
Psychology of Social Work

SOW303



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

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Vice-Chancellor's Message

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

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

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

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

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



Prof. Abel Idowu Olayinka

Vice-Chancellor

Foreword

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

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

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

It is important to note that, for a distance learner to excel there is the need to source and read relevant materials apart from this course material. Therefore, adequate supplementary reading materials as well as other information sources are suggested in the course materials.

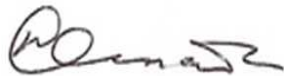
Apart from the responsibility for you to read this course material with others, you are also advised to seek assistance from your course facilitators especially academic advisors during your study even before the interactive session which is by design for revision. Your academic advisors will assist you using convenient technology including Google Hang Out, You Tube, Talk Fusion, etc. but you have to take advantage of these. It is also going to be of immense advantage if you complete assignments as at when due so as to have necessary feedbacks as a guide.

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

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

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

Best wishes.

A handwritten signature in black ink, appearing to read 'Bayo Okunade', written in a cursive style.

Professor Bayo Okunade

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About this course manual

Psychology of Social Work SOW303 has been produced by University of Ibadan Distance Learning Centre. All course manuals produced by University of Ibadan Distance Learning Centre are structured in the same way, as outlined below.

How this course manual is structured

The course overview

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

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

The overview also provides guidance on:

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

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

The course content

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

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

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

Your comments

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

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

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

CourseOverview

Welcome to Psychology of Social WorkSOW303

This course provides how to understand the uniqueness and difference as well as in the characteristics of individuals and groups. Social work is practiced by human beings and in relationship with other human beings. This requires not only the use of a concept of man as purposive and of purpose as biologically established, but also as an appreciation of difference as characterizing human beings, despite the likeness which derives from their common humanity.

The difference of the individual person inheres, in part, in genetic endowment, but also in the fact that the individual is a process, moves in time, and has series of experiences which affect the self he becomes. Also, the difference of each group and the community inheres not only in its composition, at any point in time, but also in history since its continuing life is constantly affecting its nature, just as it is affecting the outside. It is imperative that any change agent or somebody who really wants to help other people overcome their problems understand the uniqueness of each individual, or difference in characteristics of people.

Course outcomes

Upon completion of Psychology of Social WorkSOW303 you will be:



Outcomes

- Equipped with the necessary psychological skills that you can use for proper understanding and solution to the numerous needs or problems of your clients.
- able to point out the relevance of psychology to social work and nature of human personality.

- able to develop problem-solving and research skills and learn ways of relating to issues confronting individuals and society in the real world.

Timeframe



How long?

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

How to be successful in this course



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

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

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

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

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

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

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

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

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

The above links are our suggestions to start you on your way. At the time of writing these web links were active. If you want to look for more, go to www.google.com and type “self-study

basics”, “self-study tips”, “self-study skills” or similar phrases.

Need help?



Help

As earlier noted, this course manual complements and supplements SOW303at UI Mobile Class as an online course.

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

Distance Learning Centre (DLC)

University of Ibadan, Nigeria

Tel: (+234) 08077593551 – 55

(Student Support Officers)

Email: ssu@dlc.ui.edu.ng

Head Office

Morohundiya Complex,

Ibadan-Ilorin Expressway,

Idi-Ose, Ibadan.

Information Centre

20 Awolowo Road, Bodija,

Ibadan.

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

Academic Support



Help

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

Activities



Activities

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

Assessments



Assessments

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

Schedule dates for submitting assignments and engaging in course / class activities is available on the course website.


Kindly visit your course website often for updates.

Getting around this course manual

Margin icons

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

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

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

Study Session 1

The Concept of Psychology in Social Work

Introduction

The word “psychology” has been defined in various ways by people, scholars and psychologists. To some people, it is the study of the mind, to others; it is the study of animal and human behaviours. As there is no universal definition of psychology, it is imperative that we examine some other definitions given by scholars and psychologists. In this study session, we will discuss the nature of psychology and its approaches for proper understanding of human behaviours.

Learning Outcomes



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

- 1.1 *define* the concept of psychology.
- 1.2 *describe* the nature of psychology.
- 1.3 *present* at least four approaches to studying human behaviour.

1.1 Concept of Psychology

Psychology has been defined by many people as the study of the mind. This is a confusing statement and quite misleading; because nobody is capable of studying the human mind, except God (Iyiola, 1996 & Mojinyinola, 2000). Psychology seeks to study, explain and change the behaviour of people. Therefore, it can be defined as the scientific study of behaviour and experience (Altschul, 1975). It is a course of study designed to observe, understand, predict and control behaviour, be it that of man and animal behaviours.

Morgan and King (1975) defined psychology to mean the scientific study of man and animal behaviours. Hilgard et al (1979) regarded psychology as the science that studies behaviour and mental processes. Marx et al (1976) defined it

as the scientific study of experience and behaviour in organisms.

According to Bourne and Russo (1998) psychology is the scientific study of behaviour (observable actions like eating, walking, talking etc) and mental processes (e.g. Perception, reasoning, thinking etc). Colman (2001) defined psychology as the study of the nature, functions, and phenomena of behaviour and mental experience. Whatever definitions that might be given to psychology by people or scholars, it helps us to understand man and animal behaviours (those we can see and those we cannot see).

1.2 Nature of Psychology

Psychology evolves as a science because it employs scientific methods in establishing facts which include study, observation, experimentation, survey, sampling, objectivity, control, and so forth. Psychology is a discipline or course designed to study and observes and predicts man and animal behaviours.

Psychology by its nature has many branches or areas of study, namely, educational, developmental, counselling, clinical, social, industrial, community, health and abnormal psychology.

1.3 Approaches to Studying Human Behaviours

There are several approaches in psychology which help us to understand human behaviour. These are early and contemporary approaches.

1.3.1 Early Approaches

Logic Intuition and Wishful Thinking

In the distant past, how most people know about human behaviour and mental life was based on anecdotes, causal observation, intuition, logic and plain old wishful thinking (Burne and Russo, 1998), unusual behaviour in the past, was taught to be caused by “evil spirits” which needed to be let out by opening the skull (Trephening) and sometimes by exorcism (driving out evil spirit by prayer and ritual).

Empiricism

Late in the sixteenth century empiricism, a school of thought based on systematic or scientific observations in the real world emerged to provide a new method of discovering real psychological facts. Empiricists believed that knowledge could be gathered through the senses. For example John Locke (1632-1704) advanced the idea that the mind begins as a “blank state” or “tabula rasa” which is written on by experience. He believed that there is nothing in our minds to begin with, that heredity provides us with absolutely no knowledge of the world. Everything that comes to the mind therefore, is a product of experience.

Psychophysics

Early psychologists like Ernst H. Weber (1795-1878) and Gustav Fechner (1801-1887) began with the assumption that “mind” is a valid concept, something different from “body” and necessary to account for human experience and behaviour.

They set out to study the relationships between our conscious mental experience (psycho) and physical reality (physics). Hence this area of study is called “psychophysics”. They discovered that relationships between physical stimulus intensity (e.g. loudness of sound) and magnitude of psychological experience (e.g. how loud the sound is perceived to be).

Introspection

William Wundt (1832-1920) believed that just as a molecule of table salt, that is sodium chloride (NaCl) consists of separate elements (Na⁺) and Chlorine (Cl⁻) but has different properties, than those elements, so consciousness or subjective experience consists of psychical structures or compounds such as ideas, emotion, and actions that can be separated into basic psychical elements.

He opined that introspection can be used to study the contents and structure of consciousness, in which an individual focuses his attention on what is going on in his mind at the instant a stimulus is presented to him. The person reports carefully only what he directly observes in his mind's eye, but avoids reporting the meaning of the stimulus observed.

1.3.2 Contemporary Approaches

The contemporary approaches to psychology or to the study of mind and behaviour include the biological, evolutionary, neurological, structuralist, behaviourist, cognitive, humanistic, functionalist, and socio-cultural approaches.

Biological Approach

The mind is metrically hooked to the brain. Psychologist such as Weber, Fechner, Wundt and James believed that the mind can only be understood through studying the brain and the nervous system. The approach emphasizes the importance of biological factors in shaping behaviour and seeks to understand the relationship of the body to the mind.

They speculated about the relationship between the speeds of nerve impulse and how long it took the various body parts to react to a stimulus and about which areas of the brain were responsible for various mental powers and abilities.

Evolutionary Approach

According to this approach, some behaviour seems natural, in the sense that they occur with no special training, motivation or thought (Bourne and Russo, 1998). Also people seem to have natural predispositions to particular traits or social behaviours.

Much of what we do in life is inherently pre-programmed. The genes we inherit from our parents pre-dispose us to act in ways that are adaptive, enhancing our chances of surviving and multiplying.

According to the evolutionary psychologist, one of the behavioural themes that is grounded in genetic heritage is called “altruism” or self-sacrifice in the service of others. We tend to be most altruistic with our closest relatives and we are more likely to share our food, money, and other resources with them than with non-relatives (Wilson 1978).

Cognitive Approach

This approach emphasizes cognition and mental processes going on inside the brain and the mind. It views human beings as active information processors, constantly interacting with their environments and using their mental capacities as they do so.

The approach associates the way human beings think and act with the way the computers process information. According to this approach, information is processed at several locations in the brain. This processed information can either affect behaviour immediately, or it can be stored in the memory and influence behaviour at a later time.

Study Session Summary



Summary

In this Study Session, we discussed psychology as the scientific study of man and animal behaviours. The scientific study of behaviour (observable actions) and mental processes (perceptions, thinking, and reasoning). We noted that Psychology by its nature has many branches and approaches for understanding human's mind and behaviours.

Assessment



Assignment

1. What do you think psychology is all about?
2. How would you explain the nature of psychology?
3. In how many areas can we study psychology?
4. How was the behaviour of people, explained in the past?

Bibliography



Readings

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

<http://gaps.org.uk/articles/psychodynamic> retrieved July, 2013.

Study Session 2

Concept and Nature of Social Work

Introduction

In this Study Session, we will examine social works, its nature and purposes. We will also highlight the differences between major and minor social work methods and approaches to social works.

Learning Outcomes

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

- 2.1 *define* social work
- 2.2 *describe* the nature of social works
- 2.3 *identify* different methods of social work
- 2.4 *highlight* three approaches to social work



2.1 Concept Social Work

Some people use the term “social work” to refer to any type of activity that is geared towards helping people solve their problems (Thompson 2005). Social work may be defined as an act, a science, a profession that helps people to solve personal, group, and community problems and to attain satisfying personal, group, and community relationships through social work practice. According to Skidmore et al (1994) personal problems may be health problems such as mental illness, suicide, drug abuse and so on, group (family) problems include dependency, divorce, child abuse, homelessness and so on, while the community problems may be unemployment, racism, housing, recreational facilities and so on.

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

profession because it encompasses the attributes of a profession.

The 1995 edition of the Social Work dictionary defined social work as the applied science of helping people achieve an effective level of psycho-social functioning and effecting social changes to enhance the well-being of all people. Social work is, of course, one of the “caring” or “helping” profession and so caring and helping are very much, to the force (Thompson, 2005).

2.2 Nature/Characteristics of Social Work

Social work by its nature often focuses its attention on reducing problems in human relationships and on enriching living through improved human interaction.

Certainly, the main focus of the social worker is upon helping people to improve their social functioning, their ability to interact and relate to others. In addition, the social worker ordinarily works with clients on a conscious level, helping them to face realities and to solve their individual or personal problems.

Social work has some distinguishing characteristics some of which are enumerated below:

1. The focus of social work is on the wholeness and totality of the person – encompassing the person, environmental factors and behaviour. It stresses the total person in the total environment.
2. Emphasis is on the importance of the family in moulding and influencing behaviour.
3. Emphasizes the utilization of community resources in helping people to solve problems.
4. Social work has an orientation in psychiatric concepts and places considerable stress upon understanding people.
5. Social work places emphasis on social interaction and resultant social functioning and malfunctioning.
6. Traditional social work emphasizes three basic processes, namely; casework, group work and community organization.

7. The relationship is the key in the social work process. Though everything that is a part of the interview is important, feeling tones between the worker and the client are particularly important.
8. Social work recognizes that to understand social problems and human behaviour it is necessary to understand the institutions of humans.
9. Basic aim of social work is to help clients to help themselves or to help a community to help itself.
10. Social work has distinctive professional bodies e.g. the National Association of Social Workers (NASW). The Council on Social Work Education (CSWE), the Nigeria Association of Social Workers (NASOW) and so on.
11. Most social workers are employed in agency setting, where they provide services and therapy for individuals, families, groups and communities.

2.3 Methods of Social Work

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

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

2.3.1 Social Case Work

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

2.3.2 Social Group Work

This is social work practice with groups. It is a method of working with people in groups (two or more people) for the enhancement of social functioning, and for the achievement of socially-desirable goals. It is based on the knowledge of people's needs for each other and their interdependence. For instance, within the general purpose of the profession, social work with small group may be directed toward helping

members to use group for coping with and resolving existing problems in psycho-social functioning (e.g. working with group of mentally-ill patients to gain insight into their problems, etc).

2.3.3 Community Organisation

Community organization has been recognized for many years as one of the main methods of social work. It is simply social work practice with communities. It is a type of method in social work through which many communities are helped to identify their felt needs or problems and how to meet such needs or solve such problems.

2.4 Approaches to Social Work

Payne (1997) describes three different approaches to social work, which are:

2.4.1 Individualism – Reforminism

This approach view social work as an activity geared towards meeting social welfare needs on an individualised basis.

2.4.2 Socialist – Collectivist

This approach is part of a system which seeks to promote cooperation in society so that most oppressed and disadvantaged people can gain power over their own lives.

2.4.3 Reflexive – Therapeutic

This approach is geared towards promoting and facilitating personal growth in order to enable people to deal with the suffering and disadvantage they experience.

Study Session Summary



Summary

In this Study Session, we defined social work as an art, a science and a profession, because it requires great skills to understand and help people. We noted that social work's discipline is designed to help people solve personal, group or community problems. We highlighted the methods and approaches to social work

Assessment



Assignment

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

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Study Session 3

Why we Study Psychology in Social Work

Introduction

Psychologists study biological factors as well as social factors related to individual behaviour. They are particularly interested in the individual attributes of people, and aims to understand their characteristics and behaviour. In this Study Session, you will be exposed to the various reasons for studying psychology in social work.

Learning Outcomes



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

- 3.1 point out areas of relevance of psychology to social work.
- 3.2 discuss the reasons for studying psychology in social work

3.1 Relationship between Psychology and Social Work

The psychologist and social worker are often members of the same professional team (members of medical or health team), particularly in the treatment clinics and related settings.

Psychology and social work operate on some common ground. Both are interested in the behaviour of people and in their interactional patterns in particular. Though, the psychologist focuses mainly on individual behaviour and the social worker on social functioning, both of them seek the thinking and feeling processes of people (Skidmore, et al. 1997). The relationship that psychology has with social work makes it to be a base or foundation for social work practice.

3.2 Reasons for Studying Psychology in Social Work

Psychology is studied in social work for various reasons; which includes:

1. Basically, the essence of studying psychology in social work is to find answers to such questions as:
 - a. Why do people behave the way they do?
 - b. What are the psychological strategies that can be used to understand human behaviour?
 - c. What are the psychological principles and skills that can be used for helping individuals, groups and communities overcome their problems?
 - d. What is the nature of the individual, group or community the social worker will work with or trying to help?

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

2. Psychology enables the social worker to understand his/her behaviour and that of his/her client properly. It affords him or her to understand different aspects of his/her personality fully and those of people he or she works with or trying to help.
3. Psychology affords the social workers the opportunity to understand different emotional reactions manifested by his/her clients during the course of working with them. Such opportunity will definitely help him/her to help such individual with emotional problems or disorders (e.g. anxiety and aggressive problems, etc).
4. Psychology helps the social workers to understand some psychological principles (e.g. principles of self-determinism, self-worth, self-concept, etc) which are useful to deal with or help individuals overcome their personal problems. This makes psychology relevant in social work.
5. Psychology is studied in social work, for the treatment or therapeutic purposes. It provides adequate knowledge and skills on psychotherapy with which the case worker or

group worker can effectively help individuals; clients or patients overcome their emotional, psychological and mental disorders.

6. Psychology provides theoretical basis or foundation for social work theories. Most of the social work theories are derived from psychology. Its concepts, principles and skills for handling different emotional or psychological disorders also make it relevant to social work.
7. Psychology provides adequate knowledge to social workers on human development, personality, emotion and motivation, which will help them to understand an individual as a unique being, having different needs or problems.
8. Psychology helps the social workers to identify or recognize series of psychological, emotional or mental health problems or disorders of his clients.
9. Psychology provides useful solutions to psychological problems and challenges of life. This makes the psycho-social interventions of social work easier. By this, it is quite useful and relevant in social work.
10. It provides different tools or tests for the assessment or evaluation of clients, patients or people with various problems. It also makes research on psycho-social problems easy and possible.
11. Psychology helps us to understand stress, emotional, psychological, and mental health problems.
12. It provides us with adequate knowledge and skills necessary for coping with stress, physical and mental health problems, psycho-social problems and other challenges of life.

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

Study Session Summary



In this Study Session, we learnt that Psychology and social work are inter-related. Psychology provides useful base for social work practice. Hence, it is much relevant to social

Summary

work practice as it answers questions on human behaviour, it helps the social worker to understand him/herself better and the behaviour of his/her clients. It provides social workers with adequate skills and knowledge on human development, personality, emotion, motivation, and psychotherapeutic techniques for helping individuals overcome their personal and psycho-social problems.

Assessment**Assignment**

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

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Study Session 4

Human Personality

Introduction

The word “personality” means different thing to many people. To some, it refers to the trait or quality that distinguishes one person from another. To others, it refers to a person behind the mask. For the layman, it is often defined in terms of social attractiveness (Ryckman, 2004). In this Study Session, you will explore the various conceptions of personality, its nature and types.

Learning Outcomes

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

- 4.1 *define* and use correctly the term “personality”.
- 4.2 *describe* the nature and types of personality.
- 4.3 *discuss* Allport’s Humanistic view of personality.
- 4.4 *examine* Social self and the True Self’s concept.
- 4.5 *discuss* why we assess human personality.
- 4.6 *present* at least four techniques of personality assessment.



4.1 Meaning of Personality

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

Personality is a psychological concept, which deals with the characteristics of human behaviour. It refers to such aspects of human beings like appearance, traits, individual uniqueness, style of life, adjustment to the environment and so on.

Hilgard *et al* (1979) defined personality as the characteristics, patterns of behaviour and modes of thinking that determines a person's adjustment to the environment. Bourne and Russo (1998) described personality as an individual's characteristics and enduring patterns of thought, emotion, and behaviour. Personality accounts for individual differences among people. It specifies what makes a person unique. Personality therefore, refers to the uniqueness of an individual when compared with other people.

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

Personality is the dynamic and organized set of characteristics possessed by a person that uniquely influences his or her cognitions, motivations and behaviours in various situations (Ryckman, 2004).

4.2 Nature/Types of Personality

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

4.2.1 Personality Based on Body

Build/Physique

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

Endomorph

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

Ectomorph

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

Mesomorph

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

4.2.2 Personality Based On Psychological Characteristics

Jung's Personality Types

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

Introverts

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

Extraverts

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

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

4.2.3 Personality Based on Behaviour, Social or Mental Disorders

Obsessive – Compulsive Personality

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

Compulsion is a ritualistic act (e.g. checking the door several times, to see whether it has been locked).

Obsessive – compulsive personality therefore, is an enduring pattern of thinking and behaviour that is characterized by perfection and inflexibility.

People with this personality, are always pre-occupied with rules and efficiency, judgmental, extremely conscious and moralistic.

Paranoid Personality

It is a type of personality, characterized by a pervasive tendency to be inappropriately suspicious of other people's motive and behaviour.

People with this kind of personality always suspect that other people are trying to harm them and therefore, avoid such people so as not to injure them.

Schizoid Personality

It is a kind of personality with an enduring pattern of thinking, and behaviour characterized by pervasive indifference to other people.

People with this personality prefer social isolation to interaction with friend and family (e.g. living in government quarters). They are socially shy, introverts, who are unable to form social relationships and usually loners.

Borderline Personality

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

Histrionic Personality

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

Other types of personality based on behavioural, social or mental disorder are:

- passive-aggressive
- narcissistic, avoidant
- dependent
- schizotypal
- multiple personality.

4.3 Allport's Humanistic View of Personality

Allport like many investigators in the discipline commented on the virtual impossibility of defining personality in precise terms. Allport (1961) defined personality as the dynamic organisation within the individual of those psychophysical systems that determine his characteristic behaviour and thought. He referred to personality or self as a dynamic organization because he believed that personality cannot fully be regarded as a collection of fragmented components acting independently of one another. He saw personality as striving toward unity and as continually evolving and changing. Therefore, the person is in a state of becoming.

The focus of Allports theory is on traits and other internal characteristics as determinants of behaviour as described in Lecture Five. However, in his theory, personality development centres on the concept of the self. He classified self as follows:

4.3.1 Proprium or Self

According to Allport, proprium (self) implies a sense of what is “peculiarly ours”, including “all aspects of personality that make for inward unity. In his view the proprium or self, develops continuously from infancy to death and moves through a series of stages.

4.3.2 Bodily Self

This is the first aspect of selfhood, it becomes salient in infancy. As infants, we are continually receiving sensory information from our internal organs, muscles, joints and tendons. These sensations become particularly acute when we are hungry, frustrated and when we bump into things. In such situations we learn the limit of our bodies. As we mature, these recurrent bodily sensations provide information that confirms our own existence.

4.3.3 Self-Identity

This is the second aspect of the proprium or self. It develops during the first 18 months of life. Despite the vast changes that occur in the course of our lives, there is a certain continuity and sameness in the way we perceive ourselves.

4.3.4 Self-Esteem

This is the third part of the proprium and emerges during the second and third years of life. At this point children have become more familiar with their environment, they experience pride when they master available tasks and humiliation when they fail. One symptom of their growing awareness is the outpouring of opposition to virtually any suggestion from their parents. It is a time for testing the limits of the environment and for refusing to take orders from other people. Children are typically negativistic at this stage. These oppositional tendencies often re-appear in adolescence, when the perceived enemies typically are parents and other authority figures.

4.3.5 Self – Extension

Between 4 – 6 years children are primarily concerned with possessions. At this age, they are typically very egocentric. According to Allport, as people mature, they extend their loyalties to family, church, nation and career group. They no longer see these groups from a selfish perspective (“what can they do for me”) but become more concerned with benefiting other people on the basis of moral principles and ideas. Therefore self-extension in the earliest phases of development is selfish, while in the later phases, it is unselfish.

4.3.6 Self – Image

Along with self-extension, children begin to develop a self-image. According to Allport, the self-image has two components, namely;

1. Learned expectations of the roles we are required to enact, and
2. Aspirations for the future we seek to attain.

The self-image evolves slowly in conjunction with the conscience. Children learn to do things that others expect them and to avoid behaviours that will bring disapproval. They begin to formulate plans for the future and to make tentative decisions about careers and the values they will embrace.

4.3.7 The Self-as-Rational-Coper

During the period between 6 and 12 years, children begin to engage in reflective thought. That is, they begin to sense their

rational power and to exercise them. They devise strategies to cope with problems and delight in testing their skills, particularly intellectual ones. At the same time, they are capable of distortion and defense.

4.3.8 Propriate Striving

From the beginning of adolescence at age 13, people begin to develop the facet of the self-called propriate striving. Allport distinguished between two kinds of motives which are peripheral and propriate motives.

Peripheral Motives

These are impulses and drives – the striving toward immediate gratification of needs and reduction of tension (e.g. we are hungry; we eat, we are thirsty; we drink, etc.)

Propriate Motives

These involve the deliberate increase or maintenance of tensions in the service of important goals. (E.g. striving to attain a college degree). Propriate striving is ego-involved behaviour, characterised by the unification of personality in pursuit of major life goals.

4.4.9 The Self – as – Knower

In adulthood, we begin the development of the self as-knower. At this period, we are capable of integrating all the prior aspects of the proprium into a unified whole.

Though, the various aspects of the proprium or self may first emerge at different stages of life, they all continue to develop and do not function separately. Several or even all of them can operate simultaneously in a given situation.

4.4 Social Self and the True Self

Carl Rogers (1959) posited that the social self is the organized set of characteristics that the individual perceives as being peculiar to him or herself. It is primarily acquired through contact with other people. Rogers believed that when we interact with significant people in our environment (e.g. parents, brothers, sisters, friends, teachers, co-workers, etc) we begin to develop a concept of self that is largely based on the evaluations of others. That is, we come to evaluate ourselves in terms of what others think and not in terms of what we actually feel.

The reason we rely so heavily on the evaluation of others is that we have a strong need for positive regard. For instance, when we satisfy another's need, we experience satisfaction of our own need for positive regards. As a consequence, the desire for positive regards from others may become more compelling than our own organismic valuing process. For example, if we feel that aggression against other people is wrong, but significant others place a positive value on it, we ignore the validity of the feelings of our true self and act in terms of their expectations as a means of gaining their approval.

This need to seek approval and avoid disapproval leads to social self-concept that is conditional on the performance of certain kinds of behaviour. Such a self-concept carries with it conditions of worth. We perceive experiences and behaviours as acceptable only if they meet with approval from others, experiences and behaviour that meet with disapproval we perceive as unacceptable. Rogers believed that we learn to act in ways that produce positive regard (good evaluations) from others, which in turn usually leads to positive self-regard (when we evaluate ourselves positively). When our behaviour results in both direct positive experiences and positive regard from others, life is balanced, and no serious personality problems are likely to develop.

According to Rogers, the ideal condition for development of a healthy self-concept and movement toward becoming fully functioning is unconditional positive regard – approval freely given and independent of your actions (e.g. praise, love, support given to a student despite his failure to do well in school). Unconditional positive regards implies a deep and genuine caring by others, uncontaminated by judgments or evaluations of our thoughts, feelings or behaviours (Rogers, and Sanford, 1984).

With unconditional positive regards, the self-concept carries no conditions of worth, there is congruence between the true self and experience, and the person is psychologically healthy. In real life, we all have conditions of worth placed on our behaviour. We all learn in the course of socialization that some of our feelings and behaviours are appropriate and others are inappropriate.

When these normative rules are congruent with our organismic evaluations we can get in touch with our true self

and continue our movement toward self-actualization. In such cases our social selves and our true selves are in harmony. Rogers believed that when we are guided by the expectations of others, that run counter to our innate, evaluations problems occur. Hence, our social selves in this case, prevent our getting in touch with our true selves and actual feelings and movement toward actualization is hindered.

Congruence between the true self and organismic experience leads to accurate symbolisation of experiences and positive growth, while incongruence leads to inaccurate or distorted symbolisation, psychological maladjustment, and vulnerability. If the incongruence is too great, the individual experiences anxiety (free-floating which may trigger defence mechanisms to cope with the problem). If the defence is unsuccessful, the result is profound state of disorganisation that may be labelled psychotic.

4.5 Why We Assess Human Personality

We make informal appraisal of personality all the time (Hilgard *et al* 1979). In selecting friends, sizing up potential co-workers, choosing candidates for political office, or deciding on a marriage partner, we make implicit predictions about future behaviours, sometimes our prediction are erroneous.

There are also many occasions when a more objective, unbiased assessment of personality is desirable. For instance, in selecting individuals for high-level positions, employers need to know something about the individual's honesty, ability to handle stress, and so on. In helping students make vocational choices, counsellors can offer wiser advice if they know something about the students' personality in addition to their school performance. Decisions about the kind of treatment that will best benefit a mentally ill patient or that will help in rehabilitating a convicted felon require an objective measure of assessment of the individual personality.

Personality assessment is also necessary for research purposes. Investigators who want to determine the relationship between anxiety and performance in school or job place need to have some way of objectively measuring anxiety as a personal trait. For this and other reasons, assessment of human personality is desirable in order to help individuals overcome their problems.

4.6 Methods/Techniques of Personality Assessment

There are many methods that have been used to assess personality. These include observational methods, personality inventories and projective techniques.

4.6.1 Observation Methods

This is simply observing or watching an individual in a natural setting (e.g. watching a child interacting with classmates), or in an experimental situation (e.g. watching a student performing a difficult experiment in the laboratory). The individual's personality (e.g. anxiety, nervousness etc.) can be observed directly or indirectly. Therefore, in observational methods, the individual being observed may or may not be aware that he or she is being observed by the observer.

4.6.2 Interview

This is a singular meeting between two or more people (the interviewer and the interviewee). The interview differs from casual conversation in that it has a purpose e.g. to evaluate a job applicant, to select a student for admission etc).

The interview may be structured and unstructured. A structured interview follows a standard pattern, much like a printed questionnaire, assuring that all relevant topics are covered. It is often used for evaluating job applicant and research purposes. Unstructured interview gives the person interviewed the opportunity to determine what is discussed and it is more likely to be used in clinical or counselling situations.

4.6.3 Psychodynamic Techniques

The psychoanalytic approach to personality involves uncovering unconscious and hidden motives (Borne and Russo, 1998). By this method, Freud devised special methods to get around ego defense mechanisms that block unconscious material from awareness. In early attempts, he interviewed patients under hypnosis. Later, he employed less-invasive procedures, including "free association" (saying whatever comes to mind), analysis of "accidental" behaviour, such as slips of the tongue, and dream interpretation. Psycho-analysis

try to recover memories that offer insights into recurring interpersonal issues and interactions.

4.6.4 Rating Scales

Impression gained from an interview or from observing behaviour can be put into standardised forms by means of rating scales.

A rating scale is a device for recording judgments about a personality trait. Examples of rating scales are anxiety and depression rating scales. Each contains some items which the individual has to indicate how often or frequent he/she experience symptom of anxiety or depression e.g.

Table 4.1
Rating scale

S/N	Statement of items	Responses			
		Non or little time	Some of the time	Good part of the time	Most of all of the time
1	I feel more nervous and anxious than usual.	1	2	3	4
2	I can breathe in and out.	4	3	2	1

4.6.5 Personality Inventories

This is another method of personality assessment which relies on the individual self-observation. A personality inventory is essentially a questionnaire in which the person reports reactions or feelings in certain situations. It resembles a structured or standardized interview, in that it asks the same questions of each person and the answers are usually given in a form that can be easily scored (often by a test-scoring machine). A personality inventory may be designed to measure a single dimension of personality (e.g. anxiety) or several personality traits simultaneously. Examples of personality inventories are:

- i. The Sixteen Personality Factor Questionnaire (16PF)
- ii. Minnesota Multiphasic Personality Inventory (MMPI)
- iii. California Psychological Inventory (CPI).
- iv. Eysenck Personality Inventory (EPI)

4.6.6 Projective Techniques/Tests

Typically, projective instruments disguised testing procedures, in so far as test takers are rarely aware of the type of psychological interpretation that will be made of their responses. (Anastasi and Urbina, 1997). They are characterized by a global approach to appraisal of personality. Attention is focused on a composite picture of the whole personality rather than on the measurement of separate traits. They help in revealing covert, latent or unconscious aspects of personality.

A projective test presents an ambiguous stimulus to which the person may respond as he or she wishes (No specific response is demanded). The individual projects his or her personality onto the stimulus, just as a movie camera projects an image onto the screen. The projective tests tap the individual's imagination, through imaginative productions; it is assumed that the person reveals something about him or herself.

Two of the most commonly used projective techniques are:

- i. Thematic Apperception Test (TAT)
- ii. Rorschach Inkblot Test (RIT)

Study Session Summary



Summary

In this Study Session, we defined Personality as the traits or qualities that single out one person from other persons, the characteristic patterns of behaviour and modes of thinking that determines a person's adjustment to the environment. We also noted its categories to include body physique, psychological characteristics and behaviour, social or mental disorders. We noted that according to Allport, self can be categorised into the proprium, bodily self, self-identity, self-esteem, self-extension, self-image, self-as-rational-copper, propiate striving, and the self-as-knower.

Assessment



Assignment

1. What do you think differentiates you from other people?
2. How would you explain your personality and that of your friend?
3. What factors can you associate with your personality?
4. How does your personality affect your learning and relationships with other people?

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Study Session 5

Theories of Personality Development

Introduction

In the previous Study Session, we defined personality in various ways. We described its sources and types. In this Study Session, you will be exposed to different theories of personality, attributes and their implications.

Learning Outcomes

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

- 5.1 *define and use correctly the term “theory”.*
- 5.2 *highlight at least two functions of theory.*
- 5.3 *use at least two theories to explain personality development.*



5.1 Concept of Theory

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

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

5.2 Functions of Theory

1. Theory helps us make sense of diverse observations and see patterns in them.
2. Theory directs our inquiry into areas that seem more likely to show useful patterns and explanations.
3. Theory helps researchers develop useful implications from their findings for practice and policy.

5.3 Theories of Personality Development

Some theories offer useful explanation on how an individual acquires his/her personality, such theories include psychodynamic theories, dispositional theories, learning theories and humanistic theories. Few of these theories will be examined in this lecture.

5.3.1 Psycho-Analytic Theory

The psychodynamic approach assumes that behaviour can be motivated by unconscious, often irrational forces, and that personality and personality development are shaped by intra-psychic (i.e. within the mind) events and motives including intra-psychic conflicts among motives that may not even enter consciousness. The psychodynamic theories of personality development are Freud, Jung, and Adlers theories. One of these theories will be discussed in this lecture. This is the psychoanalytic theory.

Freud (1940) proposed the psychoanalytic theory of personality development. The theory assumes that the mind has three levels, namely, the pre-conscious, conscious and unconscious. According to Freud, the pre-conscious mind holds thoughts and feelings that we are not aware of but we can readily bring into consciousness. The conscious mind holds our current thoughts and feelings, while the unconscious mind holds unacceptable or repressed impulses and conflicts that we are not aware of but nonetheless seek to be expressed.

Freud opined that human beings are born with instinctual energy called libido, which is characterized by a strong sexual component that underlies pleasurable sensation. According to him there are two forces in life, namely, Eros (life force) and Thanatos (death force). The first one leads to preservation of

life (sex) while the second leads to destruction of life and property (aggression).

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

Id

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

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

Ego

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

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

Super-Ego

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

Super-ego operates on idealistic principle. That is, it keeps a person walking towards what is ideal.

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

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

Oral-stage (0-2 years)

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

Anal stage (2-3 years)

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

Phallic stage (3-4 years)

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

Latent or latency stage (6-11 years)

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

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

Genital stage (12-15 years)

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

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

5.3.2 Allport's Trait Theory

This is one of the dispositional approaches to the development of human personality.

Dispositional theories assume that we have enduring and dominant personal qualities called dispositions that lead us to behave in certain ways and not others (Winter, 1996). Such dispositions are traits, temperaments, habits, motives, goals, attitudes, values and cognitions.

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

Cardinal Traits

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

Central Traits

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

Secondary Traits

These are less conspicuous and less generalized than central traits. They typically apply in a limited range of circumstances (e.g. Jide is grouchy in the morning).

According to Allport (1961), all of us possess central and secondary traits, but only few people have cardinal traits.

The theory is helpful in understanding the uniqueness of or differences in individuals, personality or behaviour.

5.3.3 Learning Theory of Personality Development

Rather than stressing internal dispositions and enduring traits, learning theorists have focused on acquired behaviours and the external environmental conditions that influence them.

They believe that our behaviour is our personality and that is determined primarily by what we learn (e.g. skills, knowledge, and ways of reacting). According to them personality differences among people come about because each person has learned different skills, knowledge and behaviours. One of the learning theories that will be examined in this lecture is the Skinner's theory of personality. The theory was proposed by B.F. Skinner in 1938 He believed that

learned behaviour could explain all human behaviour and personality.

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

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

5.3.4 Bandura Social Learning Theory

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

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

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

Interpersonal Theory

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

His stages of personality development are:

Infancy (Birth – 18 months)

During this stage, the major developmental task for the child is the gratification of needs. At this stage the child experiences relief from anxiety through oral gratification of needs.

Childhood (18 months – 6 years)

At his stage the child learns that interference with fulfilment of personal wishes and desires may result in delayed gratification. He or she also learns to accept this and feel comfortable with it, recognising that delayed gratification often results in parental approval, a more lasting type of reward.

Juvenile (6 – 9 years)

At this stage, the major task for the child is formation of satisfactory relationships with peer groups. This is accomplished through competition, cooperation and compromise.

Preadolescence (9-12 years)

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

Early Adolescence (12-14 years)

During early adolescence, the child struggles with developing a sense of identity, separate and independent from the parents. The major task at this stage is the formation of satisfactory relationships with members of the opposite sex.

Late Adolescence (14-21 years)

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

Other Theories of Personality Development are Erickson's theories of psychosocial development, Piaget's cognitive development theory, Mahler's theory of object relations, Kohlberg's theory of moral development, Adler and Otto Rank's theory of personality development.

Study Session Summary



Summary

We have discussed theories on personality development in this Study Session. These theories include Freud's psychoanalytic theory, Allport's trait's theory and Bandura's learning theory.

Assessment



Assignment

1. What is a theory?
2. What theoretical explanations would you give to development of human personality?
3. What is self?
4. How would you classify or categorise self?
5. What is real or true-self?
6. How can you differentiate real-self from ideal self?
7. Define social-self?

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Study Session 6

Personality Disorder

Introduction

In this Study Session, we will discuss the nature of personality disorder. We will also examine various types of personality disorder; and how to treat personality disorder.

Learning Outcomes

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



6.1 point out personality disorder.

6.2 describe at least six types of personality disorder

6.3 proffer treatment to personality disorder.

6.1 Nature of Personality Disorder

Among many psychologists, it is common to confuse personality disorders with psychological or psychopathological disorders, when in fact; personality disorders are only one variety of psychopathology.

Personality disorders, by definition, are disorders of personality. Consequently, they are typified by early onset and pervasive effects. Personality disorders are ways in which personality persistently causes problems for oneself or others. Irregular emotions are a component of many personality disorders, which suggests a relation to basic emotions.

Kaplan and Sadock (1990) defined personality disorder as pervasive, persistent maladaptive patterns of behaviour that are deeply ingrained, that are not attributable to Axis I disorders, Axis II disorders, or cultural role difficulties. According to Sudak, (1985) personality disorder is a character disorder that represents a pathological equilibrium.

In this respect, it differs from other types of mental disorders like anxiety, schizophrenia or adjustment disorders, in that it does not involve a breakdown in the ordinary balance of forces in the mental organization. There is no condition of

disequilibrium between the ego and the internal forces (id, super-ego) and external forces impinging upon it. In other words, there is no conflict – the psychological manifestation of disequilibrium within the equilibrium.

Consequently, the usual baseline of thought, feeling, and behaviour of an individual with a personality or character disorder falls outside society's arbitrary established normal range.

6.2 Types of Personality Disorders

Personality disorders exist in different forms, among which are:

6.2.1 Antisocial Personality

This is by far the most important personality disorder. The essential characteristic of antisocial personality disorder is the chronic manifestation of antisocial behaviour in a person who is typically amoral and impulsive. Other important characteristics are narcissism and an inability to delay gratification or deal effectively with authority. An example of antisocial personality is psychopathic behaviour, characterized by lack of empathy or conscience and poor impulse control or manipulative behaviours.

6.2.2 Paranoid Personality Disorder

Characteristically, patients with this disorder are suspicious, mistrustful of people and hypersensitive. There are many life situations in which an attitude of suspicion and distrust is appropriate. However, in persons with a paranoid personality disorder, such suspicion and hyper vigilance is pervasive.

6.2.3 Schizoid Personality disorders

Individuals with diagnosed schizoid personality disorders are most often described as “Loners”. They are not social, shy, introverted and significantly defective in their ability to form social relationships (Meyer and Salmon, 1984).

6.2.4 Schizotypal Personality Disorders

Individuals with this type of disorder are full of magical thinking and odd beliefs. They are isolated interpersonally, somewhat suspicious, illogical and under stress decompensate into actual schizophrenia.

6.2.5 Histrionic Personality Disorder

This is also called emotionally unstable or hysterical personality. Individuals with this disorder are overly dramatic and love to draw attention to themselves. Here, the individual with this personality converts his/her psychological problem into a physical problem (e.g. a student may have unusual paralysis of hand in order to avoid a test he/she does not prepare for).

6.2.6 Narcissistic Personality Disorder

This is characterized by extreme self-centeredness, and self-absorption. An individual with this disorder also have an inflated sense of self-worth and care little for the welfare of others, despite occasionally making a pretence of caring. He or she is also arrogant (haughty) and lack empathy.

6.2.7 Borderline Personality Disorder

This personality disorder is characterized by instability in interpersonal relations, mood and self-image. Persons with this disorder are irritable, anxious, and occasionally spontaneously aggressive, but have difficulty being alone.

6.2.8 Dependent Personality Disorders

Persons with this disorder lack self-confidence, thus, have a great need to cling to stronger personalities who will make a wide range of decisions for them. Individuals with this disorder are also reluctant to make demands on the people they depend upon, they are afraid of injuring the relationship and possibly having to become more self-reliant. Hence, they subordinate their own need to those of people they depend upon.

6.2.9 Avoidant Personality Disorder

Avoidant personalities are shy, inhibited and show low self-esteem despite being desirous of inter personal relationships. They appear unwilling to tolerate any risk in a relationship and they easily come to feel rejected.

6.3 Methods of Treating Personality Disorders

As there are different types of personality disorders, there are also many techniques of treating personality disorders. According to Sudak (1985) these include:

6.3.1 Psychoanalysis and Intensive Psychoanalytically: Oriented Psychotherapy

These aimed at changing a “character disorder”, into a “character neurosis”. In other words, one is motivating the person to seek change by transforming the ego-syntonic behaviours into ego-alien behaviours.

Sometimes such changes occur spontaneously during adolescent or adult development. Therefore, when dealing with such individuals, one should try to ascertain the cause of the change and the current desire for help.

6.3.2 Individual Psychotherapy

In individual psychotherapy for character disorders, one tries to focus on the side of the ego rather than the superego. In other words, this kind of treatment attempts to help the patients assume responsibility for their own actions.

People with character disorders, especially the antisocial, have a great propensity toward externalising blame and responsibility. Also many patients with personality disorders have no desire to change. Therefore such patients required careful management and treatment which does not attempt any fundamental alteration of personality.

Good management entails recognition and support of noted personality strengths. Hence, one needs to help the healthy part of that patient’s personality function as well as possible.

6.3.3 Group Therapy

This can sometimes be helpful for certain types of personality disorders. For instance, ego-syntonic disorders may sometimes respond to group or peer pressures, even when there is little or no motivation for change. Alcoholics, depressed persons, schizophrenics, and delinquents might be helped by group psychotherapy.

6.3.4 Pharmacotherapy

Recent evidence indicates that some patients with personality disorders benefit from treatment with drugs. Some drugs (anti-psychotic agents or anti-anxiety agents such as minor and major tranquilisers) have been found effective in treating hostility, aggression, impulsiveness in patients with antisocial, sociopathic, borderline personality disorders. Tricyclic antidepressants are also useful for some borderline patients who are depressed, especially those with anxiety and insomnia (inability to sleep well).

Other Treatment Methods

According to Kaplan and Sadock (1990) supportive and exploratory psychotherapy, milieu therapy social skills and assertiveness training are other treatment modalities for personality disorders such as antisocial, borderline, histrionic, narcissistic, avoidant, and sadistic personality disorders).

Study Session Summary



Summary

In this Study Session, we noted that personality disorder is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture and also highlighted various ways by which personality disorders are treated.

Assessment



Assignment

1. What type of personality do you have?
2. Have you come across people having personality problems? Name the types you are familiar with.
3. How can personality disorders be effectively treated?
4. Which treatment can best help a patient overcome his or her personality disorder?
5. What do you understand by assessment?
6. How would you assess or measure your personality or that of your friend?

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Study Session 7

Normal and Abnormal Behaviours

Introduction

A normal behaviour is a behaviour that is in conformity with the societal norms or standard. Abnormal is a comprehensive term, meaning “away from the normal”, that includes other psychological descriptors such as “bizarre” “disordered” “different” “diseased” and “deviant”. Therefore, abnormal behaviour is a deviant behaviour, or a behaviour that does not conform to societal norms, values or standard. In this Study Session, you will be exposed to the meaning of normal and abnormal behaviour and criteria for classifying them.

Learning Outcomes



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

- 2.1 *define* what you understand by normality and abnormality
- 2.2 *describe* the criteria for abnormal behaviour
- 2.3 *enumerate* the causes of abnormal behaviour
- 2.4 *highlight* the types of abnormal behaviour
- 2.5 *list* the characteristics of normal and abnormal persons

7.1 Concept of Normality and Abnormality

Both normality and abnormality are relative terms or words used to describe the psychological states of an individual. They are relative terms because what is normal for some people may be abnormal for other individuals. For instance, homosexuality is normal in some tribes and is abnormal among other tribes.

The terms are therefore culturally determined. Hence, they vary from culture to culture or place to place. However, abnormal behaviour simply means deviation from normal or socially approved behaviour.

It refers to behaviours, such as bizarre, disordered, diseased and deviant behaviours (Meyer and Salmon, 1984).

7.2 Criteria for Normal and Abnormal Behaviours

Some criteria are used by psychologists to decide if someone's behaviour is "normal" or abnormal? These include:

7.2.1 Statistical Criterion

By this criteria, the individuals are seen as being arranged on a continuum, with normal individuals at the centre and abnormal at the two extreme ends. The criteria have to do with the frequency of behaviour. According to Borne and Russo (1998), common place behaviour is considered normal; infrequent or rare behaviour is considered abnormal. By these criterion, unusual behaviour that is highly prized, such as intellectual discovery or an exceptional athletic performance would be considered abnormally.

7.2.2 Societal Norm – Conformity Criteria

According to these criteria, behaviours that violate social and cultural norms are considered abnormal (e.g. violation of monthly environmental sanitation, school rules and regulations or societal laws or standards).

7.2.3 Distress as Personal Suffering Criterion

Illness, distress, emotional and psychosocial problems of various sorts can make people behave abnormally. According to Alloy et al (1999) if people are content with their lives, they are of no concern to the mental health establishment, if otherwise, they require treatment.

7.2.4 Adaptiveness of Behaviour

Abnormality can be defined in terms of the adaptiveness of behaviour. This has to do with whether the behaviour is adaptive (creating happiness, leading to rewards) or maladaptive (creating unhappiness leading to punishment or preventing rewards). Maladaptive behaviour impairs an individual's functioning in a particular context. Hence, it is abnormal. Here, the question is whether a person, given that behaviour pattern is able to meet the demands of his or her life – hold down a job, deal with friends and family, pay the bills on time and the like. If not, the pattern is abnormal.

Behaviour that qualify as abnormal are extremely diverse, ranging from the frenzied person about to jump from a tall building, to someone who sits in the bathroom overwhelmed with feeling of sadness, to someone who hears voices, to someone who sits at home day after day, paralysed with fear of being in a crowd.

7.2.5 Symptoms of Abnormal Behaviour

There is a wide range of symptoms which make it difficult to formulate a single definition that fits all cases. However, symptoms of abnormal behaviour may range from mild, with no long-term effects, to severe, with thought and behaviour so disturbed that special care is required.

According to Maher and Maher (1985) abnormal behaviour can be recognized based on the following four basic categories.

- i. Behaviour that is harmful to the self or that is harmful to others without serving the interests of the self.
- ii. Poor reality contact – e.g. Beliefs that most people do not hold (delusion) or sensory perceptions of things that most people do not perceive (Hallucination).
- iii. Emotional reactions inappropriate to the person's situation.
- iv. Erratic behaviour – that is behaviour that shifts unpredictably.

7.3 Causes of Abnormal Behaviours

Several explanations are given for what causes abnormal behaviours. Some of these explanations would be given below:

7.3.1 Early/Ancient Explanation

According to Oltmanns and Emery (1995), in the olden days, abnormal behaviours were attributed to

- a. i. Demon's possession/evil spirit
- ii. gods or goddess (god of small pox)
- iii. witchcraft/juju violation/false oaths (e.g. schizophrenia, acute psychosis)
- iv. insect bites (e.g. bites of an insect called tarantula in Italy causing tarantism or mass madness).

- b. Attempts to offer more earthly systematic accounts of the causes of abnormal behaviour can also be traced to the Greek Physician Hippocrates (460-367 B.C). He hypothesized that abnormal behaviour had natural causes, specifically an imbalance of one of four body fluids, namely; blood, phlegm, black bile and yellow bile.

He argued that different personality styles resulted from an excess of each of the four respective fluids. He believed that

- i. A sanguine (cheerful) personality was caused by an excess of blood.
- ii. A phlegmatic (sluggish) personality was as a result of too much phlegm.
- iii. Excess black bile was assumed to be the cause of a melancholic (gloomy) style.
- iv. A choleric (ill-tempered) personality was said to result from too much yellow bile.

Though, the specifics of Hippocrates's theories obviously have little value today, his systematic attempt to uncover natural, biological explanations for abnormal behaviours (mental disorders) is a lasting contribution.

7.3.2 Biological Perspective

This focuses on the physical components of abnormal behaviour. It concentrates on the physical aspects of a disorder in an effort to understand its characteristics. According to this perspective, abnormal behaviour could be due to.

7.3.3 Infections/Diseases

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

7.3.4 Heredity

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

7.3.5 Early Childhood Experience

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

7.3.6 The Medical Model (Disease Model)

According to this model, abnormal behaviour is a disease and each kind of abnormal behaviour, like each disease, has specific causes and a specific set of symptoms. In its strictest sense, the medical model also implies that the abnormal behaviour is “biogenic”. That is, it results from a malfunction within the body.

Psychological Approaches

These approaches attribute disturbed behaviour pattern not to biological malfunctions but to psychological processes that result from the person’s interaction with the environment. For instance, disturbed behaviour may be explained by negligent upbringing, traumatic experience, too much stress and so forth.

According to Alloy *et al* (1999) psychological approaches to abnormal behaviour include:

- i. The psychodynamic perspective, which assumes that abnormal behaviour issues from unconscious psychological conflicts originating in childhood (unresolved conflicts).
- ii. The behavioural perspective, which holds that a primary cause of abnormal behaviour is inappropriate learning, whereby maladaptive behaviours are rewarded and adaptive behaviours are not rewarded.
- iii. The cognitive perspective, which maintains that abnormal behaviour, is an outgrowth of maladaptive ways of perceiving and thinking about oneself and the environment (negative or irrational thinking and perception).
- iv. The family systems perspective, which views abnormal behaviour as the product of discarded relationships.
- v. The social cultural perspective, which views abnormal behaviour as the product of broad social and cultural forces. It also examines the biases that can influence diagnosis.

Learning and Social Learning Approach

Skinner's (1953) principles of conditioning assert that behaviour is a function of its consequences. Specifically, behaviour increases if it is rewarded, and it decreases if it is punished. Therefore, when behaviour (e.g. aggressive behaviour) is reinforced, in a child by his parents, it may become abnormal behaviour if he constantly engages in it. Abnormal behaviour (e.g. aggression) can be learnt, by merely watching other people engage in it, and being rewarded for it (Bandura, 1973).

7.3.6 Humanistic Approach

Abraham Maslow (1908-1970), and Carl Rogers (1902-1987), were the major advocates of humanistic approach to conceptualising abnormal behaviour. According to them, the very essence of humanity is free will. Therefore, human behaviour is not determined, but is a product of how people choose to act. Human nature is assumed to be inherently good. Humanistic psychologist, therefore, blames dysfunctional, abnormal behaviour on society instead of the individual. In other words, abnormal behaviours are due to the frustration of the society (Oltmanns and Emery, 1995).

7.4 Types of Abnormal Behaviours

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

7.4.1 Childhood/Adolescence Disorder

Mental retardation, learning disorders, motor skill disorders, eating disorders etc.

7.4.2 Delirium, Dementia, Cognitive Disorder

Substance intoxication delirium, withdrawal delirium, dementia due to head trauma or HIV disease, etc.

7.4.3 Substance Abuse Related Disorders

Alcohol use disorders, Alcohol-induced disorders, Amphetamine use disorders, etc.

7.4.4 Schizophrenic and Other Psychotic Disorders

Schizophrenia, schizophreniform disorder, brief and shared psychotic disorders, etc.

7.4.5 Mood Disorders

Major depressive and bipolar disorders.

7.4.7 Anxiety Disorders

Panic disorder with or without agoraphobia, specific phobia, social phobia, acute stress disorder etc.

7.4.8 Eating Disorders

Anorexia nervosa, Bulimia nervosa, etc.

7.4.9 Somatoform Disorders

Somatisation disorder, conversion disorder, pain disorder hypochondriasis, etc.

7.4.10 Factitious Disorders

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

7.4.11 Sexual and Gender Identity Disorder

Sexual desire disorder, sexual arousal disorder, orgasmic and sexual pain disorder, dyspareunia, and vaginismus) etc.

7.4.12 Sleep Disorders

Dyssomnia (primary Insomnia, primary hypersomnia Narcolepsy) parasomnia (Night mare disorder, sleep tenor disorder, sleepwalking disorder etc.

7.4.13 Dissociative Disorders

Dissociative amnesia, dissociative fatigue, etc.

7.4.14 Impulsive Control Disorders

Intermittent Explosive disorder, kleptomania, pyromania, pathological gambling, etc.

7.4.15 Personality Disorders

Paranoid, schizoid, schizotypal, antisocial, histrionic, dependent, narcissistic avoidant and obsessive – compulsive personality disorders.

7.5 Characteristics of Normal and Abnormal Persons

7.5.1 Normal/Well-adjusted/Healthy Persons

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

The normal individuals have the following characteristics.

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

7.5.2 Abnormal/Maladjusted/Unhealthy Persons

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

1. The abnormal (maladjusted) individual is unduly disturbed by his/her problems.
2. He often solves his/her problems by denying realities.
3. He takes issues with other people on matters that cannot be helped.
4. He may withdraw from other people
5. He is pre-occupied with his feelings
6. He is seldom aware of his shortcomings

7. He is obsessively guilt ridden
8. He lacks confidence and he is also lacking in self-esteem
9. He is extremely self-centred.

7.5.3 Treatment of Abnormal Behaviours

The treatment of abnormal behaviour depends on the nature of the society, the criteria used to identify abnormality and the society's explanation of abnormal behaviour (Alloy et al 1999).

Generally, abnormal behaviours are treated in the following ways:

Exorcism

Pre-historic and ancient societies viewed abnormal behaviour as a product of supernatural forces. Therefore, treatment consisted of various forms of exorcism. The idea is to coax or force the evil spirit out of the victims. Based on this, many of them were confined to prayer noise making, drinking special potions, starved or flogged.

Rest and Exercise

Hippocrates (460-C – 360 B.C). A Greek physician introduced a gentle and dignified method of treating people with abnormal disorders. His treatment for melancholy for example involved rest, exercise, a bland diet, and abstinence from sex and alcohol.

Blood Letting/Bleeding

In the second century A.D., Galen, another Greek physician who practiced in Rome showed that the body's arteries contained blood. These discoveries led to the practice of bleeding the mentally disturbed, in the hope of restoring the proper balance among the humors of the body.

Spiritual Healing

The middle ages was a period of ardent religiosity. Insanity, like all other things, was thought to be controlled by supernatural forces, and many of the insane were handled accordingly. Some were taken to shrines, prayed over, and sprinkled with holy water. Others were starved and flogged in order to harass the devil within. Women believed to be witches were burnt to death in witch hunts. However, some of them were probably psychologically disturbed.

The Asylums

In the eighteenth and nineteenth centuries, hospitalization of the mentally disturbed became increasingly common. However, conditions in the asylums were typically cruel and degrading. In the late eighteenth century people like Philippe Pinel and William Turke helped in reforming institutional care. They stressed the need for a peaceful environment, useful work, and dignified treatment. Their approach came to be known as moral therapy.

Hospital (In and Outpatient) Treatments

In the nineteenth century Dorothea Dix initiated reforms in hospitals for the emotionally disturbed (Meyer and Salmon 1984). With the efforts of Dorothea Dix and others, many hospitals were built in the nineteenth century, but these institutions did not live up to the hope of the reformers. Moral therapy was replaced with custodial care, and mentally disturbed people were isolated in prison like institutions.

In the past, tranquilizers, psychological treatments such as psychoanalysis, abreaction, hypnosis, insulin therapy are major treatment modalities for abnormal behaviours. The modern treatments of choice include antipsychotic drugs, antidepressants, electroconvulsive therapy, psychotherapies, occupational therapy, diversional therapies and so forth.

Study Session Summary



Summary

In this Study Session, we explained that normal behaviour is a behaviour which is in conformity with the societal norms, values or standards. Abnormal behaviour on the other side is a behaviour that deviates from the socially approved behaviour. We observed that there are several causes of abnormal behaviours, among which are demonic possession, witchcraft, heredity, imbalance of body fluids, early childhood experience and so on.

Assessment



Assignment

1. Explain what is normal and abnormal?
2. How would you describe an abnormal behaviour?
3. How would you explain the behaviour of abnormal persons?
4. Why do people behave abnormally?
5. Identify five abnormal behaviours commonly observed in people?
6. How is your behaviour different from the behaviour of other people?
7. How do you normally react to problems, challenges or stress of life?
8. Describe briefly, different reactions of people to problems or difficult situations?

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Study Session 8

Adjustment and Adjustment Disorder

Introduction

The way people behave, adapt, adjust or cope with conflicts, stress, problems, and other challenges of life varies from one individual to another. While some people overcome their problems as quickly as possible, others spend much time in overcoming them. In this Study Session, you will be exposed to adjustment and the use of adjustment continuum to explain how a well-adjusted person is quite different from a maladjusted person. Some adjustment disorders will also be explored.

Learning Outcomes



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

- 8.1 use adjustment continuum to categorize people in the society.
- 8.2 point out the features of adjustment disorders.

8.1 Adjustment and Adjustment Continuum

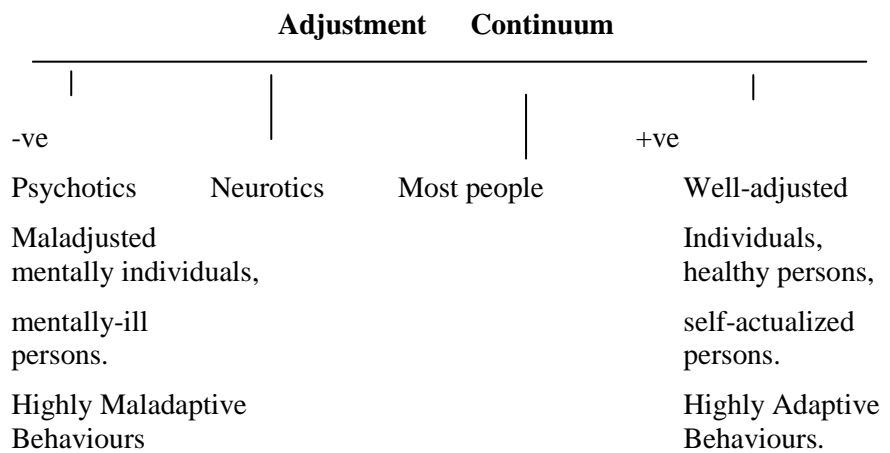
In psychology, adjustment implies adaptation, especially behavioural adaptation to a particular environment or set of circumstances (Colman, 2003). According to him, a continuum is a continuous sequence or dimensions in which adjacent points are not noticeably different but the extremes are clearly different.

Therefore, adjustment continuum is a dimension (or a straight line) having two extremes (positive and negative extremes) that can be used to explain the behaviour of a well-adjusted person and maladjusted person. The adjustment continuum therefore, helps us to distinguish normal or well-adjusted persons from abnormal or maladjusted individuals.

At the extreme negative end of the continuum are those individuals who are so burdened with stress and resulted into

various defense mechanisms (e.g. denial, displacement, apathy etc) which are helpless to deal with reality. These groups of people are psychotic individuals, who may engage in highly maladaptive behaviours or violent acts. Next to them are the neurotics.

Most people are at the middle of the continuum. At the extreme positive end of the continuum are the normal, well-adjusted healthy and self-actualised persons who always engage themselves in highly adaptive behaviours. An illustration of the three categories of people is given in the figure below.



8.2 Adjustment Disorders

Adjustment disorder refers to emotional disability occurring in response to an identifiable stressful event, such as divorce or loss of a job (Meyer and Salmon, 1984). It is a maladaptive response of no more than six months duration to a specific psychosocial stressor, such as divorce, or loss of a job (Zide and Gray, 2001). The response occurs within three months of the onset of the stressor event and impairs life functioning.

According to Colman (2003), adjustment disorder is a mental disorder, the essential feature of which is the development of clinically significant emotional or behavioural symptoms as a reaction to an identifiable “psychosocial stressor (such as termination, marital difficulties, a natural disaster, failing to attain an important goal, or becoming unemployed), involving greater distress than would normally be expected from the stressor and significant impairment in social occupational, or academic functioning.

Although, adjustment disorders are not affective illness, they are commonly associated with affective symptoms. Therefore, they are marked by mood alteration (anxiety or depression) produced by the interaction of psychosocial stressors and the individual's adaptive characteristics.

Study Session Summary



Summary

In this Study Session, we discussed the way people adjust or cope with conflict, stress and other challenges of life and how it varied from one person to another. Adjustment is behavioural adaptation to a particular environment or set of circumstances. We noted adjustment disorders as emotional disabilities which occur as a response or reaction to identifiable stressful event.

Assessment



Assignment

1. Define adjustment?
2. Differentiate yourself from a maladjusted person.

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Study Session 9

Theories of Social Work Practice

Introduction

Possessing skills alone does not assure competence, for without an under guiding knowledge based, a practitioner would be little more than a technician (Hepworth and Larsen 1993). Direct practice theory involves a broad and complex domain. In this Study Session, we will examine some theories quite relevant to direct social work practice.

Learning Outcomes



When you have studied this Study Session, you should be able to:
9.1 discuss social work practice theories.

9.1 Social Work Practice Theories

Practice theories vary widely in their worldviews, targets of intervention, specifications of techniques, methods of assessment, length of interventions and other important dimensions. Therefore, social work practice is not based on a single theory. The proliferation of theories in the social sciences, social work and allied disciplines has ushered in a new era that offers the potential of enabling practitioners to select specific interventions proved effective for specific problem situations. Therefore, some of the theories crucial to social work practice are:

9.1.1 Ecological Systems Model

According to Hepworth and Larsen (1993), this model is a natural extension of the “person-in-environment” perspective. The model accords increasing importance to environmental factors and to understanding ways in which people interact with their environments.

Two concepts of this model are especially relevant to social workers and these are “habitat” and “niche”.

Habitat

This refers to the place where organisms live, and in the case of human beings, it consists of the physical and social settings with particular cultural context. When habitats are rich in resources required for growth and development, human beings tend to thrive. In contrast, when habitats are deficient in vital resources, physical, social and emotional development and ongoing functioning may be adversely affected. For example, supportive social networks of friends, relatives, neighbours, work and church associates and pets mitigate the damaging effects of painful life stressors. However, people with deficient social networks may respond to life stressors by becoming severely depressed, resorting to abuse of drugs or alcohol, engaging in violent behaviour, or by coping in other dysfunctional ways.

Niche

The concept of niche refers to statuses or roles occupied by members of the community. One of the tasks in the course of human maturation is to find one's niche in society, which is essential to achieving self-respect and a stable sense of identity.

Being able to locate one's niche, however, presumes that opportunities congruent with human needs exist in society. This presumption may not be valid for members of the society as equal opportunities may not exist due to race, ethnicity, poverty, age, sex, disability and so on.

Ecological systems theory posits that individuals are engaged in constant transactions with other human beings and with other systems in the environment and these various persons and systems reciprocally influence each other. The theory holds that people are not mere reactors to environmental forces; rather they act on their environment thereby shaping the responses of other people, groups, institutions, and even the physical environment.

From the ecological systems perspective, it is clear that the satisfaction of human needs and mastery of developmental tasks require the availability of adequate resources in the environment and positive interaction between persons and their environment. (e.g. effective medical treatment given to a patient depends on availability of health facilities, adequate health personnel positive relationship between the patient and the care-givers etc).

A major advantage of this theory is that it is broad in scope that typical human problems involving health care, family relations, inadequate income, mental health difficulties, conflicts with law enforcement agencies, unemployment, and educational difficulties and so on can be subsumed under this model.

The theory is relevant and useful to social work practice in that it gives the practitioner an opportunity to assess the sources of problems, determining the focus of his/her intervention and what to be done.

9.1.2 Systematic Eclectic Approach

This is a vigorous approach to practice (Beutler, 1983; Beutler and Clarkin, 1990), which helps in making judicious choices and implementing chosen intervention skilfully. A systematic eclectic practitioner adheres exclusively to no single theory. Rather he/she selects models and theories that best match a given problem situation and accords highest priority to techniques that have been empirically demonstrated to be effective and efficient.

Systematic eclecticism is thus most demanding, requiring the practitioner to keep abreast of emerging theories and research findings. However, general criteria exist which guide the social workers in deciding which theories and intervention to study in depth. These criteria are:

- i. The extent to which a given theory has been supported by empirical research.
- ii. If two interventions have both been proven effective, the intervention that produces results with the least expenditure of time, money and effort is the more efficient and is preferable to the other.
- iii. The extent to which intervention and techniques subsumed under the theory are specifically delineated.
- iv. Ethical implications and the practitioner's level of knowledge and skills with respect to given interventions.

Behavioural Theories and other Models of Practice

These theories and models include Otto Rankis' theory, the task-centred system, cognitive therapy, behaviour modification, client-centred, therapy, ego psychology, role theory, learning theories (classical, operant, social learning), decision theory, crisis intervention, humanistic theory,

existential theory, solution-oriented therapy, and several models of family therapy.

Study Session Summary



Summary

In this Study Session, we noted that to analyse problems, persons and situations, to plan remedial interventions, and to implement appropriate techniques require an adequate grasp of practice theory and knowledge about human behaviours in the social environment. Social work practice requires more than one theory for effective interventions with clients or individuals in need of help. Some of the theories useful for successful practice with individual or groups having psychosocial problems include ecological systems theory, systematic eclectic approach, behavioural, humanistic existential theories and other models.

Assessment



Assignment

1. Identify five theories of social work practice you are familiar with?
2. Briefly explain two of these theories.

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