

## **SW 102: PERSONALITY DEVELOPMENT AND HUMAN BEHAVIOUR**

*Credits: 3*

### **Objectives:**

- To develop an understanding of the biological and social growth of the individual as thinking, feeling, and responding person
- To develop an understanding of the concept of Health and the measures to promote healthful living

### **Unit I: Life span approach to Human Development**

- The beginning of life: human reproductive system: fertilization and foetal development
- Delivery, pre and postnatal care
- Nature and principles of human growth and development: determinants of development, milestones of development
- Stages of development, developmental tasks: infancy, babyhood, childhood, puberty, adolescence, adulthood, middle age and old age: physical intellectual emotional and social development
- Heredity and environment: concepts, mechanisms: interplay of heredity and environment in shaping human behaviour

### **Unit II: Personality**

- Definition, theories of personality: psychoanalytical theory, psycho-social theory of development, behavioristic theory, humanistic theory
- Personality: types, factors influencing personality
- Learning: classical conditioning, operant conditioning, observational learning
- Application of learning principles in behaviour theory
- Behaviour modification techniques

### **Unit III: Attitude and Perception**

- Definition, formation of attitude
- Measurement of attitude
- Perception: nature, process and factors: attention, perceptual set, defence mechanisms
- Adjustment: concept of adjustment and maladjustment

- Stress, frustration and conflict sources of frustration and conflict, types of conflicts

#### **Unit IV: Abnormal Psychology**

- Psychological approach to understand human behaviour
- Concepts of normality and abnormality
- Causation of mental illness, neuroses, psychoses, measures to promote mental health
- Classification psychological disorders- major symptoms- causes, management and implications
- Classification of behavioural problems and disorders in children

#### **Unit V: Health and its concept**

- Definition, concept of health and hygiene
- WHO definition of health, malnutrition and its impact on growth
- Concept of preventive and social medicine: communicable and non-communicable diseases
- Measures to promote physical health
- Hygiene and socio-cultural contexts in India

#### **Suggested Readings:**

1. Coleman, Homes. 1980. Abnormal Psychology and modern life. Tata McGraw Hill Ltd, New Delhi.
2. Halle, Larry. A and Ziegler Daniel. 1981. Personality Theories. McGraw Hill Ltd, New Delhi.
3. Hill, Winfred. 1970. Psychology. Principles and Problems. Lippincott Company, New York.
4. Hurlock, Elizabeth. 1981. Development Psychology – A Life Span Approach. Tata McGraw Hill Ltd. New Delhi.
5. Lerner, Richman Et. Al. 1986. Psychology. Macmillan Publishing, New York.
6. Lindsey Gardner . 1975. The Handbook of Social Psychology. Vols.I, II and III. Amerind Publishing Co. Pvt. Ltd. New Delhi.
7. Sheridan, Charles. 1978. Methods in Experimental Psychology. Holt Rinehart and Wisdom Ltd, New Delhi.

8. Snodgrass, Joan Gay. Et.al. 1985. Human Experimental Psychology. Oxford University Press, New York.
9. Strange, Jack Roy. 1996. Abnormal Psychology. Tata McGraw Hill Ltd. New Delhi
10. Ullman, Leonard 1975. A Psychological Approach to Abnormal Behaviour. Prentice Hall Ltd, New Jersey.
11. Verma, Ratna. 1991. Psychiatric Social Work in India. Sage Publications, New Delhi.
12. Argle, Michael Ed. 1981. Social Skills and Health. London: Mazheum Publishers.
13. Davies, J.M. 1979. Community Health Preventive Medicine & Social Services. London: Bailliere Tindal.
14. Hurlock, Elizabeth. 1972. Child Development. New Delhi: Tata McGraw Hill.
15. Hurlock, Elizabeth. 1981. Development Psychology – A Life Span Approach. New Delhi: Tata McGraw Hill Ltd.
16. Park, J.E. & K. Park. \_\_\_\_ Preventive and Social Medicine. Jabalpur: Banarsidas Bharot.
17. Steinberg, Laurence. 1993. Adolescence. New York: McGraw Hill Inc.
18. Watson, Robert and Lingren Henry Clay. 1979. Psychology of the Child and the Adolescent. New York: MacMillan Publishing Company.

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date: 18-11-20		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: 1	UNIT I: LIFE SPAN APPROACH TO HUMAN DEVELOPMENT	
Title:	The beginning of Life	
Objectives:		
Conceptual understanding of human development		
Key Concepts:		
Psychology, psychologist, psychiatrist, behaviour, development, personality etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p>Psychology is the scientific study of mind and behavior. The word “psychology” comes from the Greek words “psyche”, meaning life, and “logos”, meaning explanation.</p> <p>Psychology is an academic and applied discipline involving the scientific study of mental processes and behaviour. Psychology also refers to the application of such knowledge to various spheres of human activity, including relating to individuals' daily lives and the treatment of mental illness.</p> <p>A major goal of psychology is to predict behavior by understanding its causes. Making predictions is difficult in part because people vary and respond differently in different situations. Individual differences are the variations among people on physical or psychological dimensions.</p> <p>Psychology is the study of people’s behaviour, performance, and mental operations. It also refers to the application of the knowledge, which can be used to understand events, treat mental health issues, and improve education, employment, and relationships. Psychology allows people to understand more about how the body and mind work together. This knowledge can help with decision-making and avoiding stressful situations. It can help with time management, setting and achieving goals, and living effectively.</p>		

### **Life span development:**

- Development describes the growth of humans throughout the lifespan, from conception to death.
- The scientific study of human development seeks to understand and explain how and why people change throughout life.

“The pattern of change that begins at conception and continues through the life cycle.”

- Life-span developmental psychology is the field of psychology which involves the examination of both constancy and change in human behaviour across the entire life span, that is, from conception to death (Baltes, 1987).

### **The beginning of Life:**



### **Pre-natal development**

- Conception
- The germinal Stage
  1. Ectoderm: Skin and nervous system
  2. Endoderm: Digestive and respiratory systems
  3. Mesoderm: Muscle and skeletal systems
- The Embryonic Stage
- The Fetal Stage

### **Fetal development**

#### **Fetal Growth From 8 to 40 Weeks**



- **Pre-natal care:**
- **Post- natal care:**
- **Postpartum depression**

### **Teaching-Learning Material requirements:**

Chalk Board

### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### **Methods:**

1. Recapitulation of previous day's class:
2. Brain storming:
3. Demonstration and Discussion:
4. Experiential Learning:
5. Activity

### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

### **Suggested Readings/ website**

19. Coleman, Homes. 1980. Abnormal Psychology and modern life. Tata McGraw Hill Ltd, New Delhi.
20. Halle, Larry. A and Ziegler Daniel. 1981. Personality Theories. McGraw Hill Ltd, New Delhi.
21. Hill, Winfred. 1970. Psychology. Principles and Problems. Lippincott Company, New York.
22. Hurlock, Elizabeth. 1981. Development Psychology – A Life Span Approach. Tata McGraw Hill Ltd. New Delhi.
23. Lerner, Richman Et. Al. 1986. Psychology. Macmillan Publishing, New York.
24. Lindsey Gardner . 1975. The Handbook of Social Psychology. Vols.I, II and III. Amerind Publishing Co. Pvt. Ltd. New Delhi.
25. Sheridan, Charles. 1978. Methods in Experimental Psychology. Holt Rinehart and Wisdom Ltd, New Delhi.

- 26. Snodgrass, Joan Gay. Et.al. 1985. Human Experimental Psychology. Oxford University Press, New York.**
- 27. Strange, Jack Roy. 1996. Abnormal Psychology. Tata McGraw Hill Ltd. New Delhi**
- 28. Ullman, Leonard 1975. A Psychological Approach to Abnormal Behaviour. Prentice Hall Ltd, New Jersey.**
- 29. Verma, Ratna. 1991. Psychiatric Social Work in India. Sage Publications, New Delhi.**
- 30. Argle, Michael Ed. 1981. Social Skills and Health. London: Mazheum Publishers.**
- 31. Davies, J.M. 1979. Community Health Preventive Medicine & Social Services. London: Bailliere Tindal.**
- 32. Hurlock, Elizabeth. 1972. Child Development. New Delhi: Tata McGraw Hill.**
- 33. Hurlock, Elizabeth. 1981. Development Psychology – A Life Span Approach. New Delhi: Tata McGraw Hill Ltd.**
- 34. Park, J.E. & K. Park. \_\_\_\_ Preventive and Social Medicine. Jabalpur: Banarsidas Bharot.**
- 35. Steinberg, Laurence. 1993. Adolescence. New York: McGraw Hill Inc.**
- 36. Watson, Robert and Lingren Henry Clay. 1979. Psychology of the Child and the Adolescent. New York: MacMillan Publishing Company.**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date: 19-11-20		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: 1	UNIT I: LIFE SPAN APPROACH TO HUMAN DEVELOPMENT	
Title:	Growth and Development	
Objectives:		
Conceptual understanding of human development		
Key Concepts:		
Greowth, development, nature, determinants		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
GROWTH AND DEVELOPMENT		
<p>Most people use the terms “growth” and “development” interchangeably and accept them as synonymous. But in reality, the meanings of these two terms are different.</p>		
GROWTH: CONCEPT AND DEFINITION		
<p>Growth refers to physical increase in some quantity over time. It includes changes in terms of height, weight, body proportions and general physical appearance.</p>		
<p>In Encyclopedia Britannica, growth is defined as “an increase in size or the amount of an entity”. It means growth involves all those structural and physiological changes that take place within individual during the process of maturation. For example, growth of a child means the increase in weight, height and different organs of the child’s body.</p>		
<p>Hurlock has defined Growth as “change in size, in proportion, disappearance of old features and acquisition of new ones”.</p>		



Growth refers to structural and physiological changes (Crow and Crow, 1962). Thus, growth refers to an increase in physical size of whole or any of its part and can be measured.

## **DEVELOPMENT: CONCEPT AND DEFINITION**

Development refers to the qualitative changes in the organism as whole. Development is a continuous process through which physical, emotional and intellectual changes occur. It is a wider and more comprehensive term than growth. It is also possible without growth.

In Webster's dictionary development is defined as "the series of changes which an organism undergoes in passing from an embryonic stage to maturity."

In Encyclopedia Britannica is the term development defined as "the progressive change in size, shape and function during the life of an organism by which its genetic potential are translated into functioning adult system." So, development includes all those psychological changes that take in the functions and activities of different organs of an organism.

Development is continuous and gradual process (Skinner). According to Crow and Crow (1965) development is concerned with growth as well as those changes in behavior which results from environmental situation."

Thus, development is a process of change in growth and capability over time due to function of both maturation and interaction with the environment.

## **PRINCIPLES OF HUMAN DEVELOPMENT**

Developmental psychologists believe that knowledge of an accurate pattern of development is fundamental to an understanding of children. There are several basic principles that characterizes the pattern and process of growth and development. These principles describe typical development as a predictable and orderly process. Even though there are individual differences in children's personalities, attitudes, behavior and timing of development, the principles and characteristics of development are universal patterns.

1. **Development involves change:** - The human being is undergoing changes from the moment of conception to the time of death. There are different types of change occur such as, changes in size, proportions, disappearance of old features and acquisition of new features etc. The goal of these developmental changes is self-realization, which Abraham Maslow has labeled as self-actualization. Each individual is equipped with certain abilities and potentialities at birth. By utilizing the innate or inborn abilities one tries to realize and strive for self-

actualization during the total life period. Children's attitude toward change are generally determined by his knowledge about these changes, social attitudes toward this change and the way people of society treats to children when these changes take place.

2. **Development is a continuous process:** - Development continues throughout the life of an individual. This process takes place in interaction with the environment in which a person lives. One stage of development is the basic framework for the next stage of development. A child has limited knowledge and experiences about his environment. But as he develops, he acquires more information through explorations and adds to the skills already acquired and the new skills become the basis for further achievement and mastery of skills. For example, the child is able to write and draw, he must have developed a hand control to hold a pencil and crayon. Thus, a person has vast experiences and knowledge as he grows up.
3. **Development follows a direction and uniform pattern in an orderly manner:-**
  - (i) Development proceeds from the center of the body outward. This is the principle of proximodistal development that describes the direction of development (from nearer to far apart). It means that the spinal cord develops before outer parts of the body. The child's arms develop before the hands and the hands and feet develop before the fingers and toes.
  - (ii) Development proceeds from the head downwards. This is called the cephalocaudal principle. According to this principle, development occurs from head to tail. The child gains control of the head first, then the arms and then the legs.
4. **Individual Differences in the Development Process:** - Even though the pattern of development is similar for all children but the rate of development varies among children. Each child develops as per his abilities and perception of his environment. Children differ from each other both genetically and environmentally. So, both biological factor and environmental situations have their impact on individual's development which leads to individual differences in development. Understanding this fact of individual differences in rates of development should aware us to be careful about using and relying on age and stage characteristics to label children.
5. **Development depends on maturation and learning:** - Maturation refers to the sequential characteristic of biological growth and development. The biological changes occur in sequential order and give children new abilities. Changes in the brain and nervous system account largely for maturation. These changes in the brain and nervous system account largely for maturation. The child's environment and the learning that occurs as a result of

the child's experiences largely determine whether the child will reach optimal development. An enriched environment and varied experiences help the child to develop his/her potential.

6. **Development is predictable:** - Human development is predictable during the life span. Although this development is influenced by both genetic and environmental factors, however, it takes place in a pre-defined manner. Specific areas of development, such as: different aspects of motor development, emotional behaviour, speech, social behaviour, concept development, goals, intellectual development etc. follow predictable patterns. For example, the growth of the child in height and weight etc. continue up to a certain age. In general, it is also found that all children follow a commonality in the development periods of life. All children generally grow following the periods like prenatal period and postnatal period. The postnatal period includes infancy, babyhood, childhood, puberty and so on.
7. **Early development is more critical than later development:** - Milton writes "The childhood shows the man, as morning shows the day." Similarly, Erikson views "childhood is the scene of man's beginning as man." He explains that if parents gratify the needs of the child for food, attention and love etc., his perception towards people and situation remains positive throughout his life. He develops positive attitudes, feels secure, emotionally stable and adjust well with the environment. If negative experiences occur during early life of the child, maladjustments may take place. Glueck concludes that delinquents can be identified as early as 2-3 years of age. Different researchers view that the preschool years age are most important years of development as basic foundation is laid down during this period which is difficult to change.
8. **Development involves Social expectations:** - In every society there are certain rules, standards and traditions which everyone is expected to follow. Development is determined by social norms and expectations of behaviors from the individuals. Children learn customs, traditions and values of the society and also what behaviors are expected from them. They realize from the approval or disapproval of their behavior.  
  
Social expectations are otherwise known as "developmental tasks". Havinghurst defines developmental task as a "task which arises at or about a certain period in the life of an individual. Developmental tasks arise mainly (a) as a result of physical maturation, (b) from the cultural pressures of society, (c) out of the personal values and aspirations of the individual. The developmental tasks remain the same from one generation after another in a particular culture. As societies are evolving, changing traditions and cultural patterns of a society are learned automatically by children during their development process. These

developmental tasks help in motivating children to learn as well as help parents to guide their children.

9. **Development has potential hazards:-** Development may be hampered by various hazards. Hazards may be of physical, environmental or psychological type. These hazards may be originated from the environment in which the child grows or due to hereditary factors. They have negative impact on physical as well as sociopsychological development of the child. The growth of the child may be retarded, he may be an aggressive person or he may encounter adjustment problems. For example, if a child is slurring or stammering and parents neglect the child, the child may continue with this problem.
10. **Happiness varies at different periods of development:** - Happiness varies at different periods in the development process. Childhood is the happiest period of life and puberty is the most unhappy. The patterns of happiness vary from child to child and it is influenced by the rearing process of the child.

**Paul B. Baltes stated six principles of development of life span approach. The six principles of development are mentioned below:**

- 1) **Development is a lifelong process-** Development is a process which continues throughout life. It begins at birth and ends in death of an individual.
- 2) **Development includes both gain and loss during life span.** The child may develop in one area and lose in another area.
- 3) **Development is influenced by the biological factor and environmental situations-** The human development is influenced by biological and environmental factors. For example, the body strength of the child develops in the early period but may deteriorate during old age.
- 4) **Development involves changing allocation of resources.** It states that during different developmental periods, resources such as; time, money, social support etc. are used differently. For example, during old age people require more money to maintain their proper health.
- 5) **Development can be modified-** This principle reveals that through proper training development can be modified. For example, an individual can maintain his proper health by doing different exercises even in old age.
- 6) **Development is based upon historical and cultural environment-** The child grows, develops, acquires knowledge about the traditions, rules, regulations of society according to his historical and cultural environment.

<b>Teaching-Learning Material requirements:</b>						
Chalk Board						
<b>Time management: 60 Minutes</b>						
<ul style="list-style-type: none"> <li>Recapitulation of the previous class- 5 minutes</li> <li>Introduction of the new topic- 5 minutes</li> <li>Lecture- 40 minutes</li> <li>Brainstorming- 10 minutes</li> </ul>						
<b>Methods:</b>						
6. Recapitulation of previous day's class: 7. Brain storming: 8. Demonstration and Discussion: 9. Experiential Learning: 10. Activity						
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
<b>Name of the second faculty:</b>						
<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date: 20-11-20		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: 1	UNIT I: LIFE SPAN APPROACH TO HUMAN DEVELOPMENT	
Title:	Stages of Development	
Objectives:		
Conceptual understanding of human development		
Key Concepts:		
Psychology, psychologist, psychiatrist, behaviour, development, personality etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<u>Milestones of Development</u>		
<p>Developmental milestones are things most children can do by a certain age. Skills such as taking a first step, smiling for the first time, and waving “bye-bye” are called developmental milestones. Children reach milestones in how they play, learn, speak, act, and move. You see children reach milestones every day.</p> <p>Though all children develop at their own pace, most children reach developmental milestones at or about the same age.</p>		
<u>Developmental milestones fall into categories of development called domains (areas):</u>		
<ul style="list-style-type: none"><li>• Social/Emotional: This domain is about how children interact with others and show emotion.</li><li>• Language/Communication: This domain is about how children express their needs and share what they are thinking, as well as understand what is said to them.</li><li>• Cognitive (learning, thinking, problem-solving): This domain is about how children learn new things and solve problems. It includes how children explore their environment to</li></ul>		

figure things out – whether by looking at the world around them, putting objects in their mouths, or dropping something to watch it fall. This domain also includes “academic” skills like counting and learning letters and numbers.

- **Movement/Physical Development:** This domain is about how children use their bodies. It includes many milestones parents excitedly wait for.

### **Developmental Tasks**

- The term Development Task was first introduced by Robert Havighurst in the 1950s.
- Robert Havighurst has stated development task as:

“A development task is a task which arise at or about a certain period in the life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness and difficulty with later task”

### **Erik Erikson's Stages of Psychosocial Development**

- **Erikson maintained that personality develops in a predetermined order through eight stages of psychosocial development, from infancy to adulthood.**

Stage	Psychosocial Crisis	Basic Virtue	Age
1.	Trust vs. Mistrust	Hope	0 - 1½
2.	Autonomy vs. Shame	Will	1½ - 3
3.	Initiative vs. Guilt	Purpose	3 - 5
4.	Industry vs. Inferiority	Competency	5 - 12
5.	Identity vs. Role Confusion	Fidelity	12 - 18
6.	Intimacy vs. Isolation	Love	18 - 40
7.	Generativity vs. Stagnation	Care	40 - 65
8.	Ego Integrity vs. Despair	Wisdom	65+

#### **1. Trust vs. Mistrust**

- Trust vs. mistrust is the first stage in Erik Erikson's theory of psychosocial development.
- This stage begins at birth continues to approximately 18 months of age.
- During this stage, the infant is uncertain about the world in which they live, and looks towards their primary care giver for stability and consistency of care.

Success in this stage will lead to the virtue of hope.

#### **2. Autonomy vs. Shame and Doubt**

- Autonomy versus shame and doubt is the second stage of Erik Erikson's stages of psychosocial development.
- This stage occurs between the ages of 18 months to approximately 3 years.
- According to Erikson, children at this stage are focused on developing a sense of personal control over physical skills and a sense of independence.

Success in this stage will lead to the virtue of will.

### **3. Initiative vs. Guilt**

- Initiative versus guilt is the third stage of Erik Erikson's theory of psychosocial development.
- These are particularly lively, rapid-developing years in a child's life.
- According to Bee (1992), it is a "time of vigor of action and of behaviors that the parents may see as aggressive."

Success in this stage will lead to the virtue of purpose, while failure results in a sense of guilt.

### **4. Industry vs. Inferiority**

- Erikson's fourth psychosocial crisis, involving industry (competence) vs. inferiority occurs during this stage
- Children are at the stage where they will be learning to read and write, to do sums, to do things on their own.
- Teachers begin to take an important role in the child's life as they teach the child specific skills.

Success in this stage will lead to the virtue of competence.

### **5. Identity vs. Role Confusion**

- The fifth stage of Erik Erikson's theory of psychosocial development is identity vs. role confusion, and it occurs during adolescence, from about 12-18 years.
- During this stage, adolescents search for a sense of self and personal identity, through an intense exploration of personal values, beliefs, and goals.

Success in this stage will lead to the virtue of fidelity

### **6. Intimacy vs. Isolation**

- Intimacy versus isolation is the sixth stage of Erik Erikson's theory of psychosocial development.
- This stage takes place during young adulthood between the ages of approximately 18 to 40 yrs.



Success in this stage will lead to the virtue of love.

### **7. Generativity vs. Stagnation**

- Generativity versus stagnation is the seventh of eight stages of Erik Erikson's theory of psychosocial development.
- This stage takes place during middle adulthood (ages 40 to 65 yrs).

Success in this stage will lead to the virtue of care.

### **8. Ego Integrity vs. Despair**

- Ego integrity versus despair is the eighth and final stage of Erik Erikson's stage theory of psychosocial development.
- This stage begins at approximately age 65 and ends at death.

Success in this stage will lead to the virtue of wisdom.

#### **Teaching-Learning Material requirements:**

Chalk Board

#### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### **Methods:**

11. Recapitulation of previous day's class:
12. Brain storming:
13. Demonstration and Discussion:
14. Experiential Learning:
15. Activity

#### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date: 21-11-20		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: 1	UNIT I: LIFE SPAN APPROACH TO HUMAN DEVELOPMENT	
Title:	Heredity and Environment	
Objectives:		
Conceptual understanding of human development		
Key Concepts:		
Heredity and Environment, behaviour, development, personality etc.		
Methodology:		
<ul style="list-style-type: none"><li>Lecture with discussion method</li><li>Participatory learning methods</li><li>Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>Recapitulate the previous class through class participation</li><li>Introduce key concepts</li><li>Explain in detail</li><li>Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<u>The meaning of Heredity</u>		
<ul style="list-style-type: none"><li>Heredity, also called inheritance or biological inheritance, is the passing on of traits from parents to their offspring.</li><li>Heredity is, in other words, a biological process of transmission of certain traits of behaviour of the parents to their children, by means of the fertilized egg.</li><li>Heredity traits are innate; they are present at birth.</li></ul>		
Role of Heredity		
Heredity or “Nature”		
<ul style="list-style-type: none"><li>Strong Influence on Physical Development.</li><li>Physical Makeup, that a child Inherits from parents.</li></ul>		
Heredity is the passing on of traits from parents to their offspring		
What are Traits?		
<ul style="list-style-type: none"><li>Eye Colour</li></ul>		

- **Hair Colour**
- **Height**
- **Body Structure**
- **Facial Features**
- **Skin Colour**

### **Environment**

- The word Environment is derived from the French word “Environ” which means “surrounding”.
- Environment is nothing but the sum total of the surroundings in which an individual has to live.
- Psychologically an individual’s environment is related to all those stimuli which he faces from the moment of fertilization till death.

Environment is generally divided into two categories-

- **natural**
- **social**

Natural environment refers to all those things and forces on and around the earth that influence a person.

Social environment we mean the environment which the person sees around himself on acquiring consciousness in the society, i.e., language, religion, custom, tradition, means of communication, means of luxury, family, school, social groups etc.

### **Role of Environment**

Environment or “Nurture”

- Everything that surrounds and influence child.
- Family, School, Neighbours, Media, etc.

### **Heredity and Environment**

#### **The Meaning of Heredity:**

Man’s behaviour is influenced by two forces: heredity and environment. The biological or psychological characteristics which are transmitted by the parents to their off-springs are known by

the name of heredity. Heredity is, in other words, a biological process of transmission of certain traits of behaviour of the parents to their children, by means of the fertilized egg. Heredity traits are innate; they are present at birth.

**Heredity Factors:-** Heredity exerts an influence on human development. The child carries genetic endowments from his/her parents. It is genetically transmitted characteristics from one generation to the next. The physical characteristics like height, weight, eye color etc. and psychological characteristics such as intelligence, personality, creativity and so on are innately determined and hereditary. The genetic code provides the base on which brain and body grow and manifest in observable appearance and behavior.

### **Meaning of Environment:**

Environment is nothing but the sum total of the surroundings in which an individual has to live. Psychologically an individual's environment is related to all those stimuli which he faces from the moment of fertilization till death. Environment is generally divided into two categories-natural and social. Natural environment refers to all those things and forces on and around the earth that influence a person.

**Social environment** we mean the environment which the person sees around himself on acquiring consciousness in the society, i.e., language, religion, custom, tradition, means of communication, means of luxury, family, school, social groups etc.

**Environmental Factors:-** Another important factor of human development is the environment where an individual lives. The child lives and grows in his environment. Environment consists of a wide range of stimuli and it provides the necessary input and experiential base for development of the child. Enrichment or impoverishment of the environment would produce differences in his abilities. For example, a child may have inherited music talent from his parents through transmission of genes, but he may not excel in music field if he does not get the proper environment and support to develop his innate ability.

**Home Environment:-** Home environment exerts tremendous influence on child's understanding of the external world. It builds self-concept and prepares him to face the external world. The child begins to acquire knowledge through interaction with parents and other family members. During his early years of development, the behaviours of the child are modulated by the home environment. The environment of the family can be supportive or stressful for the child. If it is supportive, warm and harmonious environment, the child develops normally. In unsupportive and stressful home environment, broken families or uncaring parents in the family, children may develop as maladjusted persons.

#### **Teaching-Learning Material requirements:**

Chalk Board

#### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### **Methods:**

- 16. Recapitulation of previous day's class:
- 17. Brain storming:
- 18. Demonstration and Discussion:
- 19. Experiential Learning:
- 20. Activity

#### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date: 22-11-20		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: PERSONALITY	
Title:	Meaning and definition of personality/ Theories of Personality	
Objectives:		
Conceptual understanding of personality		
Key Concepts:		
Behaviour, development, personality etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<ul style="list-style-type: none"><li>• The word <i>personality</i> comes from the Latin word <i>persona</i>.</li><li>• In the ancient world, a persona was a mask worn by an actor.</li><li>• While we tend to think of a mask as being worn to conceal one’s identity, the theatrical mask was originally used to either represent or project a specific personality trait of a character.</li><li>• Personality refers to the long-standing traits and patterns that propel individuals to consistently think, feel, and behave in specific ways.</li><li>• Our personality is what makes us unique individuals.</li></ul>		
Definition		
“Personality is the dynamic organization within the individual of those psychophysical systems that determine his characteristics behavior and thought” (Allport, 1961, p. 28).		
“The characteristics or blend of characteristics that make a person unique” (Weinberg & Gould, 1999).		

## **Theories of Personality:**

- **Psychoanalytical theory**
- **Humanistic theory**
- **Behaviourist theory**
- **Psycho-social theory of development**

### **1. What is Psychoanalysis?**

Psychoanalysis is a type of therapy that aims to release pent-up or repressed (bottled up, suppressed) emotions and memories in or to lead the client to catharsis (release, freeing), or healing (McLeod, 2014).

In other words, the goal of psychoanalysis is to bring what exists at the unconscious or subconscious level up to consciousness.

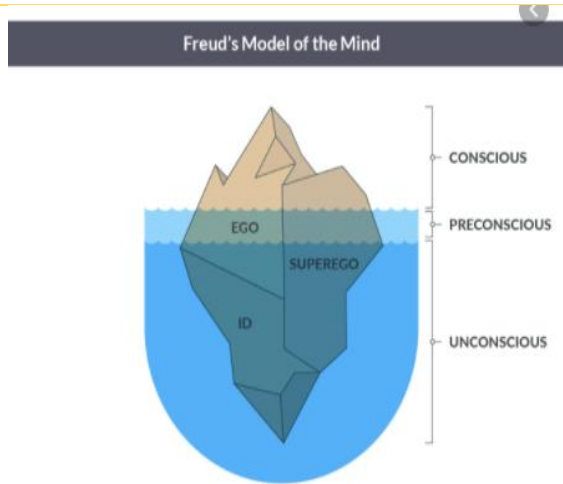
## **The Founder of Psychoanalysis: Sigmund Freud**

- **Freud was born in Austria and spent most of his childhood and adult life in Vienna (Sigmund Freud Biography, 2017).**
- **He entered medical school and trained to become a neurologist, earning a medical degree in 1881.**
- **Soon after his graduation, he set up a private practice and began treating patients with psychological disorders.**

## **Models of the Mind:**

**His model divides the mind into three layers, or regions:**

- 1. Conscious: This is where our current thoughts, feelings, and focus live;**
- 2. Preconscious (sometimes called the subconscious): This is the home of everything we can recall or retrieve from our memory;**
- 3. Unconscious: At the deepest level of our minds resides a repository (source) of the processes that drive our behavior, including primitive and instinctual desires (McLeod, 2013).**



### The iceberg theory



Freud used the analogy of an iceberg to describe the three levels of the mind.

Freud said that our minds are like the Iceberg. He called the mind 'the psyche'.

90% of the chunk of ice beneath the water is the unconscious. Freud said that we are only aware about 10% of what we are doing and the other 90% are all deep-rooted in the unconscious. What happens in our childhood and what happens with our relationship with our parents are all deep-rooted in our unconscious and affects our behaviour as adults.

Freud (1915) described conscious mind, which consists of all the mental processes of which we are aware, and this is seen as the tip of the iceberg. For example, you may be feeling thirsty at this moment and decide to get a drink.

The preconscious contains thoughts and feelings that a person is not currently aware of, but which can easily be brought to consciousness (1924). It exists just below the level of consciousness, before the unconscious mind. The preconscious is like a mental waiting room, in which thoughts remain until they 'succeed in attracting the eye of the conscious' (Freud, 1924, p. 306).



This is what we mean in our everyday usage of the word available memory. For example, you are presently not thinking about your mobile telephone number, but now it is mentioned you can recall it with ease. Mild emotional experiences may be in the preconscious but sometimes traumatic and powerful negative emotions are repressed and hence not available in the preconscious.

Finally, the unconscious mind comprises mental processes that are inaccessible to consciousness but that influence judgements, feelings, or behaviour (Wilson, 2002). According to Freud (1915), the unconscious mind is the primary source of human behaviour. Like an iceberg, the most important part of the mind is the part you cannot see.

Our feelings, motives and decisions are actually powerfully influenced by our past experiences, and stored in the unconscious.

### **The role of the unconscious**

According to Freud (1915), the unconscious mind is the primary source of human behavior. Like an iceberg, the most important part of the mind is the part you cannot see. Our feelings, motives and decisions are actually powerfully influenced by our past experiences, and stored in the unconscious.

### **The unconscious reveals itself in-**

- **CREATIVITY**
- **SLIPS OF TONGUE (FREUDIAN SLIPS)**
- **NEUROTIC SYMPTOMS (ANXIETY, PANIC ATTACKS ETC)**

The unconscious mind comprises mental processes that are inaccessible to consciousness but that influence judgments, feelings, or behaviour (Wilson, 2002).

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Our feelings, motives, and decisions are actually powerfully influenced by our past experiences, and stored in the unconscious.

Freud believed that most of our everyday actions and behaviour are not controlled consciously, but are the product of the unconscious mind.

According to him, the unconscious reveals itself in

1. Creativity
2. Slips of the tongue (Freudian slips)
3. Neurotic Symptoms (anxiety, panic attacks etc)

Creativity

Freud says that if we are creating something then our unconscious will reveal itself. So, you might be creating a poem, or a play or a piece of artwork or a dance piece. So anything that is creative and you conjure up in your mind, Freud says that the unconscious reveals itself through that.

#### Slips of the tongue (Freudian Slip)

Slip of the tongue is when you mean to say something and something different comes out. One might say 'oh! I did not mean to say that', but Freud says that you actually did mean to say that, and that was all in the unconscious and it just happened to come out when you least expected it.

Unconscious thoughts and feelings can transfer to the conscious mind in the form of parapraxes, popularly known as Freudian slips or slips of the tongue. We reveal what is really on our mind by saying something we didn't mean to.

Freud believed that slips of the tongue provided an insight into the unconscious mind and that there were no accidents, every behaviour (including slips of the tongue) was significant (i.e., all behaviour is determined).

#### Neurotic Symptoms

If someone is being neurotic, then they might be displaying quite unusual behaviours like they might be talking to themselves, they might have a panic attack, they might have anxiety, they might have phobia etc. So, through these symptoms, the unconscious is revealing itself.

#### The structure of personality-

- **THE ID- pleasure principle**
- **THE EGO- reality principle**
- **THE SUPEREGO**

In the early 20th century, Sigmund Freud proposed a psychodynamic theory according to which personality consists of the id (responsible for instincts and pleasure-seeking), the superego (which attempts to obey the rules of parents and society), and the ego (which mediates between them according to the demands of reality). Psychodynamic theories commonly hold that childhood experiences shape personality. Such theories are associated with psychoanalysis, a type of therapy that attempts to reveal unconscious thoughts and desires.

Personality is made up of three parts (i.e., tripartite): the id, ego, and super-ego:

#### The Id

The id (meaning 'it' in Latin) represents our most impulsive, untamed desires, and pay no regard for what is acceptable or reasonable.

Innate instincts such as the need for food, water, warmth and sexual desires originate in our id. In a sense, the id is our 'inner child' - it drives our instinctive behaviour from birth and expects its

demands to be met immediately, regardless of any consequences. The id abides by the Pleasure Principle, which asserts that we seek to maximise pleasure and avoid pain wherever possible. Also contained within the id is the death drive, a self-destructive impulsiveness which drives us to the end of our life.

### **The Ego**

The second element of the psyche is the ego, which acts as an intermediary between the unreasonable demands of the id and the outside reality. It tries to satisfy the needs of the id as much as is practically possible without necessarily understanding why some demands might be unreasonable.

The ego remains self-centred and does not give consideration to other people's needs or wishes. It acts based on the Reality Principle, which, in contrast to the Pleasure Principle of the id, accepts the limits of what can be obtained from the outside world.

The ego is that part of the part of the personality that is sensible. Ego - acts rationally, balancing the ID and the superego (i.e. acts according to the 'reality principle'). The ego develops in order to mediate between the unrealistic id and the external real world. It is the decision-making component of personality.

### **The Superego**

The third component of our psyche is the superego. This feels compassion for others and again tries to satisfy the needs of the id, but understands that some of those needs may adversely affect others. It acts as a filter for our behaviour and maintains our conscience, leading to an understanding of other people's emotions and to emotional guilt.

The superego incorporates the values and morals of society which are learned from one's parents and others. It is the part that feels guilty and anxious.

Parts of the unconscious mind (the id and superego) are in constant conflict with the conscious part of the mind (the ego). This conflict creates anxiety, which could be dealt with by the ego's use of defence mechanisms.

### **Teaching-Learning Material requirements:**

Chalk Board


### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### **Methods:**

<b>21. Recapitulation of previous day's class:</b> <b>22. Brain storming:</b> <b>23. Demonstration and Discussion:</b> <b>24. Experiential Learning:</b> <b>25. Activity</b>						
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
<b>Name of the second faculty:</b>						
<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date: 10-02-20		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: TYPES OF PERSONALITY	
Title:	Personality type and factors influencing personality	
Objectives:		
Conceptual understanding of personality and theories of personality		
Key Concepts:		
Personality, behaviour, etc.		
Methodology:		
<ul style="list-style-type: none"><li>Lecture with discussion method</li><li>Participatory learning methods</li><li>Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>Recapitulate the previous class through class participation</li><li>Introduce key concepts</li><li>Explain in detail</li><li>Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<u>TYPES OF PERSONALITY</u>		
<ul style="list-style-type: none"><li>There are 4 different personality types that have been classified into major categories. They have been designated as types A, B, C, and D.</li><li>Each personality type has certain traits and characteristics which set it apart from the others.</li></ul>		
		

- These individuals are of a highly independent nature. Their ambition to leave their mark in this world singles them out.
- They are self-driven and know the importance of goal setting, positive thinking, and motivation.
- They are looked on as people who are impatient, and could be easily prone to hostility, aggressiveness, and rudeness.
- They are well-known for their sharpness in getting to the heart of the matter in no-nonsense and blunt terms.
- Individuals of personality type A are risk takers which characterizes an entrepreneurial spirit. They do have the ability to put on the veil of practicality to solve a problem as and when it is required.
- The secret of these successful people is that they don't balk under the requirements and necessity of change which eventually makes them what they want to be.

**Other characteristics that sets this personality type apart is the fact that-**

- They always need to be doing something—standing in lines, or waiting for the bus is a punishment, all they can think of is how much time they are wasting and how they could have been doing something worthwhile. Speaking of which, they are lost without their day's activities planned.
- It is not surprising for people to refer to them as being workaholics—in fact, they find it difficult to simply relax or even fall asleep quickly at night. They are also prone to cut people off while the other speaks and have been shown to have a low tolerance for incompetence. People who fall under the type A personality types are prone to suffer from hypertension, stress, heart disease, and social isolation.



- **Type B personalities are essentially the exact opposite of type A personalities. They are hardly stressed, even in seemingly stressful situations.**

- They are extremely relaxed in any situation and people often describe them as being happy-go-lucky.
- They are usually cheerful and carefree in most situations and people love hanging out with them because they are usually entertaining and fun to be around.

Another factor that sets them apart is that –

- They are extremely patient and maintain the same patience in the most tense and stressful conditions.
- They never give in to pressure and aggression, and they never get frantic about anything.
- They are also very tolerant, flexible, and adaptable in situations, and they hardly ever complain about things.
- They lead a full social life, because they like connecting with people and forming strong emotional bonds with them. And being cheerful and entertaining by nature, they make friends easily.



- This personality type usually comprises introverts interested in details, which separates them from the rest of the types.
- They could turn heaven and hell upside down or inside-out to find a fact they are interested in, before taking it to pieces in order to restart the process.
- They do not take things at face value and are interested in finding out exactly how things work.
- They think very systematically and analytically and make decisions based on research and information backing them up. Owing to this fact, they tend to be natural problem solvers because they focus on details and are able to notice and register things that other personality types may not as easily.
- Highly sensitive, they are also known for other character traits like being deep and thoughtful.

- These people tend to shirk from social or human interaction. Arranging facts in a logical order is what drives these people.
- You can find people of type C personified in accountants, computer programmers, etc.
- These people find it difficult to get out of their shell and communicate with other people, but are extremely competent when it comes to numbers and logic.
- A reserved nature is the mark of type C personalities, and they are cautious as well.
- Risk taking is not a very attractive option for these people who tend not to venture into something until they have gone over all the facts.

Being sticklers (strict, perfectionist) of detail and knowledge, and priding in backing every decision with research, they do not do well with criticism. They are also over critical of the people around them.



- These individuals really believe in inertia (a tendency to do nothing) which they have no shortage of.
- They prefer to stick to the trodden paths and established routines over the uncertainty of change.
- These are followers of the spent actions and executors of the direct commands. You will find them doing their best not to stretch their neck out when it comes to taking responsibility and risk.
- With the help of professionals in the field of personality development and through sheer power of self motivation or self-improvement, these people can overcome their handicap to some extent.
- These individuals, which make 21 percent of the population, are afflicted by negativity such as worry, irritability, gloom, etc., and hardly feel self-assured.
- To avoid rejection, they avoid opening up and sharing their negative emotions.
- This causes them to suffer from enormous amount of stress which makes them prone to heart-related diseases.



- The studies show that as many as 18 to 53 percent of cardiac patients have type D personality.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

26. Recapitulation of previous day's class:
27. Brain storming:
28. Demonstration and Discussion:
29. Experiential Learning:
30. Activity

### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: THEORIES OF PERSONALITY	
Title:	The Behaviourist Theory	
Objectives:		
Conceptual understanding of personality and theories of personality		
Key Concepts:		
Personality, behaviour, etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<u>The Behavioural Approach/ The Behaviourist Theory</u>		
<ul style="list-style-type: none"><li>• Behavioural psychology, also known as behaviourism, is a theory of learning based upon the idea that all behaviours are acquired through conditioning.</li><li>• The basic understandings of this perspective are; that all behaviour is learnt, that the interaction that we have with the environment makes a person who they are.</li><li>• Behaviourism discourages the idea that people have free will, and firmly believe that it's the environment that changes behaviour instead.</li><li>• Behavioural psychology, also known as behaviourism, is a theory of learning based upon the idea that all behaviours are acquired through conditioning.</li><li>• The basic understandings of this perspective are; that all behaviour is learnt, that the interaction that we have with the environment makes a person who they are.</li><li>• Behaviourism discourages the idea that people have free will, and firmly believe that it's the environment that changes behaviour instead.</li></ul>		

## **Ivan Pavlov**

Ivan Pavlov was a Russian physiologist best known in psychology for his discovery of classical conditioning.

Ivan Petrovich Pavlov was born on September 14, 1849, in the village of Ryazan, Russia, where his father was the village priest. His earliest studies were focused on theology, but reading Charles Darwin's *On the Origin of the Species* had a powerful influence on his future interests. He soon abandoned his religious studies and devoted himself to the study of science. In 1870, he began studying the natural sciences at St. Petersburg University.

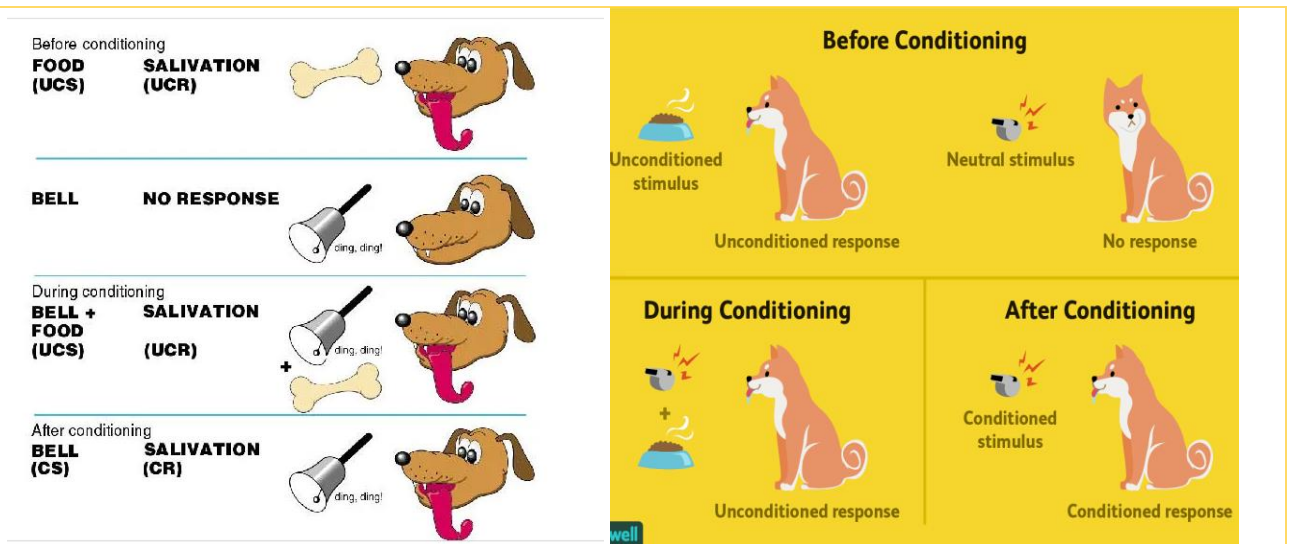
### **Meaning of Conditioning:**

- the process of training or accustoming a person or animal to behave in a certain way or to accept certain circumstances.
- Classical Conditioning:

Classical conditioning (also known as Pavlovian conditioning) is learning through association and was discovered by [Pavlov](#), a Russian physiologist. In simple terms, two stimuli are linked together to produce a new learned response in a person or animal.

### **Ivan Pavlov and Classical Conditioning**

- Classical conditioning (CC) was studied by Ivan Pavlov.
- Through looking into natural reflexes and neutral stimuli he managed to condition dogs to salivate to the sound of a bell through repeated association with the sound of the bell and food.
- He noticed dogs started to salivate when food entered the room. He rang a bell when giving the dog food. He then took away the food on later visits and just rang the bell. The dog still produced saliva. This proved the dog had learnt that the bell represented feeding time; a conditioning reflex. The neutral stimulus (the bell) had become a conditioned stimulus (P. Bennett 2003). This at first seemed the solution to changing behaviour, but after time if no reward was given the behaviour returned back to pre-conditioned state.



## Watson's "Little Albert" Experiment

- John B. Watson was an American psychologist who is best known for his controversial "Little Albert" experiment. In this experiment, he used classical conditioning to teach a nine-month-old boy to be afraid of a white toy rat by associating the rat with a sudden loud noise. This study demonstrated how emotions could become conditioned responses.

## Operant Conditioning:

Operant conditioning (sometimes referred to as instrumental conditioning) is a method of learning that occurs through reinforcements and punishments. Through operant conditioning, an association is made between a behavior and a consequence for that behavior.

When a desirable result follows an action, the behavior becomes more likely to occur again in the future. Responses followed by adverse outcomes, on the other hand, become less likely to happen again in the future.

## Skinner's Operant Conditioning

- "Operant conditioning," a term coined by psychologist B. F. Skinner, describes a form of learning in which a voluntary response is strengthened or weakened depending on its association with either positive or negative consequences.
- Operant conditioning is a method of learning that occurs through rewards and punishments for behavior. Through operant conditioning, an individual makes an association between a particular behavior and a consequence (Skinner, 1938)
- The strengthening of a response occurs through reinforcement.
- He believed that the best way to understand behavior is to look at the causes of an action and its consequences. He called this approach operant conditioning.

- Skinner described two types of reinforcement: positive reinforcement, which is the introduction of a positive consequence such as food, pleasurable activities, or attention from others, and negative reinforcement, which is the removal of a negative consequence such as pain or a loud noise. Skinner saw human behavior as shaped by trial and error through reinforcement and punishment, without any reference to inner conflicts or perceptions. In his theory, mental disorders represented maladaptive behaviours that were learned and could be unlearned through behavior modification.

Skinner (1948) studied operant conditioning by conducting experiments using animals which he placed in a 'Skinner Box' which was similar to Thorndike's puzzle box.

- We can all think of examples of how our own behavior has been affected by reinforcers and punishers. As a child you probably tried out a number of behaviors and learned from their consequences.

For example, if when you were younger you tried smoking at school, and the chief consequence was that you got in with the crowd you always wanted to hang out with, you would have been positively reinforced (i.e., rewarded) and would be likely to repeat the behavior.

If, however, the main consequence was that you were caught, caned, suspended from school and your parents became involved you would most certainly have been punished, and you would consequently be much less likely to smoke now.

### **Positive Reinforcement**

Skinner showed how positive reinforcement worked by placing a hungry rat in his Skinner box. The box contained a lever on the side, and as the rat moved about the box, it would accidentally knock the lever. Immediately it did so a food pellet would drop into a container next to the lever.

The rats quickly learned to go straight to the lever after a few times of being put in the box. The consequence of receiving food if they pressed the lever ensured that they would repeat the action again and again.

Positive reinforcement strengthens a behavior by providing a consequence an individual finds rewarding. For example, if your teacher gives you £5 each time you complete your homework (i.e., a reward) you will be more likely to repeat this behavior in the future, thus strengthening the behavior of completing your homework.

### **Negative Reinforcement**

- The removal of an unpleasant reinforcer can also strengthen behavior. This is known as negative reinforcement because it is the removal of an adverse stimulus which is 'rewarding' to the animal or person. Negative reinforcement strengthens behavior because it stops or removes an unpleasant experience.

For example, if you do not complete your homework, you give your teacher £5. You will complete your homework to avoid paying £5, thus strengthening the behavior of completing your homework.

- Skinner showed how negative reinforcement worked by placing a rat in his Skinner box and then subjecting it to an unpleasant electric current which caused it some discomfort. As the rat moved about the box it would accidentally knock the lever. Immediately it did so the electric current would be switched off. The rats quickly learned to go straight to the lever after a few times of being put in the box. The consequence of escaping the electric current ensured that they would repeat the action again and again.
- In fact Skinner even taught the rats to avoid the electric current by turning on a light just before the electric current came on. The rats soon learned to press the lever when the light came on because they knew that this would stop the electric current being switched on.
- These two learned responses are known as Escape Learning and Avoidance Learning.

### **Punishment (weakens behavior)**

- Punishment is defined as the opposite of reinforcement since it is designed to weaken or eliminate a response rather than increase it. It is an aversive event that decreases the behavior that it follows.
- Like reinforcement, punishment can work either by directly applying an unpleasant stimulus like a shock after a response or by removing a potentially rewarding stimulus, for instance, deducting someone's pocket money to punish undesirable behavior.

### **Positive punishment:**

With positive punishment, an unpleasant behaviour is added and unpleasant consequence follows a response reducing the likelihood that you are going to do this behaviour again in the future.

### **Negative punishment:**

With negative punishment, a pleasant consequence is removed. So, you basically miss out on something that you could potentially enjoy or something that you would potentially like.

Note: It is not always easy to distinguish between punishment and negative reinforcement.

There are many problems with using punishment, such as:

- Punished behavior is not forgotten, it's suppressed - behavior returns when punishment is no longer present.
- Causes increased aggression - shows that aggression is a way to cope with problems.
- Creates fear that can generalize to undesirable behaviours, e.g., fear of school.
- Does not necessarily guide toward desired behavior - reinforcement tells you what to do, punishment only tells you what not to do.

<b>Teaching-Learning Material requirements:</b>						
Chalk Board						
<b>Time management: 60 Minutes</b>						
<ul style="list-style-type: none"> <li>• Recapitulation of the previous class- 5 minutes</li> <li>• Introduction of the new topic- 5 minutes</li> <li>• Lecture- 40 minutes</li> <li>• Brainstorming- 10 minutes</li> </ul>						
<b>Methods:</b>						
<b>31. Recapitulation of previous day's class:</b> <b>32. Brain storming:</b> <b>33. Demonstration and Discussion:</b> <b>34. Experiential Learning:</b> <b>35. Activity</b>						
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
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<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: THEORIES OF PERSONALITY	
Title:	Humanistic Approach to understanding human behaviour	
Objectives:		
Conceptual understanding of personality and theories of personality		
Key Concepts:		
Personality, behaviour, etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<b><u>HUMANISTIC APPROACH TO UNDERSTAND HUMAN BEHAVIOUR</u></b>		
<p>Humanistic, humanism and humanist are terms in psychology relating to an approach which studies the whole person, and the uniqueness of each individual. Essentially, these terms refer the same approach in psychology.</p> <p>The humanistic approach in psychology developed as a rebellion against what some psychologists saw as the limitations of the behaviourist and psychodynamic psychology. The humanistic approach is thus often called the “third force” in psychology after psychoanalysis and behaviourism (Maslow, 1968).</p> <p>Humanism rejected the assumptions of the <a href="#">behaviourist perspective</a> which is characterized as deterministic, focused on reinforcement of stimulus-response behavior and heavily dependent on animal research.</p>		



Humanistic psychology also rejected the psychodynamic approach because it is also deterministic, with unconscious irrational and instinctive forces determining human thought and behavior. Both behaviourism and psychoanalysis are regarded as dehumanizing by humanistic psychologists.

**Humanistic psychology expanded its influence throughout the 1970s and the 1980s. Its impact can be understood in terms of three major areas:**

- 1) It offered a new set of values for approaching an understanding of human nature and the human condition.
- 2) It offered an expanded horizon of methods of inquiry in the study of human behavior.
- 3) It offered a broader range of more effective methods in the professional practice of psychotherapy.

**The humanistic approach is made up of 6 elements:**

1. Free will
2. Self-Actualization and Maslow's Hierarchy of Needs
3. Focus on Self
4. Congruence
5. The role of conditions of worth
6. The influence of counselling psychology

### **1. Free Will**

Humanistic psychology begins with the existential assumptions that people have free will:

Personal agency is the humanistic term for the exercise of free will. Personal agency refers to the choices we make in life, the paths we go down and their consequences.

People are basically good, and have an innate need to make themselves and the world better:

The humanistic approach emphasizes the personal worth of the individual, the centrality of human values, and the creative, active nature of human beings.

The humanistic approach focusses on free will and personal responsibility, rather than assuming someone's behaviour is determined by biological and other external forces.

Humanistic psychology says that each individual has the free will to make choices and how they behave as an adult.

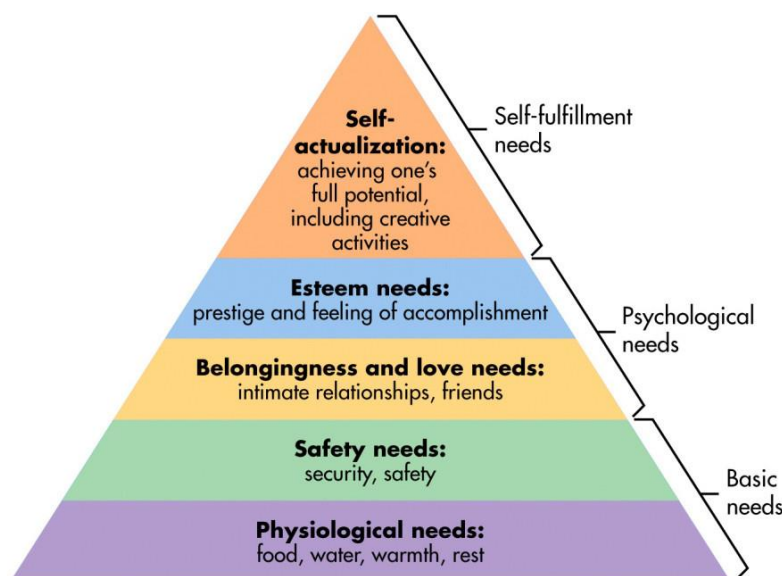
The approach is optimistic and focuses on noble human capacity to overcome hardship, pain and despair.

## 2. Maslow's Hierarchy of Needs

Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid.

Needs lower down in the hierarchy must be satisfied before individuals can attend to needs higher up. From the bottom of the hierarchy upwards, the needs are: physiological, safety, love and belonging, esteem and self-actualization.

Maslow insists that the urge for self-actualization is deeply entrenched in the human psyche, but only surfaces once the more basic needs are fulfilled. Once the powerful needs for food, security, love and self-esteem are satisfied, a deep desire for creative expression and self-actualization rises to the surface. Through his "hierarchy of needs," Maslow succeeds in combining the insights of earlier psychologists such as Freud and Skinner, who focus on the more basic human instincts, and the more upbeat work of Jung and Fromm, who insist that the desire for happiness is equally worthy of attention.



### Physiological Needs

The basic physiological needs are probably fairly apparent—these include the things that are vital to our survival. Some examples of the physiological needs include:

- **Food**
- **Water**
- **Breathing**
- **Homeostasis**

In addition to the basic requirements of nutrition, air and temperature regulation, the physiological needs also include such things as shelter and clothing. Maslow also included sexual reproduction in this level of the hierarchy of needs since it is essential to the survival and propagation of the species. If these needs are not satisfied the human body cannot function optimally. Maslow considered physiological needs the most important as all the other needs become secondary until these needs are met.

### **Safety needs**

Once the basic needs are fulfilled, other needs invariably arise. In Maslow's hierarchy, the safety needs come after the physiological needs. Maslow used the word "safety" to mean more than just physical safety. Economic, social, vocational, psychological security all fall underneath this second tier of human needs. While safety needs are less immediate or demanding than the physiological needs, when one loses one's job, family, home, life savings, health insurance, etc, one is likely to feel terribly insecure and unprotected. Fulfilling the safety needs might be likened to providing a bumper or airbags on a car; while you don't always need them, having them gives you some confidence that you can face minor bumps and bruises along the road of life

### **Belongingness and love needs**

As social beings, family, friendships and intimate connections get many people through the ups and downs of life. Numerous studies have shown that the healthiest, happiest people tend to be more involved in their communities. While there is debate on whether one causes the other is unclear, there is some sense that having wider social connections and relationships are an important part of being happy. Lack of interactions, human relationships and the sense of belonging may result in depression or loneliness while an abundance of love and community often sustain people through difficult times

In order to avoid problems such as [loneliness](#), depression, and anxiety, it is important for people to feel loved and accepted by other people. Personal relationships with friends, family, and lovers play

an important role, as does involvement in other groups that might include religious groups, sports teams, book clubs, and other group activities.

### **Esteem Needs**

At the fourth level in Maslow's hierarchy is the need for appreciation and respect. When the needs at the bottom three levels have been satisfied, the esteem needs begin to play a more prominent role in motivating behavior.

At this point, it becomes increasingly important to gain the respect and appreciation of others. People have a need to accomplish things and then have their efforts recognized.

In addition to the need for feelings of accomplishment and prestige, the esteem needs include such things as [self-esteem](#) and personal worth. People need to sense that they are valued and by others and feel that they are making a contribution to the world. Participation in professional activities, academic accomplishments, athletic or team participation, and personal hobbies can all play a role in fulfilling the esteem needs.

People who are able to satisfy the esteem needs by achieving good self-esteem and the recognition of others tend to feel confident in their abilities. Those who lack self-esteem and the respect of others can develop feelings of inferiority.

Together, the esteem and social levels make up what is known as the psychological needs of the hierarchy.

### **Self-Actualization**

The top 'tier' of Maslow's hierarchy is dubbed "self-actualization." Maslow studied happy people in order to determine what it was that made them happy or, self-actualized.

Maslow refers to peak experiences as the experience of happiness. He notes above that self-actualized people tend to experience a steadier, grounded sense of well-being and satisfaction with life. According to Maslow, self-actualizing people perceive reality accurately; they have a sense of awe, wonder and gratitude about life. They are not self-centred but rather problem-centered and focus on how to improve and are not deficiency-centered. They are independent thinkers and are not overly influenced by the general culture. Their sense of humour is not sarcastic or hurtful but rather "life-affirming" with a philosophical sense of humour. They have a deeply felt sense of kinship with the human race.

People are motivated to self-actualize:

Self-actualization concerns psychological growth, fulfilment and satisfaction in life.

Both Rogers and Maslow regarded personal growth and fulfilment in life as a basic human motive. This means that each person, in different ways, seeks to grow psychologically and continuously enhance themselves.

However, Rogers and Maslow both describe different ways of how self-actualization can be achieved.

The subjective, conscious experiences of the individual is most important:

Humanistic psychologists argue that objective reality is less important than a person's subjective perception and understanding of the world.

Sometimes the humanistic approach is called phenomenological. This means that personality is studied from the point of view of the individual's subjective experience.

### **3. Focus on the self (Self-concept) [Positive regard and self- worth (self-esteem)]**

*Carl Rogers (1951) viewed the child as having two basic needs: positive regard from other people and self-worth.*

How we think about ourselves, our feelings of self-worth are of fundamental importance both to psychological health and to the likelihood that we can achieve goals and ambitions in life and achieve self-actualization.

Self-worth may be seen as a continuum from very high to very low. For Carl Rogers (1959) a person who has high self-worth, that is, has confidence and positive feelings about him or herself, faces challenges in life, accepts failure and unhappiness at times, and is open with people.

A person with low self-worth may avoid challenges in life, not accept that life can be painful and unhappy at times, and will be defensive and guarded with other people.

Rogers believed feelings of self-worth developed in early childhood and were formed from the interaction of the child with the mother and father. As a child grows older, interactions with significant others will affect feelings of self-worth.

Rogers believed that we need to be regarded positively by others; we need to feel valued, respected, treated with affection and loved. Positive regard is to do with how other people evaluate and judge us in social interaction.

The term self-concept is a general term used to refer to how someone thinks about, evaluates or perceives themselves. To be aware of oneself is to have a concept of oneself.

Baumeister (1999) provides the following self-concept definition:

"The individual's belief about himself or herself, including the person's attributes and who and what the self is".

Self-image is related to self-concept, but is generally less broad. Self-image is how an individual sees him- or herself, and it does not necessarily have to align with reality! A person's self-image is based only on how they see themselves, while self-concept is a more comprehensive evaluation of the self-based on how a person sees herself, values herself, thinks about herself, and feels about herself. Carl Rogers posited that self-image is a component of self-concept, along with self-esteem or self-worth and one's "ideal self".

**Rogers (1951) claimed that people have two basic needs:**

1. Positive regard from other people (wanting people to see you positively).
2. A feeling of self-worth (what we think about ourselves).

**Self-esteem (the extent to which you value yourself)**

Self-esteem (also known as self-worth) refers to the extent to which we like accept or approve of ourselves, or how much we value ourselves. Self-esteem always involves a degree of evaluation and we may have either a positive or a negative view of ourselves.

**High self-esteem (we have a positive view of ourselves)**

**This tends to lead to**

- **Confidence in our own abilities**
- **Self-acceptance**
- **Not worrying about what others think**
- **Optimism**

## **Low self-esteem (we have a negative view of ourselves)**

**This tends to lead to**

- **Lack of confidence**
- **Want to be/look like someone else**
- **Always worrying what others might think**
- **Pessimism**

**Argyle (2008) believes there are 4 major factors that influence self-esteem.**

### **1. The Reaction of Others**

If people admire us, flatter us, seek out our company, listen attentively and agree with us we tend to develop a positive self-image. If they avoid us, neglect us, tell us things about ourselves that we don't want to hear we develop a negative self-image.

### **2. Comparison with of Others**

If the people we compare ourselves with (our reference group) appear to be more successful, happier, richer, better looking than ourselves we tend to develop a negative self-image BUT if they are less successful than us our image will be positive.

### **3. Social Roles**

Some social roles carry prestige e.g., doctor, airline pilot, TV. presenter, premiership footballer and this promotes self-esteem. Other roles carry stigma. E.g., a prisoner, mental hospital patient, refuse collector or unemployed person.

### **4. Identification**

Roles aren't just "out there." They also become part of our personality i.e. we identify with the positions we occupy, the roles we play and the groups we belong to.

But just as important as all these factors, are the influence of our parents.

## **Self-concept and the Ideal self**

### **Ideal Self (what you'd like to be)**

This is the person who we would like to be. It consists of our goals and ambitions in life, and is dynamic – i.e., forever changing.

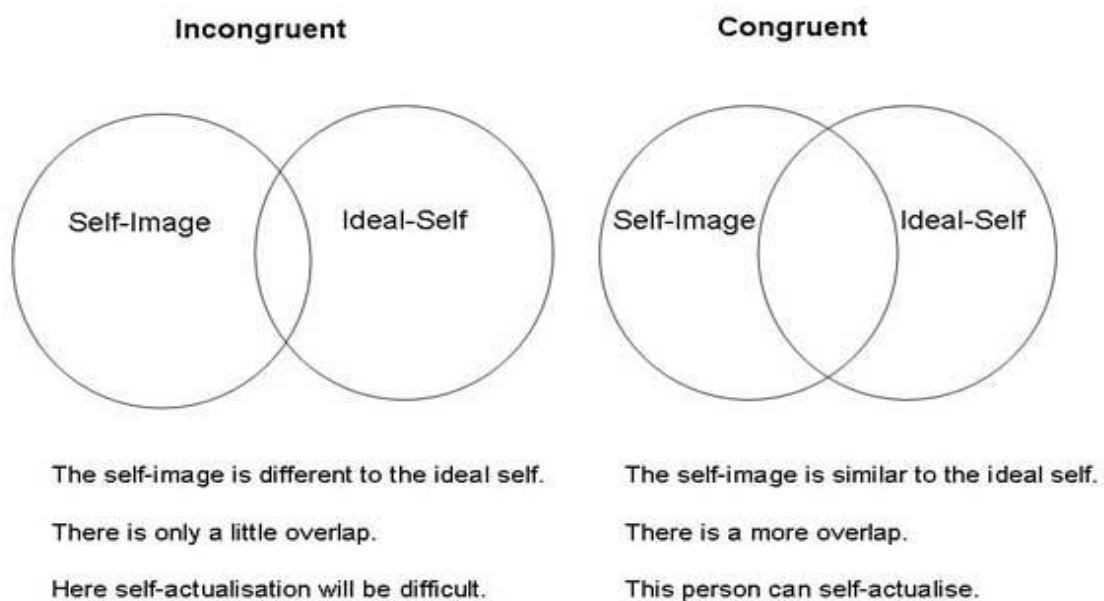
If there is a mismatch between how you see yourself (e.g., your self-image) and what you'd like to be (e.g., your ideal-self) then this is likely to affect how much you value yourself. In many cases, the way we see ourselves and how we would like to see ourselves do not quite match up.

In psychology, the real self and the ideal self are terms used to describe personality domains. The real self is who we actually are. It is how we think, how we feel, look, and act. The real self can be seen by others, but because we have no way of truly knowing how others view us, the real self is our self-image.

The ideal self, on the other hand, is how we want to be. It is an idealized image that we have developed over time, based on what we have learned and experienced. The ideal self could include components of what our parents have taught us, what we admire in others, what our society promotes, and what we think is in our best interest.

#### **4. Congruence**

A person's ideal self may not be consistent with what actually happens in life and experiences of the person. Hence, a difference may exist between a person's ideal self and actual experience. This is called incongruence.



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Where a person's ideal self and actual experience are consistent or very similar, a state of congruence exists. Rarely, if ever does a total state of congruence exist; all people experience a certain amount of incongruence. The development of congruence is dependent on unconditional



positive regard. Rogers believed that for a person to achieve self-actualization they must be in a state of congruence.

The development of congruence is dependent on unconditional positive regard. Carl Rogers believed that for a person to achieve self-actualization they must be in a state of congruence.

According to Rogers, we want to feel, experience and behave in ways which are consistent with our self-image and which reflect what we would like to be like, our ideal-self.

The closer our self-image and ideal-self are to each other, the more consistent or congruent we are and the higher our sense of self-worth. A person is said to be in a state of incongruence if some of the totality of their experience is unacceptable to them and is denied or distorted in the self-image.

Incongruence is "a discrepancy between the actual experience of the organism and the self-picture of the individual insofar as it represents that experience.

As we prefer to see ourselves in ways that are consistent with our self-image, we may use defense mechanisms like denial or repression in order to feel less threatened by some of what we consider to be our undesirable feelings. A person whose self-concept is incongruent with her or his real feelings and experiences will defend because the truth hurts.

### **5. The role of conditions of worth**

As children we have a need to belong. As such we seek to be loved by our caregivers. But love comes in two forms. It can be either conditional or unconditional.

Unconditional love is when we are loved for who we are, no matter what we do.

Conditional love is when we are loved for doing what other people want us to do.

Rogers believed that we need to be regarded positively by others; we need to feel valued, respected, treated with affection and loved. Positive regard is to do with how other people evaluate and judge us in social interaction. Rogers made a distinction between unconditional positive regard and conditional positive regard.

In the ideal world all we would have is unconditional love, but in reality we are surrounded by conditional love, which we receive from the authority figures in our life - our carers, parents, teachers and religious educators, media and television. The child whose school report is poor and whose parents react with anger. The girl who is told constantly by her mother how proud she is of how pretty she is. The boy, whose coach shouts at him for missing a kick. All of these are ways in

which children learn what they must do to be valued: to do well at school, to be beautiful or to be athletic, for example.

What happens when we rely on conditional love is that we develop *conditions of worth*.

Conditions of worth are the messages we take on board about what we have to do to be valued. Conditions of worth are often very subtle. Nevertheless, this subtlety is all the more powerful, since it can render us unaware of what our conditions of worth are. Each of us has our own conditions of worth.

### **Unconditional Positive Regard**

Unconditional positive regard is where parents, significant others (and the humanist therapist) accepts and loves the person for what he or she is. Positive regard is not withdrawn if the person does something wrong or makes a mistake.

The consequences of unconditional positive regard are that the person feels free to try things out and make mistakes, even though this may lead to getting it worse at times.

Unconditional positive regard therefore means valuing the person as doing their best to move forward in their lives constructively and respecting the person's right to self-determination no matter what they choose to do.

That doesn't mean that you need to like the person or approve of what they do. Nor does it mean that you have to simply put up with what they do if you see it as dangerous in some way.

People who are able to self-actualize are more likely to have received unconditional positive regard from others, especially their parents in childhood.

### **Conditional Positive Regard**

Conditional positive regard is where positive regard, praise, and approval, depend upon the child, for example, behaving in ways that the parents think correct.

Hence the child is not loved for the person he or she is, but on condition that he or she behaves only in ways approved by the parent(s).

At the extreme, a person who constantly seeks approval from other people is likely only to have experienced conditional positive regard as a child.

Conditional Positive Regard is exactly opposite to [Unconditional Positive Regard](#) (UPR). In simple words, it can be defined as the acknowledgement and/or respect demonstrated towards someone in a conditional way. There are no restrictions as in the UPR.

Conditional Positive Regard isn't exactly a theory of Rogers, but since it means exactly opposite to that of Unconditional Positive Regard, and those opposing the Rogerian theory automatically land on CPR, it's one of the most interesting topics in Psychology.

To be more specific, a parent loves and supports his child as long as the child maintains A grade average and helps out on household chores. This is an example of Conditional Positive Regard as here, the condition is that the child has to maintain the A grade average in order to receive proper support from his parents (positive regard)

However, the parents providing love and support to the child regardless of his academic grade average would be an example of Unconditional Positive Regard.

A negative example for the lack of Conditional Positive Regard would be, a child coming out as homosexual, and his parents disregarding him or encouraging him to seek help for his "supposed medical condition".

Again, here, the condition is the child's sexuality, which lead to withdrawal of the positive regard by the parents.

If there was Unconditional Positive Regard, the child would be loved and the behavior of the parents would remain unchanged.

## **6. The influence on counselling psychology**

Rogers believed that with Humanistic Counselling, people would be able to solve their own problems in constructive way, and hopefully move towards becoming towards a person who can self-actualize and get over their psychological problems.

So, the Humanistic counselling is based on the fact that the therapist sees everybody as -

- An individual (and understands that..
- Everyone is different (giving everybody...
- Unconditional positive regard (and have a...
- Non-Judgemental attitude to all their clients
- Active listening
- Empathy

- Understanding a person's self-concept (they work hard to understand to help them build their...
- Self-esteem (and empower their clients towards...
- Self-actualization

**Rogers believes that humanistic counselling will-**

- Help dissolve the client's conditions of worth
- Help the client to be more authentic and more true to self
- Become the person they are, rather than what others want them to be.

**Teaching-Learning Material requirements:**

Chalk Board

**Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

**Methods:**

- 36. Recapitulation of previous day's class:
- 37. Brain storming:
- 38. Demonstration and Discussion:
- 39. Experiential Learning:
- 40. Activity

**Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: THEORIES OF PERSONALITY	
Title:	The Psycho-social Theory	
Objectives:		
Conceptual understanding of personality and theories of personality		
Key Concepts:		
Personality, behaviour, etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<b><u>PSYCHO-SOCIAL THEORY OF DEVELOPMENT</u></b>		
<p>Erikson maintained that personality develops in a predetermined order through eight stages of psychosocial development, from infancy to adulthood. During each stage, the person experiences a psychosocial crisis which could have a positive or negative outcome for personality development.</p> <p>For Erikson (1958, 1963), these crises are of a psychosocial nature because they involve psychological needs of the individual (i.e., psycho) conflicting with the needs of society (i.e., social).</p> <p>According to the theory, successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Basic virtues are characteristic strengths which the ego can use to resolve subsequent crises.</p>		

Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore a more unhealthy personality and sense of self. These stages, however, can be resolved successfully at a later time.

Stage Psychosocial Crisis	Basic Virtue	Age
Trust vs. Mistrust	Hope	0 - 1½
Autonomy vs. Shame	Will	1½ - 3
Initiative vs. Guilt	Purpose	3 - 5
Industry vs. Inferiority	Competency	5 - 12
Identity vs. Role Confusion	Fidelity	12 - 18
Intimacy vs. Isolation	Love	18 - 40
Generativity vs. Stagnation	Care	40 - 65
Ego Integrity vs. Despair	Wisdom	65+

### **1. Trust vs. Mistrust**

Trust vs. mistrust is the first stage in Erik Erikson's theory of psychosocial development. This stage begins at birth continues to approximately 18 months of age. During this stage, the infant is uncertain about the world in which they live, and looks towards their primary caregiver for stability and consistency of care.

If the care the infant receives is consistent, predictable and reliable, they will develop a sense of trust which will carry with them to other relationships, and they will be able to feel secure even when threatened.

If these needs are not consistently met, mistrust, suspicion, and anxiety may develop.

If the care has been inconsistent, unpredictable and unreliable, then the infant may develop a sense of mistrust, suspicion, and anxiety. In this situation the infant will not have confidence in the world around them or in their abilities to influence events.

Success in this stage will lead to the virtue of hope. By developing a sense of trust, the infant can have hope that as new crises arise, there is a real possibility that other people will be there as a source of support. Failing to acquire the virtue of hope will lead to the development of fear.

This infant will carry the basic sense of mistrust with them to other relationships. It may result in anxiety, heightened insecurities, and an over feeling of mistrust in the world around them.

Consistent with Erikson's views on the importance of trust, research by Bowlby and Ainsworth has outlined how the quality of the early experience of attachment can affect relationships with others in later life.

## **2. Autonomy vs. Shame and Doubt**

Autonomy versus shame and doubt is the second stage of Erik Erikson's stages of psychosocial development. This stage occurs between the ages of 18 months to approximately 3 years. According to Erikson, children at this stage are focused on developing a sense of personal control over physical skills and a sense of independence.

Success in this stage will lead to the virtue of will. If children in this stage are encouraged and supported in their increased independence, they become more confident and secure in their own ability to survive in the world.

If children are criticized, overly controlled, or not given the opportunity to assert themselves, they begin to feel inadequate in their ability to survive, and may then become overly dependent upon others, lack self-esteem, and feel a sense of shame or doubt in their abilities. What Happens During This Stage?

The child is developing physically and becoming more mobile, and discovering that he or she has many skills and abilities, such as putting on clothes and shoes, playing with toys, etc. Such skills illustrate the child's growing sense of independence and autonomy.

For example, during this stage children begin to assert their independence, by walking away from their mother, picking which toy to play with, and making choices about what they like to wear, to eat, etc.

### *What Can Parents Do to Encourage a Sense of Control?*

Erikson states it is critical that parents allow their children to explore the limits of their abilities within an encouraging environment which is tolerant of failure.

For example, rather than put on a child's clothes a supportive parent should have the patience to allow the child to try until they succeed or ask for assistance. So, the parents need to encourage the child to become more independent while at the same time protecting the child so that constant failure is avoided.

A delicate balance is required from the parent. They must try not to do everything for the child, but if the child fails at a particular task they must not criticize the child for failures and accidents (particularly when toilet training).

The aim has to be “self-control without a loss of self-esteem” (Gross, 1992).

### **3. Initiative vs. Guilt**

Initiative versus guilt is the third stage of Erik Erikson's theory of psychosocial development. During the initiative versus guilt stage, children assert themselves more frequently.

These are particularly lively, rapid-developing years in a child's life. According to Bee (1992), it is a “time of vigor of action and of behaviors that the parents may see as aggressive.”

During this period the primary feature involves the child regularly interacting with other children at school. Central to this stage is play, as it provides children with the opportunity to explore their interpersonal skills through initiating activities.

Children begin to plan activities, make up games, and initiate activities with others. If given this opportunity, children develop a sense of initiative and feel secure in their ability to lead others and make decisions.

Conversely, if this tendency is squelched, either through criticism or control, children develop a sense of guilt. The child will often overstep the mark in his forcefulness, and the danger is that the parents will tend to punish the child and restrict his initiatives too much.

It is at this stage that the child will begin to ask many questions as his thirst for knowledge grows. If the parents treat the child's questions as trivial, a nuisance or embarrassing or other aspects of their behavior as threatening then the child may have feelings of guilt for “being a nuisance”.

Too much guilt can make the child slow to interact with others and may inhibit their creativity. Some guilt is, of course, necessary; otherwise the child would not know how to exercise self-control or have a conscience.



A healthy balance between initiative and guilt is important. Success in this stage will lead to the virtue of purpose, while failure results in a sense of guilt.

#### **4. Industry vs. Inferiority**

Children are at the stage where they will be learning to read and write, to do sums, to do things on their own. Teachers begin to take an important role in the child's life as they teach the child specific skills.

It is at this stage that the child's peer group will gain greater significance and will become a major source of the child's self-esteem. The child now feels the need to win approval by demonstrating specific competencies that are valued by society and begin to develop a sense of pride in their accomplishments.

If children are encouraged and reinforced for their initiative, they begin to feel industrious (competent) and feel confident in their ability to achieve goals. If this initiative is not encouraged, if it is restricted by parents or teacher, then the child begins to feel inferior, doubting his own abilities and therefore may not reach his or her potential.

If the child cannot develop the specific skill they feel society is demanding (e.g., being athletic) then they may develop a sense of inferiority.

Some failure may be necessary so that the child can develop some modesty. Again, a balance between competence and modesty is necessary. Success in this stage will lead to the virtue of competence.

#### **5. Identity vs. Role Confusion**

The fifth stage of Erik Erikson's theory of psychosocial development is identity vs. role confusion, and it occurs during adolescence, from about 12-18 years. During this stage, adolescents search for a sense of self and personal identity, through an intense exploration of personal values, beliefs, and goals.

During adolescence, the transition from childhood to adulthood is most important. Children are becoming more independent, and begin to look at the future in terms of career, relationships, families, housing, etc. The individual wants to belong to a society and fit in.

The adolescent mind is essentially a mind or moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult (Erikson, 1963, p. 245)

This is a major stage of development where the child has to learn the roles he will occupy as an adult. It is during this stage that the adolescent will re-examine his identity and try to find out exactly who he or she is. Erikson suggests that two identities are involved: the sexual and the occupational.

According to Bee (1992), what should happen at the end of this stage is “a reintegrated sense of self, of what one wants to do or be, and of one’s appropriate sex role”. During this stage the body image of the adolescent changes.

Erikson claims that the adolescent may feel uncomfortable about their body for a while until they can adapt and “grow into” the changes. Success in this stage will lead to the virtue of fidelity.

Fidelity involves being able to commit one's self to others on the basis of accepting others, even when there may be ideological differences.

During this period, they explore possibilities and begin to form their own identity based upon the outcome of their explorations. Failure to establish a sense of identity within society ("I don't know what I want to be when I grow up") can lead to role confusion. Role confusion involves the individual not being sure about themselves or their place in society.

In response to role confusion or identity crisis, an adolescent may begin to experiment with different lifestyles (e.g., work, education or political activities).

Also pressuring someone into an identity can result in rebellion in the form of establishing a negative identity, and in addition to this feeling of unhappiness.

## **6. Intimacy vs. Isolation**

Intimacy versus isolation is the sixth stage of Erik Erikson's theory of psychosocial development. This stage takes place during young adulthood between the ages of approximately 18 to 40 yrs.

During this period, the major conflict centers on forming intimate, loving relationships with other people.

During this period, we begin to share ourselves more intimately with others. We explore relationships leading toward longer-term commitments with someone other than a family member.

Successful completion of this stage can result in happy relationships and a sense of commitment, safety, and care within a relationship.

Avoiding intimacy, fearing commitment and relationships can lead to isolation, loneliness, and sometimes depression. Success in this stage will lead to the virtue of love.

## **7. Generativity vs. Stagnation**

Generativity versus stagnation is the seventh of eight stages of Erik Erikson's theory of psychosocial development. This stage takes place during middle adulthood (ages 40 to 65 yrs).

Generativity refers to "making your mark" on the world through creating or nurturing things that will outlast an individual.

People experience a need to create or nurture things that will outlast them, often having mentees or creating positive changes that will benefit other people.

We give back to society through raising our children, being productive at work, and becoming involved in community activities and organizations. Through generativity we develop a sense of being a part of the bigger picture.

Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.

By failing to find a way to contribute, we become stagnant and feel unproductive. These individuals may feel disconnected or uninvolved with their community and with society as a whole. Success in this stage will lead to the virtue of care.

## **8. Ego Integrity vs. Despair**

Ego integrity versus despair is the eighth and final stage of Erik Erikson's stage theory of psychosocial development. This stage begins at approximately age 65 and ends at death.

It is during this time that we contemplate our accomplishments and can develop integrity if we see ourselves as leading a successful life.

Erikson described ego integrity as "the acceptance of one's one and only life cycle as something that had to be" (1950, p. 268) and later as "a sense of coherence and wholeness" (1982, p. 65).

As we grow older (65+ yrs) and become senior citizens, we tend to slow down our productivity and explore life as a retired person.

Erik Erikson believed if we see our lives as unproductive, feel guilt about our past, or feel that we did not accomplish our life goals, we become dissatisfied with life and develop despair, often leading to depression and hopelessness.

Success in this stage will lead to the virtue of wisdom. Wisdom enables a person to look back on their life with a sense of closure and completeness, and also accept death without fear.

Wise people are not characterized by a continuous state of ego integrity, but they experience both ego integrity and despair. Thus, late life is characterized by both integrity and despair as alternating states that need to be balanced.

#### **Teaching-Learning Material requirements:**

Chalk Board

#### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### **Methods:**

41. Recapitulation of previous day's class:
42. Brain storming:
43. Demonstration and Discussion:
44. Experiential Learning:
45. Activity

#### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: PERSONALITY TYPES- FACTORS	
Title:	Observational Learning	
Objectives:		
Conceptual understanding of personality and theories of personality		
Key Concepts:		
Personality, behaviour, etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<b>Observational Learning</b> <ul style="list-style-type: none"><li>▪ Observational learning describes the process of <u>learning</u> through watching others, retaining the information, and then later replicating the behaviors that were observed.</li><li>▪ In observational learning, we learn by watching others and then imitating, or modeling, what they do or say.</li><li>▪ A tremendous amount of learning happens through this process of watching and imitating others. In <u>psychology</u>, this is known as <i>observational learning</i>.</li></ul>		

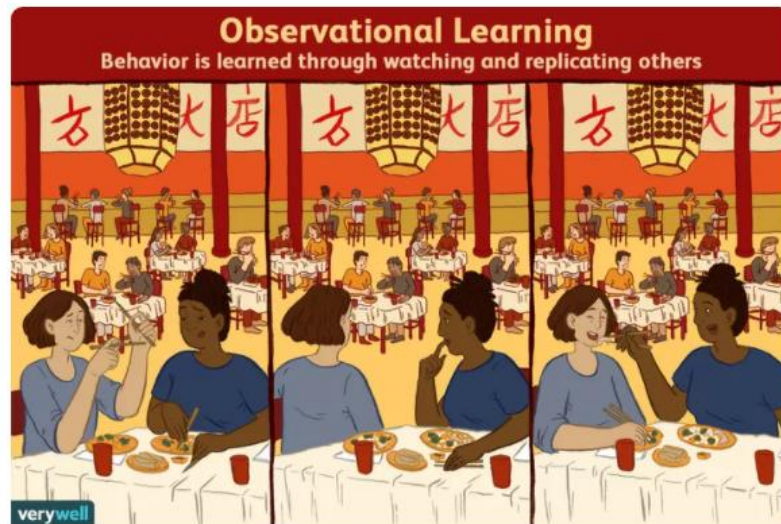


Illustration by Brianna Gilmartin, Verywell

## Albert Bandura

- Psychologist Albert Bandura is the researcher perhaps most often identified with learning through observation.
- Observational learning is a major component of Bandura's social learning theory.
- He also emphasized that four conditions were necessary in any form of observing and modeling behavior: Attention, retention, reproduction, and motivation.

## Examples of Observational Learning

The following are instances that demonstrate when observational learning might take place.

- A child watches their parent folding the laundry. They later pick up some clothing and imitate folding the clothes.
- A young couple goes on a date to a Chinese restaurant. They watch other diners in the restaurant eating with chopsticks and copy their actions in order to learn how to use these utensils.
- A child watches a classmate get in trouble for hitting another child. They learn from observing this interaction that they should not hit others.
- A group of children plays hide-and-seek at recess. One child joins the group, but has never played before and is not sure what to do. After observing the other children play, they quickly learn the basic rules of the game and join in.

## What Behaviors Are Imitated

According to Bandura's research, there are a number of factors that increase the likelihood that a behavior will be imitated. We are more likely to imitate:

- People we perceive as warm and nurturing
- People who receive rewards for their behavior
- People who are in an authoritative position in our lives

- People who are similar to us in age, sex, and interests
- People who we admire or who are of a higher social status
- When we have been rewarded for imitating the behavior in the past
- When we lack confidence in our own knowledge or abilities
- When the situation is confusing, ambiguous, or unfamiliar

### **Bobo Doll Experiment**



- Bobo doll experiment, groundbreaking study on aggression led by psychologist Albert Bandura that demonstrated that children are able to learn through the observation of adult behaviour.
- Bandura (1961) conducted a controlled experiment study to investigate if social behaviors (i.e., aggression) can be acquired by observation and imitation.

### **Link Between Observational Learning and Violence**

- Psychologists Craig Anderson and Karen Dill investigated the link between video game violence and aggressive behavior. They found that in lab studies, students who played a violent video game behaved more aggressively than those who had not played a violent game.
- In 2005, the American Psychological Association issued a report concluding that exposure to violent interactive video games increased aggressive thoughts, feelings, and behaviors.

### **Conditions For Observational Learning**

- **Attention**
- **Retention (remember, recall, recollection)**
- **Reproduction (Replicating, duplicating, Imitating)**

▪ **Motivation**

**The following steps are involved in the observational learning and modeling process:**

- **Attention:** In order to learn, you need to be paying attention. Anything that distracts your attention is going to have a negative effect on observational learning. If the model is interesting or there is a novel aspect of the situation, you are far more likely to dedicate your full attention to learning.
- **Retention:** The ability to store information is also an important part of the learning process. Retention can be affected by a number of factors, but the ability to pull up information later and act on it is vital to observational learning.
- **Reproduction:** Once you have paid attention to the model and retained the information, it is time to actually perform the behavior you observed. Further practice of the learned behavior leads to improvement and skill advancement.
- **Motivation:** Finally, in order for observational learning to be successful, you have to be motivated to imitate the behavior that has been modeled. Reinforcement and punishment play an important role in motivation. While experiencing these motivators can be highly effective, so can observing others experiencing some type of reinforcement or punishment. For example, if you see another student rewarded with extra credit for being to class on time, you might start to show up a few minutes early each day.

**Teaching-Learning Material requirements:**

Chalk Board

**Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

**Methods:**

- 46. Recapitulation of previous day's class:
- 47. Brain storming:
- 48. Demonstration and Discussion:
- 49. Experiential Learning:
- 50. Activity

**Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**



<b>Whether any contributions made /Inputs given during the class?</b>	
<b>Suggested Readings/ website</b>	

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: II	UNIT II: PERSONALITY	
Title:	Behavior Modification Techniques	
Objectives:		
Conceptual understanding of personality and theories of personality		
Key Concepts:		
Personality, behaviour, modification etc.		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<b>Behaviour Modification</b>		
<p>Behaviour modification refers to the techniques used to try and decrease or increase a particular type of behaviour or reaction. This might sound very technical, but it's used very frequently by all of us. Parents use this to teach their children right from wrong. Therapists use it to promote healthy behaviours in their patients. Animal trainers use it to develop obedience between a pet and its owner. We even use it in our relationships with friends and significant others. Our responses to them teach them what we like and what we don't.</p>		
<b>Origin of the Theory</b>		
<p>Behaviour modification relies on the concept of conditioning. Conditioning is a form of learning. There are two major types of conditioning; classical conditioning and operant conditioning. Classical conditioning relies on a particular stimulus or signal. An example of this would be if a family member came to the kitchen every time you baked cookies because of the delicious smell. The second type is known as operant conditioning, which involves using a system of rewards and/or</p>		

punishments. Dog trainers use this technique all the time when they reward a dog with a special treat after they obey a command.

Behaviour modification was developed from these theories because they supported the idea that just as behaviours can be learned, they also can be unlearned. As a result, many different techniques were developed to either assist in eliciting a behaviour or stopping it. This is how behaviour modification was formed.

#### Techniques

The purpose behind behaviour modification is not to understand why or how a particular behaviour started. Instead, it only focuses on changing the behaviour, and there are various different methods used to accomplish it. This includes:

- **Positive reinforcement**
- **Negative reinforcement**
- **Punishment**
- **Flooding**
- **Systematic desensitization**
- **Aversion therapy**
- **Extinction**

#### **POSITIVE REINFORCEMENT**

Positive reinforcement is pairing a positive stimulus to a behavior. A good example of this is when teachers reward their students for getting a good grade with stickers. Positive reinforcement is also often used in training dogs. Pairing a click with a good behavior, then rewarding with a treat, is positive reinforcement.

#### **NEGATIVE REINFORCEMENT**

Negative reinforcement is the opposite and is the pairing of a behavior to the removal of a negative stimulus. A child that throws a tantrum because he or she doesn't want to eat vegetables and has his or her vegetables taken away would be a good example.

Punishment is designed to weaken behavior by pairing an unpleasant stimulus to a behavior. Receiving a detention for bad behavior is a good example of a punishment.

#### **FLOODING**

Flooding involves exposing people to fear-invoking objects or situations intensely and rapidly. Forcing someone with a fear of snakes to hold one for 10 minutes would be an example of flooding.

Flooding is a technique often used in the treatment phobias and other types of anxiety. The process involves exposing the client to the feared object or situation repeatedly or for an extended amount of time. During the exposure, the client is not allowed to leave and must confront his or her fears directly. The goal is for the client to realize that, since nothing bad happened, he or she no longer needs to be afraid.

As might be expected, this approach – although potentially very effective – is very intense and although flooding is considered a cost-effective solution, it is highly traumatic for patients and causes a high level of anxiety. Although patients provide informed consent, many do not complete their treatment because the experience is too stressful and therefore flooding is sometimes a waste of time and money, if patients do not finish their therapy.

## **SYSTEMATIC DESENSITIZATION**

Systematic desensitization is a type of behavioral therapy based on the principle of classical conditioning. It was developed by Wolpe during the 1950s.

This therapy aims to remove the fear response of a phobia, and substitute a relaxation response to the conditional stimulus gradually using counter conditioning.

Systematic desensitization – Steps

When applying the systematic desensitization technique to treat phobia, a therapist sometimes follows the following steps:

1. Relaxation
2. Constructing an anxiety hierarchy
3. Pairing relaxation with the situations described in the anxiety hierarchy

### **Relaxation**

The first step of systematic desensitization is learning to relax. If an individual is afraid of something, e.g. spiders, he needs to learn to relax when he faces the object of his fear. A common relaxation technique is deep breathing or chest breathing. Here's how to do it:

1. Inhale through your nose. When you inhale, your stomach should expand.
2. Hold your breath for 3 seconds
3. Exhale through your mouth

The patient is advised to do the deep breathing exercise for at least 5 minutes. When someone is exposed to a fearful situation, he might not realize that he is not doing chest breathing and this will result in tightening of muscles, anxiety, dry throat, etc. By practising deep breathing regularly, it is easier for an individual to become more relaxed.

Another common relaxation exercise is progressive muscle relaxation. In this exercise, the patient is asked to tighten his muscles and then loosen them gradually. This exercise can induce deep muscle relaxation in the patient.

### **Construction of an Anxiety Hierarchy**

In this step of systematic desensitization, the patient is asked to list 10-15 triggers of a specific phobia or situation and rate each trigger from 0-10 where 0 represents no anxiety at all and 10 represents extreme anxiety. For example, if a patient is afraid of spiders, his list of triggers may look like this:

1. Thinking about going into the room where there are spiders.
2. Standing near a sofa and moving toward the room.
3. Reaching the door of the room.
4. Thinking about the spider that is in the room.
5. Unlocking the door of the room.
6. Opening the door to the room.
7. Entering the room.
8. Turning on the light of the room.
9. Walking inside the room.
10. Closing the room door.
11. Seeing a spider on the wall.

The patient will then rate each of the above steps from 0-10 according to the level of his anxiety.

### **Pairing Relaxation with the Anxiety Hierarchy**

In this step of systematic desensitization, the patient is asked to imagine himself being exposed to his object of fear or a fearful situation. For the patient who is afraid of spiders, he is advised to close his eyes and imagine himself in a room alone with a huge spider. When he feels anxious, he is asked to practice the relaxation exercise.

After each imaginal exposure, the patient is asked to rate his fear of spiders. When the patient's rating for the fear drops to a specific value, the therapist moves toward the next step of the anxiety hierarchy. For example, the patient is asked to look at images of spiders or even a dead spider. The therapy continues until the patient feels no fear when he is exposed to real spiders. The patient is advised to practice deep breathing and other relaxation exercises whenever he is exposed to spiders so that his anxiety will gradually be replaced with relaxation.

## **AVERSION THERAPY**

Aversion therapy is a type of behavioral therapy that involves repeating pairing an unwanted behavior with discomfort. For example, a person undergoing aversion therapy to stop smoking might receive an electrical shock every time they view an image of a cigarette. The goal of the conditioning process is to make the individual associate the stimulus with unpleasant or uncomfortable sensations.

During aversion therapy, the client may be asked to think of or engage in the behavior they enjoy while at the same time being exposed to something unpleasant such as a bad taste, a foul smell, or even mild electric shocks. Once the unpleasant feelings become associated with the behavior, the hope is that the unwanted behaviors or actions will begin to decrease in frequency or stop entirely.

### **Uses of Aversion Therapy**

Aversion therapy can be effectively used to treat a number of problematic behaviors including the following:

- Bad habits
- Addictions
- Alcoholism
- Smoking
- Gambling
- Violence or anger issues

Aversion therapy is most commonly used to treat drug and alcohol addictions. A subtle form of this technique is often used as a self-help strategy for minor behavior issues. In such cases, people may wear an elastic band around the wrist. Whenever the unwanted behavior or urge to engage in the behavior presents itself, the individual will snap the elastic to create a slightly painful deterrent.

### **To Stop Nail-Biting:**

Nail-biting is a rather common, habitual behavior that affects many people of all ages. Some can stop the habit at the outset of the resolution to do so. On the other hand though, many others can really struggle to stop the habit.

Aversion therapy here typically involves the introduction of some unpleasant element to the process. Some apply a foul-tasting substance to the nail area so as to remind and deter the habitual offender. Another method of aversion here may involve placing tape over the nails or wrapped around the fingertips. The inconvenience of unwrapping for the purpose of biting then acts as the deterrent.

### **To Stop Smoking:**

People have employed countless measures in the fight to break free of the addiction of nicotine and tobacco products. When many of these more common approaches fail, sufferers often revert to other endeavors. Therapeutic aversion is one feasible route here.

Medically administered, shock therapy is actually the primary method of expert-overseen aversion techniques in smoking cessation. In shock therapy, the patient meets with the doctor on a set schedule to undergo this rather unpleasant routine. Whenever the patient is struck with the urge to smoke or begins the process of lighting up, a shock is administered by the overseeing doctor. With repeated application, the idea is that the brain becomes quite convinced that the hunt for nicotine leads directly to too much discomfort to be worth it.

### **To Curb Alcoholism**

For as long as alcohol has been known to man, this same substance has been responsible for countless addictions and other health problems associated with its heavy use. Aversion techniques have thus been born from the need to treat these pitfalls of alcoholism. One of the most interesting approaches here can be seen in the physician-overseen administration of specialty tryptophan metabolites. When taken regularly, these compounds prevent regular processing of alcohol within the body. As a result, drinking brings about a set of distinct digestive pains and troubles. Likewise, abstaining from drinking while on the medication promotes a great sense of well-being and euphoria.

### **To Resolve Weight or Diet Issues**

The drive to eat can be the greatest of all human desires and drives. When we have a drive to eat all the wrong things, our bodies and our greater health thus suffer many bad consequences. Science has consequently developed all kinds of dietary and food aversion techniques and products.

There are many medications that can be taken to avert the consumption of unhealthy foods. Outside of medication, any number of personal aversion techniques can be employed so as to avoid prior habits. One of the best involves leaving junk food at the store so that when the urge comes, an inconvenient trip out is always required in order to satisfy the craving.

### **To Stop Gambling Addiction**

Gambling addiction occurs when someone becomes addicted to gambling in any of its various forms. While there are no medications that can be prescribed here, there are a number of techniques that can be applied in order to avert the desire. One method involves paying a considerable fee to family or even a charity every time the individual seeks to gamble. Another, more serious approach is through familial shunning, or the family's direct reaction to further gambling via refusal to

associate as usual with the gambler. The time applied to this unpleasant, consequential action may vary from hours to days.

Sometimes it can be quite difficult to abstain from past behaviors and addictions. There are many professional techniques to help in this arena. However, for those that don't get the desired results with more common methods, approaches in aversion therapy can often serve as just the right motivation to get the job done.

## **EXTINCTION**

In psychology, extinction refers to the gradual weakening of a conditioned response that results in the behavior decreasing or disappearing. In other words, the conditioned behavior eventually stops. For example, imagine that you taught your dog to shake hands. Over time, the trick became less interesting. You stop rewarding the behavior and eventually stop asking your dog to shake. Eventually, the response becomes extinct, and your dog no longer displays the behavior.

Extinction is formally defined as "the omission of previously delivered unconditioned stimuli or reinforcers," but it can also describe the "absence of a contingency between response and reinforcer." Essentially, this means that learned behaviors will gradually disappear if they are not reinforced.

For example, if a mother's child exhibits bad behavior, such as throwing a tantrum because he does not want to go to school and she provides him with toys and sweets in an effort to pacify him or her, she is reinforcing poor behavior. The child has learned that misbehaving will lead to rewards, and thus, will continue to do so in order to get what he or she wants.

Now, if the mother decides to stop reinforcing it by refusing to give out any rewards, her child will eventually stop acting up, because he or she will no longer associate it with a positive outcome.

Extinction consists of suppressing reinforcement of a behavior that has been previously reinforced. That is, if the child pulls a prank, what we have to do is act as if nothing happened. To put it another way, we will withdraw attention, a positive reinforcement. This means that we keep doing what we were doing without saying anything. That way, the child will stop carrying out that behavior.

### **Teaching-Learning Material requirements:**

Chalk Board

### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### **Methods:**



<b>51. Recapitulation of previous day's class:</b> <b>52. Brain storming:</b> <b>53. Demonstration and Discussion:</b> <b>54. Experiential Learning:</b> <b>55. Activity</b>						
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
<b>Name of the second faculty:</b>						
<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Attitude- definition/ formation	
Objectives:		
Conceptual understanding of attitude and perception		
Key Concepts:		
Attitude, perception, begaviour		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		

## ATTITUDE

- Attitude refers to feelings, beliefs, and behavior predispositions (biases, tendencies) directed towards people, groups, ideas, or objects.
- It influences the behavior of the individuals. It decides how to act or behave in a particular situation.
- Attitude is a kind of habit. It is the usual way of doing things.

**Definitions:** The concept 'attitude' is defined as follows:

*'An attitude is a negative or positive evaluation of an object which influences human's behavior towards that object'.* – Michael Hogg

*'An attitude is a learned predisposition to respond in a favorable or unfavorable manner towards people, an object, an idea or a situation'.* – Martin Fishbein

**Explanation:** We come across different people, ideas, things and situations. We may form a negative or a positive view of them in our mind. For example, if I think that junk foods are unhealthy as it has high sugar and fats, It means I have a negative attitude towards junk food consumption.

### ■ COMPONENTS OF ATTITUDE

Psychologists such as Rosenber, Eagley and Hovland have given a three components model of Attitude. According to this model, an attitude has following three components:

1. Cognitive Component
2. Affective Component
3. Behavioral Component

1. **Cognitive Component:** Cognitive component is the set of information, ideas, facts and knowledge about an object.
2. **Affective Component:** This component consists of emotions and feelings towards an object. It can be emotions of liking or disliking, favoring or disfavoring, positive or negative evaluation towards the object.
3. **Behavioral Component:** It is the tendency to behave towards the object – e.g. how the individual acts towards the object depending upon cognitive (facts about the object) and affective (emotions towards the object) components.

### Examples to Understand Three Components of Attitude:

Anything we know about an object or the facts we have about an object is the **cognitive component**. On the basis of our knowledge about an object, we have emotions of liking or disliking towards the object – these emotions are the **affective component**. On the basis of our information and emotions towards the object, we act towards the object in a specific way – it is the **behavioral component**.

#### Example 1.

- An orange is rich in vitamins. It is good for skin. It has a good taste. (**Cognitive Component**)
- I like oranges. (**Affective Component**)
- I eat an orange daily. (**Behavioral Component**)

#### Example 2.

- Saver-bulbs consume less electricity than ordinary bulbs. It has a brighter light. It is more durable. (**Cognitive Component**)
- I like saver-bulb because saver-bulbs are good. (**Affective Component**)
- I buy and use saver-bulbs in my home. (**Behavioral Component**)

## Attitude Formation

An attitude is a negative or positive evaluation of an object. It has an aspect of liking or disliking, favoring or not favoring an object. For example, a vegetarian person has a negative attitude towards beef consumption. Attitude influences human behavior towards an object. For instance, a vegetarian would avoid eating beef.

Different people can have different attitudes towards a same thing. **For example**, some people view legalizing abortion as a good thing because they think it is a way to get rid of the unintended birth. But many people also view legalizing abortion as a bad thing, because they think that the fetus baby has a right to life.

The process of attitude formation has following two explanations:

1. Determinants of Attitude Formation
2. Theoretical Perspectives

### ■ DETERMINANTS OF ATTITUDE FORMATION

The determinants of attitude formation are given below:

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1. Socialization
2. Personal Experiences
3. Needs satisfaction and personal interest
4. Community Attitudes
5. Mass communication
6. Personal traits
7. Rational analysis
8. Accessible information
9. Religious beliefs
10. Stereotypes
11. culture

### **1. Socialization**

Socialization is a life-long process of learning through which an individual learns from his parents, other family members, friends, peer, teachers, mass-media and anything in the surrounding. This learning shapes individual's personality and overall perception of things. We learn about the choices, preferences, liking, disliking, attitudes and opinions of other people regarding different things which also shape our attitudes towards these things. We acquire certain information and facts which make us believe that a thing is good or bad. Hence, socialization is a basic determinant of attitude formation.

### **2. Personal Experiences**

Apart from learning to others, our personal interactions with others and experiences with things shape our attitudes towards to certain things. We form a positive attitude towards a thing if we have a pleasant experience with it. Similarly, our bad experiences lead to the formation of negative attitude towards things.

### **3. Needs Satisfaction and personal interest**

If a thing or idea fulfills our needs satisfactorily, we form a positive attitude towards it. For instance, a student has a positive attitude towards the use of internet for his studies because it serves his academic needs. Certain things which do not fulfill our need, we form a negative attitude towards it.

An individual's personal interest and gains may also influence his attitude towards a thing. **For instance**, some shopkeepers may deliberately hoard (store secretly) consumables (e.g. sugar) to create its shortage in the market in order to raise its prices. Those shopkeepers have a positive attitude towards hoarding consumables because it increases their profit. At the same time, the people, who have to pay higher prices for buying those consumables, have a negative attitude towards the same practice.

#### **4. Community Attitudes**

People around us have positive or negative attitudes towards things. We interact with these community members and their attitudes also influence us to form an attitude towards those things accordingly.

#### **5. Mass Communication – Electronic & Print Media:**

Electronic and Print media has a significant role in attitude formation of people. Every day the sources of mass communication bombard us with certain information which has an impact on our attitude formation towards the thing. Media inform us about the good and bad aspects of things which influence our opinions regarding things. Our positive or negative attitude towards a politician is mostly the outcome of media. Similarly, the advertisements on media are made to influence our attitude positively towards the product to enhance its sale.

#### **6. Personality traits**

Every individual has different personality traits such as aggressiveness or jovialness, introverted or extroverted traits, intelligence level, perceptual traits and so on. These characteristics influence the way an individual perceives a thing or an idea. An extroverted person will have a positive attitude towards social gatherings, parties and ceremonies. On the other hand, an introverted person will have a negative attitude towards social gatherings. Similarly, different people may perceive a thing differently which is also a cause of the difference in attitude of people towards a same thing.



### **7. Rational Analysis**

Attitude formation is mostly the outcome of rational analysis of things. We analyse things and weigh its pros and cons to make our choices. Observing things in our daily life in this way lead to form a negative or positive attitude towards a thing.

### **8. Culture**

Our cultural norms, values, traditions, beliefs and preferences also form our attitude towards a thing. People form a positive attitude towards culturally approved practices. Similarly, people form negative attitude towards culturally disapproved and discouraged practice. Our cultural norms and values are reflected in our attitudes. For instance, the dress and food choices are good examples.

### **9. Accessible Information**

Availability of information or accessibility to the available information is also a determinant of attitude formation. Attitudes are formed on the basis what we know about an object. The accessible information reflects the pros and cons of an object or a practice which shape our attitude towards it. For example, knowing policies and strategies of a politician will lead to our positive or negative attitude towards the politician. Similarly, which type of information is available also influence attitudes formation. If more information is available which presents bad aspects of a practice, it will lead to a negative attitude formation towards the thing. Some information may be deliberately shared to shape people attitude towards a thing.

### **10. Religious beliefs**

Every religion has its teachings, beliefs prohibitions and injunctions which influence individual's attitude towards things and practices.

## **■ THEORETICAL PERSPECTIVES OF ATTITUDE FORMATION**

*The Learning Theory explains the process of attitude formation as follows:*

### **① Learning Theory**

The Learning theory is a product of the works of many Psychologists including Albert Bandura, Hovland, Janis, Doobs and others. This theory explains how an individual learns different things through social interactions with others.

According to the Learning theory, attitudes are formed as a result of following three modes of learning.

1. Classical Conditioning
2. Instrumental Conditioning
3. Imitation or Observation

<b>Teaching-Learning Material requirements:</b>						
Chalk Board						
<b>Time management: 60 Minutes</b>						
<ul style="list-style-type: none"> <li>Recapitulation of the previous class- 5 minutes</li> <li>Introduction of the new topic- 5 minutes</li> <li>Lecture- 40 minutes</li> <li>Brainstorming- 10 minutes</li> </ul>						
<b>Methods:</b>						
<b>56. Recapitulation of previous day's class:</b> <b>57. Brain storming:</b> <b>58. Demonstration and Discussion:</b> <b>59. Experiential Learning:</b> <b>60. Activity</b>						
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
<b>Name of the second faculty:</b>						
<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						



**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: 1II	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Perception	
Objectives:		
Conceptual understanding of perception		
Key Concepts:		
Perception: Concept, Process and Distortion		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<b>Concept:</b> <p>Perception is another most important aspect of life of organization. Many problems of the organisation and that of its members may be traced to the distortion in perception. Perception means the ability to perceive i.e. understanding or knowledge, mental grasp of qualities by means of senses or awareness.</p> <p>Communication is influenced by one’s perception of individual. When we communicate with someone, the language we used, the tone of the language and gesture we make portray an individual’s character and a kind of relationship he wants to develop.</p> <p>We see an object but it is understood differently by different people. It is perception. Perception is vividly defined by experts. Some of the definitions are given below which make the meaning of perception clear.</p> <p><b>Slephen P. Robbins — “A process by which individuals organize and interpret their sensory impressions in order to give meaning to their environment.”</b></p>		

**B. Von Haller Gilmer — “Perception is the process of becoming aware of situations, of adding meaningful associations to sensations.”**

**Udai Prateek — “The process of receiving, selecting, organising, interpreting, checking and reacting to sensory stimuli or data.”**

People’s behaviour is determined by their perception. Perception consists of several processes which are influenced by the circumstances and the perceiver himself. In the words of H. Joseph Reitz perception includes, “all those processes by which an individual receives information about his environment — seeing, hearing, feeling, tasting and smelling. The study of these perceptual processes shows that their functioning is affected by three classes of variables — the objects or events being perceived, the environment in which perception occurs, and the individual doing the perceiving.”

According to the definitions cited above perception is a function of objects or events which are perceived, individual who is perceiving, circumstances under which perceiving is done. Perception is based on the activities of organs i.e. seeing, hearing, feeling, tasting and smelling.

Perception varies from person to person and situation to situation and time to time i.e. it is relative to person situation and time. The individuals listening to the same thing may perceive it differently. In the same manner the individuals looking at the same thing may perceive it in different ways.

The environment consists of lights, sounds, smell, objects, social, political, cultural, technological environments which govern the human behaviour and stimulate him into action. On listening, seeing and talking he makes judgment about others.

The information which is received by the communicate takes place in a perceptual process which is responsible in organizing the information into meaningful unit.

### **WE TEND TO SEE WHAT WE EXPECT, OR WHAT IS FAMILIAR TO US**

#### **Meaning and Definition of Perception:**

- “Perception is the process through which the information from outside environment is selected, received, organised and interpreted to make it meaningful to you. This input of meaningful information results in decisions and actions.”

B. Von Haller Gilmer — “Perception is the process of becoming aware of situations, of adding meaningful associations to sensations.”

Udai Prateek — “The process of receiving, selecting, organising, interpreting, checking and reacting to sensory stimuli or data.”

### **Nature of Perception**

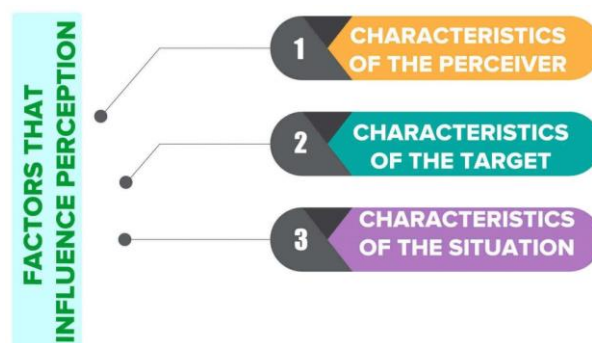
The process by which people select, organize, interpret, retrieve, and respond to information.

Perceptual information is gathered from:

- Sight
  - Hearing
  - Touch
  - Taste
  - Smell
- Perception is the process by which an individual gives meaning to the environment.
  - People’s actions, emotions, thoughts and feelings are triggered by their perceptions of their surroundings.
  - Perception has been defined in a variety of ways; it basically refers to the manner in which a person experiences the world.
  - Perception is an almost automatic process and works in the same way within each individual, yet it typically yields different perceptions.

### **Factors that Influence Perception**

- **Characteristics of the Perceiver**
- **Characteristics of the Target**
- **Characteristics of the Situation**



### **Characteristics of the Perceiver**

Several characteristics of the perceiver can affect perception. When an individual looks at a target and attempts to interpret what he or she stands for, that interpretation is heavily influenced by personal characteristics of the individual perceiver.

The major characteristics of the perceiver influencing perception are:

1. Attitude
2. Motives
3. Interest
4. Experience
5. Expectation
6. Self-Concept

### **Characteristics of the Perceiver**

#### **Attitude**

The attitude and aptitude of employees influence perception formation. If they have positive attitudes towards the management, they directly perceive the stimuli given by management. In the case of negative attitudes, the employees suspect the management's approach. Employees of high aptitude have a desire and attitude for growth. They behave positively toward the management of an organization.

#### **Motives**

The motives and desires of employees cause them to view stimuli differently as per their level and angle. Helpful motives of the employees will always assist the management. If they desire to develop themselves and the organization, they will perceive objects and situations positively. Employees having low motives will not work sincerely. The perception will differ depending on different types of motives.

#### **Interest**

The interest of individuals draws more attention and recognition to stimuli. Less attention and recognition lowers the impact of stimuli or objects on behaviour. If employees lack interest, behaviour pattern will be less effective, and the perception will be weak.

#### **Experience**

The experience of employees results in different levels of perception. A young employee takes time to understand the object and situation. Experienced employees generally understand objects quickly and correctly. However, in contradictory situations, it is difficult to correct aged persons, whereas the young are easily moulded towards achieving the objectives of the organization.

#### **Expectation**

Expectations distort perceptions. People see what they expect to see. If they see the object and the situation differently from their expectations, they get frustrated. They are unable to modify their

behaviour. The employees may expect more pay and so they perceive the management from that angle. The real stimuli are not properly perceived if expectations exist there on. The management has to evolve expectations for proper perception.

### **Self-Concept**

Another factor that can affect social perception is the perceivers' self-concept. An individual with a positive self-concept tends to notice positive attributes in another person. In contrast, a negative self-concept can lead a perceiver to pick out negative traits in another person. Greater understanding of self allows us to have more accurate perceptions of others.

### **Characteristics of the Target**

Characteristics in the target that is being observed can affect what is perceived. Physical appearance plays a big role in our perception of others. Extremely attractive or unattractive individuals are more likely to be noticed in a group than ordinary looking individuals.

Motion, sound, size and other attributes of a target shape the way we see it.

1. Physical appearance
2. Verbal communication
3. Non-verbal communication
4. Objects

### **Characteristics of the Target in Perception**

#### **Physical appearance**

Physical appearance plays a big role in our perception of others. The perceiver will notice the target's physical features like height, weight, estimated age, race and gender. Perceivers tend to notice physical appearance characteristics that contrast with the norm, that are intense, or that are new or unusual.

#### **Verbal communication**

Verbal communication from targets also affects our perception of them. We listen to the topics they speak about, their voice tone, and their accent and make judgements based on this input.

#### **Non-verbal communication**

Non-verbal communication conveys a great deal of information about the target. The perceiver deciphers eye contact, facial expressions, body movements, and posture all in an attempt to form an impression of the target.

Targets are not looked at in isolation; the relationship of a target to its background influences perception because of our tendency to group close things and similar things together.

### **Objects**

Objects that are close to each other will tend to be perceived together rather than separately. As a result of physical or time proximity, we often put together objects or events that are unrelated.

People, objects or events that are similar to each other also tend to be grouped together. The greater the similarity, the greater the probability we will tend to perceive them as a group.

### **Characteristics of the Situation**

Change in situation leads to incorrect perception about a person.

The factor that influence the perception are:

1. Time
2. Work setting
3. Social setting

### **Characteristics of the Situation**

#### **Time**

The situation in which the interaction between the perceiver and the target takes place has an influence on the perceiver's impression of the target.

For Example, a person decked up for a party may not be noticeable but the same dress in office would be noticed distinctly, though the person has not changed.

#### **Work setting**

You would have very frequently heard people say that their manager is different during working hours and 1800 opposite while in a social setting.

## Social setting

The strength of the situational cues also affects social perception. Some situations provide strong cues as to appropriate behaviour. In these situations, we assume that the individual's behaviour can be accounted for by the situation and that it may not reflect the individual's disposition. This is the discounting principle in social perception.

For example, you may encounter an automobile salesperson who has a warm and personable manner, asks you about your work and hobbies, and seems genuinely interested in your taste in cars. Can you assume that this behaviour reflects the salesperson's personality? You probably cannot, because of the influence of the situation. This person is trying to sell you a car, and in this particular situation, he probably treats all customers in this manner.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

61. Recapitulation of previous day's class:
62. Brain storming:
63. Demonstration and Discussion:
64. Experiential Learning:
65. Activity

### Dual faculty system

Planned:

Reason:

Name of the second faculty:

Attendance (Tick mark)

Reason for absence

Whether any contributions made /Inputs given during the class?

Suggested Readings/ website

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: 1II	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Perception / perceptual process	
Objectives:		
Conceptual understanding of perception, perceptual process		
Key Concepts:		
Perception: Concept, Process and Distortion		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
Perceptual Process:		
It consists of the following steps:		
1. Stimuli or Cue:		
Every human being has five sensory organs; namely, vision, hearing, touch, smell and taste. Stimuli or cues are received by these organs. Written information is received through seeing; oral information is received through hearing. Once this cue in the form of information is received, communicate starts interpreting it. The different communicates have different interpretation of the information.		
2. Selection of Stimuli or Cue:		
Many types and kinds of cues or stimuli (information’s for instance) are received but the communicate selects only that information which makes some sense to him. Why the selection? Because it is the most relevant information at that time.		



Joseph A Litterer has rightly observed that “the reason is that we have thresholds or barriers which regulate outside information reaching our consciousness. When the barriers are high we remain oblivious to them but when they are low the information reaches our consciousness and thus becomes sensitized.”

Selection of information is influenced by the factors — bold letters or underlined message, flagged with urgent sign, size of information, repetition or stressed words, physical attraction and the language of the information etc.

### **3. Filling the Gaps:**

Perceiver will try to fill the gaps or complete the missing links in the information by supplementing it with relevant information. Perceiver again makes necessary efforts to maintain continuity in the information.

### **4. Proximity:**

It means nearness or closeness of information may be perceived as a whole. It should be noted here that proximity is different than similarity.

### **Distortion in Perception:**

Distortion in perception results in creating communication gap. It is a serious barrier to communication and a reason for communication failure. H Joseph Reitz has rightly pointed out that “communication may fail because the communicate perceptually ready to receive certain communication actually receives different communication.

“A halo effect also creates a distortion. It refers to perceiving people as good or bad or influential. Prof. K Aswathappa has observed, “A common phenomenon in communication is the tendency for a receiver to evaluate information on the basis of its source.

Information emanating from a VIP tends to be overrated and the same coming from an ordinary individual is likely to be discounted.” The perceiver’s personality, his values, needs and attitudes, environment in organisation etc. influence perception.

Managers must therefore understand the importance of perception in organisational behaviour and its effects on communication. They should realize the existence of perceptual differences at any time and in any given situation. They must be aware of all this and should confirm and seek information from various sources to make decisions.

### **Teaching-Learning Material requirements:**

Chalk Board

### **Time management: 60 Minutes**

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#### Methods:

66. Recapitulation of previous day's class:

67. Brain storming:

68. Demonstration and Discussion:

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70. Activity

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Planned:

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**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

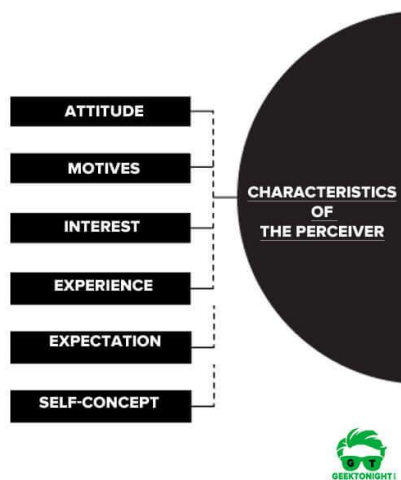
Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Factors affecting/ influence perception	
Objectives:		
Understand the various factors that influences perception		
Key Concepts:		
Perception, perceiver, target, motives		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
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<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
Factors that Influence Perception		
<div>1. Characteristics of the Perceiver</div> <div>2. Characteristics of the Target</div> <div>3. Characteristics of the Situation</div>		
<div><div>FACTORS THAT INFLUENCE PERCEPTION</div><div><div>1</div><div>CHARACTERISTICS OF THE PERCEIVER</div></div><div><div>2</div><div>CHARACTERISTICS OF THE TARGET</div></div><div><div>3</div><div>CHARACTERISTICS OF THE SITUATION</div></div></div>		
<div><div>GEEKTONIGHT! Entrepreneur   Marketer   Student Guide</div></div>		

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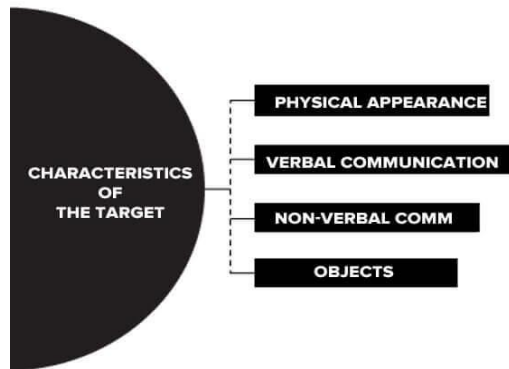
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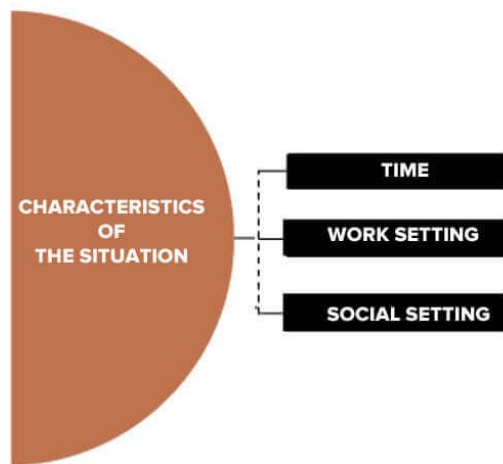
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### **Teaching-Learning Material requirements:**

Chalk Board

### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
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- Lecture- 40 minutes
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### **Methods:**

71. Recapitulation of previous day's class:
72. Brain storming:
73. Demonstration and Discussion:
74. Experiential Learning:
75. Activity

### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**



**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Perceptual set	
Objectives:		
Understand the meaning of perceptual set		
Key Concepts:		
Perceptual set, expectation, culture, motivation		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b>What Is a Perceptual Set?</b></p> <p>When it comes to our perceptions of the world around us, you might assume that what you see is what you get. What if I told you that the way you see the world is heavily influenced (and biased) by your own past experiences, expectations, <u>motivations</u>, beliefs, <u>emotions</u>, and even your culture? For example, think about the last time you started a new class. Did you have any expectations at the outset that might have influenced your experience in the class? If you expect a class to be boring, are you more likely to be uninterested in class?</p> <p>In <u>psychology</u>, this is what is known as a perceptual set. A perceptual set is basically a tendency to view things only in a certain way. Perceptual sets can impact how we interpret and respond to the world around us and can be influenced by a number of different factors.</p> <p>What exactly is a perceptual set, why does it happen, and how does it influence how we perceive the world around us?</p> <p><b>How Perceptual Sets Work</b></p> <p><b>How do psychologists define perceptual sets?</b></p>		

"Perception can also be influenced by an individual's expectations, motives, and interests. The term perceptual set refers to the tendency to perceive objects or situations from a particular frame of reference," explain authors Hockenbury and Hockenbury in their 2008 textbook *Discovering Psychology*.

Sometimes, perceptual sets can be helpful. They often lead us to make fairly accurate conclusions about what exists in the world around us. In cases where we find ourselves wrong, we often develop new perceptual sets that are more accurate.

However, sometimes our perceptual sets can lead us astray. If you have a strong interest in military aircraft, for example, an odd cloud formation in the distance might be interpreted as a fleet of fighter jets.

In one experiment that illustrates this tendency, participants were presented with different non-words, such as *sael*. Those who were told that they would be reading boating-related words read the word as "sail," while those who were told to expect animal-related words read it as "seal."

A perceptual set is a good example of what is known as top-down processing. In top-down processing, perceptions begin with the most general and move toward the more specific. Such perceptions are heavily influenced by expectations and prior knowledge. If we expect something to appear in a certain way, we are more likely to perceive it according to our expectations.

Existing schemas, mental frameworks, and concepts often guide perceptual sets. For example, people have a strong schema for faces, making it easier to recognize familiar human faces in the world around us. It also means that when we look at an ambiguous image, we are more likely to see it as a face than some other type of object.

Researchers have also found that when multiple items appear in a single visual scene, perceptual sets will often lead people to miss additional items after locating the first one. For example, airport security officers might be likely to spot a water bottle in a bag but then miss that the bag also contains a firearm.

### **Forces of Influence**

- Motivation can play an important role in perceptual sets and how we interpret the world around us. If we are rooting for our favorite sports team, we might be motivated to view members of the opposing team as overly aggressive, weak, or incompetent. In one classic experiment, researchers deprived participants of food for several hours. When they were later shown a set of ambiguous images, those who had been food-deprived were far more likely to interpret the images as food-related objects. Because they were hungry, they were more motivated to see the images in a certain way.

- Expectations also play an important role. If we expect people to behave in certain ways in certain situations, these expectations can influence how we perceive these people and their roles. One of the classic experiments on the impact of expectation on perceptual sets involved showing participants either a series of numbers or letters. Then, the participants were shown an ambiguous image that could either be interpreted as the number 13 or the letter B. Those who had viewed the numbers were more likely to see it as a 13, while those who had viewed the letters were more likely to see it as the letter B.
- Culture also influences how we perceive people, objects, and situations. Surprisingly, researchers have found that people from different cultures even tend to perceive perspective and depth cues differently.

Emotions can have a dramatic impact on how we perceive the world around us. For example, if we are angry, we might be more likely to perceive hostility in others. One experiment demonstrated that when people came to associate a nonsense syllable with mild electrical shocks, they experienced physiological reactions to the syllable even when it was presented subliminally.

Attitudes can also have a powerful influence on perception. In one experiment, Gordon Allport demonstrated that prejudice could have an influence on how quickly people categorize people of various races.

### **Perceptual Sets in Real Life**

Researchers have shown that perceptual sets can have a dramatic impact on day-to-day life.

In one experiment, young children were found to enjoy French fries more when they were served in a McDonald's bag rather than just a plain white bag. In another study, people who were told that an image was of the famed "Loch Ness monster" were more likely to see the mythical creature in the image, while others who later viewed the image saw only a curved tree trunk.

As previously mentioned, our perceptual set for faces is so strong that it actually causes us to see faces where there are none. Consider how people often describe seeing a face on the moon or in many of the inanimate objects that we encounter in our everyday lives.

### **Teaching-Learning Material requirements:**

Chalk Board

### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
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- Lecture- 40 minutes
- Brainstorming- 10 minutes

### **Methods:**

<b>76. Recapitulation of previous day's class:</b> <b>77. Brain storming:</b> <b>78. Demonstration and Discussion:</b> <b>79. Experiential Learning:</b> <b>80. Activity</b>						
<b>Dual faculty system</b>						
<b>Planned:</b>						
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<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Defence Mechanism	
Objectives:		
To understand the meaning of defense mechanism		
Key Concepts:		
Defense mechanism, regression, repression, denial, projection, sublimation, displacement		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
Defense Mechanisms		
Defense mechanisms are unconscious strategies whereby people protect themselves from anxious thoughts or feelings.		
Sigmund Freud (1894, 1896) noted a number of ego defenses which he refers to throughout his written works. His daughter Anna Freud (1936) developed these ideas and elaborated on them, adding ten of her own. Many psychoanalysts have also added further types of ego defenses.		
Defense mechanisms are psychological strategies that are unconsciously used to protect a person from anxiety arising from unacceptable thoughts or feelings.		

Mechanism	Description	Example
<b>Repression</b>	Repression is an unconscious mechanism employed by the ego to keep disturbing or threatening thoughts from becoming conscious.	During the Oedipus complex aggressive thoughts about the same sex parents are repressed
<b>Denial</b>	Denial involves blocking external events from awareness. If some situation is just too much to handle, the person just refuses to experience it.	For example, smokers may refuse to admit to themselves that smoking is bad for their health.
<b>Projection</b>	This involves individuals attributing their own unacceptable thoughts, feeling and motives to another person.	You might hate someone, but your superego tells you that such hatred is unacceptable. You can 'solve' the problem by believing that they hate you.
<b>Displacement</b>	Satisfying an impulse (e.g. aggression) with a substitute object.	Someone who is frustrated by his or her boss at work may go home and kick the dog,
<b>Regression</b>	This is a movement back in psychological time when one is faced with stress.	A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital.
<b>Sublimation</b>	Satisfying an impulse (e.g. aggression) with a substitute object. In a socially acceptable way.	Sport is an example of putting our emotions (e.g. aggression) into something constructive.

**Some of the major defense mechanisms described by psychoanalysts are the following:**

1. Repression is the withdrawal from consciousness of an unwanted idea, affect, or desire by pushing it down, or repressing it, into the unconscious part of the mind. An example may be found in a case of hysterical amnesia, in which the victim has performed or witnessed some disturbing act and then completely forgotten the act itself and the circumstances surrounding it.

### **Repression**

Repression is an unconscious defense mechanism employed by the ego to keep disturbing or threatening thoughts from becoming conscious.

Thoughts that are often repressed are those that would result in feelings of guilt from the superego.

This is not a very successful defense in the long term since it involves forcing disturbing wishes, ideas or memories into the unconscious, where, although hidden, they will create anxiety.

Repressed memories may appear through subconscious means and in altered forms, such as dreams or slips of the tongue ('Freudian slips').

**What is an example of repression?**

For example, in the oedipus complex, aggressive thoughts about the same sex parents are repressed and pushed down into the unconscious.

**2. Reaction formation** is the fixation in consciousness of an idea, affect, or desire that is opposite to a feared unconscious impulse. A mother who bears an unwanted child, for example, may react to her feelings of guilt for not wanting the child by becoming extremely solicitous and overprotective to convince both the child and herself that she is a good mother.

Reaction formation is a psychological defense mechanism in which a person goes beyond denial and behaves in the opposite way to which he or she thinks or feels.

Conscious behaviors are adopted to overcompensate for the anxiety a person feels regarding their socially unacceptable unconscious thoughts or emotions. Usually, a reaction formation is marked by exaggerated behavior, such as showiness and compulsiveness.

By using the reaction formation, the id is satisfied while keeping the ego in ignorance of the true motives.

Therapists often observe reaction formation in patients who claim to strongly believe in something and become angry at everyone who disagrees.

### **What is an example of reaction formation?**

Freud claimed that men who are prejudice against homosexuals are making a defense against their own homosexual feelings by adopting a harsh anti-homosexual attitude which helps convince them of their heterosexuality.

Another example of reaction formation includes the dutiful daughter who loves her mother is reacting to her Oedipus hatred of her mother.

**3. Projection** is a form of defense in which unwanted feelings are displaced onto another person, where they then appear as a threat from the external world. A common form of projection occurs when an individual, threatened by his own angry feelings, accuses another of harbouring hostile thoughts.

Projection is a psychological defense mechanism proposed by Anna Freud in which an individual attributes unwanted thoughts, feelings and motives onto another person.

### **What is an example of projection?**

Thoughts most commonly projected onto another are the ones that would cause guilt such as aggressive and sexual fantasies or thoughts.

For instance, you might hate someone, but your superego tells you that such hatred is unacceptable. You can 'solve' the problem by believing that they hate you.

**4. Regression** is a return to earlier stages of development and abandoned forms of gratification belonging to them, prompted by dangers or conflicts arising at one of the later stages. A young wife, for example, might retreat to the security of her parents' home after her first quarrel with her husband.

Regression is a defense mechanism proposed by Anna Freud whereby the ego reverts to an earlier stage of development usually in response to stressful situations.

Regression functions as form of retreat, enabling a person to psychologically go back in time to a period when the person felt safer.

#### **What is an example of regression?**

When we are troubled or frightened, our behaviors often become more childish or primitive.

A child may begin to suck their thumb again or wet the bed when they need to spend some time in the hospital. Teenagers may giggle uncontrollably when introduced into a social situation involving the opposite sex.

**5. Sublimation** is the diversion or deflection of instinctual drives, usually sexual ones, into noninstinctual channels. Psychoanalytic theory holds that the energy invested in sexual impulses can be shifted to the pursuit of more acceptable and even socially valuable achievements, such as artistic or scientific endeavours.

Sublimation is similar to displacement, but takes place when we manage to displace our unacceptable emotions into behaviors which are constructive and socially acceptable, rather than destructive activities.

Sublimation is one of Anna Freud's original defense mechanisms.

#### **What is an example of sublimation?**

Many great artists and musicians have had unhappy lives and have used the medium of art or music to express themselves. Sport is another example of putting our emotions (e.g., aggression) into something constructive.



For example, fixation at the oral stage of development may later lead to seeking oral pleasure as an adult through sucking one's thumb, pen or cigarette. Also, fixation during the anal stage may cause a person to sublimate their desire to handle faeces with an enjoyment of pottery.

Sublimation for Freud was the cornerstone of civilized life, as arts and science are all sublimated sexuality. (NB. this is a value-laden concept, based on the aspirations of a European society at the end of the 1800 century).

**6. Denial is the conscious refusal to perceive that painful facts exist.** In denying latent feelings of homosexuality or hostility, or mental defects in one's child, an individual can escape intolerable thoughts, feelings, or events.

Denial is a defense mechanism proposed by Anna Freud which involves a refusal to accept reality, thus blocking external events from awareness.

If a situation is just too much to handle, the person may respond by refusing to perceive it or by denying that it exist.

As you might imagine, this is a primitive and dangerous defense - no one disregards reality and gets away with it for long! It can operate by itself or, more commonly, in combination with other, more subtle mechanisms that support it.

#### **What is an example of denial?**

Many people use denial in their everyday lives to avoid dealing with painful feelings or areas of their life they don't wish to admit.

For example, a husband may refuse to recognise obvious signs of his wife's infidelity. A student may refuse to recognise their obvious lack of preparedness for an exam!

**7. Rationalization is the substitution of a safe and reasonable explanation for the true (but threatening) cause of behaviour.**

Rationalization is a defense mechanism proposed by Anna Freud involving a cognitive distortion of "the facts" to make an event or an impulse less threatening. We do it often enough on a fairly conscious level when we provide ourselves with excuses.

But for many people, with sensitive egos, making excuses comes so easy that they never are truly aware of it. In other words, many of us are quite prepared to believe our lies.

#### **What is an example of rationalization?**

When a person finds a situation difficult to accept, they will make up a logical reason why it has happened. For example, a person may explain a natural disaster as 'God's will'.

### **Displacement**

Displacement is the redirection of an impulse (usually aggression) onto a powerless substitute target. The target can be a person or an object that can serve as a symbolic substitute.

Displacement occurs when the Id wants to do something of which the Super ego does not permit. The Ego thus finds some other way of releasing the psychic energy of the Id. Thus there is a transfer of energy from a repressed object-cathexis to a more acceptable object.

### **What is an example of displacement?**

Someone who feels uncomfortable with their sexual desire for a real person may substitute a fetish.

Someone who is frustrated by his or her superiors may go home and kick the dog, beat up a family member, or engage in cross-burnings.

### **Teaching-Learning Material requirements:**

Chalk Board

### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### **Methods:**

- 81. Recapitulation of previous day's class:**
- 82. Brain storming:**
- 83. Demonstration and Discussion:**
- 84. Experiential Learning:**
- 85. Activity**

### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Adjustment and Maladjustment	
Objectives:		
Understand the various factors that influences perception		
Key Concepts:		
Perception, perceiver, target, motives		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<u>Adjustment &amp; Maladjustment: Characteristics and Causes</u>		
What is “Adjustment”?		
<p>The term “adjustment” originates from the biological term “adaptation”. Biologists used the term “adaptation” strictly for the physical demands of the environment, but psychologists use the term “adjustment” for varying conditions of social or inter-personal relations in the society.</p> <p>Adjustment means the reaction to the demands and pressures of social environment imposed upon the individual. The demand to which the individual has to react may be external or internal.</p> <p>Psychologists have viewed adjustment from two important perspectives—“adjustment as an achievement”, and “adjustment as a process”.</p>		
Adjustment as achievement:		
<p>‘Adjustment as achievement’ means how efficiently an individual can perform his duties under different circumstances.</p>		

If we perceive adjustment as achievement, we have to set criteria to judge the quality of adjustment. Four criteria have been evolved by psychologists to judge the adequacy of adjustment. They are the following:

- Physical health
- Psychological comfort
- Work efficiency, and
- Social acceptance

### **Adjustment as process:**

‘Adjustment as a process’ lays emphasis on the process by which an individual adjusts to his external environment. It is important, especially from teachers’ point of view. Students' adjustment largely depends on their interaction with the external environment in which they live. They always try to adjust to it. Piaget has studied the adjustive process from different angles.

Piaget uses the term assimilation and accommodation to represent the alternation of oneself or environment as a means of adjustment.

A person who carries his values and standards of conduct without any change and maintains these in spite of major changes in the social climate is called assimilator.

The person who takes his standards from his social context and changes his beliefs in accordance with the altered values of the society is called accommodator.

In order to adjust successfully in society a person has to resort to both the devices **i.e. *assimilation and accommodation***.

### **Characteristics of a well adjusted person:**

A healthy and well-adjusted person should possess/display some observable behavioral patterns. These behavioral patterns must be according to the social expectations of an individual. These patterns are as follows:

- Maturity in thinking
- Emotional balance
- Warm and understanding towards others
- Free from tension due to routine events
- Independent in decision making

### **Elements in adjustment:**

There are certain prime elements for fulfillment of needs necessary for healthy adjustment of a person. They are as follows:

- Satisfaction of needs
- No obstacle in achieving needs

- Strong motives in realizing needs
- Feasible geographical atmosphere to fulfill needs

### **What is Maladjustment?**

‘Maladjustment’ is a process whereby an individual is unable to satisfy his biological, psychological or social needs successfully and establishes an imbalance between his personal needs and expectation of the society resulting in the disturbance of psycho-equilibrium.

### **Characteristics of a Maladjusted Person:**

As a school teacher, you might have noticed a few such maladjusted students in your classroom too. At times, you might have even thought of seriously the reasons for their maladjusted behavior. There are numerous reasons in and out of the school which create frustration, that lead to maladjustment. Let us analyze the symptoms one by one. If a student is:

**Withdrawn and timid:** Frequent withdrawals from difficult situations may make individual timid and weak in facing real life situations.

**Shy and self-conscious:** Shyness is usually associated with the self-consciousness, concern with the impression one gives to other people, and concern with their negative evaluation. A shy individual has low self-esteem and tends to anticipate adversities, thus often keeping silent and avoiding eye contact.

**Fearful:** Fear is a strong emotion involving perception of danger, unpleasant agitation and often a desire to hide from meeting students of higher classes, being alone in a room, and fear of dogs, strange noises, the dark, etc.

**Anxious:** Anxiety is a personality trait. It results from conflict, which is an inevitable part of life. Anxiety describes the individual's level of emotionality. We see many students who are tense and worried (highly anxious) and those who are cool (hardly anxious). Since anxiety is an inferred emotional state of an individual, it cannot be directly observed. It can be measured through psychological tests/techniques.

**Delusions:** Delusion is an irrational and obstinate belief that the individual actively defends, e.g., a child does not work hard for the final examination and thinks that it is the God only who can get him through the examination and he fails. This shows the delusion in him which makes him maladjusted.

**Extremely aggressive:** Aggressive students show enterprising or energetic behavior or tendency to be dominating in the class or the school. Sometimes an individual fails to show the tendency of dominating in a social situation and hurts herself instead e.g. a child beats her doll, kicks the dog, or other objects.

**Tension:** When a person does not feel a kind of inner freedom, the strain which results from muscular contradiction and through which muscles, tendons, etc., are stretched under a threatening situation.

**High aspirations:** A person has high hopes and aspirations for his future life. When the hopes are not achieved, he becomes unrealistic in life.

**Feeling of inferiority:** A feeling of inferiority, arising from the sense of imperfection and incompleteness in a particular sphere of life, which motivates the individual to strive for a higher level of development and as such, are the cause of all improvement in life situations. Each time a new level of achievement is reached, inferiority feelings reappear, continuing to stimulate upward movement. If inferiority feelings become exaggerated by adverse conditions at home, physical or mental disorders or inferiority complex may develop which makes an individual maladjusted.

**Emotionally disturbed:** If the internal and external adjustment of a child is not achieved, he becomes emotional e.g., weeping, quarreling, nail biting, thumb sucking, etc. and becomes maladjusted.

**Isolated:** Maladjusted children suffer from a feeling of isolation. This feeling does not allow them to mix and interact with other members of class, school, family or society. In families where parents are extremely busy and neglect their children, the children develop a feeling of isolation or dejection. This makes them maladjusted.

**Sensitivity:** Maladjusted children are very sensitive. They get hurt easily e.g., on being teased by teachers in the classroom or parents in the family, sarcastic remarks by peers, unwelcome advice by others, etc.

**Temper-tantrums:** When there is a bad-tempered outburst, this is known as a temper tantrum e.g., if a child does not get fair treatment, sympathy, cooperation and freedom of action within reasonable limits, he feels maladjusted.

### **Causes of Maladjustment:**

We can classify the causes of maladjusted behavior of adolescents under five main categories. They are as follows:

#### **1. Family**

- (a) Social
- (b) Economic
- (c) Psychological

#### **2. Personal**

#### **3. School**

#### **4. Teachers**

#### **5. Peer Group**

#### **1. Family:**

It is obvious that the family as an institution has various functions to perform. By discharging their duties, parents indirectly fulfill the needs of their children. There are certain significant causes: social, economic and psychological, which contribute immensely to maladjusted behavior in children.

**(a) Social causes:** According to Gibbian, the social problem of one generation is the psychological problem of the next generation. Children coming from homes that have been broken due to death, divorce, desertion, separation, etc., are often maladjusted in their behavior.

Drunkard parents, strained marital relationship of spouses, quarrels and fights between spouses are also responsible for developing frustration in children. Such children feel insecure and become maladjusted.

**(b) Economic causes:** The occupational status of parents, problems of unemployment, poverty and low-economic status breed maladjustment among children. Under such circumstances, parents are unable to satisfy the needs of their children which eventually lead to frustration, aggression and hostile behavior in growing children.

**(c) Psychological causes:** Psychological instability of parents is directly responsible for maladjusted behavior of their off-spring. If parents are over-possessive, highly authoritative, unrealistic in their expectations, incompatible, abusive and prejudiced, this will have a deleterious effect upon their children.

When the psychological needs are not met, children get frustrated and develop problems like nail biting, day-dreaming, fear of dark, lack of self-confidence, flickering of eyes, etc. Those parents who threaten, nag, punish and humiliate their children before others are directly responsible for their children's isolated and rejected behavior.

## **2. Personal causes:**

It is observed that individuals who are physically, mentally and visually handicapped react abnormally to the situation. Even children with partial deficiency, such as defective eye sight, poor hearing and impaired speech may find it difficult to adjust under normal situations. When they can not score well academically compared to their peers, they develop an inferiority complex. Finally, they isolate themselves from others and indulge in day-dreaming.

## **3. School-related causes:**

Children spend roughly seven hours a day in the school. When growing children do not find ways and means to channelize their energy in a purposeful manner in the school, they exhibit in maladjusted behavior. The school authorities, including teachers should organize various curricular and co-curricular activities to suit the needs of the growing children.

## **4. Teacher-related causes:**

An imbalanced personality in the teacher has its impact on the behavior of the children. If the teacher is unfair, biased or not involved with the students, it certainly affects the mental health of the children in the school.

## **5. Peer-group related causes:**

Another important factor that disturbs the psycho-equilibrium of students is an unhealthy relationship with their peer group. Normally, students ask earnestly for recognition from their peer group during later childhood and adolescence.

However, popularity among the peer group depends on various factors, such as good looks, athletic abilities, social class, academic performance, and special talents. If the student lacks these qualities, he may fail to get status among his/her peer group and gets frustrated and maladjusted.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

**86. Recapitulation of previous day's class:**

**87. Brain storming:**

**88. Demonstration and Discussion:**

**89. Experiential Learning:**

**90. Activity**

### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**



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**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Factors affecting/ influence perception	
Objectives:		
Understand the meaning of stress and the various factors that causes stress		
Key Concepts:		
Stress, stresors		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<ul style="list-style-type: none"><li>• Needs., Drives or motives play an important role in the motivation of human behaviour.</li><li>• Repeated failure in attaining the goal further aggravates the situation leading to frustration that may end in the person’s maladjustment, abnormality and mental illness.</li><li>• It is the typical fight going on between one's need and motives.</li></ul>		
What is stress?		
<p>Stress is your body’s way of responding to any kind of demand or threat. When you sense danger—whether it’s real or imagined—the body’s defenses kick into high gear in a rapid, automatic process known as the “fight-or-flight” reaction or the “stress response.”</p> <p>The stress response is the body’s way of protecting you. When working properly, it helps you stay focused, energetic, and alert. In emergency situations, stress can save your life—giving you extra</p>		

strength to defend yourself, for example, or spurring you to slam on the brakes to avoid a car accident.

Stress can also help you rise to meet challenges. It's what keeps you on your toes during a presentation at work, sharpens your concentration when you're attempting the game-winning free throw, or drives you to study for an exam when you'd rather be watching TV. But beyond a certain point, stress stops being helpful and starts causing major damage to your health, mood, productivity, relationships, and your quality of life.

The effects of chronic stress

Your nervous system isn't very good at distinguishing between emotional and physical threats. If you're super stressed over an argument with a friend, a work deadline, or a mountain of bills, your body can react just as strongly as if you're facing a true life-or-death situation. And the more your emergency stress system is activated, the easier it becomes to trigger, making it harder to shut off.

If you tend to get stressed out frequently, like many of us in today's demanding world, your body may exist in a heightened state of stress most of the time. And that can lead to serious health problems. Chronic stress disrupts nearly every system in your body. It can suppress your immune system, upset your digestive and reproductive systems, increase the risk of heart attack and stroke, and speed up the aging process. It can even rewire the brain, leaving you more vulnerable to anxiety, depression, and other mental health problems.

**Health problems caused or exacerbated by stress include:**

1. Depression and anxiety
2. Pain of any kind
3. Sleep problems
4. Autoimmune diseases
5. Digestive problems
6. Skin conditions, such as eczema
7. Heart disease
8. Weight problems
9. Reproductive issues
10. Thinking and memory problems

**Signs and symptoms of stress overload**

The most dangerous thing about stress is how easily it can creep up on you. You get used to it. It starts to feel familiar, even normal. You don't notice how much it's affecting you, even as it takes a heavy toll. That's why it's important to be aware of the common warning signs and symptoms of stress overload.

**Cognitive symptoms:**

- Memory problems
- Inability to concentrate
- Poor judgment
- Seeing only the negative
- Anxious or racing thoughts
- Constant worrying

**Emotional symptoms:**

- Depression or general unhappiness
- Anxiety and agitation
- Moodiness, irritability, or anger
- Feeling overwhelmed
- Loneliness and isolation
- Other mental or emotional health problems

**Physical symptoms:**

- Aches and pains
- Diarrhea or constipation
- Nausea, dizziness
- Chest pain, rapid heart rate
- Loss of sex drive
- Frequent colds or flu

**Behavioral symptoms:**

- Eating more or less
- Sleeping too much or too little
- Withdrawing from others
- Procrastinating or neglecting responsibilities
- Using alcohol, cigarettes, or drugs to relax
- Nervous habits (e.g. nail biting, pacing)

**Causes of stress**

The situations and pressures that cause stress are known as stressors. We usually think of stressors as being negative, such as an exhausting work schedule or a rocky relationship. However, anything that puts high demands on you can be stressful. This includes positive events such as getting married, buying a house, going to college, or receiving a promotion.

Of course, not all stress is caused by external factors. Stress can also be internal or self-generated, when you worry excessively about something that may or may not happen, or have irrational, pessimistic thoughts about life.

Finally, what causes stress depends, at least in part, on your perception of it. Something that's stressful to you may not faze someone else; they may even enjoy it. While some of us are terrified of getting up in front of people to perform or speak, for example, others live for the spotlight. Where one person thrives under pressure and performs best in the face of a tight deadline, another will shut down when work demands escalate. And while you may enjoy helping to care for your elderly parents, your siblings may find the demands of caretaking overwhelming and stressful.

**Common external causes of stress include:**

- Common internal Major life changes
- Work or school
- Relationship difficulties
- Financial problems
- Being too busy
- Children and family

**causes of stress include:**

- Pessimism
- Inability to accept uncertainty
- Rigid thinking, lack of flexibility
- Negative self-talk
- Unrealistic expectations / perfectionism
- All-or-nothing attitude

**According to the widely validated Holmes and Rahe Stress Scale, these are the top ten stressful life events for adults that can contribute to illness:**

1. Death of a spouse
2. Divorce
3. Marriage separation
4. Imprisonment
5. Death of a close family member
6. Injury or illness
7. Marriage
8. Job loss

9. Marriage reconciliation

10. Retirement

**Sometimes the stress comes from inside, rather than outside. You can stress yourself out just by worrying about things. All of these factors can lead to stress:**

**Fear and uncertainty.** When you regularly hear about the threat of terrorist attacks, global warming, and toxic chemicals on the news, it can cause you to feel stressed, especially because you feel like you have no control over those events. And even though disasters are typically very rare events, their vivid coverage in the media may make them seem as if they are more likely to occur than they really are. Fears can also hit closer to home, such as being worried that you won't finish a project at work or won't have enough money to pay your bills this month.

**Attitudes and perceptions.** How you view the world or a particular situation can determine whether it causes stress. For example, if your television set is stolen and you take the attitude, "It's OK, my insurance company will pay for a new one," you'll be far less stressed than if you think, "My TV is gone and I'll never get it back! What if the thieves come back to my house to steal again?" Similarly, people who feel like they're doing a good job at work will be less stressed out by a big upcoming project than those who worry that they are incompetent.

**Unrealistic expectations.** No one is perfect. If you expect to do everything right all the time, you're destined to feel stressed when things don't go as expected.

**Change.** Any major life change can be stressful -- even a happy event like a wedding or a job promotion. More unpleasant events, such as a divorce, major financial setback, or death in the family can be significant sources of stress.

Your stress level will differ based on your personality and how you respond to situations. Some people let everything roll off their back. To them, work stresses and life stresses are just minor bumps in the road. Others literally worry themselves sick.

#### **Teaching-Learning Material requirements:**

Chalk Board

#### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### **Methods:**

<b>91. Recapitulation of previous day's class:</b> <b>92. Brain storming:</b> <b>93. Demonstration and Discussion:</b> <b>94. Experiential Learning:</b> <b>95. Activity</b>						
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
<b>Name of the second faculty:</b>						
<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

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**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Frustration	
Objectives:		
Understand the meaning of frustration and the various causes of frustration		
Key Concepts:		
Frustration, withdrawal, fixation, apathy		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<b>Frustration: MEANING AND DEFINITION</b>		
According to GOOD “Frustration means emotional tension resulting from the blocking of a desire or need.		
According to Coleman “Frustration results when our motives are thwarted either by some obstacle that blocks or impedes our progress towards a desired goal or by the absence of an appropriate goal.		
<b>WHAT FACTORS CAUSE FRUSTRATION?</b>		
<ul style="list-style-type: none"><li>• EXTERNAL FACTORS</li><li>• INTERNAL FACTORS.</li></ul>		
<b>EXTERNAL FACTORS.</b>		
<ul style="list-style-type: none"><li>• <b>Physical Factors:</b> Natural Calamities such as floods, tsunami, earthquakes, fire accidents etc. Obstacle such as traffic jams, crowded lines at the supermarket, droughts that destroy a farmer crops, noise that prevents concentration, floods that delay us in our travel. These can disturb human life.</li></ul>		

- **Social and societal factors:** The rules and regulations of the Parents, society, locality, culture and belief may control the desire and motive of people. Restrictions imposed by other people laws, customs, norms of society. Eg. Inter-caste or religious marriages
- **Economic Factors:** Financial factors. Eg. Unemployment, lack of food and water, other severe economic deprivation.
- **Individual's own limitation:** Lack of specific abilities, physical handicaps.

#### **INTERNAL FACTORS.**

- **Physical abnormality or defects:** Too big or too small stature, very heavy or thin body, ugly face, dark complexion, bodily defects like squint eye, blindness, deaf, dumb etc. cause frustration.
- **Conflicting desires or aims:** frustration by obstructing mutual aims and goals. Eg. A person may be interested in marrying a girl whom he loves but he wishes to go abroad by marrying another girl.
- **Individual's morality and high ideals:** An individual's moral standards code of ethics and high ideals may become a source of frustration. He is always caught between Superego and Id.
- **Level of aspiration too high:** one may aspire very high in spite of one's in capabilities or human limitations. Eg. A person dream to become the captain of a cricket team but does not even know the basics of the game.
- **Lack of persistence and sincerity in efforts:** frustration may be caused due to weakness in putting continuous persistent efforts with courage enthusiasm and will power at one's command. Eg. Reading a book without interest and complaining that book is not understandable.

#### **REACTION TO FRUSTRATION: SIMPLE**

- **Increasing trials and improving efforts:** During frustration some people go into introspection and try to overcome obstacles either by increased efforts or improvement of behaviour.
- **Adopting Compromising means:** repeated failure force people to change the direction efforts.
- **Withdrawal:** the individual learns to move away from the situation that causes him frustration. Behaviours such as asking for a transfer or quitting a job.
- **Fixation:** An employee blames others and superiors for his problems, without knowing complete facts



- **Regression:** Behaving in an immature and childish manner and may self-pity (to feel sorry for oneself).
- **Physical Disorder:** Physical ailments such as fever, upset stomach, vomiting, etc.
- **Apathy:** Becoming irresponsible and disinterested in the job and his co-workers.
- **Submissiveness:** Here the individual surrenders himself and accepts his defeat.

#### **REACTION TO FRUSTRATION: VIOLENT**

- **External aggression:** This aggression may be directed towards either the person or persons who caused the frustration or toward the substitutes. An employee may quarrel with his boss for not getting promotion or rebuke his wife and children. Showing the enmity in one or other manner.
- **Internal Aggression:** an aggression turned towards self. Instead of releasing the tensions on others it is self-directed. Blaming self. Eventually the person becomes neurotic or tries to find escape through suicide.

#### **Teaching-Learning Material requirements:**

Chalk Board

#### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### **Methods:**

**96. Recapitulation of previous day's class:**

**97. Brain storming:**

**98. Demonstration and Discussion:**

**99. Experiential Learning:**

**100. Activity**

#### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: III	UNIT III: ATTITUDE AND PERCEPTION	
Title:	Conflict	
Objectives:		
Understand the meaning of conflict and the various types of coonflict		
Key Concepts:		
Perception, perceiver, target, motives		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<h3>What Is Conflict?</h3> <p>Wouldn't the world be a better place if all the conflict was gone? While we may think this is a great thought on the surface, let's think about what causes conflict and what can happen after a resolution is found. Think back to your favorite movie or book. Was there conflict in it?</p> <p>Yes, there was. The basic recipe for a story plot is: Introduce your characters, discover conflict, resolve conflict, farewell your characters. Obviously, for stories that do not have a happy ending, the resolution of conflict portion changes. This plot progression is true of shows aimed at the youngest of audiences (for example, the bear wants honey out of the tree but has to trick the bees in order to get it).</p> <p>Conflict is simply differing ideas or actions, often related to the selfish pursuit of needs (known and unknown) that end in a state of unrest. It is a necessary and permanent part of life. The important</p>		

thing to remember is that conflict is natural. It can be a slight conflict that causes no harm or an egregious conflict that results in irreparable damage.

Conflict itself is neither good nor bad. When conflict is addressed maturely with an eye to a positive resolution it can, in most cases, lead to growth among all the conflicting parties. There are four main types of conflict, and they stem from many sources. This lesson reviews the major types and sources of conflict and offers examples of each.

Conflict is classified into the following four types:

Interpersonal conflict refers to a conflict between two individuals. This occurs typically due to how people are different from one another. We have varied personalities which usually results to incompatible choices and opinions. Apparently, it is a natural occurrence which can eventually help in personal growth or developing your relationships with others. In addition, coming up with adjustments is necessary for managing this type of conflict. However, when interpersonal conflict gets too destructive, calling in a mediator would help so as to have it resolved.

**Intrapersonal conflict** occurs within an individual. The experience takes place in the person's mind. Hence, it is a type of conflict that is psychological involving the individual's thoughts, values, principles and emotions. Interpersonal conflict may come in different scales, from the simpler mundane ones like deciding whether or not to go organic for lunch to ones that can affect major decisions such as choosing a career path. Furthermore, this type of conflict can be quite difficult to handle if you find it hard to decipher your inner struggles. It leads to restlessness and uneasiness, or can even cause depression. In such occasions, it would be best to seek a way to let go of the anxiety through communicating with other people. Eventually, when you find yourself out of the situation, you can become more empowered as a person. Thus, the experience evoked a positive change which will help you in your own personal growth

**Intragroup conflict** is a type of conflict that happens among individuals within a team. The incompatibilities and misunderstandings among these individuals lead to an intragroup conflict. It arises from interpersonal disagreements (e.g. team members have different personalities which may lead to tension) or differences in views and ideas (e.g. in a presentation, members of the team might find the notions presented by the one presiding to be erroneous due to their differences in opinion). Within a team, conflict can be helpful in coming up with decisions which will eventually allow them to reach their objectives as a team. However, if the degree of conflict disrupts harmony

among the members, then some serious guidance from a different party will be needed for it to be settled.

**Intergroup conflict** takes place when a misunderstanding arises among different teams within an organization. For instance, the sales department of an organization can come in conflict with the customer support department. This is due to the varied sets of goals and interests of these different groups. In addition, competition also contributes for intergroup conflict to arise. There are other factors which fuel this type of conflict. Some of these factors may include a rivalry in resources or the boundaries set by a group to others which establishes their own identity as a team.

#### Teaching-Learning Material requirements:

Chalk Board

#### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### Methods:

101. Recapitulation of previous day's class:
102. Brain storming:
103. Demonstration and Discussion:
104. Experiential Learning:
105. Activity

#### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: Abnormal Psychology	
Title:	Abnormal psychology	
Objectives:		
To understand the meaning and concept of abnormality		
Key Concepts:		
Normal, abnormal, psyche		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<div>ABNORMAL PSYCHOLOGY</div> <p>Abnormal psychology is the branch of psychology that studies unusual patterns of behavior, emotion and thought, which may or may not be understood as precipitating a mental disorder. Although many behaviors could be considered as abnormal, this branch of psychology typically deals with behavior in a clinical context.</p> <p>Abnormal psychology is concerned with understanding the nature, causes, and treatment of mental disorders.</p> <p>Abnormal psychology is the study of human behavior that differs from the norm in significant ways. The field studies the causes and manifestations of habits, behaviors, thoughts or basic drives that are different from others, and typically, result in significant impairment in life functioning.</p> <p>In order to understand abnormal psychology, it's essential to first understand what we mean by the term "abnormal." On the surface, the meaning seems obvious; abnormal indicates something that's outside of the norm.</p>		

Many human behaviors can follow what is known as the normal curve. Looking at this bell-shaped curve, the majority of individuals are clustered around the highest point of the curve, which is known as the average. People who fall very far at either end of the normal curve might be considered "abnormal."

It's important to note that the distinctions between normal and abnormal are not synonymous with good or bad. Consider a characteristic such as intelligence. A person who falls at the very upper end of the curve would fit under our definition of abnormal; this person would also be considered a genius. Obviously, this is an instance where falling outside of the norms is actually a good thing.

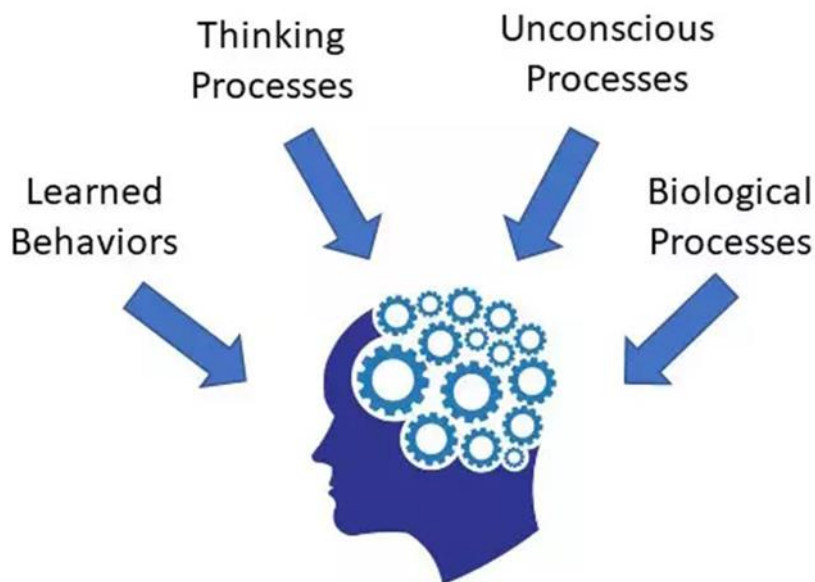
### **Challenges in Defining “Normal”**

A psychological disorder is a condition characterized by abnormal thoughts, feelings, and behaviors. However, defining what is “normal” and “abnormal” is a subject of much debate. Definitions of normality vary widely by person, time, place, culture, and situation. “Normal” is, after all, a subjective perception, and also an amorphous one—it is often easier to describe what is not normal than what is normal.

In simple terms, however, society at large often perceives or labels “normal” as “good,” and “abnormal” as “bad.” Being labeled as “normal” or “abnormal” can therefore have profound ramifications for an individual, such as exclusion or stigmatization by society.

Although it is difficult to define “normal,” it is still important to establish guidelines in order to be able to identify and help people who are suffering. To this end, the fields of psychology and psychiatry have developed the Diagnostic and Statistical Manual of Mental Disorders (known as the DSM-5), a standardized hierarchy of diagnostic criteria to help discriminate among normal and abnormal (i.e. “pathological”) behaviors and symptoms. The 5th edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (the DSM-5) lays out explicit and specific guidelines for identifying and categorizing symptoms and diagnoses.

### **Explanations of Abnormality**



### **Behavioral**

Behaviorists believe that our actions are determined largely by the experiences we have in life, rather than by underlying pathology of unconscious forces. Abnormality is therefore seen as the development of behavior patterns that are considered maladaptive (i.e. harmful) for the individual. Behaviorism states that all behavior (including abnormal) is learned from the environment (nurture), and that all behavior that has been learnt can also be 'unlearned' (which is how abnormal behavior is treated).

The emphasis of the behavioral approach is on the environment and how abnormal behavior is acquired, through classical conditioning, operant conditioning and social learning.

Classical conditioning has been said to account for the development of phobias. The feared object (e.g. spider or rat) is associated with a fear or anxiety sometime in the past. The conditioned stimulus subsequently evokes a powerful fear response characterized by avoidance of the feared object and the emotion of fear whenever the object is encountered.

Learning environments can reinforce (re: operant conditioning) problematic behaviors. E.g. an individual may be rewarded for being having panic attacks by receiving attention from family and friends – this would lead to the behavior being reinforced and increasing in later life.

Our society can also provide deviant maladaptive models that children identify with and imitate (re: social learning theory).

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### **Cognitive**

The cognitive approach assumes that a person's thoughts are responsible for their behavior. The model deals with how information is processed in the brain and the impact of this on behavior.

**The basic assumptions are:**

- **Maladaptive behavior is caused by faulty and irrational cognitions.**
- **It is the way you think about a problem, rather than the problem itself that causes mental disorders.**
- **Individuals can overcome mental disorders by learning to use more appropriate cognitions.**

The individual is an active processor of information. How a person, perceives, anticipates and evaluates events rather than the events themselves, which will have an impact on behavior. This is generally believed to be an automatic process, in other words we do not really think about it.

In people with psychological problems these thought processes tend to be negative and the cognitions (i.e. attributions, cognitive errors) made will be inaccurate:

These cognitions cause distortions in the way we see things; Ellis suggested it is through irrational thinking, while Beck proposed the cognitive triad.

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### **Medical / Biological**

The medical model of psychopathology believes that disorders have an organic or physical cause. The focus of this approach is on genetics, neurotransmitters, neurophysiology, neuroanatomy, biochemistry etc.

For example, in terms of biochemistry – the dopamine hypothesis argues that elevated levels of dopamine are related to symptoms of schizophrenia.

The approach argues that mental disorders are related to the physical structure and functioning of the brain.

For example, differences in brain structure (abnormalities in the frontal and pre-frontal cortex, enlarged ventricles) have been identified in people with schizophrenia.

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### **Psychodynamic**

The main assumptions include Freud's belief that abnormality came from the psychological causes rather than the physical causes, that unresolved conflicts between the id, ego and superego can all contribute to abnormality, for example:

- **Weak ego:** Well-adjusted people have a strong ego that is able to cope with the demands of both the id and the superego by allowing each to express itself at appropriate times. If, however, the ego is weakened, then either the id or the superego, whichever is stronger, may dominate the personality.



- **Unchecked id impulses:** If id impulses are unchecked, they may be expressed in self-destructive and immoral behavior. This may lead to disorders such as conduct disorders in childhood and psychopathic [dangerously abnormal] behavior in adulthood.
  - **Too powerful superego:** A superego that is too powerful, and therefore too harsh and inflexible in its moral values, will restrict the id to such an extent that the person will be deprived of even socially acceptable pleasures. According to Freud this would create neurosis, which could be expressed in the symptoms of anxiety disorders, such as phobias and obsessions.
- Freud also believed that early childhood experiences and unconscious motivation were responsible for disorders.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

106. Recapitulation of previous day's class:
107. Brain storming:
108. Demonstration and Discussion:
109. Experiential Learning:
110. Activity

### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: Abnormal Psychology	
Title:	Concepts of Normality and abnormality	
Objectives:		
Understand the meaning of normality and abnormality		
Key Concepts:		
Normality, Abnormality		
Methodology:		
<ul style="list-style-type: none"><li>Lecture with discussion method</li><li>Participatory learning methods</li><li>Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>Recapitulate the previous class through class participation</li><li>Introduce key concepts</li><li>Explain in detail</li><li>Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b>Concepts of normality and abnormality</b></p> <p>Normality is a behavior that can be normal for an individual (intrapersonal normality) when it is consistent with the most common behaviour for that person. Normal is also used to describe individual behaviour that conforms to the most common behaviour in society (known as conformity). Definitions of normality vary by person, time, place, and situation – it changes along with changing societal standards and norms. Normal behavior is often only recognized in contrast to abnormality. In its simplest form, normality is seen as good while abnormality is seen as bad. Someone being seen as normal or not normal can have social ramifications, such as being included, excluded or stigmatized by larger society.</p> <p><b>NORMALITY:</b> Mental Health Model of Normality Model suggests 6 criteria for what might constitute normal psychological health (not abnormal). Deviation from these criteria would mean that an individual’s health can be classified as “abnormal”. They are as follows: Positive self-esteem, strong self-identity; Ability to cope with stressful situations; Autonomy &amp; independence;</p>		

Ability to maintain healthy interpersonal relationships; Capacity for personal growth & self-actualisation; Realistic perception & contact with reality.

Abnormality is the significant deviation from commonly accepted patterns of behavior, emotion or thought, while normality is the absence of illness and the presence of state of well-being otherwise called normalcy. It can be difficult to draw the line between normal and abnormal behaviors, especially in leadership. Abnormality is to normality what opposition is to opportunity.

**ABNORMALITY:** The mental illness criterion (the medical model) sees psychological disorders(abnormality) as psychopathology. Pathology means “illness” so it’s literally “illness in the psyche”. This criterion is linked to psychiatry, which is a branch of medicine. Patients with psychological problems are seen as “ill” like those suffering from physiological illnesses.

#### Teaching-Learning Material requirements:

Chalk Board

#### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### Methods:

111. Recapitulation of previous day’s class:
112. Brain storming:
113. Demonstration and Discussion:
114. Experiential Learning:
115. Activity

#### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: ABNORMAL PSYCHOLOGY	
Title:	CAUSATION OF MENTAL ILLNESS	
Objectives:		
Understanding mental illness, mental health and the various causes of mental illness		
Key Concepts:		
Genetics, trauma, substance abuse		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
CAUSATION OF MENTAL ILLNESS		
What are the causes of mental illness? Although the exact cause of most mental illnesses is not known, it is becoming clear through research that many of these conditions are caused by a combination of biological, psychological, and environmental factors.		
<ul style="list-style-type: none"><li>• <b>Early life environment:</b> negative childhood experiences such as abuse or neglect can increase the risk of some mental illnesses.</li><li>• <b>Trauma and stress:</b> in adulthood, traumatic life events or ongoing stress such as social isolation, domestic violence, relationship breakdown, financial or work problems can increase the risk of mental illness. Traumatic experiences such as living in a war zone can increase the risk of post-traumatic stress disorder (PTSD).</li><li>• <b>Personality factors:</b> some traits such as perfectionism or low self-esteem can increase the risk of depression or anxiety.</li></ul>		

## **What Biological Factors Are Involved in Mental Illness?**

Some mental illnesses have been linked to abnormal functioning of nerve cell circuits or pathways that connect particular brain regions. Nerve cells within these brain circuits communicate through chemicals called neurotransmitters. "Tweaking" these chemicals -- through medicines, psychotherapy or other medical procedures -- can help brain circuits run more efficiently. In addition, defects in or injury to certain areas of the brain have also been linked to some mental conditions.

### **Other biological factors that may be involved in the development of mental illness include:**

- **Genetics (heredity):** Mental illnesses sometimes run in families, suggesting that people who have a family member with a mental illness may be somewhat more likely to develop one themselves. Susceptibility is passed on in families through genes. Experts believe many mental illnesses are linked to abnormalities in many genes rather than just one or a few and that how these genes interact with the environment is unique for every person (even identical twins). That is why a person inherits a susceptibility to a mental illness and doesn't necessarily develop the illness. Mental illness itself occurs from the interaction of multiple genes and other factors -- such as stress, abuse, or a traumatic event -- which can influence, or trigger, an illness in a person who has an inherited susceptibility to it.

**Genetic factors: having a close family member with a mental illness can increase the risk.**

**However, just because one family member has a mental illness doesn't mean that others will.**

- **Infections:** Certain infections have been linked to brain damage and the development of mental illness or the worsening of its symptoms. For example, a condition known as pediatric autoimmune neuropsychiatric disorder (PANDA) associated with the Streptococcus bacteria has been linked to the development of obsessive-compulsive disorder and other mental illnesses in children.
- **Brain defects or injury:** Defects in or injury to certain areas of the brain have also been linked to some mental illnesses.
- **Prenatal damage:** Some evidence suggests that a disruption of early fetal brain development or trauma that occurs at the time of birth -- for example, loss of oxygen to the brain - may be a factor in the development of certain conditions, such as autism spectrum disorder.
- **Substance abuse:** Long-term substance abuse, in particular, has been linked to anxiety, depression, and paranoia.

**Drug and alcohol abuse:** illicit drug use can trigger a manic episode (bipolar disorder) or an episode of psychosis. Drugs such as cocaine, marijuana and amphetamines can cause paranoia.

- **Other factors:** Poor nutrition and exposure to toxins, such as lead, may play a role in the development of mental illnesses.

### What Psychological Factors Contribute to Mental Illness?

**Psychological factors that may contribute to mental illness include:**

- Severe psychological trauma suffered as a child, such as emotional, physical, or sexual abuse
- An important early loss, such as the loss of a parent
- Neglect
- Poor ability to relate to others

### What Environmental Factors Contribute to Mental Illness?

- Certain stressors can trigger an illness in a person who is susceptible to mental illness. These stressors include:
  - Death or divorce
  - A dysfunctional family life
  - Feelings of inadequacy, low self-esteem, anxiety, anger, or loneliness
  - Changing jobs or schools
  - Social or cultural expectations (For example, a society that associates beauty with thinness can be a factor in the development of eating disorders.)
- **Substance abuse by the person or the person's parents**

#### Teaching-Learning Material requirements:

Chalk Board

#### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### Methods:

- 116. Recapitulation of previous day's class:
- 117. Brain storming:
- 118. Demonstration and Discussion:
- 119. Experiential Learning:
- 120. Activity

#### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

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<b>Reason for absence</b>	
<b>Whether any contributions made /Inputs given during the class?</b>	
<b>Suggested Readings/ website</b>	

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: ABNORMAL PSYCHOLOGY	
Title:	Neurosis and Psychosis	
Objectives:		
Understand the meaning of neurosis, types and causes		
Key Concepts:		
Neurosis, OCD, SSD		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b>Neuroses</b></p> <p>A term generally used to describe a nonpsychotic mental illness that triggers feelings of distress and anxiety and impairs functioning.</p> <p>Neuroses are characterized by anxiety, depression, or other feelings of unhappiness or distress that are out of proportion to the circumstances of a person’s life. They may impair a person’s functioning in virtually any area of his life, relationships, or external affairs, but they are not severe enough to incapacitate the person. Affected patients generally do not suffer from the loss of the sense of reality seen in persons with psychoses.</p> <p>The word neurosis means "nerve disorder," and was first coined in the late eighteenth century by William Cullen, a Scottish physician. Cullen's concept of neurosis encompassed those nervous disorders and symptoms that do not have a clear organic cause. Sigmund Freud later used the term anxiety neurosis to describe mental illness or distress with extreme anxiety as a defining feature.</p> <p><b>Types</b></p>		



**Obsessive-compulsive disorders** are characterized by the irresistible entry of unwanted ideas, thoughts, or feelings into consciousness or by the need to repeatedly perform ritualistic actions that the sufferer perceives as unnecessary or unwarranted. Obsessive ideas may include recurrent violent or obscene thoughts; compulsive behaviour includes rituals such as repetitive hand washing or door locking. The drug clomipramine has proved effective in treating many patients with obsessive-compulsive disorders.

**Somatoform disorders, Somatic symptom disorder (SSD formerly known as "somatization disorder" or "somatoform disorder")** is a form of mental illness that causes one or more bodily symptoms, including pain. The symptoms may or may not be traceable to a physical cause including general medical conditions, other mental illnesses, or substance abuse. But regardless, they cause excessive and disproportionate levels of distress.

**Many people who have SSD will also have an anxiety disorder.**

People with SSD are not faking their symptoms. The distress they experience from pain and other problems they experience are real, regardless of whether or not a physical explanation can be found. And the distress from symptoms significantly affects daily functioning.

The diagnosis of SSD can create a lot of stress and frustration for patients. They may feel unsatisfied if there's no better physical explanation for their symptoms or if they are told their level of distress about a physical illness is excessive. Stress often leads patients to become more worried about their health, and this creates a vicious cycle that can persist for years.

#### **Disorders Related to Somatic Symptom Disorder**

Several conditions related to SSD are now described in psychiatry. These include:

Illness Anxiety Disorder (formerly called Hypochondriasis). People with this type are preoccupied with a concern they have a serious disease. They may believe that minor complaints are signs of very serious medical problems. For example, they may believe that a common headache is a sign of a brain tumor.

Conversion disorder (also called Functional Neurological Symptom Disorder). This condition is diagnosed when people have neurological symptoms that can't be traced back to a medical cause.

**For example, patients may have symptoms such as:**

- **Weakness or paralysis**
- **Abnormal movements (such as tremor, unsteady gait, or seizures)**
- **Blindness**
- **Hearing loss**
- **Loss of sensation or numbness**

**Stress usually makes symptoms of conversion disorder worse.**

- **Other Specific Somatic Symptom and Related Disorders.** This category describes situations in which somatic symptoms occur for less than six months or may involve a specific condition called pseudocyesis, which is a false belief a woman has that she is pregnant along with other outward signs of pregnancy, including an expanding abdomen; feeling labor pains, nausea, fetal movement; breast changes; and cessation of the menstrual period.

In anxiety disorders, anxiety is the principal feature, manifesting itself either in relatively short, acute anxiety attacks or in a chronic sense of nameless dread. Persons undergoing anxiety attacks may suffer from digestive upsets, excessive perspiration, headaches, heart palpitations, restlessness, insomnia, disturbances in appetite, and impaired concentration. Phobia, a type of anxiety disorder, is represented by inappropriate fears that are triggered by specific situations or objects. Some common objects of phobias are open or closed spaces, fire, high places, dirt, and bacteria.

Depression, when neither excessively severe nor prolonged, is regarded as a neurosis. A depressed person feels sad, hopeless, and pessimistic and may be listless, easily fatigued, slow in thought and action, and have a reduced appetite and difficulty in sleeping.

Post-traumatic stress disorder is a syndrome appearing in people who have endured some highly traumatic event, such as a natural disaster, torture, or incarceration in a concentration camp. The symptoms include nightmares, a diffuse anxiety, and guilt over having survived when others perished. Depersonalization disorder consists of the experiencing of the world or oneself as strange, altered, unreal, or mechanical in quality.

#### Teaching-Learning Material requirements:

Chalk Board

#### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### Methods:

121. Recapitulation of previous day's class:
122. Brain storming:
123. Demonstration and Discussion:
124. Experiential Learning:
125. Activity

#### Dual faculty system

Planned:

Reason:

Name of the second faculty:

Attendance (Tick mark)

Reason for absence

<b>Whether any contributions made /Inputs given during the class?</b>	
<b>Suggested Readings/ website</b>	

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: Abnormal Psychology	
Title:	Psychosis	
Objectives:		
Understand the meaning of psychosis, types and causes		
Key Concepts:		
Psychosis, delusions, hallucinations, distortion,		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b>What Is Psychosis?</b></p> <p>Psychosis is a condition that affects the way your brain processes information. It causes you to lose touch with reality. You might see, hear, or believe things that aren’t real. Psychosis is a symptom, not an illness. A mental or physical illness, substance abuse, or extreme stress or trauma can cause it.</p> <p>The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality. When someone becomes ill in this way it is called a psychotic episode. During a period of psychosis, a person’s thoughts and perceptions are disturbed and the individual may have difficulty understanding what is real and what is not. Symptoms of psychosis include delusions (false beliefs) and hallucinations (seeing or hearing things that others do not see or hear). Other symptoms include incoherent or nonsense speech, and behavior that is inappropriate for the</p>		

situation. A person in a psychotic episode may also experience depression, anxiety, sleep problems, social withdrawal, lack of motivation, and difficulty functioning overall.

Psychotic disorders, like schizophrenia, involve psychosis that usually affects you for the first time in the late teen years or early adulthood. Young people are especially likely to get it, but doctors don't know why. Even before what doctors call the first episode of psychosis (FEP), you may show slight changes in the way you act or think. This is called the prodromal period and could last days, weeks, months, or even years.

## **Symptoms of psychosis**

**The classic signs and symptoms of psychosis are:**

- Hallucinations - hearing, seeing, or feeling things that do not exist
- Delusions - false beliefs, especially based on fear or suspicion of things that are not real
- Disorganization - in thought, speech, or behavior
- Disordered thinking - jumping between unrelated topics, making strange connections between thoughts
- Catatonia - unresponsiveness
- Difficulty concentrating

Depending on the cause, psychosis can come on quickly or slowly. The same is the case in schizophrenia, although symptoms may have a slow onset and begin with milder psychosis, some people may experience a rapid transition back to psychosis if they stop taking their medication.

**The milder, initial symptoms of psychosis might include:**

- Feelings of suspicion
- General anxiety
- Distorted perceptions
- Depression
- Obsessive thinking
- Sleep problems

Hallucinations can affect any of the senses (sight, sound, smell, taste, and touch) in the person with psychosis, but in about two-thirds of patients with schizophrenia, hallucinations are auditory - hearing things and believing them to be real when they do not exist.

**The following auditory hallucinations are common:**

- Hearing several voices talking, often negatively, about the patient
- A voice giving a commentary on what the patient is doing
- A voice repeating what the patient is thinking

Visual hallucinations: You see people or things that aren't there, or you think the shape of things looks wrong

Bizarre delusions during psychosis

Paranoia is a common component of psychotic delusions.

**Examples of psychotic delusions include the paranoid type** - more likely to be associated with schizophrenia - and delusions of grandeur.

**Paranoid delusions** - these may cause the person with psychosis to be unduly suspicious of individuals or organizations, believing them to be plotting to cause them harm.

**Delusions of grandeur** - clearly false but strongly held belief in having a special power or authority - for instance, they may believe that they are a world leader.

**Causes of Psychosis**

**Some known risk factors include:**

- **Genetics:** You can have the genes for it, but that doesn't always mean you'll get psychosis.
- **Drugs:** Triggers include some prescription medications and abuse of alcohol or drugs like marijuana, LSD, and amphetamines.
- **Trauma:** The death of a loved one, a sexual assault, or war can lead to psychosis. The type of trauma and the age you were when it happened also play a role.
- **Injuries and illnesses:** Traumatic brain injuries, brain tumors, strokes, Parkinson's disease, Alzheimer's disease, dementia, and HIV can all bring on psychosis.

Psychosis can also be a symptom of a mental illness, like schizophrenia or bipolar disorder.

**Types of psychosis**

A number of disorders can display psychotic symptoms, including:

## **Schizophrenia**

The most common psychotic disorder is schizophrenia. Patients with this condition experience changes in behavior, delusions and hallucinations that last longer than six months. Those diagnosed with this type of disorder often show a decline in social function, school and work.

## **Schizoaffective Disorder**

Patients with schizoaffective disorder have symptoms of both a mood disorder, such as depression and schizophrenia.

## **Schizophreniform Disorder**

When a patient with schizophrenia has symptoms that last fewer than six months are diagnosed with schizophreniform disorder.

## **Brief Psychotic Disorder**

When a patient has only short, sudden episodes of psychotic behavior, the condition is diagnosed as brief psychotic disorder. These episodes are typically a response to a stressful situation and usually last less than a month.

## **Delusional Disorder**

Patients that have false, fixed beliefs involving real-life situations that could be true, such as having a disease or being conspired against, are diagnosed with delusional disorder. These delusions persist for at least one month.

## **Substance-Induced Psychotic Disorder**

Sometimes, withdrawal from substances like methamphetamines and alcohol cause delusions and hallucinations. This is known as substance-induced psychotic disorder.

## **Psychotic Disorder Due to a Medical Condition**

When psychotic disorder symptoms are a result of illnesses that affect the function of the brain, such as a brain tumor, the patient is diagnosed with psychotic disorder due to a medical condition.

## **Paraphrenia**

Paraphrenia is schizophrenia in elderly patients.

These are the primary causes of psychotic symptoms, but psychosis can also be secondary to other disorders and diseases, including:

- Brain tumor or cyst
- Dementia - Alzheimer's disease, for example
- Neurological illness - such as Parkinson's disease and Huntington's disease
- HIV and other infections that can affect the brain
- Some types of epilepsy
- Stroke

## **Treatment**

Most psychotic disorders are treated with a combination of medications and psychotherapy, which is a type of counseling.

**Medication:** The main type of drug that doctors prescribe to treat psychotic disorders are “antipsychotics.” Although these medicines aren’t a cure, they are effective in managing the most troubling symptoms of psychotic disorders, such as delusions, hallucinations, and thinking problems.

**Psychotherapy:** There are different types of counseling -- including individual, group, and family therapy – that can help someone who has a psychotic disorder.

Most people with psychotic disorders are treated as outpatients, meaning they don’t live in institutions. But sometimes people need to be hospitalized, such as if they have severe symptoms, are in danger of hurting themselves or others, or can’t care for themselves because of their illness.

## **Recovery**

Each person being treated for a psychotic disorder may respond to therapy differently. Some will show improvement quickly. For others, it may take weeks or months to get symptom relief.

Some people may need to continue treatment for an extended period of time. Some, such as those who have had several severe episodes, may need to take medication indefinitely. In these cases, the medication usually is given in as low a dose as possible to minimize side effects.

Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking that someone is plotting against you or



that the TV is sending you secret messages. Hallucinations are false perceptions, such as hearing, seeing, or feeling something that is not there.

Schizophrenia is one type of psychotic disorder. People with bipolar disorder may also have psychotic symptoms. Other problems that can cause psychosis include alcohol and some drugs, brain tumors, brain infections, and stroke.

## **SCHIZOPHRENIA**

Schizophrenia is a mental disorder that usually appears in late adolescence or early adulthood. Characterized by delusions, hallucinations, and other cognitive difficulties, schizophrenia can often be a lifelong struggle.

### **What is schizophrenia?**

Schizophrenia most commonly strikes between the ages of 16 and 30, and males tend to show symptoms at a slightly younger age than females. In many cases, the disorder develops so slowly that the individual does not know that they have had it for many years. However, in other cases, it can strike suddenly and develop quickly.

Schizophrenia affects approximately 1 percent of all adults, globally. Experts say schizophrenia is probably many illnesses masquerading as one.

### **Symptoms of schizophrenia**

A sizable proportion of people with schizophrenia have to rely on others because they are unable to hold a job or care for themselves.

Many may also resist treatment, arguing that there is nothing wrong with them.

Some patients may present clear symptoms, but on other occasions, they may seem fine until they start explaining what they are truly thinking.

The effects of schizophrenia reach far beyond the patient - families, friends, and society are affected too.

Symptoms and signs of schizophrenia will vary, depending on the individual.

### **The symptoms are classified into four categories:**

- **Positive symptoms** - also known as psychotic symptoms. For example, delusions and hallucinations.

“Positive” symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may “lose touch” with some aspects of reality. Symptoms include:

- **Hallucinations**
- **Delusions**
- **Thought disorders (unusual or dysfunctional ways of thinking)**

- **Movement disorders (agitated body movements)**

- **Negative symptoms** - these refer to elements that are taken away from the individual. For example, absence of facial expressions or lack of motivation.

“Negative” symptoms are associated with disruptions to normal emotions and behaviors. Symptoms include:

- **“Flat affect” (reduced expression of emotions via facial expression or voice tone)**
  - **Reduced feelings of pleasure in everyday life**
  - **Difficulty beginning and sustaining activities**
  - **Reduced speaking**
- **Cognitive symptoms** - these affect the person's thought processes. They may be positive or negative symptoms, for example, poor concentration is a negative symptom.

For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

Poor “executive functioning” (the ability to understand information and use it to make decisions)

**Trouble focusing or paying attention**

Problems with “working memory” (the ability to use information immediately after learning it)

- **Emotional symptoms** - these are usually negative symptoms, such as blunted emotions.

**Below is a list of the major symptoms:**

- **Delusions** - the patient displays false beliefs, which can take many forms, such as delusions of persecution, or delusions of grandeur. They may feel others are attempting to control them remotely. Or, they may think they have extraordinary powers and abilities.
- **Hallucinations** - hearing voices is much more common than seeing, feeling, tasting, or smelling things which are not there, however, people with schizophrenia may experience a wide range of hallucinations.
- **Thought disorder** - the person may jump from one subject to another for no logical reason. The speaker may be hard to follow or erratic.

**Other symptoms may include:**

- **Lack of motivation (avolition)** - the patient loses their drive. Everyday actions, such as washing and cooking, are neglected.

- **Poor expression of emotions** - responses to happy or sad occasions may be lacking, or inappropriate.
- **Social withdrawal** - when a patient with schizophrenia withdraws socially, it is often because they believe somebody is going to harm them.
- **Unawareness of illness** - as the hallucinations and delusions seem so real for patients, many of them may not believe they are ill. They may refuse to take medication for fear of side effects, or for fear that the medication may be poison, for example.
- **Cognitive difficulties** - the patient's ability to concentrate, recall things, plan ahead, and to organize their life are affected. Communication becomes more difficult.

### **Treatments for schizophrenia**

With proper treatment, patients can lead productive lives.

Treatment can help relieve many of the symptoms of schizophrenia. However, the majority of patients with the disorder have to cope with the symptoms for life.

**Psychiatrists say the most effective treatment for schizophrenia patients is usually a combination of:**

- medication
- psychological counseling
- self-help resources

### **Bipolar Disorder**

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, and energized behavior (known as manic episodes) to very sad, “down,” or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

### **Bipolar symptoms**

There are three main symptoms that can occur with bipolar disorder: mania, hypomania, and depression.

While experiencing mania, a person with bipolar disorder may feel an emotional high. They can feel excited, impulsive, euphoric, and full of energy.

Hypomania is generally associated with bipolar II disorder. It's similar to mania, but it's not as severe. Unlike mania, hypomania may not result in any trouble at work, school, or in social relationships. However, people with hypomania still notice changes in their mood.

**During an episode of depression you may experience:**

- deep sadness
- hopelessness
- loss of energy
- lack of interest in activities they once enjoyed
- periods of too little or too much sleep
- suicidal thoughts

**Symptoms of mania ("the highs"):**

- Excessive happiness, hopefulness, and excitement
- Sudden changes from being joyful to being irritable, angry, and hostile
- Restlessness
- Rapid speech and poor concentration
- Increased energy and less need for sleep
- Unusually high sex drive
- Making grand and unrealistic plans
- Showing poor judgment
- Drug and alcohol abuse
- Becoming more impulsive

**During depressive periods ("the lows"), a person with bipolar disorder may have:**

- Sadness
- Loss of energy
- Feelings of hopelessness or worthlessness
- Not enjoying things they once liked
- Trouble concentrating
- Uncontrollable crying
- Trouble making decisions
- Irritability
- Needing more sleep
- Insomnia
- Appetite changes that make them lose or gain weight
- Thoughts of death or suicide

- Attempting suicide

## **Bipolar Disorder and Suicide**

**Some people who have bipolar disorder may become suicidal.**

**Learn the warning signs and seek immediate medical help for them:**

- Depression (changes in eating, sleeping, activities)
- Isolating yourself
- Talking about suicide, hopelessness, or helplessness
- Acting recklessly
- Taking more risks
- Having more accidents
- Abusing alcohol or other drugs
- Focusing on morbid and negative themes
- Talking about death and dying
- Crying more, or becoming less emotionally expressive
- Giving away possessions

Neurosis and Psychosis are different types of mental disorders. Neurosis refers to a mild mental disorder. Certain mental and physical disturbances and inner struggles characterize neurosis. Psychosis, on the other hand, is a major personality disorder marked by mental and emotional disruptions. While neurosis is a mild mental disorder, psychosis refers to insanity and madness. Given below in a tabular column are the differences between neurosis and psychosis.

<b>Neurosis</b>	<b>Psychosis</b>
Mild functional neuro-psychical disorders that manifest themselves in specific clinical phenomena in the absence of psychical phenomena.	A severe mental illness characterised by loss of contact with reality and relationship with other people causing social maladaptation.
Doesn't affect personality	Affects personality
The contact with reality is partially lost	The contact with reality is completely lost
Hallucinations and delusions are not present	Hallucinations and delusions are present
Lower risk of self-harm	Higher risk of self-harm

Obsessive-compulsive disorders, Somatoform disorders, Depression and Post-traumatic disorders are a few types of neurosis.	Schizophrenia and delusional disorders are a few types of psychosis.
The causing factor for neurosis are biological, socio-psychic climate, psychological, pedagogical, and socio-economic.	The causing factors for psychosis are genetic, biochemical and environmental.
The treatment is usually psychological and medicines can also be prescribed.	Psychosis is treated by antipsychotic medicines, psychological therapy, social support.
<b>Teaching-Learning Material requirements:</b>	
Chalk Board	
<b>Time management: 60 Minutes</b>	
<ul style="list-style-type: none"> <li>Recapitulation of the previous class- 5 minutes</li> <li>Introduction of the new topic- 5 minutes</li> <li>Lecture- 40 minutes</li> <li>Brainstorming- 10 minutes</li> </ul>	
<b>Methods:</b>	
126. Recapitulation of previous day's class: 127. Brain storming: 128. Demonstration and Discussion: 129. Experiential Learning: 130. Activity	
<b>Dual faculty system</b>	
<b>Planned:</b>	
<b>Reason:</b>	
<b>Name of the second faculty:</b>	
<b>Attendance (Tick mark)</b>	
<b>Reason for absence</b>	
<b>Whether any contributions made /Inputs given during the class?</b>	
<b>Suggested Readings/ website</b>	

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: Abnormal Psychology	
Title:	Promotion of mental health	
Objectives:		
To understand the importance of promoting mental health		
Key Concepts:		
Health, mental health		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b>There is no health without mental health</b></p> <p><b>The World Health Organization (WHO) defines health as:</b></p> <p><i>... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO 2001, p.1).</i></p> <p>Mental health is clearly an integral part of this definition. The goals and traditions of public health and health promotion can be applied just as usefully in the field of mental health as they have been in heart health, infectious diseases and tobacco control.</p> <p>Mental health is more than the absence of mental illness: it is vital to individuals, families and societies</p> <p><b>Mental health is described by WHO as:</b></p>		

*... a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO 2001a, p.1).*

In this positive sense mental health is the foundation for well-being and effective functioning for an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures.

### **Mental health is determined by socioeconomic and environmental factors**

Mental health and mental illnesses are determined by multiple and interacting social, psychological, and biological factors, just as health and illness in general. The clearest evidence for this relates to the risk of mental illnesses, which in the developed and developing world is associated with indicators of poverty, including low levels of education, and in some studies with poor housing and low income. The greater vulnerability of disadvantaged people in each community to mental illnesses may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks of violence and physical ill-health.

### **Mental health is linked to behaviour**

Mental, social, and behavioural health problems may interact so as to intensify their effects on behaviour and well-being. Substance abuse, violence, and abuses of women and children on the one hand, and health problems such as heart disease, depression, and anxiety on the other, are more prevalent and more difficult to cope with in conditions of high unemployment, low income, limited education, stressful work conditions, gender discrimination, unhealthy lifestyle, and human rights violations.

### **Mental health can be enhanced by effective public health interventions**

The improvement in heart health in several countries has had more to do with attention to environment, tobacco, and nutrition policies than with specific medicines or treatment techniques. The malign effects of changing environmental conditions on heart health have been reversed to varying extents by actions at multiple levels.

Similarly, research has shown that mental health can be affected by non-health policies and practices, for example in housing, education, and child care. This accentuates the need to assess the effectiveness of policy and practice interventions in diverse health and non-health areas. Despite uncertainties and gaps in the evidence, we know enough about the links between social experience



and mental health to make a compelling case to apply and evaluate locally appropriate policy and practice interventions to promote mental health.

### **Positive mental health**

The evidence for promoting mental health depends on defining, measuring, and recording mental health. Over the last 30 years, research has contributed to an understanding of what is meant by the term “mental health”, although this understanding has been constrained by the fact that much of the evidence that is accessible widely is recorded in the English language and obtained in developed countries. Mental health has been variously conceptualized as a positive emotion (affect) such as feelings of happiness, a personality trait inclusive of the psychological resources of self-esteem and mastery, and as resilience, which is the capacity to cope with adversity. Various aspects and models of mental health contribute to our understanding of what is meant by positive mental health. A number of aspects are described in the accompanying box.

Mental health contributes to all aspects of human life. It has both material and immaterial, or intrinsic, values: for the individual, society, and culture. Mental health has a reciprocal relationship with the well-being and productivity of a society and its members. Its value can be considered in several related ways:

- Mental health is essential for the well-being and functioning of individuals.
- Good mental health is an important resource for individuals, families, communities, and nations.
- Mental health, as an indivisible part of general health, contributes to the functions of society, and has an effect on overall productivity.
- Mental health concerns everyone as it is generated in our everyday lives in homes, schools, workplaces, and in leisure activities.
- Positive mental health contributes to the social, human, and economic capital of every society.
- Spirituality can make a significant contribution to mental health promotion and mental health influences spiritual life (see Underwood-Gordon 1999).

Mental health can be regarded as an individual resource, contributing to the individual’s quality of life, and can be increased or diminished by the actions of society. An aspect of good mental health is the capacity for mutually satisfying and enduring relationships. There is growing evidence that

social cohesion is critical for the economic prospering of communities and this relationship appears to be reciprocal.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

131. Recapitulation of previous day's class:
132. Brain storming:
133. Demonstration and Discussion:
134. Experiential Learning:
135. Activity

### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: Abnormal Psychology	
Title:	Classification psychological disorders	
Objectives:		
Understand the classification of psychological disorders		
Key Concepts:		
The Diagnostic and Statistical Manual		
Methodology:		
<ul style="list-style-type: none"><li>Lecture with discussion method</li><li>Participatory learning methods</li><li>Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>Recapitulate the previous class through class participation</li><li>Introduce key concepts</li><li>Explain in detail</li><li>Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b>Diagnostic Statistical Manual (DSM-5)</b></p> <p>The Diagnostic and Statistical Manual of Mental Disorders is used by clinicians and psychiatrists to diagnose psychiatric illnesses. In 2013, the latest version known as the DSM-5 was released. The DSM is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children.</p> <p>The Diagnostic and Statistical Manual of Mental Disorders is used by clinicians and psychiatrists to diagnose psychiatric illnesses. In 2013, the latest version known as the DSM-5 was released. The DSM is published by the American Psychiatric Association and covers all categories of mental health disorders for both adults and children.</p> <p><b>DSM Updates</b></p> <p><b>The Diagnostic and Statistical Manual has been revised a number of times in its history.</b></p> <ul style="list-style-type: none"><li>1952: The DSM-I</li></ul>		

- 1968: The DSM-II
- 1974: The DSM-II Reprint
- 1984: The DSM-III
- 1987: The DSM-III-R
- 1994: The DSM-IV
- 2000: The DSM-IV-TR
- 2013: The DSM-5

### **The DSM-5's Predecessor: The DSM-IV-TR**

The DSM-IV was originally published in 1994 and listed more than 250 mental disorders. An updated version, called the DSM-IV-TR, was published in 2000 and contained minor text revisions in the descriptions of each disorder. Mental health providers used the manual to better understand a client's potential needs as well as a tool for assessment and diagnosis.

### **The DSM-IV-TR described disorders using five different dimensions.**

This multiaxial approach was intended to help clinicians and psychiatrists make comprehensive evaluations of a client's level of functioning because mental illnesses often impact many different life areas.

#### **Axis I: Clinical Syndromes**

This axis described clinical symptoms that cause significant impairment. Disorders were grouped into different categories such as mood disorders, anxiety disorders, or eating disorders.

#### **Axis II: Personality and Mental Retardation**

This axis described long-term problems in functioning that were not considered discrete Axis I disorders. Personality disorders cause significant problems in how a patient relates to the world and include antisocial personality disorder and histrionic personality disorder. Mental retardation is characterized by intellectual impairment and deficits in other areas such as self-care and interpersonal skills.

#### **Axis III: Medical Conditions**

These included physical and medical conditions that influence or worsen Axis I and Axis II disorders. Some examples include HIV/AIDS and brain injuries.

#### **Axis IV: Psychosocial and Environmental Problems**

Any social or environmental problems that may impact Axis I or Axis II disorders were accounted for in this axis. These include such things as unemployment, relocation, divorce, or the death of a loved one.

### **Axis V: Global Assessment of Functioning**

This axis allowed the clinician to rate the client's overall level of functioning. Based on this assessment, clinicians could better understand how the other four axes interacted and the effect on the individual's life.

#### **Teaching-Learning Material requirements:**

Chalk Board

#### **Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

#### **Methods:**

- 136. Recapitulation of previous day's class:
- 137. Brain storming:
- 138. Demonstration and Discussion:
- 139. Experiential Learning:
- 140. Activity

#### **Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: IV	UNIT IV: Abnormal Psychology	
Title:	Behavioural problems and disorders in children	
Objectives:		
Understand the behavioural problems and disorders in children		
Key Concepts:		
Anxiety, depression, bipolar disorder, conduct disorder, learning disability		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<div>BEHAVIOURAL PROBLEMS AND DISORDERS IN CHILDREN</div> <div><div><div>1. Anxiety disorder</div><div>2. Depression</div><div>3. Bipolar disorder</div><div>4. Oppositional defiant disorder</div><div>5. Conduct disorder</div><div>6. Attention deficit hyperactivity disorder</div><div>7. Learning disabilities</div></div><div>The most common disruptive behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). These three behavioural disorders share some common symptoms, so diagnosis can be difficult and time consuming. A child or adolescent may have two disorders at the same time. Other exacerbating</div></div>		

factors can include emotional problems, mood disorders, family difficulties and substance abuse.

### **Oppositional defiant disorder**

Around one in ten children under the age of 12 years are thought to have oppositional defiant disorder (ODD), with boys outnumbering girls by two to one. Some of the typical behaviours of a child with ODD include:

- Easily angered, annoyed or irritated
- Frequent temper tantrums
- Argues frequently with adults, particularly the most familiar adults in their lives, such as parents
- Refuses to obey rules
- Seems to deliberately try to annoy or aggravate others
- Low self-esteem
- Low frustration threshold
- Seeks to blame others for any misfortunes or misdeeds.

### **Conduct disorder**

Children with conduct disorder (CD) are often judged as ‘bad kids’ because of their delinquent behaviour and refusal to accept rules. Around five per cent of 10 year olds are thought to have CD, with boys outnumbering girls by four to one. Around one-third of children with CD also have attention deficit hyperactivity disorder (ADHD).

#### **Some of the typical behaviours of a child with CD may include:**

- Frequent refusal to obey parents or other authority figures
- Repeated truancy
- Tendency to use drugs, including cigarettes and alcohol, at a very early age
- Lack of empathy for others
- Being aggressive to animals and other people or showing sadistic behaviours including bullying and physical or sexual abuse
- Keenness to start physical fights
- Using weapons in physical fights

- Frequent lying

Criminal behaviour such as stealing, deliberately lighting fires, breaking into houses and vandalism

A tendency to run away from home

Suicidal tendencies – although these are more rare.

### **Attention deficit hyperactivity disorder**

Attention deficit hyperactivity disorder (ADHD) is a mental health disorder that can cause above-normal levels of hyperactive and impulsive behaviors. People with ADHD may also have trouble focusing their attention on a single task or sitting still for long periods of time.

Around two to five per cent of children are thought to have attention deficit hyperactivity disorder (ADHD), with boys outnumbering girls by three to one. The characteristics of ADHD can include:

- **Inattention** – difficulty concentrating, forgetting instructions, moving from one task to another without completing anything.
- **Impulsivity** – talking over the top of others, having a ‘short fuse’, being accident-prone.
- **Overactivity** – constant restlessness and fidgeting.

**A wide range of behaviors are associated with ADHD. Some of the more common ones include:**

- having trouble focusing or concentrating on tasks
- being forgetful about completing tasks
- being easily distracted
- having difficulty sitting still
- interrupting people while they’re talking

## **LEARNING DISORDERS**

### **Dyscalculia**

A specific learning disability that affects a person’s ability to understand numbers and learn math facts. Individuals with this type of LD may also have poor comprehension of math symbols, may struggle with memorizing and organizing numbers, have difficulty telling time, or have trouble with counting.



## **Signs and Symptoms**

- Shows difficulty understanding concepts of place value, and quantity, number lines, positive and negative value, carrying and borrowing
- Has difficulty understanding and doing word problems
- Has difficulty sequencing information or events
- Exhibits difficulty using steps involved in math operations
- Shows difficulty understanding fractions
- Is challenged making change and handling money
- Displays difficulty recognizing patterns when adding, subtracting, multiplying, or dividing
- Has difficulty putting language to math processes
- Has difficulty understanding concepts related to time such as days, weeks, months, seasons, quarters, etc.
- Exhibits difficulty organizing problems on the page, keeping numbers lined up, following through on long division problems

## **Dysgraphia**

A specific learning disability that affects a person's handwriting ability and fine motor skills. Problems may include illegible handwriting, inconsistent spacing, poor spatial planning on paper, poor spelling, and difficulty composing writing as well as thinking and writing at the same time.

## **Signs and Symptoms**

- May have illegible printing and cursive writing (despite appropriate time and attention given the task)
- Shows inconsistencies: mixtures of print and cursive, upper and lower case, or irregular sizes, shapes or slant of letters
- Has unfinished words or letters, omitted words
- Inconsistent spacing between words and letters
- Exhibits strange wrist, body or paper position
- Has difficulty pre-visualizing letter formation
- Copying or writing is slow or labored
- Shows poor spatial planning on paper
- Has cramped or unusual grip/may complain of sore hand

- Has great difficulty thinking and writing at the same time (taking notes, creative writing.)

## **Dyslexia**

A specific learning disability that affects reading and related language-based processing skills. The severity can differ in each individual but can affect reading fluency, decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability.

### **Signs and Symptoms**

- Reads slowly and painfully
- Experiences decoding errors, especially with the order of letters
- Shows wide disparity between listening comprehension and reading comprehension of some text
- Has trouble with spelling
- May have difficulty with handwriting
- Exhibits difficulty recalling known words
- Has difficulty with written language
- May experience difficulty with math computations
- Decoding real words is better than nonsense words
- Substitutes one small sight word for another: a, I, he, the, there, was

## **Dyspraxia**

A disorder that is characterized by difficulty in muscle control, which causes problems with movement and coordination, language and speech, and can affect learning. Although not a learning disability, dyspraxia often exists along with dyslexia, dyscalculia or ADHD.

- Exhibits poor balance; may appear clumsy; may frequently stumble
- Shows difficulty with motor planning
- Demonstrates inability to coordinate both sides of the body
- Has poor hand-eye coordination
- Exhibits weakness in the ability to organize self and belongings

- Shows possible sensitivity to touch
- May be distressed by loud noises or constant noises like the ticking of a clock or someone tapping a pencil
- May break things or choose toys that do not require skilled manipulation
- Has difficulty with fine motor tasks such as coloring between the lines, putting puzzles together; cutting accurately or pasting neatly
- Irritated by scratchy, rough, tight or heavy clothing

Autism spectrum disorder (ASD). Autism spectrum disorder is a serious developmental disorder that appears in early childhood — usually before age 3. Though symptoms and severity vary, ASD always affects a child's ability to communicate and interact with others.

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, a guide created by the American Psychiatric Association used to diagnose mental disorders, people with ASD have:

- Difficulty with communication and interaction with other people
- Restricted interests and repetitive behaviors
- Symptoms that hurt the person's ability to function properly in school, work, and other areas of life

**The causes of ODD, CD and ADHD are unknown but some of the risk factors include:**

**Gender** – boys are much more likely than girls to suffer from behavioural disorders. It is unclear if the cause is genetic or linked to socialisation experiences.

**Gestation and birth** – difficult pregnancies, premature birth and low birth weight may contribute in some cases to the child's problem behaviour later in life.

**Temperament** – children who are difficult to manage, temperamental or aggressive from an early age are more likely to develop behavioural disorders later in life.

**Family life** – behavioural disorders are more likely in dysfunctional families. For example, a child is at increased risk in families where domestic violence, poverty, poor parenting skills or substance abuse are a problem.

**Learning difficulties** – problems with reading and writing are often associated with behaviour problems.

**Intellectual disabilities** – children with intellectual disabilities are twice as likely to have behavioural disorders.

**Brain development** – studies have shown that areas of the brain that control attention appear to be less active in children with ADHD

**Teaching-Learning Material requirements:**

Chalk Board

**Time management: 60 Minutes**

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

**Methods:**

141. Recapitulation of previous day's class:
142. Brain storming:
143. Demonstration and Discussion:
144. Experiential Learning:
145. Activity

**Dual faculty system**

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: V	UNIT V: HEALTH AND IT’S CONCEPT	
Title:	Definition, concept of health and hygiene	
Objectives:		
Understand the various factors that influences perception		
Key Concepts:		
Perception, perceiver, target, motives		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p><b><u>Promotion of Physical Health</u></b></p> <ul style="list-style-type: none"><li>• Health can be defined as physical, mental, and social wellbeing, and as a resource for living a full life.</li><li>• It refers not only to the absence of disease, but the ability to recover and bounce back from illness and other problems.</li><li>• Factors for good health include genetics, the environment, relationships, and education.</li><li>• A healthful diet, exercise, screening for diseases, and coping strategies can all enhance a person's health.</li></ul> <p><b>In 1948, the World Health Organization (WHO) defined health with a phrase that is still used today.</b></p> <p>"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." WHO, 1948.</p>		

In 1986, the WHO further [clarified](#) that health is:

"A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."

This means that health is a resource to support an individual's function in wider society. A healthful lifestyle provides the means to lead a full life.

## **Types**

Mental and physical health are the two most commonly discussed types of health. We also talk about "spiritual health," "emotional health," and "financial health," among others. These have also been linked to lower stress levels and mental and physical wellbeing.

### **Physical health**

In a person who experiences physical health, bodily functions are working at peak performance, due not only to a lack of disease, but also to regular exercise, balanced nutrition, and adequate rest. We receive treatment, when necessary, to maintain the balance.

Physical wellbeing involves pursuing a healthful lifestyle to decrease the risk of disease. Maintaining physical fitness, for example, can protect and develop the endurance of a person's breathing and heart function, muscular strength, flexibility, and body composition.

Physical health and well-being also help reduce the risk of an injury or health issue. Examples include minimizing hazards in the workplace, practicing safe sex, practicing good hygiene, or avoiding the use of tobacco, alcohol, or illegal drugs.

### **Mental health**

Mental health refers to a person's emotional, social, and psychological wellbeing. Mental health is as important as physical health to a full, active lifestyle.

It is harder to define mental health than physical health, because, in many cases, diagnosis depends on the individual's perception of their experience. With improvements in testing, however, some signs of some types of mental illness are now becoming "visible" in CT scans and genetic testing.

**Mental health is not only the absence of depression, anxiety, or another disorder.**

**It also depends on the ability to:**

- enjoy life
- bounce back after difficult experiences
- achieve balance
- adapt to adversity
- feel safe and secure

- achieve your potential

Physical and mental health are linked. If chronic illness affects a person's ability to complete their regular tasks, this may lead to depression and stress, for example, due to money problems.

A mental illness such as depression or anorexia nervosa can affect body weight and function.

It is important to approach "health" as a whole, rather than its different types.

### **Factors for good health**

Health depends on a wide range of factors.

A person is born with a range of genes, and in some people, an unusual genetic pattern can lead to a less-than-optimum level of health.

Environmental factors play a role. Sometimes the environment alone is enough to impact health. Other times, an environmental trigger can cause illness in a person who is genetically susceptible.

Access to healthcare plays a role, but the WHO suggests that the following factors may have a bigger impact on health than this:

- where a person lives
- the state of the surrounding environment
- genetics
- income
- education level
- relationships with friends and family

### **These can be summarized as:**

- The social and economic environment: Including how wealthy a family or community is
- The physical environment: Including parasites that exist in an area, or pollution levels
- The person's characteristics and behaviors: Including the genes that a person is born with and their lifestyle choices

According to the WHO, the higher a person's socioeconomic status (SES), the more likely they are to enjoy good health, a good education, a well-paid job, afford good healthcare when their health is threatened.

People with a lower socioeconomic status are more likely to experience stresses related to daily living, such as financial difficulties, marital disruption, and unemployment, as well as social factors, such as marginalization and discrimination. All these add to the risk of poor health.

A low socio-economic status often means less access to healthcare. People in developed countries with universal healthcare services have longer life expectancies than people in developed countries without universal healthcare.

Cultural issues can affect health. The traditions and customs of a society and a family's response to them can have a good or bad impact on health. For example, around the Mediterranean, people are more likely to consume high levels of fruits, vegetables, and olive, and to eat as a family, compared with cultures with a high consumption of fast food.

How a person manages stress will affect health. People who smoke, drink, or take drugs to forget their problems are likely to have more health problems later than someone who combats stress through a healthful diet and exercise.

Men and women are prone to different health factors. In societies where women earn less than men or are less educated, they may be at greater risk than men for poor health.

### **Preserving health**

The best way to maintain health is to preserve it through a healthful lifestyle, rather than waiting until we are sick to put things right.

This state of enhanced well-being is referred to as wellness.

Wellness promotes an active awareness of and participation in health, as an individual and in the community.

Maintaining wellness and optimal health is a lifelong, daily commitment.

### **Steps that can help us maximize our health include:**

- a balanced, nutritious diet, sourced as naturally as possible
- regular exercising
- screening for diseases that may present a risk
- learning to manage stress
- engaging in activities that provide purpose and connection to others
- maintaining a positive outlook and appreciating what you have
- defining a value system, and putting it into action

Peak health will be different for each person, and how you achieve wellness may be different from how someone else does.



It may not be possible to avoid disease completely, but doing as much as we can to develop resilience and prepare the body and mind to deal with problems as they arise is a step we can all take.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

146. Recapitulation of previous day's class:
147. Brain storming:
148. Demonstration and Discussion:
149. Experiential Learning:
150. Activity

### Dual faculty system

**Planned:**

**Reason:**

**Name of the second faculty:**

**Attendance (Tick mark)**

**Reason for absence**

**Whether any contributions made /Inputs given during the class?**

**Suggested Readings/ website**

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: V	UNIT V: HEALTH AND ITS CONCEPT	
Title:	Malnutrition	
Objectives:		
To understand the meaning of malnutrition and its impact on health		
Key Concepts:		
Malnutrition, nutrition, undernutrition,		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<h3>Malnutrition and its impact on growth</h3> <p>Key facts</p> <ul style="list-style-type: none"><li>• Malnutrition, in all its forms, includes undernutrition (wasting, stunting, underweight), inadequate vitamins or minerals, overweight, obesity, and resulting diet-related noncommunicable diseases.</li><li>• 1.9 billion adults are overweight or obese, while 462 million are underweight.</li><li>• 52 million children under 5 years of age are wasted, 17 million are severely wasted and 155 million are stunted, while 41 million are overweight or obese.</li><li>• Around 45% of deaths among children under 5 years of age are linked to undernutrition. These mostly occur in low- and middle-income countries. At the same time, in these same countries, rates of childhood overweight and obesity are rising.</li></ul>		

- The developmental, economic, social, and medical impacts of the global burden of malnutrition are serious and lasting, for individuals and their families, for communities and for countries.

Malnutrition refers to deficiencies, excesses, or imbalances in a person's intake of energy and/or nutrients. The term malnutrition addresses 3 broad groups of conditions:

- undernutrition, which includes wasting (low weight-for-height), stunting (low height-for-age) and underweight (low weight-for-age);
- micronutrient-related malnutrition, which includes micronutrient deficiencies (a lack of important vitamins and minerals) or micronutrient excess; and
- overweight, obesity and diet-related noncommunicable diseases (such as heart disease, stroke, diabetes and some cancers).

### **Various forms of malnutrition**

#### **Undernutrition**

There are 4 broad sub-forms of undernutrition: wasting, stunting, underweight, and deficiencies in vitamins and minerals. Undernutrition makes children in particular much more vulnerable to disease and death.

Low weight-for-height is known as wasting. It usually indicates recent and severe weight loss, because a person has not had enough food to eat and/or they have had an infectious disease, such as diarrhoea, which has caused them to lose weight. A young child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

Low height-for-age is known as stunting. It is the result of chronic or recurrent undernutrition, usually associated with poor socioeconomic conditions, poor maternal health and nutrition, frequent illness, and/or inappropriate infant and young child feeding and care in early life. Stunting holds children back from reaching their physical and cognitive potential.

Children with low weight-for-age are known as underweight. A child who is underweight may be stunted, wasted, or both.

## **Micronutrient-related malnutrition**

Inadequacies in intake of vitamins and minerals, often referred to as micronutrients, can also be grouped together. Micronutrients enable the body to produce enzymes, hormones, and other substances that are essential for proper growth and development.

Iodine, vitamin A, and iron are the most important in global public health terms; their deficiency represents a major threat to the health and development of populations worldwide, particularly children and pregnant women in low-income countries.

## **Overweight and obesity**

Overweight and obesity is when a person is too heavy for his or her height. Abnormal or excessive fat accumulation can impair health.

Body mass index (BMI) is an index of weight-for-height commonly used to classify overweight and obesity. It is defined as a person's weight in kilograms divided by the square of his/her height in meters ( $\text{kg/m}^2$ ). In adults, overweight is defined as a BMI of 25 or more, whereas obesity is a BMI of 30 or more.

Overweight and obesity result from an imbalance between energy consumed (too much) and energy expended (too little). Globally, people are consuming foods and drinks that are more energy-dense (high in sugars and fats), and engaging in less physical activity.

## **Diet-related noncommunicable diseases**

Diet-related noncommunicable diseases (NCDs) include cardiovascular diseases (such as heart attacks and stroke, and often linked with high blood pressure), certain cancers, and diabetes. Unhealthy diets and poor nutrition are among the top risk factors for these diseases globally.

## **Scope of the problem**

In 2014, approximately 462 million adults worldwide were underweight, while 1.9 billion were either overweight or obese.

In 2016, an estimated 155 million children under the age of 5 years were suffering from stunting, while 41 million were overweight or obese.

Around 45% of deaths among children under 5 years of age are linked to undernutrition. These mostly occur in low- and middle-income countries. At the same time, in these same countries, rates of childhood overweight and obesity are rising.

### **Who is at risk?**

Every country in the world is affected by one or more forms of malnutrition. Combating malnutrition in all its forms is one of the greatest global health challenges.

Women, infants, children and adolescents are at particular risk of malnutrition. Optimizing nutrition early in life—including the 1000 days from conception to a child's second birthday—ensures the best possible start in life, with long-term benefits.

Poverty amplifies the risk of, and risks from, malnutrition. People who are poor are more likely to be affected by different forms of malnutrition. Also, malnutrition increases health care costs, reduces productivity and slows economic growth, which can perpetuate a cycle of poverty and ill health.

### **The United Nations Decade of Action on Nutrition**

On 1 April 2016, the United Nations (UN) General Assembly proclaimed 2016–2025 the United Nations Decade of Action on Nutrition. The Decade is an unprecedented opportunity for addressing all forms of malnutrition. It sets a concrete timeline for implementation of the commitments made at the Second International Conference on Nutrition (ICN2) to meet a set of global nutrition targets and diet-related NCD targets by 2025, as well as relevant targets in the *Agenda for Sustainable Development* by 2030—in particular, Sustainable Development Goal (SDG) 2 (end hunger, achieve food security and improved nutrition and promote sustainable agriculture) and SDG 3 (ensure healthy lives and promote wellbeing for all at all ages).

Led by WHO and the Food and Agriculture Organization of the United Nations (FAO), the UN Decade of Action on Nutrition calls for policy action across 6 key areas:

- creating sustainable, resilient food systems for healthy diets;
- providing social protection and nutrition-related education for all;
- aligning health systems to nutrition needs, and providing universal coverage of essential nutrition interventions;
- ensuring that trade and investment policies improve nutrition;
- building safe and supportive environments for nutrition at all ages; and

<ul style="list-style-type: none"> <li>strengthening and promoting nutrition governance and accountability, everywhere.</li> </ul>						
<b>Teaching-Learning Material requirements:</b>						
Chalk Board						
<b>Time management: 60 Minutes</b>						
<ul style="list-style-type: none"> <li>Recapitulation of the previous class- 5 minutes</li> <li>Introduction of the new topic- 5 minutes</li> <li>Lecture- 40 minutes</li> <li>Brainstorming- 10 minutes</li> </ul>						
<b>Methods:</b>						
151.	<b>Recapitulation of previous day's class:</b>					
152.	<b>Brain storming:</b>					
153.	<b>Demonstration and Discussion:</b>					
154.	<b>Experiential Learning:</b>					
155.	<b>Activity</b>					
<b>Dual faculty system</b>						
<b>Planned:</b>						
<b>Reason:</b>						
<b>Name of the second faculty:</b>						
<b>Attendance (Tick mark)</b>						
<b>Reason for absence</b>						
<b>Whether any contributions made /Inputs given during the class?</b>						
<b>Suggested Readings/ website</b>						

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: V	UNIT V: HEALTH AND IT’S CONCEPT	
Title:	Communicable and non-communicable diseases	
Objectives:		
Understand the various factors that influences perception		
Key Concepts:		
Perception, perceiver, target, motives		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
Communicable Diseases		
A communicable disease is a disease that spreads from one person or animal to another. Pathogens such as viruses, bacteria, and fungi cause these diseases.		
Communicable diseases spread from one person to another or from an animal to a person. The spread often happens via airborne viruses or bacteria, but also through blood or other bodily fluid. The terms infectious and contagious are also used to describe communicable disease. In this section, learn about coordinated efforts to combat a few of the most serious communicable diseases on a global level.		
A communicable disease is any disease that passes between people or animals. People sometimes refer to communicable diseases as “infectious” or “transmissible” diseases.		
Pathogens, including bacteria, viruses, fungi, and protists, cause communicable diseases.		

A person may develop a communicable disease after becoming infected by the pathogen. This may happen through:

- **direct contact with a person carrying the pathogen**
- **contact with contaminated fluids, such as blood, mucus, or saliva**
- **inhaling contaminated droplets from another person's cough or sneeze**
- **receiving a bite from an animal or insect carrying the pathogen**
- **consuming contaminated water or foods**

Once a pathogen has entered a person's body, it will begin replicating. The individual may then begin to experience symptoms.

Some symptoms are a direct result of the pathogen damaging the body's cells. Others are due to the body's immune response to the infection.

Communicable diseases are usually mild, and symptoms pass after a few days. However, some can be serious and potentially life threatening.

### **Types and symptoms**

Four main types of pathogens cause infection: Viruses, bacteria, fungi, and protists.

#### **Viruses**

Viruses are tiny pathogens that contain genetic material. Unlike other pathogens, they lack the complex structure of a cell. To replicate, they must enter the cells of other living beings. Once inside, they use the cell's machinery to make copies of themselves.

#### **Some different viruses include:**

##### **Rhinoviruses**

Rhinoviruses are a group of viruses that are responsible for the common cold. Symptoms of a cold may include:

- a stuffy or runny nose
- sore throat
- headache

A person can catch a rhinovirus by inhaling contaminated droplets from the cough or sneeze of another person.



Similarly, rhinoviruses spread by people touching their nose, eyes, or mouth after touching items or surfaces that have come into contact with the virus.

## **Influenza**

Influenza viruses are infections that attack the respiratory system. Some potential symptoms include:

- fever or chills
- stuffy or runny nose
- sore throat
- cough
- headaches
- muscle or body aches
- fatigue

**A person can catch influenza viruses in the same way they may catch rhinoviruses.**

## **HIV**

HIV attacks the immune system of its host. This makes the person vulnerable to other infections and diseases.

A person can contract HIV as a result of contact with blood or other body fluids containing the virus.

The symptoms of HIV may develop gradually and in stages. They can include:

- **fever**
- **chills**
- **rash**
- **mouth sores**
- **sore throat**
- **swollen lymph nodes**
- **night sweats**
- **muscle aches**
- **fatigue**

The only way a person can be certain they have HIV is to have an HIV test.

Although there is no cure for HIV, medications can help to keep the virus under control. Without such treatment, HIV can develop into AIDS.

## **Bacteria**

Bacteria are microscopic, single celled organisms. They exist in almost every environment on earth, including inside the human body.

Many bacteria are harmless, and some help the body to function. However, bacteria can also cause infections that damage the body.

### **Some different types of bacterial infection include:**

#### **Salmonella and Escherichia coli**

Salmonella and Escherichia coli (E. coli) are two different types of bacteria that can infect the digestive system.

They typically spread through contaminated foods, such as uncooked meats, and unwashed fruits and vegetables.

### **Some symptoms of these infections include:**

- abdominal cramps
- diarrhea
- fever
- headache
- Tuberculosis

Tuberculosis (TB) is a bacterial infection that primarily attacks the lungs. It may cause the following symptoms:

- a cough continuing for more than 3 weeks
- loss of appetite
- unintentional weight loss
- fever
- chills
- night sweats

A person can catch TB by inhaling tiny droplets or “aerosols” from the cough or sneeze of a person who has the infection. However, the American Lung Association state that while TB is contagious, it does not easily spread from person to person.

## **Fungi**

Fungi are a type of organism that includes yeasts, molds, and mushrooms. There are millions Trusted Source of different fungi, but only around 300 cause harmful illnesses.

Fungal infections can occur anywhere in the body, but they commonly affect the skin and mucus membranes. Some different types of fungal infection include:

### **Ringworm**

Ringworm is a common fungal infection of the skin. The characteristic symptom of ringworm is a red or silver ring shaped rash. It may be dry, scaly, or itchy.

People may contract ringworm in the following ways through close contact with a person who has ringworm. Alternatively, they can catch it from sharing towels, bedding, or other personal items with a person who has ringworm.

**Without treatment, ringworm may spread to other parts of the body.**

### **Athlete's foot**

Athlete's foot is a common fungal infection that affects the skin on the feet. It typically causes sore or itchy white patches between the toes.

People can contract athlete's foot through direct contact with someone who has the fungus, or surfaces that have been in contact with the fungus.

For example, an individual might contract athlete's foot after walking barefoot in locker rooms, showers, or swimming pools.

### **Protists**

Protists are microscopic organisms that typically consist of a single cell.

Some protists are parasitic, meaning they live on or inside another organism and use the organism's nutrients for their own survival. Parasitic protists can cause various diseases.

The protist Plasmodium causes the tropical disease malaria. The parasite can pass from person to person through mosquito bites.

**Malaria causes symptoms such as:**

- fever and chills
- headaches
- vomiting
- diarrhea
- muscle pains

Without proper treatment, malaria can be life threatening.

## **How to prevent transmission**

People can reduce their risk of contracting or transmitting disease causing pathogens by following the steps below:

- washing their hands thoroughly and regularly
- disinfecting surfaces at home often, especially doorknobs and food areas
- practicing good hygiene when preparing and handling food
- avoiding eating spoiled food
- avoiding touching wild animals
- receiving available vaccinations
- taking antimalarial medications when traveling where there is a malaria risk

## **Treatment**

**Some communicable diseases cause only mild symptoms that disappear without treatment.**

Others may cause severe symptoms, or potentially life threatening complications.

The treatment for such diseases depends on whether they are bacterial, viral, or fungal.

### **Viral infections**

Vaccines are a highly effective method for preventing specific viral infections.

When a person receives a vaccine, they are receiving a dead or inactive form of the virus. The immune system responds by producing antibodies capable of killing an active form of the virus in the future.

If a person already has a virus, they may require antiviral medications to keep the virus under control.

### **Bacterial infections**

A person who has a bacterial infection may require a course of antibiotics to help control the infection. These drugs work by killing off the bacteria or preventing them from replicating.

### **Fungal infections**

A severe or chronic fungal infection may require over-the-counter or prescription antifungal medications. These are available in both oral and topical forms.

## Summary

Communicable diseases are diseases that can pass from person to person. The pathogens that cause these diseases can spread in various ways, such as through the air, contact with contaminated substances or surfaces, or from animal and insect bites.

Many communicable diseases cause mild symptoms that go away without treatment. Others require treatment to prevent them from becoming more serious.

There are steps a person can take to reduce their risk of contracting and transmitting disease causing pathogens. These include receiving available vaccinations, practicing regular hand washing, and maintaining good hygiene at home.

### Teaching-Learning Material requirements:

Chalk Board

### Time management: 60 Minutes

- Recapitulation of the previous class- 5 minutes
- Introduction of the new topic- 5 minutes
- Lecture- 40 minutes
- Brainstorming- 10 minutes

### Methods:

156. Recapitulation of previous day's class:
157. Brain storming:
158. Demonstration and Discussion:
159. Experiential Learning:
160. Activity

### Dual faculty system

Planned:

Reason:

Name of the second faculty:

Attendance (Tick mark)

Reason for absence

Whether any contributions made /Inputs given during the class?

Suggested Readings/ website

**DAILY LESSON PLAN**  
**North East Institute of Social Sciences & Research (NEISSR)**  
**SEMESTER – 1**  
**Course No: SW-102**  
**Papers Title: Personality Development and Human Behaviour**

Date:		
Class No:	Class hour: 10:30-11:15	Duration: 45 minutes
UNIT: V	UNIT V: HEALTH AND IT’S CONCEPT	
Title:	Non- Communicable Disease	
Objectives:		
To understand the meaning of non-communicable diseases and its impact on health		
Key Concepts:		
Non-communicable		
Methodology:		
<ul style="list-style-type: none"><li>• Lecture with discussion method</li><li>• Participatory learning methods</li><li>• Brainstorming exercises</li></ul>		
Brief Teaching Plan:		
<ul style="list-style-type: none"><li>• Recapitulate the previous class through class participation</li><li>• Introduce key concepts</li><li>• Explain in detail</li><li>• Class discussion after lecture</li></ul>		
Explanation of Concepts (Class Note):		
<p>Noncommunicable diseases (NCDs), including heart disease, stroke, cancer, diabetes and chronic lung disease, are collectively responsible for almost 70% of all deaths worldwide. Almost three quarters of all NCD deaths, and 82% of the 16 million people who died prematurely, or before reaching 70 years of age, occur in low- and middle-income countries.</p> <p>The rise of NCDs has been driven by primarily four major risk factors: tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets.</p> <p>The epidemic of NCDs poses devastating health consequences for individuals, families and communities, and threatens to overwhelm health systems. The socioeconomic costs associated with NCDs make the prevention and control of these diseases a major development imperative for the 21st century.</p>		

WHO's mission is to provide leadership and the evidence base for international action on surveillance, prevention and control of NCDs. Urgent government action is needed to meet global targets to reduce the burden of NCDs.

### **Key facts**

- Noncommunicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally.
- Each year, more than 15 million people die from a NCD between the ages of 30 and 69 years; 85% of these "premature" deaths occur in low- and middle-income countries.
- 77% of all NCD deaths are in low- and middle-income countries.
- Cardiovascular diseases account for most NCD deaths, or 17.9 million people annually, followed by cancers (9.3 million), respiratory diseases (4.1 million), and diabetes (1.5 million).
- These four groups of diseases account for over 80% of all premature NCD deaths.
- Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from a NCD.
- Detection, screening and treatment of NCDs, as well as palliative care, are key components of the response to NCDs.

Noncommunicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors. The main types of NCD are cardiovascular diseases (such as heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma) and diabetes.

NCDs disproportionately affect people in low- and middle-income countries where more than three quarters of global NCD deaths – 31.4 million – occur.

### **People at risk of NCDs**

People of all age groups, regions and countries are affected by NCDs. These conditions are often associated with older age groups, but evidence shows that more than 15 million of all deaths attributed to NCDs occur between the ages of 30 and 69 years. Of these "premature" deaths, 85% are estimated to occur in low- and middle-income countries. Children, adults and the elderly are all vulnerable to the risk factors contributing to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the harmful use of alcohol.

These diseases are driven by forces that include rapid unplanned urbanization, globalization of unhealthy lifestyles and population ageing. Unhealthy diets and a lack of physical activity may show up in people as raised blood pressure, increased blood glucose, elevated blood lipids and obesity. These are called metabolic risk factors that can lead to cardiovascular disease, the leading NCD in terms of premature deaths.

## **Risk factors**

### **Modifiable behavioural risk factors**

Modifiable behaviours, such as tobacco use, physical inactivity, unhealthy diet and the harmful use of alcohol, all increase the risk of NCDs.

Tobacco accounts for over 7.2 million deaths every year (including from the effects of exposure to second-hand smoke), and is projected to increase markedly over the coming years (1).

4.1 million annual deaths have been attributed to excess salt/sodium intake (1).

More than half of the 3.3 million annual deaths attributable to alcohol use are from NCDs, including cancer (2).

1.6 million deaths annually can be attributed to insufficient physical activity (1).

### **Metabolic risk factors**

Metabolic risk factors contribute to four key metabolic changes that increase the risk of NCDs:

- raised blood pressure;
- overweight/obesity;
- hyperglycemia (high blood glucose levels); and
- hyperlipidemia (high levels of fat in the blood).

In terms of attributable deaths, the leading metabolic risk factor globally is elevated blood pressure (to which 19% of global deaths are attributed)(1), followed by overweight and obesity and raised blood glucose.

## **The socioeconomic impact of NCDs**

NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing premature deaths from NCDs by one-third by 2030.

Poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than



people of higher social positions, especially because they are at greater risk of being exposed to harmful products, such as tobacco, or unhealthy dietary practices, and have limited access to health services.

In low-resource settings, health-care costs for NCDs quickly drain household resources. The exorbitant costs of NCDs, including treatment which is often lengthy and expensive, combined with loss of income, force millions of people into poverty annually and stifle development.

### **Prevention and control of NCDs**

An important way to control NCDs is to focus on reducing the risk factors associated with these diseases. Low-cost solutions exist for governments and other stakeholders to reduce the common modifiable risk factors. Monitoring progress and trends of NCDs and their risk is important for guiding policy and priorities.

To lessen the impact of NCDs on individuals and society, a comprehensive approach is needed requiring all sectors, including health, finance, transport, education, agriculture, planning and others, to collaborate to reduce the risks associated with NCDs, and to promote interventions to prevent and control them.

Investing in better management of NCDs is critical. Management of NCDs includes detecting, screening and treating these diseases, and providing access to palliative care for people in need. High impact essential NCD interventions can be delivered through a primary health care approach to strengthen early detection and timely treatment. Evidence shows such interventions are excellent economic investments because, if provided early to patients, they can reduce the need for more expensive treatment.

Countries with inadequate health insurance coverage are unlikely to provide universal access to essential NCD interventions. NCD management interventions are essential for achieving the global target of a 25% relative reduction in the risk of premature mortality from NCDs by 2025, and the SDG target of a one-third reduction in premature deaths from NCDs by 2030.

### **WHO response**

#### **WHO's leadership and coordination role**

The 2030 Agenda for Sustainable Development recognizes NCDs as a major challenge for sustainable development. As part of the Agenda, Heads of State and Government committed to develop ambitious national responses, by 2030, to reduce by one-third premature mortality from NCDs through prevention and treatment (SDG target 3.4). This target comes from the High-level Meetings of the UN General Assembly on NCDs in 2011 and 2014, which reaffirmed WHO's

leadership and coordination role in promoting and monitoring global action against NCDs. The UN General Assembly will convene a third High-level Meeting on NCDs in 2018 to review progress and forge consensus on the road ahead covering the period 2018-2030.

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164. Experiential Learning:
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### Dual faculty system

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Reason:

Name of the second faculty:

Attendance (Tick mark)

Reason for absence

Whether any contributions made /Inputs given during the class?

### Suggested Readings/ website

37. Coleman, Homes. 1980. Abnormal Psychology and modern life. Tata McGraw Hill Ltd, New Delhi.
38. Halle, Larry. A and Ziegler Daniel. 1981. Personality Theories. McGraw Hill Ltd, New Delhi.
39. Hill, Winfred. 1970. Psychology. Principles and Problems. Lippincott Company, New York.
40. Hurlock, Elizabeth. 1981. Development Psychology – A Life Span Approach. Tata McGraw Hill Ltd. New Delhi.
41. Lerner, Richman Et. Al. 1986. Psychology. Macmillan Publishing, New York.
42. Lindsey Gardner . 1975. The Handbook of Social Psychology. Vols.I, II and III. Amerind Publishing Co. Pvt. Ltd. New Delhi.
43. Sheridan, Charles. 1978. Methods in Experimental Psychology. Holt Rinehart and Wisdom Ltd, New Delhi.

- 44. Snodgrass, Joan Gay. Et.al. 1985. Human Experimental Psychology. Oxford University Press, New York.**
- 45. Strange, Jack Roy. 1996. Abnormal Psychology. Tata McGraw Hill Ltd. New Delhi**
- 46. Ullman, Leonard 1975. A Psychological Approach to Abnormal Behaviour. Prentice Hall Ltd, New Jersey.**
- 47. Verma, Ratna. 1991. Psychiatric Social Work in India. Sage Publications, New Delhi.**
- 48. Argle, Michael Ed. 1981. Social Skills and Health. London: Mazheum Publishers.**
- 49. Davies, J.M. 1979. Community Health Preventive Medicine & Social Services. London: Bailliere Tindal.**
- 50. Hurlock, Elizabeth. 1972. Child Development. New Delhi: Tata McGraw Hill.**
- 51. Hurlock, Elizabeth. 1981. Development Psychology – A Life Span Approach. New Delhi: Tata McGraw Hill Ltd.**
- 52. Park, J.E. & K. Park. \_\_\_\_ Preventive and Social Medicine. Jabalpur: Banarsidas Bharot.**
- 53. Steinberg, Laurence. 1993. Adolescence. New York: McGraw Hill Inc.**
- 54. Watson, Robert and Lingren Henry Clay. 1979. Psychology of the Child and the Adolescent. New York: MacMillan Publishing Company.**