Block

3

BASICS OF PSYCHOLOGY FOR SOCIAL WORKERS

UNIT 1
Relevance of Psychology in Social Work Practice

UNIT 2
Basic Psychological Concepts in Human Behaviour

UNIT 3
Defence Mechanisms

Unit 4
Normality and Abnormality

Unit 5
Basic Concepts of Social Psychology

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BLOCK INTRODUCTION

This is the third block of BSW-124. In this block, you will be introduced to the basic concepts of psychology and their use in social work practice. The knowledge of psychology is very important in social work. It contributes to our understanding of individual human beings and their behaviour. Improving human relationship is the objective of social work. However, the use of psychology is not restricted to the social worker's dealing with the client. It can be used profitably in relationship with fellow professionals, staff members and others. But its greatest use for the social worker may be in understanding his/her own self. Since the social worker uses his/her self and his/her relationship with the client as a 'tool' in problem solving process, he/ she needs to understand his/her own motives, emotions, and reactions to various situations. Psychology gives us the key to understand ourselves and unlock the secrets of our personality. Many of these secrets though unknown to us influence our behaviour to a great degree. This block can be a beginning towards self-discovery.

The first unit, 'Relevance of Psychology in Social Work Practice' explains the importance of psychology in social work practice and describes the various branches of psychology. The second unit, 'Basic Psychological Concepts in Human Behaviour' gives information on important psychological concepts. The third unit deals with 'Defence Mechanisms' which explains uses and consequences of defense mechanisms in human behaviour. The fourth unit 'Normality and Abnormality' will help you to understand abnormal behaviours in human life, its symptoms and cures. The fifth and last unit 'Basic Concepts of Social Psychology' deals with individual behaviour in social groups.

Once you go through the various units of the block, you will begin to like the subject of psychology and understand its relevance in human relationship and interaction.

UNIT 1   RELEVANCE OF PSYCHOLOGY IN SOCIAL WORK PRACTICE

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Contents

1.0   OBJECTIVES

The objective of this unit is to provide you a basic and introductory understanding of the relevance of psychology to social work practice together with a definition of psychology. Further, you will be acquainted with social work and human behaviour.

After reading the unit you should be able to:

*   Understand the nature of the subject of psychology;
*   Get to know the main areas of psychology; and
*   Understand the need of psychology for social workers.

1.1   INTRODUCTION

Psychology and social work are two different disciplines. Psychology is predominantly academic in its approach while social work is predominantly applied in its orientation. But despite such differences, they are so closely related to each other that it becomes quite often impossible to think of their distinct existence and practice in many respects. Psychology incepted much earlier to social work and provided many fundamental concepts and theories for developing tools and techniques for social work. Both these disciplines deal with components of human personality, human nature and needs, human abilities, behavior and problems. Both have their own ways of tackling human problems, whether physical, mental or social, but in many respects they are more or less similar. Methodologies of helping people in both disciplines involve similar tools and techniques to a

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considerable degree. It is therefore, but natural to know about the interdisciplinary relationship of these two profession-oriented disciplines.

1.2   INTRODUCTION TO PSYCHOLOGY

Many of the fundamental assumptions, concepts, principles, theories, methods, techniques and tools of social work are based and derived from psychology since human welfare and development are the ultimate aims of social work. Psychology is the science that studies the behavior of man and is the outcome of theories and practical experiments pertaining to different components and factors having an influence on the individual's personality and behaviour patterns. We will take up some of the quite commonly used concepts, tools and techniques in psychology relevant for social work practice.

The word *Psychology* has been derived from Greek literature and is a combination of two words, i.e., 'Psyche' and 'Logos' which mean 'soul' and 'the study of'. It shows that initially psychology was perceived as a study of the soul or spirit. The word *soul* was vaguely used and interpreted in many ways. Later the word mind replaced the term soul. With the passage of time, the nature of psychology has undergone many changes. Its methodology has changed from sheer speculation to a scientific approach and it is today considered a science that studies the mind, consciousness and behaviour of human beings. Behaviour has a comprehensive meaning and includes all types of behaviour of all living organisms. Psychology has thus passed through different stages starting with pure speculation to a discipline with scientific rigour and specific research methods. Psychology is now considered as the science of behaviour.

Psychological Schools

Schools	Contributors	Subject Matter	Basic Premise
1) Behavioural 1913-present	John B. Watson Ivan Pavlov	Effect of environment on the overt behaviour	Only observable events (stimulus-response relation) of human and animals can be studied scientifically.
2) Psychoanalytic (1900-present)	Sigmund Freud Carl Jung Alfred Adler	Unconscious determination of behaviour	Unconscious motives and experience in early life govern personality and mental disorder.
3) Humanistic (1950-recent)	Carl Rogers Abraham Maslow	Unique aspects of human experience	Human beings are free rational being with the potential for personal growth, and they are fundamentally different from animals.
4) Cognitive (1950-recent	Jean Piaget Noam Chomsky Herbert Simon	Thought: Mental processes	Human behaviour cannot be fully understood without examining how people acquire, store and process information.
5) Biological (1950-present	James Olds Roger Sperry	Physiological bases of behaviour in humans and animals	An organism's functioning can be explained in terms of the bodily structures and biochemical processes that underlie behaviour

1.3 DEFINITION OF PSYCHOLOGY

Definitions of psychology have been changing with its evolution and development. The focus of psychology has been changing and accordingly new definitions have been formulated. Some of the popular definitions are given below:-

1) Psychology is the science of the activities of the individual in relation to the environment[1]
                                  — Woodworth

2) Psychology may be defined as the science that studies the behaviour of man and other animals.[2]
                                  — Hilgard

3) J.B. Watson has defined psychology as positive science of behaviour.

4) Psychology is the study of human nature[3].
                                  — Boring

5) Psychology deals with response to any and every kind of situation that life presents. By responses or behaviour is meant all forms of processes, adjustment, activities and expressions of the organism[4].
                                  — Skinner

6) Psychology is the positive science of the conduct of living creatures[5].

7) James Drever has defined psychology as the positive science which studies the behaviour of man and animal.

The above definitions reveal that psychology is a science: it is a positive science of the activities of individuals and human beings and other animals: it is a science of behaviour in relation to the environment: it is a science of human nature, it deals with responses to any situation that life presents and expressions of organism, and psychology studies and explains conscious, subconscious and unconscious responses.

1.4 USEFULNESS OF PSYCHOLOGY TO SOCIAL WORK PRACTICE

Psychology deals with human behaviour, emotions and projections. It also deals with some of the factors responsible in the formation of behaviour patterns. We know about the individual's development through psychology. Cognition, learning and memory are core subject matters for psychology. Knowledge of socialisation process is dependent upon psychology. We get to know about social process from psychology. The individual's reactions and behaviour, to a great extent, are based upon projections, which is a psychological phenomenon. Psychology studies the interaction pattern between heredity and environment and explains to us the reasons for individual differences in physical and mental traits and abilities.

During social work practice we seek the help of psychology to understand and analyse human behaviour. When a social worker makes an effort to bring about a change in personality through functioning or behaviour modification, he has to look for help from psychology. In resolving problems related to adjustment, psychology helps social work.

The method of social case work of social work profession is dependent on psychology. Group work derives many social and psychological elements to be used in practice for group strengthening and betterment, from psychology. Social psychology studies group morale, leadership qualities and traits, behaviours of crowds and audiences which are useful in group work and to some extent, in community organisation.

Psychology provides considerable help in the field of social work practice. Many of the contexts mentionable are:

- Dealing with individual and family problems; case work helps in modification of individual's personality
- diagnosis and treatment planning for children with problem related to schooling (behavioural therapy and school counseling)
- dealing with an individual's adjustment with primary and secondary groups (social psychology)
- dealing with patients' accommodation with medical requirements and adjustment with others (health psychology and social medicine)
- helps in understanding, diagnosing and modifying group behaviour and developing leadership qualities (organisational behaviour)
- ego analysis and strengthening and understanding defense mechanisms of individuals (psychoanalysis) and
- counselling and guidance for enhancement in functioning and positive adjustment and fulfillment of needs of individual and society.

1.5　SOCIAL WORK AND HUMAN BEHAVIOUR

An understanding of human behaviour is essential for the profession of social work in order to deal with psychosomatic or socio-economic problems faced by people. The social worker has to understand the behavioural pattern of the clientele at the individual, group or community levels in order to help them. Client-positive behaviour like cooperation, free dialogue or conversation, participation, assistance, coordination, and an interest and willingness to resolve problems help the social worker to make a proper diagnosis of the problem and plan an action for treatment. Negative behaviour like unwillingness, non-cooperation, escapism, isolation, hiding facts and biases, etc., create trouble and impediments to the successful practice of social work profession. During case work, a social worker has to handle his client along with the parents, siblings, other family members, neighbours, friends, school mates, colleagues and others who have some influence on the client. The behavioural interaction patterns of all these have to be kept in mind. Though in casework the focus is on the individual, the actions of others play a significant role. The person-in-environment approach views the individual and his/her environments as forming an ecosystem, consisting of the individual, all the system with which the individual has reciprocal relationships, the wider environment in which the individual acts, and all the mutual interrelationships that occur between the individuals and the various subsystems (Hare, 2004). Within this ecosystem, individuals are influenced by the influence of their environments through their actions (Johnson & Yance, 2001; Kondrat, 2002).

A group worker may help a group in its formation and harmonious functioning if its members act in a cooperative and democratic manner. The dynamics in a group might result in cooperation and sometimes in conflicts. An understanding of group dynamics and small group theory helps in working with groups.

 In community organisation, the behaviour of community people, community leaders, existing organisational personnel and others who in some way or the other influence the community, play an important role in helping the organisation work in the desired direction. The nature of their behaviour determines the quality and quantity of the community worker's role and function. Behaviour dynamics exposing biases, cultural, social or religious difference, professional or economic

reservations, political rivalries and unequal resource distribution may create hurdles in the community work. An understanding of social psychology helps in intervening with groups and larger communities.

Though it is a difficult task to have an in depth understanding of the behaviour of individuals, the social worker should make an effort to know it in order to be more successful in attaining the goals and objectives pertaining to the client.

Check Your Progress III

Note: a) Use the space provided for your answer.

      b) Check your answers with those provided at the end of this unit.

1) How is social work related to human behaviour?

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1.6   GENERAL PSYCHOLOGY

The branch of psychology which deals with the psychological aspects of a normal human being is known as general psychology. In general psychology we focus on concepts, theories and methods related to heredity and environment, growth and maturation, physiological bases of behaviour, sensation, perception and attention, feelings and emotions, learning, remembering and forgetting, thinking and reasoning, intelligence and personality including individual differences, aptitudes and reaction time.

Some of the above concepts used in general psychology are explained below.

One of the major concepts in the discussion is growth and development. Growth denotes an increase in size and tissue mass, attributed to the increase in cells and intracellular structure. It is structural and physiological and hence is regarded quantitative in nature. Growth is the progressive increase in the dimensions-size and diameter-of a child or part of a child; e.g., weight, height, head circumference, mid upper arm circumference (MUAC), etc.   Growth is quantitative in nature. Development is progressive acquisition of various skills (abilities), e.g., head support, that accompanies growth, and is regarded as a function of maturity and learning (Liebert et al, 1979). Development happens by way of integration of structure with functions resulting in optimal functioning; hence, development is regarded to be qualitative in nature.

The term *maturation* denotes a state of development as well as a process. A certain level of maturation is necessary in the individual before a given behaviour can appear. Maturation is accompanied by learning that happens as a result of interaction with the environment. Learning refers to the relatively permanent change in behaviour that engenders optimal functioning in a given environment.

There has been a debate on what determines growth and development. This is largely attributed to nature and nurture, where nature refers to inheritance, while nurture refers to the biophysical and social environment. Biological inheritance is derived from genes located in chromosomes. There are 46 chromosomes. A child gets 23 chromosomes from each parent but the large number of possible arrangements and combinations of the genes causes members of even the same family to differ sharply in hereditary constitution. That is why each person is unique. The wide gaps in ability are to be attributed to heredity. Differences in physique, intelligence and aptitude are more affected by

inheritance than are social behaviour and personality traits. There is the aspect of environment that would impede or encourage the manifestation of the genetic potential. However, the relative role of heredity and environment in some of the above characteristics is still under debate among psychologists.

Sense organs receive impressions from stimuli which are energy changes in the environment. Stimuli received by the receptors, i.e., the sense organs, are communicated by the nervous system to the affectors (muscles and glands). Impressions from the receptors are carried to the affectors through pathways in the connecting mechanism, the central nervous system. The most important part of the nervous system is the brain. Functions like movement, speech, sight, learning, taste and smell have been located in specific areas of the brain. Complex functions like perception, memory and learning involve the entire brain and are not localised.

Feelings are complex sensations. Feelings vary from person to person and preferences depend on factors such as age, sex and training. Emotions are feelings which involve force and tension. Emotions have an emergency value and prepare the body for action. The ability to control emotions is desirable. Emotions may be controlled by manipulating the stimuli which initiate them.

Motives are drives. Motives range from inborn organic tensions to complex acquired needs. Hunger, thirst, sex, rest and sleep are most important organic needs. Motives develop conflict. When conflicts are severe and persistent one may need a counsellor's help to resolve the difficulties.

Learning is the result of focused physical and mental activities which leads to new and changed responses. The usual condition for learning is a state of need and high motivation. It proceeds through a trial and error period to a final selection of the appropriate responses. Satisfaction or reduction in need which follows the effective response is called *reinforcement*. In human learning the goal is important. Efficient learning is added by careful planning, instruction and through insight development. *Habits* are sequences of behaviour and automatic. Many habits are maladaptive and they may be eliminated through a variety of devices. For learning, some motivation or drive is necessary. Curiosity and interest facilitate learning. They may be measured in relation to personal lives, those that have a direct application to everyday life. A good student makes use of outlines, notes, rules, tables, etc., and avoids studying when fatigued or bored.

Remembering and forgetting refer to the effect which the passing of time has on something learned earlier. The environment also facilitates learning; therefore, modification of the environment facilitates learning. Aspects of memory are classified under four heads:

(i)   fixation or the act of learning itself,
(ii)   retention or the storing of the impression,
(iii)   recall and
(iv)   recognition

Theories of forgetting have attributed memory loss to (i) passive decay and (ii) interference of the old with the new.

Thinking is a behaviour which is often implicit and hidden and in which symbols like images, ideas and concepts are ordinarily employed. Thinking is not confined to the head but may involve the whole body. Though the brain is primary in thinking and reasoning, muscular activity during thought indicates that many parts of the brain are involved.

The experimental psychologist measures the facts of behaviour and expresses the results in statistical terms. These statistics serve to summarise a set of scores in succinct form. The important aspect of mental measurement is concerned with the relations among traits.

Intelligent behaviour may be abstract, mechanical or social. The abstract is concerned with the ability to deal with symbols: the mechanical, with the manipulation of physical objects such as tools, machines, etc., and the social with the skills in personal and social affairs.

People differ from one another in physical, mental and personal characteristics. There is considerable variation among the traits within an individual. Sex differences show that at maturity, by and large, men are stronger and heavier than women but the difference in respect of mental ability is insignificant. Differences in temperamental and emotional traits are far greater within either sex than aptitude traits. Aptitude examinations measure present competence as well as estimate potential ability. On the basis of standard aptitude tests, psychological and social work counsellors provide valid information to their clients in order to create self-awareness and for probable success in the field of work the person has chosen.

Personality includes attributes like physique, appearance, intelligence, aptitudes and characteristics of social behaviour. Personality traits are not similar to abilities. Personality is revealed in the typical ways in which the individual reacts to his surroundings. Personality traits become character traits when given a moral or ethical interpretation. From birth to maturity, the personality is shaped by society within the limits imposed by biological factors. Normality is the behaviour which is tolerated by society.

A major consideration for general psychology is the response of organisms towards stimuli presented. Reaction time is the time taken by the organism to respond to the stimuli. There are specific instruments in psychology to measure reaction time. These are useful in identifying persons for specific occupations which require high degree of alertness and attention.

1.7 CHILD PSYCHOLOGY

Child Psychology is the branch of psychology which deals with the childhood of a human being. Psychologists consider a human as a child till the age of 12 years. From 12 to 18 years human beings are considered adolescents. The development of a human being from the moment of conception to the attainment of the age of 18 years is the subject matter of child psychology. The total childhood and adolescence of an individual has been divided into five categories i.e. pre-natal period, infancy, babyhood, childhood and adolescence. The first period is from conception to birth. The second one is from birth to fifteen days, the third one is from fifteen days to two years, the fourth one is from two years to eleven years and the last one is eleven years to eighteen years. Another categorisation is as follows— (i) Prenatal (from conception to birth), (ii) Oral (birth to one year), (iii) Anal (one year to three year), (iv) Oedipal (three year to six year,) (v) Latency (six year to eleven year), (vi) Adolescence (eleven year to eighteen year).

Child psychology deals with stages of growth, development and maturation, environmental influences on growth and development and psycho-social interactions between the child and other members of primary and secondary social groups and the society. An individual is constantly changing from conception till death. Throughout childhood and adolescent years, a child develops his physical and mental structure. Development is a continuous process and changes in the individual may not be always visible. Changes are rapid in childhood. All developmental changes are not of the same nature. They influence the process of growing up in different ways. Changes during development have been divided into four major groups:

(i)   Changes in size: Changes in size can be observed in physical growth but they can be also observed in mental growth. During normal growth height, weight and circumference of a child increase. Internal organs and structures such as the heart, intestine and stomach grow larger to meet the increasing needs of the body. The child's vocabulary, ability to reason, remember and perceive, and the creative imagination expand during growth years,

(ii) Changes in proportion: A child's physical development is not confined to changes in size of the body but also of other organs proportionately. Mental development in childhood is also apparent. The interests of a child change from concentration on himself to other children and in adolescence to the opposite sex,

(iii) Disappearance of old features: The third important change which takes place in the development of the individual is the disappearance of certain features. As the child grows older his thymus gland located in the chest disappears, the pineal gland at the base of the brain, baby hair, and baby teeth also disappear. Mental traits like bobbing, different forms of speech, impulsive action, creeping and crawling and sensory keenness in regard to taste and smell gradually disappear,

(iv) Acquisition of new features: Many new physical and mental features are acquired through learning but some of them are the result of maturing or unfolding of native traits not fully developed at birth. The physical features include, among others, teething, growth of hair, characteristics related with reproduction, etc. Mental traits include curiosity about sex matters, sex urge, knowledge, moral standards, religious beliefs, knowledge of language and neurotic tendencies.

Development is not a uniform process. It is extremely rapid during the prenatal period. From fertilisation to birth, increase in weight is estimated at 11,000,000 times and from birth to maturity the increase is 22 times. From three to six years the growth rate continues to be rapid though not as rapid as in the preceding three years. The development follows a pattern and occurs in orderly fashion. Each stage is the outcome of the one preceding it and a pre-requisite of the one following it. From four to sixteen weeks, the body gains control of his/her twelve loco-motor muscles. From sixteen to twenty eight weeks, the child acquires control over the muscles which support the head and can move the arms. The child then begins to reach out for things. From twenty eight to forty weeks the child gains control of his/her trunk and hands. This helps in sitting, grasping, transferring and manipulating objects. From forty to fifty two weeks, he/she extends the ability to control his legs and feet, four fingers and thumb. He can now stand upright, poke, and pluck. During the second year, he walks and runs; articulates words and phrases, acquires bowel and bladder control and develops a rudimentary sense of personal identity and of personal possession. During the third year he speaks in sentences and uses verbs as tools of thought. He displays a propensity to understand his environment and to comply with cultural demands. During the fourth year he asks innumerable questions, perceives analogies and displays a tendency to generalise and conceptualise. In the routine of home life he is nearly independent. At the age of five years a child is well matured in motor control.

Development follows a pattern of specific phases of development. Development proceeds from general to specific responses. Individual differences in rate of development remain constant. Development occurs at different rates for different parts of the body. Most traits are co-related in development. Each developmental phase has characteristic traits. Development may be predicted. Many forms of problem behaviour are normal behaviour for the age in which they occur. Every individual passes through each major stage of development.

By now, we have familiarised ourselves with different tasks and characteristics of infancy and childhood (birth to six years). Now we will consider the tasks of middle childhood that last from six to twelve years. These are as follows:

i)   Learning physical skills necessary for ordinary games.

ii)   Building wholesome attitudes towards oneself as a growing organism.

iii)   Learning to get along with age mates.

iv)   Learning an appropriate sex role.

v)   Developing fundamental skills in reading, writing and calculating.

vi)   Developing concepts necessary for everyday living.

vii)   Developing conscience, morality and a scale of values.

viii) Achieving personal independence.

ix)   Developing attitudes towards social groups and institutions.

During adolescence (13-18 years) the child behaves inconsistently. Sometimes he behaves like a child and sometimes like a grown up person. He suffers from internal conflict between social values and sexual freedom. Studies show that several characteristics of different stages appear in this period of life. Adolescents need freedom in many respects and do not appreciate the interventions of others in their affairs. Adolescents are attracted to the opposite sex but they try to hide this feeling and show that they are not interested in the opposite sex. The significant changes in body are rapid development of muscles, increase in weight and height, rapid development in glands, appearance of pubic hair and enlargement of breasts, menstruation in girls, while nocturnal emission and masturbation among boys. The intelligence reaches an average level at the end of this stage and acceptability and projection capability of ego develop considerably, but the decision-making ability lags behind. In some adolescents, agitation appears and they look tired. Emotional tension is also an important feature of this period. The basic needs of this stage are a balanced diet, ten hours sleep, recognition and encouragement.

1.8   DEVELOPMENTAL PSYCHOLOGY

Developmental psychology studies and describes physical, mental, emotional and behavioural changes which happen with change in age. Physical and behavioural changes occur more rapidly in the early years of life, and mental and social traits and abilities develop quicker in later stages of life. Many psychologists use child psychology as a synonym for developmental psychology. Child psychology includes a study of all those basic elements which are responsible for human personality development during childhood while the same approach after childhood may be considered as developmental psychology. Contrary to this view, other psychologists argue that the development of a human being is not over after childhood and in many respects, the individual's abilities and traits increase and decrease in later phases of life. A broad understanding is to understand development from in utero (womb) till death (tomb). Hence, developmental psychology attempts to understand the biophysical, psychological and sociocultural changes occurring in a human being during the entire life span, from birth till death.

You have gone through the main features of child psychology in the previous sub-unit 'Child Psychology'. Here we will take up salient features of the development between childhood and the old age. You have become aware of stages of childhood and the old age. As we have discussed in the previous section, you are aware of stages of childhood, i.e., Pre-natal period (conception to birth),

infancy (birth to fifteen days), babyhood (fifteen days to two years), childhood (two years to eleven years) and adolescence (eleven years to eighteen years). The span of life between adolescence and old age has been divided into three main categories, i.e., (i) Pre maturity (between 18 years to 25 years), (ii) Maturity (between 25 years to 45 years) and (iii) old age (above 45 years). During pre-maturity, individuals develop maximum physical strength, vigour and emotional control. The basic needs of this stage are a balanced diet, regular physical exercise, recognition and favour of elders, etc. During maturity he remains somewhat static in his physical and mental abilities but goes on learning, adapting and developing skills and knowledge requisite to his job, profession or social norms and attains the desired possible status. The basic needs of this stage are for the sustainability of physical strength, regular exercise, love and affection of spouse and family members and care. In old age, a decline of physical and mental abilities takes place. Physical strength and vigour diminishes, organs of body weaken and gradually different inabilities develop. Auditory, visual, eating and digestive/ execratory organs gradually become weak. Memory loss and incoherence in physical and mental activities becomes apparent. Anxieties and worries about future life increase. Insecurity regarding income and health develop during old age. Menopause occurs in females in the initial years of this period. Individuals in old age need appropriate reading material, visual equipment, clubs and forums for exchanging views, economic and social security, a nutritious diet, medical facilities, etc. Difficult situations of this last stage are death of own child, death of spouse, severe and prolonged illness of close family members and extreme poverty.

1.9   CLINICAL PSYCHOLOGY

The complexity of modern life is affecting members of society. It has become difficult for many of us to adjust to the new social setting. We need help for proper adjustment with our social components. Clinical psychology provides assistance to us for better adjustment. Clinical psychology also deals with those aspects which are related to some type of deviancy. It is also concerned with the enhancement and betterment of community life and prevention of mental disorders. Clinical psychology associates itself with problems like maladjustment between employee and employer, generational gap and poor individual relationship within groups. Many times, the scope of clinical psychology overlaps with the scope of counselling, psychology, psychiatry and social work.

For scanning the nature of clinical psychology, we should consider activities of clinical psychologists. Counsellors, psychiatrists and social workers use psychological concepts in helping people to adjust. They differentiate themselves from clinical psychologists on the basis of the focus of the problem. Vocational counselling is concerned with an individual's adjustment with his job and likewise educational counselling is concerned with the adjustment of the individual with the educational setting. There is much overlapping between clinical psychology and psychiatry. Both deal with broad characteristics of mental illness or personality disturbance. They differ in respect of training of practitioners and the approach to problems. A clinical psychologist is trained to approach mental disturbance by examining earlier experiences and learning while the psychiatrist approach these disorders by considering them as specific diseases and by applying appropriate treatments. Even then, in many cases psychiatrists and clinical psychologists use similar approaches to solve the problem. Clinical psychologists usually deal with the individual case. They may extend their concern to the family, secondary group and community which affect the individual's adjustment to the environment. They observe ongoing behaviour and the living situation of the people to help the individual. Clinical psychology and practice of medicine have an important relationship with each other and that is why clinicians call them patients in a medical setting while in a non-medical setting they are called clients. A large number of clinical psychologists work in a medical setting in co-operation with psychiatrists and other physicians. The role of clinical psychologists is not confined to only mentally ill persons. They also work with people not seriously maladjusted. They take an interest in mental health as well as deviant behaviour. When a clinical psychologist works with a mental patient, he applies abnormal psychology. But they also work for schools, industries and communities and deal exclusively with human problems of a normal nature.

Community health programmes aim at prevention as well as cure of mental problems. Clinical psychologists identify factors which may lead to mental problems and take steps for their prevention. The knowledge of psycho-pathology is significant for clinical psychologists. Though there is overlapping between clinical psychology and counselling psychology, they have different approaches. Counselling is basically concerned with decisions and choices of individuals whereas clinical psychology is concerned with the specific and difficult problems of the individual.

Clinical psychology and social work profession have a close relationship as they both help the individual to solve his/her problems related to adjustment, deviance and psycho-somatic ailments. In social work we deal with the individual's ego strengthening, insight development, perception and decision making, etc. Clinical psychology also deals with these aspects but its approach is more in-depth, wide and has a psychoanalytical base. Adjustment problems between individuals, individual and group, and individual and community are handled by both professions. In clinical psychology, greater stress is given to the individual's personality traits and his/her responses to social factors whereas in social work more emphasis is given to social factors and components. In extreme cases of mental disorders the help of psychiatrists is required and clinical psychologists only assist them. The social worker refers such cases either to a psychiatrist or clinical psychologist with the case history record of the patient. Following treatment, the social worker has the responsibility of assisting the patient to undergo psycho-social rehabilitation by liaising with the patient's family, work place and community, and also in facilitating community based rehabilitation (CBR).

Check Your Progress IV

Note: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1) Describe some of the important features of general psychology.

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2) Describe at least one feature of each developmental period of life after adolescence.

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3) Describe in brief the main characteristics of a human being during childhood.

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4) Write a few lines on the nature of clinical psychology.

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1.10 LET US SUM UP

This unit provided you the introductory understanding of the relevance of psychology to social work practice. It also provided you a basic knowledge of general psychology and human behaviour as well as developmental psychology, child psychology and clinical psychology.

General psychology deals with psychological aspects of a normal human being. It studies concepts and methods, etc., related to heredity and environment, physical and mental growth and development and personality traits pertaining to normal human beings.

Child psychology studies the development of human beings since conception to the age of 18 years. Childhood has been divided into six stages or period of life known as (i) Pre-natal (fertilisation to birth), (ii) Oral (0-one year), (iii) Anal (one to three years), (iv) Oedipal (three to six years), (v) Latency (six to twelve years) and (vi) Adolescence (thirteen to eighteen years).

Developmental psychology studies human characteristics after adolescence to the end of life. It has been divided into three major periods known as (i) Pre-maturity (18 to 25 years), (ii) Maturity (25 to 45 years) and (iii) Old age (45 years to the end of life).

Clinical psychology deals with adjustment problems of human beings and also with those aspects which refer to deviancy, healthier community life and prevention of mental disorders.

You may observe that many of the fundamental assumptions, concepts, principles, theories, methods, techniques and tools of social work are based and derived from psychology. Psychology has been defined as the positive science of human behaviour. Human behaviour pattern influences interaction between the client and the worker and the procedural steps and methodology of psychology help in the process of interaction. A basic knowledge of psychology as provided in this unit will help you as a practitioner of social work. Such knowledge is a pre-requisite to social work profession because it will enable you to understand the behaviour of the individual and provide the necessary concepts and tools to help the individual cope with the problems in life.

1.11 KEY WORDS

Brain	:	The portion of central nervous system which lies within the skull.
Case study	:	A detailed description of a single individual, typically used to provide information on the person's history
Client centred therapy	:	An approach of therapy developed by Carl Rogers, in which the person seeking therapy act as equal partner in the therapy process.

Conscious	:	In Freud's theory, that aspect of the mind which contains those thoughts and feelings of which we are immediately aware at a given moment.
Co-relation	:	A pattern or relationship observed between two variables.
Cross-section study	:	A research design based on selecting representative groups who vary on a particular characteristic, when the characteristic is age, this design provides a means of making developmental comparisons.
Developmental psychology	:	The study of the processes which underline growth and range in behaviour over time.
Evolution	:	A theory to account for the development of species diversity by means of variations which are transmitted to offspring by inheritance. Darwin's theory of natural selection proposed that variations which enhance adaptability, and thereby enhance survival and reproduction rates, are most likely to be transmitted.
Field experiment	:	An experiment done in a natural setting, usually without the explicit awareness of participants, as contrasted to experiments done in a laboratory setting.
Group Psycho-therapy	:	Method of treatment in which patients meet together to design and interpret twin problems in a framework conducive to learning experience, facilitating interpersonal growth and to the development of self expression and personal and social change.
Heredity	:	The biological transmission of characteristics from one generation to other.
Introspection	:	A method of gathering data in which the individual attempts to analyse the content of their conscious mind.
Psychology	:	The science of or scientific study of behaviour and experiences.
Unconscious	:	That portion of the subconscious which cannot be directly accessed by the conscious mind.

1.12   SUGGESTED READINGS

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1.13   ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) Many of the fundamental assumptions, concepts, principles, theories, methods, techniques and tools of social work are based on and derived from psychology. Psychology is the science that studies the behaviour of human beings and personality, environmental factors influencing interaction pattern and experience of human beings and thus, provides knowledge to social work practice to design its helping process and make it more rewarding and appropriate for the solution of the problem.

2) The word psychology has been derived from Greek literature and is a combination of two words, i.e., 'Psyche' and 'logos' which mean 'soul' and 'the study of'. Initially, psychology was confined to the study of soul or spirit.

Check Your Progress II

i) Psychology may be defined as the science that studies the behaviour of men and other animals.

ii) Psychology is the positive science of behaviour.

2) During social work practice, we seek help of psychology to understand and analyse the client, personality traits and human behavior patterns. Case work is dependent on psychological concepts and assumptions. Group work method derives many socio-psychological elements to be used in practice for group strengthening and betterment. Social Psychology studies group morale, leadership qualities and traits, behaviour of crowds and audiences which are useful in group work and to some extent in community organisation.

Check Your Progress III

1) To help individual, group or community to cope with the problems, the social worker has to understand the behavioural pattern of his clients. The client's positive behaviour helps the social worker to make a proper diagnosis of the problem and develop plan of action for treatment. Negative behavior creates impediments to proper practice of social work profession.

Check Your Progress IV

1) General Psychology deals with psychological aspects of normal human beings. In general psychology we study concepts, theories and methods related to heredity and environment, growth and maturation, physiological bases of behaviour, development of personality stages, sensory and motor system, emotions, learning, remembering, reasoning, intelligence, measurements, aptitudes, psycho-social environment and reaction time, etc.

2) During pre-maturity, the individual develops maximum physical strength and vigour and emotional control. During maturity, he remains somewhat static with regard to his physical and mental abilities but goes on learning, adapting and developing skill and knowledge requisite to his profession and social norms and attains desired possible status, commodity and opportunity. In old age, a decline in physical and mental abilities takes place. Body organs gradually become weak and incapacitated. Menopause occurs in females in the early years of this period.

3) Changes in size, weight and shape take place rapidly at this stage of life. Internal organs and structures like heart, lungs, kidney, intestine, brain, etc., develop to meet the increasing needs of the body. Vocabulary, reasoning and other qualities are acquired through learning and the individual moves towards socially accepted norms and behaviour. Mental characteristics include curiosity about sex matters, moral standards, religious beliefs, language and neurotic tendencies. Between four weeks to forty weeks, a baby gains control over loco-motor

muscles and the muscles supporting head and movement of arms, he gains control of his trunk and hands, he is able to sit, grasp, manipulate objects, he extends to control his leg and feet and may stand upright, poke and pluck. Later he walks and runs, articulates words and phrases, acquires bowel and bladder control. He gradually displays a propensity to understand environment and culture. Gradually he becomes self dependent and mature in motor control. Learning increases to meet personal and social needs and requirements. During this period adolescents develop attraction to the opposite sex. Menstruation in girls and nocturnal emission/masturbation in boys are natural phenomena of this development period.

4) Clinical psychology provides assistance for a better adjustment with the environment. Clinical psychology also deals with aspects of deviancy, healthier community life and prevention of mental disorders. Clinical psychology is related to psychiatry and social work. Although psychiatry and clinical psychology have the same goal, they differ in their approaches. Whereas psychiatrists pay greater attention and are more concerned with the functioning of the brain and nervous system and medicinal therapeutic devices, clinical psychologists are concerned with knowledge and analysis of hereditary traits, environmental factors, behaviour patterns and counseling. Social workers are concerned with enabling devices like counseling, ego support and insight development, environmental modification, awareness building and referral services.

UNIT 2   BASIC PSYCHOLOGICAL CONCEPTS IN HUMAN BEHAVIOUR

[*] Dr. Gayatri

Contents

2.0   OBECTIVES

This unit will present you with a general introduction to the basic psychological concepts in human behaviour. This unit will enable you to understand the following concepts in psychology:

- attitudes;
- values;
- prejudices;
- nature and influence of attitudinal change;
- concept of learning;
- types of learning;
- factors promoting or impeding learning;
- types of memory;
- measurement of memory;
- concept of perception;
- social perception;
- stereotypes;
- motivation; and
- resistance.

2.1   INTRODUCTION

It is well known that society is formed by human beings. Psychologists study human beings, psychological components and their influence on human behaviour. Here we are concerned with some of the most significant psychological concepts being used in studying human behaviour.

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An attitude is a person's tendency to respond to an object and situations. Anything desirable to a person is value. Prejudice is also an attitude. Prejudice predisposes a person to think, perceive, feel and act in favourable or unfovourable ways towards a group or its members.

Learning is the process by which we organise our responses into 'new behaviour'. Learning demands the formation of associations between stimuli and responses. Learning can be defined as a permanent change that occurs as a result of practice and experience. There are two types of memory: when we try to remember names or dates that is "word or verbal memory' and when we try to remember the technique of driving a car after an interval of several years, that is muscular or motor memory. Word or verbal memory requires more brain traces and utilises more nerve pathways than the muscular or motor memory. There are four aspects of memory, i.e., (i) Fixation or acquisition, (ii) Retention, (iii) Recall and (iv) Recognition.

Perception is that organising process by which we come to know of objects in their appropriate identity, as tree, man, building and so on. Social perception of others is initially based on the information that we obtain about them.

A stereotype is often the result of a prejudiced attitude and may be defined as a fixed set of greatly simplified beliefs or ideas held by the members of a group.

Motivation is that psychological internal state which tends to initiate and to sustain activity.

In this unit let us discuss briefly some of these basic psychological concepts.

2.2   ATTITUDE AND VALUE

Nature

An attitude is a hypothetical construct which influences a person's behaviour when he/she controls objects and situations related to that attitude. An attitude consists of three parts (i) The affective component (how much a person likes or dislikes the attitude object), (ii) The cognitive (thinking, memory, judgment, etc.) component (what a person believes about the attitude object) and (iii) The behavioural component (how the person acts towards the attitude object). Our like or dislike of something has much to do with determining our behaviour towards that something. We tend to approach, seek out, or be associated with things we like; we avoid, shun, or reject things we do not like. Attitude is simply an expression of how much we like or dislike various things. The attitude represents our evaluation and preferences towards a wide variety of attitude objects. The attitude is based on information. For example, people who favour the capital punishment typically see it as a deterrent to crime and a just punishment. People, who oppose it, typically see the capital punishment as a barbarian practice that does not deter crime.

Since we cannot have all the information on any particular attitude object, our attitude is always open to revision. We have ample opportunities in life for attitude change. Attitude can be formed about many things. The object of attitude can be entities (a lecture, a shop), people (the prime minister, the teacher, the friend) or abstract concepts (delivery, human rights, fellowship) and so on. Anything that arouses evaluative feelings is an object of attitude. Attitude is different from belief or opinion. Belief is cognition or thought about the characteristic of an object. Suppose your friend expresses a favourable attitude towards a candidate for prime-ministership; this attitude is probably associated with a number of specific beliefs about the candidate such as the candidate having a sound social security policy; his/her willingness to work for poor people and developing a harmonious relationship with neighbouring countries and so on. Belief or opinion is assessed by how likely that is to be true. Our evaluative feelings about belief contribute to our attitude. An attitude is often a summary of the

evaluation made of different aspects of the attitude object. The scientific study of attitude requires measurement. There are many techniques to measure attitude. The most common method of measuring attitude is the attitude scale.

Influence of Attitudinal Change

The formation and change of attitudes in daily life is part of the ongoing process of living. Attitude formation and change occurs in the context of existing inter-personal relationships, group memberships and particular situations; they span various time periods. Sometimes the extent of attitude change is extreme. The mass media often dramatises such change when it is coercively-induced. An extreme change of attitude does not always require coercion. It is possible to identify the basic units involved in the attitudinal change process. The basic unit involved in an attitudinal change sequence is very similar to that involved in social influence. Social influence can be described as an agent making an intervention towards some focal person; attitude change minimally involves a source sending a message toward some focal person.

The basic sequence in attitude change involves a source sending a message to a receiver in order to determine the position held before the message was sent to him. The form of an attitude-change sequence is virtually identical to the form of an influence sequence. The characteristics of the source that effect attitude change have high credibility and attractiveness. Attractiveness can be physical attractiveness, perceived liking or similarity to the receiver. Suggestion, appeals to fear, and one-sided versus two-sided messages are characteristics of the message that affect attitude change.

All receivers do not respond in the same way to any given message. Some are more easily influenced than others. The impact of a message on a particular receiver depends upon how different the message is from the receiver's position and his defensive experience pertaining to its position. Attitudes are reputed to guide behaviour but sometimes there is no link between people's attitude and their behaviour. Attitudes, under certain conditions, may predict behaviour. Among such conditions, a correspondence between the measure of attitude and the behaviour that is observed, the presence of direct experience in the formation of the attitude, and the relevance of the attitude issue to the person whose behaviour is being observed, are prominent.

Values make our lives meaningful and give a sense of direction. A value may be anything that is desirable to a person. When value is socially conditioned and arises in interaction with others, it is known *as want*. There is a sense in which a value may be antecedent to a want and direct the course of a want, as for instance, when we want things because they have social value, or because they are prestige bearers. A person's set of values refers to the intentions and presuppositions by which he lives. These presuppositions and intentions serve as directive influences for one's behaviour. In this way they render a person's life relatively coherent and meaningful. This can be observed in hierarchically arranged values with one value taking precedence over another. The relationship between one's value hierarchy and his total personality is yet to be explored. While we make efforts to understand one's value hierarchy we come to know one as a better person. A person's value hierarchy is more integrated and his personality is more organised when he lives by habits and behaves consistently.

A child's actions are conditioned by the dominant values of his family. These values are moral, religious, social, etc. The family's value system serves as a relatively clear guide of the present and future conduct to the growing child. When a child comes into contact with norms and attitudes different from those of his family, he feels his value challenged. Values have a strong motivational character as they resemble wants and needs. Although they are unquestionably influenced by the expectations and norms of society, they also vary from person to person. This variation is reflected in their response to social stimulation. Norms are expressions of the dominant standard existing in a group. Values are both universal in a group and unique in an individual. They are universal because

all members of a group behave in accordance with their dictates. They are unique in the sense that every individual assimilates them in accordance with his own perceptual system.

Studies show that the individual, motivated by a theoretical value system, devotes himself to abstract philosophical, logical or scientific pursuits. He is motivated by the need for knowledge. The political man is driven by the need for power over others. The economic man is impelled by the need for material gain. The social man is motivated by sympathy and the need to relate himself positively to others. The aesthetic person finds satisfaction in sensuous experience such as beauty, symmetry and harmony. Attitudes are learned in interaction with values. Attitudes and values are, to a great extent, inseparable aspects of human behaviour. They guide the individual in his/her adjustment to social reality. Attitudes and values frame a person's social behaviour and his/her personality.

2.3 PREJUDICE

Prejudice is an attitude which predisposes an individual to think perceive, feel and act in favourable or unfavourable ways towards a group or its members. Whether or not a prejudiced person will really behave in accordance with his attitude depends upon circumstances and other factors. The term prejudice stresses the perceptual, cognitive and emotional content of a person's internal feelings, predispositions and experiences. It does not necessarily imply that the behaviour is congruent with such experience.

The word prejudice is derived from the Latin word 'Prejudicium': 'Pre' means before and 'Judicium' means judgment. Prejudice refers to positive or negative evaluations or judgments of members of a group that are based primarily on the fact of their membership in the group and not necessarily because of particular characteristics of the individual members. It is quite often defined as a negative attitude towards the members of some social, ethnic or religious group.

Characteristics of Prejudice

i)   Since prejudice is a type of attitude, it has to be acquired. A newborn child does not have a negative or positive prejudice towards people from other cast. As he comes to know about people's caste, class or religion, prejudice develops.

ii) Prejudice has an emotional tone. If the prejudice is favourable then one shows love and affection towards people of that class or caste. A person's unfavourable prejudice towards people of other ethnic group or religion comes out in the form of hostility, hate and anger.

iii) Prejudice is directed towards the group as a whole. The target of a prejudice is not an individual but the whole group. In spite of having some good qualities, any person or member of a particular group would be shown a particular type of prejudice by members of other groups.

iv) Prejudice is based on rigid generalisation. Rigidity is found in prejudice and it is based on inflexible generalisation. Even after receiving authentic information one does not change his/her prejudice.

v)   Prejudice is not related to reality. Whether prejudice is favorable or unfavourable, it is not related to reality. It is based on our traditions and customs.

There are five main theories of prejudice (i) Social learning theory which deals with a particular individual's prejudice and locates the cause in the prejudiced person's learning experiences with parents, friends and teachers, etc., (ii) Cognitive theory which emphasises the cognitive processes

such as categorisation, salience, and schemes that contribute to prejudice, (iii) Motivational theory which looks for the origins of prejudice in the prejudiced person's personality, (iv) Social identity theory which analyses how people categorise the social world into ingroups and outgroups and gain self-esteem based on the status of relevant outgroups, (v) Group conflict theory which combines the origin and the process of development of prejudice in a particular society, culture and group. The factors that help to maintain prejudice operate on three levels, i.e., (i) Social structure, (ii) Individual personality dynamics and (iii) Culture. Factors in social structure are- (a) Conformity to the norms of prejudice, (b) Interaction pattern, (c) Leadership support, and (d) Environmental support. Individual personality dynamics include (a) Frustration, aggression and making scapegoats, (b) Economic and status gains (c) Personality needs and (d) The authoritarian personality. The cultural factors include (a) Values and norms; (b) Socialisation of the child and (c) Ingroup Vs outgroup membership.

Effect of Prejudice in Social Behaviour

The effect of prejudice is both positive and negative. The positive effects of prejudice are as follows: (i) It helps a person satisfy his suppressed desire; (ii) It helps a person to get rid of his frustration by being aggressive towards other groups, (iii) With the help of prejudice the group may develop a feeling of superiority which helps in satisfying the need for prestige.

Negative effect of prejudice are: (i) Prejudice result in social conflict; (ii) It is the cause of social disorganisation and (iii) It creates problems for national integration.

2.4   LEARNING

Learning is that process which is the result of directed physical and mental activity leading to new or changed responses. The usual antecedent condition for learning is a single trial or it may come after many hours spent in fruitless endeavor. The length of the trial and error period depends on the difficulty of the task, the maturity of the learner and the skill, understanding and experience needed for the task. The trial period ends when the correct or right response occurs. The right response is that which closes the deal, ends the search or solves the problems. Reinforcement occurs when a response is satisfying. Once the correct sequence act has been established as a result of reinforcement, smoothness and skills are gained through repetition or exercise. Repetition provides a chance to reinforce what is learned and helps in better operation. It also strengthens the selected responses until they become well established habits.

Types of Learning

Multiple response learning is related to human beings and its nature is quite complex. There are three main types of multiple response human learning, i,e, (i) Sensory motor learning, (ii) Verbal learning and (iii) Concept learning. We will briefly take up the salient features of each.

In the field of human learning, sensory motor learning provides assistance to mirror drawing and pursuit learning. In this special learning, muscular actions are significant. These muscular actions are controlled by sense organs. Acquired human skills in different fields are included under this type of learning, for example, bicycling, playing on a piano, working on machines, flying aircrafts, etc.

A major part of human behaviour comes under verbal learning. Comparatively the amount of verbal learning is much more than sensory motor learning. For the experimental study of verbal learning, meaningful words have been used. There are four main techniques of presentation of verbal material, i.e., free-recall, serial learning and recall, paired associate and verbal discrimination procedure.

Concept learning is the most complex aspect of human learning. It is related with such verbal reactions in which things belonging to one category are known by one generalised name. Concept

learning is very important for thinking. After concept formation any stimulant or stimulant group is known by one name. For example, after concept learning we call a particular species of fruit 'mango' and the other 'banana'. Though each mango or each banana may differ from each other, yet they are known by a generalised name because of many common characteristics. Concept is a process of differentiation between common characteristics and relations among objects, persons and events. From the beginning of the thinking process in a child, concept learning begins taking place in his/ her mind. It develops in the mind of the child with his/ her contacts with new things. Concept learning is influenced by the process of perception, analysis, comparison, abstract thinking and generalisation.

Factors Promoting Learning

i) Various psychological factors and elements are necessary for learning. These elements are mainly different types of motivation, reward, punishment, knowledge of result, competition, etc. These elements generate the energy of reinforcement during learning. Learning and motivation are closely related. All living beings possess physical needs like hunger, thirst, sleep, sex, etc. As distinct from animals, human beings possess some strong social motives and that is why they are more influenced by rewards such as honour, fame and praise than physical motivation. Experiments show that rewards influence learning. When a hungry cat gets food as reward, she easily learns to go through the right path. In the field of learning, the effect of punishment has also been studied. The electric shock as a punishment has been used in such experiments and it has been found that faults are corrected after punishment. Acknowledgement of results also affects the learning process. When the learner knows that he/she would get something, his/her learning rapidly progresses. Competition also contributes to the speed of learning. When there is competition among learners, the learning process accelerates. In this situation, the learner thinks that he/she will be honoured in the society for his/her quick learning. We can say that competition and a feeling of honour promote learning.

ii) Physiological factors are quite significant in the learning process. The physiological conditions of the learner affect his learning. Fully developed body parts, healthy body and mental maturity promote the learning process.

Environmental factors also make a significant contribution to the learning process. The season, the temperature, the light or sound and the air contribute a lot to the learning process.

Factors Impeding Learning

Indifference, frustration, depression, social withdrawal, rewardlessness, severe punishment, unawareness of result, unhealthy competition, malnutrition, inefficiency and inactivity of glands, aging, fatigue, drug addiction, a broken family, criminal social groups, severe poverty, improper rearing, lack of proper educational and vocational training facilities, unavailability of healthy recreational opportunities and facilities, intolerable temperatures, bad ventilation, loud sounds, inadequate or insufficient drinking water and diet, etc., impede multiple response human learning.

Check Your Progress I

Note: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1) Describe the main types of learning.

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2.5   MEMORY

Memory is remembering what has previously been learned. Mental processes like emotion, perception, thinking and imagination are known to be involved in this process as well. After learning or experiencing any subject or event, the process of memory begins. According to our needs we bring this process into our conscious mind, and recognise and express it in our responses. All these mental stages are a part of memory. Some psychologists consider memory as a physiological phenomenon rather than a psychological one. These psychologists say that the memory is reproductive. Those who consider memory as a psychological phenomenon state that the memory of certain events is easier than others.

The first requisite element for memory is the assembling of facts and events which are to be taught under the learning process initially. The process of *learning* is the first necessary element of memory. The second element is the *retention* of those facts and events which have been learned. This is the organisation of learned subjects. The third element is to bring those facts and events which are retained in mind after learning under the *recall process*. The fourth element is the *recognition* of those facts and events which have been retained in our mind after learning and recall them to recognise them in their true form.

Types

Psychologists have described various types of memory.
Given below are two popular categories of memory:

I)   The first category contains four types of memory, i.e., (i) Sensory register, (ii) Short term memory (STM), (iii) Rehearsal and (iv) Long term memory (LTM).

The storage function of the sensory channels is called sensory register. Most of the information briefly held in the sensory register is lost; what has been briefly stored simply decays from the register. We pay attention to and recognise some of the information in the sensory register; and when we do this, the attended to information is passed on to short term memory for further processing. Experiments show that the visual sensory register holds information for up to about one second, while the auditory register holds information somewhat longer, up to 4 -5 seconds.

Short term memory is the memory that holds information received from sensory register for up to about 30 seconds. The length of the retention depends on many factors. Since the capacity of STM is so small much information stored here is lost as it is re-placed by other incoming items of information. Before it is lost, some of the information can be retrieved and used. We rapidly scan through STM when searching for an item of information. We examine everything in STM when we try to retrieve an item from it. Scanning process continues until all items of STM have been examined. Some of the information in STM is neither lost nor retrieved but passed along to the next memory stage – Long term memory – through rehearsal.

The process of rehearsal consists of keeping items of information at the centre of attention, perhaps by repeating them silently or aloud. The more an item is rehearsed, the more likely it is to be part of long term memory. The sheer amount of rehearsal may be less important than the ways in which the information is rehearsed. Just going over and over what is to be remembered does not succeed in

transferring it to long term memory. Elaborative rehearsal is more likely to succeed. Elaborative rehearsal involves giving the material, organisation and meaning as it is being rehearsed.

Long term memory (LTM) may last for days, months, years or even a life time. The storage capacity of LTM is unknown and the duration of storage has no time limit. Once information is stored in LTM, it is there for good; we seem to forget it is there because we have trouble, retrieving or getting access to what has been stored. We forget because of the confusion and interference produced by new things learned and put into LTM. LTM contains words, sentences, ideas, concepts and life experiences.

II)   The second category also consists of four types of memory, i.e., (i) Habit Memory, (ii) True Memory, (iii) Immediate Memory and (iv) Prolonged Memory.

   i)   Habit memory depends on noting any subject matter without understanding it. In this memory we do not use the process of remembering on the basis of thinking or logic. This type of memory has been considered physical memory instead of mental memory, and has no place for wisdom or reality.

   ii) True memory is just opposite of habit memory. In this memory we bring subject matter into our memory after understanding it well. In true memory the process of remembering depends on thinking and logic. This is mental memory with an appropriate place for intellect and reality. Some psychologists do not agree with the division of memory on physical and mental grounds and advocate in favour of their inter-relationship.

   iii) When any subject matter is repeated just after visualising or hearing, it is called immediate memory. Immediate memory is different from long term memory. Immediate memory is temporary. Studies show that immediate memory develops with age. It develops somewhat quicker in adolescence. The result of immediate memory may be known on the basis of words and numbers. Immediate memory indicates memory extension and this memory extension may be related to vision and audition. When words and numbers are shown, the immediate memory is called immediate vision memory extension and when the words and numbers are audited the immediate memory is called immediate audition memory extension.

   iv) Prolonged memory is the opposite of immediate memory and its nature is sustainable. In prolonged memory we use the learned material again after a definite time-interval for our purpose. Remembering lessons before examination and writing them in the answer book at the time of the examination, after recognising them, is a form of prolonged memory.

2.6   PERCEPTION

Perception is that organising process by which we come to know objects in their appropriate identity, as trees, men, buildings, machines and so on. Perception does not operate like an adding machine: impressions are not cumulative; rather, the mind interprets and integrates what it receives. We do not see the same thing in a picture, and report the same accident differentially depending on our age, sex, intelligence, experience, etc. A distinction is often made between sensation and perception on the ground that sensation is the primary response of the sense organs, whereas perception is the meaningful comprehension of the stimulus object. This distinction is theoretical with very little practical value. The processes of sensation and perception are not separated in experience. We never have pure sensations of colour or form or sound distinct from associations with objects and other experiences. If someone mentions the Taj Mahal at Agra, our nod of recognition will probably include a visual image of the building supplemented by memories of things seen there. Odour of medicine reminds us of a hospital ward and a sweet taste may call to mind experiences of a dinner party. In response to the term cricket many people report feeling as though they are bowling or batting.

Perception in these cases differs somewhat from imagination. In fact, imagination is really perception, in which there is a minimum sensory control. Perception is a mediating process antecedent to the final response. What we perceive depends in part on the nature of the stimulus and to an even greater degree on ourselves, so that perception becomes the comprehension of a present situation in the light of past experience.

The main characteristics of perception are unity and organisation of feelings and emotions; attention and selection; fixation and persistency; learning and past experiences, etc. Attention precedes perception and determines its character. Attention is a process of give and take with the environment. It is an active behaviour. We are said to be attentive when our sense organ activity is focused upon some defined stimulus: sounds in the street, changes in the weather, a cricket match, a lecture, etc. Perception is determined by internal personal conditions and external social situations. Motives, emotions, familiarity, attitudes, values and adjustment are the main internal factors which influence perception. The organisation of stimulus, the similarity in stimulus, closeness in stimulus, elements of figure and context, influence perceptions. The presence of others or a group also influences perception.

Types

There are two main types of perception, i.e., (i) Depth perception, (ii) Movement perception.

Depth perception is related to the linear perspective, clearness, interposition, shadows, gradients of texture and movement of objects, closer or away from the fixation point.

Movement perception is related to the type of motion, i.e., (i) Apparent motion and (ii) Real motion. The apparent motion may be autokinetic or induced.

Social Perception

Social perception is a subject matter of social cognition. Our social perception of others is initially based on the information we obtain about them and inferences (attributions) we make about the causes of their behaviour. Our social perceptions are grounded in our observation of others: their physical characteristics and their behaviour in particular settings. Our observation provides the information, i.e., converted into meaningful inferences by our cognitive framework. At a minimum, this process involves placing the information into cognitive categories related to other categories. We can make simple inferences from minimum data or combine rich sets of information into overall impressions. We can also make inferences about the causes of other people's behaviour as well as our own behaviour. Despite the smoothness in the working of the process, it has no guarantee of accuracy or the possibility of comparability with the observations of others. Social perception processes determine how we react to others and how we see ourselves. The cognitive framework simplifies the process of forming impressions of others. Many of the factors involved in making attributions about others also play a role in the process of forming self attribution. Social facilitation occurs most readily where the presence of the others is motivating.

Conformity pressures can create situations in which the information obtained from personal modes conflicts with the information obtained from social modes. Conformity can also occur in response to the requests of an authority figure and to rules governing behaviour.

2.7   STEREOTYPE

A stereotype is a fixed set of greatly simplified beliefs or idea which is held generally by the members of a group or by people. One caste or race may have a set of ideas about another caste or race. We have stereotyped ideas about various religious, ethnic or sex groups. Stereotype refers to certain physical aspects of some people; for example a tall and high-necked woman may be looked upon as a beautiful women or a broad shouldered tall black person may be regarded as a cruel person.

Stereotypes are highly generalised beliefs shared by the members of a group. They may be either based on some objective or on few observed instances. It has been considered as a concept that leads to false classification and feelings of like and dislike, approval or disapproval.

Stereotype is a form of typification with three characteristics- (i) People identify a category of persons according to certain attributes, (ii) People agree in attributing sets of traits or characteristics to the category of persons and (iii) People attribute the characteristics to any person belonging to the category.

The main characteristics of a stereotype are: (i) A stereotype is a mental picture or image. A stereotype is a mental picture of a class or a group on the basis of which we assign some characteristic to the members of that group, (ii) A stereotype includes a widely agreed belief about a group of people . For instance, most people believe that teachers are idealist, politicians are opportunist and so on, (iii) A stereotype involves gross and exaggerated generalisation. It develops on the basis of the experience of a few people of any group, (iv) Generally no change takes place in a stereotype. It does not change in spite of exposure to new information or contradictory information and (v) A stereotype can either be positive or negative. It is related to prejudice.

Stereotypes are not innate but are acquired. The factors responsible for the formation of stereotypes are (i) Partial experience and knowledge, (ii) Socialisation, (iii) Social and cultural factors, (iv) Imitation and (v) Tradition and folklore.

Stereotypes have an important role to play in social life as they influence our social interactions. We evaluate and interact with other people on the basis of stereotypes. The main functions of stereotypes are- (i) to make social behaviour meaningful, (ii) to control social behaviour, (iii) to predict social behaviour and (iv) to help us in commercial advertisements. Stereotypes influence our social interaction as well as interfere with our functioning.

Check Your Progress II

Note: a) Use the space provided for your answer.

    b) Check your answers with those provided at the end of this unit.

1) Describe in brief the types of memory.

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2) Describe in brief the concept of perception.

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2.8 MOTIVATION

Motivation refers to the driving and pulling forces which result in persistent behaviour directed towards a particular goal. Motives are inferences from observations of behaviour. They are powerful tools for the explanation of behaviour and they allow us to make predictions about future behaviour.

Physical needs like hunger, thirst, rest, sex, etc., of human beings are basic needs and they are hereditary. The internal energy generated by the human being in the course of several actions to satisfy his/her physical needs that helps him/her to achieve the goal, is called drive.

Theories of motivation include drive theory, incentive theory, the opponent process theory and optimal-level theory. Drive theory states that behaviour is pushed towards goals by internal states within the person. Incentive theory stresses the ability of goals to pull behaviour towards them. The opponent process theory is a hedonistic theory as it says that we are motivated to seek goals which make us feel good and avoid goals that create displeasure. This theory also says that many emotional motivating states are followed by opposing or opposite states. Optimal level theory is also a hedonistic theory which says that behaviour is directed towards seeking an optimal level of arousal or a balanced homeostatic state in internal physiological processes.

Biological motives such as hunger, thirst and sex have their origin in the physiological state of the body. These motives can be aroused by departures from the balanced or homeostatic levels of bodily processes, for instance by certain hormones or by sensory stimuli. Hunger motivation may be initiated when the blood level or the rate of use of nutrient substances falls below a certain threshold.

Sexual motivation depends to a large degree, on sex hormones. These hormones organise the brain and body during the developmental stage so that they have male or female characteristics. The activation of sexual motivation in humans is controlled more by external stimuli and learning than by sex hormones.

Sleep, adjustment with temperature and environmental /atmospheric conditions, freedom from discomfort/pain and excretory pressure are other forms of physical motivation.

Social motives are acquired motives such as the need for achievement, need for power, and human aggression which are learned/acquired motives that involve other people. The need for achievement is a motive to accomplish things and to be successful in performing tasks. People in need of high achievement prefer to work on moderately challenging and risky tasks which promise success and tasks where their performance can be compared with the performance of others. They are persistent in their work, seek more challenging tasks when they are successful and like to work in situations where they have some control over the outcome. Some women in need of high achievement may not display the characteristic behaviours mentioned above. The level of achievement motivation in a society can sometimes be related to its economic growth.

Power motivation is a social motive in which the goals are to influence, control, persuade, lead, cajole, charm others and enhance one's reputation. The behavioural expression of power motivation takes many forms. Popular among them are impulsive and aggressive action, participation in competitive sports, the joining of organisations, the collection of possessions, the choice of occupations which have a high impact on others. Among men it also takes the form of drinking and sexual domination over women. A special form of power motivation is characteristic of people who express their power motivation by exploiting others in a deceptive and unscrupulous fashion. Hostile aggression is the behaviour which has as its goal the harming of another living being who is motivated to avoid such harm. Among the environmental and social causes of hostile aggression are intense and arbitrarily imposed frustration, insults, compliance with social pressures and unpleasant environmental conditions such as high temperatures, intense noise, crowding, etc. Social learning, classical and instrumental conditioning are ways in which the tendency to aggress against others can

be learned. Under some conditions, punishment, catharsis, the presence of non-aggressive models or the induction of responses incompatible with aggression may serve to lessen aggressive behaviour.

The course of motivation does not run smoothly. Things happen that prevent us from reaching the goals towards which we are driven or pulled. The term frustration refers to the blocking of behaviour which is directed towards a goal. There are many ways in which motives can be frustrated. Conflict among simultaneously aroused motives is the most important reason why goals are not reached. If motives are blocked, emotional feelings and behaviour are affected. A person who cannot achieve his/her goal feels depressed, fearful, anxious, guilty or angry. He/she becomes unable to derive pleasure from living. There are many sources of frustration. Among them, environmental forces that block motive fulfilment, personal inadequacies that make it impossible to reach goals and conflicts between and among motives, are worth mentioning. Environmental frustration is caused by physical obstacles or resistance like lack of money, a locked door or people (parents, teachers, police officers, etc.) preventing one from achieving the goal.

Factors that have an influence on an individual's physiological and social growth or development, affect his/her motivation. Proper genetic characteristics, a good diet, comfortable environmental conditions, a harmonious and cooperative social environment, etc., help develop healthy motivation. Improper genetic ingredients, malnutrition, communal/criminal or unorganised social groups are obstacles to healthy motivation.

Check your progress III

Note: a) Use the space provided for your answer.

   b) Check your answers with those provided at the end of this unit.

1) Describe the nature of motivation in brief.

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2) Describe briefly biological motives of human beings.

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2.9   LET US SUM UP

In this unit we have learned some of the basic psychological concepts of human behaviour such as attitude, value, prejudice, learning, memory, perception, stereotype, and motivation.

An attitude is a hypothetical construct which influences a person's behaviour when he/she controls objects and situations related to that attitude. An attitude consists of three parts: (i) The affective component (how much a person likes or dislikes the attitude object), (ii) The cognitive (thinking, memory, learning and judgment) components (what a person believes about the attitude object) and (iii) The behavioural component (how the person acts towards the attitude object).

A value maybe anything that is desirable to a person. A person's set of values refers to the presuppositions by which he/she lives. Values have a strong motivational character as they resemble wants and needs. Values are both universal in a group and unique in an individual.

Prejudice is an attitude which predisposes an individual to think, perceive, feel and act in favourable or unfavourable ways towards a group or its members.

Learning is that process which is the result of directed physical and mental activity leading to new or changed responses. The usual antecedent condition for learning is a state of need or a high level of motivation. Learning proceeds through a trial and error period to a final selection of the appropriate response. Learning is most frequently thought of as that process which, as a result of training and experience, leads to new or changed responses.

Memory consists in remembering what has previously been learned. Memory is the knowledge of an event or fact, of which in the meantime, we have not been thinking with the additional consciousness that we have thought or experienced before.

Perception is that organising process by which we come to know objects in their appropriate identity, as trees, men, buildings, machines and so on. Social perception is a subject matter of social cognition. Our social perception of others is initially based on the information we obtain about them and inferences (attributions) we make about the causes for their behaviour. Our social perceptions are based on our observation of others.

A stereotype is a fixed set of simplified beliefs or ideas about people belonging to specific group which are held generally by the members of people of other groups or by people. Motivation refers to the driving and pulling forces which result in persistent behaviour directed towards particular goals. Motives are inferences from observation of behaviour.

2.10 KEY WORDS

Cajole	:	To persuade by flattery or promise.
Cessation	:	A ceasing; discontinuance, pause.
Drive	:	An aroused condition of the organism based upon deprivation or noxious stimulation of specified internal events. The source of motivation.
Hedonistic	:	Pertaining to or consisting in pleasure.
Homeostatic	:	The tendency of the body to maintain itself in a state of physiological equilibrium.
Pantomime	:	Expression by mute gestures.
Receptor	:	Sense organ.

2.11 SUGGESTED READINGS

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2.12 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) There are three main types of multiple response human learning: (i) Sensory motor learning, (ii) Verbal learning and (iii) Concept learning.

   Sensory motor learning provides assistance to avail material mainly in the form of mirror drawing and pursuit learning. In this special learning muscular actions are significant. These muscular actions are controlled by sense organs.

   A major part of human behavior comes under verbal learning. Comparatively the amount of verbal learning is much more than the muscular skill.

   Concept learning is the most complex aspect of human learning. It is related with such verbal reactions in which things belonging to one category are known by one generalised name. Concept learning is very important for thinking. After concept formation any stimulant or stimulant group is known by one name. Concept learning is dependent upon stimuli, individual characteristics and the experimental process.

Check Your Progress II

1) There are four major types of memory-(i) Sensory register; (ii) Short term memory (STM); (iii) Rehearsal and (iv) Long term memory (LTM).

   The storage function of the sensory channels is called sensory register. Most of the information briefly held in the sensory register simply decays. We pay attention to and recognise some of the information in the sensory register, and when we do this, the attended to information is passed on to short term memory for further processing. Short term memory is the memory that holds information received from sensory register for up to about 30 seconds. The length of the retention depends on many factors. Since the capacity of STM is so small, much information stored here is lost. Before it is lost, some of the information in STM is neither lost nor retrieved but passed along to the next memory stage-long term memory (LTM) through rehearsal. The process of rehearsal consists of keeping items of information at the center of attention, perhaps by repeating them silently or aloud. Elaborative rehearsal is more likely to succeed. Elaborative rehearsal involves giving the material, organisation and meaning, as it is being rehearsal. Long term memory (LTM) may last for days, months, years or even a life time. The storage capacity of LTM is unlimited, it is there for good.

2) Perception is that organising process by which we come to know objects in their appropriate identity, as trees, men, buildings, machines and so son. Impressions are not cumulative, rather, the mind interprets what it receives. We do not see the same thing in a picture and

report the same accident differently depending on our age, sex, intelligence, experience, etc. A distinction is often made between sensation and perception on the ground that sensation is the primary response of the sense organ, where as perception is the meaningful comprehension of the stimulus object. The processes of sensation and perception are not separated in experience. Perception is somewhat different from imagination. What we perceive depends in part on the nature of stimulus and to an even greater degree on ourselves. Perception may become the comprehension of a present situation in the light of past experience.

Check Your Progress III

1) Motivation refers to the driving and pulling forces which results in persistent behaviour directed towards particular goals. Motives are tools for the explanation of behaviour and they allow us to make predictions about future behaviour.

2) Biological motives such as hunger, thirst, sex and rest have their origin in the physiological state of the body. These motives can be aroused by departures from the balanced or homeostatic levels of bodily pressures, for instance by certain hormones or by sensory stimuli. Hunger motivation may be initiated when the blood level or rate of use of nutrient substances falls below a certain set point.

UNIT 3   DEFENCE MECHANISM

*Dr. Gayatri

Contents

3.0   OBJECTIVES

This unit will present you a general introduction about defence mechanisms and their features. After its completion, you may be able to understand:

* the nature of defence mechanism;
* types of defence mechanisms; and
* features of different defence mechanisms.

3.1   INTRODUCTION

All of us, quite often, face environmental or personal obstacles in life which cause anxiety and lead to stress. Psychologists have given different names to stress such as frustration, conflict, pressure, etc. To protect ourselves against anxiety and stress, our ego sets up mechanisms which are known as defence mechanisms. Defence mechanisms are unrealistic and operate at the unconscious level. While one uses such a mechanism one is unaware of it. Defence mechanisms are not healthy methods to cope with anxiety and stress as they are an unrealistic approach to problems. If defence mechanisms are used frequently, they lead to serious psychological disorders. The severity of stress depends on individual personality, situations, contexts, duration, importance, multiplicity of need, strength and quantity of conflicting forces, eminence of anticipated stress, unfamiliarity or suddenness of the problem, perception of a problem, degree of threat, stress tolerance of the individual and external resources and supports, etc. We experience stress in our life when we face circumstances like death of spouse or a close family member or close friend, marital separation or reconciliation, imprisonment, personal injury, illness, marriage, retirement, sex difficulties, pregnancy, new comer in family, change in financial state, business readjustment, change in job or work pattern, change in the responsibilities at work, mortgage or loan, difference with spouse or head of the family, beloved's leaving home, trouble with in-laws, outstanding personal achievement, attachment or detachment with job or wife, joining or leaving school, change in living conditions and residences or schools, change in personal habits, trouble with boss, change in religion, recreational and social activities, vacation and social gathering, etc.

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3.2 TYPES OF DEFENCE MECHANISMS

Psychologists have classified different defence mechanisms in a number of ways. Some of them put defence mechanisms in five or six main categories while others extend them up to 17-18 categories. Defence mechanisms are learned and designed to tackle self devaluation, anxiety and hurt and operate automatically at habitual levels. They typically involve measures of self deception and distortion. Defence mechanisms are usually exercised in combination instead of singly and quite often they are combined with task oriented behaviour. To a great extent they are necessary to soften failure, alleviate anxiety and hurt and protect feelings of significance adequacy and worth. Normally, they are adjustive reactions but sometimes they seriously interfere with the effective resolution of stress. Defence mechanisms may feature in a negative or a positive form.

The following is a list of the main types of defence mechanisms:

i)   Projection

ii)   Reaction formation

iii)   Regression

iv)   Repression

v)   Rationalisation

vi)   Denial of reality

vii)   Fantasy

viii)   Displacement

ix)   Emotional Insulation

x)   Intellectualization (Isolation)

xi)   Undoing

xii)   Identification

xiii)   Introjections

xiv)   Compensation

xv)   Acting out

xvi)   Selective forgetting

xvii)   Negativism

xviii) Sublimation

3.3 DIFFERENT DEFENCE MECHANISMS

Now we will take up different types of defence mechanisms along with their features.

i)   **Projection**

In projection, others are seen responsible for one's own shortcoming, mistake, misdeed, unacceptable impulses, thoughts and desires. Projection is the most common tendency being observed in human

behaviour for ego protection. If a student fails in an examination, he/she attributes it to poor teaching or the unfair behaviour of the teacher. Truants and delinquents blame their parents for their negligence, rejection or underestimation of their problems. Fate and bad luck are commonly used projections. Many times, lifeless objects are blamed. If a small boy falls off a cycle he may attack it by kicking it. If a player slips, he may return to the spot as if that was the cause of his slip.

In extreme cases a person may be convinced that others are conspiring against him and develop delusions of persecution. Other reactions of projective mechanism include the individual's attribution of his own unacceptable desires to others. This tendency is common among those who follow a strict code of moral values. For example, if a man is attracted to a girl, he may insist that the girl is behaving seductively towards him. Consequently, the girl becomes the offender while the man remains conveniently pure, unaware of his own unacceptable inclinations.

ii) Reaction Formation

When an individual protects himself from dangerous desire developing of a conscious attitude and behaviour patterns opposite to repression, he uses reaction formation. In this situation one conceals hate with love, cruelty with kindness, sexual promiscuity with moralistic sexual attitude and behaviour. Thus, he creates hurdles or barriers that reinforce his repression. His real desires and feelings are kept from conscious awareness. Reaction formation helps the individual to maintain his adjustment with socially accepted behaviour and avoid awareness of fear of self devaluating desires. One does not have a conscious control in this mechanism resulting in exaggerated and rigid fears of beliefs.

iii) Regression

Regression is a defence mechanism in which one performs reverted behaviour. The decline in attention of parents towards an elder child due to a new addition to the family may result in the elder one reverting to bed wetting and other infantile behaviour to draw parental attention. Becoming independent from a state of dependency is not so easy in life; that is why during severe stresses or difficult challenges one retreats to a somewhat immature level of adjustment. In regression an individual retreats from reality and may exhibit behavior which is not normally expected from that person.

iv) Repression

When a person excludes painful thoughts from his conscious awareness he uses repression. Very often it has been considered as selective forgetting but it is selective remembering. The matter one represses and refuses to include in the conscious awareness is not really forgotten. In case a person sees the accidental sudden demise of beloved friend or family member, this painful experience may be excluded from his conscious self leading him to become amnesic to this experience. Repression occurs without the conscious intention or awareness of the person.

In suppression, the person consciously takes the decision not to express the feeling or to think about the disturbing event. Repression is a significant self defence mechanism through which the ego is being protected from sudden traumatic experiences till it becomes desensitised to the shock.

v) Rationalisation

When a person justifies his maladaptive behaviour by false logic or ascribes it to noble motives which do not inspire it, it is called rationalisation. Rationalisation mechanism has two main defective values, i.e., first, it helps to justify particular specific behaviour; and secondly, it contributes to soften disappointment related with unattained goals. While using rationalisation mechanism one thinks logically and offers socially approved reasons in order to justify one's behaviour.

A popular example of rationalisation is the "sour grapes" reaction. The fox who was unable to reach a cluster of delicious grapes, decided that he did not want them after all because they were probably sour. Similarly, many times students justify their below standard performance on the ground that they have disassociated themselves from the competitive 'rat race'. Sometimes, failure to achieve a particular goal will end up in describing the goal itself as worthless; this is termed as 'sweet lemon.'

Check Your Progress I

Note: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1) What is defence mechanism?

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2) What are the types of defense mechanisms?

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3) Outline any one type of defence mechanism.

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vi)   **Denial of reality**

Denial of reality is the most primitive self defence mechanism and this is perhaps the simplest one. In this, the person ignores or refuses to acknowledge reality which is not acceptable or agreeable to him. If a person is feeling the stress of an unpleasant topic he may turn away from that. Other features of this mechanism are to faint when confronted with a traumatic situation, deny criticism to show that he is engaged with other work and has no time to deal with problems related to marital life, child rearing or job situations, etc. Such defensive reaction under extreme conditions gives temporary relief from the full impact of the traumatic situation.

vii)   **Fantasy**

When a person meets his needs or achieves any goal only in the imagination to overcome frustration, his ego exercises *fantasy* defence mechanism. The unrealistic wishes like, to be considered as a great leader, or a famous cricketer or an athlete or film actor with highly admirable performances are some of the features of fantasy. Using this mechanism one considers oneself capable, powerful and

respected. Fantasies provide some compensatory gratification to the individual and work as a preventive measure.

viii) **Displacement**

In *displacement* the person shifts his feelings of hostility and anxiety from the person who is the real cause to another person. Very often displacement is used in difficult emotional situations. Unpleasant experiences at work place leading to irritation and a quarrel with spouse at home is an example of displacement. Sometimes the person engages himself in exaggerated self accusation and feels severe guilt and self devaluation. Such reaction protects the individual from expressing dangerous hostility, getting into a state of depression or contemplating any suicidal actions.

Displacement becomes extremely complex and deviant when it passes through a process of symbolic association. Swearing is commonly used as a means of ventilating pent-up feelings. Destructive criticism and gossip are disguised methods of displacement.

ix) **Emotional Insulation**

People face several disappointments and frustrations in life and consequently they develop a capability to keep their anticipations confined. They do not become over-hopeful and carefully keep away from premature immature celebrations. This is emotional insulation. The person who looks forward to a prestigious position may not let himself become too excited or enthusiastic for fear that it may not materialise. In an extreme situation where frustration is prolonged, the person may lose hope and adopt a confined way of life. Such a personality protects itself from the bitterness of sustained frustration by developing a passive attitude and rejecting any healthy out lets. To some extent emotional insulation is a significant means of protection against non-essential disappointment. In life we often take chances and actively participate in some risky activities using emotional insulation mechanism as a protective and preventive measure against the repetition of previous pain.

x) **Intellectualisation (Isolation)**

This defence mechanism is related to both emotional insulation and rationalisation. One may divest stress, avoid a stressful emotional reaction and feel comfortable, by offering a rational explanation (intellectualisation). Very often we reduce our pain when a close friend or relative dies by saying that he lived a full life or died painlessly. To reduce our own guilt feelings, one may see shortcoming in others. Intellectualisation may be used in excessively stressful as well as mildly stressful situations in life.

Check Your Progress II

Note: a) Use the space provided for your answer.

  b) Check your answers with those provided at the end of this unit.

1) Describe the nature of denial of reality.

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2) Compare fantasy with displacement.

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3) Explain Intellectualisation.

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We shall now take up other types of defence mechanisms.

xi) Undoing (Atonement)

Undoing mechanism is used to make socially unacceptable acts, feelings, expressions and thoughts, ineffective. To apologise for mistakes, bear punishment, confess or express regret for any past disapproved act are various forms of undoing. The undoing mechanism develops in persons, in early life during the process of socialisation. In early life one learns that through apologising or being punished for any antisocial behaviour one's misdeeds can be overlooked and forgotten. In this early stage of life one develops methods of atoning for misdeeds. Such methods provide an unhealthy protection to ego for the time being. An unfaithful husband, giving expensive gifts to his wife, or an unethical person giving huge donations for a religious cause, are examples of atonement. Provision of confession and commitment to forgiveness in different religions helps the person to come get rid of his guilty feelings and make a new start. Undoing defence mechanism operates at an unconscious level. The individual reduces his feeling of guilt by amending his act, without a conscious awareness of the purpose of the action.

xii) Identification

Identification may operate as a defence mechanism by increasing feelings of worth and protecting the individual against self devaluation. The process takes shape during childhood when a child identifies his elders as models. The growing child becomes aware of how he is being evaluated by others, based on his family and other members of the primary group. When a child reaches adolescence or adulthood his identification capability enhances and covers a wide range of persons and groups. While on the one hand, society evaluates the individual in the light of his group membership, on the other hand, the individual also evaluates himself in the same light. Often employees identify with the power and prestige of the company in which they are employed and students with the college they attend. By doing so, to some extent, they fulfill their desire of being a party to the power and prestige

of the group they belong to. Identification is significant for those who feel basically inferior and need support.

xiii) Introjection

Introjection and identification are interrelated. Introjection as a defence mechanism involves the acceptance of the other's values and norms as one's own even when they are the opposite of one's previous assumptions. After a change in the form of government, people introject values and beliefs of the new government as a protective measure to themselves and avoid behaviour that may result in social rejection or humiliation. When a person changes his religion he accepts the values and faith of the new religion. Introjection may lead to maladaptive behaviour and has also been understood as identification with the aggressor. It is a defence reaction involving the concept that if one cannot win over his enemy he should join him.

xiv) Compensation

When a person feels inferior or inadequate because of some real or imagined personal short-coming or weakness or any setback or failure in life, he reacts in his defence through compensation. Such a reaction may take any form and may be constructive task oriented or deliberate. Overcoming a physical handicap through sustained effort and exercise is an example of compensation. The compensatory reaction or behaviour may be a deciding factor for success in life. Mostly compensatory behaviour is indirect. People make an effort to draw attention away from a defect or a weakness. Often a physically unattractive person may develop a pleasing personality or a physically weak person may become good scholar instead of becoming an athlete. All compensatory reactions are not desirable. Sometimes frustrated and neglected persons develop bad eating habits. Insecure children behave in such a way that they may get more attention from parents or family members. Sometimes people criticize others to bring them down to their own level. In extreme situations a person may involve himself in any antisocial behaviour or develop an eccentricity unconsciously in order to attract attention.

xv) Acting out

Through acting out reactions, a person reduces his anxiety and tension associated with a dangerous desire by allowing its expression. If a person feels that he has been mistreated by somebody or discriminated against he may become physically violent against the person he considers responsible for it. Acting out may be observed in cases where there is damage or destruction to property. Many of us in our life, experience active stress or conflict raising tension and anxiety to such a level that almost any action as a remedy is welcome. Many a times, acting out does not serve the purpose fully as it reduces tension and anxiety only for a few moments. Acting out is not possible in some circumstances as often people are unable to act according to their own values but are compelled to act according to social values.

xvi) Selective Forgetting

Escaping from or avoiding undesired or painful thoughts/memories (incidents/events) by forgetting them is selective forgetting mechanism. In this mechanism important facts or concepts disappear from one's attention. This mechanism does not have any adverse effect as it happens in the normal course of forgetting. This selective forgetting disappears and the person's memory comes back to its visual form after the expiry of the difficult situation.

xvii) Negativism

The expression of a flat refusal of any incident comes under this defence mechanism though it is not considered to be healthy. Such a procedural situation arises when the person is unable to fight conflict directly. It normally happens in the work place. A person using this defence mechanism, may refuse

to help in any conflict situation if he or she is approached at the time of the conflict. This happens because of the fear of failure.

xviii)   **Sublimation**

In case of failure to get satisfaction directly for any emotion one may make an effort to get satisfaction through socially accepted means. This process is known as sublimation. Due to social factors and other inhibitions, direct and easy sexual satisfaction is not possible and it may be suppressed. If suppressed feelings are neither channelised nor ventilated they may cause mental disorders. The provision of socially accepted means of ventilation or channelisation for suppressed feelings is sublimation. A short tempered person may channelise his unwanted emotions of temperament through engaging himself in heavy physical labour like cultivation, gardening, woodwork, etc. Sometimes through the sublimation mechanism, a person reacts positively and channelises his suppressed feelings in to work of art, literature or science, etc. Sublimation is a self generated process.

Check Your Progress III

Note: a) Use the space provided for your answer.

   b) Check your answers with those provided at the end of this unit.

1) Describe the salient features of compensation.

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2) Compare identification with introjections.

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3) Briefly describe sublimation.

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3.4   LET SUM UP

In order to protect ourselves against anxiety and stress our ego sets up mechanisms which are known as defence mechanisms. They are unrealistic and operate at the unconscious level. They are usually exercised in combination. They soften failure, alleviate anxiety and deprivation and work as

protection from feelings of inadequacy. Although normally they are adjustive reactions and may be positive or negative, in excess, they lead to maladjustment and still further mental disorders.

We have gone through a number of such defence mechanisms. Understanding such defence mechanisms may help you in the practice of social work especially for problem-solving and counselling. Let us relook these defence mechanisms.

Attributing the blame or difficulties on the other person is projection. Blocking harmful desire from being expressed by exaggerating the opposite attitude and type of behaviour is reaction formation. Retreating to earlier developmental level involving less mature responses and lower level aspiration is regression. Preventing painful thoughts from entering one's consciousness is repression. Attempting to prove one's behaviour justifiable and rational to be worthy for self and society is rationalisation. Denial of reality is protecting one's self from an unpleasant reality by a refusal to perceive or face it. Gratifying frustrated desires by imaginary achievements is fantasy. Discharging pent-up feelings like hostility on objects less dangerous than those which initially aroused the emotions is displacement. Reducing ego involvement and withdrawing into passivity to protect oneself from hurt is emotional insulation. Cutting-off affective charge from hurtful situations or separating incompatible attitudes by the logic-tight compartments is intellectualisation. Atoning for and thus counteracting immoral desires or acts, is undoing. Increasing feelings of worth by identifying self with person or institutions of illustrious standing is identification. Incorporating external values and standards into the ego structure so that the individual is not at their mercy is introjection. Covering up weakness in one area and emphasising desirable traits in another by over-gratification is compensation. Reducing anxiety aroused by hidden or dangerous desires by permitting their expression is acting out. Escaping from or avoiding undesired or painful thoughts through forgetting them is selective forgetting mechanism. Expression of a flat refusal of any incident or any action is negativism. Sublimation is the attempt to get satisfaction indirectly for an emotion by other socially accepted means. If these mechanisms are used in moderation in difficult situations, they may be regarded as healthy; and excess use of the same may be considered to be abnormal and may lead to severe mental disorders.

3.5 KEY WORDS

Amnesic	:	One with forgetfulness or loss of a large block of interrelated memories.
Apathy	:	1) Lack of interest in things which others find exciting.
		2) Suppression of emotion.
Attribution	:	That which is ascribed.
Conceal	:	1) To hide, withdraw or remove from observation.
		2) to keep secret.
Crusade	:	Any rigorous or aggressive movement for the defence or advancement of an idea
Divesting	:	To become deprived of anything.
Eccentricity	:	An oddity or peculiarity of conduct.
Pent-up	:	Confined, restrained.
Inclination	:	Liking or preference.
Infraction	:	Breach, violation.
Pornographic	:	Indecent literature

Promiscuity	:	Indiscriminate mixture or mingling.
Seductive	:	Tending to corrupt.
Reverted	:	to return back to a former habit, practice, belief, condition, etc.

3.6   SUGGESTED READINGS

Ahuja Niraj, (1999), *A Short Text Book of Psychiatry,* J.P.M. Publisher, New Delhi.

Coleman, J.C. (1964), *Abnormal Psychology and Modern Life,* Scott, Foresmen, Chicago.

Kagan Jercome and Julius Segal, (1988), *Psychology: An Introduction,* Har Court Brace Jovanovich Publisher, New York.

Munn. L. Norman et al. (1967), *Introduction to Psychology,* Oxford and IBH Publishing Co. Pvt. Ltd, New Delhi.

3.7   ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1) To protect ourselves against anxiety and stress our ego sets up mechanisms which are known as defence mechanisms. These defensive reactions or mechanism are not realistic and operate at the unconscious level. Through this process, we try to get rid of different stresses like frustration, conflict and pressure, etc.

2) Main types of defence mechanisms are:

i)	Projection	ii)	Reaction formation
ii)	Regression	iv)	Repression
v)	Rationalisation	vi)	Denial of reality
vii)	Fantasy	viii)	Displacement
ix)	Emotional Insulation	x)	Intellectualisation (Isolation)
xi)	Undoing	xii)	Identification
xiii)	Introjection	xiv)	Compensation
xv)	Acting out	xvi)	Selective forgetting
xvii)	Negativism	xviii)	Sublimation

3) Reaction formation – When a person protects himself from dangerous desires by developing conscious attitude and behaviour patterns opposite to repression, he uses reaction formation. In this situation, one conceals hate with love, cruelty with kindness, sexual promiscuity with moralistic sexual attitude and behaviour. His real desires and feelings are kept from conscious awareness and from being carried out openly. Reaction formation helps the individual to maintain

his adjustment with socially approved behaviour and avoid   awareness or fear of self devaluating desires.

Check Your Progress II

1)   Denial of reality is the most primitive of all self defence mechanisms and this is perhaps   the simplest one. In this, the person ignores or refuses to acknowledge such realities which   are not acceptable to him. If a person is feeling the stress of unpleasant sights or unpleasant topics he may turn away from them. One example of this defence mechanism is, fainting when confronted with a traumatic situation. Using this ego defence mechanism, a person suffering from severe illness, may deny the nature of the illness, its seriousness and probable consequences.

2)   In fantasy a person meets his needs or achieves goals in his imagination to overcome the frustration while in displacement a person shifts his feeling of hostility from the person who is the real cause to another person.

3)   Intellectualisation is the defence mechanism which is related to emotional insulation and rationalisation both. By rational explanation, a person avoids stressful emotional reaction and thus could feel somewhat comfortable. We reduce our pain when our friend or relative dies by saying that he or she lived a full life or died painlessly. We soften our failure and disappointments by saying that they might be sores. To reduce one's own guilt feelings one may see shortcomings in others.

Check Your Progress III

1)   Reactions in defence to feeling of inferiority or inadequacy caused by real or imagined personal shortcomings or weaknesses or any setback and failure in life are salient features of compensation. Such reactions may take any form and may be constructive. Overcoming a physical handicap through sustained effort and exercise is an example of compensation.

2)   Identification operates as a defence mechanism by increasing feeling of worth thereby protecting the individual against self devaluation. It takes shape during childhood. Introjection as a defence mechanism involves the acceptance of the other's values and norms as one's own even when they are opposite of one's previous assumptions.

1)   In case of failure to get satisfaction directly for any emotion one may make an effort to get satisfaction through socially accepted means. This process is known as sublimation. Due to social factors and other inhibitions, direct and easy sexual satisfaction is not possible and it may be suppressed. If suppressed feelings are neither channelised nor ventilated they may cause mental disorders. The provision of socially accepted means of ventilation or channelisation for suppressed feelings is sublimation. A short tempered person may channelise his unwanted emotions through engaging himself in heavy physical labour like cultivation, gardening, woodwork, etc. Sometimes through sublimation mechanism, a person reacts positively and channelises his suppressed feelings in to works of art, literature or science, etc. Sublimation is a self generated process.

UNIT 4   NORMALITY AND ABNORMALITY

* Ms. Jayanti Mohapatra

Contents

4.0   OBJECTIVES

By now you must be aware about the basics of general psychological concepts. It is not difficult to understand that one who is behaving in a very disturbed or destructive manner is abnormal since any deviation from normality is immediately perceivable. But sometimes it happens that we come to know that a normal looking individual is suffering from some form of mental ill –health. Defining what is abnormal is not an easy task. In this unit you will read about normality and abnormality. By the end of this unit you will be able to:

- Describe abnormality;
- State its characteristics;
- Explain some mental disorders in adults; and
- List the treatments available for these disorders.

4.1   INTRODUCTION

All of us have experienced problems at some or the other time of our life, but different people react and cope with it in different ways. With rapid industrialisation and globalisation many people suffer from problems like anxiety and depression though everybody suffering with these problems does not seek professional medical support. We have developed certain ways of thinking and talking about behaviour that seem normal but the concepts we use for scientifically studying human behaviour need to be free from all subjective feelings of appropriateness which is generally attached to certain human behaviours and activities. Let us now examine the concepts related to abnormal behaviour.

4.2   WHAT IS ABNORMAL PSYCHOLOGY?

Psychology and psychiatry have a long history of debate about the interrelated areas of normality and abnormality. Abnormal psychology is that branch of psychology which deals with abnormal behaviour. The literal meaning termed deviation from normal. You must be wondering as to which behaviour can be abnormal behaviour. Abnormal behaviour cannot be defined as a single component in a human being; rather it is a complex of several characteristics which are interlinked. Abnormality is usually determined by the presence of several characteristics at one time. The definition of

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abnormal behaviour takes into account the characteristics of infrequent occurrence, violation of norms, personal distress, dysfunction and unexpectedness of behaviour. Let us understand these concepts:

1) **Infrequent Occurrence:** Majority of people show average behaviour which follows social norms at different instances as and when they are called for. Statistically, 'abnormal' is when there is deviance in the occurrence, frequency or intensity of such a seemingly normal value. This means that theoretically, almost any behaviour could become 'abnormal' in an individual, given high statistical deviance. Consider the case of anxiety. Anxiety and its physical manifestation of heart palpitations and sweating could be a normal occurrence in a person in distress. But expression of these tendencies beyond the normal frequency may allude to the existence of an abnormal condition. Washing hands repetitively and compulsively is another example. But then again, frequency cannot be considered as the sole criterion for abnormality, other aspects have to be considered.

2) **Violation of Norms:** Humans, being social animals, social norms and cultural values guide behaviour in various situations. If the behaviour of a particular individual violates established and accepted social norms, threatens or makes others anxious, it can be considered as abnormal behavior. In this regard, abnormality is a deviation of behavior from the accepted social norms. A word of caution in this way of categorising is that, the social norms vary across cultures. For instance, members of a Native American community may perceive it to be natural to hear voices from a deceased relative, where as such an incident would be perceived as hallucination by a European (Nicholas, 2009). A social norm of one culture may be a violation of norm in others. Even within a culture this concept alone is too broad to stand by itself as a defining criterion as there are several exceptions to the rule. For example, criminals and prostitutes violate social norms but they are not necessarily studied within the domain of abnormal psychology.

3) **Extent of Distress:** A specific behaviour can be considered abnormal if it creates stress in the person experiencing it as well as the others around it. For example, a regular and heavy consumer of alcohol may realise his habit to be unhealthy and wish to discontinue his habit. This behaviour can be identified as abnormal. The personal distress model also is not self sufficient because people decide and report on how much they are suffering. Also the levels of distress vary in different people.

4) **Dysfunctions:** Dysfunction or disability considers a person to be abnormal if his emotions, actions, or thoughts interfere with his ability to lead a normal life in the society. For example, substance abuse disorders caused by abnormal drug use hamper a person's work performance.

5) **Unexpectedness:** This characteristic takes into account the unexpected occurrence of a particular behaviour.

Putting it all into Perspective

Each of the standards discussed here helps in defining abnormality. From the enumerated characteristics, it could be inferred that the core feature of abnormal behaviour is that it is maladaptive. Some degree of social conformity is clearly essential to group life, and some kinds of deviance are clearly harmful not only to the society but also to the individual. However, according to Coleman (1976), the best criterion for determining the normality of behaviur is not whether society accepts it or how deviant the behaviur is from the established norm but rather whether it fosters the well being of the individual and ultimately, of the group.

So defined, abnormal behaviour includes the more traditional categories of mental disorders-alcoholism, neuroses, and psychoses as well as larger social malaises in groups such a prejudice and discrimination, irrational violence and pollution of environment. All represent maladaptive behaviour that impair individual and/or group well being. According to Coleman (1976), such a definition of abnormal behaviour as maladaptive has solid scientific support much in the same way biological sciences are identifying conditions that are conducive or detrimental to physical health.

Check Your Progress I

Note: a) Use the space provided for your answer.

      b) Check your answers with those provided at the end of this unit.

1) List any two determinants of abnormal behaviour and explain any one with the help of an example.

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4.3 CAUSES OF ABNORMALITY

You must now be interested to know as to what causes the problems discussed above. The current views of abnormal behaviour tend to be an integration of several paradigms. *A paradigm is a set of basic assumptions that together define how to conceptualise studies and interpret data.* The choice of a paradigm has some very important consequences in which abnormal behaviour is defined. Let us study these paradigms:

1) **Biological Paradigm:** This view holds that mental disorders are caused by biological or bodily processes. This paradigm is also called as the medical model. Individuals working with this paradigm assume that answers to abnormal behaviour lie within the body. Let us take an example. Both research and theory support that anxiety disorders may stem from a defect within the autonomic nervous system that causes a person to be easily aroused or heredity probably predisposes an individual to develop schizophrenia. For the past many years biological research has made great progress in elucidating brain behaviour relationship but still it is not sufficient to say that the biological paradigm answers all the questions of abnormal psychology.

2) **The Psychoanalytic Paradigm:** Originally developed by Sigmund Freud this paradigm assumes unconscious conflicts to be the reason of abnormal behaviour. Freud particularly emphasised that intense anxiety can be caused by forbidden impulses for sex or aggression. The Freudian view also gives importance to guilt generated by superego in response to these impulses. The ego is caught in between id and superego which forces a person to adopt rigid defense mechanisms and inflexible behaviours.

3) **Behavioural Paradigm:** The behavioural paradigm considers maladaptive behaviour as the result of failure in learning required for adaptive behaviour and learning ineffective responses to those behaviours.

4) **Cognitive Paradigm:** This paradigm considers that the interpretations made by people are central to the understanding of abnormal behaviour. These interpretations are based on the type of underlying experiences and schemas which people have.

Keeping the above mentioned paradigms or perspectives let us sum up the causes of abnormal behaviour. The causes of abnormal behaviour can be classified an under:

1) **Biological Factors:** Various biological factors like genetic defects, dysfunction in the endocrine system, brain dysfunction, may together or individually become the cause of abnormal behaviour. Research has found that disorders like schizophrenia and manic-depressive psychoses are genetically transmitted. In the same way many other factors like extreme physical deprivation may also lead to psychological abnormality.

2) **Psychological Factors:** The role of psychological factors in causing abnormality is indirect hence it is difficult to measure. But various psychological factors like relationship with parents during childhood, their attitude towards socialisation, peer group, etc., may develop faulty identity, over-pessimism, overindulgence or over-protectiveness in an individual.

3) **Socio-cultural Factors:** This factor is constantly being explored because not much specific evidence has been found. But rapid urbanisation, social changes, changes in work culture, etc., are making individuals more prone to anxiety, stress and depression. These factors thus contribute to the onset of abnormal behaviour.

4.4   ASSESSMENT OF PSYCHOLOGICAL DISORDERS

Several modes of assessment are used by a psychologist for describing a patient in the best possible way. The two main approaches of assessment are psychological and biological assessment.

Psychological Assessment: Psychological assessment includes interviews, which can be both structured and open in nature. Structured interviews are designed to provide a diagnosis for a client by detailed questioning of the patient in a "yes/no" or "definitely/somewhat/not at all" forced choice format. SCID-R I (Structured Clinical Interview, used in the DSM-III-R is an example of structured clinical interview. Similarly, psychological tests like self-report personality inventories, intelligence tests, etc., are structured, eliciting responses within a structured framework. Unstructured interviews allow the patient more control over the topic and direction of the interview and are better suited for general information gathering. Projective Tests like Rorschach Ink Blot test, Thematic Apperception Test are open / unstructured tests.

Biological Assessment: This type of assessment involves imaging techniques like CT Scan, PET Scan (Positron Emission Tomography), etc., which help to see various structures of the brain. Also neuropsychological tests are used to find brain defects by the variations in response to the psychological tests like Tactile Performance Test, Time Category Test, Speech Sounds Perception Test, etc. Biological Assessment also includes psychophysical measurements such as pulse rate, heart rate, skin conductance, etc.

Other than these assessments, behavioural observation on how the person is behaving in a given context is invaluable in understanding his or her condition. Behavioural observations used clinically seek answers to questions like "How does the person act?", 'Do they make and maintain eye contact?', etc.

Classification of Psychological Disorders

Unlike physiological illnesses like diabetes, stroke, infections, a mental disorder and its taxonomy is quite ambiguous with many overlaps of symptoms, comorbidities and culturally mediated behaviours. An accurate diagnosis can mean the difference between effective mental health treatment and treatment that does little to aid in improving the patient's quality of life. A sturdy evaluation framework is therefore essential to provide effective care to persons exhibiting mental disorders. There are currently two widely established systems for classifying mental disorders-Chapter V of the International Classification of diseases (ICD-10) produced by the World Health Organisation and the Diagnostic and Statistical Manual (DSM) of mental disorders developed by the American Psychiatric Association. The DSM system has had 5 revisions, and the latest version is DSMV. However, the preceding version-DSM IV is the version still widely in use. The system uses a multi-axial system of classification, which asks for judgements about individuals on five separate dimensions, or "axes".

The following box provides an overview of the entire system and the five axes. It should be noted that the diagnoses of disorders are made on Axis I (for major clinical disorders) and Axis II (milder, long-running personality disturbances). The remaining three axes are used to record supplemental information. A patient's physical disorders are listed on Axis III (General Medical Conditions). On Axis IV (Psychosocial and Environmental Problems), the clinician makes notes regarding the types of stress experienced by the individual in the past year. On Axis V, (Global Assessment of Functioning) estimates are made of the individual's current level of adaptive functioning (in social and occupational behaviour, viewed as a whole), and of the individual's highest level of functioning in the past year.

DSM IV Classification System

Axis I: Clinical Syndromes

1. Disorders usually first diagnosed in infancy, childhood or adolescence (excluding mental retardation, which is diagnosed on Axis II)

2. Organic Mental Disorder

    These disorders are temporary or permanent dysfunctions of brain tissue caused by disease of chemicals. Examples are delirium, dementia and amnesia.

3. Substance Related Disorders

    This category refers to maladaptive use of drugs and alcohol.

4. Schizophrenia and other psychotic disorders

    Disorders are characterised by psychotic symptoms, (for example, grossly disorganised behaviour, delusions, hallucinations) and by over 6 months of behavioural deterioration.

5. Mood Disorders

    The central feature of these disorders is emotional disturbance. Patients may, or may not have psychotic symptoms. These disorders include major depression, bipolar disorder, dysthymic disorder and cyclothymic disorder.

6. Anxiety Disorders

These disorders are characterised by physiological signs of anxiety and subjective feelings of tension, apprehension or fear. Anxiety may be acute (as in panic disorder) or continual and diffuse (generalised anxiety disorder).

7.   Somatoform disorders

These disorders are characterised by somatic symptoms that represent physical illness. The symptoms are produced by psychological conflicts or factors. This category includes conversion disorders and hypochondriasis.

8.   Dissociative Disorders

These disorders feature a sudden, temporary alteration of dysfunction of memory, consciousness, identity and behaviour, as in dissociative amnesia and multiple personality.

9.   Sexual and Gender Identity Disorders

There are three basic types of disorders in this category: gender identity disorders (discomfort with identity as male or female), paraphilias (preference for unusual acts to achieve sexual arousal), and sexual dysfunctions (impairments in sexual functioning).

Axis II: Personality Disorders and Mental Retardation

These disorders are patterns of personality traits that are longstanding, maladaptive and inflexible and involve impaired functioning and subjective distress. Examples include borderline, schizoid and anti social personality disorders. It also looks into mental retardation in the patient. Separation of these conditions into Axis II ensures that they receive attention, even when the conditions in Axis I remain starker and more florid.

Axis III: General Medical conditions

Physical disorders or conditions are recorded on this axis. Examples include diabetes, arthritis and hemophilia.

Axis IV: Psychosocial and Environmental Problems

A psychosocial or environmental problem may be a negative life event, and environmental difficulty or deficiency, a familial or other interpersonal stress, a lack of social support, which increases a person's vulnerability.

Axis V: Global Assessment of Functioning (GAF) Scale

This axis is for reporting the clinician's judgements of the individual's overall level of functioning.

Check Your Progress II

Note: a) Use the space provided for your answer.

   b) Check your answers with those provided at the end of this unit.

 1) Explain the biological paradigm as cause of abnormal behaviour.

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2) Can we assess personality disorder? Describe.

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4.5   MENTAL DISORDERS IN ADULTS

Mr. X is working in a firm where he is involved with public dealings. He is a shy person and gets nervous especially if he has to talk with ladies. While dealing with ladies he used to feel a number of symptoms like wet hands, dryness of throat, and lump in the stomach. To avoid this anxiety he unconsciously developed a number of problems like severe headache or pain in the stomach. He was advised rest and also asked to consult a psychologist by his physician as there were no other physiological disorders.

This is a particular case of anxiety. But anxiety can take serious form if not addressed and treated properly. In this section of this unit, we will read some of the psychological disorders within the field of abnormal psychology. You must have read the classification according to the DSM-IV manual in the previous pages. It is not possible to study about all of them in detail hence we will focus on: Anxiety Disorders, Mood Disorders, Schizophrenia and Personality Disorders.

Anxiety Disorders

Anxiety can be described as a general feeling of dread or apprehension followed by physiological reactions like increased heart rate, sweating, tense muscles, etc. Anxiety differs from fear in one respect and that is fear has a cause and once that cause is removed, fear subsides whereas anxiety is less clearly linked to specific events and thus tends to be more pervasive and less responsive to changes in the environment. Anxiety disorders are diagnosed in the presence of subjective experience of feeling of anxiety. According to DSM-IV there are six categories of anxiety which are phobias, panic disorder, generalised anxiety disorder, obsessive-compulsive disorder, and post-traumatic stress disorder. The different forms of anxiety disorders involve a range of symptoms like frequently experienced anxiety, worry, fear, etc. Sometimes many of the symptoms are similar in various disorders.   Let us look into the various anxiety disorders.

Phobia: Phobia can be defined as a disrupting fear-mediated avoidance that is out of proportion to the danger posed by a particular object or situation and is recognised by the sufferer as groundless, for example, extreme fear of heights, closed places, animals, etc. The phobias have been categorised like the most common claustrophobia which is fear of closed places. The term phobia implies that the individual is suffering from severe distress and social/ occupational impairment.

Panic disorder*:* Have you ever had an experience where for no apparent reason you suddenly felt an intense apprehension and tension that caused your heart to pound rapidly, sweating of your palms or trembling? If your answer is yes then you have probably experienced panic. Panic disorder is characterised by attacks of terror and intense fear not justified by situation. The attacks produce physiological symptoms such as dizziness, increased heart palpitation, trembling, shortness of breath, etc. It also produces psychological symptoms such as fear of dying or going crazy. After a number of anxiety attacks, victims often become apprehensive, wondering when their next panic will occur.

Their concern about exhibiting panic in public may escalate to the point where they are afraid to leave home. This creates a condition called agoraphobia (fear of open places), which is a common complication of panic disorders.

Obsessive-compulsive disorder: Obsessions are thoughts that repeatedly intrude on one's consciousness in a distressing way. Compulsions are actions that one feels compelled to carry out. Thus, an obsessive-compulsive disorder (OCD) is marked by persistent, uncontrollable, recurring compulsions/urges of behaviour, which causes distress to the individual.

Post traumatic stress-disorder: People who have experienced a profoundly traumatic event such as an assault or war often exhibit a range of distressing symptoms as an aftermath to that event. This disorder is characterised by flashbacks and recurrent thoughts of a traumatic and stressful event. This disorder has a number of symptoms such as nightmares, avoiding thoughts, and exaggerated startled response such as screaming, when tapped at the back. This can last a lifetime too.

Generalised anxiety disorder: Generalised anxiety disorder is a chronic state of anxiety so pervasive that it is often referred as "free-floating anxiety". The psychological symptoms of generalized anxiety disorder includes a persistent state of apprehension, worry about some danger, poor concentration, indecisiveness, mild depression, sensitiveness to criticism, upset stomach, dryness of mouth, fatigue, etc. People with this disorder worry constantly about yesterday's mistakes and tomorrow's problems. They often dread decisions and brood over them endlessly. People on routine jobs and night duties such as security personnel and policemen sometimes suffer from this condition.

Mood Disorders

When emotional states reach levels severe enough to interfere with daily living, a person is said to be experiencing a mood disorder. While everyone experiences mood swings, people who exhibit mood disorder have symptoms that are more intense and long-lasting and interfere with normal functioning. The following are the two main types of mood disorders:-

Depressive Disorders: The symptoms of depressive disorders often include loss of energy, inability to concentrate, agitation, significant weight change, feelings of worthlessness and thoughts of suicide or death. Using categories established in DSM IV, psychologists distinguish between major depression which is characterized by periods of great sadness or despair that lasts for two weeks or more, and dysthemia, a less severe form of depression that is usually labeled as chronic and more long lasting.

Bipolar Disorders: In a minority of mood disorders, depression is accompanied by occasional periods of mania, a condition characterized by a high energy level, increased activity, elation and expansiveness. When this occurs, it is referred to as bipolar disorder. Extreme levels of mania often lead to behaviour described as totally out of control and frightening. The frequency of each state varies among individuals, with some showing a very rapid change from mania to depression, others experiencing longer bouts of each state and some experiencing interspersed periods of normalcy between the two extremes of depression and mania.

Schizophrenia: Schizophrenia is one of the most severe and disabling of all mental disorders characterized by extreme disruptions of perceptions, thoughts, emotions and behaviour. Schizophrenic disorders are distinguished from other disorders primarily by the extreme disturbances in thinking that cause people to behave in maladaptive ways. Individuals with schizophrenia often suffer from false beliefs or delusions and hallucinations which means perception without stimulus. The thinking process of a schizophrenic is loss of control on associative thinking like while talking about a close relation and then suddenly talking about a story or any other event without any continuation or preface. People having schizophrenia have difficulty in keeping their mental thoughts together.

The primary symptoms of schizophrenia are:

- Disturbances of thoughts – Most of the patients show marked differences in their contents of thoughts like delusions, incoherence of ideas, etc.

- Disturbances of perception – Disturbed perception may result in changes in how the body feels or feeling of separation from his/her body (depersonalisation).

- Disturbances in emotional expression – Another major symptom is disturbance in expressing or incorrect expression. The patient may show flat or blunted expression with no facial expressions. Incorrect expression may result in laughing over the death of a loved one or crying over some happy news.

- Disturbances in speech – Abnormal speech patterns like not uttering a sound for hours or days together (mutism) or repeating the verbatim which is called as echolalia.

- Social withdrawal – Schizophrenics show an inclination to withdraw from the company of others. They tend to be isolated and emotionally detached from friends and family members.

- Diminished motivation – Marked diminished motivation is also seen in the persons suffering with schizophrenia.

The three main subtypes of schizophrenia are paranoid, catatonic and disorganized. The major symptoms of **paranoids** are delusions and auditory hallucinations. They are tense, suspicious and guarded. They may feel people are trying to harm them or planning against them. The **Catatonic** face motor immobility, rigid posture or excessive motor activity including parrot like repetition of an action or anybody's saying. The catatonics may assume a peculiar posture for long periods of time. The symptoms of **disorganized** schizophrenia are disorganized speech, bizarre behaviour and inappropriate effect. This may be characterized by poor contact with reality, disheveled appearance and bizarre behaviour such as laughing at inappropriate times.

Personality disorders: It is characterized by continuous maladaptive style of thinking, feeling and behaving which disturb the normal functioning of an individual's life. For example, a person with a dependent personality disorder will always be submissive and will show clinging behaviour. This person will not be able to take any decision for himself/herself and always show excessive need to be taken care of. An individual with histrionic personality disorder will display excessive emotionality and always show attention seeking behaviour. Another major form of personality disorder is antisocial personality disorder. It is marked by irresponsible and socially disruptive behaviour like stealing and destroying property. Antisocial individuals do not take the initiative for getting themselves treated.

Personality disorders usually emerge during late childhood or adolescence and often continue throughout adulthood. The DSM group personality disorders into three clusters-

Cluster A: People who are perceived as odd or eccentric. This cluster includes paranoid, schizoid and schizotypal personality disorders.

Cluster B: People whose behaviour is overly dramatic, emotional or erratic. This grouping consists of antisocial, borderline, histrionic and narcissistic personality disorders.

Cluster C: People who often appear anxious or fearful. This cluster includes avoidant, dependent and obsessive compulsive personality disorders.

Check Your Progress III

Note: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1) Explain anxiety disorder.

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2) What are the different types of Schizophrenia? Explain anyone with an example.

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Psychotherapy

So far, we have discussed the different mental disorders. Various forms of therapies are available for these psychological disorders. For treating the psychological disorders, the psychotherapeutic process revolves around the relationship between the therapist and the patient. It involves verbal and nonverbal communication. One point of caution in this therapy is that it should be practiced only by a person who has had proper training in it. The interaction between the therapist and the patient is a confidential and dynamic relationship.

There are different modalities of psychotherapies and they aim at changing the maladaptive behaviours of the individual and facilitating him/her in adjusting to the social environment. There are three phases of the therapy, that is, the initial phase, the middle phase and the terminal phase. The initial phase involves interview of the patient and moves towards developing rapport with him/her. The middle phase follows this phase, which involves the therapeutic approach. It involves relearning and experiencing, psychotherapeutic relationship and motivations and expectations. The therapy ends with a successful termination process and demand follow-up action on a periodical basis.

Now let us look into the different types of therapies:

Bio-medical therapy: People who are trained medically treat mental illness equivalent to physical illness. Some of the therapies which are used for the treatment of psychological disorders are insulin coma therapy and electro convulsive therapy (ECT) in which a mild electric current pass through the brain of the patient which produces convulsions. Drug treatment is also used in the case of schizophrenia, mania, depression and anxiety. These drugs are known as psychotropic or antipsychotic drugs.

Psychodynamic therapy: The psychodynamic therapy is based on the psychoanalytic perspective. The main thought behind this perspective is that the psychological problems result from childhood experiences. The different techniques used by the psychotherapist are 1) free association, where the

patient is asked to say whatever comes to his/her mind which is later on analysed, 2) analysis of dreams, 3) transference analysis which means the analysis of the patient's reaction to the therapist which is assumed to mirror his/her relationship with significant others in his/her life.

Behaviour therapy: This therapy is based upon the principles of learning. No matter how self-defeating or pathological a client's behaviour might be, the behaviourist believes that it is the result of past learning and conditioning. The therapist thereby seeks to replace maladaptive learning or conditioning with adaptive ones. The techniques of behavior therapy are, systematic desensitisation, aversion therapy, assertiveness therapy, modeling technique and bio-feedback.

Cognitive therapy: This therapy lays a great stress on recognizing and changing negative thoughts and maladaptive beliefs. One of the two famous cognitive therapies is Beck's therapy which helps an individual to recognise one's negative thoughts and interrelation. The other therapy is Rational Emotive Therapy which tries to change the maladaptive thoughts by restructuring the self evaluation and belief system.

4.6   LET US SUM UP

We have discussed in this unit about the various types and concepts related to abnormal behaviour. Abnormality is usually determined by the presence of several characteristics at one time. The definition of abnormal behaviour takes into account the characteristics of infrequent occurrence, violation of norms, personal distress, dysfunction and unexpectedness of behaviour and above all, their maladaptiveness. We have also studied some abnormal disorders in adults like anxiety disorders, personality disorders and schizophrenia. Various forms of therapies are available for psychological disorders. For treating the psychological disorders, psychotherapy is a known and successful therapy, which revolves around relationship between the therapist and the patient.

As a practitioner, one needs to be aware of the dynamic socio-cultural context within which the definitions of abnormality, its classification and treatment are situated in to do justice to the client. Even as the constantly updated versions of DSM are constant reminders of the ambiguities in classifying many disorders, there seems to be a general trend in "labeling" clients with diagnostic labels of different disorders as though they were water tight, indisputable containers. A good social worker should be critical of such trends and aspire to evaluate, support a client respecting the holistic being he/she is, leaving scope for constant change and improvement in a person's situation.

4.7   KEY WORDS

Psychotherapy   : The treatment of psychological disorders by psychological means, within the framework of an existent psychological theory.

Cognitive therapy   :   This is a school of psychotherapy which elicits changes in mood and behaviour by identifying and altering faulty ways of thinking.

Psychoanalytic psychotherapy   :   This is a school of psychotherapy, based on classical psychoanalysis, psychotherapy which corrects dysfunctional moods and behaviour through an analysis and corrections of faulty ways of dealing with conflicts.

Unconscious mind	:	This is the part of the mind which, despite efforts, cannot be accessed by the consciousness.
Cognitive Distortion	:	These are maladaptative thinking patterns that distort reality in a negative way, and make persons perceive the world as being more hostile than it actually is.

4.8 SUGGESTED READINGS

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4.9   ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

1)   **Infrequent occurrence:** Majority of people show average behaviour in response to any event in life. Those people who deviate from the average show extreme tendencies. However, they do not always exhibit this deviance. Thus, frequency alone cannot be considered as the sole criterion for determination of abnormal behaviour.

Violation of norms: This approach is based on social norms and cultural rules that guide behaviour in particular situations. If the behaviour of a particular individual violates social norms, threatens or makes other anxious, it can be considered as abnormal behaviour. Abnormality is a deviation of behaviour in higher degree from the accepted social norms. A word of caution in this characteristic is that the social norms vary across cultures. A social norm of one cultural may be a violation of norm in others. This concept alone is too broad as criminals and prostitutes violate social norms but they are not necessarily studied within the domain of abnormal psychology.

Personal distress: A specific behaviour can be considered abnormal if it creates distress in the person experiencing it. For example, a regular and heavy consumer of alcohol may realize his habit to be unhealthy and want to discontinue his habit. This behaviour can be identified

as abnormal. The personal distress model is not self sufficient because people decide and report on how much they are suffering. Also, the levels of distress vary in different people.

Dysfunctions: Dysfunction or disability model considers a person to be abnormal if his emotions, actions, or thoughts interfere with his ability to lead a normal life in the society. For example, substance abuse disorders caused by abnormal drug use hamper a person's work performance.

Unexpectedness: This model takes into account the unexpected occurrence of a particular behaviour.

Check Your Progress II

1) This view holds that mental disorders are caused by biological or bodily processes. This paradigm is also called as the medical model. Individuals working with this paradigm assume that answers to abnormal behaviour lie within the body. Let us take an example: Both research and theory support that anxiety disorders may stem from a defect within the autonomic nervous system that causes a person to be easily aroused or heredity probably predisposes an individual to develop schizophrenia. For the past many years biological research has made great progress in elucidating brain behaviour relationship but still it is not sufficient to say that biological paradigm answers all the questions of abnormal psychology.

2) The two main approaches of assessment are psychological and biological assessment.

Psychological assessment: Psychological assessment includes interviews, which can be both structured and open in nature. Psychological tests like self report personality inventories, intelligence tests are closed tests. Projective Tests like Rorschach Ink Blot Test, Thematic Apperception Test are open tests. Other than these, observation method is also a useful method for assessing an individual.

Biological Assessment: Biological Assessment involves imaging techniques like CT scan, PET scan (Positron Emission Tomography), etc., which help to see various structures of the brain.

Check Your Progress III

1) Anxiety can be described as a general feeling of dread or apprehension followed by physiological reaction like increased heart rate, sweating, tensed muscles, etc. Anxiety differs from fear in one respect and that is, fear has a cause and once that cause is removed, fear subsides, whereas anxiety is less clearly linked to specific events and thus tends to be more pervasive and less responsive to changes in the environment. Anxiety disorders are diagnosed in the presence of subjective experience of feeling of anxiety.

2) The three main subtypes of schizophrenia are paranoid, catatonic and disorganized. The major symptoms of **paranoids** are delusions and auditory hallucinations. They are tense, suspicious and guarded. They may feel people are trying to harm them or planning against them. The catatonic face motor immobility, rigid posture or excessive motor activity

including parrot like repetition of an action or anybody's saying. The catatonics may assume a peculiar posture for long periods of time.

UNIT 5   BASIC CONCEPTS OF SOCIAL PSYCHOLOGY

* Dr. Richa Chaudhary

Contents

5.0   OBJECTIVES

In Unit 2, you have gone through some of the important basic concepts relevant for understanding human behaviour. In this unit, we will present to you a general introduction to the basic concepts of social psychology. After its completion you may be able to understand:

- nature and scope of social psychology;
- leadership and role of a leader in a group;
- crowd and its characteristics;
- mob and mob psychology;
- public opinion: its impact and relevance to society;
- propaganda: methods and implication; and
- relevance and importance of social psychology for social workers.

5.1   INTRODUCTION

Social psychology scientifically studies how people act, think, and feel in the context of society. It considers how people's behaviours, thoughts, and feelings change because of other people. Social psychologists are mainly concerned with understanding the wide range of conditions and circumstances that shape the social behaviour and thought of individuals, their actions, feelings, beliefs, memories and influences with respect to other persons, in different social settings.

A large number of different factors play an important role in this regard. Factors influencing and responsible for social interaction and behaviour may be biological, cognitive, ecological and cultural characteristics and behaviour patterns of other people. Social psychologists study all these aspects carefully with the help of different tools and techniques of modern scientific research methodology, draw inferences from their findings and develop theories pertaining to them.

* Dr. Richa Chaudhary, Dr. B.R. Ambedkar College, Delhi

5.2 DEFINITION, NATURE AND SCOPE OF SOCIAL PSYCHOLOGY

In order to understand the relevance and importance of social psychology for social workers one should know the nature and scope of social psychology.

Social psychology has been defined by different social psychologists and their definitions clarify its nature and scope. Let us go through some of the definitions of social psychology.

i)   Social psychology may be broadly defined as a science of the behaviour of the individual in society (Krech D. and Richard Cutchfield).

ii) The primary concern of sociology is group behaviour, and that of social psychology is the behaviour of the individual in the group situation (Otto Klienberg)

iii) Social psychology is the scientific field that seeks to understand the nature and causes of individual behaviour and thoughts in social situations (Rober Barons and Donn Byrne).

iv) Social psychology is the scientific study of the influence process. It attempts to understand, explain and predict how the presence of another person, a group of people and environmental factors influence a person's thoughts and behaviour (G.W. Allport)

Social psychology is the study of persons in their interactions with one another with reference to the effects of this interplay on the individual's thoughts, feelings, emotions and habits. Social psychology is concerned with the ways in which a person's conduct and dispositions are influenced by the conduct and dispositions of other people. Social psychology is a branch of psychology, which aims at understanding one's thinking and interaction with others. It describes factors that shape and formulate the actions and thoughts of individuals within different social settings.

Social psychologists are mainly concerned with understanding the wide range of situations that structure the social behaviour and thoughts of individuals - their actions, feelings, habits, memories and influence with respect to other persons. A number of different factors play a vital role in this regard. Factors affecting social interaction may be divided into five categories:

i)   The actions and characteristics of others — what others say and do;

ii) Basic cognitive processes such as memory and reasoning that underline our thoughts, ideas and judgments about others;

iii) Ecological variables — direct and indirect influences of the physical environment such as temperature, privacy, crowding and related factors;

iv) The cultural context in which social behaviour and thought occur and

v)   Biological factors and processes that are relevant to social behaviour, including certain aspects of our genetic inheritance.

Let us try to clarify the nature and importance of the above mentioned factors in shaping social thought and social behaviour. Consider the situations given below:

- Suppose you are talking to a friend and somebody else suddenly joins you both;

- You are in a line to purchase an application form for admission and suddenly another person cuts into line in front of you;

- After your speech, someone in the audience remarks 'it was a wonderful speech'.

Would these actions of others influence your behaviour and thought? You will find that these actions of other people have a definite impact on your thought and behaviour and therefore it is a truth that quite often we feel affected by the actions of other persons. We are also quite often influenced by the visible characteristics and appearance of others.

Cognitive processes like memory, inference, judgment, etc. should be carefully considered in order to understand aspects of social behaviour. For example, we feel irritated when a friend comes late and says only 'sorry' for it. But if the friend explains the reason for coming late, we become less annoyed and cool down. If he is a habitual latecomer we may not believe his explanation. But if the friend comes late for the first time, we may accept his explanation. Your reaction in this situation is dependent on your memory pertaining to your friend's past behaviour and involves your inferences concerning the explanation.

Ecological variables and physical environment also influence our thoughts and behaviour. Studies show that in full moonlight people are more prone to be wild and impulsive than at other times; in hot and steamy weather we become more aggressive and irritated than in cool and comfortable weather. A noisy, polluted and crowded environment impacts on our performance and social behaviour. Physical environment influences our feelings, emotions, thoughts and behaviour.

Social and cultural norms and taboos strongly influence our behaviour and thought. For example- choice of a partner for marriage, one's ideas on number of issues and the expression of emotional reactions depend on socio-cultural factors. Cultural factors have become more significant and important for modern social psychologists.

Biological processes and genetic factors influence our social behaviour. Many social psychologists believe that our performances, behaviour, emotional reactions, values and attitudes are influenced by our biological inheritance. Social psychologists assume that every aspect of social behaviour is open to change. For example, millions of people have inherited poor vision problem but they correct this by the use of lenses.

Check Your Progress I

Note: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1) Define Social Psychology.

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5.3 LEADERSHIP AND ROLE OF A LEADER IN A GROUP

Leadership is a social phenomenon seen in one form or the other in every sphere of life. Leadership is defined in various ways:

Leadership is described as "a process of social influence in which a person can enlist the aid and support of others in the accomplishment of a common task"-Chemers M., (1997)

"Leadership is the ability to guide others without force into a direction or decision that leaves them still feeling empowered and accomplished."-Lisa Cash Hanson, CEO, Snuggwugg

"A leader is someone who has the clarity to know the right things to do, the confidence to know when she's wrong and the courage to do the right things even when they're hard."-Darcy Eikenbers, founder, RedCapeRevolution.com.

"A leader is a person who takes you where you will not go alone."-Susan Ascher, CEO, founder and president, SusanAscher.com.

Leadership is the process of influencing the activities of the group for the achievement of set organizational targets. The group member who exerts more positive influence over others is considered a leader. Any effort of a group member to influence the behaviour of one or more group members is an attempt at leadership. The member of the group, who is experienced, willing to take risk, and capable of influencing other members of the group will be likely to hence perform leadership functions.

The term leadership has three main attributes:

      i)   An attribute of position,

      ii)   A characteristic of a person,

      iii)   A category of behaviour.

These refer to a person who possesses certain qualities, occupies a certain position and behaves in a certain way. An individual who is in a leadership position tries to influence the group and the group, in turn, allows itself to be influenced by him/her. Apart from influencing the group members, a leader communicates with other groups on behalf of his group and serves as a channel of information. Leadership is a behaviour that affects the behaviour of other people more than their behaviour affects that of the leader. Some common behavioural characteristics of leaders are as follows:

      i)   Intelligence — Quite often a leader, whether she/he has been nominated or elected, is more intelligent than a common group member,

      ii)   Dominance — A leader dominates others and influences members of the group.

      iii)   Adjustment — A leader is more capable than others in adjusting with the group he leads.

      iv)   Non-conformity — A leader is comparatively more independent and free of group pressures and is able to use her ability to take decisions without depending on others. She is more concerned with group solidarity than others.

While expressing non-conforming ideas and behaviour, the leader maintains the cohesiveness of the group.

v) Social distance — The leader avoids closeness and intimacy with group members. He maintains social and psychological distance from other members of the group. This is normally found in work group situation.

vi) Ability to inspire others — This is considered an innate quality, a kind of an internal 'charisma' and not something that can be learnt.

vii) Problem-solving capacity — The leader has the patience and ability to look at the problem from various angles and resolve it.

viii) Emotional maturity — Emotional stability and maturity are significant ingredients of an effective leadership. Emotional maturity is reflected in a stable adjustment with life situations and a calm, cool and calculated reaction to unfavourable circumstances. A leader accepts both success and failure in a balanced manner. The leader is a self-confident, open-minded and rational person and functions calmly even when there are differences and opposition. She enjoys a balanced outlook towards life and the world. The leader is a warm, sensitive and kind person without malice.

(ix) Ability to understand human behaviour — The leader understands the needs, desires and behaviour of his group members and respects them as individuals. She supports the emotions and feelings of the group members and obstructs their ego-threatening actions.

x) Verbal assertiveness — The leader is a good orator and confident of her views and opinions. He communicates his opinions honestly and in a straightforward manner.

xi) Willingness to take risks — A good leader accepts new challenges. She bears full responsibility for failure and does not blame others for it. He is able to overcome frustration and defeat.

xii) Dedication to organisational goals — The leader is a person dedicated and committed to the objectives and goals of the organisation. She makes her followers aware of the organisational mission and objectives and motivates them to work for attaining the same.

xiii) Compromise — Resolving differences is an important function of the leadership. The leader achieves it by utilizing the processes of compromise and consensus.

Types of Leadership

Psychologists have offered different classifications of leadership. Bogardus (1940) has described five types of leadership: (i) Direct and indirect, (ii) Partisan and scientific, (iii) Social, executive and mental leadership, (iv) Autocratic, charismatic, paternal and democratic and (v) Prophet, Saint, Expert and Boss.

- A direct leader keeps direct contact with the group and remains in touch with the members. He listens to their problems in a face-to-face situation. Indirect leaders influence the thoughts of followers through their propounded concepts, theories and guidelines. Under this category we include scientists, authors, philosophers, etc.

- A partisan leader favours her group and does not accept the weaknesses of her group members. Politicians and religious leaders are examples of a partisan leadership. A scientific leader appraises the group's performance critically. She discusses both the positive and negative aspects of the group's performance.

- A social leader functions publicly for his group. The mental leader requires a peaceful and private atmosphere. Social workers are mental leaders. Executive leadership is a combination of social and mental leadership. An executive leader possesses the qualities of a social worker and at the same time capability to influence the thoughts of his group.

- An autocratic leader holds absolute power and formulates plans and policies for the group himself. She does not require any justification for either rewarding or punishing any group member. A charismatic leader possesses a God gifted personality. Her appeal is emotional and she helps the recipient group to resolve the problem. A paternal leader is a like a fatherly figure. Members of the group respect the leader as a father. A democratic leader discusses all aspects of the group functioning with his members and power in the group is decentralised.

- The expert leader acts as a consultant. She acts as a commentator, critic and resource person in an organisation at the time of planning and policy formulation.

Let us look at the various types of leaders we encounter and discuss the same in the above mentioned perspectives:

    i) A political leader embodies the qualities of various types of leaders described above. He works as a policy maker, ideologist, entrepreneur and sometimes, as a charismatic person. A political leader makes an effort to gain honour, dignity, status and wealth for himself, his friends and the people whom he represents.

    ii) A bureaucrat is one who occupies the higher level positions in the administrative hierarchy in any organisation.

    iii) A diplomat is a representative of a country in some other country. He functions in accordance with the policies and programmes of his native country.

    iv) A reformer is an idealistic leader who observes the evils of the social order and makes an effort to remove them.

    v) A theorist is confined only to theories and seeks the help of logic to support theories.

Lippitt and Whites have listed three types of leadership:

    i) Authoritarian ii) Democratic and iii) Laissez-faire leadership.

    i) An Authoritarian leader keeps full control in his hands and shoulders full responsibility for his actions. He assumes that his leadership is due to the

authority conferred upon him either by his position, knowledge, strength or power. He rarely or never entertains others' perspectives.

ii)   A democratic leader provides an opportunity to all members for exchanging views on any matter pertaining to the group. The leader only moderates the decisions of the group members, and accepts responsibility for the results.

iii) In laissez-faire leadership, the leader delegates his authority to members for planning, motivating, controlling and shouldering responsibility of their own actions. He only acts as a liaison between the group and external forces. He provides the requisite material and information to group members. He behaves in the group just like a common member. This type of leadership may be observed in research laboratories where researchers are free to take decisions and conduct research. In university or colleges, the head of the department only assigns to the teachers, the courses to be taught by them and does not interfere in their teaching methodology.

To be a successful leader one should possess certain traits and qualities. A leader should have a desire to achieve, (ambition), energy, tenacity and initiative. He should be trustworthy, reliable and open-hearted. A willingness to exercise influence over others to achieve shared goals, self-confidence and trust in one's own abilities are necessary for a good leader. Intelligence and ability to integrate and interpret various pieces of information account a lot for good leadership. A good leader should be creative, an original thinker and flexible towards changing situational requirements. He should also be an expert and adequately aware of the group's activities and relevant technical matters.

Role of Leader in a Group

The role of the leader in a group depends upon the nature, requirement and potentiality of the group as well as the type of leadership. A boss type of leader can function well in an organisation with a hierarchical arrangement of functionaries and members. A charismatic leader may play his role more influentially in a religious group of faithful members. A democratic leader may be more effective in a group with a decentralised power structure. A reformer plays an effective role in guiding and launching movements for a struggle against social evils like alcoholism, untouchability, communal disharmony, and human rights abuse, etc.

By and large, a leader plays the following roles:

i)   As a planner and policy maker — The role of a leader as the policy maker and planner is very important. He has to develop an appropriate policy, plan, programme and activity either by himself or through a dialogue and discussion with the group members. This may be based on guidelines and orders of the organisational heads or suggestions from the group members. He should be goal-oriented and enable the smooth functioning of the group.

ii)   As an executive — A leader shoulders the responsibility of executing the policies of the group and assigns responsibilities for different tasks to group members.

iii) As an expert — The leader as a specialist in a certain field, provides technical assistance and advice to the group.

iv)   As a representative — In a situation where members of the group are not in position to deal directly with other groups or people outside the group, the

leader assumes the role of the representative of the group in its external relations.

v) As a purveyor of reward and punishment — A leader offers reward for desirable action and punishment for undesired behaviour among the members of the group.

vi) As a controller of internal relations —The group leader governs specific details of the group structure and functions as the controller of internal group relations.

vii) As an arbitrator and mediator —The leader may play the role of a conciliator and judge to resolve intra-group conflict. He has the power to reduce or encourage activities of members in the group.

viii) As an exemplar or role model — Sometimes the leader becomes a model of behaviour for the group members indicating to them what they should be and what they should do.

ix) As the symbol of the group — Sometimes the leader provides cognitive focus for group unity such as the Royal Family of Great Britain.

x) As the substitute for individual responsibility— Sometimes the leader plays the role for an individual member relieving him of his responsibility for a personal decision or undertakes the work that he wishes to avoid. The leader frees the individual from the compulsion of decision-making.

xi) As an ideologist — In some circumstances the leader furnishes the ideology of the group and serves as the source of beliefs, values and norms of the individual members.

xii) As a father figure — The leader may be an ideal object of identification for group members.

xiii) As a scapegoat — The leader may serve as a target for the aggression of the disappointed, frustrated and disillusioned group.

The roles of the leader described above may be classified as primary and ancillary roles. The primary roles include the role of an executive, policy maker, planner, expert, external group representative, controller and guide of internal relations, purveyor of reward and punishment, arbitrator and mediator. The ancillary roles include role of an exemplar, external symbol of a group, substitute for individual responsibility, ideologist, father figure and scapegoat.

Check Your Progress II

Note: a) Use the space provided for your answer.

b) Check your answers with those provided at the end of this unit.

1) Describe eight behavioral characteristics of the leader.

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2) Describe some important roles of the leader in a group.

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5.4   CROWD AND ITS CHARACTERISTICS

Quite often we use the word crowd for any type of gathering of people. Usually, we assume that the gathering of people to purchase a ticket for a cinema at the ticket window, people coming out of the cinema hall when the show is over, school children coming out of classes and school gates on the closure of school and people assembled and sitting in a hall are a crowd. But these situations do not qualify to be called as crowds though they may become crowds. The only common element of the crowd in these gatherings is that they are unorganised groups. The psychology of crowd as a field of social psychology came up in the last two decades of the nineteenth century when psychologists in France undertook related studies.

A crowd is a gathering of a large number of people on account of a matter of common concern. When a considerable number of individuals respond to some common object within a limited space collectively, their presence is considered as a crowd. A crowd is a transitory, contiguous group, it is unorganised and formed for some common interest. A crowd is a group of individuals, temporarily experimenting a unity of feeling and action, owing to the fact that their attention is concentrated on the same object, ideal and material. Mental unity is the essential and fundamental characteristic of a crowd. A crowd happens to be more primitive than the normal individual member of the crowd.

A crowd has been classified in various ways by different social psychologists. First of all, a crowd has been divided into two groups:

      i)   Audience: The audience is a passive crowd. A passive crowd includes a gathering for worship in a religious place (Gurudwara, Temple, Church and Mosque); a gathering to listen to the speech of any leader and gathering of people to see a film or a circus.

      ii)   Active crowd: An active crowd can take four forms: (a) Escape (panics in an organised and/or unorganised crowd), (b) Acquisitive, (c) Expressive, and (d) Aggressive (that may manifest in lynching, terrorization or riots).

In an escape crowd, emotion plays a significant role. Any active crowd may be converted into an escape crowd with the interruption of an outside force. Any crowd active in destruction and loot gets converted into an escape crowd when the police beat them or explode tear gas shells or begin firing in the air. In this situation the crowd becomes a fear-flight crowd. This fear-flight crowd may be of two types, i.e., (i) Organised and (ii) Unorganised. In the unorganised fear-flight crowd, its members get scattered and run away in different directions. In this situation, the members of the crowd are

concerned with saving only their own lives without taking care of anybody else. In the organised fear-flight crowd, the crowd remains organised while running away out of a panic situation. In such a situation, the crowd faces the outside force for a short while and then gets scattered because of a persistent attack on it.

At the railway ticket window, rationing shops, ticket windows of cinema halls, we observe crowd where people push each other to get a ticket or rations on knowing that there is shortage of tickets or rations in proportion to the demand. This type of crowd is known as an acquisitive crowd.

When members of the crowd express their emotions openly and celebrate the occasion, the crowd is known an expressive crowd. Groups of singers and dancers and twisting of boys and girls in a band come within the purview of the expressive crowd.

In an aggressive crowd, the members of the crowd become too much emotional and act with hatred to harm the other. This type of crowd may be involved in loot, murder, destruction, arson, lynching, sexual abuse and rioting, etc. The situation is known as a riot when two violent groups brutally attack each other. A terrorist crowd can easily harm governmental and private properties and may set fire to buses, trains or any building and openly loot markets. A lynching crowd is a type of attacking crowd and may go to the extent of killing any person to attain its goal.

Characteristics of Crowd

Some important characteristics of a crowd are as follows:

i) Gathering — This is the most important characteristic of the crowd. In a crowd, people gather at a place in large numbers and remain there for some time. If members of the crowd continue moving here and there, a crowd cannot be formed.

ii) Polarisation — Members of the crowd concentrate themselves on the focal point of the incident or object. For example, in a road accident people gathered around the wounded person pay attention towards the accident victim. Each and everyone take a keen interest in knowing how and why it happened, etc.

iii) Transitoriness — Instability is a basic nature of the crowd. The crowd remains together till it has polarisation. When polarisation is over, people disappear and there is no crowd. It is difficult to find out who were the members of the crowd, as it is unstable. For example, there is no gathering after disappearance and removal of vehicle and accident victim in a road accident. Crowd may remain for a few hours but not for a few days.

iv) Unorganised — Crowd neither has predetermined objective nor it is preplanned. It does not have any prefixed leader or member. Crowd does not have any formality or any type of organisation. It has no prefixed rule and regulation for its formation. Crowd does not have any pattern. Crowd, though, can be provoked and crowds then can provoke authorities.

v) Common emotion — Majority of the members of the crowd have same emotion. All members of the crowd take an active part in the common sloganeering.

vi) Mutual influence — Individuals in the crowd influence the behaviour of each other. One member of the crowd gets excited on seeing another excited member. Individuals follow the behaviour of others in the crowd. Due to this mutual influence, they have more receptiveness towards suggestion.

vii) Spatial distribution — The area in which the crowd is spread has its limit and spatial distribution. Crowd is confined to a limited field or place and therefore we cannot call people scattered in the whole city a crowd.

viii) Mass strength — Members of the crowd feel mass strength observing huge gathering with them. Since one member of the crowd gets excited following another's excitement, that member may feel mass strength. In a crowd, an individual does not have his/her own distinct existence and behaves according to the mass behaviour. It is often found that a physically weak person comes forward to beat a healthier person in the crowd.

5.5 MOB AND MOB PSYCHOLOGY

A mob is a form of crowd. When a crowd becomes aggressive and violent it turns into a mob. A mob consists of people in an aggressive mood. A mob may commit rape, murder, manhandling, arson, loot, riot, etc. In a mob the atmosphere is highly charged. The members of the mob loose a sense of proper behaviour and reasoning.

People in a mob behave only on the basis of their emotions. They happen to be in a highly excited mood. People in a mob shout in a loud voice. In a mob the members run around one another and push each other. They engage in unwanted activity and imitate each others behaviour.

Sometimes people gather on the basis of rumors. If a student has been beaten by a shopkeeper, in no time many students gather at the shop to show their solidarity, although they may not be connected with the incident. A mob's members do not listen to reason. The behaviour of members in a mob follows a single track. They do not listen to the arguments of the other party. They are not interested in ascertaining the facts or the truth. It is difficult to change their thinking by logic, argument or reasoning. They go on doing what they have set out to do. Applying tactful methods, a few people succeed in making other people in mob aware of reason of their actions.

The mob is generally composed of people with low social, cultural, economic and educational levels. Leaders play a significant role in provoking the emotions of the members of a mob. They excite them to behave aggressively.

5.6 PUBLIC OPINION: IMPACT AND RELEVANCE TO SOCIETY

Public opinion is the common opinion of people in society. Though individuals have different opinions regarding issues and matters either concerned with them or society, they come to a common point of agreement. They develop a common perspective through an exchange of views, interactions, projections and criticism. Public opinion is the outcome of this whole process.

Public opinion consists of the opinions held by the public at a certain time. Public opinion is made up of the ideas of the masses and judgments operative in a community. They are stable for a considerable time and well formulated. Public opinion simply refers to the mass of ideas on a given issue expressed by the people. Public opinion consists of opinions held by the people of a small or large community about a particular problem at a certain time. It is not necessary for the public opinion to be the opinion

of all members of the society, but it should be an opinion of a majority of the people. Members of the group or community take it seriously. Public opinion is not static and changes with the situation and time.

Characteristics of Public Opinion

i) Public opinion always relates to a common subject matter or an issue concerning society instead of an individual's or a group's interest.

ii) Public opinion is a widely accepted decision of a majority of the people of a particular society.

iii) Public opinion is not formed by any particular individual. It emerges from the collaborative opinion of the people of any society.

iv) Public opinion is an outcome of a social process and emerges through interpersonal interactions of people in a society.

v) It is not necessary that public opinion will be logical. It may be logical or illogical.

vi) Public opinion influences even those people of society who do not agree with it, as it is the opinion of a majority of people.

vii) Often public opinion is an indicator of social culture. Public opinion grows up, expands and depends on the faiths, ideals, assumptions, values, sentiments and past experiences of society.

viii) Public opinion may be influenced by some distinguished, honoured, rich and powerful person of society. Such a personality influences aims, interests and life style of the people of the society.

ix) Quite often public opinion seems to be related to a particular problem or issue at a particular time.

x) Public opinion pertaining to any issue does not remain the same for a long time and thus it is not stable in nature. It changes with the change in time and situation. It changes on the basis of the need of the society.

xi) Often public opinion emerges after a wide discussion on the issue or the problem.

xii) Public opinion pertaining to customs, stereotypes and traditions of the community tend to be more constant. Propaganda, projection and extension make it dynamic.

Impact and Relevance to Society

Public opinion has been significant for society since ancient times. It has an important place in modern society. Public opinion is even more significant and important in a large society as compared to a small group or community. The present period is an era of democracy and public opinion has a significant place in the present social order. This has been greatly influenced by the proliferation of social and electronic media.

Democracy cannot function effectively in the absence of public opinion. Democracy is meaningful only in case of acceptability of public opinion. The strength and power of public opinion is inherent in its acceptance. The concurrence of the people to any law that is to be implemented in society is essential for its effectiveness. Public opinion does not always help the government and people but it controls them. The importance of public opinion is inherent in its power to control. Public opinion controls the feelings, emotions and action of even the influential personalities in society. Public opinion is relevant for the government as the opinion is that of a large section of the public which has voted the government to power. Ignoring or being indifferent to such a opinion may result in disaster. A government should function with its people's concurrence on different issues. It may be troublesome for a government to keep people in large numbers unconcerned about its activities. The form of the government in any society depends upon public opinion.

Public opinion is important for the evaluation and appraisal of the working of the government. The shortcomings of the rules, regulations, plans and policies framed by the government can only be judged by the people and not by the government itself. Public opinion, in this respect, becomes quite relevant to society. Public opinion influences the functioning and decision of the people and the government and therefore it has a definite impact on society.

Public opinion educates both the people and the government and enables them to reach a commonly agreed point of solution of the problems in society. Public opinion influences the socialisation of individuals, their thinking and behaviour, as it sets widely accepted norms of behaviour.

Public opinion provides an opportunity to individuals and institutions to frame, develop and moderate their functioning in accordance with society. Any individual or institution, whether religious, educational, social, cultural, economic or political — existing in society, cannot function smoothly by ignoring public opinion. Ignorance of public opinion may make them incapable of achieving their goals and, in an extreme situation, may be disastrous. Since public opinion influences individuals, groups and institutions by shaping their thinking and action, it has a definite relevance for society.

5.7   PROPAGANDA: METHODS AND IMPLICATIONS

The word propaganda often connotes a negative sense; this is mostly used in case of politicians who make false claims to get elected or spread rumors to get their way. In fact, any campaign that is used to persuade people can be called propaganda. Propaganda is simply the organized use and dissemination of information in support of a cause. It is not so important whether the information is true or false, or if the cause is just or not-it's all propaganda.

The importance of propaganda in the modern world is increasing rapidly. It has become a part of our daily life. Politicians, traders, governments, educationists, spiritual leaders, social reformers and specialists of different professions use propaganda as a tool to reach out to a large number of people. Through propaganda they gain people's support.

Propaganda is a process and a method, which brings about a change in thought, faith and attitude of individuals and groups through persuasive devices. Propaganda is more or less deliberately planned. It uses symbols, mainly through suggestion and related psychological techniques, with a view to alter and control opinions and ideas and bring about a change in pre-determined actions. It is an organised and systematic attempt of a person or a group to influence public opinion and attitude towards life styles. Through the use of suggestion, it controls the attitude and, consequently, actions of a group of individuals. It simply attempts to influence people's attitudes and opinions and thereby their actions in a desired direction. Propaganda does not depend on facts and logic.

Propaganda may be classified as

i)   Conversionary propaganda

ii)   Divisionary propaganda and

iii)   Consolidatory propaganda

In conversionary propaganda an effort is made to let people understand and then bring about a change in value, thought, attitude and behaviour. This type of propaganda is quite often used in the field of advertising. Divisionary propaganda is based on the 'divide and rule' policy and is used by the political parties or nations at the time of war. In consolidatory propaganda efforts are made to provoke and consolidate popular thoughts, values, attitudes, etc. It is being used to bring peace and harmony in society during a period of war.

Propaganda is always motivated by some objective and the objective is related to the people towards whom the propaganda is directed. A propagandist uses different types of symbols for achieving his/her objectives. Advertisers and traders use symbolic words to popularize their products. Political parties have their own symbols to attract the voters. Direction has an important place in propaganda. It has been observed that propaganda may become in-effective if used repeatedly.

Methods of Propaganda

Various methods of propaganda are in practice. A propagandist may make a suggestion in his favour through projection, demonstration, oration and narration. These methods are applied through different techniques and media. The popular techniques are:

i)   Name-calling device,
ii)   Testimonial device,
iii)   Glittering generality device,
iv)   Card staking device,
v)   Plain Folk device,
vi)   Chamber of horrors device,
vii)   Transfer device and
viii)   Bandwagon device.

In name calling device, the propagandist uses famous names for his supporters and followers and notorious or non-famous names for his opponents. In testimonial device the names of eminent and great personalities are associated with the propaganda material. In glittering generality device, the propagandist uses justice, unity and friendship, etc., to provoke a favourable emotion in the masses. In card staking device a propagandist hides the truth and propagates or puts false facts before the public. Dodging and misleading are commonly used tactics of this device. Political parties often use this device during elections. In plain folk device, the propagandist tries to prove that she/he is also a unit of the society like others. She/He behaves in a manner that attracts people and they consider him/her their well wisher. In chamber of horrors device, the propagandist provokes emotion of horror and guarantees the security of people. In transfer device, the propagandist associates his propaganda material with the supernatural power to gain the concurrence of the public in favour of his policies and in bandwagon device the propagandist appeals by highlighting that everybody is saying what he is saying.

The popular media or tools of using these techniques are as follows:

i) Press and publications —This is a popular media for propaganda. Through printed matters like newspapers, magazines, booklets, bulletins and brochures, etc., the propagandist creates favourable attitude for himself or his ideas in the public. Quite often people read a newspaper of their own liking and develop an attitude in accordance with the views of the newspaper they favour. People believe more in printed matter than in spoken matter. The print media allays or removes anxieties of people.

ii) Meeting and speech — In a meeting, the propagandist presents his views before the public. This method becomes more successful if the personality of the speaker is attractive and impressive. The public gathers for the meeting with some pre-conceived views about the speaker. The art and ability of presentation influence the mind of the audience.

iii) Cultural programme, drama, theatre — Through cultural programmes, drama and theatre people are influenced in favour of certain products or views.

iv) Radio — This is a widely used powerful medium of publicity in modern society. It spreads news throughout the world within seconds.

v) Television — Television is a modern audio-visual method of effective propaganda. It is somewhat costly for the people of a developing country and therefore does not cover the range that the radio covers.

vi) Cinema-is also an audiovisual medium of publicity. It is a powerful and cheap medium of propaganda. This medium provides access to the low-income group, who enjoy it.

vii) Loud speaker — Loud speakers are used for publicity directly among people living in their homes, engaged in their jobs or going on the road.

viii) Demonstration and procession — Political parties often organise demonstrations and processions to publicise their views in public,

ix) Rumour — Through rumour people may be influenced easily for a short while. It results in changing the opinion of the masses in a critical situation.

x) Dance and music groups, concerts, puppet shows, wall writings, hoardings, posters, folk lore, slogans, magic shows, circus, etc., are some other media of propaganda in society.

Implications

Propaganda is a method of making suggestions to people and influence them in favour of or against certain political, social, religious, cultural or economic institution or views or products. Propaganda may make people aware of a certain view of any person or a product of some manufacturing establishment. Sometimes propaganda leads people to adopt harmful suggestions. Powerful propaganda diverts people's minds from logical perception and decision making. Sometimes people become victims of its glamour and adopt undesirable views.

Check Your Progress III

Note: a) Use the space provided for your answer.

   b) Check your answers with those provided at the end of this unit.

1) Describe the main characteristics of a crowd.

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2) Describe in a few lines the relevance of public opinion in society.

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3) Describe three main tools of propaganda in the media.

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5.8   RELEVANCE AND IMPORTANCE OF SOCIAL PSYCHOLOGY FOR SOCIAL WORKERS

By now you must be aware of the nature and tasks of social psychology. We will now discuss the relevance and importance of social psychology for social workers. For this, please recall the linkages that we have drawn up between social work and psychology in Unit 1. As you know, social workers use different methods of social work in various fields of practice to solve the individual's or group's psychosocial and/or psychosomatic problems. Sometimes, social work practice aims at the socio-economic development of the individual, group or community. Social work profession helps individuals and/or groups achieve a positive adjustment with their environment. Here environment includes human and social environment, physical environment, psychological environment and ecological environment.

Factors responsible for a particular human behaviour in a particular social setting when brought to the notice of a social worker by the social psychologist help social workers to plan and execute their actions. A social worker has to always keep in mind the problem, behaviour pattern and thoughts of his client in the social setting in cases where the social worker has to diagnose the case or provide treatment to the client. The client's thought and behaviour quite often influence the diagnosis and treatment process and persuade the social worker to modify them accordingly

At the time of interviewing the client, the social worker should be conscious of the undesired presence of anyone else, as that may make the client unwilling to expose the reality or truth to the worker. The feeling of privacy in the kind of environment created – both physical and social – is vital for a frank sharing of in-depth or intimate details of the situation under study.

When members of the group are engaged in their group activities and an outsider drops in, the activity of the group ceases for a short while and the social worker has to make arrangements for accommodating the new-comer in the group.

Excessive bossiness of a leader in a group often disturbs harmonious and smooth group interaction. A social group worker has to be careful of such a tendency in any group member for its proper functioning. Such a tendency may become an impediment to community organisation also. Planning and functioning of community work may be influenced by that, and hence should be taken care of.

While handling the case of a truant student in a school setting, a social worker has to take into consideration the behaviour and reactions of his peers, authorities and teachers of the school. Their behaviour towards the student may be the cause of truancy. The student may feel uncomfortable in the school atmosphere resulting in his absence from classes.

The behaviour of a doctor or hospital functionaries influences the patient's response to medical advice. Their rough and impatient attitude to the patient and his disease may cause an unwillingness on the patient's part to follow medical advice. The client may neglect and avoid requisite medical instructions. In the medical setting, while helping the hospital authorities for appropriate delivery of the requisite services ensuring proper treatment of the patient, the social worker has to keep in mind the behaviour of the medical and para - medical staff of the clinic and hospital towards the patient and his family.

In an industrial setting, while a social worker is expected to help the workers to adjust with their employer or seniors, he has to give consideration to the latter's behaviour, attitude and thoughts.

In a family setting, a social worker has to pay adequate attention to the behaviour and thoughts of siblings, parents and other family members of the client as they all influence the thought and behaviour of the client.

Differences in age, sex, caste, race, religion, education, occupation, income, physical and mental ability, ecological and physical variables and socio-cultural values and ethics, influence the thoughts and behaviour of the individual and therefore all these, should be given due consideration at the time of planning, diagnosing and treating the client.

Propaganda, public opinion and crowd, etc., also influence the individual's behaviour pattern and thoughts. These components of social psychology should also be taken into consideration at the time of social work practice.

Check Your Progress IV

Note: a) Use the space provided for your answer.

    b) Check your answers with those provided at the end of this unit.

1) Describe the relevance and importance of social psychology for social workers.

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5.9   LET US SUM UP

Social psychology attempts to understand, explain and predict how the presence of another person, a group of people or environmental factors, influence a person's thought and behaviour.

A social worker has to be careful of the thoughts and behaviour of his clients as they influence diagnosis and treatment.

In this unit, we have gone through some of the most essential social psychological concepts which are required for social work practice. These are summarized as below:

Leadership is a process of influencing the activities of the group to achieve set organisational targets. The main characteristics of a leader are intelligence, dominance, non-conformity, social distance, verbal assertiveness and dedication to organisational goals.

Crowd is a gathering of a considerable number of people around a centre of common attention.

Crowd has been divided into two groups, i.e., (i) audience and (ii) active crowd. Gathering, polarisation, transitoriness, common emotion and spatial distribution are main characteristics of the crowd.

Mob is a form of a crowd. When a crowd becomes aggressive it is called a mob. People in a mob behave only on the basis of emotions. They become irritated and excited easily.

Public opinion is the common opinion of people in society. It is the opinion of the majority of people in a society. Public opinion is not static but changes with the situation and time. Public opinion is more important in a democratic society. Public opinion influences individuals, groups and institutions in shaping their thinking and action.

The process and method to bring about a change in thoughts, faiths and attitudes of individuals and groups through persuasive devices is propaganda. Propaganda has been classified into three major groups, i.e., (i) conversionary, (ii) divisionary and (iii) consolidatory propaganda. There are various tools of propaganda and social media is the most prevalent in the modern world. Radio, television, cinema, newspaper, loudspeakers, cultural programmes, demonstrations and processions are the other popular means of propaganda.

5.10   KEY WORDS

Assertiveness	:	The maintaining of the claim, or right.
Attitude	:	Manner with regard to a person or thing.
Audience	:	An assembly of listeners or spectators.
Behaviour	:	The actions or activities of the individual.
Cognitive	:	To know, to perceive, to think, to judge.
Conformity	:	Behaviour that is in agreement with that of the others in a group.
Democracy	:	A form of government in which the supreme power is vested in the people and exercised by their elected agents under a free electoral system.
Device	:	A plan or scheme for effecting purpose.
Diplomat	:	One employed or skilled in negotiations and relations between states.

Ecology	:	A branch of biology which deals with the relations between organisms and their environment.
Emotion	:	An affective state of consciousness in which joy, sorrow, fear, hate or the like is experienced.
Ethics	:	Pertaining to morals.
Excitement	:	Emotionally stirred state.
Heredity	:	The transmission genetic characters from parents to progeny; the genetic characteristics transmitted to an individual by its parents.
Hierarchy	:	Any system of persons or things in a graded order.
Intelligence	:	Capacity for understanding and for other forms of adaptive behaviour; aptitude in grasping facts and meanings.
Dictatorship	:	A person exercising absolute power or assuming absolute control in a government without hereditary right or the free consent of the people.
Logic	:	Reasoning or argumentation.
Monarchy	:	A government or state in which the supreme power actually or nominally is lodged in the hands of a person occupying the apex position by heredity-king or queen.
Reasoning	:	The process of drawing conclusions or inferences from facts or premises.
Retardation	:	Delaying progress of an action, process, etc.
Spatial	:	Pertaining to space, existing or occurring in space.
Sustainable	:	Maintainable
Stereotype	:	A simplified and standard image often highly evaluative, inaccurate and rigidified, of a group of people.
Transitory	:	Temporary, passing, lasting but for a short time.
Variable	:	Liable to change, alterable.
Suggestion	:	The process through which any individual or agency is motivated directly to act in a specific manner or accept any matter without any instruction, right, pressure or argument with others.
Projection	:	The act of visualizing and regarding an idea or the like as an objective reality.

5.11 SUGGESTED READINGS

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5.12   ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress I

i)   Social psychology attempts to understand, explain and predict how the presence of another person, a group of people and environmental factors, influence a person's thoughts and behaviour.

Check Your Progress II

1)   i)   **Intelligence -**The leader is more intelligent than a common group member.
        ii)   **Dominance** –The leader dominates other people and influences them.
        iii)   **Adjustment** - The leader is more capable than others of adjusting with the group.
        iv)   **Non-conformity** – The leader does not succumb to the pressure of the group and thinks independently.
        v)   **Social distance** – The leader avoids closeness and intimacy with group members. He maintains a social and psychological distance from the members of the group.
        vi)   **Emotional maturity**–The leader possesses emotional stability and maturity. He behaves in a balanced manner. He is not an oversensitive or vindictive person.
        vii)   **Verbal assertiveness –** The leader has the ability to orate effectively. He is confident of his views and opinions.
        viii)   **Dedication to the organisational goal** – The leader is a person fully committed and dedicated to the objectives and goal of the organisation. He works hard towards its fulfilment.

2)   i)   **As a planner and policy maker** – The group leader develops an appropriate policy and plan to achieve the objectives of the group.
        ii)   **As an executive** – The leader shoulders the responsibility of executing the plans and policies of the organisation.
        iii)   **As an expert**–The leader serves the group as a specialised person and provides technical assistance and advice.
        iv)   **As an exemplar** – The leader, often, becomes a model of behaviour and indicates to group members how they should function.
        v)   **As the scapegoat** –The leader may serve as a target for the aggression of the disappointed and disillusioned group.

Check Your Progress III

1)   i)   **Gathering** – In a crowd, people in large numbers gather at a place and after gathering they remain there for some time.
   ii)   **Polarisation** – Members of the crowd concentrate themselves at the focal point of the incident or object.
   iii) **Transitoriness** –Instability is the nature of a crowd.
   iv)   **Common emotion** – A majority of the members in a crowd have the same emotion.
   v)   **Spatial distribution** – The area in which the crowd has expanded has its limit and spatial distribution.

2)   Public opinion controls the feelings, emotions and actions of influential figures in the society. The concurrence of the people to the action of the ruler is essential in a democratic society. The significance of public opinion is inherent in the power of control. Public opinion is important for the evaluation of the working of the government. Public opinion educates both the people and the government and brings them to a commonly agreed platform of thought and action. The form of the government in any society depends upon public opinion. Public opinion influences socialisation of individuals, their thinking and behaviour pattern.

3)   i)   **Print media** – Through newspapers, journalists create specific attitude in the public. They attract the attention of the people towards certain things in order to achieve their objectives. The newspaper is an important media of publicity as it influences people in large numbers. People believe more in printed matter than in spoken matter.

   ii)   **Radio** – This is a widely used powerful medium of publicity in modern society. It spreads news and views throughout the world within seconds. People use it for entertainment and information.

   iii) **Television**–Programme and displays on television are the most modern and effective tools of propaganda. In television, one listens to and sees the picture simultaneously.

Check Your Progress IV

1)   Social workers use different methods of social work profession in its different fields to solve an individual's psycho-somatic or socio-economic problems. Social work profession helps individuals and groups for positive adjustment with their environment. Social psychology brings forward factors that influence the thoughts and behaviour of individuals and groups. A social worker keeps in mind the thought and behaviour pattern of his client in a particular setting while diagnosing the case he has in his hand and provides treatment accordingly. At the time of an interview with the client, the social worker should be careful of the undesired presence of anybody else. In this situation, other's presence may make the client unwilling to reveal the facts and truth and thus the worker may fail to achieve the objective. In a group situation the social worker has to understand various group processes and leadership styles to evolve, facilitate or implement programmes.