Psychological Base for Social Work Practice

SOW102

University of Ibadan Distance Learning Centre
Open and Distance Learning Course Series Development

General Editor: Prof. Bayo Okunade

Vice-Chancellor's Message

The Distance Learning Centre is building on a solid tradition of over two decades of service in the provision of External Studies Programme and now Distance Learning Education in Nigeria and beyond. The Distance Learning mode to which we are committed is providing access to many deserving Nigerians in having access to higher education especially those who by the nature of their engagement do not have the luxury of full time education. Recently, it is contributing in no small measure to providing places for teeming Nigerian youths who for one reason or the other could not get admission into the conventional universities.

These course materials have been written by writers specially trained in ODL course delivery. The writers have made great efforts to provide up to date information, knowledge and skills in the different disciplines and ensure that the materials are user-friendly.

In addition to provision of course materials in print and e-format, a lot of Information Technology input has also gone into the deployment of course materials. Most of them can be downloaded from the DLC website and are available in audio format which you can also download into your mobile phones, IPod, MP3 among other devices to allow you listen to the audio study sessions. Some of the study session materials have been scripted and are being broadcast on the university's Diamond Radio FM 101.1, while others have been delivered and captured in audio-visual format in a classroom environment for use by our students. Detailed information on availability and access is available on the website. We will continue in our efforts to provide and review course materials for our courses.

However, for you to take advantage of these formats, you will need to improve on your I.T. skills and develop requisite distance learning Culture. It is well known that, for efficient and effective provision of Distance learning education, availability of appropriate and relevant course materials is a *sine qua non*. So also, is the availability of multiple plat form for the convenience of our students. It is in fulfilment of this, that series of course materials are being written to enable our students study at their own pace and convenience.

It is our hope that you will put these course materials to the best use.

Prof. Abel Idowu Olayinka
Vice-Chancellor

Foreword

As part of its vision of providing   education for "Liberty and Development" for Nigerians and the International Community, the University of Ibadan, Distance Learning Centre has recently embarked on a vigorous repositioning agenda which aimed at embracing a holistic and all encompassing approach to the delivery of its Open Distance Learning (ODL) programmes. Thus we are committed to global best practices in distance learning provision. Apart from providing an efficient administrative and academic support for our students, we are committed to providing educational resource materials for the use of our students. We are convinced that, without an up-to-date, learner-friendly and distance learning compliant course materials, there cannot be any basis to lay claim to being a provider of distance learning education. Indeed, availability of appropriate course materials in multiple formats is the hub of any distance learning provision worldwide.

In view of the above, we are vigorously pursuing as a matter of priority, the provision of credible, learner-friendly and interactive course materials for all our courses. We commissioned the authoring of, and review of course materials to teams of experts and their outputs were subjected to rigorous peer review to ensure standard. The approach not only emphasizes cognitive knowledge, but also skills and humane values which are at the core of education, even in an ICT age.

The development of the materials which is on-going also had input from experienced editors and illustrators who have ensured that they are accurate, current and learner-friendly. They are specially written with distance learners in mind. This is very important because, distance learning involves non-residential students who can often feel isolated from the community of learners.

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.
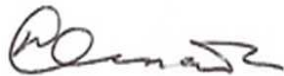
Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

The implication of the above is that, a distance learner has a responsibility to develop requisite distance learning culture which includes diligent and disciplined self-study, seeking available administrative and academic support and acquisition of basic information technology skills. This is why you are encouraged to develop your computer skills by availing yourself the opportunity of training that the Centre's provide and put these into use.

In conclusion, it is envisaged that the course materials would also be useful for the regular students of tertiary institutions in Nigeria who are faced with a dearth of high quality textbooks. We are therefore, delighted to present these titles to both our distance learning students and the university's regular students. We are confident that the materials will be an invaluable resource to all.

We would like to thank all our authors, reviewers and production staff for the high quality of work.

Best wishes.

Professor Bayo Okunade

Director

Course Development Team

Course Writer	J. K. Mojoyinola Ph.D.
Content Editor	Prof. Remi Raji-Oyelade
Production Editor	Dr. Gloria O. Adedoja
Learning Design & Technologist	Folajimi Olambo Fakoya
Managing Editor	Ogunmefun Oladele Abiodun
General Editor	Prof. Bayo Okunade

Table of Contents

About this course manual

Psychological Base for Social Work PracticeSOW102 has been produced by University of Ibadan Distance Learning Centre. All course manuals produced by University of Ibadan Distance Learning Centreare structured in the same way, as outlined below.

How this course manual is structured

The course overview

The course overview gives you a general introduction to the course. Information contained in the course overview will help you determine:

- If the course is suitable for you.
- What you will already need to know.
- What you can expect from the course.
- How much time you will need to invest to complete the course.

The overview also provides guidance on:

- Study skills.
- Where to get help.
- Course assignments and assessments.
- Activity icons.
- Study Sessions.

We strongly recommend that you read the overview *carefully* before starting your study.

The course content

The course is broken down into Study Sessions. Each Study Session comprises:

- An introduction to the Study Session content.
- Study Session outcomes.

- Core content of the Study Session with a variety of learning activities.
- A Study Session summary.
- Assignments and/or assessments, as applicable.
- Bibliography

Your comments

After completing Psychological Base for Social Work Practice we would appreciate it if you would take a few moments to give us your feedback on any aspect of this course. Your feedback might include comments on:

- Course content and structure.
- Course reading materials and resources.
- Course assignments.
- Course assessments.
- Course duration.
- Course support (assigned tutors, technical help, etc.)

Your constructive feedback will help us to improve and enhance this course.

Course Overview

Welcome to Psychological Base for Social Work PracticeSOW102

Social work practice entails proper understanding of individuals, groups of individuals, communities, societies or nations in need of help. It also entails proper understanding of their various needs (health, psycho-social needs, etc). Such understandings, however, depends on in-depth knowledge of psychology through which we shall be able to apply its concepts, principles, strategies, and skills to help people overcome their problems or challenges of life. Thus, it is imperative that we understand how, why and what make people behave the way they do.

The overriding objectives of this course, therefore, is to enhance your knowledge and equip you with the necessary psychological skills with which we can help our clients, patients or numerous individuals, society or nations in difficulty.

To this end you will be introduced first to the nature of psychology, nature of social work, relevance of psychology to social work and approaches for understanding human behaviour. Thereafter, we shall examine human growth and development, personality structure and emotion, motivation, normal and abnormal behaviour, adjustment and coping with stress, the nature and importance of group and community in social work.

Course outcomes

Upon completion of Psychological Base for Social Work PracticeSOW102you will be able to:

Outcomes

- *understand and analyse* individual and group behaviours.
- *proffer* solutions to the psycho-social needs of clients in social work.

Timeframe

How long?

This is a 15 weeks course. It requires a formal study time of 45 hours. The formal study times are scheduled around online discussions / chats with your course facilitator / academic advisor to facilitate your learning. Kindly see course calendar on your course website for scheduled dates. You will still require independent/personal study time particularly in studying your course materials.

How to be successful in this course

As an open and distance learner your approach to learning will be different to that from your school days, where you had onsite education. You will now choose what you want to study, you will have professional and/or personal motivation for doing so and you will most likely be fitting your study activities around other professional or domestic responsibilities.

Essentially you will be taking control of your learning environment. As a consequence, you will need to consider performance issues related to time management, goal setting, stress management, etc. Perhaps you will also need to reacquaint yourself in areas such as essay planning, coping with exams and using the web as a learning resource.

We recommend that you take time now—before starting your self-study—to familiarize yourself with these issues. There are a number of excellent resources on the web. A few suggested links are:

- http://www.dlc.ui.edu.ng/resources/studyskill.pdf

  This is a resource of the UIDLC pilot course module. You will find sections on building study skills, time scheduling, basic concentration techniques, control of the study environment, note taking, how to read essays for analysis and memory skills ("remembering").

- http://www.ivywise.com/newsletter_march13_how_to_self_study.html

  This site provides how to master self-studying, with bias to emerging technologies.

- http://www.howtostudy.org/resources.php

  Another "How to study" web site with useful links to time management, efficient reading, questioning/listening/observing skills, getting the most out of doing ("hands-on" learning), memory building, tips for staying motivated, developing a learning plan.

The above links are our suggestions to start you on your way. At the time of writing these web links were active. If you want

to look for more, go to www.google.com and type "self-study basics", "self-study tips", "self-study skills" or similar phrases.

Need help?

Help

As earlier noted, this course manual complements and supplements SOW102 at UI Mobile Class as an online course.

You may contact any of the following units for information, learning resources and library services.

Distance Learning Centre (DLC)	**Head Office**
University of Ibadan, Nigeria	Morohundiya Complex,
Tel: (+234) 08077593551 – 55	Ibadan-Ilorin Expressway,
(Student Support Officers)	Idi-Ose, Ibadan.
Email: ssu@dlc.ui.edu.ng	

Information Centre
20 Awolowo Road, Bodija,
Ibadan.

For technical issues (computer problems, web access, and etcetera), please send mail to webmaster@dlc.ui.edu.ng.

Academic Support

Help

A course facilitator is commissioned for this course. You have also been assigned an academic advisor to provide learning support. The contacts of your course facilitator and academic advisor for this course are available at onlineacademicsupport@dlc.ui.edu.ng

Activities

Activities

This manual features "Activities," which may present material that is NOT extensively covered in the Study Sessions. When completing these activities, you will demonstrate your understanding of basic material (by answering questions) before you learn more advanced concepts. You will be provided with answers to every activity question. Therefore, your emphasis when working the activities should be on understanding your answers. It is more important that you understand why every answer is correct.

Assessments

Assessments

There are three basic forms of assessment in this course: in-text questions (ITQs) and self assessment questions (SAQs), and tutor marked assessment (TMAs). This manual is essentially filled with ITQs and SAQs. Feedbacks to the ITQs are placed immediately after the questions, while the feedbacks to SAQs are at the back of manual. You will receive your TMAs as part of online class activities at the UI Mobile Class. Feedbacks to TMAs will be provided by your tutor in not more than 2 weeks expected duration.

Schedule dates for submitting assignments and engaging in course / class activities is available on the course website. Kindly visit your course website often for updates.

Bibliography

For those interested in learning more on this subject, we provide you with a list of additional resources at the end of each study session; these may be books, articles or web sites.

Getting around this course manual

Margin icons

While working through this course manual you will notice the frequent use of margin icons. These icons serve to "signpost" a particular piece of text, a new task or change in activity; they have been included to help you to find your way around this course manual.

A complete icon set is shown below. We suggest that you familiarize yourself with the icons and their meaning before starting your study.

Activity	**Assessment**	**Assignment**	**Case study**
Discussion	**Group Activity**	**Help**	**Outcomes**
Note	**Reflection**	**Reading**	**Study skills**
Summary	**Terminology**	**Time**	**Tip**

Study Session 1

The Nature of Psychology

Introduction

People conceive psychology in different ways. To some people, it is an art or a science subject. To other individuals, it is a discipline, a profession, or a study of behaviour. As there is no single definition or description of psychology, we will examine some definitions given by different scholars or psychologists in this Study Session.

Learning Outcomes

When you have studied this session, you should be able to:

1.1 *define* and *use* correctly, the term psychology.
1.2 *state* at least two reasons for the study of psychology.

1.1 Description of the Nature of Psychology

Psychology evolves as a science because it employs scientific methods in establishing facts as in the physical sciences. Such methods include observation, experimentation survey, sampling, objectivity, control etc.

Many people define psychology as the study of the mind. This definition is quite misleading, because it is difficult to study human's mind. Only God can do so, as the mind of men his human's mind, mood, attitude and behaviour change from time to time.

Psychology seeks to study, explain and change behaviour of people. Modern psychologists therefore, define it as a course of study designed to observe, understand, predict and control behaviour, be it that of man or animal. For instance, Morgan and King (1975) define psychology to be a scientific study of man and animal behaviours.

Hilgard et al. (1979) regard psychology as the science that studies behaviour and mental processes. Marx (1976) defines it as the scientific study of experience and behaviour in

organisms. According to Bourne and Russo (1998), psychology is the scientific study of behaviour (observable actions like blinking, eating, etc) and mental process as, (e.g. perceptions, thoughts etc). Whatever be the conception of it, what is certain is psychology still helps us to better understand man and animal behaviours, those we can see (observable behaviours experience) and those we cannot see (non-observable behaviours, experience etc).

1.2 Rationale for the Study of Psychology

There are two fundamental reasons for anyone to study psychology. According to Marx (1976), these are:

1. a personal self-help interest, and the hope that one will gain from the study new insights into his own personality, and so improve his adjustment to and his satisfaction from life; and

2. a general intellectual interest, with respect to the improvement of one's understanding of how psychology functions as a science, what it can tell us about the behaviour of animals man and animals and how it can contribute to solving social as well as personal problems.

1.3Branches in Psychology Discipline

As a discipline psychology has many branches, which deal with different areas of human behaviour, interactions and endeavours. The branches are given below:

1. **Educational Psychology** – This is a branch of psychology which deals with the study and application of psychological principles to solving learning problems. Basically it is a branch of psychology that deals with human learning process.

2. **Developmental Psychology** – It is a branch of psychology which deals with the process of development of the individual from his/her conception till his/her death. It deals with the understanding of the complex behaviour of the organism from their simplest beginning.

3. **Counselling Psychology –** This deals with adjustment problems. Its main objective is to ensure that every individual becomes well adjusted properly attuned and is be able to cope successfully with problems or challenges of life.

4. **Clinical Psychology –** This field of study deals with mal adjusted individuals and people with mental illness. It is a field of study or discipline through which the mal adjusted or mentally ill persons receive psychological treatment for their illness.

5. **Social Psychology –** It is a field of psychology that studies the effect or influence of a group or society on the behaviour of an individual (e.g. the effect of urban society on the youth; gambling, truancy, prostitution, etc). It deals with the study of social phenomenon as they affect an individual.

6. **Industrial Psychology –** this deal with the welfare of people in industries unrest, improvement of turnover, conflicts within the organization, etc.

7. **Community Psychology –** It refers to the field of psychology that focuses on social issues, social institutions and other settings that influence groups and organizations, (Karen and Wong, 2000).

8. **Health Psychology –** This is applied form of psychology. It deals with the application of the accumulated knowledge from the science and profession of generic psychology to the area of health (Matara 220, 1987b, p. 55).

9. **Abnormal Psychology –**This a form of psychology that deals with abnormal behaviour or behaviour disorders in people.

Study Session Summary

Summary

In this Study Session, we discussed the concept of the discipline of Psychology. In the process; we noted different definition of the discipline as given by scholars. Furthermore we examine different branches of the discipline of psychology such as educational psychology, developmental psychology, counseling and clinical psychology, abnormal psychology, industrial, community and health psychology.

Assessment

Assignment

1. How would you define psychology?
2. Why do you need to study psychology?
3. How would you classify psychology?

Bibliography

Textbooks

Web resources

Mojoyinola, J. K. (2000) *Introduction to Psychology of Adult Learning* Ibadan. The Gift Communications.

Williams H.P (2011)*The Science of Human Nature A Psychology for Beginners.*

http://johnparankimalil.wordpress.com/2012/03/09/meaning-nature-and-scope-of-educational-psychology/ retrieved July, 2013

http://quizlet.com/16794396/chapter-1-nature-of-psychology-flash-cards/ retrieve July, 2013

Study Session 2

The Nature of Social Work

Introduction

The major focus of social work is on the psycho-social functioning of individuals. Before we describe the nature of social work in this Study Session, it is necessary that we define what social work is and later examine its methods.

Learning Outcomes

When you have studied this Session, you should be able to:
2.1 *define* social work.
2.2 *highlight* at the characteristics of social work.
2.3 *discuss* at least two methods of social work.

2.1 The Concept of Social Work

Social work may be defined as an act, a science, or a profession that helps people to solve personal, group, and community problems and to attain satisfying personal, group, and community relationships through social work practice.According to Skidmore et al (1994), personal problems may be health problems such as mental illness, suicide, drug abuse and so on; group (family) problems include dependency, divorce, child abuse, homelessness and so on, while the community problems may be unemployment, racism, inadequate housing, lack of recreational facilities and so on.

- Social work is an art because it requires great skills to understand people and to help them to help themselves.
- It is a science, because of its problem- solving method, and its attempts to be objective in ascertaining facts, and in developing principles and operational concepts.
- It is a profession because it encompasses the attributes of a profession.

The 1995 edition of The Social Work dictionary defines social work as the applied science of helping people achieve an

effective level of psycho-social functioning and effecting social changes to enhance the well-being of all people.

2.2The Nature/Characteristics of Social Work

By its nature social work often focuses its attention on reducing problems in human relationships and on enriching human living conditions through improved human interaction. Certainly, the main focus of the social worker is upon helping people to improve their social functioning, their ability to interact and relate to others. In addition, the social worker ordinarily works with clients on a conscious level, helping them to face realities and to solve their individual or personal problems.

Social work has some distinguishing characteristics, and some of these are enumerated below.

1. The focus of social work is on the wholeness and totality of the person – encompassing the person, environmental factors and behaviour. It stresses of the development the totality of the being of man in society.

2. It emphasis is on the importance of the family in molding and influencing behaviour.

3. It emphasizes the utilization of community resources in helping people to solve problems.

4. Social work has an orientation in psychiatric concepts and places considerable stress upon understanding people.

5. Social work places emphasis on social interaction and resultant social functioning and malfunctioning.

6. Traditional social work emphasizes three basic processes; namely, casework, group work and community organization.

7. The relationship is the key in the social work process. Though everything that is a part of the interview is important, feeling tones between the worker and the client are particularly important.

8. Social work recognizes that to understand social problems and human behaviour, it is necessary to understand the institutions of humans.

9. The basic aim of social work is to help clients to help themselves or to help a community to help itself.

10. Social work has distinctive professional bodies such as The National Association of Social Workers (NASW), The Council on Social Work Education (CSWE), The Nigeria Association of Social Workers (NASOW) and so on.

11. Most social workers are employed in agency settings, where they provide services and therapy for individuals, families, groups and communities.

2.3 Methods of Social Work

Methods of social work practice can be classified into the major and minor methods. The major social work methods are social case work, social group work and community organization. The minor methods for social work practice include social work administration research and education.

In this Study Session, we shall briefly examine discuss briefly the major social work methods.

2.3.1 Social Case Work

This is social work practice with individuals and their families. It aims at helping the individuals to help themselves. According to Idyorough (2001), social case work is primarily concerned with individuals and the society and how to solve individual problems and enhance better living.

2.3.2 Social Group Work

This is social work practice with groups. It is a method of working with people in groups (two or more people) for the enhancement of social functioning, and for the achievement of socially desirable goals. It is based on the knowledge of people's needs for each other and their interdependence. For instance, within the general purpose of the profession, social work with small group may be directed toward helping members to use the group for coping with and resolving existing problems in psycho-social functioning (e.g. working with group of mentally-ill patients to gain insight into their problems, etc).

2.3.3 Community Organization

Community organization has been recognized for many years as one of the main methods of social work. It is simply social work practice with communities. It is a type of method in

social work through which many communities are helped to identify their felt needs or problems and how to meet such needs or solve such problems

Study Session Summary

Summary

In this Study Session, we defined social work as an art, a science and a profession, because it requires great skills to understand and help people, Furthermore, it is so because of its problem-solving methods, and because it encompasses the attributes of a profession. It is also defined as a discipline which is designed to help people solve personal, group or community problems.

Essentially, social work focuses on the wholeness and totality of the person; it emphasizes the importance of the family in moulding and influencing behaviour, utilization of community resources to help people overcome their problems. All these are achievable through the major social work methods such as social case work, group work, community organization and minor methods such as administration, education and research.

Assessment

Assignment

1. Briefly, define social work
2. How will you describe the nature of social work?
3. What are the major methods of social work practice?

Bibliography

Textbooks

Idyorough, A. E. (2001). *Techniques and Principles of Social Work Practice.* Abuja IBV & Associates Publishers.

Skidmore, R. A., Thackery, M. G. and Farley, O. W. (1997). *Introduction to Social Work*. Boston: Allyn and Bacon.

Study Session 3

Psychology and Social Work

Introduction

In this Study Session,you will be exposed to the various ways in which psychology is relevant to social work.

Learning Outcomes

When you have studied this Session, you should be able to:

3.1. discuss the relevance of psychology and social work.

3.1 Relationship between Psychology and Social Work

The psychologist and the social worker are often members of the same professional team (members of medical or health team), particularly, in the treatment clinics and related settings. Psychology and social work operate on some common grounds. Both are interested in the behaviour of people and in their interactional patterns in particular. Though, the psychologist focuses mainly on individual behaviour and the social worker on social functioning, both of them seek the thinking and the feeling processes of people (Skidmore, et al. 1997).

Apart from the above, there are other areas in which Psychology is relevant to social work practice. These areas are examined below:

3.1.1 Relevance of Psychology to Social Work

1. Basically, the essence of studying psychology in social work is to find answers to such questions as:
a. why do people behave the way they do?
b. what are the psychological strategies that can be used to understand human behaviour?

c. what are the psychological principles and skills that can be used for helping individuals, groups and communities to overcome their problems?

d. what is the nature of the individual, the group or the community the social worker will work with or try to help?

Psychology provides answers to these and many other questions and this makes it to be much relevant to social work.

1. Psychology enables the social worker to understand his/her behaviour and that of his/her client properly. It affords him or her to understand different aspects of his/her personality fully and those of people he or she works with or trying to help.

2. Psychology is relevant to social work in that it affords the social workers the opportunity understand different emotional reactions manifested by his/her clients during the course of working with them. Such opportunity will definitely help him/her to help such individual with emotional problems or disorders (e.g. anxiety and aggressive problems, etc).

3. Psychology helps social workers to understand some psychological principles (e.g. principles of self-determinism, self-worth, self-concept, etc), which are useful to deal with or help individuals overcome their personal problems. This makes psychology relevant to social work.

4. Psychology is much relevant to social work, especially, in the treatment or therapeutic areas. It provides adequate knowledge and skills on psychotherapy with which the case worker or group worker can effectively help individuals; clients or patients overcome their emotional, psychological and mental disorders.

5. Psychology is relevant in social work, as it provides the theoretical basis or foundation for social work social practice. Most of the theories in social work are derived from psychology. Their concepts, principles and skills for handling different emotional or psychological disorders also make psychology relevant to social work.

6. Psychology provides adequate knowledge to social workers on human development, personality, emotion and motivation, which will help them to understand an

individual as a unique being, having different needs or problems.

7. Psychology is relevant to social work as it helps the social workers to identify or recognize series of psychological, emotional or mental health problems or disorders of his clients.

8. Psychology provides useful solutions to psychological problems and challenges of life. This makes the psycho-social interventions of social work easier. Therefore, it is useful in the practice of social work.

9. Psychology provides different tools or tests for the assessment or evaluation of clients, patients or people with various problems. It also makes research on psycho-social problems easy and possible.

With these and other reasons, it can be said that psychology is quite relevant to social work. It serves as useful base or foundation for social work practice.

Study Session Summary

Summary

In this Study Session, we pointed out that psychology and social work are inter-related. Psychology provides a useful base for social work practice, and this makes it much relevant to social work practice. Among the area of relevance are that, psychology answers questions on human behaviour; it helps the social worker to understand him/herself better and the behaviour of his/her clients. It provides social workers with adequate skills and knowledge on human development, personality, emotion, motivation, and psycho-therapeutic techniques for helping individual overcome their personal and psycho-social problems.

Assessment

Assignment

1. Do you agree that psychology has something to do with social work?
2. Give at least five reasons, which make psychology to be relevant to social work?

Bibliography

Resources

Skidmore, R. A., Thackery, M. G. and Farley, O. W. (1997). *Introduction to Social Work*. Boston: Allyn and Bacon.

http://psychology.about.com/od/psychologycareerprofiles/p/social-worker.htm

Study Session 4

Psychological Approaches to the Understanding of Human Behaviour

Introduction

In the last Study Session, we came to realize that psychology is relevant to social work. The psychological approaches to the understanding of human behaviour which will be discussed in this Study Session helps us to recognize the various sources and origins of human behaviour, and the relevance of psychology to the practice of social work.

Learning Outcomes

When you have studied this Session, you should be able to:

4.1 *discuss*at least five psychological approaches to understand human behaviour.

4.1 Approaches to the Understanding of Human Behaviour

By psychological approaches, we mean those psychological processes or methods of identifying the rationale behind a particular behaviour emitted by any organism (Hilgard, et al. 1979). Such approaches or processes enable us to have an insight into the "why", and the "how" of behaviour or response emitted by an individual (Mojoyinola, 1998 and Bourne, 1998).

Therefore, the behaviour of any individual person can therefore be understood through one or combination of the following approaches:

4.1.1 Psycho-Analytic Approach

This approach considers the behaviour of an individual as arising from the unconscious motivations, instincts or drives. Thus, according to Freud (1949) and other psycho-analytic psychologists, most of the mal-adaptive behaviour of an individual arise from the repression of early childhood emotional responses such as sexual and aggressive drives. These may find themselves expressed unconsciously during adulthood.

4.1.2 Neurological Approach

The approach views a particular behaviour as a result of the activities going on in the brain. Hilgard, et al. (1979) noted that various abnormal behaviour observed in some people arise from any damage or disturbance to the brain cells. Therefore, neurological defects, hormonal imbalance, abnormal electrical discharge in the brain, over excitation of nerve cells, diseases affecting the brain (e.g. measles, meningitis, etc), abrnomal growth in the brain (brain tumor) and injury to the brain can bring about changes in human behaviour.

4.1.3 Structuralist Approach

This approach considers human behaviour as arising from sensory stimulation. The approach holds that human behaviour results from exposure to sensory stimulation within the environment and report made by the individual affected. Thus, an individual feels cold because of exposure to cold weather or feels pain because of injury or disease. However, it is only the affected individual that can report what he feels.

4.1.4 Behaviourist Approach

Behaviour, under this approach is viewed to be a reaction of the individual to the environmental stimuli. Thus, any behaviour is a response to a stimulus within the environment. For examples, a mother can react to the loss of her child by weeping; weeping is a reaction to the loss. If we ask why she is weeping or behaving in this specific way? She can simply say she is weeping because of the loss of her child.

4.1.5 Functionalist Approach

According to this approach, an individual engages in a particular behaviour because of the function the behaviour will serve to him or the gain it will bring to him. For instance, a student who has not prepared well for a test may develop unusual malaria fever with severe shivering or tremor of the hand to escape the test.

4.1.6 Cognitive or Gestalt Approach

Cognition refers to those mental processes, such as reasoning, thinking, imagination, value judgement and perception. Gestalt, on the other hand, refers to a configuration, which forms a unified whole and have properties, which are not found in any of its parts.

Based on this approach, the behaviour of any individual can be determined in two ways. First, it can be determined by how he reasons, thinks, gives judgement or values things, how he imagines things and his interpretations of events, situations or happenings in his environment. For instance, a student who imagines himself capable of succeeding will definitely succeed in an examination.

Second, the background determines the present behaviour. Thus, if a child witnessed violent behavior in childhood, he/she may display aggressive behaviour in adulthood.

Study Session Summary

Summary

In this Study Session, we learnt why human behaviour varies from time to time. We stated that several reasons can be given on why the behaviour of some people can be attributed to unconscious motives, drives or conflicts and that the behaviour of some other people are due to neurological factors defects, such as damages or diseases in the brain or, exposure to sensory stimulation, or rewards or gains they will derive from behaving in such manner. Furthermore, the behaviour of some may be due to the way they think or reason, perceive things or the interpretation they give to events. It may also be a result of their diverse background.

Assessment

Assignment

1. What do you think make people behave the way they do?
2. What influence do you think biological and environmental factors have on the behaviour of people?

Bibliography

Textbooks

Bourne, L. E. and Russo, N. F. (1998*) Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

Hilgard, E. R., Atkinson, R. L. and Atkinson, R. C. (1979) *Introduction to Psychology.* New York: Harcourt Brace Javanovich, Inc.

Mojoyinola, J. K. (1998) *Psycho-social Approaches to the Understanding of Patients Behaviour During Illness. Journal of Special Education.* 8, 1, 25 – 31.

Study Session 5

Human Growth and Development

Introduction

In this Study Session, we shall examine and discuss what growth, maturation and development mean. Also, we shall discuss the general principles of human development.

Learning Outcomes

When you have studied this Session, you should be able to:

5.1 *explain* the concepts of growth.
5.2 *define* the nature of maturation in human development.
5.3 *discuss* at least four principles of development.

5.1 Growth

Growth is not maturation or development. It simply refers to physical development or increase in number of body cells (Iyiola, 1990). It refers to being tall, wide or an increase in size or weight and so on.

5.2 Maturation

All human beings at birth appear physically complete. However, not all organs of the body are ready for use at this stage (e.g. female breasts are not mature enough for lactation at that stage). Therefore maturation can be defined as the process of coming to full development or to a state of being ready for use. According to Bourne and Russo (1998), maturation refers to the biological unfolding of the body as a result of a genetic "blueprint" transmitted by parents at conception and its effects are obvious at many points throughout the life span (e.g. Toilet training among children is possible when their sphincter muscles are mature).

5.3 Development

Development is defined as systematic qualitative and quantitative changes that occur in an individual's biological, social, and emotional capacities over the life span (Bourne and Russo, 1994). It refers to the progressive changes observed in the organism.

It is more encompassing term than growth, because it includes other features as differentiation, integration maturation, and so on. Development, especially in childhood has basic characteristics; namely; it is orderly, continual and cumulative. In other words, developmental changes occur in a logical sequence. They are happening all the time, and change as each age builds up on what came before.

5.4.1 General Principles of Development

By principle, we simply mean a statement, or rule by which certain events under normal circumstance will have to occur. Therefore, the principles of development here are those statements or rules governing the development of human beings (Mojoyinola, 2002).

According to Iyiola (1990) the general principles that follow are associated with the development of human beings.

5.4.1 Cephalocaudal Principle of Development

The principle states that the head region of any organism (including that of human being) develop faster than any other part of the body. This means that is the head region takes primacy over the tail end (e.g. at birth the head of a baby is about 20% of the entire body or $^1/_5^{th}$ body weight).

Cephalo means head, while 'caudal' means tail. Based on these two Greek words, we can say the development of human beings begin from the head to the tail.

5.4.2 Proximodistal Principle of Development

According to this principle, development starts from the central region and moves towards the outside region. This means that is the central region takes primacy over the pheripheral ends. For instance, internal organs in human body (e.g. heart, kidney, etc) develop faster than the external organs (e.g. hair, nails, etc).

5.4.3 The Principle of Asynchronous Growth

The principle states that every organ in human body develops on its own and at different rates, For example, the heart develops and functions within the first 18 days while it could take the lungs up to 8 months of gestation before it can be properly developed and functional.

5.4.4 The Principle of Individuation

The principle states that the developmental pattern of an individual is different from the other, even among the monozygotic (identical twins).Thus, every individual is an entity on his/her own.

The Principle of Continuity and Discontinuity

The principle states that the development of human organs or systems can be observed as developing rapidly at one time (rapid growth at adolescence) and slowly or becomes discontinued shortly after the period (e.g. commencement of menstruation (menarche) and its cessation (menopause).

The Principle of Complexity

This states that the development of a particular organ is complex. That is, it has several connections with other parts of the body (e.g. The master gland produces other hormones affecting the reproductive organs).

The Principle of Uniqueness

The principle states that an individual maintains its organismic whole. That is, it maintains its special nature or resembles its originator.

The Principle of Adaptation/Modifiability

This states that both growth and behaviour are adaptive; subject to modification by the environment or whatever happens. Thus, human behaviour can be changed.

Principle of Optimum Time

The principle holds that there is a set time for certain characteristics to manifest or occur. That is, at a particular time of development, certain characteristics must manifest (e.g. a child starts walking at age two or so).

Principle of Extinction

The principle states that development leads to death. That is, under normal circumstances, (if there is no sickness or

illness), death will occur after some specific period of development. It emphasizes the fact that whatever that has a beginning also has an end.

All of these principles have useful implications for social work practice. That is, they can be applied for successful and effective social work practice. Their applicability will now be briefly examined.

The principle of cephalocaudal points to the importance of the head region of an organism as the seat of the brain. It is the most important part of the body and any damage to it may affect the bodily systems. As the head region is very crucial to the body, the basic rudimentary fact (generic knowledge or skill) in social work is necessary to lay a solid foundation for social work practice.

The principle of proximodistal, which stresses that development starts from the central region outward, is helpful in that it gives cue to the method and procedure necessary for acquiring knowledge in social work. It can be applied to help social workers in training by telling them to acquire theoretical and core knowledge first, before exposing them to field practice.

Both the principles of individuation and uniqueness are also applicable in social work. They can be applied by case workers and community workers to help individual person overcome his problem or helping each community achieve its goals. In order words, it helps the case worker to help each individual as an entity or as a unique being.

When applied the principle of continuity and discontinuity, will help the social workers to understand where and when to start a case and terminate it. That is, where to help a client, a patient or an individual and when to stop rendering assistance to him/her.

The principle of adaptation and modifiability can be successfully applied to change the behaviour of an individual or modify undesirable ones. For instance, a social worker can base his/her intervention with a phobic patient (patient that is afraid of his environment) by helping to change the patient's environment or modifying the environment to be less fearful to him/her.

Study Session Summary

Summary

In this Study Session, we examined three concepts, namely: growth, maturation and development. We defined growth as physical development or increase in the number of body cells; maturation was defined as the process of coming to full development or to a state of being ready for use; and development was also defined as progressive changes occurring in an individual, which is orderly, continually and cumulative. Ten principles of development were examined in this Study Session among which are cephalo caudal principles, proximodistal principle, principles of individuation, uniqueness, adaptation, asynchronous growth and so on.

Assessment

Assignment

1. How would you define the following terms:
b. growth
c. maturation
d. development

Bibliography

Textbooks

Iyiola, D. O. (1990). *Developmental Psychology for Education Undergraduates.* Oyo: Odummat Printing Press.

Mojoyinola, J. K. (2000). *Human Development*. In: Akinola, B., Sarumi, A. and Mojoyinola, J. K. (eds) *An Introduction to Psychological Foundations of Adult Education*. Ibadan: Gabesther Educational Publishers.

Web resources

http://www.education.com/reference/article/principles-development/

http://www.sagepub.com/upm-data/9397_008824ch1.pdf retrieved July, 2013

Study Session 6

Stages of Human Development

Introduction

In this Study Session, we shall describe the two major stages of human development. These are the pre-natal stage and post-natal stage.

6.1 Prenatal Stage of Human Development

Pre-natal stage Life inside the mother's womb (Mojoyinola, 2000). It is the beginning of human life, and it lasts for about 40 weeks. The stage can be subdivided into five stages; namely conception, fertilization, zygotic, embryonic and foetal stage.

In this section, we shall describe the first stage in human development. This is called the **pre-natal stage** which can be sub- categorized into conception, fertilization, zygotic, embryonic and foetal stages.

6.1.1 Conception stage

This occurs during copulation (sexual intercourse). It is a stage when the male organ (penis) enters the female organ (vagina), and the male eggs cells (spermatozoa) are deposited in the vagina cavity. The male eggs so deposited find their way into the female womb (uterus) to meet the female egg (ovum) inside one of the fallopian tubes to fertilize it. Usually, one or two of the male egg cells (spermatozoa) get into the tube; others become destroyed in the vagina cavity after some days. Conditions in the vagina cavity (acidic conditions) can destroy all sperms deposited.

6.1.2 Fertilization stage

This stage occurs after conception. Fertilization refers to the union or fusion of the male egg cell (spermatozoa) with the female egg (ovum), which takes place in the fallopian tube.

However, if there is no union between the two egg cells, fertilization will not occur. The egg (ovum) will die naturally and come out as menses. During the process of fertilization, the chromosomes that carry the genes donated by the sperm and the egg (ovum) get organized and pair up. This process takes about twenty four hours (Bourne and Russo, 1998).

Half of the male egg that fuses with half of the female egg produces a whole cell. This means that they undergo the process of cell division to produce new cells. Human cells have 23 pairs or 46 chromosomes, but half from each partner (i.e. 23 chromosomes from the male and 23 chromosomes from the female) fuse to give a complete 23 pairs or 46 chromosomes. It is this single cell that makes up an offspring as shown below.

Fig 6.1

Sex chromosomes
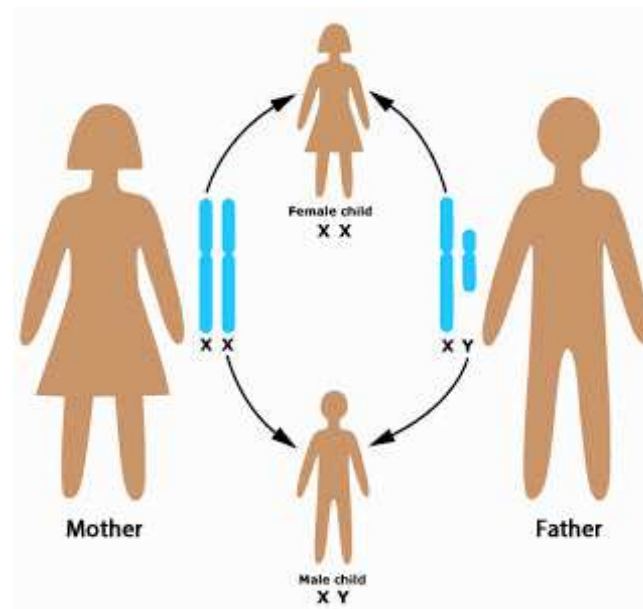
Since the ovum always carries X sex chromosomes, and the sperm chromosomes X or Y, it is the male that determines the sex of the child. For instance, if the X sex chromosome donated by the father (male) is dominated by X sex chromosomes of the mother (female), female child is produced. If the Y sex chromosome of the father dominates the X sex chromosomes of the mother, male child is produced. Fertilization may not take place if the fallopian tube is blocked or twisted.

6.1.3 Zygotic Stage

This is a stage when zygote is formed. The fertilized egg (ovum) is called a zygote. The formation of zygote occurs two

weeks after conception. During this stage, the zygote floats down the fallopian tube toward the uterus (womb) and attach itself to its wall. The cells divide into different forms e.g.

Placenta

This is the network of blood vessels attached to the mother's uterine wall. It carried food and oxygen to the developing embryo and removes wastes.

Embryo

It takes the zygote about a week to get into the uterus where it burrows into the uterine wall and becomes well implanted to form the embryo.

The embryonic stage falls within the trimester of pregnancy. It begins about two weeks and ends eight weeks after conception. There are many factors affecting the implantation of the zygote in the uterus. Half of all zygotes are successfully implanted while about half are aborted spontaneously (Bourne and Russo, 1998).According to Robert and Lowe (1975), and Simpson (1993), genetic conditions, nutrition, and exposure to environmental toxins (e.g. cigarette smoke), partially explain why only about one zygote in four survives to become an embryo.

Foetal stage

This is the period between 8 – 36 weeks or 40 weeks after conception. During pregnancy, the foetus goes from making simple reflexive body movements such as twitching to making more complex reflex behaviour, such as swallowing, and sucking. At 36 weeks or 40 weeks, the foetus is capable of being born by the pregnant woman since it has all its parts well formed. This is a normal baby. Any foetus born at 28th week of pregnancy is a premature baby. Such a baby needs special care and handling. The foetal stage ends the pre-natal stage of human development.

6.1.4Factors affecting Pre-natal Stage of Development

Some biological and environmental factors affect the prenatal stage of human development. According to Mojoyinola (2000), these are the following:

Genetic factors

This refers to the hereditary features or the potentialities a neonate acquires from one of his/her parents. For example a

child may acquire his personality profile (being gentle, aggressive etc.) from the parents when their chromosomes fused or acquire criminal tendency when he/she gains extra chromosomes (XYY or XXY chromosomes).

Chemical factor

Drugs or other chemical substances taken by the mother during pregnancy can affect the neonate when it crosses the placenta barrier For instance, Tetracycline capsule causes yellow discolouration of teeth of the neonate and so on.

Nutrition

Poor or imbalance diet can affect both the expectant mother and the yet unborn child (e.g. anaemia in pregnancy and improper growth and development of foetus).

Smoking

Nicotine inhaled by the foetus from a pregnant smoker can affect its proper development and respiration. It can also lead to premature delivery.

Age of the Mother

Vesico Vagina Fistula (VVF), premature babies and infant mortality are very high in mothers who are less than twenty years of age. Those that are above thirty-five years may also experience series of miscarriages, and infant mortality.

Radiation

Exposing a pregnant woman to X-ray films and other forms of radiation can cause her to have disabled or abnormal child.

Emotional state of the mother

Negative emotions, such as fear, worry and anxiety can cause threatened abortion.

Other Factors

Illness (mental illness), viral infection, position of the embryo, blood factors, size of pelvis, blocked tube, non-functioning ovum or testis and so on are other factors that can affect the prenates stage of human development.

6.2 Post-natal Stage Human Development

Post-natal stage of human development refers to life outside the mother's womb. It refers to human development that is more observable than what obtains in the womb. Simply, it

refers to the development of human beings from birth till death. It includes the following stages namely; neonatal, childhood, adolescence and adulthood stages of development.

6.2.1 Neonatal stage

This refers to the period immediately after birth till about a week or two weeks (0 – 2 weeks). It is a time when the neonate is recovering from the birth trauma and trying to cope or adjust to the new environment into which he/she is born (Mojoyinola, 2000).

At this stage, the baby (neonate) has to make physiological, psychological and social adjustment to the new environment. Thus, in order to develop well, he has to adjust to the following in the environment outside the mother's womb:

    a. the light brought by the day and the darkness brought by the night;

    b. Change in temperature (from hot uterine to the unstable past uterine environment;

    c. Breathing for oxygen exchange;

    d. Feeding when hungry or feeling thirsty;

    e. Elimination of body wastes;

    f. Need for sleep, rest and exercise;

    g. Handling by people; and

    h. Noise and various threatening forces in the environment

The neonate is a remarkably capable organism from the moment he begins to breath. He can see, hear and smell. He is sensitive to pain, touch, and change in position.

At this stage, he is helpless, naïve and dependent on other people for help. He performs most of his actions by means of reflexes. Among these reflexes are the following:

    a. Rooting reflex –turning of head to a particular side when the cheek is touched.

    b. Sucking reflex –Sucking of objects that come in contact with the mouth e.g. nipples of breasts, fingers, etc.

    c. Withdrawal reflex –Sudden jerking away of leg when the sole of the feet is stimulated.

    d. Grasp reflex –Tighten of the fingers around an object.

    e. Swimming reflex – Floating of the neonate in water.

Other reflexes of the neonate include moro and babinski reflexes.

6.2.2 Childhood stage

This can be classified into four stages, namely:

a. Infancy (2 weeks to 2 years)

b. Toddler (2 – 3 years).

c. Pre-schooler (3 – 6 years)

d. Middle childhood (6 – 9 years)

As from the end of the second week of delivery (infancy period), the child begins to learn, grow and mature into adult human species, acquiring physique, motor coordination, intelligence, social, moral dependency, and definite style of expressing his emotions. Therefore, at childhood, the child manifests different types of development, which include physical, motor, cognitive or intellectual, emotional and social development.

Motor Development

This refers to the term given to the development of muscle coordination. Its rate depends on the maturity of child's nervous system. As mentioned earlier, at birth, the neonate depends on the reflexes for his motor activities, and as he is growing up as a child, he is able to perform some motor activities, which may be in form of hand, leg or body movement. These motor activities are in stages, easy to see and measure. At 6 months for instance, children can reach for and grasp objects in their hands and transfer them from one hand to another. At 8 months, they can hold things between fingers and the thumbs. Around the first birthday, tiny objects can be picked up between the thumb and the first finger.

A two-year old child can hold a pencil like an adult and unscrew a tap from a container. In terms, of locomotion, a child, according to Chaloner et al (1996), sits on a chair at 6 months, stands with support at 7 months, crawls quickly at 10, walks holding one hand at 11, pulls up on furniture to stand at 12, crawls upstairs at 13, stands alone unsupported at 14, walks alone at 15, runs, and picks things up without falling over at 24, stand on toes, jumps up at 30, stands on one leg at 36 and walks downstairs with one foot on each step at 48 months.

Cognitive Development

Cognition refers to all the mental processes taking place in the brain such as reasoning, thinking, memory, judgement and so

on. Cognitive development covers the development of knowledge, perception and thinking.

Piaget gave four stages of cognitive or intellectual development in children. These are:

Sensory Motor Stage

This is the period between 0 – 2 years. During this period, the children learn to differentiate themselves from other objects. They learn to know that objects still exist, even though, they are no longer visible. At this stage, they have little intelligence; though, they show rapid perceptual ability. By the time they are two years, they can look for objects that may have rolled away to a hidden place (e.g. toys, balls, etc). Thus, at the end of the sensory motor stage, children are able to internalize picture memories in their minds. They remember images and make sense of objects they see.

Pre-operational Stage
Pre-operational state means pre-logical. Pre-operational state is the period between 2-7 years during which children learn language and make use of symbols. Their perceptual ability is limited at this stage. Hence, they only categorize objects with salient points, such as calling all four-footed animals dog. They are realistic and take any law given to them by their parents seriously and challenge them if they violate such law. They cannot reverse figures or numbers at this stage.

Concrete Operational Stage

It is a period between 7-11 years during which the capacity of children changes considerably, and signs of maturity are shown in them. At this stage, the children are capable of logical thinking. They can reverse numbers and conserve numbers, mass or volume. They can order objects and classify them using more than one characteristic. They are able to use comparative language (e.g. shorter or longer than) when comparing, separating or arranging objects in a distinctive group.

Formal Operational Stage

This is the period between 11 years and above. At this stage, children are more logical in their thinking. They are capable of thinking in abstract terms and solving difficult problems. They can give reasons why things happen, or why one object is different from others.

Social Development

This refers to the growth of patterns of social behaviour in the child. As a social animal, the child reacts to his social environment by sensory motor. His attachment with the mother forms the basis of his social development. This becomes easier as he develops verbal utterances. As he interacts with mother and other people in the social environment, the child becomes well- developed socially. His level of interaction determines his social development.

Generally, at 6-8 months, children ignore one another. At 8-13 months, attention is given to one another. At 14-18 months, attention to one another increases. At 19-25 months, children engage in more social contact (for example, smiling or laughing at people).

Emotional Development

According to Iyiola (2000), A child at birth has no definite emotion; rather, it shows a generalized excitement. He gave the description of emotional development of children as follows:

a. At birth, till about three months (0-3) the child shows generalized excitements reacting to any stimulus that comes its way.

b. Between 3 and 6 months (3-6 months), the child's emotion branches into distress and delight types. Distress type includes emotions, such as fear, anxiety, rage, anger, depression or sadness. These are negative or unpleasant emotions.

c. At 12 months or above, emotion of delight branches out as feelings of elation and affection (e.g. joy or happiness). These are positive or pleasant emotions.

d. At 18 months, emotion of jealousy is added to the distress emotion.

e. At 24 month, the child show all kinds of emotion (distress and delight emotions).

Postnatal stage of human development does not stop at the childhood period. It moves on to adolescence and adulthood stages. Therefore, in this Study Session, we shall describe the development of human beings at both stages and as well highlight the tasks individuals are expected to perform.

6.2.3 Adolescence Stage

This is a transition period between childhood and adulthood. It is a period when the individual becomes biologically matured. It is the puberty period during which an individual becomes capable of sexual reproduction. It encompasses all the physical changes that occur in the growing boy or girl as the individual passes from childhood to adulthood. It is a period between 12-17 years in some cultures.

Adolescence stage is associated with puberty. Puberty derives from the Latin word *Pubertas*, which means "adult" (Steinberg, 2002). It is a period when an individual enters adulthood life.

Characteristics of Adolescent

According to Marshal (1978),) adolescents manifest five physical characteristics at puberty. These are the following:

1. A rapid acceleration in growth, resulting in dramatic increase in height and weight.
2. The development of primary sex characteristics, including the further development of gonads or sex glands, which are the testes in males and the ovaries in females.
3. The development of secondary sex characteristics, which involves changes in the genitals and breasts, the growth of pubic, facial, and body hair, and the further development of the sex organs.
4. Changes in body composition – specifically in the quantity and distribution of fat and muscles.
5. Changes in the circulatory and respiratory systems, which lead to increase in strength and tolerance for exercise.

Each of these sets of changes is the results of developments in the endocrine and central nervous systems many of which begin years before the external signs of puberty are evident or even before birth. Steinberg (2002) gave the sequence of physical changes observed in adolescents at puberty as follows:

Table 6.1Physical changes in boys

S/N	Characteristics	Age of first appearance (Years)
01	Growth of testes, scrotal sac.	10 – 13½
02	Growth of pubic hair	10 – 15

03	Body growth	10½ – 16
04	Growth of penis	11 – 14½
05	Change in voice (growth of larynx)	About the same time as penis growth
06	Facial and underarm hair	About two years after pubic hair appears.
07	Oil and sweat producing glands, ache occurs when glands are logged	About the same time as under arm hair.

Table 6.2 Physical changes in girls

S/N	Characteristics	Age of first appearance (Years)
01	Growth of breasts	7 – 13
02	Growth of pubic hair	7 – 14
03	Body growth	9½ – 14½
04	Menarche	10 – 16½
05	Underarm hair	About two years after pubic hair
06	Oil and sweat producing glands (ache occurs when glands are clogged)	About the same time underarm hair.

Developmental Tasks of the Adolescents

The developmental stage an adolescent finds him/herself poses a number of problems for him or her. For instance, he or she is faced with the problems of identity, body physique, career choice and so on. These are the developmental tasks before the adolescents, which are highlighted below:

Achieving Emotional Independence of Parents and older adults

Attempts to detach him/herself from parents and older adults to gain self Identity has always being a problem to the adolescents (e.g. wishing to be living alone, to get married

early, etc).	
Achieving new and more mature relationship with age mates of both sexes	
There is the task or problem of relating with their peer groups of both sexes including those and disapproved of by their parents (e.g. wishing to move with gangs of truants, smokers, etc. in opposition of their parents wish).	
Accepting one's physique	
The physique (e.g. short stature, large breasts, etc) always gives the adolescent a lot of problems. He/she has to adjust to his/her body constitution.	
Achieving control over sexual maturation	
Adolescents are sexually capable of producing offspring, but are not ready to care for the offspring. This is an area of conflict with the adults.	
Choice of career	
Adolescents have many job opportunities, but they are faced with the problem of what they will become career-wise, in life (e.g. lawyers, engineers, doctors, etc). Thus they need to be properly guided in choosing careers.	
Preparing for marriage	
Adolescent boys and girls have the problem of choosing a wife or husband. They move with chains of boys or girls and, as a result, may not be able to have a good selection	

Other developmental task for the adolescent is how to **achieve social roles** and grasp the philosophy of life.

6.2.4 Adulthood Stage

This is the period after adolescence. It falls between the age of 21 years till death. Therefore adulthood is that period from age 18 to death (Bee, 1996). According to her, adulthood stage can be divided into five stages; namely;

Young adulthood	The period between ages 18 and 25 years.

Early adulthood	The period between 25 and 40 years.
Middle adulthood	The period between ages 40 and 65 years.
Late adulthood	The period between 65 and 75 years.
Late, late adulthood	The period between 75 years until death.

Young Adulthood (from 18-25 years)

According to Bee (1996), this is the developmental stage when most young adults:

    a. complete the major part of their education, which requires intensive learning and remembering;

    b. must separate from their parents, establishing an independent existence;

    c. typically add more major roles than at any other time in their lives (e.g. work and marital roles);

    d. change jobs more frequently and move more frequently than any other age group, producing higher total numbers of life changes than at any other time in life;

    e. are likely to have the dirtiest, least interesting, least challenging jobs and to like their jobs less any other age group;

    f. rates of self-reported loneliness are higher among adults in this age range than in any other group;

    g. depression is more likely in this period than at any other period except (possibly) late adulthood;

    h. these are the years in which the body and the mind are at their peak;

    i. experience stress and deal with it by creating a network of relationships;

    j. experience high marital satisfaction until birth of first child; and

    k. demonstrate high cognitive skills on most measures.

According to Payne and Hahn (2000), developmental tasks for the young adults are: forming an initial adult identity, establishing independence, obtaining entry level of

employment, assuming responsibilities, developing parenting skills, social skills and intimacy.

Early Adulthood (from 25-40 years)

From 25-40 years, early adults are blessed with peak or near peak physical and moral functioning. The individuals at this stage have enough energy for a 50 – or 60 – hour workweek or for keeping tract of several small children or both.

It is a period of highest social status, or a period of settling down in both work and family life. It is also a time when the conformist or conventional world views begin to give way in the life of an early adult, to a more individualistic approach. In order words, it is a period the early adult experiences increase in independence and autonomy. The adult individuals at this stage:

    a. experience good physical functioning and health in most areas;

    b. experience peak period of cognitive skills on most measures at about age 30;

    c. are dominated by family roles, with continued differentiation of gender roles;

    d. experience lower marital satisfaction;

    e. have few new friends;

    f. place major emphasis on work or career success or progress;

    g. rear family; and

    h. Increasing self-confidence, independence or autonomy;

Middle Adulthood (from 40-65 years)

It is during these years that the first signs of physical aging become apparent, such as loss of keenness of the eyes that makes most adults require glasses for reading; loss of elasticity in the skin that makes wrinkles more noticeable; the diminished reproductive capacity, (most noticeable away women), the heightened risk for major diseases (e.g. cancer, heart disease etc).

Generally, at this stage, the adult's experience:

    a. physical decline in some areas (e.g. strength, elasticity, height, cardiovascular functioning;

    b. some signs of loss of cognitive skills;

    c. added role of care of elderly parents;

    d. increased marital satisfaction;

e. more intimate relationships;

f. high work satisfaction on average; and

g. Also, at this stage, the adult individuals launch family, re-define life goals and achieve individuality.

The developmental tasks of the middle adults among others include achieving generativity, and re-assessing the plans of young adulthood.

Late Adulthood (from 65-75 years)

These are the years when some adults experience significant diseases (e.g. heart disease) or chronic disabilities (e.g. chronic arthritis).

Physical changes or declines continue to accumulate at roughly the same rate as was true in one's middle years. Therefore, the late adulthood is a period when the adult experiences:

a. more noticeable physical decline, which is relatively slow; hearing loss, memory loss and arthritis;

b. slow reaction time;

c. small declines in virtually all crystallized and exercised skills;

d. grandparent's role and significantly less dominance of family and gender roles;

e. high marital satisfaction (for those not widowed); and

f. more intimate relationships with siblings and friends;

These are years of retirement for a vast majority of adults, Furthermore, task of ego integrity, perhaps a feeling of more inferiority may reach an integrated level at this stage. It is a period when the adults have to cope with retirement, declining body and mind, redefining life goals and sense of self. Therefore, the developmental tasks of elderly adults at this stage are: accepting the decline of aging, maintaining high level of physical function and establishing a sense of integrity.

Late, Late Adulthood (from 75 years until death)

This is the stage of human development when the process of physical and aging really accelerates. It is at this point that the "functional reserve" of many physical systems is likely to fall below the level required for everyday activities (Pendergast et al, 1993), creating a new level of dependence or disability.

Therefore, it is during this stage (i.e. about 70-75 years) that acceleration in the decline in total mental ability score starts. As one is moving to the 80s, and beyond, the incidence of physical and mental fragility rises rapidly (Guralnik and Simonsick, 1993). Thus, at this stage, many old, old adults may not be able to use public transportation and getting to church becomes more of a strain to many of them.

Old, old adults usually experience the following;

a. Since widowhood is also the norm at these years, those old, old adults, who still live independently, are spending more time alone.

b. He may go to fewer club meetings or other group gatherings, but they still keep in touch.

c. Most old, old adults maintain regular, if reduced contact with their children, with other family members, and with friends.

d. There is acceleration in the rate of cognitive decline at this stage, particularly in memory.

e. Family and work roles are relatively unimportant.

f. Possibly, the period is one of reminiscence when the old, old adult comes to terms with his/her own life and with the reality of the coming deaths, cope with illness or disability etc. The terminal stage is therefore, the period of "ego integrity versus despair".

Study Session Summary

Summary

In this Study Session, we noted that the prenatal stage marks the beginning of human development. It is a stage between conceptions till birth. It is sub-divided into conception, fertilization, and zygotic, embryonic and foetal stage. Some biological and environmental factors that affect the pre-natal stage of development are genetic, age, nutrition, chemical, or drug used by the expectant mother and her emotional states.

We also we discussed that the neonatal and childhood stages of development are parts of the post-natal stages of development. The stages include: Neonatal stage; Adolescence stage; and Adulthood stage.

Assessment

Assignment

1. What do you understand by the pre-natal stage of human development?
2. How would you explain the process of child birth?
3. Into how many stages will you classify the pre-natal stage of human development?
4. Who is a neonate?
5. How does a neonate perform most of his activities or actions?
6. What types of development can you expect from a child?
7. How would you explain intellectual development of a child?
8. Distinguish between an adolescent and an adult?
9. Who is an adult? Describe the stages of his/her development.
10. what are the characteristics of an adolescent?
11. identify at least <u>five</u> problems of older adults?

Bibliography

Textbooks

Iyiola, O. (2000) *Developmental Psychology for Education Undergraduates*. Oyo: INE Educational Publishers.

Payne, W. A. and Hahn, D. B. (2000) *Understanding Your Health*. Boston: McGraw-Hill.

Steinberg, L. (2002) *Adolescence*. Boston: McGraw-Hill.

Web resources

http://www.nou.edu.ng/noun/NOUN_OCL/pdf/EDUs/PED%20221%20DEVELOPMENTAL%20PSYCHOLOGY.pdf (Module 3, pages 47-71) retrieved July, 2013

Study Session7

Human Personality

Introduction

The word "personality" means different things to different people. To some people, it refers to the trait or quality that distinguishes one person from another. To others, it refers to a person behind the mask. In this Study Session, we shall examine the various conceptions of personality, its nature and types.

Learning Outcomes

When you have studied this Session, you should be able to:

7.1 *define* personality.
7.2 *highlight* types of personality.
7.3 *explain* theories of personality

7.1 Meaning and Nature of Personality

The word **personality** is derived from the Greek term **Persona**. It was used originally to describe the theoretical mask worn by some dramatic actors at that time (Townsend, 1993).Over the years, it lost its connotation of pretence and illusion, and came to represent the person behind the mask. Human personality has been defined in different ways by scholars and psychologists. Few of such definitions will be examined in this Study Session.

Personality is a psychological concept which deals with the characteristics of human behaviour. It refers to such aspects of human beings like appearance, traits, individual uniqueness, style of life, adjustment to the environment and so on. Hilgard et al (1979) defined personality as the characteristic patterns of behaviour and modes of thinking that determine a person's adjustment to the environment.

Bourne and Russo (1998) described personality as an individual's characteristics and enduring patterns of thought,

emotion, and behaviour. Personality accounts for individual differences among people. It specifies what makes a person unique. Personality therefore, refers to the uniqueness of an individual when compared with other people.

Personality also refers to the consistencies in people's behaviour in situations over time and. It develops over the life span in response to internal and external influences, such as genetic, biological, social, environmental and cultural factors.

7.2 Types of Personality

Human beings can be categorized by different personality profiles. This may be based on their traits, body constitution, physique, psychological characteristics and so on.

7.2.1 Personality based on Build/Physique

Sheldon et al (1940) classified personality according to build or physique. Their classifications are as follows:

Endomorph (fatty)

A short plump person, characterized as sociable, relaxed and even tempered. This type of personality is associated with a temperament or chronic emotional condition (viscerotonia), which emphasizes body comforts – eating, sleep and relaxation.

Ectomorph

A tall, thin person characterized as restrained, self-conscious and fond of solitude. This type of personality is associated with a temperament (cerebnotonia), which lays emphasis upon fast but limited physical movement, an inhibition of social response, chronic fatigue, poor sleep habits, etc.

Mesomorph

A heavy-set, muscular individual described as noisy, callous, and found of physical activity. This type of personality is associated with somatonic temperament, with an emphasis upon body movement, a love of adventure, and a readiness for physical competition (Marx, 1976).

7.2.2 Personality based on Psychological Characteristics

The Swiss psychiatrist, Carl Jung classified human personality into two categories; namely, introverts and extroverts.

Introverts

These are a group of people who tend to withdraw to themselves, particularly, in terms of emotional stress and conflicts. They tend to be shy, and prefer to work alone.

Extroverts

These are a group of people who have their orientation toward outside. Thus under stress, they seek the company of others. They are likely to be very sociable and tend to choose occupations that permit to deal directly with people (sales or promotional work).

Though, it is possible to classify people into introverts and extroverts, some people fall somewhere between the two extremes, and most people are in the middle range of the scale.

7.2.3 Personality based on Behaviour, Social or Mental Disorders

Obsessive – Compulsive Personality

Obsession is a repetitive, unwanted, intrusive cognitive event in form of thoughts, images or impulses, (e.g. a thought of jumping into a well).

Compulsion is a ritualistic act (e.g. checking the door severally, to see whether it has been locked).Obsessive – compulsive personality therefore, is an enduring pattern of thinking and behaviour that is characterized by perfection and inflexibility. People with this personality, are always pre-occupied with rules and efficiency; they are judgemental, extremely conscious and moralistic.

Paranoid Personality

It is a type of personality, which is characterized by a pervasive tendency to be inappropriately suspicious of other people's motive and behaviour. People with this kind of personality always suspect that other people are trying to harm them and therefore, avoid such people so as not to injure them.

Schizoid Personality

It is a kind of personality with an e enduring pattern of thinking and behaviour which is characterized by pervasive indifference to other people. People with this personality prefer social isolation to interaction with friend or family (e.g.

living in government quarters). They are a socially shy, introverted, unable to form social relationships and usually loners.

Borderline Personality

This is a kind of personality in which the borderline individuals are quite moody, emotionally unstable, and appear very liable to further deterioration in personality. Such individuals are irritable, anxious, and occasionally spontaneously aggressive and have difficulty being alone.

Histrionic Personality

This was formally called hysterical personality. It is commonly encountered in clinical practice. It is fond of attention-seeking and need a high level of emotional responsiveness from others. Such an individual usually converts his/her psychological problems to physical problems to gain sympathy or attention from people (e.g. a wife developing unusual fever when the husband refuses to give her enough money, or does not want the husband to travel or go out).

7.3 Theories of Personality

In this Section, we shall examine different theories of personality and their implications.

A theory is a set of related statements that explain and predict phenomena (Schweigent, 1994). The statements used in a theory can be laws, principles, or beliefs. Baker (1999) described a theory as a proposed explanation for a set of coordinated occurrences or relationships. Theories are not fixed; rather, they are probable explanations, which are formulated, and reformulate in an attempt to make sense of a body of evidence. A Theory may be inductive or deductive theory.

Rubin and Babble (1997) defined a theory as a systematic set of interrelated statements intended to explain some aspects of social life, or enrich our sense of how people conduct and find meaning to their daily lives.

Functions of a Theory

1. A Theory helps us make sense of diverse observations and see patterns in them.

2. A Theory helps direct our inquiry into areas that seem more likely to yield useful information

3. A Theory helps researchers develop useful implications from their findings for practice and policy.

7.3.1 Theories of Personality Development

Some theories offer useful explanations on how an individual acquires his/her personality, such theories include psycho-dynamic theories, dispositional theories, learning theories and humanistic theories. Some of these theories will be examined in this Study Session.

7.3.2 Psycho-analytic Theory

The psycho-dynamic theory states that behaviour can be motivated by unconscious, often irrational forces, and that personality and personality development are shaped by intra-psychic (i.e. within the mind) events and motives including intra-psychic conflicts among motives that may not even enter consciousness. The psycho-dynamic theories of personality development are Freud, Jung, and Adler's theories. One of these theories will be discussed in this Study Session. This is the psycho-analytic theory.

Freud (1940) proposed the psycho-analytic theory of personality development. The theory states assumes that the mind has three levels; namely the pre-conscious, the conscious and the unconscious.

According to Freud, the pre-conscious level of the mind holds thoughts and feelings that we are not aware of but which we can readily bring into consciousness. The conscious level holds our current thoughts and feelings, while the unconscious level holds unacceptable or repressed impulses and conflicts that we are not aware of but nonetheless seek to be expressed.

Freud opined that human beings are born with instinctual energy called libido, which is characterized by a strong sexual component that underlies pleasurable sensation. According to him there are two forces in life; namely, eros (life force) and thanatos (death force). The first one leads to preservation of life (sex), while the second one leads to destruction of life and property (aggression).

The theory assumes a three-part personality structure. These are the Id, the ego and the super-ego.

Id

This is the unconscious, instinctual component of personality. It is the irrational part of the mind.

It contains inherited sexual, aggressive, and other impulses that seek immediate expression in behaviour. It operates according to the pleasure principle (it does what "feel good") and seeks immediate gratification for it desires or urges.

Ego

This is the second component of personality. It is the partly conscious, rational part of the mind that is in conflict with external reality (Bourne and Russo, 1998). It mediates between the Id's demand and reality's constraints.

Its main function is to gratify Id impulses while protecting the individual from harm. It operates on the reality principle, taking reality into account in channeling Id impulses.

Super-Ego

This is the third component of personality. It represents the internalized teachings of a person's family and culture on ethics, morals and values. That is, it provides guidelines for how the individual should behave. It is roughly equivalent to individual's conscience. Feelings of guilt result from not yielding to the super-ego demands. Super-ego operates on idealistic principle. That is, it keeps a person walking towards what is ideal.

According to Freud, the three parts of personality are in conflict with each other. The ego tries to reconcile the Id's impetuous impulses, the super-ego's perfectionist demands, and the outside world's requirements. As a result, the ego uses a host of defense mechanisms to keep the Id impulses in check and out of consciousness. Such defense mechanisms include repression, denial, displacement, projection, reaction formation, rationalization, fantasy and so on.

Sigmund Freud also gave five stages by which an individual acquires his or her personality. This, he called psycho-sexual stages of development. These are:

Oral-stage (0-2 years)

In the oral stage the infant focuses on the mouth and on pleasures derived from eating, and sucking. Orally deprived children become fixated (development becomes arrested). Thus, such children may become orally aggressive, sarcastic, or may not trust anybody throughout their life.

Anal stage (2-3 years)

In the anal stage, the child focuses on pleasures of controlling or releasing bowels. Personality that develops at this stage includes obstinacy, stinginess, orderliness, disorderliness, creativity and productivity.

Phallic stage (3-4 years)

At 4 years, the genitals becomes the principal source of pleasure. At the initial stage, the child associates with the parent of the opposite sex. That is the boy desires his mother and wishes to eliminate and replace his father (Oedipus complex). The girl also associates with the father (Electra complex). The association or attachment with either of the parents is as a result of response to the demand of libido. Such attachment forms the basis for heterosexual behaviours of the child in the future when he/she gets married.

Latent or latency stage (6-11 years)

At this stage, sexuality is on hold and, therefore, libidual energy is not focused on a specific area of the body. There is temporary repression of sexual interest and pleasure is derived from the external world (peer interactions).

The child at this stage is of school age; therefore, he/she becomes more curious, and he/she acquires knowledge from the peer group in school.

Genital stage (12-18 years)

This lasts through the adult years. Pleasure is again focused on the genital area, but the individual seeks more than self-satisfaction that is typical of the phallic stage. At this stage, the child is fond of heterosexual behaviour (having interest in opposite sex).

The theory helps us to understand that the behaviour of individuals, clients or patients may be unconsciously motivated or expressed. They may also engage in different defense mechanisms, which they may need to be helped over.

7.3.4 Allport's Trait Theory

This is one of the dispositional approaches to the development of human personality. Dispositional theories states that we have enduring and dominant personal qualities, called dispositions that lead us to behave in certain ways and not others (Winter, 1996). Such dispositions are traits,

temperaments, habits, motives goals, attitudes, values and cognitions.

Allport (1961) classified traits according to the extent to which they apply across situations. These are:

Cardinal traits

These determine behaviour in the widest range of circumstances. A cardinal trait essentially describes an individual's personality, affecting everything that the person does (e.g. being famous for one's compassion).

Central traits

Here, the personality's "building blocks" are not as broad or dominant as cardinal traits, but they are still general. Even casual acquaintances readily see or notice them. They are captured by familiar adjectives, such as outgoing, punctual, efficient, optimistic and so on.

Secondary traits

These are less conspicuous and less generalized than central traits. They typically apply in a limited range of circumstances (e.g. Jide is grouchy in the morning).According to Allport (1961), all of us possess central and secondary traits, but only few people have cardinal traits.

The theory is helpful in understanding the uniqueness of or differences in individuals, personalities or behaviours.

7.3.5 Learning Theory of Personality Development

Rather than stressing internal dispositions and enduring traits, learning theorists have focused on acquired behaviours and the external environmental conditions that influence them. They believe that our behaviour is our personality and that is determined primarily by what we learn (e.g. skills, knowledge, and ways of reacting). According to them, personality differences among people come about because each person has learned different skills, knowledge and behaviours. One of the learning theories that will be examined in this Study Session is the Skinner's Theory of Personality. The theory was proposed by B. F. Skinner in 1938. He believed that learned behaviour could explain all human behaviour and personality.

The theory holds that any behaviour that is reinforced is capable of being repeated. That is, repeated pairing of a particular behaviour with particular consequences leads to consistencies in behaviour across situations (personality). For example, if whining repeatedly produces the consequence of parental attention (a positive reinforcer for the child), the child will develop a "Whiny personality". Similarly, if a child is reinforced each time he displays aggressive behaviour, he will develop aggressive personality.

The theory is applicable in areas where there is need to change undesirable behaviours to the desirable ones or when we want to encourage good behaviour or enhance good performance.

7.3.6 Bandura Social Learning Theory

The theory was proposed by Albert Bandura in 1977. The theory emphasizes personality development through observation, modeling, and imitation. The theory focuses on learning that takes place in a social context. The theory holds that we do not need to be rewarded (reinforced), and we do not need to practice in order to learn new behaviours. We can learn by just observing another individual (a life or symbolic model) perform the behaviour. We especially imitate the behaviours of others when beneficial consequences are observed to follow those behaviours. For instance, children may learn aggression by observing another child get into a fight and be rewarded for it.

Social learning theorists view the behaviour of role models (e.g. parents) as having important effects on personality development. They also hold the view that a person's behaviour affects the environment, and the environment in turn affects the behaviour (e.g. the child's good behaviour can be changed by the environment to bad behaviours like prostitution or armed robbery).

Social learning theory is helpful in encouraging individuals suffering from various psycho-social problems to learn from others who have similar problems and have overcome such problems.

Interpersonal Theory

This was proposed by Sullivan in 1953. He believed that individual behaviour and personality development are the direct result of interpersonal relationships.

His stages of personality development are*:*

Infancy (Birth – 18 months)
During this stage, the major developmental task for the child is the gratification of needs. At this stage, the child experiences relief from anxiety through oral gratification of needs.

Childhood (18 months – 6 years)
At this stages the child learns that interference with fulfillment of personal wishes and desires may result in delayed gratification. He or she also learns to accept this and feels comfortable with it, recognizing that delayed gratification often results in parental approval, a more lasting type of reward.

Juvenile (6 – 9 years)
At this stage, the major task for the child is formation of satisfactory relationships with peer groups. This is accomplished through competition, cooperation, and compromise.

Pre-adolescence (9-12 years)
This is the stage when the child learns how to develop satisfactory relationships with persons of same sex. One's ability to collaborate with and show love, and affection for another person begins at this stage.

Early Adolescence (12-14 years)
During early adolescence, the child is struggling with developing a sense of identity, separate and independent from the parents. The major task at this stage is the formation of satisfactory relationships with members of the opposite sex.

Late Adolescence (14-21 years)
This stage is characterized by tasks associated with efforts endeavour to achieve interdependence within the society and the formation of a lasting, intimate relationships with a selected members of the opposite sex. The genital organs are the major developmental focus of this stage. The theory is applicable when helping individuals to develop good interpersonal relationships, positive self concept, self-esteem, self-confidence and identity.

Other theories of personality development are Erickson's theory of psycho-social development, Piaget's cognitive development theory, Mahler's theory of object relations, Kohberg's theory of moral development, Adler and Otto Rankis theory of personality development.

Study Session Summary

Summary

In this Study Session, we defined personality as the traits or qualities that single out one person from other persons. It was also defined as the characteristic pattern of behaviour and modes of thinking that determine a person's adjustment to the environment. Personality may be categorized according to build or physique, psychological characteristics, behaviour, social or mental disorders. Therefore, it may be obsessive-compulsive, paranoid, schizoid, introverts, extroverts, borderline personality and so on

Assessment

Assignment

1. What do you think differentiates John from Jide?
2. How would you explain your personality?
3. What factors can you associate with your personality?
4. How does your personality affect your learning?
5. What is a theory?
6. What theoretical explanations would you give to development of human personality

Bibliography

Textbooks

Bourne, L. E. and Russo, N. F. (1998). *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

Townsend, M. C. (1993). *Psychiatric Mental Health Nursing: Concepts of Care.* Philadelphia: F. A. Davis Company.

Baker, T. L. (1999).*Doing Social Research* Boston: McGraw-Hill.

Rubin, A. and Babble, E. (1997) Research Methods for Social Work Carlifornia: Brooks/Cole Publishing Company.

Schweigert, W. A. (1996) *Research Methods and Statistics for Psychology.* California: Brooks/Cole Publishing

Company.

Web resources

http://psychology.about.com/od/personalitydevelopment/tp/facs-about-personality.htm retrieved July, 2013.

http://webspace.ship.edu/cgboer/persintro.html retrieved July, 2013.

Study Session8

Motivation

Introduction

In this Study Session, we shall examine the concept, nature and source of motivation. We shall also discuss its importance in social work.
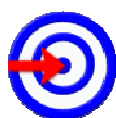
> ### Learning Outcomes
>
> When you have studied this Session, you should be able to:
>
> *8.1 define* the term motivation.
> *8.2 identify* at least three types of motivation.
> *8.3 discuss* at least four theories of motivation.
> *8.4 explain* how each theory of motivation can be applied.

8.1 The Concept of Motivation

Motivation refers to the processes that initiate, energize and direct behaviour (Coleman, 1994). It explains why people behave as they do, in contrast to how they do it. It addresses the question of why people in the same situation may behave quite differently, and why the same person may perform differently in different situations or at different times.

Motivation, as a determinant of behaviour, refers to those factors which increase or decrease the vigour of an individual's activity. It is the push behind behaviour which directs actions toward the achievement of certain goals. It refers to internal and external conditions that arouse, sustain, and direct behaviour in response to situations and objectives in the environment (e.g. Need for teachers in secondary school is a motivation for seeking admission to the College of Education).

Three central concepts that are used to explain motivated behaviour are need, drive and incentive.

8.1.1 Need

This is a state of deprivation or deficiency e.g. need for water, food, etc.

It is defined as a state created when an organism does not have or is deprived of an object or condition it requires. Need can be defined as biological, social or cognitive.

8.1.2 Drives

These are psychological states that arise from needs, providing a motivational push to fulfill those needs (e.g. hunger drive, which makes a hungry animal or man looks for food). Other forms of drive, apart from hunger are, thirst, aggression etc
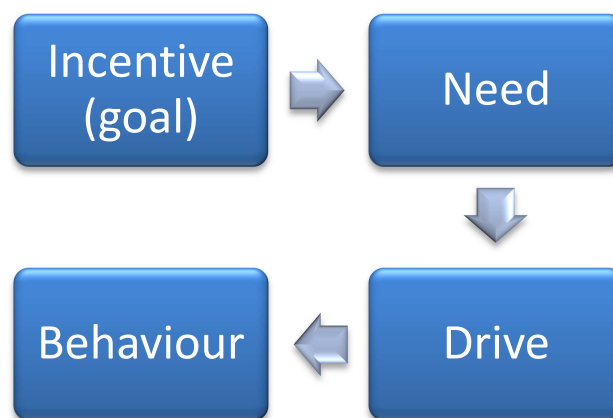
Incentive

This refers to external objects and events that exert a motivational pull on behaviour.

The above three central concepts are used to explain motivated behaviour as shown in Fig 8.1 below:

Fig 8.1 The Basic Motivational Cycle

Source: Bourne, L. and Russo, N. F. (1998) Psychology: Behaviourin Context. New York: W. W. Norton and Company Ltd.

As shown above, the three concepts are interrelated. The need (a state of deprivation) leads to a drive to satisfy that need through behaviour directed at a goal, or incentive that will reduce the need. For instance, the need for food leads to a drive for it (hunger drive) which in turn leads to searching for the food and when eventually got reduces the need for it.

8.1.3 Sources of Motivation

According to Marx (1976), human motivation can be biologically, psychologically, and socially determined. Thus,

motives such as hunger, thirst, fatigue, and sex are physiological or biological in origin. Organism motives like curiosity, competence, and achievement have psychological origin, while motives that focus directly on relationships with other people (e.g. affiliation, power, and independence) have social origin.

Therefore, human motivation can be biological, psychological, social or environmental in nature.

8.2 Types of Motivation

There are two major types of motivation; namely intrinsic (internal) and extrinsic (external) motivation.

8.2.1 Intrinsic (internal) Motivation

This is the biologically inherent will, drive or tendency to perform an act. The best example of intrinsic motivation is curiosity. Children are always curious to know many things. Their curiosity leads them to turn from one activity to another in rapid succession. Curiosity must be channeled into a more powerful intellectual pursuit. Inner desires and wishes are other good examples of intrinsic motivation.

We are motivated to achieve a goal, not by specific tangible objects, but by personal satisfaction inherent in the activity itself. Such behaviour reflects intrinsic motivation.

8.2.2 Extrinsic (external) Motivation

This refers to the incentive, reward or feedback that arouses action and work performance. It is a kind of motivation that comes from outside. An example of motivation may be support the or encouragement given to a worker by his boss to further his/her education, or a reward or prize given to the worker for good performance.

When another person encourages you to pursue or attain a goal, you are externally motivated, and this is extrinsic motivation. Also, when we behave in a specific way because it leads to specific rewards, praise or approval, and meeting these goals depends on a particular kind of behavior, then we are talking about extrinsic motivation. Motivations are generally biologically or socially based. These are:

8.2.3 Biologically based Motivation

Some behaviour, such as eating, drinking and sexual behaviour serve biologically based motives for they fulfil physiological needs. At times, they also serve social and cognitive needs (e.g. eating and drinking may be motivated by social needs for affiliation).

8.2.4 Socially based Motivations

While the goals of biologically based motives may be to satisfy biological needs, our ability to use symbols and to anticipate and plan for the future can also be powerful source of motivation..

Socially based motives include the need for affiliation, social approval, achievement and power. They are further explained below

Need for affiliation

This is expressed in our seeking out other people, in our desire to have companionship, to make friends, to cooperate, to help others, and to develop caring, loving relationships.

Need for social approval

Our need for social approval is reflected in many situations in which we act to obtain the approval or avoid the disapproval of others. An individual's sociability (willingness to engage others in social interactions and to seek their approval or attention) develops out of early childhood interactions.

Need for achievement

This is the need to strive for success and reflect a central value in Western culture. Motivation for achievement appears to become aroused only when there is at least a moderate probability of success and attractive incentives are available (Atkinson, 1982).

Need for power

This involves the desire to tell others what to do and to use rewards or punishments to control the behaviour of others (Winter, 1991).People with high power needs usually choose careers and leadership roles in which they can direct the behaviour of others. Although, power motivation can promote leadership, it can also promote negative behaviour.

8.3 Theories of Motivation

Some theories of motivation offer useful explanations on where motives of people come from or what make people look for certain things or others. Such theories, among others, include; need theory, physiological and achievement motivation theories etc.

8.1.1 Physiological Theory of Motivation

The theory holds that there is a central motive state (CMS) which is the basis of all activities and through which behaviour can be explained (Morgan and King, 1975). The theory points to the fact that when the central motive state is aroused, it remains persistent and the arousal is independent of either internal or external stimulus.

8.1.2 Achievement Theory of Motivation

This was proposed by McClelland in 1955. The theory holds that certain needs are learned and socially acquired as the individual interacts with his environment. According to McClelland, motivation comes from three basic needs; namely, need for achievement, need for power and need for affiliation.

Need for achievement

This refers to the need to excel in relationship or competitive orienternalized standard. According to McClelland, achievement situations, such as challenging tasks may elicit feelings of pleasure and ultimately a person may be characterized by strong achievement motivation. Thus, a person maybe a high achiever, while another person may be a slow or low achiever.

McClelland gave the characteristics of high achievers as follows:

i. A high achiever will always prefer a situation where or in which he will take a personal responsibility for finding a solution to a problem.

ii. A high achiever takes a moderate risk.

iii. He will always want concrete feedback on his actions. He will want to measure his achievements daily.

iv. He will prefer to work on his own. He will not like to be a subordinate officer.

Need for Power

This refers to need for control and influence over others. McClelland views power motivation as an essential ingredient for understanding and predicting managerial success. He distinguishes between personalized and socialized power.

- **Personalized power -** This is power characterized by dominance, submission and win-lose satisfaction that comes from conquering others.
- **Socialized power -** This involves a subtle mix of power motivation and inhibition, such that there is concern for group goals, for finding goals that will move men, and so on. Individuals with a strong need for power seek control and influence over others by means of suggestion, opinion and evaluation. They are seen by others as forceful, outspoken, hardworking and demanding.

Need for Affiliation

This refers to the need for warmth or friendly relationships. The theory holds that if affiliate needs are too strong the consequences for managerial effectiveness are negative. In order words, strong affiliation motive interfere with and subvert effective managerial performance.

Need Theory of Motivation

Murray and Maslow need theories will be discussed here.

Murray's Theory of Motivation
Murray postulated that human needs can be classified into two; namely, vicerogenic and psychogenic needs.

i. **Vicerogenic needs –** These are primary needs such as. need for food, thirst, sex, and aggression.

ii. **Psychogenic needs –**These are secondary needs e.g. acquisition, achievement, abasement, affiliation, autonomy play, nurturance, succourance, cognizance, and so on.

The understanding is that once the primary needs (vicerogenic needs) are satisfied, any of the secondary needs (psychogenic needs) is obvious.
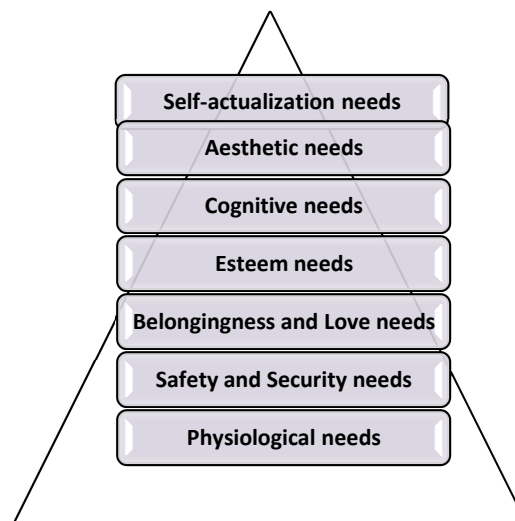
Maslow's Need Theory
The theory was proposed by Abraham Maslow in 1970. He postulated that human needs consist of lower and higher order needs. According to him, it is after the satisfaction of the lower needs that higher needs can become fully satisfied.

He opined that human needs are hierarchical in nature that is. They are hierarchically arranged. Thus, arranged from the lower to the higher order needs in the hierarchy are physiological needs, safety needs, belongingness and love needs, esteem needs, cognitive needs, aesthetic needs and self-actualization needs.

Physiological needs	These are lower order needs or survival needs such as the need for food, water, air, rest, sleep, sex, exercise and elimination of body wastes.
Safety and Security needs	These are needs to feel secure, and safe. They involve freedom from physical danger.
Belongingness and Love needs	These are needs to affiliate with others, to be accepted and belong.
Esteem needs	Needs to achieve, be competent, gain approval or recognition.
Cognitive needs	Needs to know, understand and explore.
Aesthetic needs	Needs for symmetry, order and beauty.
Self-actualization needs	This is the highest need. It is the need for self-fulfillment or need for realizing one's potential.

These needs are arranged hierarchically in Fig 8.2 below.

Fig 8.2 Maslow's Hierarchy Of Need


```
              /\
             /  \
    Self-actualization needs
         Aesthetic needs
         Cognitive needs
          Esteem needs
   Belongingness and Love needs
     Safety and Security needs
        Physiological needs
```

8.4 Application of Theories of Motivation in Social Work

Some principles of motivation can be used in social work to help individuals, and groups of individuals overcome their psycho-social problems. Therefore, motivation theories have useful applications in social work. They can be applied in the following ways:

1. Physiological theory of motivation can be applied by the social workers (health social workers and social welfare officer) to help him or her understand the major problem (central motive) of his patient or client. That is, the social workers can use the theory to determine the specific nature of the patient or client's problem (e.g. food, financial, material problems, etc).

   This will assist the workers to design appropriate strategy or intervention for helping his patient or client.

2. Achievement motivation theory can also be applied by the social workers (health social worker, social welfare officer, community development officer or industrial welfare officer) to encourage their clients who feel discouraged, disappointed, frustrated to have strong determination to overcoming their health or psycho-social

problems (e.g. illness, financial, material or marital problems, etc).

3. The need theory is helpful to the social workers and other care-givers. It will help them to identify the various psycho-social needs (physiological, safety, belongingness, esteems needs, etc) of each client they will work with. They can also apply the theory to determine, when, and how to satisfy these needs.

Study Session Summary

Summary

In this Study Session, we defined motivation as a kind of drive or forces which make every individual behave the way he or she does to reach or attain a goal. We also noted that human motivation can be intrinsic or extrinsic, biologically, socially or environmentally based. It includes biological motive such as hunger, thirst, sex, aggression and social motives, such as needs for affiliation, social approval, achievement and power.

We also examined the three major theories of motivation. They are physiological, achievement and need theories of motivation. The application of each of these theories to social work practice was also briefly examined.

Assessment

Assignment

1. What do you understand by the term "motivation"?
2. List at least two sources of motivation.
3. Explain at least five types of motivation.
4. Enumerate at least five theories of motivation.
5. Describe at least two theories of motivation you know.

Bibliography

Coleman, A. M. (1994) *Emotion and Motivation. Introduction*. In A. M. Coleman (Ed) Comparison Encyclopedia of Psychology (vol. 1, pp. 483-483) London: Routeledge.

Textbooks

Winter, D. C. (1991) *A motivational model of leadership: predicting long-term management success from TAT measures of power motivation and responsibility. Leadership* Quarterly. 2, 67-80.

Web resources

http://www.webpages.uidaho.edu/~mbolin/tella2.pdf retrieved July 2013.

http://www.unco.edu/cebs/psychology/kevinpugh/motivation _project/resources/graham_weiner96.pdf retrieved July 2013.

http://mmrg.pbworks.com/f/Ryan,+Deci+00.pdf retrieved July 2013.

Study Session 9

Emotion

Introduction

Emotion ranges from purely sensory experiences with minimal cognitive or situational content to complex social interaction (Marx, 1976). Because of this great scope, definitive generalizations that apply to all emotions are difficult to obtain. In this Study Session, therefore, we shall examine the concept, nature, types, dimensions, and consequences of emotion.

Learning Outcomes

When you have studied this Session, you should be able to:

9.1 *define* and *use* correctly, the term "emotion".
9.2 *highlight* at least three types of emotion.
9.3 *discuss* the consequences of emotional arousal.
9.4 *analyse* the various concept theories.

9.1 Concept and Nature of Emotion

Emotion is a psychological concept. Most often, it refers to a generalized disturbance or "stirring up" of the organism, with characteristic conscious, behavioural and physiological concomitants (Marx, 1976).It is a subjective internal state that has biological, cognitive and social components (Bourne and Russo, 1998). The expression of emotions is affected by physiological arousal, motivation, experience, cognitive interpretation of what is happening and the social context.

Physiological changes always accompany emotion and some psychologists claim that each emotion has a unique associated pattern. For instance, the heart rate may increase or decrease, respiration may speed up or slow down, pupils of the eyes may dilate or constrict, muscles may contract or relax and other psychological changes may occur depending on the emotion involved.

Emotional feelings differ from one individual to another. This is based on how an individual thinks about his or her situation. The same situation can trigger different emotional reactions, from different people, depending on how the person evaluate or appraise it. Emotion also has a social component, and as such, it is affected by the presence of other people.

9.1.1 Dimensions of Emotions

The dimensions along which emotions can be most meaningfully ordered seem to be affective tone (pleasant or unpleasant), intensity, temporal duration and complexity.

Affective tone

The pleasant or unpleasant character of an emotion may well be its most important characteristic. Much of the mediating power of emotion is mediated by means of the apparent attractiveness of the positive emotion or the apparent repulsion of the negative emotion.

The affective tone of an emotion refers directly to its introspective or conscious, pleasant or unpleasant quality. Therefore, the organism may be attracted to pleasant quality and repelled by unpleasant ones.

Intensity

The intensity of emotion can be manifested in any of the following three component processes, consciousness, behaviour or physiological reactions. For instance, the seemingly inert man who has just been insulted by his boss may be seething inside (both consciously and physiologically), although giving no overt behavioural indication of strong emotion. On the contrary, the vigorous reacting actually may be very little disturbed either consciously or psychologically.

Temporal duration

Emotional reactions vary widely in their temporal duration. Some are very brief. For instance, a pain reaction may be momentary and have no lasting effects.

Most emotional reactions tend to persist over longer times and may have permanent consequences (e.g. emotional reactions to the loss of loved ones)

Complexity

One of the most striking aspects of emotion is their diversity. In other words, emotions are diverse in nature.

9.2 Types of Emotion

We can classify emotions into different categories by their origins and their objects (Marx, 1976).

Using these criteria, we can isolate two major sources of emotion; namely, situations and organisms (mainly human), and then make further subdivisions, according to objects of the emotion within each of these categories as in Fig 9.1 below

Figure 9.1: Classification of types of Emotion According to origin and object

Source: Marx, M. H. (1976) *Introduction to Psychology: Problems, procedures and principles.* New York: Macmillan Publishing Co. Inc.

Situational Emotions

These are emotions aroused by situations. They are initiated by the immediate stimulus situation by means of direct sensory effects and those related to the more long-term motivational or the characteristics of the situation.

Under this category are (a) the primary emotions like happiness, sorrow, fear and anger. and (b) Evaluative emotions.

Primary Emotions

These include

i. **Happiness** –This is a pleasant or positive emotion. It is also called emotion of joy, delight, ecstasy, or cheerfulness. A happy response is the producer of satisfaction of a motive. The stronger or deeper the motive and the more adequate the consummation, the greater the happiness.

ii. **Sorrow** –This is a negative or unpleasant emotion. It is a kind of emotion which results from the loss of a goal, desired object or loss of loved ones and so on.In extreme form, sorrow turns into severe grief, and depression. It is characterized by reduced level of overt activity and a tendency to dwell upon the loss.

iii. **Fear** – It is a negative or unpleasant emotion. It is a reaction to real or fancied danger or threat. Basic to fear is the realization that one is not able to ward off the danger that threatens.

iii. **Anxiety and anger** –These are negative or unpleasant emotions. Anger usually results from the blockage of some goal-directed activity, either real or fancied. On the other hand, anxiety arises when the push to a goal is unclear, difficult or threatened (Bourne and Russo, 1998). All frustrating situations produce anger, anxiety or fear. A wife may become too anxious or angry with her husband who refuses to take proper care of her and her children. Like other primary emotions, anger shows an enormous variation in intensity, ranging from the mildest exasperation to the most violent rage.

Evaluative Emotions

There are other emotional reactions to situations that seem to be sufficiently different from either the sensory or primary emotions. They involve evaluation or appreciation of situations. They are relatively mild emotional responses. They include the following:

i. aesthetic reactions to artistic performance or production;

ii. responses to humor in which the cognitive element is more important;

iii. awe of the wonders of nature or man; and

iv. religious emotions of various sorts.

Social Emotions

These are emotions related to people. They can be divided into two major classes; those of self-referral and those involving reactions to others.

a. **Self-appraisal emotions** –Under this category are emotions of self-esteem, pride, shame, guilt and remorse.

    i. **Esteem** –This is a kind of emotion by which the "ego" of individual becomes boosted. The esteem in which one holds himself is a function of many social and personal variables.

    ii. **Guilt** –This is a more specific emotional reaction to a particular violation of a code of ethics or moral behaviour (e.g. A promiscuous wife may feel guilt for contracting gonorrhea or HIV/Aids infection outside her home).

    iii. **Remorse** – This may be regarded as an explicit and extended variety of guilt feeling.

b. **Interpersonal Emotions** –These are social emotions that involve reacting to other people. These include emotions of love and hate.

    i. **Love** –This is a more or less intense emotional attachment for other individuals (e.g. romantic love, parental love, etc).

    ii. **Hate** –It is a more or less intense feeling of emotional repulsion toward other individuals (e.g. fear, anger, etc).

Both love and hate tend to be persistent or enduring emotional conditions. Also both show characteristically periodic increment or decrement based on the presence or absence of target individual.

In general terms, emotions can be positive (pleasant) emotions such as happiness (joy, delight, cheerfulness, laughter etc) or negative (unpleasant) emotions like anxiety, fear, worry, guilt, shame, remorse, anger, depression, sadness and so on.

9.3 Consequences of Emotional Arousal

Emotional arousal has both positive and negative effects, which may be short or long-term effects. Such effects are briefly highlighted below

1. Emotional arousal is often disruptive of performance.
2. It can be an important factor in organizing behaviour and in the mobilization of resources brought to bear on a problem.
3. A moderate degree of emotional arousal enhances efficiency of a goal.
4. The long-term effects of emotional arousal are more serious in terms of personality development and deterioration.

9.4 Theories of Emotion

9.4.1 The James-Lange Theory

The James-Lange theory of emotion (named after Williams James and Carl Lange) postulates that when an individual encounters a ferocious animal like bear in the wood, two things are likely to happen.

a. The individual will run to escape, and
b. The individual feels fear (i.e. becomes afraid)

That is, the individual concerned will first run then realize he or she is afraid.

Therefore, seeing that bear leads to several physiological changes, such as increased blood pressure, pounding heart, faster breathing and tensing of the muscles, as well as the response of running to escape from the bear.

When we perceive these changes, after they occur, we can interpret them as emotion (fear). In other words, emotion is the feeling of bodily changes (Reisenzein et al, 1995).

The theory states further that we feel different emotions because the body produces different physiological changes and responses for each emotion – provoking stimulus. For instance, emotion of fear produces bodily changes different from those produced by emotion of anger or depression. The theory is illustrated in the figure below:

Figure 9.2: James – Lange Theory of Emotion
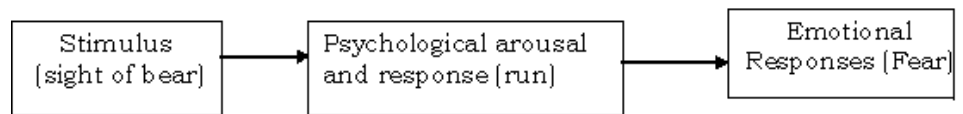
Source: Bourne, L. E. and Russo, N. F. (1998) *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

9.4.2 The Cannon-Bard Theory

The theory was a prominent alternative to James-Lange theory. Thus, where James-Lange theory states: "We see the bear, our body physiology changes, and then we experience fear", the Cannon-Bard theory states that "We see the bear; we simultaneously experience fear and our body physiology changes in reaction to our perception". This is a common sense argument.

According to Cannon and Bard, when an emotional stimulation is presented, a sub-cortical structure in the brain (thalamus) is immediately stimulated (through, the hypothalamus and the limbic system, which are the seat of emotions). The sub-cortical structure discharges electrical impulses upward into the brain, activating the cerebral cortex and downward throughout the body, activating the autonomous nervous system.

The cerebral cortex produces the emotional experience or feelings and the autonomic nervous system prepares the person for "fight or flight".

Finally, there is an overreaction, the behavioural component of emotion, which comes after both the biological and experimental (conscious) aspects.
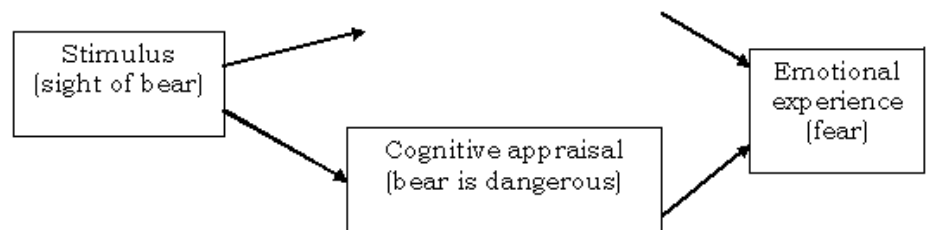
Fig 9.3: Cannon-Bard Theory of Emotion
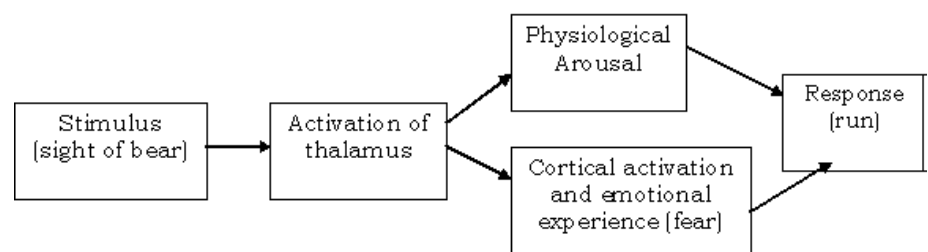
Source: Bourne, L. E. and Russo, N. F. (1998) *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

9.4.3 The Two-Factor Theory of Emotion

Emotional experience can be divided into two parts; namely,: physiological arousal and cognitive appraisal (Weiner, 1986). Arousal is the energizing aspect of emotion; appraisal refers to recognizing, categorizing and evaluating a situation. Therefore, the theory holds that emotional experience is a combination of your arousal and your understanding of the situation, whether it is aroused or understanding that comes first has been a subject of debate. In reality, it doesn't matter which comes first; most of the time, arousal and appraisal are constantly changing and interacting; sometimes, the change in arousal proceeds appraisal or sometimes it follows it. Arousal signals that something is happening and if aroused, we seek an explanation for it. Depending on circumstances, we label that arousal as the emotion that seems most appropriate, depending on the situation. This is called the two-factor theory of emotion. It was proposed by Schachter and Singer in 1962. The theory is illustrated in Fig 9.4 below.

Fig 9.4: Schachter and Singer's Two-Factor Theory of Emotion

Source: Bourne, L. E.   and Russo, N. F. (1998) *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

9.4.4 Zajonc's Theory of Emotion

The theory was proposed by Robert Zajonc in 1980.

He doubts that cognitive appraisal as described by Schachter and Singer is the usual cause of emotional feeling. He argues that in most circumstances, the emotional feeling and the behavioural reaction occur too rapidly to be caused by prior cognitive appraisal. For instance, if you come across a bear in the woods suddenly, you do not spend a lot of time thinking before you feel scared and start running.

Zajonc, suggests instead, that cognitive appraisal and emotional experience are relatively independent of each other. He states that they proceed in parallel and that either can be

the first to react to a stimulus. The theory is illustrated in the figure below.

Fig 9.5: Zajonc's Theory of Emotion
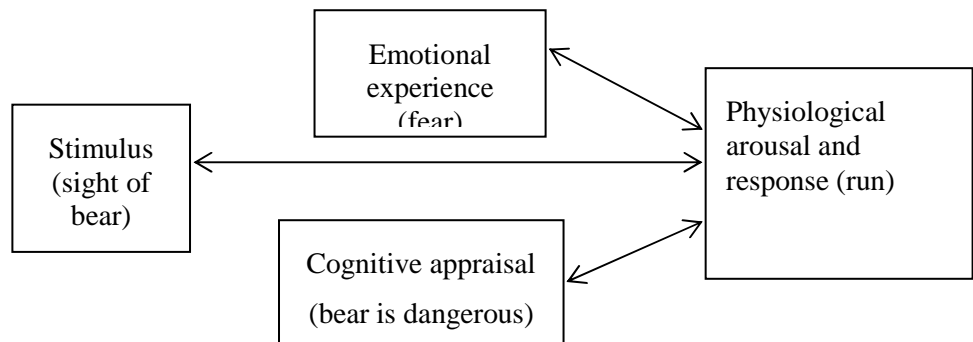
Source: Bourne, L. E. and Russo, N. F. (1998) *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

9.5 Implications of Emotional Theory

Emotion has two important components; namely, general arousal and cognitive appraisal. The four theories of emotion discussed above focus their attention on these two components and this make them to have useful implications not only for the individuals but for social workers and other professionals that render help services to their parents or clients.

Their implications are the following:

1. Emotional theory can be used by social workers and other care-givers to control human emotional level. First, they can teach people with emotional problems to modify their general arousal level.

   Usually, people in need of emotional control are overtly aroused; therefore, they might be taught how to relax, using techniques such as meditation or monitoring breathing or controlling muscle tension by trying to remain relaxed and calm.

2. Emotional theory can be applied by the social workers and other care-givers to control and modify cognitive appraisal. In other words, the theory can be used by these workers to help their clients or patients who have negative feelings or thinking about themselves or their situation to change these feelings or thinking to positive ones. The theory can be used to help individuals with negative feelings or thoughts to create a different

cognitive appraisal. Learning to make different cognitive appraisal of the same situation can produce greater control over your emotion.

3. Emotional theory serves as a base for treating people with emotional or psychological problems. For instance, it is a basis for a therapy called rational emotive therapy in which clients are helped to overcome their negative feelings, thoughts and other forms of cognitive distortions.

Study Session Summary

Summary

In this Study Session, we discussed emotion as a psychological concept, having conscious, behavioural and psychological facets. It is a subjective feeling or experience of every individual, which has affective tone, intensity, temporal duration and complexity. Emotion is categorized into situational and social emotions. Situational emotions include primary emotions of happiness, anger, sorrow, fear, and evaluative emotions, and social emotions include emotion of esteem, guilt, remorse as well as interpersonal emotions of love and hate.
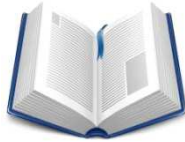
Assessment

Assignment

1. What is emotion?
2. Briefly, describe its nature.
3. List different types of emotions that you know.
4. What are the consequences of emotional feelings?
5. Describe one theory of emotion you know.
6. How would you explain the basic principles of any theory of emotion you know?

Bibliography

Textbooks

Bourne, L. E. and Russo, N. F. (1998) *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

Reisenzein, R., Meyer, W. U. and Schiitzwohi, A. (1995) *James and Physical basis of Emotion. Psychological Review.* 102, 757-761.

Weiner, B. (1986) *An Attributional theory of motivation and emotion.* New York: Springer-Verlag.

Zajonc, R. B. (1980) *Feeling and Thinking: Preference need no Inferences American Psychologists* 35, 151-175.

Web resources

http://www.carlsonschool.umn.edu/assets/128887.pdf retrieved July, 2013.

Study Session 10

Normal and Abnormal Behaviours

Introduction

In this Study Session, we shall examine the concepts of normality, abnormality, criteria for abnormal behaviours, causes and types of abnormal behaviour, characteristics of adjusted and mal-adjusted persons, and adjustment continuum.

Learning Outcomes

When you have studied this Session, you should be able to:

10.1 *define* the term behaviour
10.2 *highlight* at least three criteria for abnormal behaviour.
10.3 *discuss* the causes of abnormal behaviour.
10.4 *list* at least four types of abnormal behaviour.
10.5 *analyse* the characteristics of normal and abnormal persons

10.1 Concepts of Behaviours

Any normal behaviour refers to a socially approved behaviour. It also refers to a behaviour that is not biologically, mentally or psychologically impaired.

Abnormal literally means "away from the norm" (Meyer and Salmon, 1984). Abnormal behaviour therefore, simply means a behaviour that deviates from normal or socially approved behaviour (e.g. going about nakedly by somebody who is not mad).

The terms used to define abnormality include the following:

10.1.1 Deviant

This refers to a behaviour that differs markedly from socially accepted standards of conduct.

10.1.2 Different

This suggests a behaviour that varies significantly, at least statistically, from accepted norm, but does not usually have negative connotations.

10.1.3 Disordered

This implies a lack of integration in behaviours, which may result to impairment of a person's ability to cope in various situations.

10.1.4 Bizarre

This suggests a behaviour that differs extremely from socially accepted norms. It also connotes inadequate coping patterns and disintegration of behavioural patterns.

10.2 Criteria for Abnormal Behaviour

Because definitions for abnormality vary so much among different cultural groups, it is difficult to determine or say exactly whether a particular person is deviant, disordered, statistically different or we can use a combination of these term to describe him/her.

Nevertheless, several guidelines have evolved that are consistently relevant to the issue of abnormality, throughout history and across most cultures. Such criteria or guidelines, according to Meyer and Salmon (1984), are the following

1. inability to inhibit self-destructive behaviour;
2. seeing or hearing things that others in the culture agree are not there (e.g. hearing strange voice or seeing strange objects, animals or persons);
3. sporadic and/or random outbursts of violence;
4. consistent inability to deal interpersonally in an effective manner;
5. persistent academic and/or vocational failure;
6. anxiety and/or depression;
7. inability to conform to codes of behaviour even though verbalizing a desire to do so;
8. the deviance (or bizarreness) of behaviour from the norms of the society; and
9. the continuity and/or persistence of disordered behaviour over time.

10. the resulting degree of disruption in intrapersonal and/or interpersonal functioning.

10.3 Causes of Abnormal Behaviours

12.3.1 Early Explanations

The search for the explanations of the causes of abnormal behaviours dates to ancient times (Oltmanns and Emery, 1995).References to abnormal behaviour have been found in ancient accounts from the Chinese, the Hebraic and Egyptian societies. Many of these records attribute abnormal behaviours to the disfavour from the gods, or the mischief of demons. In fact abnormal behaviour continues to be attributed to demons in some pre-literate societies today.

Therefore, in the olden days abnormal behaviours were attributed to*:*

i.   demon's possession/evil spirits;

ii. witchcraft/Juju violation/false oaths; and

iii. insect bites (e.g. bite of an insect called Tarantula in Italy, causing tarantism or mass madness).

Attempts to offer more earthly systematic accounts of the causes of abnormal behaviours can also be traced to the Greek physician, Hippocrates (460-367 B.C). He hypothesized that abnormal behaviours had natural causes, specifically, an imbalance of one of four body fluids, namely; blood, phlegm, back bile and yellow bile. He argued that different personality styles resulted from an excess of each of the four respective fluids. He believed that

i.   A sanguine (cheerful) personality was caused by an excess of blood.

ii. A phlegmatic (sluggish) personality was as a result of too much phlegm.

iii. Excess black bile was imputed to be the cause of a melancholic (gloomy) style.

iv. A choleric (ill-tempered) personality was said to result from too much yellow bile.

Though, the specifics of Hippocrates's theory obviously have little value today, his systematic attempt to uncover natural, biological explanations for abnormal behaviours (mental disorders) has a lasting contribution to physiological explanations of abnormality in human beings.

12.3.2 Biological Explanations

Infections/Diseases

Infections or diseases such as general paresis, delirium of malaria, syphilis's, meningitis, and so on can cause abnormal behaviour in people (Mojoyinola, 2000).

Heredity

Inheritance of gene of insanity from either of the parents can result in abnormal behaviour during childhood and adulthood (e.g. Schizophrenia).

Early childhood experience

Freud argued that early childhood experiences played a central role in the development of mental illness or abnormal behaviour (e.g. hysteria or conversion reaction)

12.3.3 Social Explanations

The nineteenth century witnessed another critical development in approaches to understanding abnormal behaviour. Learning theorists and humanistic psychologists contributed a lot to the understanding of causes of abnormal behaviours, among these are the following

Learning and Social Learning Approach

Skinner's (1953) principles of conditioning assert that behaviour is a function of its consequences. Specifically, behaviour increases if it is rewarded and it decreases if it is punished. Therefore, when behaviour (e.g. aggressive behaviour) is reinforced, in a child by his parents, it may become abnormal beh2viour if he constantly engages in it.

Abnormal behaviour (e.g. aggression) can be learned, by mere watching other people engaging in it, and being rewarded for it (Bandura, 1973).

Humanistic Approach

Abraham Maslow (1908-1970) and Carl Rogers (1902-1987), were the major advocates of humanistic approach to conceptualizing abnormal behaviours.

According to them, the very essence of humanity is free will. Therefore, human behaviour is not determined but is a product of how people choose to act. Human nature is assumed to be inherently good. Humanistic psychologists, therefore, blame dysfunctional, abnormal behaviours on the society instead of

the individual.   In other words, abnormal behaviours are due to the frustration of the society (Oltmanns and Emery, 1995).

12.4 Types of Abnormal Behaviours

Abnormal behaviour is often viewed as the result of underlying mental disorders. It is therefore, sometimes regarded as mental or psychopathological disorders. Therefore, according to DSM IV classification, abnormal behaviour can be categorized into the following types.

i. **Childhood/Adolescence disorder** – mental retardation, learning disorders, motor skill disorders, eating disorders, etc.

ii. **Delirium, Dementia, Cognitive disorders** – substance intoxication delirium, withdrawal delirium, dementia due to head trauma or HIV disease, etc.

iii. **Substance abuse related disorders** –Alcohol use disorders, Alcohol-induced disorders, Amphetamine use disorders.

iv. **Schizophrenic and other psychotic disorders** – Schizophrenia, schizophreniform disorder, brief and shared psychotic disorders, etc.

v. **Mood disorders** –Major depressive and bipolar disorders etc.

vi. **Anxiety disorders** –panic disorder with or without agrophobia, specific phobia, social phobia, acute stress disorder etc.

vii. **Eating disorders** –Anorexia nervosa, Bulimia nervosa, etc.

viii. **Somatoform disorders** –Somatization disorder, conversion disorder, pain disorder, hypochondriasis, etc.

ix. **Factitious disorders** – Symptoms are deliberately and consistently produced or stimulated by the patient (e.g. physical symptoms like nausea, vomiting, pain or psychiatric symptoms as delusion, hallucination, etc).

x. **Sexual and Gender Identity disorder** – Sexual desire disorder, sexual arousal disorder, organismic and sexual pain disorders (dyspareunia, and vaginismus) etc.

xi. **Sleep disorders** – Dyssomnia (primary insomnia, primary hypersomnia narcolepsy) parasomnia (nightmare disorder, sleep tenor disorder, sleepwalking disorder, etc.

xii. **Dissociative disorders** – Dissociative amnesia, dissociative fatigue, etc.,

xiii. **Impulsive Control Disorders** – Intermittent explosive disorder, kleptomania, pytomania, pathological gambling, etc.

xiv. **Personality Disorders** – Paranoid, schizoid, schizotypal, antisocial, Histrionic, Dependent, Narcissistic Avoidant and Obsessive – compulsive personality disorders.

12.5 Nature/Characteristics of Normal and Abnormal Persons

12.5.1 Normal/Well-adjusted/Healthy Persons

The well-adjusted, normal or healthy individuals are always found at the positive end of adjustment continuum. Most people are at the centre or middle. Normal individuals have the following characteristics:

1. The well adjusted/normal/healthy person experiences conflicts and he is not unnecessarily disturbed by it.
2. He attacks his problem in a realistic manner.
3. He is a productive and creative person.
4. He carries out his daily activities with enthusiasm.
5. He relates with other people well or satisfactorily.
6. He does not run away from tasks he is capable of doing.
7. He has confidence in himself.
8. He is able to give and receive affection.
9. He recognizes and accepts his shortcomings.
10. He does not depend too much on other people for help or exploits them.

12.5.2 Abnormal/Maladjusted/Unhealthy Persons

These groups of people are at the left end of the adjustment continuum. They are characterized as follows:

1. The abnormal (maladjusted) individual is unduly disturbed by his/her problems.
2. He often solves his/her problems by denying realities.
3. He takes issues with other people on matters that cannot be helped.
4. He may withdraw from other people.

5. He is pre-occupied with his feelings.

6. He is seldom aware of his shortcomings.

7. He attempts to achieve unrealistic goals.

8. He is obsessively guilt -ridden.

9. He lacks confidence in himself, and he is also lacking in self-esteem.

10. He is extremely self-centred.

Adjustment Continuum

The way people behave, cope and adjust to conflicts, stress and other problems or challenges of life varies from one individual to another. While some people cope and adjust positively, others do so negatively.

The adjustment continuum, therefore, helps us to distinguish normal or well-adjusted persons from abnormal or maladjusted individuals.

At the extreme negative end of the continuum are those individuals who are so burdened with stress and resorted to various defense mechanisms (e.g. denial, displacement, apathy etc) which are helpless to deal with reality. They are people, who are psychotic individuals, who may engage in highly mal-adaptive behaviours or violent acts. Next to them are the neurotics.

Most people are at the middle of the continuum. At the extreme positive end of the continuum are the normal, well-adjusted, healthy, and self-actualized persons, who always engage themselves in highly adaptive behaviours.

An illustration of the three categories of individuals is given in Fig 10.1 below.

Fig 10.1: Adjustment Continuum
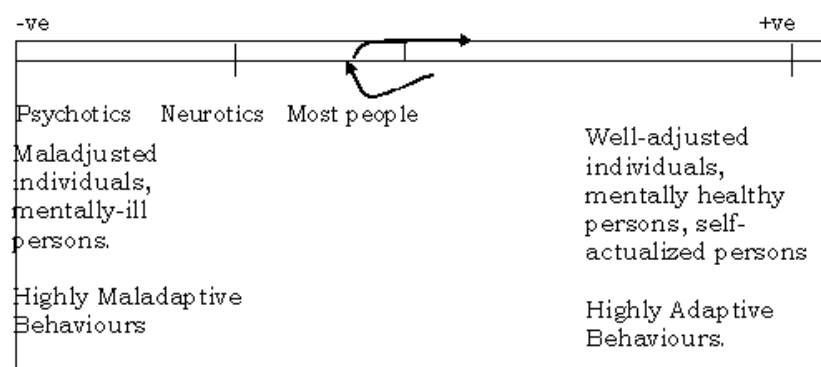
Study Session Summary

Summary

In this Study Session, we discussed both normal and abnormal behaviour. We noted that normality and abnormality are to terms used to describe the behaviour of individuals. A normal behaviour refers to a socially approved behaviour while abnormal behaviour means a behaviour that deviates from normal or socially approved behaviour. We highlighted the causes, types, characteristics of abnormal persons

Assessment

Assignment

1. How would you define normal and abnormal behaviours?
2. Describe briefly the characteristics of normal and abnormal persons.

Bibliography

Textbooks

Meyer, R. G. and Salmon, P. (1984*) Abnormal Psychology*. Boston: Allyn and Bacon, Inc.

Mojoyinola, J. K. (2000*) Introduction to Dynamics of Health and Illness*. Ibadan: The Gift Communications.

Oltmanns, T. F. and Emery, R. E. (1995) *Abnormal Psychology*. Englewood cliffs, NJ: Prentice-Hall, Inc.

Web resources

http://www.sagepub.com/upm-data/54812_ramsden_ch1.pdf retrieved July, 2013.

http://www.webpages.uidaho.edu/psyc101/Abnormal6.pdf retrieved July, 2013

References

Allport, G. W. (1961) .*Pattern and growth in personality.* New York: Holt Rinehart and Winston.

Atkinson, J. W. (1982). *Motivational determinants of thematic apperception.* In A. J. Steward (Ed) Motivation and Society (pp. 3-40) San Francisco: Jossy – Bass.

Baker, T. L. (1999) .*Doing Social Research* Boston: McGraw-Hill.

Bandura, A. (1973) *Aggression: A Social Learning Analysis.* Englewood cliffs, NJ: Prentice-Hall, Inc.

Bandura, A. (1977) .*Social Learning Theory* Englewood-Cliffs, New Jersey: Prentice – Hall.

Bee, H. L. (1996). *The Journey of Adulthood.* New Jersey: Prentice – Hall.

Bourne, L. E. and Russo, N. F. (1998) Psychology: Behaviour in *Context.* New York: W. W. Norton and Company, Inc.

Coleman, A. M. (1994) *Emotion and Motivation. Introduction.* In A. M. Coleman (Ed) Comparison Encyclopedia of Psychology (vol. 1, pp. 483-483) London: Routeledge.

Freud, S. (1940) *Outline of psychoanalysis.* London: Hogarth Press.

Guralnik, J. M. and Simonsick, E. M. (1993) Physical disability in Older Americans) Journal of Gerontology (Special Issue 48, 3 – 10.

Hilgard, E. R., Atkinson, R. L. and Atkinson, R. C. (1979) *Introduction to Psychology.* New York: Harcourt Brace Jovanovich, Inc.

Idyorough, A. E. (2001). *Techniques and Principles of Social Work Practice.* Abuja IBV & Associates Publishers.

Iyiola, D. O. (1990). *Developmental Psychology for Education Undergraduates.* Oyo: Odummat Printing Press.

Iyiola, O. (2000) *Developmental Psychology for Education Undergraduates.* Oyo: INE Educational Publishers.

Marshall, W. (1978) Puberty In Falkner, F. and Tanner, J. (eds) *Human Growth* (vol. 2) New York: Plenum.

Marx, M. H. (1976). *Introduction to Psychology*: Problems, procedures and principles. New York: Macmillan Publishing Co. Inc.

Maslow, H. (1970). *Motivation and Personality.* New York Harper and Row.

McClelland, D. C. (1955*). Studies in Motivation.* New York: Appleton-Century-Crofts.

Meyer, R. G. and Salmon, P. (1984*) Abnormal Psychology.* Boston: Allyn and Bacon, Inc.

Mojoyinola, J. K. (1998) *Psycho-social Approaches to the Understanding of Patients Behaviour During Illness. Journal of Special Education.* 8, 1, 25 – 31 Bourne, L. E. and Russo, N. F. (1998). *Psychology: Behaviour in Context.* New York: W. W. Norton and Company, Inc.

Mojoyinola, J. K. (2000) Human Development. In: Akinola, B., Sarumi, A. and Mojoyinola, J. K. (Eds) *An Introduction to Psychological Foundations of Adult Education.* Ibadan: Gabesther Educational Publishers.

Morgan, C. T. and King, R. A. (1975) *.Introduction to Psychology* New York: McGraw-Hill

Oltmanns, T. F. and Emery, R. E. (1995) *Abnormal Psychology.* Englewood cliffs, NJ: Prentice-Hall, Inc.

Payne, W. A. and Hahn, D. B. (2000) *Understanding Your Health.* Boston: McGraw-Hill.

Reisenzein, R., Meyer, W. U. and Schiitzwohi, A. (1995) *James and Physical basis of Emotion. Psychological Review.* 102, 757-761.

Roberts, C. J. and Lowe, C. R. (1975). Where have all the conceptions gone? Lamet 498-499.

Rubin, A. and Babble, E. (1997) Research Methods for Social Work Carlifornia: Brooks/Cole Publishing Company.

Schachter, S. and Singer, J. E. (1962) *Cognitive, Social and Physiological determinants of Emotional State. Psychological Review.* 69, 379-399.

Schweigert, W. A. (1996) *Research Methods and Statistics for Psychology.* California: Brooks/Cole Publishing Company.

Sheldon, W. H., Stevens, S. S. and Turker, W. B. (1940) *The varieties of human physique*. New York. Harper.

Simpson, J. L. (1993) Genetic causes of spontaneous abortion. In C. *Lin*, M. S. *Verp* and R. E. *Sabbagha* (Eds) *The high-risk fetus: pathophysiology, diagnosis and management*. New York: Springer – Verlag. Chaloner, R., Pensley, K. C., Hilton, M., Hucker, K., Makepeace, K., Patel, J., Stretch, B. and Sadler, M. (1996) *Advanced Health and Social Care*. London: Heinemann Publishers Ltd.

Skidmore, R. A., Thackery, M. G. and Farley, O. W. (1997). *Introduction to Social Work*. Boston: Allyn and Bacon. Skidmore, R. A., Thackery, M. G. and Farley, O. W. (1997). *Introduction to Social Work*. Boston: Allyn and Bacon. Bourne, L. E. and Russo, N. F. (1998*) Psychology: Behaviour in Context*. New York: W. W. Norton and Company, Inc.

Skinner, B. F. (1938) *The behaviour of organisms*. New York: Appleton – Century – Crofts.

Skinner, B. F. (1953) *Science and Human Behaviour*. New York: Macmillan Publishing Co.

Steinberg, L. (2002) *Adolescence*. Boston: McGraw-Hill.

Sullivan, H. S. (1953) *The Interpersonal Theory of Personality*. New York: W. W. Norton.

Townsend, M. C. (1993). *Psychiatric Mental Health Nursing: Concepts of Care.* Philadelphia: F. A. Davis Company.

Weiner, B. (1986) *An Attributional theory of motivation and emotion.* New York: Springer-Verlag.

Winter, D. C. (1991) *A motivational model of leadership: predicting long-term management success from TAT measures of power motivation and responsibility. Leadership* Quarterly. 2, 67-80.

Zajonc, R. B. (1980) *Feeling and Thinking: Preference need no Inferences American Psychologists* 35, 151-175.