**COMMUNITY HEALTH ASSISTANTS, MARCH 2023**

**HUMAN PSYCHOLOGY 80 HOURS.**

**Module competence.**

This module is designed to enable the learner provide services at the health care facility and community level.

**Module outcomes.**

By the end of the module, the leaner should;

1. Understand the development of psychology and its influence on health.
2. Understand the physical, cognitive and socio-economical influence on human behavior.
3. Utilize knowledge of cognitive processes in explaining human behavior.
4. Demonstrate understanding of how motivation and emotion influence human behavior.
5. Demonstrate understanding of how personality influences health and health care delivery.
6. Explain theories and techniques of guidance and counseling in education.

**Definition.**

* The word psychology is derived from two Greek words “psyche” and “logos.”
* Psyche means “soul” and logos means the “study”.
* The most widely and accepted definition of psychology is: “*The science of behavior and mental processes of both human and animals”.*

**Introduction**

* **Psychology** is the science of behavior and mind, embracing all aspects of conscious and unconscious experience as well as thought.
* It is an academic discipline and a social science which seeks to understand individuals and groups by establishing general principles and researching specific cases.
* Psychology is a body of knowledge that can be applied to help solve a variety of human problems.
* A professional practitioner or researcher is called a **psychologist** and can be classified as a social, behavioral or a scientist.
* Psychologists explore behavior and mental processes, including perception, attention, emotion, intelligence, motivation, brain functioning and personality.
* In the medical field psychological knowledge is often applied to the assessment and treatment of mental health problems.

**Foundation of psychology.**

**René Descartes:**

* A French philosopher and mathematician well known for his endorsement of mind-body dualism (dual- two).
* Mind-body dualism maintains that the mind and the body are distinct substances, each operating according to its own set of principles.

**John Locke:**

* An English philosopher and empiricist who believed that every human mind begins as a blank slate, which is shaped by individual experiences to become a unique person.
* Empiricismis the idea that all knowledge comes from experience, embraced by philosophers (*Experience is the best teacher*).
* Knowledge also remains influential in contemporary psychology and other experimental sciences.

**David Hume:**

* A Scottish empiricist and member of the associationist School who proposed several principles of association.
* Principles of association are rules that govern the ways in which the mind connects one idea to another and constructs complex ideas out of simpler ones.

**Charles Darwin:**

* Developed the idea of evolution that species change over time.
* They adapt to their environments in order to maximize survival and reproductive success by means of natural selection.

**Gall and Spurzheim:**

* AGerman physiologist who developed the idea of phrenology, those personal traits could be revealed by measuring the size and location of bumps on a person’s skull.
* Phrenology is the study of the conformation of the skull as indicative of mental faculties and traits of character, according to the hypotheses of the scientists.

**Weber and Fechner:**

* German scientistswho developed the idea of Psychophysics.
* This is a subfield of physiology concerned with the relationship between physical stimuli and the sensations they cause (Reactions to stimuli).

**Early perspectives of psychology (*Schools of thought*).**

1. **Structuralism perspective.**

* Formal research in psychology began at the university of Leipzig Germany where Wilhelm Wundt founded the first psychological laboratory in 1879.
* Wundt is considered as the first psychologist and father of experimental psychology.
* He limited the subject matter of psychology to the study of conscious experience.
* The elements of conscious experience were considered to be of two kinds.
* These are:

1. **Sensations(senses):**

* Sights.
* Sounds-(hearing).
* Tastes.
* Smells.
* Touch, which arise from stimulation of the sense organs;

1. **Feelings:**

* Love.
* Fear.
* Joy.
* He believed that all conscious experiences are merely combinations of elemental sensations i.e. sensory knowledge is the building block of our intellect.

1. **Functionalism perspective.**

* The American psychologist William James pioneered functionalism.
* It focused on what the mind does, on the functions of mental activity and role of behavior to adapt to their environment.
* Functionalism was strongly influenced by biology.
* Charles Darwin had a great impact on the emergence of functional psychology.
* According to Darwin’s theory of evolution, living organisms change and develop over time through a process of natural selection.
* Organisms whose characteristics were best suited to their environment survived and reproduced.
* Organisms whose characteristics were less adaptable died out.
* Survivors would transmit to the next generation those characteristics that enabled them to survive.

1. **Gestalt psychology perspective.**

* The Gestalt views were the German psychologists Max Wertheimer, Kurt Kafka and Wolfgang Kohler.
* Gestalt means shape, form or configuration.
* In order to understand our environment we have to perceive it in its totality not in its individuality.

**4. Psychoanalysis perspective.**

* The Viennese neurologist and psychologist Sigmund Freud (1856-1939) pioneered the psychoanalytic perspective.
* Freud said that beneath the conscious experience there is primitive biological urges that seek expression but which are in conflict with morality of the society.
* These unconscious motivations and conflicts have powerful influences on our conscious thoughts and actions.
* Therefore they are responsible for much of human behavior including physiological problems.
* According to Freud, all behavior whether normal or abnormal is influenced by the unconscious mind.
* This belief is called **psychic determinism**.
* According to Freud the methods of studying the unconscious mind are:

**a). Free association -** It is a technique to explore the client’s unconscious thoughts.

**b). Dream analysis based on case studies:**

* Dreams are viewed as indication of what a person is truly feeling within the conscious mind.
* Most wishes are repressed in the human mind.
* So it is difficult to understand and interpret the contents of dreams.

**5. Behaviorism perspective.**

* John Watson (1878-1958), believed that the study of psychology should be about observable behavior and its aim should be to describe, predict, understand, improve, control and change behavior.

**GOALS OF PSYCHOLOGY.**

**1. To describe.**

* What is the nature of this behavior?.
* One of the first goals of psychology is simply to describe behavior.
* Through describing the behavior of humans and other animals, we are better able to understand it and gain a better perspective on what is considered normal and abnormal.
* Psychology researchers utilize a range of research methods to help describe behavior.

**2. To understand and explain.**

* Why does this behaviour occur?.
* Psychologists are also interested in explaining behavior in addition to describing it.
* Why do people do the things they do?.
* What factors contribute to development, personality, social behavior and mental health problems?.
* Throughout psychology's history, many theories have emerged to help explain various aspects of human behavior.

**3. To predict.**

* Can we forecast when and under what circumstances it will occur?.
* Another primary goal of psychology is to make predictions about how we think and act.
* Once we understand more about what happens and why it happens, we can use that information to make predictions about when, why, and how it might happen again in the future, e.g school strikes.
* Successfully predicting behavior is also one of the best ways to know if we understand the underlying causes of our actions.
* Prediction can also allow psychologists to make guesses about human behavior without necessarily understanding the mechanisms underlying the phenomena.

**4. To change/ control.**

* What factors influence this behavior?.
* Psychology strives to change, influence or control behavior to make constructive and lasting changes in people's lives.
* From treating mental illness to enhancing human well-being, changing human behavior is a huge focus of psychology.

**5. Improve**.

* What can be done to improve this behavior?.
* Not only do psychologists attempt to control behavior, they want to do so in a positive manner, they want to improve a person’s life, not make it worse. This is not always the case, but it should always be the intention.

**Importance of psychology in the health care system.**

1. It helps to understand oneself. Examples;

* Helps to make rational decisions on becoming a health professional.
* Helps to assess one’s own abilities and limitations;
* Enables to control situations in the working area and attain goals through self-discipline.

1. It assists in understanding other people. Examples;

* The health professional works with patients, families, other departments and administrative staffs.
* The health professional will achieve greater success in interpersonal relationship with others.
* Psychology helps the health professional to learn why others differ from him/her in their Preferences, customs and beliefs or cultural patterns.

1. It enlightens to appreciate the necessity of changing the health conditions environment.

* For example the health professional can bring about change in the patient’s life for example by introducing eyeglasses and hearing devices to help with visual or auditory impairments.

1. It provides better understanding as to the relationship of the illness and proper way to conduct behavioral treatment interventions.
2. It ensures effective coping mechanism to reduce the risks of stress-related illness.
3. It informs the relationship of behavior and its influence to the well-being of the patient.
4. It helps the professional to explain the health-related behaviors that are affected by the lifestyle (E.g the personal vices of smoking, drinking, drug addiction etc.)
5. Helps to make rational decisions on becoming a health professional.
6. To fulfill the need for economic self- sufficiency as a result of self-discipline.
7. Enables to control situations in the working areas and attain goal through work discipline.

**BRANCHES OF PSYCHOLOGY.**

1. **Experimental psychology.**

* Generally they use controlled laboratory experiments to pursue their study.
* Basic topics studied include
* Sensation.
* Perception.
* Learning.
* Memory.
* Problem solving.
* Communication.
* Emotion. .
* Motivation experimental psychologists attempt to answer the following questions.

1. What is the basis for love between a mother and her baby?.
2. Can animals think?.
3. What is the role of the brain in memory?.

* Experiments are made not only on human beings but also on animals.
* This is because animal research leads to human research that can give us insight into the behavior of our own species.

**2. Physiological psychology.**

* This branch of psychology looks for explanations of behavior in the physiological structures of humans and animals.
* Some of the questions raised by physiological psychologists include:
* What physiological changes occur in people during sleep and dreaming?
* What is the relationship between the incidence of motorway accidents and changes in the physiological functions of the body at different times of the day?.

**3. Developmental Psychology.**

* Its concern is about behavioral development over the entire life span.
* It is also concerned with psychological concepts, such as: learning, memory, motivation and thinking.
* It also deals with;
* Scientific study.
* Progressive psychological changes.
* Issues across the entire lifespan.
* The following are questions raised by developmental psychologists ;
* How soon can babies perceive depth?.
* How do children develop the concept of the self?.
* Is language acquisition only a question of biological maturation, learning or it has any relation to social interaction?.

1. **Personality Psychology.**

* It studies individual differences in behavior and why people don’t react in a similar way to the same situation.
* Some people are highly competitive and hostile (Type-A behavior).

**Type A** behavior pattern is an overt style of reactions, characterized by some of the following:

* Intense striving for achievement.
* Competition.
* Easily provoked.
* Impatience.
* Time urgency.
* Abruptness of gesture and speech (explosive voice).
* Hyper-alert posture.
* Over commitment to vocation or profession.
* Excesses of drive to achieve something.

**Type-B** behavior tends to be relaxed and don't feel the pressure of time.

* The type B behavior pattern, while similar to type A in their desire to succeed, tends to be less driven and more relaxed, as well as less aggressive and hostile.
* The benefit of the type B personality is that it has a lower risk of contracting stress-related illness.

**Type C** personality is characterized by;

* Cooperative.
* Complacent (self-satisfaction).
* Conformist (conforms to accepted behavior).
* Perfectionist.
* Laborious behaviors (Considers time and effort).
* People with this personality avoid conflict at all costs and seek harmony.
* They are people who don't let their guard down and don't express negative emotions.

**Type D** personality has high levels of both negative affectivity and social inhibition.

* Negative affectivity means that people experience negatively valued emotions such as;
* Sadness.
* Worry.
* Irritability.
* The study of the relations between personality and behavior is an example of research in personality psychology.

**5. Social Psychology.**

* People are social beings.
* Social psychology uses scientific methods to understand and explain how feeling, behavior and thoughts of people are influenced by the actual, imagined or implied presence of other people.
* Among the topics that can be studied are:
* Friendship formation.
* Conflict.
* Perception of other people.
* Aggressiveness.
* Example: Research findings in social psychology showed that boys who watched aggressive or violent movies are engaged in more acts of physical aggression after seeing these movies than boys who watched neutral movies.
* The Particular interest of social psychologists is on the relevance of their research to human society i.e. human problems in the group, the community, the nation and the world.

**6. Clinical Psychology.**

* It is the study, diagnosis and treatment of abnormal behavior.
* It looks for possible biological, educational and environmental causes of disorders.
* The aim is to change the environment that leads to disorder.
* Clinical psychologists give advice to community workers on how to handle psychological problems.
* It is the application of psychological science and research to the understanding, treatment and assessment of health problems, particularly emotional, behavioural and mental health problems.
* Areas of concern include;
* Application of psychological science and research.
* Understanding, treatment and assessment of health conditions.
* Emotional behavior and mental health problems.

**7. Health psychology.**

* Health psychology is also called behavioral medicine or medical psychology.
* This branch observes how behavior, biology and social context influence illness and health.

**8. Forensic psychology.**

* Forensic psychology involves applying psychology to criminal investigation and the law.
* A forensic psychologist practices psychology as a science within the criminal justice system and civil courts.
* For example a Policeman, Judge or Prosecutor cross examining a criminal suspect has to apply this type of psychology.

**9. Educational psychology.**

* It’s the branch of psychology concerned with child, schools, teaching psychology, educational issues and student concerns.

**10. Other branches of psychology are;**

* Industrial and organizational psychology.
* Work psychology.
* Military psychology.
* Environmental psychology.
* Program evaluation psychology.
* Psychology of women and men.

**HUMAN GROWTH AND DEVELOPMENT.**

* Human growth and development is a lifelong process of physical, behavioral, cognitive, and emotional growth and change.
* In the early stages of life, from babyhood to childhood, childhood to adolescence and adolescence to adulthood, enormous changes take place.

**Factors influencing human development.**

* Factors influencing human growth and development include;

**1. Heredity.**

* Heredity is the transmission of physical characteristics from parents to children through their genes.
* It influences all aspects of physical appearance such as height, weight, body structure, the colour of the eye, the texture of the hair, and even intelligence and aptitudes.
* Diseases and conditions such as heart disease, [diabetes](https://parenting.firstcry.com/articles/parenting-a-diabetic-child/?ref=interlink), [obesity](https://parenting.firstcry.com/articles/obesity-in-children/?ref=interlink), etc, can also be passed through genes, thereby affecting the growth and development of the child adversely.
* However, environmental factors and nurturing can bring the best out of the already present qualities in the genes.

**2. Sex.**

* The sex of the child is another major factor affecting the physical growth and development of a child.
* Boys and girls grow in different ways, especially when nearing puberty.
* Boys tend to be taller and physically stronger than girls.
* However, girls tend to mature faster during adolescence, while boys mature over a longer period of time.
* The physical structure of their bodies also has differences which make boys more athletic and suitable for activities that require physical rigour.
* Their temperaments also vary, making them show interest in different things.

**3. Nutrition.**

* Nutrition is a critical factor in growth as everything the body needs to build and repair itself comes from the food we eat.
* [Malnutrition](https://parenting.firstcry.com/articles/malnutrition-in-children-causes-symptoms-remedies/?ref=interlink) can cause deficiency diseases that adversely affect the growth and development of children.
* On the other hand, overeating can lead to obesity and health problems in the long run, such as diabetes and heart disease.
* A balanced diet that is rich in vitamins, minerals, [proteins](https://parenting.firstcry.com/articles/protein-for-kids/?ref=interlink), carbohydrates and fats is essential for the development of the brain and body.

**4. Hormones.**

* Hormones belong to the endocrine system and influence the various functions of our bodies.
* They are produced by different glands that are situated in specific parts of the body to secrete hormones that control body functions.
* Their timely functioning is critical for normal physical growth and development in children.
* Imbalances in the functioning of hormone-secreting glands can result in growth defects, obesity, behavioral problems and other diseases.
* During puberty, the gonads produce sex hormones which control the development of the sex organs and the appearance of secondary sexual characteristics in boys and girls.

**5. Environment.**

* This is internal and external environment.
* The environment plays a critical role in the development of children and it represents the sum total of physical and psychological stimulation the child receives.
* Some of the environmental factors influencing early childhood development involve the physical surroundings and geographical conditions of the place the child lives in.
* Environment as well affects child’s social relationships with family and peers.
* It is easy to understand that a well-nurtured child does better than a deprived one.
* The environment children are constantly immersed in contributes to this.
* A good school and a loving family builds in children strong social and interpersonal skills, which will enable them to excel in other areas such as academics and [extracurricular activities](https://parenting.firstcry.com/articles/10-amazing-extracurricular-activities-for-kids/?ref=interlink).
* This will, of course, be different for children who are raised in stressful environments.

**6. Exercise and Health.**

* Exercise here refers to the normal playtime and [sports activities](https://parenting.firstcry.com/articles/best-10-sports-for-kids-to-play/?ref=interlink) which help the body gain an increase in muscular strength and put on bone mass.
* Proper [exercise](https://parenting.firstcry.com/articles/exercise-for-kids-importance-and-more/?ref=interlink) helps children grow well and reach milestones on time or sooner.
* Exercise also keeps them healthy and fights off diseases by strengthening the immune system, especially if they play outside.
* This is because outdoor play exposes them to microbes that help them build resistance and prevent [allergies](https://parenting.firstcry.com/articles/allergies-in-children-causes-symptoms-and-treatment/?ref=interlink).

**7. Familial Influence.**

* Families have the most profound impact in nurturing a child and determining the ways in which they develop psychologically and socially.
* Whether they are raised by their parents, grandparents or foster care, they need basic love, care and courtesy to develop as healthy functional individuals.
* The most positive growth is seen when families invest time, energy and love in the development of the child through activities, such as reading to them, playing with them and having deep meaningful conversations.
* Families that abuse or neglect children would affect their positive development.
* Punishment of a wrong behavior in the society should start in the family.
* These children may end up as individuals who have poor social skills and difficulty bonding with other people as adults.
* [Helicopter parenting](https://parenting.firstcry.com/articles/helicopter-parenting-signs-effects-and-more/?ref=interlink) also has negative effects as they render children dependent on the parents even as young adults and unable to deal with difficulties in life on their own.

1. **Geographical Influences.**

* Where you live also has a great influence on how your children turn out to be.
* The schools they attend, the neighbor-hood they live in, the opportunities offered by the community and their peer circles are some of the social factors affecting a child’s development.
* Living in an enriching community that has parks, libraries and community centres for group activities and sports all play a role in developing the child’s skills, talents, and behaviour.
* Uninteresting communities can push some children not go outside often but play video games at home instead.
* Even the weather of a place influences children in the form of bodily rhythms, allergies and other health conditions.

1. **Socio-Economic Status.**

* The socio-economic status of a family determines the quality of the opportunity a child gets.
* Studying in better schools that are more expensive definitely has benefits in the long run.
* Well-off families can also offer better learning resources for their children and they afford special aid if the kids need it.
* Children from poorer families may not have access to educational resources and [good nutrition](https://parenting.firstcry.com/articles/a-guide-to-nutrition-for-kids/?ref=interlink) to reach their full potential.
* They may also have working parents who work too many hours and cannot invest enough quality time in their development.

1. **Learning and Reinforcement.**

* Learning involves much more than schooling.
* It is also concerned with building the child up mentally, intellectually, [emotionally and socially](https://parenting.firstcry.com/articles/social-and-emotional-development-in-children/?ref=interlink) so they operate as healthy functional individuals in the society.
* This is where the development of the mind takes place and the child can gain some maturity.
* Reinforcement is a component of learning where an activity or exercise is repeated and refined to solidify the lessons learned.
* An example is playing a musical instrument; they get better at playing it as they practice playing the instrument.
* Therefore, any lesson that is taught has to be repeated until the right results are obtained.

1. **Education.**

* Exposure to school in early years helps to mould the child’s behavior.
* Personality- combinations of habits that are acquired during growth and development in early years determines the personality of an individual.
* Cruel parents, cruel children.

1. **Cultural values.**

* Culture determines ones experience.
* The family trains the young to conform to norms, values and morals of the community.
* Different behaviors are demonstrated in different communities.
* Some cultures are regressive (Develop less) to community members while others are not.

# STAGES OF PRENATAL DEVELOPMENT.

* The prenatal period is also considered an important part of the developmental process.
* Prenatal development is a time of remarkable change that helps set the stage for future [psychological](https://www.verywellmind.com/major-branches-of-psychology-4139786) development.
* The brain develops over the course of the prenatal period, but it will continue to go through more changes during the early years of childhood.
* The process of prenatal development occurs in three main stages;
* The first **two weeks** after conception are known as the germinal stage.
* The **third week** up to the **eighth week** is known as the embryonic period.
* From the **ninth week** until birth is known as the fetal period.

## Germinal Stage.

* The germinal stage begins at conception when the sperm and egg cell unite in one of the two fallopian tubes.
* The fertilized egg is called a zygote.
* Just a few hours after conception, the single-celled zygote begins making a journey down the fallopian tube to the uterus.
* Cell division begins approximately **24 to 36** hours after conception.
* Through the process of mitosis (Cell division), the zygote first divides into two cells, then into four, eight, sixteen, and so on.
* A significant number of zygotes never progress past this early part of cell division, with as many as half of all zygotes surviving less than two weeks.
* Once the eight-cell point has been reached, the cells begin to differentiate and take on certain characteristics that will determine the type of cells they will eventually become.
* As the cells multiply, they will also separate into two distinctive masses.
* The outer cells will eventually become the placenta, while the inner cells form the embryo.
* Cell division continues at a rapid rate during the approximately week-long journey from fallopian tube to uterus wall.
* The cells develop into what is known as a blastocyst.
* The blastocyst is made up of three layers, each of which develops into different structures in the body.
* **Ectoderm**: Skin and nervous system.
* **Endoderm**: Digestive and respiratory systems.
* **Mesoderm**: Muscle and skeletal systems.
* Finally, the blastocyst arrives at the uterus and attaches to the uterine wall, a process known as implantation.
* Implantation occurs when the cells nestle into the uterine lining and rupture tiny blood vessels.
* The connective web of blood vessels and membranes that form between them will provide nourishment for the developing being for the next nine months.
* Implantation is not always an automatic and sure process.
* Researchers estimate that approximately 60% of all natural conceptions never become properly implanted in the uterus, which results in the new life ending before the mother is ever aware she is pregnant.
* When implantation is successful, hormonal changes halt the normal menstrual cycle and cause a whole host of physical changes.
* For some people, activities they previously enjoyed such as [smoking](https://www.verywellmind.com/risks-of-smoking-during-pregnancy-2825267) and drinking alcohol or coffee may become less palatable, possibly part of nature’s way of protecting the growing life inside them.
* Other different activities will be palatable to the mother like some types of foodstuffs, mood change, motion sickness, nausea, emesis (vomiting), etc.

## Embryonic Stage.

* At this point, the mass of cells is now known as an embryo.
* Beginning of the **third week** after conception marks the start of the embryonic period, a time when the mass of cells becomes distinct as a human.
* The embryonic stage plays an important role in the development of the brain.
* Approximately **four weeks** after conception, the neural tube forms.
* This tube will later develop into the central nervous system including the spinal cord and brain.
* The neural tube begins to form along with an area known as the neural plate.
* The earliest signs of development of the neural tube are the emergence of two ridges that form along each side of the neural plate.
* Over the next few days, more ridges form and fold inward until a hollow tube is formed.
* Once this tube is fully formed, cells begin to form near the center.
* The tube begins to close and brain vesicles form.
* These vesicles will eventually develop into [parts of the brain](https://www.verywellmind.com/the-anatomy-of-the-brain-2794895), including the structures of the forebrain, midbrain and hindbrain.​
* Again in the **fourth week**, the head begins to form, quickly followed by the eyes, nose, ears, and mouth.
* The blood vessels that will become the heart start to pulse.
* During the **fifth week**, buds that will form the arms and legs appear.
* By the **eighth week** of development, the embryo has all of the basic organs and parts except those of the sex organs.
* At this point, the embryo weighs just one gram and is about one inch in length.
* By the end of the embryonic period, the basic structures of the brain and central nervous system have been established.
* At this point, the basic structure of the peripheral nervous system is also defined.
* Around the **sixth week** the production of neurons, or brain cells, begins after conception and is mostly complete sometime around the middle of pregnancy.
* As neurons form, they migrate to different areas of the brain.
* Once they have reached the correct location, they begin to form connections with other neural cells, establishing neural networks.

## Fetal Stage.

* Once cell differentiation is mostly complete, the embryo enters the next stage and becomes known as a fetus.
* The fetal period of prenatal develop marks more important changes in the brain.
* This period of development begins during the **ninth week** and lasts until birth.
* This stage is marked by amazing change and growth.
* The early body systems and structures established in the embryonic stage continue to develop.
* The neural tube develops into the brain and spinal cord and [neurons](https://www.verywellmind.com/what-is-a-neuron-2794890) continue to form.
* Once these neurons have formed, they begin to migrate to their correct locations.
* Synapses, or the connections between neurons, also begin to develop.
* Between the **ninth** and **twelfth week** of gestation (at the earliest), reflexes begin to emerge.
* The fetus begins to make reflexive motions with its arms and legs.
* During the **third month (**First trimester**)** of gestation, the sex organs begin to differentiate.
* By the end of the third month, all parts of the body will be formed.
* At this point, the fetus weighs around three ounces (Around 30 grams).
* The fetus continues to grow in both weight and length, although the majority of the physical growth occurs in the later stages of pregnancy.
* The end of the third month also marks the end of the first trimester of pregnancy.
* During the second trimester (**Fourth to sixth Month)**, the heartbeat grows stronger and other body systems become further developed.
* Fingernails, hair, eyelashes, and toenails form.
* Most noticeably, the fetus increases about six times in size.
* The brain and [central nervous system](https://www.verywellmind.com/what-is-the-central-nervous-system-2794981) also become more responsive during the second trimester.
* Around **28 weeks (7 Months)**, the brain starts to mature faster, with an activity that greatly resembles that of a sleeping newborn.
* During the period from **seven months** until birth, the fetus continues to develop, put on weight, and prepare for life outside the womb.
* The lungs begin to expand and contract, preparing the muscles for breathing.
* The fetus is almost ready to be born.
* During the final weeks in the uterus, fat forms over the entire body.
* Its function is smoothing out the wrinkled skin.
* Usually the fetus gains about half pound of weight every week during the last eight or nine weeks, so that at birth the average baby is about twenty inches long and weighs a little more than 3 kilogram.
* While development usually follows this normal pattern, there are times when [problems with prenatal development](https://www.verywellmind.com/problems-with-prenatal-development-2795120) occur.
* Disease, malnutrition, and [other prenatal influences](https://www.verywellfamily.com/environmental-influences-on-prenatal-development-2795112) can have a powerful impact on how the brain develops during this critical period.
* **NB:** Brain development does not end at birth.
* A considerable amount of brain development takes place post-natally, including growing in size and volume while changing in structure.
* The brain quadruples in size between birth and pre-school age.
* As children learn and have new experiences, some networks in the brain are strengthened while other connections are pruned.

**Neonatal stage of development.**

* Though the terms "baby", "newborn" and "infant" are frequently used synonymously, the exact definition depends on the source you consult.

### **Definitions.**

* Newborn usually refers to a baby from birth to about [2 months](https://www.verywellfamily.com/your-2-month-old-baby-development-and-milestones-4171959) of age.
* Infants can be considered children anywhere from [birth to 1 year old](https://www.verywellfamily.com/babys-first-year-guide-4173867).
* Baby can be used to refer to any child from birth to age 4 years old, thus encompassing newborns, infants, and toddlers.
* The World Health Organization (WHO) defines a newborn infant, or neonate, as a child under 28 days old.

### **Growth and Development of a neonate.**

* Between birth to [1 year of age](https://www.verywellfamily.com/1-year-old-developmental-milestones-289864), babies grow and develop at an astounding rate.
* They learn to smile, roll over, sit up, wave, clap, pick objects up, crawl, babble, and some may even start saying a few words.
* They learn to bond with and trust their caregivers and they often understand more than they are able to communicate.
* Babies enjoy music, movement and simple games.
* By the end of this period, many babies are standing up and walking around holding onto furniture, if not walking completely independently.
* They've also typically tripled their birth weight and grown around 6 to 8 inches by the time they're a year old.

**Between birth and three months,**

* The baby may start to smile. Early on, it will be just smiling to itself. But within three months, they’ll be smiling in response to your smiles and trying to get you to smile back at them.
* Raise the head and chest when on their tummy – snake style.
* Track objects with their [eyes](https://www.webmd.com/eye-health/picture-of-the-eyes) and gradually decrease eye crossing.
* Open and shut their hands and bring hands to their mouth.
* Grip objects in their hands.
* Take swipes at or reach for dangling objects, though they usually won’t be able to get them yet.

## At Four to Six Months.

* During these months, babies are really learning to reach out and manipulate the world around them.
* They’re mastering the use of those amazing tools, their hands, etc.
* They’re discovering the voices of those tools and people around.
* They will roll over from front to back or back to front. Front-to-back usually comes first.
* They will be babbling, making sounds that can sound like real language.
* Laugh.
* Reach out for and grab objects (Watch out for your [hair](https://www.webmd.com/skin-problems-and-treatments/picture-of-the-hair)), and manipulate toys and other objects with their hands.
* Sit up with support and have great head control.

**CHILDHOOD (6 - 12 years).**

* Development is rapid in all areas (Physically, cognitive, and socially).
* During this stage rate of growth is slower at this stage than infancy.
* There are changes in body proportion.
* Growth slows between 4 and 6 years old.
* Example:
* Head growth is slow.
* Trunk growth is rapid.
* Limb growth is rapid.
* There is increased strength coordination and developed nervous system provides foundation for increased psychomotor skills.
* At the age of 6 years, children achieve sufficient eye and hand coordination, timing and fine muscle control to demonstrate any skill in this activity.
* The child develops language skills and enters the world of knowledge and culture by asking the “why” questions.
* Vocabulary increases rapidly between 2 and 6 years of age.
* Once girls reach 8–9 years old, their growth rate outpaces that of boys due to a pubertal growth spurt.
* This growth spurt continues until around 12 years old, coinciding with the start of the menstrual cycle (menarche).
* We are born with all of the brain cells that we will ever have, about 100 to 200 billion neurons (nerve cells) whose function is to store and transmit information.
* This period of rapid neural growth is called blooming.
* The blooming period of neural growth is then followed by a period of pruning, where neural connections are reduced.
* It is thought that pruning causes the brain to function more efficiently, allowing for mastery of more complex skills.
* Blooming occurs during the first few years of life, and pruning continues through childhood and into adolescence in various areas of the brain.

# UNDERSTANDING EARLY SEXUAL DEVELOPMENT OF A CHILD.

* Sexual development begins in a child's very first years.
* Infants, toddlers, preschoolers, and young school-aged kids develop an emotional and physical foundation for sexuality in many ways as they grow.
* By understanding how your kids grow and learn, you can play an important role in fostering their emotional and physical health.

### **Infants and toddlers.**

* Babies' earliest emotional attachments are formed with their parents through physical contact that expresses their love.
* Being held and touched, kissed and hugged, snuggled and tickled allows babies to experience comforting, positive physical sensations associated with being loved.
* The unique type of physical intimacy and emotional attachment between parent and infant can be the early foundation of more mature forms of physical intimacy and love.

**My body.**

* Many parents have called their doctors expressing concern because their kids touch their genitals during diaper changes or their baby boys have frequent erections.
* They're re-assured that these behaviors are perfectly normal and told that even the youngest children naturally explore their bodies.
* And many kids, especially toddlers, enjoy being naked.
* How you react your voice, the words you use, and your facial expressions is one of your child's first lessons in sexuality.
* By not responding with anger, surprise, or disapproving words, you teach your child that this curiosity about his or her body is a normal part of life.

**Gender awareness.**

* By age 2 or 3 years, a child starts to develop a sense of being a male or female.
* This awareness is called **gender identity**.
* Kids this age start to understand the difference between boys and girls, and can identify themselves.
* And at this age kids begin to associate certain behaviors, called **gender roles,** with being male or female.
* Gender roles are culturally derived.
* How do boys and men behave?
* How do girls and women behave?
* As you decide what you want to teach your kids about gender roles, be aware of the messages they get both in and out of the home.

### **Preschool (Ages 3 to 5 years).**

* By preschool, most kids have developed a strong sense of being a boy or girl, and continue to explore their bodies even more purposefully.
* It's not a good idea to scold them when they touch themselves.
* This will only prompt a sense of guilt and shame.
* Parents may, however, want to explain that even though it feels good, touching should be done in private.
* Preschoolers are old enough to understand that some things are not meant to be public.
* They're also old enough to understand no one, not even family members or other people they trust or should ever touch them in a way that feels uncomfortable.
* Your preschooler will continue to learn important sexual attitudes from you, how you react to people of the opposite sex.

**Endless questions.**

* As kids become curious about everything, it's common for preschoolers to pose questions to their parents like "Where do babies come from?" or "Why doesn't my sister have a penis?
* When you get questions like these, try to answer as honestly and matter-of-factly as possible.
* Being truthful now also encourages your kids to come to you with their questions in the future.
* Find out exactly what your child wants to know and then answer the specific questions there's no need to go into elaborate detail when it might not be necessary.

**Preschool "boyfriends" and "girlfriends."**

* Some parents of preschoolers are alarmed when they hear their kids talk about a boyfriend or girlfriend.
* If your youngster says this, remember that kids don't attach the same meanings to the word that adults do.
* Most experts agree that it's best to react to this kind of news in a neutral way.

### **Elementary School (Ages 6 to 10)**

* Kids this age are especially interested in pregnancy, birth, and gender roles, boys usually play with boys, and girls with girls.
* This is also the age where their peers and the media begin to have a bigger influence on sexual attitudes.
* If you aren't a reliable resource, your child may turn to a peer or perhaps an older child for information about sex, sexual organs and reproduction.
* The chances are the facts will not be correct and the words learned will not meet your approval.
* If your school-age child isn't asking you about sex, consider initiating some age-appropriate conversations.
* If you've previously said that a man and woman make a baby, now your child might want to know how.
* As always, be honest, kids of this age will jump to their own conclusions when they're missing information.
* Many kids in elementary school assume that babies are made when a man and woman lie next to each other, sleep in the same bed, hold hands, kiss, or swim together.

### **As kids grow.**

* As kids continue to understand and experience their bodies, and the physical changes of puberty emerge, your attitude and acceptance will continue to play an important role in their healthy development.
* As kids mature sexually, they're often both excited and scared about growing up especially when they notice hair growing in new places, get their periods, or start having wet dreams.
* They spend a lot of time wondering if they're "normal" and comparing themselves with their friends.
* Kid’s especially early and late bloomers need lots of reassurance as they head into new stages of development.
* It can be easy for parents to talk with their children about the differences between right and wrong, but it is often more difficult for parents to talk with their children about sexual development.
* At a very young age, children begin to explore their bodies by touching, poking, pulling, and rubbing their body parts, including their genitals.
* As children grow older, they will need guidance in learning about these body parts and their functions.

## Body safety.

### Parents should begin to teach their children about body safety between the ages of 3 to 5 years.

* Let them know the following;
* **Appropriate language.**
* Teach children proper names for all body parts, including names such as genitals, penis, vagina, breasts, buttocks, and private parts.
* Making up names for body parts may give the idea that there is something bad about the proper name.
* Understand why your child has a special name for the body part but teach the proper name, too.
* Also, teach your child which parts are private (Parts covered by clothes).
* **Evaluate your family's respect for modesty**.
* While modesty isn't a concept most young children can fully grasp, you can still use this age to lay a foundation for future discussions and model good behavior.
* If you have children of various ages, it's important to teach your younger children to give older siblings their privacy.
* Usually, older siblings will teach the younger ones to get their clothes on.
* **Don't force affection**.
* Do not force your children to give hugs or kisses to people they do not want to.
* It is their right to tell even grandma or grandpa that they do not want to give them a kiss or a hug goodbye.
* Inappropriate touching, especially by a trusted adult can be very confusing to a child.
* Constantly reinforce the idea that their body is their own, and they can protect it.
* It is very important that your child knows to tell you or another trusted grown-up if they have been touched badly.
* That way, your child knows it's also your job to protect them.
* **Explain what a good versus bad touches are**.
* You can explain a "good touch" as a way for people to show they care for each other and help each other (Like hugging, holding hands, changing a baby's diaper).
* A "bad touch" is the kind you don't like and want it to stop right away (Like hitting, kicking, or touching private parts).
* Reassure your child that most touches are okay touches, but that they should say "NO" and need to tell you about any touches that are confusing or that scare them.
* **Give your children a solid rule**.
* Teach them it is NOT okay for anyone to look at or touch their private parts, or what is covered by their clothes.
* It is easier for a child to follow a rule, and they will more immediately recognize a "bad touch" if they have this guideline in mind.
* Reassure your children that you will listen to them, believe them, and want to keep them protected.
* **Control media exposure**.
* Get to know the [rating systems of video games](https://www.healthychildren.org/English/family-life/Media/Pages/Video-Games-Set-Your-Own-Ratings-System.aspx), [movies](https://www.healthychildren.org/English/family-life/Media/Pages/Movie-Ratings-and-What-They-Mean.aspx), and [television](https://www.healthychildren.org/English/family-life/Media/Pages/TV-Ratings-A-Guide-for-Parents.aspx) shows and make use of the parental controls available through many internet, cable, and satellite providers.
* Providing appropriate alternatives is an important part of avoiding exposure to sexual content in the media.
* Be aware that children may see adult sexual behaviors in person or on screens and may not tell you that this has occurred.
* **Review this information regularly with your children**.
* Some good times to talk to your children about personal safety are during bath time, bedtime, and before any new situation.
* During child care, sports practices, dance classes, camps, after-school programs, etc children are meeting and interacting with many different adults and other children on a daily basis and should be careful with their safety.
* **Expect questions**.
* The questions your child asks and the answers that are appropriate to give will depend on your child's age and ability to understand.
* The following tips might make it easier for both of you;
  + Don't laugh or giggle, even if the question is cute. Don't react with anger. Your child shouldn't be made to feel ashamed for his or her curiosity.
  + Be brief. Don't go into a long explanation. Answer in simple terms. For example, your preschooler doesn't need to know the details of intercourse.
  + See if your child wants or needs to know more. Follow up your answers with, "Does that answer your question?"
  + Listen to your child's responses and reactions.
  + Be prepared to repeat yourself.

## Talk with your child's pediatrician.

* If you are currently dealing with any difficult issues or additional questions, talk with your child's pediatrician.
* He or she can work with you to distinguish age-appropriate and normal sexual behaviors from behaviors that are inappropriate or signal potential abuse.
* Asking for help simply means you want what is best for your child and you want to help him or her succeed.

**DIFFERENCE BETWEEN OEDIPUS COMPLEX AND ELECTRA COMPLEX**

**Oedipus complex.**

* Oedipus complex is a psychoanalytic theory penned by Sigmund Freud in 1899.
* It states that a child starts to hate the parent of the opposite sex and develops sexual feelings for the parent of same sex, unconsciously.
* It is mainly stated in the context of boys in the age of 3-6, where they start hating their father and develop feelings for their mother.
* It was said that as a result of these feelings, boys experience castration anxiety and girls experience penis envy.
* The child resents the father, which makes him think that his father will cut his penis (Castration anxiety).
* To cope with the anxiety, the child slowly begins to identify with the father and the sexual instincts for the mother start to repress.

**Electra complex.**

* Electra complex is another psychological theory proposed by Carl Jung in 1913.
* According to the theory, a girl starts competing with the mother for her father’s affection.
* The girl starts to envy her mother, called penis envy.
* She realizes that she doesn’t have a penis.
* She develops feelings for her father and gets fixated on him, ignoring her mother.
* However, later the child gets attached to the mother again and identifies with the female gender roles.

# PUBERTY.

* Puberty is a biological event in which hormonal changes promote rapid physical growth and sexual maturity in both sexes.
* It is marked by menarche (the first menstrual cycle in girls) and nocturnal emission (Sperm ejaculation) in boys.
* Puberty is not a period by itself.
* It is a gate way to adolescence.

**Body development.**

* Puberty is when a child's body begins to develop and change as they become an adult.
* Girls develop breasts and start their periods.
* Boys develop a deeper voice and facial hair will start to appear.
* The average age for girls to begin puberty is 11, while for boys the average age is 12.
* But it's different for everyone, so don't worry if your child reaches puberty before or after their friends.
* It's completely normal for puberty to begin at any point from the ages of 8 to 14.
* The process can take up to 4 years.

## Late or early puberty.

* Children who begin puberty either very early (before the age of 8) or very late (after 14) should see a doctor just to make sure they're in good health.

## First signs of puberty in girls.

* The first sign of puberty in girls is usually that their breasts begin to develop.
* It's normal for breast buds to sometimes be very tender or for one breast to start to develop several months before the other one.
* Pubic hair also starts to grow, and some girls may notice more hair on their legs and arms.

## Later signs of puberty in girls.

After a year or so of puberty beginning and for the next couple of years:

* Girls' breasts continue to grow and become fuller.
* Around 2 years after beginning puberty, girls usually [have their first period](https://www.nhs.uk/conditions/periods/starting-periods/)-(Menarche).
* Pubic hair becomes coarser and curlier.
* Underarm hair begins to grow, some girls also have hair in other parts of their body, such as their top lip, and this is completely normal.
* Girls start to sweat more.
* They often get [acne](https://www.nhs.uk/conditions/acne/) (A skin condition that shows up as different types of spots, including whiteheads, blackheads and pus-filled spots called pustules).
* Girls will also have a white [vaginal discharge](https://www.nhs.uk/conditions/vaginal-discharge/).
* They go through a growth spurt.
* From the time their periods start, girls grow 2 to 3 inches annually over the next year or two, then reach their adult height.
* Most girls gain weight (which is normal) as their body shape changes.
* Girls develop more body fat along their upper arms, thighs and upper back; their hips grow rounder and their waist gets narrower (Attaining figure 8).

## After about 4 years of puberty in girls;

* Breasts become adult-like.
* Pubic hair has spread to the inner thigh.
* Genitals should now be fully developed.
* Girls stop growing taller.

## First signs of puberty in boys.

* The first sign of puberty in boys is usually that their testicles get bigger and the scrotum begins to thin and redden.
* Pubic hair also starts to appear at the base of the penis.

## Later signs of puberty in boys;

After a year or so of puberty starting and for the next couple of years:

* The penis and testicles grow and the scrotum gradually becomes darker.
* Pubic hair becomes thicker and curlier.
* Underarm hair starts to grow.
* Boys start to sweat more.
* Breasts can swell slightly temporarily, which is very normal.
* Boys may have "wet dreams" (Involuntary ejaculations of semen as they sleep).
* Their voice "breaks" and gets permanently deeper.
* For a while, a boy might find his voice goes very deep one minute and very high the next minute.
* Boys often develop [acne](https://www.nhs.uk/conditions/acne/) (A skin condition that shows up as different types of spots, including whiteheads, blackheads and pus-filled spots called pustules).
* Boys go through a growth spurt and become taller by an average of around 3 inches a year and more muscular.

## After about 4 years of puberty in boys;

* Genitals look like an adult's and pubic hair has spread to the inner thighs.
* Facial hair begins to grow and boys may start shaving.
* Boys get taller at a slower rate and stop growing completely at around 16 years of age (but may continue to get more muscular).
* Most boys will have reached full adult maturity by the age of 18 years.

## Mood changes in puberty.

* Puberty can be a difficult time for children.
* They're coping with changes in their body, and possibly acne or [body odour](https://www.nhs.uk/conditions/body-odour/) as well, at a time when they feel self-conscious.
* Puberty can also be an exciting time, as children develop new emotions and feelings.
* These feelings can have psychological and emotional effects, such as:
* Unexplained mood swings.
* L[ow self-esteem](https://www.nhs.uk/conditions/stress-anxiety-depression/raising-low-self-esteem/).
* Aggression.
* D[epression](https://www.nhs.uk/conditions/clinical-depression/).
* Find out more about [teen aggression](https://www.nhs.uk/conditions/stress-anxiety-depression/teen-aggression-and-arguments/), [coping with your teenager](https://www.nhs.uk/conditions/stress-anxiety-depression/coping-with-your-teenager/) and [talking to your teen](https://www.nhs.uk/conditions/stress-anxiety-depression/talking-to-your-teenager/).

## Puberty support for children.

* If children are worried or confused about any part of puberty, it may help them to talk to a close friend or relative.
* [Child line's website](http://www.childline.org.uk/Pages/Home.aspx) answers [boys' common questions about puberty](http://www.childline.org.uk/Explore/puberty/Pages/PubertyBoys.aspx) and [girls' common questions about puberty](http://www.childline.org.uk/Explore/puberty/Pages/PubertyGirls.aspx).

## Puberty support for parents and careers.

* [Psychiatrists](https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/surviving-adolescence-for-parents-and-carers) gives advice for parents and careers on what to expect when children hit adolescence, including why they're likely to become sulky, suddenly start dieting, have crushes on friends and funny excitements.
* The Family Planning Association has a range of [online leaflets](http://www.fpa.org.uk/help-and-advice/advice-for-parents-carers) that give advice on talking to children about growing up, sex and relationships.

**ADOLESCENCE** (**13-25).**

**Definition:**

* Adolescence is the development stage between childhood and adult hood during which many physical, cognitive and social changes take place.
* Most dramatic biological changes occur during this stage.
* An adolescent growth spurt begins at the age of 10 and 12 for girls and boys respectively.
* Adolescents become sexually active, involved in drug and alcohol abuse, suicide, risk taking, etc.
* At this stage they are also exposed to sexually (STD) transmitted diseases and school failure.
* At this stage, youth may get HIV/AIDs and unwanted unplanned early pregnancies.
* The youth at this stage may practice truancy (Absence from school without permission).
* Family and school guidance are very essential and helpful for adolescents to cope up with challenges of this period.
* Early maturation of boys may enhance self-image, which is an advantage socially and athletically.

## **How to deal with common problems of adolescence.**

* Adolescence is not an easy time for children or parents.
* The only way to deal with needs and problems at this age is to know about them and be ready to face them.

**Common problems that adolescents face and solutions;**

### **1. Physical changes.**

* [Physical changes](https://www.momjunction.com/articles/physical-changes-happen-puberty_0082726/)happen due to change in the teenager’s hormone levels.
* Development of full breasts in girls can be awkward in the beginning.
* Girls may start to feel conscious about their figure.
* Change of voice and appearance of facial hair in boys is the most prominent change that takes place during adolescence.
* Acne is one of the major problems.
* Muscle gain sometimes leads to [excessive body weight in teens](https://www.momjunction.com/articles/causes-of-weight-gain-in-teenagers_00329498/).
* The growth of pubic hair in girls and boys becomes interesting to them.
* Body odor becomes evident.
* Girls start their periods while boys start ejaculating.

#### **Solution.**

* The best way you can do to help your teenager get through the stage is to make them aware of these changes.
* Explain that it is normal for the body to change as every teenager goes through it.
* Help them adapt to these changes, acknowledge the change and help them accept it.
* Enable them to stay healthy and fit through a nutritious diet and exercise.

### **2. Emotional changes and problems.**

* Hormones affect your teenager not only physically but also emotionally.
* Teenagers are often confused about their role and are torn between their responsibilities as growing adults and their desires as children.
* They tend to feel overly emotional (Just blame it on the hormones).
* Anything and everything can make them happy, excited, mad or angry.
* Mood swings are common among teenage boys and girls.
* Adolescent girls are vulnerable to crying.
* Bodily changes result in self-consciousness.
* Children who hit puberty early may even feel weird.
* Feelings of inferiority or superiority may arise at this time.
* Feelings and thoughts about sex can trigger a sense of guilt, especially when they practice masturbation.

#### **Solution.**

* Assist the teenagers to take care of themselves.
* Tell them that it is okay to feel the way they are feeling.
* Encourage them to exercise, as physical activity helps keep the serotonin (Chemical which creates good feelings and happiness) levels up.
* Encourage them to talk.
* Listen to them without judging and avoid giving them advice when they are not ready for it.
* Emphasize to them that it is okay to feel the way they do.
* Indulging in a creative activity can help them channelize their emotions.

### **3. Behavioral changes.**

* Overwhelming emotions can lead to impulsive behavior, which can be harmful to your child as well as others.
* Adolescence is the time when children develop and exercise their independence.
* This can give rise to questioning the parents’ rules (Seen as argumentative) and standing up for what they believe is right (Seen as stubbornness).
* Significant developmental change in the brain makes teens moody, tired and difficult to deal with.
* The raging hormones in teenage boys can even push them to get into physical confrontations.
* They would also want to listen to loud music.
* As part of their new-found independence, adolescents may also want to try new things and take risks, resulting in careless behavior.
* Sometimes, [peer pressure](https://www.momjunction.com/articles/tips-to-help-your-teen-cope-with-peer-pressure_00348662/) and the need to ‘fit in’ can make them behave in a certain way or develop certain habits that are hard to break.
* Your teen’s dressing, [hairstyle](https://www.momjunction.com/articles/hairstyles-for-black-teenage-girls_00391742/), and sense of fashion also change, mostly to something that you may not approve, as a parent.
* The most troubling behavior is your teen hanging out with problem children and adapting to a dangerous lifestyle.
* Lying is one of the common teen behavioral issues.

#### **Solution.**

* Behavioral problems in adolescence can make life difficult for parents.
* But remember that it is a passing phase, and is entirely normal.
* Talk to them and listen to what they have to say.
* Do not judge or criticize them, as it could worsen their behavior.
* Let them know that you love them just as they are.
* Encourage them to be true to themselves and not follow other characters, just to please others.
* Remember that your adolescent child is not completely independent and needs your support.
* Help them by telling them what you do when you feel sad, angry,[jealous](https://www.momjunction.com/articles/simple-ways-to-deal-with-jealousy-in-children_0022841/), etc.
* They can try those solutions to come out of their own emotional issues.
* You will have to intervene if you see them falling into bad company.
* Remember that adolescents are sensitive and may not take criticism well.
* If need be invite a relative to talk to and assist them.

### **4. Substance use and abuse.**

* Teenagers are vulnerable and can easily be swayed to the wrong side.
* Substance abuse is one of the biggest problems that parents of adolescents around the world have to deal with.
* Peer pressure is one of the significant factors that drive adolescents to take up smoking and drinking or to do drugs.
* The tendency to take risk encourages most teens to try smoking or drinking even before they are of legal age.
* What may start as a ‘thrill’, can become a habit if it remains unchecked.
* If there is somebody who smokes or drinks at home, they can become your teen’s role models.
* Poor self-esteem and the need to be ‘cool’ can push adolescents to smoke or drink.
* Easy access to substances like cigarettes, alcohol, drugs, and anabolic steroids may increase the temptation to try illicit substances.

#### **Solution.**

* Keep an eye on your child’s behavior.
* Look for erratic behavior and change in their appetite, sleep patterns, and moods.
* Do not spy on them or accuse them of any wrongdoing.
* Encourage them to talk and be honest.
* Tell them what your concerns are and discuss the problem with them.
* If your child is not willing to talk to you, the doctors can ask confidential questions to know if they are abusing any substances.
* Avoid going as far as a drug test, as that may come across as confrontational and threaten the child.
* If necessary, get your adolescent the appropriate treatment.

### **5. Educational challenges.**

* High school is not all about fashion, friends and parties.
* Children also have a lot of educational activities.
* Pressure to perform academically and obtain college admission can be stressful and make your teenager moody.
* Juggling school work, [extra-curricular activities](https://www.momjunction.com/articles/extra-curricular-activities-for-kids-students-importance_00639203/) and chores at home can be tiring.
* Distractions at school can result in poor academic performance, which will add to the pressure.

#### **Solution.**

* Support your child’s aspirations for college education as what they need is the encouragement to do well.
* You could cut down their household chores to enable them to focus on their school projects.
* Nutrition and exercise can help them get the strength and endurance they need to get through the hectic high school period.
* If you feel your child is getting overwhelmed with his daily activities, cut down on a few tasks.

### **6. Health problems.**

* Adolescents are vulnerable emotionally and physically.
* Without proper nutrition and healthcare, they are susceptible to illnesses.
* According to a 2015 WHO report, 1.3 million adolescents died, world over, a majority of them had preventable diseases.
* Teenagers have a hectic schedule as they hop from one activity to another with little time to eat or rest.
* Unhealthy eating habits prevent them from getting the [nutrition](https://www.momjunction.com/articles/nutrition-for-teens_00350871/) they need.
* Consciousness about their body can lead to eating disorders, especially in girls.
* Adolescent girls who worry about their weight and appearance can develop disorders like anorexia (Loss of appetite) or bulimia (Poor feeding habits).
* Stress can also lead to [loss of appetite](https://www.momjunction.com/articles/what-causes-loss-of-appetite-in-teens_00353215/)and sleeplessness in young children.
* Unhealthy eating habits and a less active lifestyle could also lead to [obesity](https://www.momjunction.com/articles/teenage-obesity-statistics-causes-risks-prevention_00668008/).
* This is often the case when your child consumes a lot of empty calories through fast foods.

#### **Solution.**

* Parental guidance can help abate health problems in adolescence to maintain a healthy lifestyle.
* Lead by example and encourage your children to eat healthy balanced food, exercise right and sleep on time.
* Ensure they get nutrition through their meals.
* Be there for them emotionally and physically as this will help them deal with any possible disorders.

### **7. Psychological problems.**

* Research has revealed that around 50% of mental health disorders that adults have, begin at the age of 14.
* In fact, one-third of adolescent deaths are suicides triggered by depression.
* If your child is overly moody and is not eating or sleeping at all, it is imperative you get professional help for them.
* The most common mental health disorders observed during adolescence are anxiety and mood disorders.
* Social phobias and panic disorders are common among this age group.
* Girls may tend to have more vulnerability to develop depressive disorders than boys.
* Poor performance in academics and low IQ can also demotivate them.
* They develop the ‘I’m not good enough’ attitude towards life.

#### **Solution.**

* While moodiness and temper tantrums (Anger outbursts) are normal in teenage girls and boys, they may not always be what they seem.
* Identifying symptoms of psychological problems in adolescence is not easy and needs the eye of an expert.
* Most of the time, talking about the problems and maintaining a healthy lifestyle can prevent the onset of depression.
* If your child is overly moody and cynical, it is time to intervene and seek professional help if necessary.
* Sometimes, your teenage girl or boy may be unhappy only at home, and doing fine outside.
* Talk to the child’s teachers and friends to know if they are moody and disoriented at school as well.
* If they are, then it is a cause for concern.
* Do not brush away their feelings, as that can make things worse.
* Encourage them to communicate with you.
* For this, you need to talk to them.

### **8. Social problems, dating and relationships.**

* Adolescence is the time when their sexual or reproductive organs start developing.
* At such a vulnerable time, it is but natural for teens to feel awkward in social situations.
* Teenagers want to have an identity of their own.
* They tend to look up to role models at home or outside.
* Adolescents also start thinking about what is ‘right’ and ‘wrong’ and question your take on certain things.
* They need time to understand and get comfortable with their sexuality.
* Girls and boys start experiencing ‘weird’ feelings towards the other sex and may not know what to do about it.
* This is the time they start dating.
* Your adolescent may not be comfortable talking to you about it.
* Competition is another important aspect of a teenager’s social life.
* Your child may compete with her peers in anything and everything.
* Their spirit of competition speaks a lot about their perception of self, whether they have a positive self-esteem or a negative one.
* Their social circle expands during this time as they seem occupied interacting with friends on social media sites, through their phone, written notes and discussions.

#### **Solution.**

* Dating, romance and sex are delicate issues that your teenager may not be comfortable talking about.
* Don’t make it more awkward for your child.
* Be confident and rational when discussing the subject.
* Your child may seem to spend more time outside than with you.
* Accept that your adolescents are discovering a whole new world.
* Just let them know you are there when they need you.
* Sharing your experiences in school can put them at ease sometimes.

### **9. Sexual health, unplanned pregnancy and STIs.**

* The development of secondary sexual characteristics during adolescence gives rise to new feelings in teenagers and pushes them to experiment with their bodies.
* Adolescence is the time when teens experience their first kiss, the intimate dance with their ‘boyfriend’ or ‘girlfriend’ and secret make out sessions.
* They start practicing sexual activities with their friends.
* Without proper guidance, teenagers may become sexually active before they are ready.
* This could result in unwanted pregnancies, which is the biggest risk that adolescent girls face and fear alot.
* Unprotected sex can also lead to sexually transmitted diseases like [HIV](https://www.momjunction.com/articles/hiv-in-children_00484675/)/AIDs.

#### **Solution.**

* Talk with the children as they may already be learning about sexual health and reproduction at school.
* Your duty as a parent is to ensure that they understand the importance of safe sex.
* The hormonal changes in teenagers may make them act impulsively.
* Your teen may not like it but it is important that you talk to them about the consequences of unprotected sex and how it can change their life.

### **10. Addiction to cyberspace.**

* The advent of social media has changed the way we interact with each other.
* It has affected teenage lifestyles the most.
* Your teen may seem to spend hours on phone, texting, talking or playing.
* Adolescents addicted to the internet tend to have fewer friends and a less active social life.
* They lead solitary lives and are happy browsing the internet for hours.
* Addiction to cyberspace also cuts short their physical activities, resulting in an unhealthy and sedentary lifestyle.
* Internet addiction adversely impacts academic performance.

#### **Solution.**

* Do not assume that your child is addicted to the internet just because he or she spends a lot of time in front of the computer.
* They could be doing more productive things on the system other than surfing the net.
* Do not say ‘no’ to the Internet.
* That will only make them adamant.
* Instead, talk about your concerns and help them work on other things that do not require a computer.
* You could use parental controls, but that may not be taken well by your teen.
* Remember that they are not kids anymore.
* They may also not have the judgment to make the right choices.
* So guide them as a parent, but never decide for them.
* Enroll them in activities that encourage them to interact with others.
* Have family activities that will make them want to spend less time at the computer.
* Have some cyber rules and boundaries for everybody at home.
* Limit the use of the mobile phone to a few hours in a day.

### **11. Aggression and violence.**

* Aggression is especially a concern with adolescent boys.
* Young boys start to develop muscles, grow tall and have a coarser, manly voice.
* In addition, they are moody and vulnerable.
* Adolescent boys can get into fights at school easily.
* Worse, they could start bullying others, which is a major problem that adolescent boys and girls have to deal with.
* Boys may fall into bad company and be drawn to acts of violence, vandalism, and aggression.
* They could be easily swayed to own or use a firearm or any weapon.
* Impulse acts of violence can lead to serious consequences, including death.
* Teenage girls are likely to suffer violence or aggression by a partner.

#### **Solution.**

* Children tend to imitate what they see at home.
* Teach your children to be kind and considerate.
* Nurturing relationships at home can help them become less aggressive.
* Prevent access to firearms and alcohol early to prevent violence.
* Teach them [life skills](https://www.momjunction.com/articles/everyday-life-skills-your-teen-should-learn_0081859/) and the importance of compassion.
* Lead them by being their role model.
* Avoid exposing them to violent stories, games or movies at an age when they cannot differentiate between what is right and wrong.
* Make them try alternative ways, such as going for a run, doing yoga or using a punch bag, for venting out their anger.
* This way, they understand that it is alright to be angry but how they deal with it makes all the difference.

## When you know, you can help.

* Parents play an important role in adolescents’ behavior development.
* Educating your teen about possible problems and their solutions can have a positive impact.
* Understanding their feelings and giving suggestions could reduce conflicts than being judgmental or rude to them.
* Setting up clear rules on bad behaviors and drug use may help your teen stay away from it.
* Establishing good and friendly communication with your child can encourage them to speak up about their issues to you and seek your help.
* Your adolescent is at an age that you have already been through.
* Be empathetic and try to understand what your child is going through.
* That makes dealing with their problems easier.

**ADULTHOOD (20-60 YEARS).**

* It is a developmental stage in which typical life goals and concerns are taking shape.
* Typical life goals during adulthood are related to;
* Education.
* Family.
* Children’s lives.
* Personal property.
* Good health.
* Retirement.
* Leisure.
* The community.
* Relationship with friends.
* Occupational worries.
* Health fears.

**Adulthood.**

* There are three phases of adulthood namely;
  1. Early adulthood.
  2. Middle adulthood.
  3. Late adulthood.
* Emerging adulthood in some countries, added years of education and late marriage has delayed full adult independence.
* This seems to have created a new phase which can be called emerging adulthood ages.

1. **Early (Young) adulthood.**

* Begins when adolescence reaches maximum height.
* Girls reach early adulthood at age of 20 years.
* Boys at age of 22 years.
* This lasts until age of 40 years.
* This stage of adulthood is characterized by experimentation and exploration.
* Early adulthood is a time of establishing personal and economic independence.
* It also has exploration, especially in love, work, instability, self-focused, feeling in-between.
* Young adulthood physical development, physical strength, typically peaks in early adulthood (The 20’s and 30’s).
* Although physical changes are minimal during this phase, the weight and muscle mass change as a result of diet, exercise, pregnancy and lactation.
* There is growth and strength in early adulthood, then slow process of decline afterwards.
* The decline is affected by health and lifestyles.
* There is the cognitive development in early adulthood.
* The formal operational stage (Ages 11 to 15 years), is the highest stage of thinking.
* Adults gain knowledge, but ways of thinking are the same as those of adolescents.
* Late adolescence to early adulthood is the main window for wisdom.
* One has expert knowledge about the practical aspects of life that permits excellent judgment about important matters.

**Emotional development in early adulthood.**

* There are two fundamental themes that dominate adulthood, love and work.
* During early adulthood, individuals enter intimacy versus isolation stage.
* This is the developmental task of forming intimate relationships with others or becoming socially isolated.
* They learn to function without using parents as major source of comfort, security and direction.
* They establish a sense of “equality” with parents and develop adult friendships.

**Advantages of having children early.**

* There are advantages of having children during early adulthood.
* Parents are likely to have more physical energy.
* Mother is likely to have fewer medical problems with pregnancy and childbirth.
* Parents may be less likely to build up expectations for their children.

**Advantages of having children late.**

* Parents will have had more time to consider life goals.
* Parents will be more mature and will benefit from their life experiences.
* Parents will be better established in their careers and typically have more income.

**Focus on adult friendships.**

* The focus of adult friendships is somewhat different for men and women.
* Female friends tend to confide in one another about their feelings, problems, and interpersonal relationships.
* Male friends typically minimize discussions about relationships or personal feelings or problems.
* Instead, male friends tend to do things together that they find mutually interesting, such as activities related to sports, hobbies, development and social life.

**Health promotion guidelines for young adults.**

* Young adults are encouraged to do health tests and screening.
* They should focus on;
* Routine physical examination.
* Dental assessment.
* Vision and hearing.
* Breast self-examination.
* Testicular self-examination.
* Pap smear (Screen for cervical cancer).
* Screening for cardiovascular diseases.
* Safety.
* Nutrition.
* Exercise.
* Social interaction.
* Stress management techniques, etc

1. **Middle Adulthood.**

* This occurs between ages 40-60 years.
* Middle adulthood is time of expanding personal and social involvement and responsibility.
* It involves assisting next generation in becoming competent, mature individuals.
* Also reaching and maintaining satisfaction in a career.
* There is a decline of physical skills.
* One is balancing work and relationships.
* There is reassessment of life’s priorities.

**Height, weight and strength.**

* Height reaches a maximum during the 20’s for most people, and remains stable until about 55 years.
* After age of 55 years, bones become less dense and ultimately women lose 2 inches and men lose 1 inch in height.
* People get shorter with aging due to bone loss in their vertebrae.
* Weight typically drops after we reach age 50.
* This is likely because we lose muscles, joint stiffness and difficulty of movement usually accompany a progressive loss of bone in middle age.

**Physical development.**

* Females may experience bone loss as early as age 35.
* Men may not experience it until age 65.
* Muscle strength and stamina may begin to decline.
* Hair may begin to turn gray and thin.
* Wrinkles appear in the skin.
* Chronic health problems such as hypertension, heart disease and diabetes may surface.

**Sensory effects of aging.**

* Decline in vision becomes more pronounced.
* Adaptation to dark and working, walking, cycling, riding or driving at night becomes difficult.
* Color vision may decline as a result of the yellowing of the lens of the eye.
* Eye lenses become hard and cannot accommodate for near vision.
* You experience a problem called Presbyopia (Gradual loss of your eyes' ability to focus on nearby objects.).
* This will result in farsightedness in many people by age 45.

**Hearing in middle age.**

* Hearing undergoes a gradual decline beginning in middle adulthood.
* The primary sort of loss is for sounds of high pitched.
* Men are more prone to hearing loss than women.
* Because the two ears are not always equally affected by hearing loss, sound localization, the ability to detect the origin of a sound, is diminished.
* Some (but not all) hearing problems can be corrected by hearing aids.

**The Female climacteric & menopause.**

* Starting about age 45, women enter a period known as the “female climacteric” (Decline of fertility and sexual activities).
* This is the transition from being able to bear children to being unable to do so.
* This period lasts about 15 to 20 years.
* The most notable sign in menopause is the cessation of menstruation.
* The production of estrogen and progesterone drop.
* Symptoms such as irregular periods, hot flashes, headaches, feeling dizzy, heart palpitations, mood changes and aching joints are common during menopause.
* Half of women report no symptoms at all.

**Men in middle age.**

* Do men experience the equivalent of menopause?.
* Not really.
* Men do experience some changes during middle age that are referred to as the “male climacteric” (Andropause - decline in testosterone levels).
* This is the period of physical and psychological change relating to the male reproductive system which mostly occurs during late middle age.
* The most common is the enlargement of the prostate gland.
* Symptoms are problems with urination, including difficulty starting to urinate and frequent need to urinate during the night.
* Men still produce sperm and can father children through middle age.
* Here men will experience fatigue.
* Decrease in libido.
* Breast enlargement.
* Decreased motivation.
* Decreased self-confidence.
* Difficulty remembering things.
* Increased nervousness.
* Reduced muscle mass and strength.
* Reduced body hair.

**Mortality rates.**

* Chronic diseases are the main cause of death during middle adulthood.
* Leading cause of death is heart disease.
* Second leading cause is cancer.
* Cerebrovascular disease is the third leading cause.
* Cerebrovascular disease refers to a group of conditions, diseases and disorders that affect the blood vessels and blood supply to the brain.
* If a blockage, malformation, or hemorrhage prevents the brain cells from getting enough oxygen, brain damage can result.
* In the first half of middle age, cancer claims more lives than heart disease.
* Trend is reversed during the second half of middle age.
* Accidents because of decrease of visual acuity are common.
* Men have higher mortality rates than women.

**Cognitive development in middle adulthood.**

* Some intellectual abilities decline in middle age, but others increase.
* Crystallized intelligence (Acquired store of information, skills, strategies), increases in middle adulthood.
* Fluid intelligence (Ability to deal with new situations), begins to decline in middle adulthood.

**Emotional development in middle adulthood.**

* There is generativity versus stagnation.
* This is a stage in which individuals leave a legacy of themselves to the next generation.
* Generativity is active involvement in teaching and guiding the next generation.
* Stagnation involves not seeking outlets for involvement i.e being self-centered.
* Here, there is no guiding the next generation, or improving society in general.
* One may be self- centered, isolated and unable to participate meaningfully in the world.
* He keeps most secrets to himself, including his hidden wealth, debts in and out, etc.

**Grand parenting.**

* Many adults become grandparents during middle age.
* There is;
* Source of biological reward & continuity.
* Source of emotional self-fulfillment.
* Fun-seeking style (Source of pleasure among friends).

**Aspects of care.**

* Adequate rest is needed to be able to perform daily tasks.
* The need for social contact continues.
* Stress-management techniques should be applied.
* Regular health, dental, vision, blood pressure, sugar levels, etc, checkups should continue.

1. **Late (old) adulthood.**

* Old age can be broken into three stages:
* Young old (55–65 years).
* Middle old (66–85 years).
* Old old (85 years and older).
* The bones become more brittle as they lose calcium and other minerals.
* In old age, sense of touch starts to decline.
* This decreased ability to detect vibration and pressure may result in injury.
* Physical changes brought about by the aging process include;
* Skin wrinkling and folding.
* Slight loss of height due to decrease in the size of disks between vertebrates in the spines.
* Sensory activities i.e. Vision, hearing, smell and taste decrease.
* Late adulthood is the time of;
* Adjusting to retirement.
* Decreasing strength and health.
* New social roles.
* Reviewing one’s life.
* The arteries harden.
* The blood vessels shrink.
* Reduction in the capacity of the heart to pump blood throughout the circulatory system.
* A 75-year-old’s heart pumps less than three-quarters of the blood it pumped during early adulthood.

**Care of the elderly.**

* The ageing process is often defined in terms of physical changes that negatively affect the body’s function and appearance.
* Old age is associated with poor health, poverty and dependency.

**Problems of the elderly.**

* Poverty.
* Loneliness.
* Poor nutrition.
* Physical handicap.
* Dental problems.
* Mental problems.
* Lack of energy to provide activities of daily living.
* Inadequate housing.
* Chronic illnesses.
* Age related changes such as immobility.
* Lack of care in sickness.
* Property (Who should inherit the property -“will writing”).

**The chronically ill.**

* An illness is said to be chronic if it meets one or more of the following criteria:
  + Permanent.
  + Leaves a residual disability.
  + Caused by non-reversible pathological conditions.
  + Requires special rehabilitative training of the patient.
  + Requires long term supervision and care.

**Chronic illnesses.**

Examples of chronic illnesses include:

* Diabetes mellitus (DM).
* Arthritis.
* Hypertension.
* Sickle cell disease.
* Renal disease.
* Heart disease.
* HIV/AIDS.
* Cancers.

**Digestive system;**

* Produces less digestive juice.
* Is less efficient in pushing food through the system.
* The result is constipation.

**Physical Appearance;**

* Wrinkles and age spots become more noticeable.
* Skin loses its elasticity and collagen (Smoothness).
* Hair becomes thinner and grayer.
* Nails become thicker and more brittle with ridges.
* Yellowing of teeth.
* Sleep has more wakeful periods, with more time spent lying in bed, more tiredness in the mornings.

**Sensory Development Diseases;**

* Cataracts problems.
* This is thickening of the lens of the eye that causes vision to become cloudy, opaque, and distorted (Glaucoma).
* Damage to the optic nerve because of the pressure created by a buildup of fluid in the eye.
* Depth perception declines.
* Smell and taste losses typically begin about age 60.
* Slight decline in touch sensitivity with age.
* Older adults are less sensitive to pain.

**Common health conditions in old age.**

* **Arthritis** – An inflammation of the joints accompanied by pain, stiffness, and movement problems.
* Symptoms can be reduced with use of drugs.
* There is weight reduction.
* **Osteoporosis** - Extensive loss of bone tissue becoming brittle and fragile.
* The bones can easily break if not careful in doing activities.
* This affects women more often than men (Decreased bone density).
* Can be prevented by eating calcium-rich foods and vegetables.
* Having a regular exercise program.
* **Dementia** - A progressive loss of intellectual functioning caused by repeated temporary obstruction of blood flow in cerebral arteries.
* **Alzheimer Disease** - A common form of dementia that is characterized by a gradual deterioration of memory, reasoning, language and eventually physical function.
* It is more common among men with a history of high blood pressure.
* **Parkinson Disease** - A chronic, progressive disease characterized by muscle tremors, slowing of movement and facial paralysis.
* This is progressively irreversible brain disorder.
* The symptoms of Alzheimer’s disease appear gradually by unusual forgetfulness, trouble recalling particular words during conversation.
* First recent memory goes, then older memories eventually go, total confusion, inability to speak intelligibly or to recognize family and friends.



**Osteoporosis in old age.**

**Medication.**

* For the wellness in late adulthood, every adult should get at least 30 minutes of moderate-intensity physical activity daily.
* Walking, gardening, climbing stairs etc, reduces risk of heart disease, osteoporosis, weight gain, and hypertension.

**Cognitive development in late adulthood.**

* Speed of processing information declines in late adulthood.
* Often due to a decline in brain and CNS functioning.
* There is selective attention.
* The more difficult the tasks, the less effectively older adults divide attention.
* Depression is one of the more common problems characterized by intense sadness and hopelessness.
* This may be as a result of cumulative losses in life.
* Some psychological problems such as anxiety may be caused by inappropriate drug doses.
* Women show more depression at 50 and 60 years of age, but depression in men increases from 60 to 80 years.
* Changes in cognitive activity patterns can result in disuse and lead to atrophy of skills.
* Certain mental activities can benefit the maintenance of cognitive skills like reading books, doing crossword puzzles, going to lectures etc.

**Emotional development in late adulthood.**

* There is feeling that one’s life has been meaningful, despair, feelings of regrets or bitterness about past mistakes, missed opportunities, or bad decisions.
* This brings a sense of disappointment in life.
* Life review involves looking back on one’s life experiences and evaluating them.
* Individuals engage in a life review that is either positive (integrity) or negative (despair).

**The empty nest.**

* Some people may experience a sense of loss, known as the “empty nest” syndrome.
* Empty nest syndrome is a decline in marital satisfaction after the children leave the home.
* A woman become depressed after her last child leaves home.
* Some mature adults experience an increased spirituality.
* Some religions encourage behaviors that negatively affect health, such as refusing medications or ignoring sound medical advice.
* Religion may promote better health, psychologically.
* Supporting better coping skills help them face impending death, find and maintain sense of meaningfulness in life, accept inevitable losses of old age, etc.

**Friendship.**

* Friendships have been found to be more important than family relationships in predicting mental health.
* Unmarried older adults with a strong network of friends fared better physically and psychologically than other unmarried older adults.
* Social contact should persist.

**Positive psychology and aging.**

* The more active and involved older adults are, the more satisfied they are and the more likely they are to stay healthy.
* The need for sleep may decrease, but short periods of rest throughout the day may offset the loss.

# WRITING A WILL.

* A will is a legal document by a person on how his or her property should be managed upon death.
* However, it can only be valid when a mentally stable person above 18 years old makes it in the required form.
* **Many make wills and rest easy unaware that upon their death, they will be contested and their property divided against their wishes.**
* Some of the many common loopholes made include;

**1.    Using traditions to guide your property sharing.**

* It is wrong to assume that writing wills is a preserve of men who were traditionally the only ones to own property.
* According to Kenyan succession laws, both men and women are at liberty to write wills stating how they want their property managed or distributed upon death.
* Some people still hold on to the customary belief that only sons can inherit property and daughters cannot be bequeathed (Entrusted).
* This is not the case.
* Both gender qualify for the family property inheritance.

**2.    Making a will before marriage.**

* This may come as a surprise to many but a will made before marriage has no legal effect.
* Under Kenyan law, a will is revoked by marriage of the maker.
* The legal reason is marriage changes the status of a person by bringing dependents (Wife and children) who are heirs.
* However, where a will is made in contemplation (Deep thought) of marriage with a specified person, it cannot be revoked by the union.

**3.    Excluding children born out of wedlock.**

* Some wills fail to take effect after children born out of wedlock and step children troop to court to demand their share of the cake.
* Legally, all children (Including one in the womb) have the right to inherit from their biological parents.
* Therefore, the easiest way out is to cater for all your biological children and hence avoiding protracted legal battles over property that can drag on for decades.
* The High Court has on the several occasions ruled that children of a deceased man include those born out of wedlock to women who were not married to him.
* Therefore, the fact that the mother was not married to the deceased cannot elbow the children from inheriting his estate.

**4.    Assuming your ‘come we stay’ partner is a heir.**

* Unless you specifically state in your will, your ‘come-we-stay’ partner may walk out of your relationship empty handed when you die.
* The law is only clear that a legal spouse is the known heir of the deceased.

**5.    Suspicious circumstances.**

* It is usually risky for an investor to instruct someone to write a will on his/her behalf.
* The person who writes the will may be honest but can be regarded as suspicious because eyebrows are likely to be raised whether the testator (Investor) knew the contents of the will.

**6.    Not having capacity.**

* Under both Kenyan and Common Law, a will cannot be valid unless made by a person who is over 18.
* The person should also be mentally stable.
* As a legal rule of the thumb, infants and persons of unsound mind are incapable of making a valid will.
* However, a will made before attaining the age of 18 can be legal when the testator (Writer of a will) re-executes it confirming details of the written copy.
* On mental incapacity, it does not mean that people suffering from mental illnesses are barred from writing wills.
* For instance, if such people write wills before their minds become affected, such wills are valid.
* Legally, the test of legal capacity includes the capability to understand the nature of writing a will and its effects.
* A writer of a will can also be said to lack mental capacity if he/she does not understand his/her actions following the influence of alcohol or drugs.
* It is also required that the writer of the will knows all his property and the people he is required to provide for following his /her relationship with them.

**7.    Failure to have valid witnesses.**

* For a written will to be valid, there must have been two or more witnesses who must have seen the testator (Writer) either signing the document or appending his/ her thumb print.
* It is also a requirement for the witnesses to all sign the will in presence of the testator.
* On the other side, oral wills can only be valid when made before two or more competent witnesses and the testator dies within three (3) months from the date of his/her pronouncement.
* Moreover, an oral will cannot be valid if it is contrary to any written will the testator made, either before or after the oral will.

**8.    Making changes to wills.**

* Making casual changes in signed and witnessed wills is not a walk in the park, i.e not easy.
* Testators are legally required to make codicils (Formal alterations which must be signed and witnessed the same way a will is).
* The wills are not cast on stone.
* The testator can change his/her will several times before death.
* However, if the alterations are several, writing a fresh will is advisable towards avoiding possible confusions.

**9.    Failure to name an executor.**

* There are living examples where testators write explicit wills stating how their property should either be divided or managed upon death.
* However, the testators fail to name or appoint executors of their instructions.
* An executor is a person who should implement the will.
* In such instances, the court appoints the executor(s).

**10. Cause for coercion or undue influence.**

* Undue influence occurs when a testator is coerced into making a will or some part of it that he does not want to make.
* Undue influence is proved if it can be shown that the testator was induced or coerced into making dispositions that he did not really intend to make.
* It is common where the testator is weak or impaired mental capacity or in failing health.

**DEATH AND DYING.**

* Death is “the final stage of human growth”.
* It is experienced by everyone and definitely no one escapes it.
* The style of dying differs from individual to individual, in different circumstances.
* Young people tend to ignore its existence.
* Usually it is the elderly, who have lost others, who begin to think about their own death.
* For most individuals, grief becomes manageable over time.
* Many grieving spouses report that they have never gotten over their loss.
* Grief is emotional numbness, disbelief, separation anxiety, despair, sadness and loneliness that accompany loss of someone you love.

**Stages of death and dying.**

* The emotional response to death and the knowledge that one is dying is a complex situation to process.
* It was the work of psychiatrist **Elizabeth Kubler-Ross** that changed the perspective of death from an approach of curing to an approach of caring for the person dying.
* She identified a common set of emotional response stages to how one deals with death and the knowledge of dying.
* Those stages are denial, anger, bargaining, depression and acceptance.
* Hope is a sixth emotional response that runs throughout and is not a stage by itself.

### **Stage one - Denial.**

* The patient unconsciously cannot accept the diagnoses and refuses to believe he is dying.
* Denial is the stage that can initially help you survive the loss.
* You might think life makes no sense, has no meaning and is too overwhelming.
* You start to deny the news and in effect go numb.
* It’s common in this stage to wonder how life will go on in this different state.
* You are in a state of shock because life as you once knew it has changed in an instant.
* If you were diagnosed with a deadly disease, you might believe the news is incorrect.
* A mistake must have occurred somewhere in the lab.
* They mixed up your blood sample with someone else.
* If you receive news on the death of a loved one, perhaps you cling to a false hope that they identified the wrong person.
* In the denial stage, you are not living in ‘actual reality, rather, you are living in a ‘preferable, probably’ reality.
* It is denial and shock that help you cope and survive the grief event.
* Instead of becoming completely overwhelmed with grief, you deny it, do not accept it.
* Think of it as your body’s natural defense mechanism.
* Once the denial and shock starts to fade, the start of the healing process begins.

### **Stage two- Anger.**

* This stage is often directed at the physician or staff when one is no longer able to deny.
* This is a common stage to think “why me?” and “life’s not fair”.
* You might look to blame others for the cause of your grief and also may redirect your anger to close friends and family.
* You find it incomprehensible of how something like this could happen to you.
* If you are strong in faith, you might start to question your belief in God.
* Where is God?.
* Why didn’t he protect me from this?.
* Anger is a necessary stage of grief.
* If you are caring for a dying person encourage the anger.
* The more you truly feel the anger, the more quickly it will dissipate (Disappear) and the more quickly you will heal.
* In everyday life, we are told to control our anger toward situations and toward others.
* Think of anger as strength to bind you to reality.
* The direction of anger toward something or somebody is what might bridge you back to reality and connect you to people again.
* It’s something to grasp onto, a natural step in healing.

### **Stage three- Bargaining.**

* The patient frequently tries to strike a bargain with God or a higher power.
* God, i accept death, but give me more time.
* Can I give you something you spare me and take somebody else?.
* When something bad happens, you are always caught up making a deal with God.
* Please God, if you heal me, I will strive to be the best person i can ever be and never complain again.
* I will give a good sacrifice and assist the needy.
* This is bargaining.
* In a way, this stage is false hope.
* You might falsely make yourself believe that you can avoid the grief through a type of negotiation.
* If you change this, I’ll change that.
* You are so desperate to get your life back to how it was before the grief event.
* You are willing to make a major life change in an attempt toward normality.
* Feeling of guilt is common thing in bargaining stage.
* This is when you endure the endless “what if”, statements.
* What if i had left the house 5 minutes sooner, the accident would have never happened.
* What if i encouraged him to go to the doctor six months ago, like I first thought, the cancer could have been found sooner and he could have been saved.

### **Stage four- Depression.**

* The patient feels distant from others and seems sad and hopeless.
* Depression is a commonly accepted form of grief.
* Most people associate depression immediately with grief as it is a “present” emotion.
* It represents the emptiness we feel when we are living in reality and realize the person is going.
* In this stage, you might withdraw from life, feel numb, live in darkness and not want to get out of bed.
* The world might seem too much and too overwhelming for you to face.
* You don’t want to be around others, don’t feel like talking and experience feelings of hopelessness.
* You might even experience suicidal thoughts, thinking “what’s the point of going on?”.

### **Stage five- Acceptance.**

* The patient deals calmly with his fate and is able to use or enjoy the remaining time with family and friends.
* This is the last stage of grief.
* In this stage, your emotions may begin to stabilize.
* You re-enter the reality.
* It is a period of calm and peace.
* It is a point of reflectance and embracing the end of the battle.
* You come to terms with the fact that the “new” reality is that your partner is never coming back or that you are going to succumb to your illness and die soon.
* You become okay with that.
* It’s not a “good” thing but it’s something you can live with.
* It is definitely a time of adjustment and readjustment.
* You start being happy once again and do good things.
* There are good days, there are bad days and then there are good days again.
* But, the good days tend to outnumber the bad days.
* You understand your loved one can never be replaced, but you move, grow and evolve into your new reality.
* Coping with death and dying individual responses may vary.
* Grief is more intense when death occurs unexpectedly (Especially if too early on the social clock).
* There is NO standard pattern or length of the grieving process.
* The stages may not follow one another as they appear and they may vary sometimes.
* It is helpful to have the support of friends or groups to face the reality of death and grief.

**Hope.**

* Kubler-Ross points out that in addition to the five stages, a sixth emotional response runs throughout and that is **hope**.
* She stated that hope is critical for dying patients, even if it is just the hope of dying with dignity.
* Here relatives, friends, religious people, counselors, well-wishers, etc, are very crucial in giving hope to the dying person or the care taker.

**Top of Form**

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# Signs that someone is close to death

* If a person or loved one is elderly or has a terminal illness, knowing death may be near is often difficult to deal with or comprehend.
* Understanding what to expect may make things a little easier.
* These signs are explored below;

### **1. Decreasing appetite.**

* A decreased appetite may be a sign that death is near.
* As a person approaches death, they become less active.
* This means their body needs less energy than it did.
* They stop eating or drinking as much, as their appetite gradually reduces.
* If a person is caring for a dying loved one who loses their appetite, they should let them eat when they feel hungry.
* A person may completely stop eating a few days before death.
* When this happens, it helps to keep their lips moistened with lip balm, so that they are not uncomfortable.

### **2. Sleeping more.**

* In the 2 or 3 months before a person dies, they may spend less time awake.
* This lack of wakefulness is because their body’s metabolism is becoming weaker.
* Without metabolic energy, a person will sleep a lot more.
* If a person is caring for a dying loved one who is sleepy, they should make them comfortable and let them sleep.
* When their loved one does have energy, they should encourage them to move or get out of bed to help avoid bedsores.

### **3. Becoming less social.**

* As a dying person’s energy levels are reduced, they may not want to spend as much time with other people as they once did.
* If a dying person is becoming less social, their loved ones should try not to be offended.
* It is not unusual for a person to feel uncomfortable letting others see them losing their strength.
* If this is the case, it is advisable to arrange visits when the person dying is up to seeing someone, especially close relatives or religious friends.

### **4. Changing vital signs.**

* As a person approaches death, their vital signs may change in the following ways:
* [Blood pressure](https://www.medicalnewstoday.com/articles/270644.php) drops.
* Breathing changes.
* Heartbeat becomes irregular.
* Heartbeat may be hard to detect.
* Urine may be brown, tan, or rust-colored.
* A person’s urine color changes because their kidneys are shutting down.
* Seeing this and the other changes in a loved one may be distressing.
* But these changes are not painful, so it may help to try not to focus overly on them.

### **5. Changing toilet habits.**

* Because a dying person is eating and drinking less, their bowel movements may reduce.
* They may pass less solid waste less often.
* They may also urinate less frequently.
* When they stop eating and drinking completely, they may no longer need to use the toilet.
* These changes can be distressing to witness in a loved one, but they are to be expected.
* Speaking to the hospital about a catheter for the person may help.

### **6. Weakening muscles.**

* In the days leading up to a person’s death, their muscles may become weak.
* Weak muscles means the individual may not be able to carry out the small tasks that they were able to previously.
* Drinking from a cup or turning over in bed may no longer be tasks they can do.
* If this happens to a dying person, their loved ones should help them lift things or turn over in bed.

### **7. Dropping body temperature.**

* A drop in body temperature may mean there is very little blood flowing to the hands.
* In the days before a person dies, their circulation reduces so that blood is focused on their internal organs.
* This means very little blood is still flowing to their hands, feet, or legs.
* Reduced circulation means a dying person’s skin will be cold to the touch.
* Their skin may also look pale or mottled with blue and purple patches.
* The person who is dying may not feel cold themselves.
* Offering them a blanket is a good idea if you think they may need one.

### **8. Experiencing confusion.**

* When a person is dying, their brain is still very active.
* However, they may become confused or incoherent at times.
* This may happen if they lose track of what is happening around them.
* A person caring for a loved one who is dying should make sure to keep talking to them.
* Explaining what is happening around them and introducing each visitor is very important.

### **9. Changing breathing.**

* A person who is dying may seem like they are having trouble breathing.
* Their breathing may suddenly change speed, they might gasp for air, or they may pause between breaths.
* If a person caring for a loved one notices this, they should try not to worry.
* This is not usually painful or bothersome when being experienced by the dying person.
* It is a good idea to speak to the doctor for advice if someone is concerned about this change in breathing pattern.

### **10. Increasing pain.**

* It may be difficult to come to terms with the fact that a person’s pain levels may increase as they near death.
* Seeing a pained expression, or hearing a noise that sounds pained, is never easy.
* A person caring for a dying loved one should speak to the doctor about options for pain medication to be administered.
* The doctor can try to make the person who is dying as comfortable as possible.

### **11. Hallucinations.**

* It is usual for a person who is dying to experience some hallucinations or distorted visions.
* Although this may seem concerning, a person caring for a dying loved one should not be alarmed.
* It is best not to try to correct them about these visions, as doing so may cause additional distress.

## How to cope in the final hours.

* In the hours before a person dies, their organs shut down and their body stops working.
* At this time, all they need is for their loved ones to be around them.
* A person caring for a dying loved one in their last hours should make them feel as comfortable as they can.
* It is a good idea to keep talking to a dying person right up until they pass away.
* They can often still hear what is going on around them.

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## Other signs of death.

* After a loved one has died, support from family and friends may help people to cope.
* If a dying person is attached to a heart rate monitor, those around them will be able to see when their heart has stopped working, meaning that they have died.
* Other signs of death include;

1. Not having a [pulse](https://www.medicalnewstoday.com/articles/258118.php).
2. Not breathing.
3. No muscle tension.
4. Eyes remaining fixed.
5. Bowel or bladder releasing waste.
6. Eyelids partially shut.
7. The pupil is dilated the first 24 hours of dying.

* When it is confirmed that a person has died, their loved ones may want to spend some time at their side.
* Once they have said goodbye, the family or Doctor should make contact with a funeral home or mortuary attendants.
* They will remove the person’s body and prepare for their funeral or preserve it.

## How to cope after a loved one has died.

* Even when it is expected, the death of a loved one is never easy to cope with for those who were close to them.
* It is essential that people give themselves the time and space to grieve.
* They should also seek support from friends and family.
* Every person deals with grief in a different way.
* But there are some common feelings and experiences that people may want to share.
* For this reason, bereavement support groups are very useful.

### **Symptoms of grief.**

* Your grief symptoms may present themselves physically, socially or spiritually.
* Some of the most common symptoms of grief are presented below;

1. Crying.
2. Headaches.
3. Difficulty sleeping.
4. Questioning the purpose of life.
5. Questioning your spiritual beliefs (e.g., your belief in God).
6. Feelings of detachment.
7. Isolation from friends and family.
8. Abnormal behavior.
9. Worry.
10. [Anxiety](https://www.psycom.net/anxiety).
11. Frustration.
12. Guilt.
13. Fatigue.
14. Anger.
15. Loss of appetite.
16. Aches and pains.
17. Stress.

**COGNITIVE (MENTAL) PSYCHOLOGY.**

* Cognitive psychology involves the study of internal mental processes.
* This is all the things that go on inside your brain, including perception, thinking, memory, attention, action planning, language, etc.
* Each of these components is pivotal in forming who we are and how we behave.
* The thoughts related to these concepts can be conscious or non-conscious.
* We might consciously make an effort to focus our attention on something for example, but the noise in the room could trigger a non-conscious shift.
* Cognitive psychology also has many overlaps with cognitive neuropsychology.
* This primarily is concerned with the effects of brain damage on cognition and to an extent, with computational neuroscience, concerned with creating models of brain function.
  + - 1. **LEARNING.**
* Learning is an adaptive function by which our nervous system changes in relation to stimuli in the environment, thus changing our behavioral responses and permitting us to function in our environment.
* The process occurs initially in our nervous system in response to environmental stimuli.
* Learning is also a change in behavior or knowledge that results from experience.

### **Types of learning.**

* There are three main types of learning;

1. Classical conditioning.
2. Operant conditioning.
3. Observational learning.

* Both classical and operant conditioning are forms of associative learning, in which associations are made between events that occur together.
* Observational learning is learning by observing others.

### **Classical conditioning.**

* Classical conditioning is a process by which we learn to associate events, or stimuli, that frequently happen together.
* As a result of this, we learn to anticipate (expecting, predict) events.
* Ivan Pavlov conducted a famous study involving dogs in which he trained (or conditioned) the dogs to associate the sound of a bell with the presence of a piece of meat.
* The conditioning is achieved when the sound of the bell on its own makes the dog salivate in anticipation for the meat.

### **Operant conditioning.**

* Operant conditioning is the learning process by which behaviors are reinforced or punished, thus strengthening a response, after practicing a repeated behavior (operation).
* Edward Thorndike came up with the term “law of effect,” in which behaviors that are followed by results that are satisfying to the organism are more likely to be repeated.
* Equally, behaviors that are followed by unpleasant results are less likely to be repeated.
* B. F. Skinner researched operant conditioning by conducting experiments with rats in what he called a “Skinner box.”
* Over time, the rats learned that stepping on the lever directly caused the release of food, but the lever closed them in a cage.
* This was demonstrating that behavior can be influenced by rewards or punishments.
* He differentiated between positive and negative reinforcement.

### **Observational learning.**

* Observational learning occurs through observing the behaviors of others and imitating those behaviors, even if there is no reinforcement at the time.
* Albert Bandura noticed that children often learn through imitating adults, and he tested his theory using his famous Bobo-doll experiment.
* Through this experiment, Bandura learned that children would attack the Bobo doll after viewing adults hitting the doll.

**Motives of learning.**

* Motives of learning are interests or drive, which cause a person to behave in a certain way.
* Example - Motive of getting scientific knowledge about the preventive aspect of health.
* Motives of learning occur when;
* A student is inspired to work hard.
* When the trainer makes learning interesting and easier to learn.
* When learning is relevant to the future career.
* When learning is relevant to the group being trained.

**Attitude of learning.**

* Attitude is a tendency to behave or think in a certain way.
* For example, one health worker may refuse to see patients when the time is over and health facility is closed.
* Another may be willing to see patients at any time.
* This is because they have different attitudes to their job.
* Attitudes are formed or changed during training.
* Like knowledge and skills attitudes are not easy to measure.
* Example - Teaching Health workers how to inject a patient is a skill.
* Explaining to health workers about the importance of respecting the opinion of patients is trying to change the attitudes of health workers.
* But it is difficult to find out whether the health worker’s attitudes have changed or not.
* Measuring attitude is more difficult than measuring skill and knowledge.
* Attitude is in build.

**General methods to shape attitude.**

1. Providing information.

* Example - The relationship between smoking, cancer and heart diseases.

1. Providing positive role models.

* Setting ideal persons or examples in the society, teachers, nurses, doctors, other health extension workers.

1. Providing experience to shape attitudes.

* Direct experience, for example, seeing sufferings of the community health wise will have more input on shaping medical students attitude.

*Exercise: What facts are you going to mention to the community if you want to persuade a mothers to have a positive attitude towards breast-feeding?.*

* + - 1. **MEMORY.**
* Memory refers to the processes that are used to acquire, store, retain and later retrieve information.
* Memory is essential to all our lives.
* Without a memory of the past, we cannot operate in the present or think about the future.
* We would not be able to remember what we did yesterday, what we have done today or what we plan to do tomorrow.
* Without memory, we could not learn anything.
* Memory is involved in processing vast amounts of information.
* This information takes many different forms, e.g. images, sounds or meaning.

## Types of memory.

* Richard Atkinson and Richard Shiffrin, outlined three stages of memory;

1. Sensory memory (SM).
2. Short-term memory (STM).
3. Long-term memory (LTM).

### **Sensory memory.**

* Sensory memoryis the earliest stage of memory.
* During this stage, sensory information from the environment is stored for a very brief period of time.
* This is generally for no longer than a half-second for visual information and 3 or 4 seconds for auditory information.
* We attend to only certain aspects of this sensory memory, allowing some of this information to pass into the next short-term memory.

### **Short-term memory**

* Short-term memory, also known as active memory, is the information we are currently aware of or thinking about.
* This memory would be referred to as the [conscious mind](https://www.verywellmind.com/what-is-the-conscious-mind-2794984).
* Paying attention to sensory memories generates information in short-term memory.
* While many of our short-term memories are quickly forgotten, attending to this information allows it to continue to the next stage, the long-term memory.
* Most of the information stored in active memory will be kept for approximately 20 to 30 seconds.
* The term "short-term memory" is often used interchangeably with "working memory".
* This refers to the processes that are used to temporarily store, organize, and manipulate information.

### **Long -term memory.**

* Long-term memory refers to the continuing storage of information.
* The long-term memory would be called the preconscious and [unconscious](https://www.verywellmind.com/what-is-the-unconscious-2796004).
* This information is largely outside of our awareness but can be called into working memory to be used when needed.
* Some of this information is fairly easy to recall, while other memories are much more difficult to access.

**Memory processes.**

* There are three major processes involved in memory,
* Encoding (Convert).
* Storage.
* Retrieval.
* **Memory encoding.**
* When information comes into our memory system from sensory input, it needs to be changed into a form that the system can cope with, so that it can be stored.
* Think of this as similar to changing your money into a different currency when you travel from one country to another.
* For example, a word which is seen in a book may be stored if it is changed (encoded) into a sound or a meaning (i.e. semantic processing).
* There are three main ways in which information can be encoded (changed);

1. **Visual (Picture).**
2. **Acoustic (Sound).**
3. **Semantic (Meaning).**

* For example, how do you remember a telephone number you have looked up in the phone book?.
* If you can see it then you are using visual coding, but if you are repeating it to yourself you are using acoustic coding (By sound).
* Evidence suggests that the principle coding system in short-term memory (STM) is acoustic coding.
* When a person is presented with a list of numbers and letters, they will try to hold them in STM by rehearsing them (verbally).
* Rehearsal is a verbal process regardless of whether the list of items is presented acoustically (someone reads them out), or visually (on a sheet of paper).
* The principle encoding system in long-term memory (LTM) appears to be semantic coding (by meaning).
* However, information in LTM can also be coded both visually and acoustically.
* **Memory Storage.**
* This concerns the nature of memory stores.
* That is where the information is stored, how long the memory lasts (duration), how much can be stored at any time (capacity) and what kind of information is held.
* The way we store information affects the way we retrieve it.
* If we can “chunk” (solidify, heap) information together we can store a lot more information in our short-term memory.
* The capacity of LTM is thought to be unlimited.
* Information can only be stored for a brief duration in STM (0-30 seconds), but LTM can last a lifetime.

## Memory retrieval.

* This refers to getting information out of storage.
* If we can’t remember something, it may be because we are unable to retrieve it.
* When we are asked to retrieve something from memory, the differences between STM and LTM become very clear.
* STM is stored and retrieved sequentially.
* For example, if a group of participants are given a list of words to remember, and then asked to recall the fourth word on the list, participants go through the list in the order they heard it in order to retrieve the information.
* LTM is stored and retrieved by association.
* This is why you can remember what you went upstairs for, if you go back to the room where you first thought about the thing.
* Organizing information can help aid retrieval.
* You can organize information in sequences (such as alphabetically, by size, by event or by time).

## How long do memories last?.

* Some memories are very brief, just seconds long, and allow us to take in sensory information about the world around us.
* Short-term memories are a bit longer and last about 20 to 30 seconds.
* These memories mostly consist of the information we are currently focusing on and thinking about.
* Some memories are capable of enduring much longer, lasting days, weeks, months, or even decades.
* Most of these long-term memories lie outside of our immediate awareness, but we can draw them into consciousness when they are needed.

## Using memory.

* To use the information that has been encoded into memory, it first has to be retrieved.
* There are many factors that can influence how memories are retrieved such as the type of information being used and the retrieval cues that are present.
* Of course, this process is not always perfect.
* Have you ever felt like you had the answer to a question right at the tip of your tongue, but you couldn’t quite remember it?.
* This is an example of a memory retrieval problem known as lethologica or the tip-of-the-tongue phenomenon.
* Lethologica can be caused by several factors including stress, physical fitness, social interaction and base memory capacity.
* As such it can be classified as a 'lifestyle disease' which is also affected by individual personality traits

## Organizing memory.

* The ability to access and retrieve information from long-term memory allows us to actually use these memories to make decisions, interact with others and [solve problems](https://www.verywellmind.com/what-is-problem-solving-2795485).
* But how is information organized in memory?.
* One way of thinking about memory organization is known as the semantic network model.
* This model suggests that certain triggers activate associated memories.
* A memory of a specific place might activate memories about related things that have occurred in that location.
* For example, thinking about a particular campus building might trigger memories of attending classes, studying, and socializing with peers.

## Losing memory.

* Forgetting is a surprisingly common event.
* Just consider how often you forget someone’s name or overlooked an important appointment.
* Why do we forget information we have learned in the past?.
* There are [four basic explanations](https://www.verywellmind.com/explanations-for-forgetting-2795045) for why forgetting occurs;

1. Failure to store.
2. Interference.
3. Motivated forgetting.
4. Retrieval failure.

* Research has shown that one of the critical factors that influence memory failure is time.
* Information is often quickly forgotten, particularly if people do not actively review and rehearse the information.
* Sometimes information is simply lost from memory and, in other cases, it was never stored correctly in the first place.
* Sometimes memories compete with one another, making it difficult to remember certain information.
* In other instances, people actively try to forget things that they simply don’t want to remember.

## Tips to improve memory.

* No matter how great your memory is, there are a few things you can do to make it even better.
* Fortunately, cognitive psychologists have discovered a number of techniques that can help improve memory:
  + **Jot it down-**The act of writing with a pen and paper helps implant the memory into your brain and can also serve as a reminder or reference later on.
  + **Attach meaning to it -** You can remember something more easily if you attach meaning to it. For instance, if you associate a person you just meet with someone you already know, you may be able to remember their name easier.
  + **Repeat it (Rehearse)-** Repetition helps the memory become encoded beyond your short-term memory.
  + **Group it -** Information that is categorized becomes easier to remember and recall. For example, consider the following group of words: Desk, apple, bookshelf, red, plum, table, green, pineapple, purple, chair, peach, yellow. How did you group the words?. You can group using three different categories; color, furniture and fruits.
* In addition to these techniques, keeping your brain healthy by;
* Exercising regularly.
* Maintaining social connections.
* Managing stress.
* Diet (Fruits, vegetables, tea, fatty fish, nuts and eggs, coffee, etc, help protect your brain from damage and contain nutrients that support memory and brain development).
* Avoid too sugary foods and a lot of salt in the diets.
* Performing challenging activities like doing crossword puzzles or playing an instrument have been proven to help boost memory.
  + - 1. **THINKING.**
* Thinking is a cognitive behavior in which ideas, images, [mental representations](https://dictionary.apa.org/mental-representations), or other elements of thought are experienced or manipulated (handle skillfully).
* It is a mental problem solving activity.
* In this sense, thinking includes imagining, remembering, problem solving, day-dreaming, [free association](https://dictionary.apa.org/free-association), concept formation and many other processes.

#### **Types of Thinking:**

* Thinking can be classified as follows;

**1. Perceptual or concrete thinking.**

* This is the simplest form of thinking.
* The basis of this type is perception, i.e. interpretation of sensation according to one’s experience.
* It is also called concrete thinking as it is carried out on the perception of actual or concrete objects and events.

**2. Conceptual or abstract thinking.**

* Here one makes use of concepts, the generalized objects and languages.
* It is regarded as being superior to perceptual thinking as it economizes efforts in understanding and problem-solving.
* Abstract thinking is the ability to understand concepts that are real.
* This is the ability to absorb information from our senses and make connections to the wider world.

**3. Reflective thinking.**

* This type of thinking aims in solving complex problems.
* It requires reorganization of all the relevant experiences to a situation or removing obstacles instead of relating with that experiences or ideas.
* This is an insightful cognitive approach in thinking.
* In this type, thinking processes take all the relevant facts arranged in a logical order into an account in order to arrive at a solution of the problem.

**4. Creative thinking:**

* This type of thinking is associated with one’s ability to create or construct something new or unusual.
* It looks for new relationships and associations to describe and interpret the nature of things, events and situations.
* The individual usually formulates the evidences and tools for its solution.
* For example scientists, artists or inventors.
* Skinner, the famous psychologist says creative thinking means that the prediction for the individual is new, original, ingenious and unusual.
* The creative thinker is one who expresses new ideas and makes new observation, new predictions and new inferences.
* Creative thinking, in all its shapes and forms is absolutely an internal mental process and should be considered as an important component of one’s cognitive behaviour.
* Every one of us is capable of creative thinking and it is universal.
* The mind must have complete freedom to wander around to create a new idea, like “MPESA”.

**5. Critical thinking.**

* It is a type of thinking that helps a person in stepping aside from his own personal beliefs, biasness and opinions.
* It helps to sort out the faiths and discover the truth, even at the expense of his basic belief system.
* Here one resorts to set higher cognitive abilities and skills for the proper interpretation, analysis and evaluation.
* An ideal thinker is inquisitive, well-informed, open-minded, flexible, fair-minded in evaluation and free from personal bias.
* He is honest in seeking relevant information, skilled in the proper use of the abilities like interpretation, analysis, synthesis, evaluation and drawing conclusions.
* The critical thinking is of a higher order, well-disciplined thought process and evaluation for arriving at an unbiased, valid and reliable judgment of the gathered or communicated information.

**6. Non-directed or associative thinking.**

* This may happen with those people with mental conditions.
* There are times when we find ourselves engaged in a unique type of thinking which is non-directed and without goal.
* It is reflected through dreaming and other free-flowing uncontrolled activities.
* Psychologically these forms of thought are termed as associative thinking.
* Here day-dreaming, fantasy and delusions all fall in the category of withdrawal behaviour that helps an individual to escape from the demands of the real world.
* This is done by making his thinking face non-directed and floating, placing him somewhere, ordering something unconnected with his environment.
* A person under the influence of such delusions may think or believe that he is a millionaire, the ruler of the universe, a great inventor, a noted historian or even God.
* A person in the grip of delusion may be inclined to be the most incapable, unworthy and unwanted person and may develop guilt feelings or complain that he is the victim of some incurable physical or mental diseases.

#### **Development of thinking.**

* Thinking is one of the most important aspects of learning process.
* Our ability to learn and solve the problems depends upon our ability to think correctly which helps us in adjustment and is necessary for a successful living.
* Only those men who can think distinctly, constructively and carefully can contribute something worthwhile to the society.
* No person is a born-thinker; one has to acquire knowledge of technique and practice of proper thinking.
* There are few methods which help to develop thinking through training.
* They include but not limited to;

**1. Adequacy of the knowledge.**

* Adequacy of the knowledge and experience is considered to be the background of systematic thinking.
* This can be done by training a person to enhance the process of sensation and perception to gain better knowledge and experience to improve critical thinking.
* A person should be provided with opportunities for gaining adequate experiences and should be encouraged for self-study, discussion and participation in healthy and stimulating activities.

**2. Adequate motivation.**

* Motivation helps in mobilizing our energy for thinking.
* It creates genuine interest and voluntary attention in the process of thinking, and thus helps a lot in increasing the adequacy and efficiency of our thinking.
* One should try to think on definite lines with a definite end or purpose.
* The problems we solve should have intimate connection with our immediate needs and basic motives, and such thinking should be directed on creative and productive activities.

**3. Adequate freedom.**

* Thinking should not be obstructed by imposing unnecessary restrictions and narrowing of the field of thought process.
* If the past experiences or habitual methods do not help in solving the problem we should strive for new association, relationships and possibilities for arriving at satisfactory results.

**4. Incubation:**

* When we set ourselves to solve a problem but fail to solve it in-spite of our strain, putting more efforts to thinking and persistent thinking, it is better to lay aside the problem for some time (incubate), and relax for a while or engage in some other activity.
* During this interval, a solution is evolved to that specific problem through the efforts of our unconscious mind.
* This phenomenon of incubation is helpful.

**5. Intelligence.**

* Intelligence is defined as the ability to think properly, and thus proper development of intelligence is essential for bringing adequate thinking.
* Proper care should be taken to use intelligence, wisdom and other cognitive abilities for carrying out the process of thinking.

**6. Proper development of concepts.**

* Concept is a word or idea with a generalized meaning which represents a class of objects, ideas or events.
* This means you can use one word, symbol, signs or picture to summarize many words.
* For example in school education talk of 3Ms- (*Mtoto, Mzazi, Mwalim)*.
* Much of the thinking depends upon language.
* Concepts, symbols, signs, words and language are the vehicles as well as instruments of thought.
* Without their proper development one cannot proceed effectively on the path of thinking.
* Their development stimulates and guides the thought process.

**7. Adequacy of reasoning process.**

* Thinking is also influenced by the mode of reasons one adopts.
* Illogical reasoning often leads to incorrect thinking.
* Logic is the science of correct reasoning which helps to think correctly.
* Therefore, we should cultivate the habit of logical reasoning among ourselves.

#### **Tools of thinking:**

* There are a few important elements or tools involved in the thinking process;

**1. Images.**

* In thinking, we usually manipulate the images rather than the actual objects.
* Mental pictures symbolize actual objects, experiences and activities.

**2. Concepts.**

* A concept is a general idea that stands for a general class and represents the common characteristics of all objects or events.
* Concept, as a tool, enhances the efforts in thinking.
* For example, when we hear the word ‘elephant’ we are at once reminded about the nature and qualities of elephant.
* But also our understandings of them come to the surface in our consciousness to stimulate our thinking.

**3. Symbols and signs.**

* Symbols and signs represent and stand for substitute of the actual objects, experiences and activities.
* For example, traffic lights, railway signals, school bells, badges, songs, flags and slogans all are symbolic expressions.
* They stimulate and motivate resultant thinking because they tell us what to do or how to act.

**4. Language.**

* This is the most efficient and developed vehicle used for carrying out the process of thinking.
* When a person reads, writes or hears words or sentences or observes gesture in any language one is stimulated to think.
* Thus reading and writing of documents and literature also help in stimulating and promoting the thinking process.
* Use of sign languages stimulates the learners to think and take action.

**5. Muscular activities.**

* Thinking in one way or the other shows the evidence of the involvement of some movements of groups of our muscles.
* A positive relation has been found to exist for the thinking and muscular activities of an individual.
* The more we engage ourselves in thought, the greater is the general muscular tension.
* As we move towards muscular relaxation, our thought processes gradually diminish.

**6. Brain functions.**

* Whatever may be the role of the muscles, thinking is primarily a function of the brain.
* Our mind is said to be the chief instrument of the thinking process.
* Their impressions are received by our brain cells and properly interpreted to derive some meaning, hence thinking.
* For example the mental pictures or images can be stored, reconstructed or put to use only on being processed by the brain.
* What happens in our thought process is simply the function or product of the activities of our brain.

#### **Errors in thinking.**

* Our thinking, reasoning and problem-solving behaviour all are largely influenced by our “set minds”.
* This is a kind of habit or a way in which we have accustomed ourselves in perceiving certain situations.
* We happen to make mistakes because of our attitude, like, dislikes, bias, oversimplified thinking, reasoning, etc.
* Thus, our thinking will be defective and harmful if it is not based on correct data or information.
* Our thinking is defective because we have allowed ourselves to be swayed by our emotions.
* Many people do not think clearly and accurately during an examination because they have been disturbed by fear and failure.
* Many times our thinking become wrong, and cannot view the problem from different angles broadly.
* Many of our thinking may also be distorted by superstitions or by lack of information that is relevant to the subject.
* Many of our wishful thinking are also unscientific thinking.
* We make wrong conclusion because of our wrong judgment, hence we ignore and overlook those facts which support right conclusion.
  + - 1. **LANGUAGE.**
* Language is a communication system that involves using words and systematic rules to organize those words to transmit information from one individual to another.
* Language is also the ability to produce and comprehend both spoken and written words.
* While language is a form of communication, not all communication is language.
* Many species communicate with one another through their postures, movements, odors, or vocalizations.
* This communication is crucial for species that need to interact and develop social relationships.
* However, many people have asserted that it is language that makes humans unique among all of the animal species.

**Roles of language in Psychology.**

* It helps an individual to use concepts to make meaning on sensory perceptions.
* It helps the cognitive process where people perceive, understand, learn and remember a lot of information presented in the form of language.
* Language enables us to express our wishes, feelings, likes, dislike and ideas.

## Components of language.

* Language, be it spoken, signed, or written, has specific components: a lexicon and grammar.
* Lexicon refers to the words of a given language.
* Thus, lexicon is a language’s vocabulary.
* Grammar refers to the set of rules that are used to convey meaning through the use of the lexicon.
* For instance, English grammar dictates that most verbs receive an “-ed” at the end to indicate past tense.
* We apply the rules of grammar to organize the lexicon in novel and creative ways, which allow us to communicate information about both concrete and abstract concepts.
* The flexibility that language provides to relay vastly different types of information is a property that makes language so distinct as a mode of communication among humans.

**Elements of language.**

1. **Clarity.**

* This is using language in a way that ensures the intended audience fully understands your ideas.

1. **Economy.**

* Being economic about how you speak by avoiding unnecessary language.
* Avoid complicated vocabulary.

1. **Obscenity.**

* This refers to indecent language.
* This may include curse and hateful remarks.

1. **Obscure language.**

* This is use of unfamiliar language to your audience.

1. **Power.**

* This is when someone uses language to exert power over people to get them to do something.

1. **Variety.**

* This is the ability of a speaker to do a combination of several types of language to creatively get ideas across.

**Characteristics of Language.**

* Language is Arbitrary (Based on random choice or personal whim, urge, idea, passion).
* Language is a Social Phenomenon.
* Language is a Symbolic System.
* Language is Systematic.
* Language is Vocal, Verbal and Sound.
* Language is Non-Instinctive (Not automatic), Conventional.
* Language is Productive and Creative.
* Language is a System of Communication

**Language influence to thinking.**

* Language may indeed influence the way that we think, an idea known as linguistic determinism.
* English speakers tend to talk about time using terms that describe changes along a horizontal dimension.
* For example, saying something like “I’m running behind schedule” or “Don’t get ahead of yourself.
  + - 1. **INTELLIGENCE.**
* Intelligence is the ability to think, to learn from experience, to solve problems and to adapt to new situations.
* Psychologists believe that there is a construct, known as general intelligence that accounts for the overall differences in intelligence among people.

## The Biology of intelligence.

* The brain processes underlying intelligence are not completely understood, but current research has focused on four potential factors:

1. Brain size.
2. Sensory ability.
3. Speed and efficiency of neural transmission.
4. Working memory capacity.

## Is intelligence nature or nurture?.

* Intelligence has both genetic and environmental causes, and these have been systematically studied through a large number of twins and adoption studies.
* These studies have found that between 40% and 80% of the variability in IQ is due to genetics.

**Nature.**

* The overall genetics plays a bigger role than does environment in creating IQ differences among individuals.
* The IQs of identical twins correlate very highly much higher than do the scores of fraternal twins who are less genetically similar.
* Naturally, the correlations between the IQs of parents and their biological children are significantly greater than the correlation between parents and adopted children.
* The role of genetics gets stronger as children get older.
* The intelligence of very young children (less than 3 years old) does not predict adult intelligence, but by age 7 it does, and IQ scores remain very stable in adulthood.

**Nurture.**

* There is also evidence for the role of nurture, indicating that individuals are not born with fixed, unchangeable levels of intelligence.
* Twins raised together in the same home have more similar IQs than do twins who are raised in different homes, and fraternal twins have more similar IQs than do non-twin siblings.
* This is likely due to the fact that they are treated more similarly than are siblings.
* The fact that intelligence becomes more stable as we get older provides evidence that early environmental experiences matter more than later ones.
* Environmental factors also explain a greater proportion of the variance in intelligence for children from lower-class households than they do for children from upper-class households.
* This is because most upper-class households tend to provide a safe, nutritious, and supporting environment for children, whereas these factors are more variable in lower-class households.
* Social and economic deprivation can adversely affect IQ.
* Children from households in poverty have lower IQs than do children from households with more resources even when other factors such as education, race, and parenting are controlled.
* Poverty may lead to diets that are under-nourishing or lacking in appropriate vitamins, and poor children may also be more likely to be exposed to toxins such as lead in drinking water, dust, or paint chips.
* Both of these factors can slow brain development and reduce intelligence.

**Intelligence and education.**

* Intelligence is improved by education.
* The number of years a person has spent in school correlates with IQ.
* In part, this correlation may be due to the fact that people with higher IQ scores enjoy taking classes more than people with low IQ scores, and they thus are more likely to stay in school.
* But education also has a causal effect on IQ.
* Comparisons between children who are almost exactly the same age but who just do or just do not make a deadline for entering school in a given school year show that those who enter school a year earlier have higher IQ than those who have to wait until the next year to begin school.

#### **Types of intelligence.**

#### **Emotional Intelligence.**

* Although most psychologists have considered intelligence a cognitive ability, people use their emotions to help them solve problems and relate effectively to others.
* Emotional intelligence refers to “the ability to accurately identify, assess, and understand emotions, as well as to effectively control one’s own emotions”*.*
* It is an ability to understand, use and manage your own emotions in a positive way to release stress, communicate effectively, and empathize with others, overcome challenges and diffuse conflict.

1. **Physical intelligence.**

* This is the ability to defeat and actively manage the balance of chemicals in our brains, so that we can achieve more experience, less stress and live more happily.

**How to develop physical intelligence.**

* Pay attention to positive talk.
* Practice paced (slow, deep) breathing to increase mental and emotional stability and handle situations with better clarity, balance and control.
* Center yourself to put things in perspective and promote confidence and inner strength.

**Importance of physical intelligence.**

* Helps us to manage the effects of physiology on our experience of the world.
* Promote healthy physiology to improve our experience of the world.

1. **Spiritual intelligence.**

* This is the capacity of an individual to possess a socially relevant purpose in life.
* This is by understanding and having a high degree of conscience, compassion and commitment to human value.

**Ways to improve spiritual intelligence.**

* Look for deeper meaning (Retreat).
* Travel.
* Think positively.
* Take time to meditate.
* Additional resource.

1. **Basic intelligence.**

* This is fundamental or factual information about a Country, organization or issues that are collected and produced in intelligence report by an intelligence organization.
  + - 1. **INTEREST.**
* Interest is a feeling or emotion that causes attention to focus on an object, event, or process.
* In contemporary psychology of interest, the term is used as curiosity and surprise.
* Interest means what an individual likes, dislikes or prefers to engage in a particular type of work rather than another one.

**Types of interest.**

* Jones mentions two distinct types of interests- extrinsic and intrinsic.
* **Extrinsic interest.**
* Extrinsic interest is an external satisfaction.
* Extrinsic interest is related to activities which would raise satisfaction and pleasure.
* These are pleasurable emotions connected with a purpose or goal of an activity.
* It may involve fame, name, money, victory or such external motives of conduct.
* (Example training and working to get a better pay).
* The extrinsic interest dies as soon as the goal is reached.
* **Intrinsic interest.**
* Intrinsic interest is an internal satisfaction that one gains by simply doing or performing an activity.
* It is connected with the activity itself, being basic and real attraction without any external motive.
* This intrinsic interest is continuous and permanent, even if the immediate goal is reached.
* Example praying to get soul satisfaction, eating to satisfy hunger, doing sex to satisfy sexual urge, laughing to be happy, etc.

**MOTIVATIONS AND EMOTIONS.**

## MOTIVATION.

* Motivation is the process that initiates, guides, and maintains goal-oriented behaviors.
* It is what causes you to act, whether it is getting a glass of water to reduce thirst or reading a book to gain knowledge.
* Motivation involves the biological, emotional, social, and cognitive forces that activate behavior.
* In everyday usage, the term "motivation" is frequently used to describe whya person does something.
* It is the driving force behind human actions.

## Types of Motivation.

* Different types of motivation are frequently described as being extrinsic, intrinsic, identified or introjected motivation.

1. [**Extrinsic motivations**](https://www.verywellmind.com/what-is-extrinsic-motivation-2795164).

* Extrinsic motivation is when one is motivated by external factors as opposed to the internal drivers.
* It causes us to do something for a tangible reward.
* These are those that arise from outside of the individual and often involve rewards such as trophies, money, social recognition, praise, increase in pay, etc.
* Extrinsic motivation can have an immediate and powerful effect but will not necessarily last long.
* The most well-known and the most debated motivation is money.
* Some other examples are;
* Employee of the month award.
* Benefit package.
* Bonuses.
* Organized activities.

1. [**Intrinsic motivations**](https://www.verywellmind.com/what-is-intrinsic-motivation-2795385).

* These are those that arise from within the individual, such as doing a complicated crossword puzzle purely for the personal gratification of solving a problem.
* It is the motivation by which people participate in an activity for their own enjoyment, not for a reward.
* It enables to work hard, produce higher quality work and be perseverant.
* Some psychologists argue that providing rewards for desirable behavior may cause intrinsic motivation to decline.
* It is not created by external incentives.
* It can take the form of motivation by the work itself when an individual feels that the work is important, interesting and challenging.
* Our deep-rooted desires have the highest motivation power.
* Some examples are;
* Acceptance: We all need to feel as well as our decisions are accepted by our co-workers.
* Curiosity: We all have the desire to be in the know.
* Honor: We all need to respect the rules and to be ethical.
* Independence: We all need to feel we are unique.
* Order: We all need to be organized.
* Power: We all have the desire to be able to have influence.
* Social status: We all have the desire to feel important.

1. **Identified motivation.**

* This refers to the form of motivation which occurs as understanding or feeling the need to perform or accomplish some task.

1. **Introjected motivation.**

* This is an internalized motivation like intrinsic motivation.
* It is similar to negative reinforcement.
* But it is a negative form of motivation which result from non-action.
* For example the job being done poorly or not being done at all leading the person to feel guilty.
* Also a negative interaction with a boss or colleagues or negative feedback without positive action.

**Characteristics or features of motivation.**

1. Personal and internal feelings.
2. Produces goal.
3. It is a system oriented.
4. It is a sort of bargaining.
5. Motivation can either be positive or negative.
6. It is an art of stimulating someone.

## Importance of motivation.

1. It will help to achieve personal goal.
2. It will help in self-development of individuals.
3. An individual would always gain by working dynamic teams.
4. It gives a person job satisfaction.
5. It serves as a guiding force for all human health- oriented behavior such as risk-taking and addiction.
6. Help people take action.
7. Help people feel more in control of their lives.
8. Improve overall well-being and happiness.
   * 1. **MOTIVES.**

* A motive is some ones capacity to experience a specific type of stimulus, incentive and desires from which people derive pleasure and satisfaction.
* It is a specific psychological state of arousal (feeling) that directs an organism’s energy towards a goal.

**Types of motives.**

1. Biological motive.
2. Social motive.
3. Personal motive.
4. **Biological motives (Natural occurring in body).**

* This also refers to physiological like hunger, thirst, etc.
* These motives are essential for the survival of the organism.
* Such motives are triggered when there is imbalance in the body.
* These physiological motives are;

1. **Hunger motives.**

* We eat to live.
* We develop hunger motive in order to maintain homeostasis.

1. **Thirst motive.**

* In our daily life, we regularly take fluids in form of water and other beverages.
* Where the water level in the body decreases we develop motive to drink water, hence thirst.

1. **Need for oxygen.**

* Our body needs oxygen continuously and we get it through continuous respiration.
* We cannot survive without regular supply of oxygen.
* Lack of the needed supply of oxygen motivates us to breathe in more.

1. **Regulation of body temperature motive.**

* Maintenance of normal body temperature (370C) is necessary.
* Rise and fall of body temperature motivates us to take necessary steps like opening windows, putting on fans when it is hot, etc.

1. **Sleep motive.**

* Sleep is essential process for our normal functioning of body and mind.
* When our body and mind are tired, we are motivated to rest for rejuvenation of energy.

1. **Avoidance of pain motive.**

* No organism can continue to bear pain.
* Whenever we experience pain, we try to avoid it.
* We are motivated to escape from painful stimuli.

1. **Elimination of body waste motive.**

* Our body cannot bear anything excess or any waste.
* We experience discomfort until wastes are eliminated.
* Excess waste in the body motivates us to expel it out in form of urine, sweat or faecal matter.

1. **Sex motive.**

* This is a biological motive which arises in the organism as a result of secretion of sex hormones.
* When we get aroused we are motivated to have sex.

1. **Maternal drive motive.**

* This is an instinct or inborn tendency.
* Every normal woman is motivated to become a mother on reaching maturity age.

1. **Social motives.**

* Social motives are specific only to human beings.
* They are called social motives because they are learnt in social groups as a result of interaction with the family and society.
* Some common social motives are;

1. **Achievement motive.**

* It refers to a desire to achieve some goals.
* This motive is developed in the individual who has seen some people in the society attaining higher success.

1. **Aggressive motive.**

* It is a motive to react aggressively when you face frustrations.
* For example when one is obstructed from attaining a goal or insulted.

1. **Power motive.**

* People with power motive will be concerned with having an impact on others.
* Due to their reputation, they expect people to bow their heads and obey their instructions.

1. **Acquisition motive.**

* This motive directs the individual for the acquisition of material property.
* This motive arises as we come across different people with a lot of money and leading a good life.
* They try to acquire all things which appear attractive to them.

1. **Curiosity motive.**

* This refers to a tendency to explore and know new things.
* People want to extend their knowledge and experience by exploring new things.

1. **Gregariousness.**

* It is also known as affiliation need.
* It refers to the tendency to associate oneself with other members of a group or same species.

1. **Personal motives.**

* These are highly personalized and very much individualized motives.
* The most important among them are;

1. **Force of habits.**

* We see different people having different habits like chewing miraa, tobacco, and others having good habit like praying, fasting, etc.
* Once these habits are formed, they act as drivers and compel the person to perform the act.

1. **Goals of life.**

* Every normal individual will have some goals in life.
* Once a goal has been set, they will be motivated to fulfill it.

1. **Level of aspiration.**
   * Aspiration is hoping or ambitious to achieve something or goal.
2. **Attitude and interests.**
   * Our attitude and interest determine our motivation and these are specific to individuals.

**EMOTIONS.**

* + These are complex state of feelings that result in physical and psychological changes that influence thought and behavior.
  + There are many different emotions, including affection, anger, angst, anguish, annoyance, anxiety, apathy, arousal, awe, boredom, confidence, contempt, contentment, courage, curiosity, depression, desire, despair, disappointment, disgust, distrust, dread, ecstasy, embarrassment, envy, euphoria, excitement, fear, frustration, gratitude, grief, guilt, happiness, hatred, hope, horror, hostility, hurt, hysteria, indifference, interest, jealousy, joy, loathing, loneliness, love, lust, outrage, panic, passion, pity, pleasure, pride, rage, regret, relief, remorse, sadness, satisfaction, self-confidence, shame, shock, shyness, sorrow, suffering, surprise, terror, trust, wonder, worry, zeal, zest, etc.

**Components of emotions.**

1. Subjective experience.
2. Physiological response.
3. Behavioral or expressive response.
4. **Subjective experience.**
   * This can range from something as simple as seeing a colour to something as major as loosing a loved one.
   * One may feel anger and regret at the loss of a loved one, while another one may experience intense sadness.
5. **Physiological response.**

* This is a result of automatic nervous system reaction to the emotion.
* For example as a result of fear, there is fast heartbeat.

1. **Behavioral or expressive response.**

* This is the actual expression of the emotion e.g smile or laugh.

**Type of emotions.**

1. **Basic emotion.**

* Discovered by psychologist Paul Eckman 1970.
* It includes happiness, sadness, disgust, fear, surprise and anger.
* He later expanded his list of basic emotions to include things such as pride, shame, embarrassment and excitement.

1. **Combining emotions.**

* This was discovered by psychologist Robert Plutchick.
* He found out that emotions can be combined to form different feelings much like colours can be mixed to create other shades.
* For example, joy and trust can be combined to create love.

**Functions of emotions.**

1. Emotions influence thoughts.
2. Emotions motivate future behavior.
3. Emotional expressions facilitate specific behavior in perceivers.
4. Emotional expressions signal the nature of interpersonal relationships.
5. Emotional expressions provide incentive for desired social behavior.
6. Emotions help us act quickly with minimal conscious awareness.
7. Emotions prepare the body for immediate action.

**Physiology of emotions.**

* Emotion is a physiological experience with behavioral expression of feelings in response to any sensory information.
* The behavioral changes include musculoskeletal, autonomic, and endocrine responses.
* The most obvious signs of emotional arousal involve changes in the activity of the visceral [motor](https://www.ncbi.nlm.nih.gov/books/n/neurosci/A2251/def-item/A2639/) (autonomic) system.
* Thus;
* Increases or decreases in heart rate.
* Cutaneous blood flow (blushing or turning pale).
* Pilo-erection.
* Sweating.
* Gastrointestinal.
* These responses are brought about by changes in activity in the sympathetic, parasympathetic, and enteric components of the [visceral motor system](https://www.ncbi.nlm.nih.gov/books/n/neurosci/A2251/def-item/A2969/), which govern smooth muscle, cardiac muscle, and glands throughout the body.
* For example, emotion-specific facial expressions produced voluntarily can elicit distinct patterns of autonomic activity like;
* Anger.
* Disgust.
* Fear.
* Happiness.
* Sadness.
* Surprise.

**Chemistry of emotions.**

* While there are many external factors that can influence your mood like the weather and your relationships, there are also four main chemicals that play a big role, including serotonin, dopamine, adrenaline and oxytocin.
* Emotions are very complex and have different meanings to different people, but essentially, emotions are a conscious experience that are categorized by states of mind, external and internal reactions, and expressions.

**Dopamine chemical.**

* Dopamine is a neurotransmitter.
* A neurotransmitter is a chemical substance that transmits nerve impulses across a synapse to a postsynaptic element such as another nerve, muscle or gland.
* Neurotransmitters have a large impact on mood and emotions, and a surplus or lack of neurotransmitters can cause behavioral problems.
* Neurotransmitter balance has a connection to health, nutrition, environmental factors, external emotional stimulus, and genetic factors.
* Dopamine is made out of carbon, hydrogen, nitrogen, and oxygen.
* It is involved in focus, drive, attention, memory, and thinking clearly.
* Dopamine has a big role in positive emotions, and a lack of dopamine can cause Parkinson’s disease (Muscle tremors and facial paralysis).
* Dopamine is also instrumental to the storage and creation of new memories.
* Dopamine is a naturally occurring chemical.
* It is produced by the human body, not by man.
* However, dopamine can be produced by man and used in the form injectable drugs to treat certain illnesses affecting the nervous system.
* Dopamine isn’t produced in several areas of the brain.

**Serotonin chemical.**

* Serotonin is a neurotransmitter, just like dopamine.
* Its purpose is to regulate mood, thinking, and impulse control.
* Serotonin is made out of carbon, hydrogen, nitrogen, and oxygen.
* Serotonin affects arousal, anxiety, mood, impulse control, aggression, and thinking abilities.
* Serotonin regulates emotions.
* With enough of it, we feel happy, optimistic, etc.
* However, when there is a lack of serotonin, there can be depression, anxiety, irritability, etc.
* Like dopamine, serotonin is produced in the brain, but it can also be produced by man.
* Serotonin can be produced in the lab as catalysts.

**Adrenaline chemical.**

* The hormone adrenaline is released in the human body during stress periods and increases the body’s metabolic rate.
* This reaction causes a number of changes in your body and is known as the fight or flight response.
* Adrenaline (Epinephrine) belongs to a group of medicines used for the treatment of serious shock produced by severe allergic reaction of drugs, allergens or collapse and asthma when other treatments are not effective.
* It may also be used to restart your heart if it had stopped.
* Key actions of adrenaline include;
* Increasing the heart beat rate.
* Increasing blood pressure.
* Expanding the air passages of the lungs.
* Enlarging the pupil in the eye.
* Decreasing the sensitivity to pain.
* Improving vision, hearing and other senses.
* Slowing digestion.
* Redistributing blood flow to muscles, etc.

**Oxytocin chemical.**

* Oxytocin (OT) is produced in the hypothalamus and released by pituitary gland.
* It plays a role in social bonding, reproduction, child birth and the period after child birth.
* It is released into the bloodstream as a hormone in response to sexual activity and during labour.
* It is also available in pharmaceutical form.
* In either form, oxytocin stimulates uterine contractions to speed the process of childbirth.
* In its natural form, it also plays a role in bonding with the baby and milk production.
* It is typically linked to warm, fuzzy feelings and shown to lower stress and anxiety.
* Oxytocin has various behaviors including orgasm, regulating emotional responses, maternal behavior, social recognition, including trust, empathy, gazing, positive memories, bonding cues, positive communication, etc.
* For this reason, it is sometimes referred as the “love hormone”.

**Emotional expression.**

* An emotional expression is a behavior that communicates an emotional state or attitude.
* It can be verbal or [nonverbal](https://en.wikipedia.org/wiki/Nonverbal_communication), and can occur with or without [self-awareness](https://en.wikipedia.org/wiki/Self-awareness).
* Emotional expressions include [facial movements](https://en.wikipedia.org/wiki/Facial_expression) like [smiling](https://en.wikipedia.org/wiki/Smile) or [scowling](https://en.wikipedia.org/wiki/Frown), simple behaviors like [crying](https://en.wikipedia.org/wiki/Crying), [laughing](https://en.wikipedia.org/wiki/Laughter), or saying "[thank you](https://en.wikipedia.org/wiki/Thank_you)," and more complex behaviors like writing a letter or giving a gift.
* Individuals have some conscious control of their emotional expressions.
* However, they need not have conscious awareness of their emotional or affective state in order to express emotion.
* Our bodies are hardwired to feel emotions, whether we express them or not is our choice.
* Healthy expression allows us to understand the emotions, truly feel them and move on.
* There are six basic emotions humans are born with that we should all be able to recognize, namely;
* Anger.
* Sadness.
* Fear.
* Disgust.
* Surprise.
* Joy.
* We need to have awareness of these emotions as they happen.
* Awareness starts with understanding how they make us feel.
* It is also important to recognize situations that make them happen.
* This helps process emotions and let them go in a healthy and productive way.

**PERSONALITY PSYCHOLOGY.**

**PERSONALITY.**

* Personality is the characteristic sets of behavior cognitions and emotional pattern.
* The study of personality focuses on two broad areas;

1. Understanding individual differences in particular personality characteristics such as sociability or irritability.
2. Understanding how various parts of a person come together as a whole.

**Types of personality.**

1. **Average personality** – A reserved person, not open, emotionally stable, focuses on inner thoughts, enjoys company of few people, introverted (self-style) and agreeable.
2. **Reserved personality –** Self-awareness, they consult less, like doing what they think.
3. **Self –centered personality –** Ignore needs of others, they do what is best for them**.**
4. **Role model personality –** Natural leaders, high level of agreeableness, open to others.

**Personality behavior patterns.**

**Type A** behavior pattern is an overt style of reactions, characterized by some of the following:

* Intense striving for achievement.
* Competition.
* Easily provoked.
* Impatience.
* Time urgency.
* Abruptness of gesture and speech (Explosive voice).
* Hyper-alert posture.
* Over commitment to vocation or profession.
* Excesses of drive to achieve something.

**Type-B** behavior pattern tends to be relaxed and don't feel the pressure of time.

* The type B behavior pattern, while similar to type A in their desire to succeed, tends to be less driven and more relaxed, as well as less aggressive and hostile.
* The benefit of the type B personality is that it has a lower risk of contracting stress-related illness.

**Type C** behavior pattern is characterized by;

* Cooperative.
* Complacent (self-satisfaction).
* Conformist (conforms to accepted behavior).
* Perfectionist.
* Laborious behaviors (Considers time and effort).
* People with this personality avoid conflict at all costs and seek harmony.
* They are people who don't let their guard down and don't express negative emotions.

**Type D** behavior pattern has high levels of both negative affectivity and social inhibition.

* Negative affectivity means that people experience negatively valued emotions such as;
* Sadness.
* Worry.
* Irritability.
* The study of the relations between personality and behavior is an example of research in personality psychology.

**Importance of personality.**

1. Grooms an individual and help him make a mark of his/her own.
2. Personality development goes a long way in reducing stress and conflict.
3. Personality development helps you develop a positive attitude in life.
4. Personality development helps an individual to inculcate positive qualities like punctuality, flexibility, attitude, willingness to learn, friendly nature, eagerness to help others and so on.

**Characteristics of personality.**

1. It is organized and consistent.
2. Although personality is generally stable, it can be influenced by the environment.
3. It causes behavior to happen, from personal preferences to choice of a career.
4. Personality is greatly influenced by social interaction.

**Theories of personality.**

1. **Biological theories –** Biological approaches suggests that genetics are responsible for personality.
2. **Behavioral theory –** It suggests that personality is a result of interacting between the individual and the environment.
3. **Psychodynamic theory –** This is influence of the unconscious mind in childhood experience on personality, where there are three components- Id, ego and super ego.
4. **Trait theories -** These are relatively stable characteristics that cause an individual to behave in a certain way.
5. **Humanistic theory-** This theory emphasizes the importance of free will and individual experience in the development of personality. It promotes the concept of self- actualization which is the innate need of personal growth and the way that personal growth motivates behavior.

**Development of personality.**

* Personality development is defined as a process of developing and enhancing one's personality.
* Personality development helps an individual to gain confidence and high self-esteem.
* Personality development also is said to have a positive impact on one's communication skills and the way he sees the world.
* A child's personality has several components;
* Temperament.
* Environment.
* Character.
* Temperament is the set of genetically determined traits that determine the child's approach to the world and how the child learns about the world.
* A second component of personality comes from adaptive patterns related to a child's specific environment.
* Most psychologists agree that temperament and environment influence the development of a person's personality the most.
* Temperament is referred to as "nature," while the environmental factors are called "nurture."
* The third component of personality is character.
* This is the set of emotional, cognitive, and behavioral patterns learned from experience that determines how a person thinks, feels, and behaves.
* A person's character continues to evolve throughout life, although much depends on inborn traits and early experiences.
* Character is also dependent on a person's [moral development.](http://www.healthofchildren.com/M/Moral-Development.html)

**Traits of personality.**

* Many personality psychologists believe that there are five basic dimensions of personality, often referred to as the "Big 5" personality traits.
* These five primary personality traits are Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism.

### **Openness.**

* [Openness](https://www.thomas.co/resources/type/hr-blog/openness-personality-trait) is a characteristic that includes imagination and insight.
* The world, other people and an eagerness to learn and experience new things is particularly high for this personality trait.
* It leads to having a broad range of interests and being more adventurous when it comes to decision making.
* Creativity also plays a big part in the openness trait.
* This leads to a greater comfort zone when it comes to abstract thinking.
* Anyone low in this trait tends to be viewed with more traditional approaches to life and may struggle when it comes to problem solving outside their comfort zone of knowledge.

### **Conscientiousness.**

* [Conscientiousness](https://www.thomas.co/resources/type/hr-blog/conscientiousness-personality-trait) is a trait that includes high levels of thoughtfulness, good impulse control, and goal-directed behaviors.
* This organized approach is often found within people who work in science and high-retail finance where organizations are required as a skill.
* A highly conscientious person will regularly plan ahead and analyze their own behavior.
* Project management teams and human resource departments have highly conscientious people working in their teams to help balance out the roles within the overall team development.
* An example of a conscientious person is someone who is always planning ahead and regularly staying in contact, checking on your wellbeing.
* They like to organize around certain dates and events and are focused on you when you meet.
* People low in conscientiousness tend to dislike schedules, procrastinate (Postpone) on important tasks and fail to complete tasks as well.

### **Extraversion.**

* [Extraversion](https://www.thomas.co/resources/type/hr-blog/extraversion-personality-trait) is a trait that many will have come across in their own lives.
* It’s easily identifiable and widely recognizable as “Someone who gets energized in the company of others.”
* This, amongst other traits which include, talkativeness, assertiveness and high amounts of emotional expressiveness, have made extraverted people widely recognizable over many years of social interaction.
* They thrive on being the Centre of attention, enjoy meeting new people and somehow tend to have the biggest friends and acquaintance group you have known.
* The opposite is someone else in our lives we may know, an introvert.
* They prefer solitude and have less energy in social situations.
* Extraverts tend to have very public facing roles including areas such as sales, marketing, teaching and politics.
* Seen as leaders, extraverted people will be more likely to lead than stand in the crowd and be seen to not be doing anything.

### **Agreeableness.**

* People who exhibit high [agreeableness](https://www.thomas.co/resources/type/hr-blog/agreeableness-personality-trait) will show signs of trust, altruism, kindness, and affection.
* Highly agreeable people tend to have high pro-social behaviors which means that they’re more inclined to be helping other people.
* Sharing, comforting and cooperating are traits that lend themselves to highly agreeable personality types.
* The opposite to agreeableness is disagreeableness but it manifests in behaviour traits that are socially unpleasant.
* Agreeable people tend to find careers in areas where they can help the most.
* Charity workers, medicine, mental health, volunteers, social workers, etc are high in the agreeableness chart.

### **Neuroticism.**

* [Neuroticism](https://www.thomas.co/resources/type/hr-blog/neuroticism-personality-trait) is characterized by sadness, moodiness and emotional instability.
* Often mistaken for anti-social behavior.
* Neuroticism is a physical and emotional response to stress and perceived threats in someone’s daily life.
* Individuals who exhibit high levels of neuroticism will tend to experience mood swings, anxiety and irritability.
* Some individuals who experience sudden changes in character from a day-to-day perspective could be highly neurotic and respond to high stress levels in their work and personal lives.
* Anxiety, which plays a large part in the makeup of neuroticism, is about an individual's ability to cope with stress and perceived risk.
* People who suffer with neuroticism will overthink a lot of situations and find difficulty in relaxing even in their own space.
* Those who rank lower on the neurotic level will exhibit a more stable and emotionally resilient attitude to stress and situations.
* Low neurotic sufferers rarely feel sad or depressed.
* They take the time to focus on the present moment and not get involved in mental stress-inducing factors.

**Personality structure.**

* According to Freud, the human personality consists of three components;
* Id.
* Ego.
* Superego.
* While these are conceptualized as three distinct structures, they are constantly interacting with each other.
* The easiest way to envision the structures is to use the iceberg metaphor.
* In it, the Id is completely under the surface of the water (The unconscious).
* The Ego is mostly above the surface of the water (The conscious and the preconscious).
* The Superego is mostly below the surface but also reaches above it (The unconscious, preconscious, and conscious).

**The Id.**

* The Id (Identifier), component always seeks to satisfy pleasure needs and avoids pain.
* The Id has no judgment value (no good, no evil) and no morality.
* It consists of wishful thinking and is not governed by any logic.
* It is composed of repressed, passed experiences which can be aroused from the unconscious to a conscious state.
* It also includes aggressive and sexual tendencies.
* Id is the primitive part of the mind that seeks immediate gratification of biological or instinctual needs.
* The biological needs are the basic physical needs and while the instinctual needs are the natural needs, such as hunger, thirst, sex, etc.
* Id is the unconscious part of the mind that act instantaneously without giving much thought to what is right and what is wrong.
* It is the part of our psyche which responds directly and immediately to basic urges, needs and desires.
* The Id is the first to appear, is believed to reside entirely in the unconscious, and is biologically driven.
* We are born with the Id, and it is a reservoir containing what Freud referred to as the life instinct.
* The Id is entirely under the influence of the pleasure principle.
* In other words, it is seeking gratification at all costs.
* When we are infants, our personality is completely under the influence of the Id.
* However, as we age, this begins to change with the development of the Ego and Superego.

**The Ego.**

* Ego is the Latin word for "I."
* This component is in between the Id seeking pleasure needs and super ego that seeks perfection.
* The ego represents reasoning and common sense between the external world and the demands made by Id.
* The ego controls the demands the Id makes by deciding the manner to satisfy needs by suppressing their excitation.
* The preconscious (ego) mind comprises of past experiences, which can be aroused with little difficulty.
* The conscious mind, or the ego, serves to keep the Id in check by exerting a moderating influence.
* Ego is the logical and the conscious part of the mind which is associated with the reality principle.
* This means it balances the demands of Id and super-ego in the context of real life situations.
* Ego is conscious and hence keeps a check on Id through a proper reasoning of an external environment.
* The primary job of the Ego is to provide balance between the demands of the world and the urges of the Id.
* It does this by giving the Id opportunities to express its desires, but only in circumstances where it is safe to do so.
* For instance, the Id may decide that it wants to quench its thirst by stealing a can of soda.
* However, the Ego may instead manage this desire by drinking water and waiting until later to buy a soda.
* The Ego not only has to contend with the desires of the Id but also the expectations of the Superego.

**The Superego.**

* The superego represents the external reality, including conscious thoughts, feelings and behaviors, which reflect parental or societal mores and values.
* This represents the reality of the outside world.
* The function of the super ego is to contain the demands of the Id through moral influence of the ego.
* The conscious mind has a sense organ which perceives stimuli coming from the environment (or external world).
* This theory proposes that the mind of a growing child is influenced by experiences from the parents and that of the peer group (environment).
* The Super-Ego is related to the social or the moral values that an individual gets as he matures.
* It acts as an ethical constraint on behavior and helps an individual to develop his conscience.
* As the individual grows in the society, he learns the cultural values and the norms of the society which help him to differentiate between right and wrong.
* Superego first appears in early childhood and represents societal morality.
* Superego inhibits the impulses of the Id entirely.
* It does this by placing strict demands upon the Ego not to allow any expression of the Id’s urges.
* Balancing the demands of the Id and Superego subsequently places a great deal of stress on the Ego.
* Freud suggested that disturbances in the delicate dance between these three components of personality negatively affects the mental health of patients.

**Anxiety.**

* Anxiety disorders include frequently experiencing intense excessive and persistent worry and fear about everyday situations.

**Types of anxiety disorders**

There are four types of anxiety disorders namely;

1. Generalized anxiety disorder (GAD).
2. Phobic disorders (PD).
3. Obsessive-compulsive disorder (OCD).
4. Post-traumatic stress disorder (PTSD).

* **GENERALIZED ANXIETY DISORDER (GAD).**
* GAD, is severe ongoing worry that interferes with daily activities.
* It is characterized by persistent and excessive worry about a number of things like anticipated disaster, concern about money, health, family and work.
* It is difficult to control the worry.
* It is possible to develop generalized anxiety disorder as a child or an adult.
* It has symptoms that are similar to panic disorder, obsessive-compulsive disorder and other types of anxiety, but they are all different conditions.
* Living with generalized anxiety disorder can be a long-term challenge.
* In most cases, generalized anxiety disorder improves with psychotherapy or medication.
* Making lifestyle changes, learning coping skills and using relaxation techniques also can help.

**Symptoms of GAD.**

* Generalized anxiety disorder symptoms may include;

1. Persistent worrying or anxiety about a number of areas that are out of proportion to the impact of the events.
2. Overthinking plans and solutions to all possible worst-case outcomes.
3. Perceiving situations and events as threatening, even when they are not.
4. Difficulty handling uncertainty.
5. Indecisiveness and fear of making the wrong decision.
6. Inability to set aside or let go of a worry.
7. Inability to relax, feeling restless, and feeling keyed up or on edge.
8. Difficulty concentrating, or the feeling that can make your mind go blank.

**Physical signs and symptoms of GAD.**

* These may include;
* Fatigue.
* Trouble in sleeping.
* Muscle tension or muscle aches.
* Trembling, feeling twitchy.
* Nervousness or being easily startled.
* Sweating.
* Nausea, diarrhea or irritable bowel syndrome.
* Irritability.

**Symptoms of GAD in children and teenagers.**

* Children and teenagers may have similar worries to adults, but may have excessive worries about;
* Performance at school or sporting events.
* Family member’s safety.
* Being on time (Punctuality).
* Earthquakes, nuclear war or other catastrophic events
* A child or teen with excessive worry may;
* Feel overly anxious to fit in.
* Be a perfectionist.
* Redo tasks because they are perfect the first time.
* Spend excessive time doing homework.
* Lack confidence.
* Strive for approval.
* Require a lot of reassurance about performance.
* Have frequent stomachaches or other physical complaints.
* Avoid going to school or avoid social situations.

**Note:**

Some anxiety is normal but one should seek medical attention when;

* One feel like worrying too much, and it is interfering with work, relationships or other parts of life.
* One feel like depressed or irritable, have trouble with drinking or drugs, or have other mental health concerns along with anxiety.
* One feels like having suicidal thoughts or behaviors, seek treatment immediately.

**Causes of GAD.**

* As with many mental health conditions, the cause of generalized anxiety disorder arises from a complex interaction of biological and environmental factors, which may include:
* Differences in brain chemistry and function.
* Genetics.
* Differences in the way threats are perceived.
* Development and personality.

**Risk factors to GAD.**

* The following factors may increase the risk of developing generalized anxiety

Disorder;

1. **Personality -** A person whose temperament is negative or who avoids anything dangerous may be more prone GAD.
2. **Genetics**- Generalized anxiety disorder may run in families.
3. **Experiences**. People with GAD may have a history of significant life changes, traumatic experiences during childhood, or a recent negative event. Chronic medical illnesses or other mental health disorders may increase the risk.

**Complications of GAD.**

* Having generalized anxiety disorder can be disabling.
* It can;
* Impair your ability to perform tasks quickly and efficiently because you have trouble concentrating.
* Take your time and focus from other activities.
* Sap (exhaust) your energy.
* Increase your risk of depression.
* GAD can also lead to or worsen other physical health conditions, such as;
* Digestive or bowel problems, such as irritable bowel syndrome or ulcers.
* Headaches and migraines.
* Chronic pain and illness.
* Sleep problems and insomnia.
* Heart-health issues.

**Prevention of GAD.**

* There is no way to predict what will cause someone to develop generalized anxiety disorder, but you can take steps to reduce the impact of symptoms if you experience anxiety.
* This can be done using the following;

1. Get help early.
2. Keep a journal (Keeping track of your personal life can help you and your mental health professional identify what is causing stress).
3. Prioritize issues in your life.
4. Avoid unhealthy substance use.

* **PHOBIC DISORDERS (PD).**
* A phobia is an excessive and irrational fear reaction.
* If you have a phobia, you may experience a deep sense of panic when you encounter the source of your fear.
* The fear can be of a certain place, situation, or object.
* Unlike general anxiety disorders, phobia is usually connected to something specific.

**Examples of phobias.**

* There are three main groups of phobias which include;
* Specific (simple) phobias, which are the most common and focus on specific objects.
* Social phobia, which causes extreme anxiety in social or public situations.
* Agoraphobia, which is the fear of being alone in public places from which there is no easy escape.

**Symptoms.**

* Common categories of specific phobias are a fear of;
* Situations, such as airplanes, enclosed spaces or going to school.
* Nature, such as thunderstorms or heights.
* Animals or insects, such as dogs or spiders.
* Blood, injection or injury, such as needles, accidents or medical procedures.
* Others, such as choking, vomiting, loud noises.
* Each specific phobia is referred to by its own term.
* Examples of more common terms include;
* Acrophobia for the fear of heights.
* Claustrophobia for the fear of confined spaces.
* Agoraphobia is a fear of public places.
* Hydrophobia is fear of water.
* Other common phobias involve tunnels, highway driving, flying, animals, blood, social phobia, etc.

**Phobia reactions.**

* No matter what specific phobia you have, it's likely to produce these types of reactions:
* An immediate feeling of intense fear, anxiety and panic when exposed.
* Doing everything possible to avoid the object or situation which can cause fear.
* Difficulty functioning normally because of your fear.
* Physical reactions and sensations, sweating, rapid heartbeat, tight chest or difficulty breathing.
* Feeling nauseated, dizzy or fainting.
* In children, possibly tantrums (outburst), clinging, crying, or refusing to leave a parent's side or approach what they fear.

**When to seek for treatment.**

* An unreasonable fear can be an annoyance.
* For instance, having to take the stairs instead of an elevator or driving the long way to work instead of taking a shortcut.
* If phobia negatively affects functioning in work, school or social situations, talk with your mental health professional.
* Childhood fears, such as fear of the dark, of monsters or of being left alone, are common, and most children outgrow them.
* But if your child has a persistent, excessive fear that interferes with daily functioning at home or school, talk to your child's doctor.

## Phobia risk factors.

* These factors may increase your risk of specific phobias;
* **Your age.**
* **Your relatives.**
* **Your temperament (**More sensitive).
* **A negative experience (T**raumatic event).
* **Learning about negative experiences (**Hearing negative information).

## Complications.

* Phobias can be devastating to the people who have them, causing problems that affect many aspects of life like;
* **Social isolation – (**Avoiding places).
* **Mood disorders –** (Depression as well as other anxiety disorders).
* **Substance abuse**.
* **Suicide (Tendencies** of committing suicide).

## Prevention.

* If you have a specific phobia, consider getting psychological help.
* Avoid repeatedly seeing someone else's phobic reaction.
* By dealing with your own fears, you'll be teaching your children excellent resiliency skills and encouraging them to take brave actions.
* **OBSESSIVE-COMPULSIVE DISORDER (OCD).**

## Obsessive-compulsive disorder (OCD) features a pattern of unwanted thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions).

## These obsessions and compulsions interfere with daily activities and cause significant distress.

## You may try to ignore or stop your obsessions, but that only increases your distress and anxiety.

## Despite efforts to ignore or get rid of bothersome thoughts or urges, they keep coming back.

## This leads to more ritualistic behavior, the vicious cycle of OCD.

## OCD often centers on certain themes, for example, an excessive fear of getting contaminated by germs.

## To ease your contamination fears, you may compulsively wash your hands until they're sore.

## If you have OCD, you may be ashamed and embarrassed about the condition, but treatment can be effective.

### **Obsession symptoms.**

* OCD obsessions are repeated, persistent and unwanted thoughts, urges or images that are intrusive and cause distress or anxiety.
* You might try to ignore them or get rid of them by performing a compulsive behavior.
* These obsessions typically intrude when you're trying to think of or do other things.
* Obsessions often have themes to them, such as;
* Fear of contamination or dirt.
* Doubting and having difficulty tolerating uncertainty.
* Needing things orderly.
* Unwanted thoughts, including aggression, or sexual or religious subjects.

### **Compulsions symptoms.**

* OCD compulsions are repetitive behaviors that you feel driven to perform.
* These repetitive behaviors or mental acts are meant to reduce anxiety related to your obsessions or prevent something bad from happening.
* However, engaging in the compulsions brings no pleasure and may offer only a temporary relief from anxiety.
* Examples of compulsion signs and symptoms include;
* Hand-washing until your skin becomes raw.
* Checking doors repeatedly to make sure they're locked.
* Checking the stove repeatedly to make sure it's off.
* Counting in certain patterns.
* Silently repeating a prayer, word or phrase.
* Arranging your canned goods to face the same way.

## Causes.

* The cause OCD isn't fully understood.
* Main theories include;
* **Biology -** OCD may be a result of changes in your body's own natural chemistry.
* **Genetics -** OCD may have a genetic component.
* **Learning -** Obsessive fears and compulsive behaviors can be learned from watching family members.

## Risk factors

* Factors that may increase the risk of developing or triggering OCD include;
* **Family history -** Having parents or other family members with the disorder.
* **Stressful life events -** If you've experienced stressful events, your risk may increase.
* **Other mental health disorders -** OCD may be related to other mental health disorders, such as anxiety disorders, depression, substance abuse or tic disorders (Body twitches).

## Prevention.

* There's no sure way to prevent obsessive-compulsive disorder.
* However, getting treatment as soon as possible may help prevent OCD from worsening.
* **POST-TRAUMATIC STRESS DISORDER (PTSD).**

## Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event, either experiencing it or witnessing it.

## Symptoms may include flashbacks, nightmares and severe anxiety and uncontrollable thoughts about the event.

## Most people who go through traumatic events may have temporary difficulty adjusting and coping, but with time and good self-care, they usually get better.

## If the symptoms get worse, last for many months and interfere with your day-to-day functioning, you may have PTSD.

## Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function.

## Symptoms.

* Post-traumatic stress disorder symptoms may start within one month of a traumatic event, but symptoms may not appear until years after the event.
* These symptoms cause significant problems in social or work situations and in relationships.
* They can also interfere with your ability to go about your normal daily tasks.
* The symptoms can vary over time or vary from person to person.
* PTSD symptoms are generally grouped into four types;

1. **Intrusive memories.**

* Symptoms of intrusive memories may include;
* Recurrent, unwanted distressing memories of the traumatic event.
* Reliving the traumatic event as if it were happening again (flashbacks).
* Upsetting dreams or nightmares about the traumatic event.
* Severe emotional distress or physical reactions to something that reminds you of the traumatic event.

1. **Avoidance.**

* Symptoms of avoidance may include;
* Trying to avoid thinking or talking about the traumatic event.
* Avoiding places, activities or people that remind you of the traumatic event.

1. **Negative changes in thinking and mood.**

* Symptoms of negative changes in thinking and mood may include;
* Negative thoughts about yourself, other people or the world.
* Hopelessness about the future.
* Memory problems, including not remembering important aspects of the traumatic event.
* Difficulty maintaining close relationships.
* Feeling detached from family and friends.
* Lack of interest in activities you once enjoyed.
* Difficulty experiencing positive emotions.
* Feeling emotionally numb.

1. **Changes in physical and emotional reactions.**

* Symptoms of changes in physical and emotional reactions (Also called arousal symptoms) may include;
* Being easily startled or frightened.
* Always being on guard for danger.
* Self-destructive behavior, such as drinking too much or driving too fast.
* Trouble sleeping.
* Trouble concentrating.
* Irritability, angry outbursts or aggressive behavior.
* Overwhelming guilt or shame.

**When to seek medication.**

* If you have disturbing thoughts and feelings about a traumatic event for more than a month.
* If they're severe, or if you feel you're having trouble getting your life back under control.
* **If you have suicidal thoughts.**

## Possible causes of PTSD.

* You can develop PTSD when you go through, see or learn about an event involving actual or threatened death, serious injury or sexual violation.
* As with most mental health problems, PTSD is possibly caused by a complex mix of;
* Stressful experiences, including the severity of trauma you've gone through in your life.
* Inherited mental health risks, such as a family history of anxiety and depression.
* Inherited features of your personality, often called your temperament.
* The way your brain regulates the chemicals and hormones your body releases in response to stress.
* Combat exposure (Violence).
* Childhood physical abuse.
* Sexual violence.
* Physical assault.
* Being threatened with a weapon.
* An accident.
* Having a job that increases your risk of being exposed to traumatic events, such as military personnel and first responders.
* Having problems with substance misuse, such as excess drinking or drug use.
* Lacking a good support system of family and friends.

## Prevention of PTSD.

* After surviving a traumatic event, many people have PTSD-like symptoms at first, such as being unable to stop thinking about what's happened.
* Fear, anxiety, anger, depression, guilt, ll are common reactions to trauma.
* However, the majority of people exposed to trauma do not develop long-term post-traumatic stress disorder.
* Getting timely help and support may prevent normal stress reactions from getting worse and developing into PTSD.
* This may mean turning to family and friends who will listen and offer comfort.
* It may mean seeking out a mental health professional for a brief course of therapy.
* Some people may also find it helpful to turn to their faith community.
* Support from others also may help prevent you from turning to unhealthy coping methods, such as misuse of alcohol or drugs.

**HUMAN DEFENCE MECHANISMS.**

1. **Compensation.**

* When the individual tries to overcome a failure or deficiency in one area through achieving recognition in another area.
* Example failing one subject and striving to score an “A” in another subject.

1. **Rationalization.**

* The individual who has been frustrated or who cannot solve the problem successfully feels discomforted and restless.
* This is feeling of guilty as a result of not doing a certain task or failing to achieve what is required of him/her.

1. **Projection.**

* When a person attributes his shortcomings, moral defects to others as a means of lessening a sense of guilt or inadequacy.
* Example a student failing to attend class because other friend are not attending also.

1. **Displacement.**

* This is a specific form of projection where anger is directed to another person other than the one who caused it.
* Example a teacher beating a child when the parent of the child is not in good terms with the teacher.

1. **Identification.**

* It is an adjustment mechanism, which enables a person to achieve satisfaction from the success of other people, groups or organization.
* Example boosting that your brother or relative is an MP or an MCA.

1. **Substitution**.

* It is an adjustment mechanism in which original goals or others substitute desires or replaces original plans.
* Synonyms are surrogate, deputize, alternative, stand by, proxy, etc.

1. **Sublimation.**

* It is a form of substitution in which our unacceptable desires or activities are redirected into social desirable channels.
* Example substituting sexual activities with games activities or taking alcohol with soft drinks like tea.

1. **Negativism.**

* Some individuals react to frustrating situation by becoming negative.
* They refuse to attack the problem.
* They become uncooperative and do the opposite of what should be done.

1. **Sympathies.**

* The individual avoids the necessity of solving his problems by obtaining the sympathy of others.
* Example refusing to work to receive subsidies or relief from others (You become a beggar).

1. **Repression.**

* Repression is a kind of holding back or holding down.
* There's repression of feelings (Controlling yourself not to cry), as well as social repression (Where the government limits freedom or shuts out certain groups).
* Repression is like suppression.
* You restrain, inhibit, put down, or subdue something.

1. **Denial.**

* Denial is a coping mechanism that gives you time to adjust to distressing situations.
* Staying in denial can interfere with treatment or your ability to tackle challenges.
* If you're in denial, you're trying to protect yourself by refusing to accept the truth about something that's happening in your life.

**GUIDANCE AND COUNSELING.**

* Guidance and counseling is the process of helping individuals discover and develop their educational, vocational and psychological potentialities to achieve an optimal level of personal happiness and social usefulness.
* Traditional guidance and counseling has been offered in different forms, with different interpretations in various ethnic groups for a long time.
* Even with the emergence of modern guidance and counseling, traditional guidance and counseling still plays a vital role in society.
* This is due to the fact that, people in societies continue to experience emotional or psychological distress and behavioral problems.
* In each cultural or ethnic group, there has been well established ways and methods of helping individuals with their problems.
* In the light of this, this piece of work attempted to trace the historical foundations of traditional guidance and counseling among the people.

**Confidentiality in counseling.**

* Confidentiality is the state of keeping something or some information secret or private.
* Confidentiality in counseling refers to a professional promise or contract to respect clients' privacy by not disclosing anything revealed during Counseling, except under agreed upon condition.
* The importance of confidentiality is that it;
* Helps to build and develop trust.
* Allows for free flow of information between client and workers.

**Examples of violated confidentialities.**

* Saving sensitive information on an unsecure computer that leaves data accessible to others.
* Sharing employees’ personal data like payroll details, bank details, medical records, etc.
* Revealing somebody else’s medical status without his/her consent.
* Exposing patient/client files or reports to the public.

**Confidentiality Principles.**

* You have the privilege of information that should only be shared with others for the benefit of the patient (Privileged communication).
* The Principles of confidentiality includes;

1. **You should justify the purpose** **of patient’s details** – The proposed use of the patient’s information should be clearly defined and scrutinized.
2. **Don’t use patient’s identifiable information unless it is absolutely necessary –** If there is need for patients to be identified, this should be considered at each stage of satisfying the purpose.
3. **Use the minimum necessary patient identifiable information** – Minimum amount of identifiable information should be transferred or accessible as necessary for a given function to be carried out.
4. **Access to patient identifiable information should be on a “strict need** **–to-know basis” –** Introduce access controls to only those individuals who need access to patient’s identifiable information.
5. **Everyone with access to patient identifiable information should be aware of their responsibilities**- Those handling patient’s identifiable information both clinical and non-clinical are made fully aware of their responsibilities and obligations to respect patient confidentiality.
6. **Understand and comply with the law –** Make sure everyone handling patients identifiable information complies with the legal requirements.

**COUNSELLING.**

**Definition:**

* Counselling is the process of assisting and guiding clients to resolve personal, social and psychological problems or difficulties.
* According to Burnard (1994) counselling is the process by which one person helps another to clarify his life situation and to decide further lines of action.

**Key points in counselling.**

* Two people, a counsellor and the client.
* The helping of the client by counsellor.
* A situation in which the client has problems and can sometimes be clearly identified and he shares with the counsellor.
* A therapeutic relationship that evolves through interaction between a client and a therapist.
* A counsellor’s experience is not the same as that of the client.
* Judgment and moralising are not appropriate.
* Listening is the first and last principle of good counselling.

**Qualities of a Counsellor.**

* **Personal warmth:** One should be approachable and open to patients or colleagues.
* **Genuineness:** One either cares for the client or does not.
* **Empathy:**
* It is the ability to understand what the other person is going through.
* It is also defined as “the ability to perceive accurately the feelings of another person and to communicate this understanding to him.
* Empathy in counselling can build the relationship, stimulate self-exploration, check understanding, provide support, lubricate communication, restrain the helper and pave the way.
* **Sense of humour:** Humour breaks tension and brings relaxation to the counselling relationship.

**BASIC PRINCIPLES OF COUNSELLING.**

1. **Clients know best:** He is the expert in his problems and feelings. It is they who can make the final decision about their problems.
2. **Inter-presentation by another person rarely helps**: Avoid mediators in counselling.
3. **It is important to enter client’s “frame of references**”: The counsellor should understand the clients by viewing the world as they do, e.g youth.
4. **Unconditional positive regard (UPR):** The client is viewed with the dignity and valued as a human being. There should be unconditional positive regard, which involves deep and positive feelings for the other person, regardless.
5. **Intuition:** This is knowledge and inner understanding that is independent of the senses we know (Use of inner sense).
6. **Alternating rhythms:** In all relationships, the intensity fluctuates. Apply different approaches if need be.
7. **Knowledge:** A counsellor must know certain things about the client and also have the knowledge to use and give the client.
8. **Caring:** This is a process that offers people opportunities for personal growth (both carers and the cared). Major aspects of caring include knowledge, patience, honesty, trust, humility, hope and courage.
9. **Patience:** Caring for another person involves taking one’s time, whether with friends or patients. It takes time and cannot be rushed.
10. **Honesty:** This involves the counsellor being open to sharing with the client. To be honest with others, one needs a degree of self-awareness of being able to honestly appraise your own thoughts, feelings and beliefs.
11. **Trust:** This allows patients to learn from their own experiences and make decisions. It means counsellors should trust their patients. Often distrust in other people demonstrates a distrust in ourselves.
12. **Humility:** A counsellor needs to be humble and recognise his own inadequacies and limitations. When humble, one can learn more from patients and colleagues.
13. **Hope:** We cannot care without hope.
14. **Courage:** Just as we cannot predict the future, we cannot anticipate the outcome of our caring. Thus, to care takes considerable courage.

**TYPES OF COUNSELLING.**

1. **Client-centred Counselling (Humanistic Counselling therapy)**.

* This is the most widely used.
* It was first used by Carl Rodgers in 1951.
* He noted that the client himself is best able to decide how to find solutions to his problems.
* The client-centred position presumes that a person in need has come to you for help.
* In order to be helped, they need to know that you have understood how they think and feel.
* They must know that whatever your own feelings about them, you accept them as they are.
* You accept their right to decide their own lives for themselves.
* In the light of this knowledge about accepting and understanding them, they begin to open themselves to the possibility of change and development.
* If they feel that their associations are conditional upon them changing (Must change), they may feel pressured and reject your help.
* It is also known as humanistic Counseling, which is based on the assumption that individuals already possess the qualities needed.
* This approach encourages curiosity, intuition (Ability to understand something), creativity, humility, empathy, and altruism (Selfless concern for the well-being of others).
* [Client-Centered Therapy](https://positivepsychology.com/client-centered-therapy/) or Humanistic Counseling style helps clients reach their full potential as human beings.
* It promotes a safe climate in which the therapist is empathetic and non-judgmental.
* In this way, the client experiences a sense of acceptance, openness and [unconditional positive regard](https://positivepsychology.com/unconditional-positive-regard/) (UPR).

### **Interpersonal Counseling.**

* Interpersonal Counseling is a diagnosis-focused approach in which the client’s disorder is regarded as a medical illness that requires intervention (Markowitz & Weissman).
* The role of interpersonal relationships and attachment on mental health outcomes is also an important target for this type of counseling.
* It is a time-limited approach during which clients learn that their psychological issues are linked to environmental stressors.
* Interpersonal counselors are supportive and compassionate, serving as client allies.
* Such therapists suggest ways for clients to deal with situations in a way that promotes self-efficacy and reduces symptoms.
* Based on clinical trials, [Interpersonal Therapy](https://positivepsychology.com/interpersonal-psychotherapy-ipt/) has been effective at treating psychiatric disorders, especially depression.

1. **Directive Counselling.**

* It is a process of making decisions, suggestions or offering advice to the client.
* It is no longer popular.
* It has limited uses in few cases, e.g., a person who is considering abortion and is newly diagnosed with diabetes.
* You may need to counsel her, directing not to abort for her safety, because the wound may not heal easily.

**COUNSELING APPLICATION AREAS.**

* **Individual Counseling:**
* It occurs when the counselor is working with only one person at any given time.
* This is when a counselor is dealing with a single client.
* **Group Counseling:**
* It occurs when a counselor is working with more than one person at any session.
* Group counseling is recommended for people facing the same problem eg alcoholics.
* In group counseling individuals need each other’s support and the encouragement to change their behavior.
* People are encouraged to discuss personal experiences and changes in their daily life.
* **Marital Counseling (Couple):**
* This occurs when the counselor is working with married couples.
* Marital counseling is conducted by trained therapist who understands the problems and trials of marriage and married life.
* Marital counseling is done when both couples are present.
* The counselor assists the couples to understand their problems and to find solutions to their problems.

* **Family Counseling:**
* It occurs when a counselor is working with more than two members at any given session.
* Family counseling focuses on family issues and it is conducted when all the family members concerned are present.
* Effective counseling cannot occur if some family members are excluded from counseling sessions.
* **Special group Counseling:**
* The special group is composed of any group of people who require counseling to enable them to adjust to their life.
* Examples of these special groups include;
* Drug and substance abusers.
* Rape victims and rapists.
* HIV/AIDS infected and affected people.
* COVID-19 contacts people in quarantine.
* Terminally ill people of all categories.
* Families/individuals with handicapped persons/blind/deaf/retarded.
* Divorce/separation/marital or family disputes.
* Those who need abortion or have procured abortion.
* People requiring reproductive health/family planning assistance.
* Those experiencing sex difficulties/impotence.
* Retirees.
* Retrenches/Laid off workers, etc.

**Why do people need counseling?.**

* Help them understand the problems they are experiencing.
* Give them information they are lacking to solve problems.
* Assist them to understand alternative approaches to solving the problems facing them.
* Help them to explore the problems and clarify conflicting issues.
* Assist them to adjust to the problem or find better ways to cope with the problem.
* Assist others who may be experiencing similar problems.

**Formal and informal Counseling.**

* Formal counseling is provided by professionals trained in counseling eg professional counselors, psychologists, psychiatrists, social workers and church ministers.
* Informal counseling is provided by people and other professionals not trained in counseling eg Nurses, Doctors, Teachers, Lawyers, Lecturers, friends, parents, well-wishers, etc.

**STEPS IN COUNSELLING PROCESS.**

* The steps can be abbreviated by the acronym **GATHER.**
* **G-** Greet the client and welcome him.
* **A-** Ask the client about herself/himself and family.
* Ask the help if he/she requires from you.
* Find out the reasons for coming to consult you.
* **T-** Tell client what you can/cannot do for her/him to resolve the problem.
* Tell the client about the resources she can use to solve his/her problems.
* **H-** Help the client to formulate course of action and identify resources to resolve the problem
* **E-** Explain available services and where they are located.
* Explain the cost of the services
* **R-** Return appointment (TCA date).
* Make the next appointment with the client to enable you review his/her progress.

**Counseling Phases.**

**Entry phase-**

* This is the initial contact with the client.
* It starts by building a helping relationship.
* The counselor should communicate effectively using both verbal and non-verbal communication skills to make the client feel comfortable.
* Communication skills which are used to establish rapport are grouped into acronyms “**CLEAR and SOLER”**.
* **CLEAR** represents verbal expressions while **SOLER** represent non-verbal expressions

**CLEAR:**

* **C** -Clarify the needs of the clients.
* **L-** Listen attentively to what the client is telling you.
* **E-** Encourage interaction. Talk to the client and let him respond.
* **A-** Acknowledge what the client says and probe for more information.
* **R-** Reflect back to the client. Clarify what he/she says and summarize.

**SOLER:**

* **S-** Sit squarely before the client in a respectable/comfortable position.
* **O-** Open up and establish a good rapport. Be empathetic and avoid crossing your arms across the chest.
* **L-** Lean forward a bit, toward the client and use bodily language, that is, postures and gestures to show that you care.
* **E-** Eye contact. Keep looking at the client. Retaining interest and attention.
* **R-** Relax before the client in a good setting.



**Working phase.**

* The working phase/ counseling session start when the counselor convinces the client that he is able to offer help.
* The counseling session should take 45-60 minutes.
* The counseling session is divided into five stages as listed below;

1. **Social stage:**

* It is the period of setting the climate.
* It starts by greeting the client and offering a seat.
* Ask the client how he has been together with his/her family.
* Make the client feel comfortable by establishing rapport before introducing the next stage of exploration.

1. **Problem exploration:**

* When the client comes for the first time, ask her/his needs.
* Listen carefully as he/she explains her problems.
* Gather all the information and specific facts the client is telling you about the problem.

1. **Interacting with the client:**

* The counselor probes more about the problem.
* He finds out about any aggravating factors to the prevailing problems.
* The counselor finds out whether it is the first time the client is experiencing the problem and how he/she has been dealing with it.

1. **Setting the goals:**

* Agree with the client on the number of problems or issues to discuss during the sessions and priorities.
* You agree on the length of each session and the time of reporting.

1. **Closure/terminating the session:**

* The counselor summarizes the important points discussed during the session.
* Both the counselor and the client have to agree on the steps to be taken next.
* Both agree on the return date and on any assignments the client is expected to do at home.
* The client is given enough time to ask questions which require clarification.

**Termination of counseling.**

* This means ending counseling relationships.
* It is decided by the counselor when the client shows signs of improvement and ability to solve his problems.
* As a good counselor you should prepare your client to be ready for termination of counseling relationships.
* The actual process of separation from the client is not easy and involves the five stages, similar to the dying stages, namely;
* **Denial.**
* Denial is characterized by a feeling of shock, disbelief, panic and refusal to accept the idea of terminating counseling relationships.
* **Anger.**
* It is experienced by the client for losing a Counsellor so good and helpful.
* **Bargaining stage.**
* This is where the client wishes that he could change the idea of termination.
* **Depression.**
* It occurs when the client realizes the Counselor is serious and will definitely terminate the counseling relationships.
* A feeling of depression may be characterized by anorexia (lack of appetite) and insomnia (lack of sleep).
* **Acceptance.**
* The client accepts the reality of termination.
* He starts to plan ways of coping with the new situation without the help of the Counselor.

**Barriers to effective Counseling.**

* Barriers to effective counseling include;

1. Physical barriers-

* These are factors both in the environment and in the physical appearance of the counselor that prevent or reduce opportunities for the communication process to occur.
* They include factors such as the interviewing room, age and sex of the client and the counselor.

1. Difference in social and cultural backgrounds.
2. Inappropriate non-verbal behavior by the provider/counsellor like;

* Frowning (Sadness, worry, displeasure).
* Showing signs of boredom.
* Showing signs of disgust (dislike) or displaying signs of disapproval towards the client.

1. Barriers caused by the client and counselor (See below).
2. Language and level of education.
3. Psychological barriers – e.g mental issues, drug effects, etc.

**Barriers caused by the client and the counselor.**

They include;

* Failure to listen may occur when the counselor feels that he is not receiving the intended message.
* Failure to probe occurs when the counselor does not get adequate responses from the client.
* Both counsellor and client being judgmental.
* Rejection occurs when the counselor refuses to discuss some topics with the client.
* Parroting i.e when the client continues to repeat the same phrases even if you ask him/her a question in a different version.
* Client defending himself/herself.
* Counsellor giving advice to the client.
* Counsellor disrupting privacy of the client.
* Changing topics by client or counselor.
* Failure to understand the culture, which may lead to client feeling that the Counselor has no respect.

**Conditions under which a Counselor may refer a client.**

1. Personality clash between the counselor and client.
2. In case the clients' condition or needs are beyond counselors’ experience and expertise.
3. In case the client is a relative, close or intimate friend.
4. No improvement observed after several sessions.
5. If the client or counsellor stirs strong emotions in one another e.g sexual feelings or dislike.
6. Significant age difference interfering with counseling relationship.
7. A counselor with a problem similar to that of the client i.e a counselor with unfinished business.
8. If client’s problem needs medical, legal attention or other specialized attention.

# Benefits of Counseling to College students.

* The [benefits of counseling](http://www.sereneself.com/benefits-of-counseling-for-college-students/) to college students are plentiful.
* Since college is a stressful time for many students, here are some ways in how counseling helps;

1. It clarifies a problem.
2. It helps students cope with depression and anxieties.
3. It builds self-confidence in young people.
4. It opens up their perspective to explore opportunities and find a chance for change.
5. It helps students to see more options and make better decisions with these options.
6. It helps the students to improve personal skills.
7. Helps in the area of managing anxiety and pressure, especially when there are school projects, deadlines, exams, financial constraints, etc.
8. It provides a safe zone where the students can speak honestly.
9. Offers students guidance and support through tough times.
10. Helps students to cope better with reality.
11. Assists and facilitates positive behavior changes.

# Concerns being addressed in Campuses.

* Counseling concerns that are common in campuses include;
* College life adjustment.
* Stress.
* Anxiety.
* Depression.
* Relationship problems with roommates, friends, family members, etc.
* Difficulty with studying and concentrating.
* Drugs, alcohol and substance use.
* Eating problems or disorders, largely due to self-esteem issue or peer pressure.
* Concerns about gender orientation, love triangle and sex.
* Inferiority and superiority complex.
* Time management.
* Financial constraints and budgeting.
* Home sick.
* Many other issues that come from all directions in students’ lives.

**Impact of effective Counseling techniques.**

* Effective counseling can make a significant, positive impact on clients' lives.
* Some positive outcomes include and not limited to;
* Better decision making by the client.
* Coping skills.
* Improved outlook on life, the client becomes organized.
* Ability to plan for the future (e.g., College and career preparedness).
* Improve socialization with peers, teachers, family and friends.
* Engagement with extra-curricular activities.

**COUNSELING TECHNIQUES.**

* There are many different techniques that counselors can use with their clients.
* Here is a look at some of the techniques that are felt to be most effective during a counseling session:-

1. **Spheres of influence technique:**

* This assessment tool will get the individual to look at areas of their life and see which areas may be impacting and influencing them.
* The person’s job is to figure out which systems in their life give them strength, and which ones give them stress.
* Some spheres of influence to consider are;
* Themselves.
* Immediate family.
* Friends.
* Husband or wife.
* Extended family.
* Job or school.
* Community.
* Culture.
* Religion.
* Any external influences.

1. **Clarification technique:**

* A counselor should often ask their client to clarify what they are telling them to make sure they understand the situation correctly.
* This will help the counselor to avoid any misconceptions or avoid them having to make any assumptions that could hinder their feedback.

1. **Client expectations technique:**

* When a person enters therapy, they should voice their opinions about counseling and their beliefs about treatment.
* In the beginning, they should be able to communicate with their counselor as to what they expect to get out of counseling.
* This can help the counselor guide and direct their counseling accordingly.

1. **Core Conditions technique:**

* This technique in counseling goes over some essential traits that the counselor needs to integrate for effective counseling.
* These conditions are;
* Positive regard.
* Empathy.
* Congruence or genuineness.
* Warmth.

1. **Encouraging technique:**

* Being encouraging as a counselor to your client is an essential technique that will help facilitate confidence and respect between both parties.
* Here, the counselor should focus on the client’s strengths and assets to help them see themselves in a positive light.
* This will help with the client’s progression.

1. **Listening Skills technique:**

* With any relationship, listening skills are needed to show that the counselor understands and interprets the information that their client gives them correctly.
* The counselor should do this by showing attentiveness in non-verbal ways, such as;
* Summarizing.
* Capping (Conclude and change topic).
* Matching the body language of their clients.

1. **Open-ended questions technique:**

* Open-ended questions encourage people in a counseling session to give more details on their discussion.
* Therefore, these types of questions are used as a technique by counselors to help their clients answer;
* How.
* Why.
* What.

1. **Paraphrasing technique:**

* Paraphrasing is when the Counselor states what the client has just said, using few words but without changing the meaning.
* This technique will show clients that the counselor is listening to their information and processing what they have been telling them.
* Paraphrasing is also good to reiterate or clarify any misinformation that might have occurred.

1. **Positive asset search technique:**

* A positive technique used by counselors helps clients think up their positive strengths and attributes to get them into a strong mindset about themselves.
* The Counselor will look at the positive things about the client and dwell on them.

1. **Miracle questions technique:**

* The technique of asking a question of this sort will help the client see the world in a different way or perspective.
* A miracle question could be something along the lines of;
* What would your world look like if a miracle occurred?.
* What would that miracle be and how would it change things?.

1. **Trustworthiness technique:**

* The counselor must create an environment for the client to feel he has trust to him.
* A therapist must be;
* Congruent (In agreement).
* Warm.
* Empathetic.
* Speak with positive regard to the client.

1. **Capping technique:**

* Many counselors use the technique of capping (Changing topic or approach) during their sessions.
* Capping involves changing a conversation’s direction from emotional to cognitive if the counselor feels the client’s emotions need to be calmed or regulated.

1. **Proxemics technique:**

* This technique has the counselor study the spatial movements and conditions of communication that their client exhibits.
* By studying their clients’ body orientation, the counselor can determine;
* Mood.
* Feelings.
* Reactions.

1. **Self-disclosure technique:**

* The counselor will make note when personal information is disclosed at certain points of therapy.
* This technique will help the counselor learn more about the client and use this information only to benefit the client.

1. **Structuring technique (Plan):**

* When the client enters counseling, the counselor should discuss the agenda for the day and plan the activities and the processes that they will go through.
* This technique in counseling will help the client understand the counselor’s way of thought.
* Soon after, the client gets used to the routine, and this establishes comfort and trust in the counselor.

1. **Hierarchy of needs technique:**

* This technique involves the counselor assessing the client’s level of needs.
* The needs that they will factor in are;
* Physiological needs.
* Safety needs.
* Love and belonging needs.
* Self-esteem needs.
* Self-actualization needs.
* All these will determine the change the client needs to take place in counseling.