40-44	8	42	336	
35-39	5	37	185	
30-34	4	32	128	
25-29	2	27	54	
20-24	1	22	22	
N=40			**Σ*f*x=1815**	

Now we can use the formula :

$$M = \frac{\Sigma f X}{N}$$

$$= 1815/40$$

$$= 45.375$$

where,

M = Mean

Σ = Sum total of

f = frequency

X = Midpoint of the Class interval

N = Total number of cases

Thus, the required Mean calculated by using Long Method = 45.375 (Answer)

Calculation of Mean from Grouped Frequency Distribution by using Short-cut-method / Assumed mean Method :

It has been observed that in the long method or direct method we have to go for large number of additions and multiplications , which are difficult and time consuming . In order to avoid long and difficult arithmetic or mathematical calculations, we can use short - cut method or Assumed mean method . Also this method involves less time and can be computed easily with the applications of the following formula :

$$M = AM + CXi = AM + \left(\frac{\Sigma \ x'}{N} \right) xi$$

Where,

AM = Assumed Mean

C = Correction Factor

Σ = Sum total of

f = frequency of the class interval

X' = deviation of the midpoints from the assumed mean

N= total number of cases

i= size of the class interval

Further, the use of the formula can be shown through the solution of an example stated below :

(Table - 2)

Example :

Scores	F	'x'(midpoint)	X'=(x-am)/i	ƒx
65-69	2	67	5	10
60-64	3	62	4	12
55-59	4	57	3	12
50-54	5	52	2	10
45-49	6	47	1	06/50
40-44	**8**	**42**	**0**	**0**
35-39	5	37	-1	-5
30-34	4	32	-2	-8
25-29	2	27	-3	-6
20-24	1	22	-4	-4/-23
	N=40			**Σƒx'=27**

Solution :

Step 1: Assumed Mean = Midpoint of the class interval having highest number of frequencies = 42

Step 2: x' = Deviation of each midpoints from the class interval which is equal to 'zero' (no deviation)

Step 3 : ƒx' = Total amount of deviation for each class interval

= Total number of frequencies of the concerned class interval multiplied with total amount of deviation for the same class interval.

Step 4 : Σƒx' = Sum total of all deviations

Thus,

M = AM + (Σƒx' /N)x i

= 42 + (27/40) x 5

= 45.375 (Answer)

Median :

Literally median is defined as a point or place below and above which lie equal (50 percent of the total) frequencies or values of the distribution table. It may be said that median is a point and not a score which divides the distribution into two equal halves. Median can be calculated for both ungrouped and grouped data.

Median from the ungrouped data(Raw scores) :

In the case of ungrouped data two different situations usually arise such as 'odd' and 'even' number of scores in a series . The following are the solutions ;

i.   When 'N' is odd :

Example - In an achievement test 9 students have obtained their scores like : 27, 35, 47, 25, 39, 82, 77, 62, 75. Find out the Median score of this achievement test.

Solution - We have 9 number of subjects who have appeared a test and there are 9 number of scores . To calculate median, we have to arrange the scores in ascending or descending order. Let the scores written like (ascending order) : 25,27,35,39,47,62,75,77,82,

Thus, median (Md) = (N + l) / 2th item

(where N = 9)

= (9+1)/2 = 5th item = 47 (Answer)

ii.   When 'N' is even :

Example - We have the chronological age of 8 boys of a group like : 11, 7, 9, 8, 6, 10, 5, 10. Find out the median score of these chronological age.

Solution - Here , the scores are arranged in ascending order like : 5, 6, 7, 8, 9, 10, 10, 11

Thus , the required Median(Md)=

{the value of $(N/2)^{th}$ Item + the value of $[(N/2)+1]^{th}$ Item} / 2

where,

$N/2^{th}$ item = 8

$[(N/2)+1]^{th}$ item = 8+1 = 9

=(8+9)/2 = 8.5 (Answer)

Median From Grouped Data :

When the data are available in the form of a frequency distribution, median a point on the scale of measurement below which exactly lie 50 percent of the scores may be calculated with the use of following formula :

Median (Md) = L+ [{(N/2)-F}/fm] x i

where,

L = Exact lower limit of the median class

N = Total number of frequencies

F = Total number of frequencies below the median class

fm = frequency of the median class

i = size of the class interval

Example - The following is a frequency distribution of 60 students in an achievement test. Compute the median for this distribution.

(Table - 3)

Class Interval	Frequency
90-94	1
85-89	4
80-84	2
75-79	8
70-74	9
65-69	**14**
60-64	6
55-59	6
50-54	4
45-49	3
40-44	3
	N = 60

Solutlon:

The formula to calculate median (Md) = L + [{(N/2)-F}/fm] x i

Now, to determine the class interval which contains the median we have to obtain N/2 = 60/2 = 30. So the class interval "65-69" is having the median score. Steps to calculate values required for the formula :

Step 1: L = Exact lower limit of the median class = 64.5

Step 2 : N/2 = 30 (calculated earlier)

Step 3 : F = cumulative frequency up to median class = 22

Step 4 : /m = Frequency of the class interval upon which the median fall = 14

Step 5 : i = Size of the class interval = 5

So the required median can be obtained now by putting the values against the respective symbols of the formula :

Then Median (Md) = 64.5 + {(30-22)/14} x 5

$$= 64.5 + (8/14) \text{ x } 5 = 64.5 + 2.857$$

$$= 67.357 = 67.36 \text{ (Answer)}$$

Mode :

Mode is defined as a measure or score which occurs most frequently in the distribution . It is the most common measure or score of a series of data which is repeated maximum number of times. Also it is said that the modal value is that value in a series of data which occurs most often.

Mode can be calculated from ungrouped (raw scores) data and grouped (frequency distribution table) data.

Mode from ungrouped (raw scores) data :

In the ungrouped data or in simple series of scores ' mode ' is the most frequent score which can be computed by merely looking at the data.

Example : Find the mode of the following ungrouped scores :

5, 5, 6, 7, 7, 7, 8, 9, 9, 10, 11

Solution : Here in these series the score '7' has maximum repetition of 3 times. Thus the score 7 is the required mode.

Also in certain cases some specific scores are being occurred frequently and the number of occurence are same. In such cases the modal value may be more than one score.

Example : The following are the ungrouped scores obtained from one achievement score : 12, 11, 18, 14, 17, 14, 10, 12, 16, 9

Solution : Here it is observed that 12 and 14 have been occurred twice while others occurred only once. So the distribution is having two modal values such as 12 and 14. In such a case, the distribution is called bimodal.

Further, in cases where the distribution is having scores which have occurred for equal number times, there will be no modal value.

Example : 10 students have appeared a test in which their achievement scores are stated below .

40, 42, 56, 59, 42, 75, 59, 75, 56, 40

Thus, there is no mode as every score has equal number of frequency.

Mode from Grouped Data :

In the case, where the data are grouped into a frequency distribution, the mode is the midpoint of the class interval which carries the highest frequency. This modal value is known as crude mode.

Example : Find out the crude mode from the frequency distribution given below :

(Table - 4)

Class Interval	Frequency
60-64	3
55-59	12
50-54	10
45-49	18
40-44	7
35-39	6
30-34	4
	N=60

Solution : In this example, the class interval 45-49 carries the highest frequency i.e.18. So the crude mode is the midpoint of the class interval 45-49 = (45+49J/ 2 - 47.0 (Answer)

Further, when data are available in the form of the frequency distribution , the modal value may be computed by using the values of mean and median of the same distribution . The formula for the computation of the real mode may be as follows :

Mode = 3 Median - 2 Mean

where, Median = the median of the given distribution

Mean - the mean of the given distribution Now we have to calculate the mean and the median of the distribution given in above example ;

(Table - 5)

Class interval	f	x′	fx′
60-64	3	3	09
55-59	12	2	24
50-54	10	1	10/ +43
45-49	18	0	0
40-44	7	-1	-7
35-39	6	-2	-12
30-34	4	-3	-12/-31
	N=60		**Σfx′ = 12**

Mean = AM (Σfx′/N) x i

= 47 + 12/60 x 5 = 47+1 = 48

Median = L + {(N/2-F)/fm} x i

= 44.5 + {(30-17)/18} x 5

= 44.5 + (13/18) x 5

= 44.5 + 3.61 = 48.11

Now the required mode = 3 median - 2 mean

= (3 x 48.11) − (2 x 48.0)

= 144.33 - 96.0 = 48.33 (Answer)

Uses of Mean Median and Mode :

The use of any of the three measures such as mean, median and mode usually provide a measure of central tendency. The use of these three measures are very much situation specific and need based. These have been discussed separately below.

Uses of Mean :   Mean is used when,

i.   The most simple and accurate measure of the central tendency is required,

ii.   The greatest reliability and stability in comparison to other measures are sought,

iii.   Scores are to be properly interpreted and standard scores are to be computed,

iv.   There are no extreme scores to affect the calculation.

v.   Further, statistics like standard deviation , co-efficient correlations and etc. are needed to be computed.

Uses of Median :– Median is used when,

i.   The exact midpoint i.e. a place below and above 50% of the distribution is required,

ii.   The extreme scores of distribution are affecting the computation of the mean.

iii.   The distribution is an incomplete one or not represented by all class intervals and their respective frequencies.

iv.   The central value is to be calculated from graphs like frequency curve, polygon, ogive and etc. median becomes the only method to compute the central value.

v.   The median is mostly useful for the quantitative data, for example, qualities such as health, culture, beauty, honesty, punctuality and etc. which can't be measured quantitatively.

Uses of Mode :   Mode is used in certain situations when :

i.   It is required to calculate merely by inspection.

ii.   The central value is to be computed for qualitative as well as quantitative data.

iii.   A quick and instant measure of central tendency is required.

iv.   The central value can be computed from the histogram and other frequency curves.

v.   Any item which occurs most frequently or repeated maximum number of times.

Conclusion :

Psychology is an important as well as an independent branch of social science. The use of statistics is as old as the human society itself. Statistical analysis provides the basis to predict and draw several conclusions about behaviour and activities of human beings. In any kind of scientific research two things are important. They are collection of data and interpretation of the data. This can only be done through a numerical mode of analysis and this sort of analysis is technically known as "statistical analysis". Such type of analysis has become inevitable in all types of research.

Psychology is a science and as such, research has become an important part of it. Interpretation of data through statistical analysis makes it more scientific, systematic, accurate and reliable. Practically speaking , the uses of statistics are manifold and its use in psychological research has expanded and enriched its field to an unimaginable height.

Key terms :

Stability	Mean	Statistics
Calculation	Median	Data
Numerical	Mode	Score
Co-efficient correlation	Deviation	Range
Extreme	Assumed mean	Frequency
Limit	Formula	Sample
Curve	Odd	Descriptive
Quantitative	Even	Inference
Qualitative	Grouped	Measurement
Instant	Ungrouped	Analysis
Recurrence	Ascending	Distribution
Modality	Descending	Tally
Upper limit	Cumulative	Class-interval
Lower limit	Compute	Mid-point
Graph	Raw score	Exclusive
Procedure	Survey	Inclusive
Phenomenon	Modal	Tabulation
Prediction	Crude	Measurement
	Central	Average
	Tendency	Variable
	Reliability	Proportion
	Validity	Interpretation

Chapter Summary

i.   Statistics is a branch of mathematics and it mostly deals with numerical data. Statistical analysis forms an integral part of any kind of research. Design and interpretation of any data or research finding is incomplete without statistical analysis.

ii. Statistics helps in understanding the most exact kind of description. It provides the basis to predict and draw several conclusions about behaviour and activities of human beings and other animals.

iii. Statistical techniques are essentially required for collecting, organizing and interpreting data. It is a scientific method and studies only the quantitative data. Application of statistical principles are essential in social science research and without it no psychological data can be considered reliable , valid, objective and scientific.

IV. Some of the most common and frequently used statistical techniques include data analysis and interpretation, drawing inferences etc. In fact, statistics is considered as the science of collection, presentation, analysis, and interpretation of numerical data.

V.   Statistical analysis is of two types like the descriptive and inferential. While descriptive statistics are useful in organizing and summarizing the data. Inferential statistics is important in drawing conclusions or making inferences from the data.

VI. Basic statistics deals with data, raw scores , Frequency distribution, mean, median, and mode etc. A 'frequency' refers to the number of occurrences of a particular score in a test. The manner in which the frequencies are distributed over the class intervals is called Frequency Distribution. Data collected from any test are usually arranged in a systematic way for easy and smooth calculation and interpretation. Starting from organization of data to finding out the 'range', class interval etc. everything needs to be organized in a systematic way.

VII. There are three 'measures of central tendency' and they are : arithmetic mean, median and mode.

VIII. 'Mean' is also called as the 'average'. It is the most simple accurate and widely used measure of central tendency. This 'mean' can be calculated both from grouped and ungrouped data. Median is usually the mid-point in the frequency distribution. It is a point, not a score which occurs in the middle of the distribution. In other words, mode is the score value with highest frequency.

IX. The use of any three measures like the mean, median and mode usually provides a measure of central tendency. The use of these three measures are very much situation-specific and need-based. Another important fact is that though mean and median are measures of central tendency, the mean is influenced by the exact value of every individual score, while the median is the same with different values at the extreme. So , if any score is changed, the mean will automatically change. But if the middle score or middle two scores remain same, then the median remain unchanged even if there is a change in the individual score.

X. The most significant aspect of statistics is that it helps in quantifying the qualitative observations. Hence, applications of these statistical procedure have enriched and expanded the field of psychology to a great height.

❖❖❖

QUESTIONS

A. **Whether following statements are *true* or *false* :**

1. Mean divides a series of scores into two equal halves. (True/False)

2. Mode is the measure of central value having maximum stability. (True/False)

3. Scores obtained in psychological tests are continuous. (True/False)

4. There is no definite rule in taking number of class intervals for the obtained data. (True/False)

5. Median divides a series of scores into two equal halves. (True/False)

6. The median age of 7 girls is 9 and 7 boys is 7, the median age of all boys and girls is 16. (True/False)

7. The mean of a set of scores is higher than the highest score in the set. (True/False)

8. When a constant is added to a set of data, mean of the resulting scores does not change. (True/False)

9. Mean of a set of scores will change, when assumed means are changed. (True/False)

10. Mode is a central value of a set of data. (True/False)

11. For any set of scores, there is only one mode. (True/False)

12. The value of each score in a set of data influences the median. (True/False)

13. There is some error, when the mean of the set of scores is less than lowest score. (True/False)

14. The median of a set of scores is less than the smallest score. (True/False)

15. The mean of two consecutive even numbers is the odd number between them. (True/False)

B. **Multiple Choice Questions (Choose the correct alternative from the bracket to fill up the blank and answer the question).**

1. Statistics is that branch of mathematics which deals with.............................. data.

   (numerical, theoretical, hypothetical)

2. ....is the most reliable measure of the measures of central tendency.

   (Mean, Median, Mode)

3. Central tendency with greatest stability is called........................

   (Mean, Median, Mode)

4. .... is used when further statistical calculations are required.

   (Mean, Median, mode)

5. The measurement that has absolute zero is called........................scale.

   (nominal, ordinal, ratio)

6. Inferring population values from sample values is .... statistics.

   (descriptive, inferential, parametric)

7. A population is a .... set of scores from which conclusions can be drawn.

   (complete, small, large)

8. The most frequently occurring score in a series is called........................

   (Mean, Median, Mode)

9. The score that divides a series exactly into two halves is known as ....

   (mean, median, mode)

10. The most reliable measure of central tendency is ....

    (mean, median, mode)

11. In the case of open ended frequency distribution..........................can be only used to obtain central value.

    (mean, median, mode)

12. The median of a distribution is the value that falls in the.......................of the distribution.

    (first, centre, last)

13. The distribution with two highest frequencies is a .... distribution.

    (unimodal, bimodal, multimodal)

14. Mean and median can be calculated only when the data is on .... scale.

    (ordinal, ratio, nominal)

15. In the ungrouped data.............................is the score value with the highest frequency.

    (mean, median, mode)

C. Short Type Questions. (Write the answer to each question within five sentences)

1. What do you mean by statistics ?

2. What are the uses of statistics in Psychology?

3. How organization of data is carried out ?

4. What do you mean by frequency distribution?

5. What is grouped frequency distribution ?

6. What is range ?

7. What do you mean by class- interval ?

8. What is exclusive method in frequency distribution ?

9. Explain inclusive method in brief.

10. What are the measures of central tendency ?

11. What do you mean by Arithmetic mean ?

12. What is median?

13. How median is calculated for ungrouped even number of scores ?

14. Briefly explain about 'mode'.

15. What are the usage of mean ?

16. Explain the formula to calculate mean.

17. What are the usage of median ?

18. Where can you use mode ?

19. Why do we calculate modal values ?

20. Why do you calculate measures of central value ?

D. Essay Type Questions :

   (Write long answers)

1. Define statistics. Briefly discuss its needs and importance in the field of psychology.

2. Explain the meaning and application of statistics in psychology.

3. Briefly discuss the exclusive and inclusive method of forming frequency distribution table.

4. What do you mean by "organization of data"? briefly discuss the different methods employed for the organization of data.

5. What do you mean by Frequency Distribution ? How a frequency distribution is prepared ?

6. The following scores were obtained by a group of 40 students in psychology. Prepare a frequency distribution table by using a class interval of 5 :

42	61	62	70	81	49	78	65	
73	70	27	65	88	46	79	70	
32	78	42	69	56	83	63	69	
82	55	43	66	59	44	71	52	
34	52	39	77	57	72	63	59	

7. What do you mean by 'data'. Briefly discuss the various methods for the organization of data.

8. What do you understand by the term , 'measures of central tendency' ? Explain the most common measures of central tendency.

9. Define mean, median and mode. Briefly discuss the use of each one of them.

10. Calculate the mean for the frequency distribution given below :

Scores	Frequency
50-54	1
45-49	3
40-44	5
35-39	8
30-34	10
25-29	06
20-24	4
15-19	2
10-14	1
	N=40

11. Calculate the mean for the frequency distribution given below

Scores	Frequency
90-94	1
85-89	4
80-84	2
75-79	8
70-74	9
65-69	14
60-64	6
55-59	6
50-54	4
45-49	3
40-44	3
	N = 60

12. Calculate the median for the following frequency distribution :

Scores	Frequency
60-64	1
55-59	3
50-54	6
45-49	8
40-44	15
35-39	9
30-34	5
25-29	2
20-24	1
	N = 50

13. Calculate the median for the frequency distribution given below

Scores	Frequency
50-54	1
45-49	3
40-44	5
35-39	10
30-34	12
25-29	8
20-24	6
15-19	4
10-14	1
	N = 50

14. Find the mean, median and mode for the following set of scores

   a. 24, 18, 19, 20 22, 25,12, 23

   b. 14, 20, 12, 14, 19, 14, 18, 14

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Answers :

8. False

9. False

10. True

11. False

12. False

13. True

14. False

15. False

A. True or False Type

1. False

2. False

3. True

4. True

5. True

6. False

7. False

8. Mode

9. Median

10. Mean

11. Median

12. Centre

13. Bimodal

14. Ratio

15. Mode

B. Multiple Choice :

1. Numerical

2. Mean

3. Mean

4. Mean

5. Ratio

6. Inferential

7. Complete

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