

Module outcomes

- By the end of this module, the learner should;
 - Apply concepts of psychology in managing clients/patients
 - Integrate theories of personality development with provision of nursing care
 - Identify and manage patients with deviations in growth & development.

Course Outline

- Concepts of psychology
- Definition of terms
- Historical Background
- Scope of psychology
- Theories of personality development
- Human behavior and social interactions
- Learning and memory
- Classical conditioning
- Instrumental conditioning

Course outline ct'

- Observational cognitive avoidance and learning
- Motivation
- Types of personalities
- Stress and coping
- Crisis and crisis intervention
- Mental defense mechanisms
- Psychology in relation to nursing
- Stages of growth and development
- Application of theories of personality development in growth and development

CONCEPTS OF PSYCHOLOGY

What is Psychology?

Definition of Terms

▪ PSYCHOLOGY

- The scientific study of human behavior and mental or cognitive processes.
- The scientific study of human mind including its structure and functioning, usually observed in behavior.

▪ BEHAVIOUR

- Any activity of an organism that is capable of being observed in response to its environment.
- Behaviour includes all of our outward or overt actions and reactions, such as verbal and facial expressions and movements.

❖ MENTAL PROCESSES

- Refer to all the internal and covert activity of our mind such as thinking, feeling and remembering.

NOTE:

- ❖The word Psychology has its origin from two Greek words '*Psyche*' and '*Logos*', '*psyche*' means '**soul**' and '*logos*' means '**study**'. Thus literally, Psychology means 'the study of soul' or 'science of soul'.

▪ EXPERIENCE

Mental phenomena occurring directly to the individual.

▪ CHARACTER

An evaluation of an individual's personality against some set standards within the society focusing on morals and ethics.

Cont'd...

▪ ATTITUDE

A tendency to respond positively or negatively to either a person, object or situation (an organism's response to stimuli).

▪ INTELLIGENCE

The ability to learn abstracts, which include learning of vocabularies, numbers, concepts, reasoning, making judgment and problem solving skills.

Historical Background

The development of psychology can broadly be traced into four periods:

- Ancient Greek period,
- Pre-modern period,
- Modern period and
- Current status

Ancient Greek period:

Some of the key contributors were:

- ❖*Socrates* who was interested in studying the reincarnation of soul (embodiment in flesh). *Soul or mind* was considered as the representation of individuals.
- ❖*Plato*, a bright student of Socrates expanded Socrates concepts in philosophy about *life and soul*.

Cont'd...

- ❖ *Aristotle* in his book "*para psyche*" (about the mind or soul) he introduced the basic ideas in psychology today, like law of association.
- ❖ However, the notion of psychology was primarily related to study of soul or mind at that stage and never on the behavior of the individual. That is why the attention was diverted from the study of soul or mind.

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Pre-modern Period:

- ❖ It was during 1800's that *Wilhelm Wundt* established first psychology laboratory in Leipzig, Germany.
- ❖ He defined psychology as a science of consciousness or conscious experience. He proposed the Theory called **structuralism**.

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Modern period:

- ❖ Behaviorists (*J.B Wastson, Ivan pavlov and B.F. skinner*) proposed that psychology should study the visible behavior which can be objectively felt and seen. Hence they defined psychology as the science of behavior.
- ❖ They however only focused on observable behaviors and ignored the role of mental processes. Also, they undermined the role of unconscious mind and heredity in behavior.

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Current Definition:

- The modern day psychology is defined as the science of behavior and mental or cognitive processes.
- This definition comprises these things: psychology is *science*, it studies *behavior* and it studies *mental process*.

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Aim of Psychologists

- To find out why people act as they do to give us a better understanding (insight) of our own attitudes and reactions.

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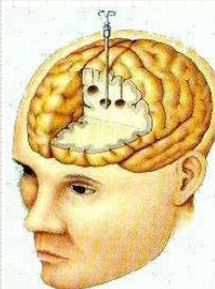
**THE SCOPE OF
PSYCHOLOGY**

Scope of Psychology:

- The field of psychology can be understood by various subfields of psychology making an attempt in meeting the goals of psychology.

1. Physiological Psychology:

- In the most fundamental sense, human beings are biological organisms.
- Physiological functions and the structure of our body work together to influence our behaviour.
- Biopsychology is the branch that specializes in the area. Biopsychologists may examine the ways in which specific sites in the brain which are related to disorders such as Parkinson's disease or they may try to determine how our sensations are related to our behaviour.



- **Biological psychology studies how physical and chemical changes in our bodies influence behaviors for example, how the brain, nervous system and hormones effect on behavior.**

Scope of psychology ctd'

2. Developmental Psychology:

- Here the studies are with respect to how people grow and change throughout their life from prenatal stages, through childhood, adulthood and old age.
- Developmental psychologists work in a variety of settings like colleges, schools, healthcare centres, business centres, government and non-profit organizations, etc. They are also very much involved in studies of the disturbed children and advising parents about helping such children.

3. Personality Psychology:

- This branch helps to explain both consistency and change in a person's behaviour over time, from birth till the end of life through the influence of parents, siblings, playmates, school, society and culture.
- It also studies the individual traits that differentiate the behaviour of one person from that of another person.

4. Health Psychology:

- This explores the relations between the psychological factors and physical ailments and disease.
- Health psychologists focus on health maintenance and promotion of behaviour related to good health such as exercise, health habits and discouraging unhealthy behaviours like smoking, drug abuse and alcoholism.
- Health psychologists work in healthcare setting and also in colleges and universities where they conduct research. They analyse and attempt to improve the healthcare system and formulate health policies.

5. Clinical Psychology:

- It deals with the assessment and intervention of abnormal behaviour.
- As some observe and believe that psychological disorders arise from a person's unresolved conflicts and unconscious motives, others maintain that some of these patterns are merely learned responses, which can be unlearned with training, still others are contend with the knowledge of thinking that there are biological basis to certain psychological disorders, especially the more serious ones.
- Clinical psychologists are employed in hospitals, clinics and private practice. They often work closely with other specialists in the field of mental health.

6. Counselling Psychology:

- This focuses primarily on educational, social and career adjustment problems.
- Counselling psychologists advise students on effective study habits and the kinds of job they might be best suited for, and provide help concerned with mild problems of social nature and strengthen healthy lifestyle, economical and emotional adjustments.
- They also do marriage and family counselling, provide strategies to improve family relations.

7. Educational Psychology:

- Educational psychologists are concerned with all the concepts of education.
- This includes the study of motivation, intelligence, personality, use of rewards and punishments, size of the class, expectations, the personality traits and the effectiveness of the teacher, the student-teacher relationship, the attitudes, etc.

8. Social Psychology:

- This studies the effect of society on the thoughts, feelings and actions of people.
- Our behaviour is not only the result of just our personality and predisposition. Social and environmental factors affect the way we think, say and do. Social psychologists conduct experiments to determine the effects of various groups, group pressures and influence on behaviour.

9. Industrial and Organizational Psychology:

- The private and public organizations apply psychology to management and employee training, supervision of personnel, improve communication within the organization, counselling employees and reduce industrial disputes. Therefore, the physical aspects of employees are given importance to make workers feel healthy.

10. Experimental Psychology:

- It is the branch that studies the processes of sensing, perceiving, learning, thinking, etc. by using scientific methods.
- The outcome of the experimental psychology is cognitive psychology which focuses on studying higher mental processes including thinking, knowing, reasoning, judging and decision-making.

11. Environmental Psychology:

- It focuses on the relationships between people and their physical and social surroundings. For example, the density of population and its relationship with crime, the noise pollution and its harmful effects and the influence of overcrowding upon lifestyle, etc.

12. Psychology of Women:

- This concentrates on psychological factors of women's behaviour and development.
- It focuses on a broad range of issues such as discrimination against women, the possibility of structural differences in the brain of men and women, the effect of hormones on behaviour, and the cause of violence against women, fear of success, outsmarting nature of women with respect to men in various accomplishments.

13. Sports and Exercise Psychology:

- It studies the role of motivation in sport, social aspects of sport and physiological issues like importance of training on muscle development, the coordination between eye and hand, the muscular coordination in track and field, swimming and gymnastics.

14. Cognitive Psychology:

- It has its roots in the cognitive outlook of the Gestalt principles. It studies thinking, memory, language, development, perception, imagery and other mental processes in order to peep into the higher human mental functions like insight, creativity and problem-solving.
- The names of psychologists like Edward Tolman and Jean Piaget are associated with the propagation of the ideas of this school of thought.

Note:

- **Psychiatry**- branch of medicine that deals with emotional and behavioral disorders.
- A psychiatrist can prescribe medicine and is considered a medical doctor (M.D.), NOT a psychologist.

Personality

Inventory, Workplace, Profile, Tests, Interpersonal, Social, Value, Interest, Mood, Attitude, Behavior, Cognition, Emotion, Thought, Action, Response, Stimulus, Environment, Situation, Context, Process, Function, Structure, Content, Form, Style, Method, Technique, Approach, Strategy, Tactic, Policy, Procedure, Protocol, Standard, Norm, Criterion, Measure, Indicator, Signal, Marker, Sign, Symbol, Icon, Image, Figure, Diagram, Chart, Table, List, Index, Appendix, Bibliography, References, Sources, Credits, Acknowledgments, Disclaimer, Copyright, Permissions, Restrictions, Conditions, Terms, Agreements, Licenses, Warranties, Guarantees, Refunds, Returns, Exchanges, Replacements, Repairs, Maintenance, Support, Service, Assurance, Confidence, Trust, Reliability, Quality, Performance, Efficiency, Effectiveness, Productivity, Productiveness, Output, Results, Achievements, Accomplishments, Successes, Triumphs, Victories, Wins, Gains, Benefits, Advantages, Merits, Strengths, Assets, Resources, Capabilities, Abilities, Talents, Skills, Competencies, Qualifications, Credentials, Accreditation, Certification, Registration, Licensing, Authorization, Approval, Consent, Assent, Agreement

PERSONALITY

- **Definition:** -
- ✓ The unique characteristics each person develops in the course of his life.
- ✓ The sum total of a person, his/her psychological and physiological characteristics that make him/her a unique individual. E.g. behavior, conduct, temperament (mental attitude), intellect.

Why study personality?

- It helps the health workers such as nurses and clinicians to understand themselves, each other and their patients.
- It determines success and failure in the medical field, ability to make friends and to adapt to different working conditions.
- It influences the way one copes with pain, illness and crises.
- It helps the health worker to understand why patients react differently to a similar situation

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Personality Trait

- A tendency to behave in a consistent manner in various situations.
- Knowledge that a person possesses a particular trait makes prediction of her behavior possible e.g. patience, honesty, perseverance, bad temper, etc.

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Factors Influencing Personality

Heredity

- Studies have proved that individuals inherit certain characteristics of personality from their parents, e.g. general appearance, reaction tendencies (alertness, dull etc.)

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Cont'd...

Environment

- Many environmental factors determine the personality of an individual.

Social-cultural factors

- In most societies the male is supposed to be aggressive, strong, not cry aimlessly and endure a lot of pain and on the other hand girls are expected to be submissive and polite.

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Cont'd...

Learning

- Plays a major role in moulding and influencing one's personality throughout life, beginning from infancy.

Self perception

- The environment helps the child develop self perception, and the persons he interacts with reinforce that perception e.g. failure in life or successful in life.

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TYPES OF PERSONALITY

- There are quite a number of types of personality:
 - Plato: body elements such as *gold(rulers),iron(workers)etc*
 - Sheldon: body physique i.e. *endomorph, ectomorph etc*
 - Hans: relativity to external world i.e. *introversion/extroversion* (broad categories)
 - Hippocrates: body chemistry i.e. *sanguines, melancholics etc*

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INTROVERTS

- Are reserved, withdrawn persons who are pre-occupied with their inner feelings and thoughts.
- They tend to be *imaginative, slow in thinking, pessimistic, shy, unfriendly, reserved, conservative, likes solitude, cautious, passive, tender hearted and sympathetic and often retreats after meeting difficulties.*

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Extroverts

- Are outgoing, active persons who direct their energies and interests towards other people and things.
- They tend to be *sociable, talkative, present oriented, tough minded, unsympathetic, aggressive, friendly, adaptive, makes and sticks to their own laws, optimistic, little fantasy and likes other people's company.*

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Sanguines ("let's have fun")

Great front-door person/salesperson

- Enthusiastic and expressive, makes friends easily,
- Creative and fun, volunteers for jobs, talkative, storyteller
- Don't have much follow-through, talk too much, exaggerates,
- Many fans but few friends, self-centered, disorganized, manipulates through charm

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Melancholy ("let's get organized")

- Analytical, genius prone, plans and organizes, neat and orderly.
- Can be counted on to finish a job, detail-oriented, economical, compassionate, perfectionists, creative.
- Easily depressed, assumes worst in people and situations, low-self image, procrastinate through planning, has unrealistic expectations.

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Choleric ("let's get moving")

- Born leader, driven, goal-oriented, strong-willed, can run anything, thrives on opposition.
- Independent, makes split-second decisions, solves problems, is usually right, active.
- Doesn't see faults, compulsive worker, needs control,
- Can come off bossy/domineering, not so good people skills, unemotional and cold.

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Phlegmatic ("let's relax")

- Easy-going, low-key, inoffensive, patient, calm, cool, collected, realistic
- Mediator, good listener, dependable, cheerful.
- Not enthusiastic, dislikes change, procrastinates, can seem lazy, indecisive, emotionally closed.
- Avoids conflict, has a hard time with discipline, pessimistic

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Others...

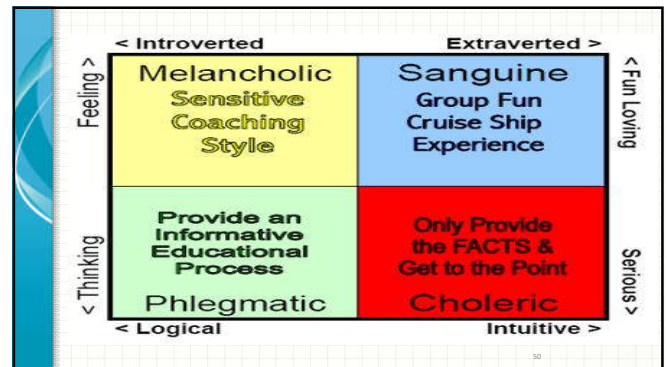
Obsessive: perfection, rigid and does not like change.

Schizoid: a loner, withdrawn, emotionally cold.

Cyclothymic: outgoing, very talkative, excited about life. Very warm emotionally

Hysterical: seek a lot of attention, very selfish, dramatic.

Paranoid: suspicious of everyone, difficult to work with, rigid and un-adaptable



THEORIES OF PERSONALITY DEVELOPMENT

HUMANISTIC THEORY MASLOW'S HIEARARCHY OF NEEDS

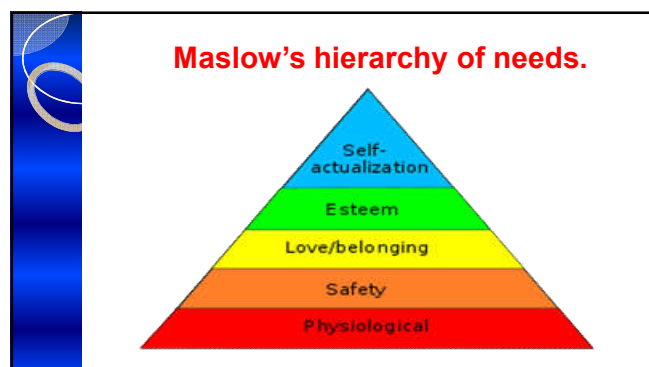
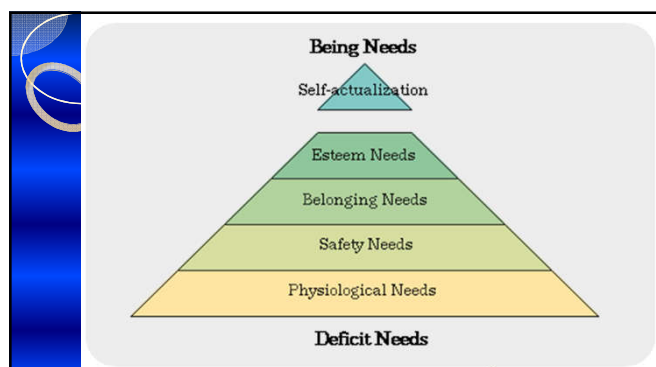
Abraham Maslow

Introduction

- **Maslow's** hierarchy of needs is a theory in psychology proposed by **Abraham Maslow** in 1943.
- Maslow's hierarchy of needs is often portrayed in the shape of a **pyramid** with the largest, most fundamental needs at the bottom and the need for self-actualization and transcendence at the top. In other words, the crux of the theory is that individuals' most basic needs must be met before they become motivated to achieve higher level needs



- Abraham Maslow arranged human needs into a hierarchy starting from the most basic to less basic needs
- He emphasized on two things:
 - Capacity of human growth/self actualization
 - Individual's desire to satisfy variety of needs
- He developed a hierarchy of needs known as **Maslow's hierarchy of needs.**



Cont...

Physiological Needs

- Physiological needs are considered the main physical requirements for human survival. This means that Physiological needs are universal human needs.
- These are basic needs for survival – Air, food, water, elimination, sleep, rest, clothing, shelter, avoidance of pain, sex etc.

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Safety and Security needs

- When physiological needs are satisfied, concern for safety and security from harm, both physical and psychological emerges. The normal adult is able to protect himself, is safe and usually does not feel endangered.
- These include job security, health, and safe environments.
- Safety and Security needs include:
 - *Personal security*
 - *Emotional security*
 - *Financial security*
 - *Health and well-being*
 - *Safety needs against accidents/illness and their adverse impacts*

Cont...

- **Note:** The patient may be afraid in response to the many different people who enter his room. Diagnostic tests and therapeutic procedures may increase his fear. The nurse should promote the safety of the patient.

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Social Belonging and Affection

- Every person desires companionship and acceptance from others. Man as a social animal hates isolation. He needs a family and friends who care.
- According to Maslow, humans need to feel a sense of belonging and acceptance among social groups, regardless of whether these groups are large or small
- Social Belonging needs include:
 - Friendships
 - Intimacy
 - Family

Self Esteem / Respect /Image / Concept

- Esteem needs are ego needs or status needs. People develop a concern with getting recognition, status, importance, and respect from others.
- This is conveyed by the recognition, time, attention and thoughtfulness we give to each other as a unique personality, worthy and dignified. If this need is unmet, one becomes dependent on others, loses confidence and is incompetent.
- Psychological imbalances such as depression can distract the person from obtaining a higher level of self-esteem.

Self Actualization

- Is self fulfillment or attainment of one's potential. This is a rarely reached level of needs. Many others are either materially or psychologically deprived and are only able to meet the lower level of needs. It calls for creativity, hard work and determination to venture ahead.
- *"What a man can be, he must be."* This quotation forms the basis of the perceived need for self-actualization.
- Maslow describes this level as the desire to accomplish everything that one can, to become the most that one can be.

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- Self-actualization can include:
 - *Mate Acquisition*
 - *Parenting*
 - *Utilizing Abilities*
 - *Utilizing Talents*
 - *Pursuing a goal*
 - *Seeking Happiness*

Transcendence

- In his later years, Abraham Maslow explored a further dimension of motivation, while criticizing his original vision of self-actualization.
- By this later theory, one finds the fullest realization in *'giving oneself to something beyond oneself.'*
- Transcendence refers to the **very highest** and most inclusive or holistic levels of human consciousness, behaving and relating.

Maslow's dimensions of motives

- Physical Dimension of motives
 - i. The basic physiological needs
 - ii. The safety and security needs
- Social Dimension of motives
 - i. Belonging and social activity
 - ii. Esteem and status in the society
- Psychic Dimension of motives
 - i. Self actualization and fulfillment(self development).

Conflicts of motives

Motivational conflicts always concern an individual's conflict within himself:

- ✓ Approach-Approach
- ✓ Approach-Avoidance
- ✓ Avoidance-Avoidance

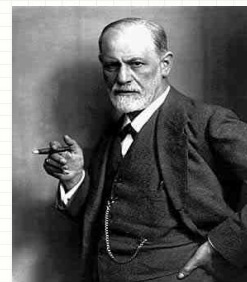
Psychosexual Theory

By Sigmund Freud

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5 Stages of Development

- Freud argued that human beings develop through series of **five psychosexual stages**.
- These stages try to express the sexual energy (libido) and aggressiveness in various forms in each stage. He further argued that deprivation or overindulgence of these energy leads to a scenario he referred to as **fixation**.



1. Oral Stage (0 – 18months)

- ❑ In this stage, pleasure is achieved through stimulation of the mouth e.g. thumb sucking, suckling etc.
- ❑ Primary conflict: weaning. If fixation occurs, the individual would have dependency or aggression. Oral fixation can result in problems in eating, drinking, smoking, pen/nail biting, gum chewing, abusive.

2. Anal Stage(1½-3yrs)

- ❖ Pleasure is achieved from holding and expelling faeces i.e. **bladder and bowel movements**. Conflict occurs regarding toilet training.
- ❖ Praise and reward for using the toilet at the appropriate time encourage positive outcomes and help children feel capable and productive.

Cont'd...

- ❖ If punishment, ridicule or shame for accidents is used then it can result in the *anal expulsive personality* (lack of self control, generally messy, stubborn, wasteful or destructive)
- ❖ If parents are too strict or begin toilet training too early, *anal-retentive personality* develops in which individual is stringent, orderly, rigid, obsessive and perfectionist.

3. Phallic Stage (3 – 6yrs)

- ❖ Primary focus is on **genitals**, hence, is characterized by sex and gender identification.
- ❖ *Oedipus complex* for boys and *Electra complex* for girls. Fear of castration-known as castration anxiety; Girls develop penis envy.
- ❖ Fixation: sexual deviances (overindulging or avoidance, weak or confused sexual identity).

4. Latent Stage (6 – 12yrs)

- ❖ In this stage, sexual impulses are repressed.
- ❖ Individuals in this stage develop social friendship and socialism characterized by group formation and fierce group loyalties.
- ❖ Boys cling together and shun girls and girls despise boys. The child identify peers, and is occupied by school work and play.

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Cont'd...

- ❖ The child becomes creative and industrious and will explore his talents and be ready to tackle his problems for solutions.
- ❖ If unsuccessful, because the parents were not supportive and challenging, the child becomes scared and timid and will hate competition, he will not try anything because he knows he is a failure.

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5. Genital Stage(12-18yrs)

- This is the adolescent stage. Gratification is obtained from actual genital stimulation hence there is development of intimate /romantic friendship with the opposite gender.
- Identifies with an adult they want to emulate from the previous stages and start behaving like those adults.

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Cont'd...

- They tend to resent commands, disagree with parents, want independence and behave like mature adults.
- Lack of support and understanding leads to rebellion, run away (truancy) from the family, join gangs where they start abusing drugs, present antisocial behavior and will never be what or who they are expected to be i.e. role diffusion.

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Age	Stage	Major Developmental Tasks
Birth–18 months	Oral	Relief from anxiety through oral gratification of needs
18 months–3 years	Anal	Learning independence and control, with focus on the excretory function
3–6 years	Phallic	Identification with parent of same gender; development of sexual identity; focus on genital organs
6–12 years	Latency	Sexuality repressed; focus on relationships with same-gender peers
13–20 years	Genital	Libido reawakened as genital organs mature; focus on relationships with members of the opposite gender

Structure of Personality

- ❖ According to Sigmund Freud, personality is composed of 3 (three) major systems:

- The Id
- The Ego and
- The Superego

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The Id

- Forms the original system of personality and is present at birth. It is basically *unconscious* and has no knowledge of the outside world.
- The id is the most primitive and is driven by impulses. "I want it"
- It demands immediate gratification of the needs because it is not governed by law of reason and logic.
- Also known as the "pleasure principle".

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The Ego

- It delays the satisfaction of a need until an appropriate time, place, or object is available. It mediates between the id and the super ego.
- Also called the *rational self* or the "reality principle,"

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Cont'd...

- It develops as from the age of 2 years in the anal stage when the child starts meeting social demands like toilet training, discipline, holding on without demanding immediate gratification.
- It involves logic, thinking, reasoning and finding solutions to problems or in contact with reality.

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The Superego

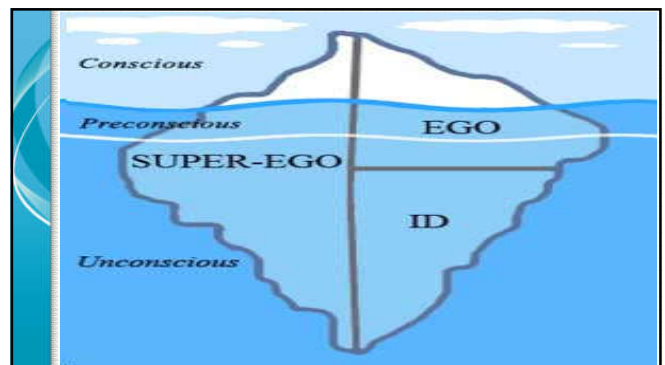
- This is the last system of personality to develop.
- It contains values, legal, moral regulations, and social expectations (moral principle)
- It originates from the child's assimilation of his parents' standards regarding what is good or bad and sinful.

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Cont'd...

- It begins with the resolution of the Oedipus/Electra Complex at age 5 – 6 years and is referred to as the Sociological component of the personality.
- Its main function is to oppose the id

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Psychosocial Theory

By Erick Erickson

- ❖ According to Erickson, identity is very personal and develops from our heritage and history.
- ❖ Course of development is determined by the interaction of the body, mind and cultural influences.
- ❖ The world gets bigger as we go along and failure is cumulative.



8 Stages of Development

1. Trust versus mistrust
2. Autonomy versus shame/doubt
3. Initiative versus guilt
4. Industry versus inferiority
5. Identity versus role confusion
6. Intimacy versus isolation
7. Generativity versus stagnation
8. Ego integrity versus despair

Basic Trust Versus Mistrust

- Occurs in infancy (birth-18 months).
- Babies must learn to trust their parents care and affection.
- If not done the babies could develop a distrust and view the world as inconsistent and unpredictable.
- The favourable outcomes are *hope, trust and optimism*.

Autonomy versus shame/doubt

- In early childhood (18 months-3 yrs).
- Child learns to feed themselves and do things on their own.
- Or they could start feeling ashamed and doubt their abilities.
- Important Event: Toilet Training
- The child learns to perform physical skills, and develops *self-control & courage*.

Initiative versus guilt

- 3 to 5 years (late childhood)
- Child becomes assertive and takes initiative
- Being too forceful may lead to guilt
- The child is testing the ability to compete in the outside world. They desire to copy the adults around them and take initiative in creating play situations
- The desirable outcome is sense of *purpose and initiative*

Industry versus inferiority

- 5 to 12 years (School age)
- Learn to follow the rules imposed by schools or home or the child can start believing they are inferior to others.
- Desired outcome: *competence, development of intellectual, social and physical skills.*
- The child must learn new skills or risk inferiority, failure, and incompetence.

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Identity versus role confusion

- Adolescence (13-18 years of age).
- Acquire a sense of identity or can become confused about ones role in life.
- Questions who you are and if your happy.
- Source of interaction: Peer and groups
- Desirable outcome: identity in occupation, gender roles, politics and religion.

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Intimacy versus isolation

- Young adulthood (18-40 years of age).
- Develop a relationship and joint identity with a partner or can become isolated and stay away from meaningful relationships.
- Questions if the person is ready for new relationships, or if there is a fear of rejection.
- Desired outcome includes: forming close relationship and career development

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Generativity vs. Stagnation

- Adulthood (40-65 years of age).
- Making use of time and having a concern with helping others and guiding the next generation or can become self-centered, and stagnant.
- Questions what the person will do with their extra time.
- Desired outcome :care and concern for family and society.

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Integrity vs. Despair

- Late adulthood/old age (60 and above).
- Understand and accept the meaning of the life spent or complains about regrets, not having enough time, and not finding a meaning throughout life.
- Questions ones overview of their entire life.
- Source of interaction: mankind
- Expected outcome is satisfaction with life spent.

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LEARNING

- ✓ Relatively permanent change in knowledge or behavior resulting from experience.

Definitions:

Learning

- ❖ Relatively *permanent* change in knowledge or behavior resulting from repeated experiences.

Reflex

- ❖ Is an inborn, *involuntary response* to a specific kind of stimulus, as in limb-withdrawal reflex (withdrawing your hand after touching a hot plate)

An Instinct

- An inborn complex behaviour found in members of a species such as nest building in birds.

Maturation

- Is the sequential unfolding of inherited predispositions (such as walking in human infants).

Types of Learning

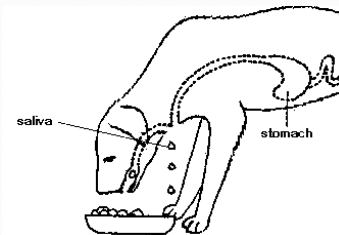
- **Psychomotor Learning:** acquisition of physical skills, coordination of muscles and body parts.
- **Cognitive Learning:** ability to think, form ideas and concepts, synthesis, analyze and evaluate issues logically and creatively.
- **Affective Learning:** involves emotions, values, feelings and attitudes of an individual.

Learning Theories

- Classical Conditioning by Ivan Pavlov
- Operant Conditioning by B.F. Skinner
- Cognitive Learning by Jean Piaget
- Social Learning by Albert Bandura

Classical Conditioning

- ❖ By **Ivan Pavlov**, (1849-1936). Was a Russian Physiologist who experimented on dogs.
- ❖ Pavlov demonstrated that **dogs** could be conditioned to salivate in response to new stimulus, such as ringing bell or light, if this had been paired or presented together with food several times.
- ❖ The food is the **unconditioned stimulus (US)** & the bell is the **conditioned stimulus (CS)**. Salivation is the **conditioned response (CR)**.
- ❖ Bell + food led to salivation; Salivation on eating and smell of food; Later, salivation after ringing the bell without food, after several episodes where the bell preceded the food.



Operant conditioning

- B.F. Skinner studied the relationship between behaviour and their consequences.
- Animals and people learn to operate on the environment to produce desired consequences.
- Learning in this case is under the control of the individual, who operates or influences the environment, hence the term operant conditioning
- There is a reward or a punishment for behaviour, hence learning occurs.

Cognitive learning

- ❑ According to Jean Piaget, learning can occur without reinforcement of overt actions, a process he called **latent learning**.
- ❑ The proponents of this theory argue that human being is not a passive organism, but is capable of processing information and comprehending the relationship between cause and effect. The processed information is stored and may be retrieved later when required.
- ❑ One actively constructs knowledge through negotiation and social interaction with the immediate environment.

Social Learning Theory

- Albert Bandura.
- Considers how individuals learn through observing the behavior of others. i.e. most human behavior is learnt observationally through modeling.
- This theory proposes that people learn by imitating the behavior of other people. Other terms used are role modelling and identification.

MEMORY

The process by which information acquired is encoded, stored and retrieved when needed.

- Memory refers to those processes involved in the acquisition of information, its subsequent retrieval and use.
- Memory process can be divided into three main components:
 - **Registration**
 - **Retention**
 - **Recall and recognition**

Memory ct'

- Memory plays an important part in learning. Learning implies retaining of facts. If nothing is stored from previous experience, then no learning can take place
- Thinking and reasoning are also done with remembered facts

Types of memory

- The following are types of memory:
 - Immediate or short-term memory: for events that have occurred within the past 30 seconds
 - Recent memory: for events over the past few hours or days
 - Recent past memory: this refers to information retained over the past few months.
 - Remote memory: refers to the ability to remember events that have occurred in the distant past.

Information Processing

- **Encoding** allows information from the outside world to be sensed in the form of chemical and physical stimuli.
 - **Storage** involves information maintenance over short periods of time.
 - **Retrieval:** Stored information must be located and returned to the consciousness.
- Memory enables people to recall the *who, what, when, where, how and why* in everyday life.

Factors Influencing Memory Loss

Interference can hamper memorization and retrieval:

□ **Retroactive interference:** when learning **new** information makes it harder to recall **old** information and

□ **Proactive interference:** where **prior** learning disrupts recall of **new** information.

However, there are situations when old information can facilitate learning of new information (*positive transfer*)

Cont'd...

- Attention
- Organization of content
- Age
- Health and emotional status
- Association developed
- Intelligence
- Value of content
- Study and rehearsal skills
- Environment
- Level of information processing
- Methods of learning/teaching

Improving the Memory

- Healthy eating (balanced diet)
- Physical fitness (exercises)
- Stress reduction measures
- Memory exercises improves cognitive function and brain efficiency e.g. brain teasers and verbal memory training techniques
- Adequate sleep.

STRUCTURE AND FUNCTIONS OF THE MIND

- Part of the brain that is responsible for thoughts and feelings.
- According to Freud, the mind is divided into three levels of existence or consciousness:

The Conscious Level

- This is a small part which forms 1/6th of the total size of the mind, regarded as the sense organ of attention.
- It functions only when the individual is awake. This first level is responsible for – rational thinking, good judgment, correct perception of the environment, emotions and establishment of personal relationships.

Subconscious Level

- Forms 1/6th of the total size of the mind.
- It is accessible to both the conscious and the unconscious levels of the mind.
- Acts as a **sensor** (filter) of all information stored in the unconscious level reaching the conscious, to **store** all information and experiences from the conscious mind for memory, and to select which experiences should be **repressed** into the unconscious mind (never to be remembered).

Unconscious Level

- Comprises 2/3rd of the entire mind.
- It contains all repressed ideas, psychological experiences, information and emotions.
- Information stored at this level of the mind cannot reach the conscious level unless through psychoanalysis.
- The information from this level can reach the conscious level through – a dream but in a distorted way, slip of the tongue, unexplained behavioral responses, jokes or lapses of memory.

MOTIVATION

DEFINITION

- **MOTIVE:** Something that has the power to initiate action. Refers to the underlying factors that energize and direct behavior.
- **EMOTION:** is the feeling, tone or response to sensory input from the external environment or mental images.
- **MOODS:** Are states of emotional reaction that last for only a limited period
- **Temperament:** An individual's habitual way of expressing emotions

Theories of motivation

1. **Homeostasis & the Drive Theory**
 - It is essential that the body maintains a constant internal environment for its optimum functioning.
 - Corrective measures are in place to ensure that the body's temperature, body fluids, and hormones are maintained within a certain range.
 - For instance, when blood glucose levels fall below a certain limit, the organism feels hungry and will seek food in order to rectify the anomaly. Likewise, when body fluids are depleted, the organism will seek water as the kidneys also try to conserve water.

2. Psychoanalytic theories

- Sigmund Freud stated that human behavior is determined by two basic forces: **the life instincts (eros)** & **the death instincts (Thanatos)**. The former explains the behavior that is directed towards the preservation of life while the latter leads to destruction for example aggressiveness.

3. Behavioural theory

- This theory holds that an organism is likely to engage in a certain type of behavior if it were **rewarded** following food-seeking behaviour.

4. Drive reduction theory

- This theory suggests that tension builds up in an organism in response to certain needs. As the goals are achieved, for example obtaining food, tension is reduced and this is accompanied by a pleasurable feeling.

5. Humanistic theory

- By Abraham Maslow.
- Maslow reasoned that human motivations are organized in a hierarchy of needs.
- He stated that the lower needs in the hierarchy must be partly fulfilled before those at the next level can assume importance. If they are not, then the organism remains preoccupied with them until the needs are met.

Take away....

- ❖ **Discuss the application of the Humanistic Theory in our daily lives.**
- ❖ **Discuss the application of the motivation theories in our daily lives.**

STRESS

Definition

- **Stress** is a state of severe physiological and psychological response to harmful or potentially harmful circumstances.
- It is a state of severe physiological and psychological tension or It can be also defined as a non-specific response of the body to any demand.
- **A stressor** is a stimulus which causes stress e.g. bereavement, divorce or a critical event such as robbery or the demand of life
- One's responses to stress are influenced by: personality (our strength), the burden/type of stressor, subjective interpretation of the stressors.

Causes of stress

- Stressors can be sudden, overwhelming or cumulative. Examples include:
 - Life crises e.g. accidents, death of spouse or divorce.
 - Transitions e.g. divorce, bereavement and retirement.
 - Catastrophes-natural and otherwise e.g. earthquakes and floods.
 - Daily hassles, little things in life that go wrong.
 - Frustration and conflicts.
 - Uncertainty, doubt and inability to predict the future
- *Physical stress*: Pain, hunger, illness, fatigue, unmet basic needs.
- *Psychological stress*: Anything causing anxiety, tension or fear.
- *Environmental stress*: Weather, other human beings, pollution, natural and artificial disasters.

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Responses to Stress

- Stressors and to some extent stress are normal and at times are necessary for one to achieve certain goals in life. It becomes abnormal if they produce signs and symptoms that become the problem.
- Individuals can be helped to cope with or minimize life stressors and still lead a relatively normal lives with health education and support systems.

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• Physiological responses:

- The body prepares itself either to fight or for flight.
- All the body's reactions to stress affect health.
- Prolonged stress may cause high BP, ulcers, heart diseases, autoimmune disorders such as rheumatoid arthritis & allergies

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• Psychological responses:

- The individual may display self-destructive lifestyles & risk-taking behaviors such as drug abuse, suicidal gestures and self neglect.
- Aggressiveness due to frustration
- Anxiety. It may manifest with physical symptoms of autonomic hyperarousal and activity.
- Depression
- Inhibited sexual drive
- Spiritual signs and symptoms of excessive stress may include doubts about one's faith, loss of self confidence or loss of purpose.

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Stress in Patients is caused by:

- Admission to hospital
- Operations
- Anesthetics
- Sharing a ward with strangers
- Use of bedpans
- Injections and
- Being done tests/investigations.

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Signs and symptoms of stress

On the body

- Headache
- Muscle tension or pain
- Chest pain
- Fatigue
- Change in sex drive
- Stomach upset
- Sleep problems

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On the mood

- Anxiety i.e. tension
- Restlessness
- Lack of motivation , focus, or concentration
- Irritability or anger
- Sadness or depression
- Frustration

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On behaviour

- Overeating or under eating
- Anger outbursts
- Drug or alcohol abuse
- Tobacco use
- Social withdrawal

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Stress Coping Mechanisms:

- Confronting the stressor
- Avoiding situations that may cause stress
- Change your stressors e.g. take a break, switch job
- Maintain a reasonable work and personal schedule
- Engage in a Physical activity
- Meditation, relaxation techniques e.g. slow music
- Discussing situations with a spouse / close friend/priest or Praying/going to church
- Taking a bath or shower
- Laughing or crying
- Seeking counseling.

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ANXIETY**Anxiety**

- A vague sense of fear, dread, uneasiness

Phobia

- A pathologically strong fear attached to objects or situations which in themselves are harmless.
- Anxiety may progress to panic and interfere with mental and social functioning(Neurotic breakdown).

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Degrees of Anxiety**Mild anxiety**

- Motivates the person to be more physically and mentally alert.

Panic states

- Very high levels of anxiety that incapacitate an individual.

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**CONFLICT AND
ADJUSTMENT***Welcome*

Frustration:

- Is the blocking of a motive by some kind of obstacle. An obstacle could be like a traffic jam, personal shortcoming, conflicting motives or conflicts.
- The frustrated individual becomes intolerant and physically aggressive, more prone to misunderstanding while others are more likely to speak hurtful words.

Conflict

- Is the simultaneous arousal of more incompatible motives, resulting in unpleasant emotions, such as anxiety or anger. It's a pair of goals that cannot be attained.

Types of conflict**✓ Approach-approach conflict**

There are two goals, and to attain one means that the other goal must be given up. E.g. a final year student medical student cannot afford to be in night parties and still expectant to excess academically. So, he gives up partying although he misses them a lot.

✓ Avoidance-avoidance conflict

Both alternatives are unpleasant and yet one has to choose either. E.g. a patient has an abdominal tumour, which causes unbearable pain and discomfort. Alternatively, surgery, which has very little success rate is the only available remedy, yet the patient needs to be relieved of the pain. It becomes naturally difficult for the patient to choose either of these two.

✓ Approach-avoidance conflict

This occurs when fulfilling a motive which will have both pleasant and unpleasant consequences. E.g. a young male doctor is torn between getting married or not. Being married is attractive and socially fulfilling, but it also means added responsibilities and restrictions.

Coping strategies**1. PROBLEM FOCUSED:**

- Define the problem
- Come up with alternatives
- Weigh the alternatives-cost and benefits
- Choose among the alternatives
- Implement the chosen alternatives

2. EMOTION FOCUSED:

- These are used when the problem is uncontrollable. They are two types:

A) Behavioural strategies

- ✓ Exercising
- ✓ Using alcohol or other drugs
- ✓ Venting anger
- ✓ Seeking emotional support from friends

b) **Cognitive strategies:**

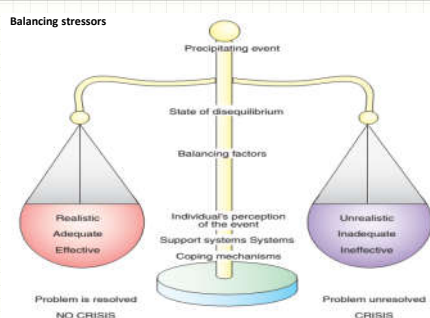
- ✓ Temporarily setting aside thoughts about the problem
- ✓ Changing the meaning of the situation
- ✓ Reappraising the situation

Other coping strategies:

- ✓ Isolating oneself
- ✓ Thinking about how badly one feels
- ✓ Worrying
- ✓ Repetitively thinking about how bad things are
- ✓ Engaging in a pleasant activity like going to parties

CRISIS AND CRISIS MANAGEMENT**Definition**

- A sudden event in one's life that disturbs homeostasis, during which usual coping mechanisms cannot resolve the problem.

**Characteristics of a Crisis**

- Occurs in all individuals at some point and is not necessarily equated with psychopathology
- It is precipitated by specific identifiable events.
- Crises are personal by nature.
- Crises are acute, not chronic, and will be resolved in one way or another within a brief period.
- A crisis situation contains the potential for psychological growth or deterioration.

Types of Crises

- Maturation/Developmental crisis
- Situational/dispositional crisis
- Social or adventitious (accidental) crisis
- Crises of anticipated life transitions
- Crises reflecting psychopathology
- Psychiatric emergencies

Crisis Intervention**Aims**

- To restore person to pre-crisis level of functioning and order; method resembles the phases of nursing process

Phases of crisis intervention

• Assessment

- identify precipitating event
- assess patient's perception of event
- assess available coping skills and resources
- assess patient's level of anxiety as well as suicidal or homicidal potential

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• Analysis and planning

- organize assessment data
- analyze the data, i.e. identify facts, formulate alternatives
- explore options to resolve the problem i.e. advantages and disadvantages of each option
- decide on the best steps to achieve the solution

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Implementation

- change the patient's physical situation by;
 - Providing emotional support and shelter.
 - Clarify any misconceptions.
 - Secure economic and social resources by referring patient to appropriate support groups.
 - Help patient develop and test possible solutions
 - Acknowledge multiple feelings the patient has about the crisis to help patient sort out and express fears and expectations

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• Evaluation

- determine effectiveness of implementations by observing behavioral outcomes and comparing them with goals.
- refer patient for additional help if outcomes differ from the planned ones.

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MENTAL DEFENSE MECHANISMS

MENTAL DEFENSE MECHANISMS

Description

- Defence mechanisms are the **unconscious** strategies that people use to deal with negative emotions. They limit awareness so that life-threatening and anxiety cues can be excluded
- It does not solve the problem or alter the anxiety but changes the way the person thinks about whatever is disturbing him.

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Common Defence mechanisms

✓ Denial (Self Deception)

- Involuntary and automatic distortion of an obvious aspect of external reality. e.g. An ill person refusing to accept a diagnosis even though a clear explanation was given of which the patient understood.

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✓ Isolation

- In this defence mechanism, dangerous memories are allowed back into the consciousness, but the associated motives & emotions aren't recalled.
- Separation of memory from emotion...can remember and talk about the trauma but feels no emotion -- the Person talks about the incident as if it is someone else's story.
- Accomplished by talking 'third perceptual thinking.'

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✓ Displacement

- This is the transfer/Shifting of affect or feeling, usually anger or fear, from the source to another source less threatening commonly known as "dumping on" someone e.g. a man reprimanded by the boss may go home and beat the wife, the beaten wife may beat the children.

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✓ Conversion

- Mental conflict converted to a physical symptom... e.g., a soldier on being deployed into battle is conflicted about his desire to serve his country but believes it is wrong to kill for any reason develops paralysis, blindness, or deafness with no medical cause.

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✓ Projection

- During projection, an individual unconsciously disowns an attitude or attribute of his own and ascribes it to someone else.
- Occurs when one's own undesirable attitudes are attributed to another person or object e.g. A person who slips over an object on the floor and falls, and blames the object rather than his own behavior for the accident; 'I hate you' becomes 'you hate me'.

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✓ Introjection

- In this defence mechanism, the victim takes in and 'swallows' the values of others.
- The opposite of projection - subconsciously "takes in" to self an imprint (or recording) of another person including all their attitudes, messages, prejudices, expressions, even the sound of their voice, etc.

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✓ Reaction Formation

- When an individual gives a reason for his behavior which is opposite of its true cause e.g. parents of unwanted child who spoil the child to reassure themselves that they are good parents.

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✓ Rationalization

The explanation of behavior in acceptable terms that avoid giving the true reasons or avoid criticism i.e. behavior justification. For instance a patient might say he was going to look for his friends to justify his wandering away from home.

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✓ Sublimation

- It involves substituting unacceptable suppressed type of behavior for another more acceptable form e.g. a potential murderer becomes a butcher; unfulfilled need to give maternal care may be gratified in the care of the sick.

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✓ Suppression

- Painful, frightening, or threatening emotions, memories, impulses or drives that are **consciously** pushed or "stuffed" inside.
- It takes a lot of energy to keep material "stuffed"...energy that could be used for more productive living.

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✓ Repression

- Painful, frightening, or threatening emotions, memories, impulses or drives that are **subconsciously** pushed or "stuffed" deep inside.

✓ Aggression

- An attitude of hostility usually resulting from frustration or a feeling of inferiority

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✓ Regression

- Is turning back to an earlier method of behaving where there was no threat.
- Giving up current level of development and going back to a prior level... and older child under stress begins wetting the bed or sucking a thumb after a long period without that behavior.

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✓ **Fantasy**

- Using imagination to create a picture that exists only in the mind e.g. day dreaming; an ill person may imagine himself well and without the need for health care.
- Fantasy thinking, unlike reasoning, occurs without conscious control. One is largely cut off from the outside world and from reality, and indulges in “wishful thinking”.

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✓ **Identification**

- People who feel inferior may identify themselves with successful causes, organizations or persons in the hope that they will be perceived as worthwhile.
- Its utilized as a defense mechanism against anxiety of inferiority.

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✓ **Compensation**

- This is where one tries to put up a behavior that makes one more satisfied in areas where one is inadequate e.g. a short man makes most noise; a very ugly girl excels academically; short women wear high-heeled shoes to be taller.

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PSYCHOLOGY RELATED TO NURSING

PATIENT'S REACTION TO HOSPITALIZATION

- Every patient reacts differently to illness and hospitalization due to-;
 - Age
 - Experience in life
 - Nature of illness
 - Support given by significant others.
- The nurse has to assess the patient's reaction, respond and support him as an individual.

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Cont'd...

- **AIMS OF THE NURSE**
 - Understanding the patient
 - Accepting the patient as he is
 - Assessing the patient to identify the coping mechanisms in terms of the illness and hospitalization
 - Assisting the patient to use their resources to cope with the illness and hospitalization
 - Establishing Nurse – Patient Relationship

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NURSE – PATIENT RELATIONSHIP

- Is a relationship established between the nurse and the patient with the aim of identifying patient's needs / problems and together work out a solution.

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Objectives:

- To establish rapport so as to make the patient feel accepted and have free communication of his problems.
- To assess the patient's condition
- To use the identified problems / needs to formulate a plan of care
- Together with the patient work out solutions and meet the patient's needs
- To help the patient attain independence and self-reliance

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Phases of Nurse – Patient Relationship

Introductory Phase

- This is the initial contact between the nurse and the patient.
- Basically they're strangers i.e. the patient who is in need of help or assistance to solve his problems and the nurse who has professional knowledge and willingness to assist.
- It is centered on mutual attempts to know each other and work with each other.

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Working Phase

- In this phase the patient is supposed to have accepted and trusted the nurse as a dependable person.
- It consists of therapeutic actions that will help the patient towards recovery.
- The nurse works on the patient's problems and together with the patient find solutions. It may take a long or short time depending on the patient's rate of recovery and nature of illness.

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Termination Phase

- The nurse attempts to gradually bring the relationship to an end with the patient's recovery through helping him develop independence and self-reliance towards the management of his own health.
- It can be traumatic to the patient and the nurse if not well handled due to mutual information they have shared together. Hence the nurse must maintain and practice her ethics and encourage the pt to use their own resources to keep healthy.

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STAGES OF GROWTH & DEVELOPMENT

Objectives

- To assist the students know:-
 - a. The normal growth and development so as to detect any deviations early enough and take appropriate action
 - b. Factors that influence normal growth and development
 - c. Developmental milestones.
 - d. Application of theories of personality development in growth and development.

Definitions

- **Growth** is an increase in physical size of the whole body or its parts (i.e. maturity of the body structure) and can be measured in centimeters and in kg.
- **Development** is the process of gradually acquiring certain skills and feelings as the child grows up, or, increase in complexity of the body's structure, formation and function, especially of the central nervous system (CNS).

Cont...

- **Milestone**
An action or event marking a significant change or stage in development.

Reasons for studying Growth & Development

- Recognize the importance of primary care relationships
- Recognize the uniqueness of each child
- Have realistic expectations of young children
- Provide developmentally appropriate play and learning activities
- Protect infants and toddlers from hazards
- Monitor how children are progressing in order to detect delays

Factors That Influence Growth and Development

- **Heredity:**
The height, weight and rate of growth are more alike in brothers and sisters than among unrelated people. Congenital abnormal conditions are also transmitted through the genes.

Cont...

- **Environment:**
 - a) *Before Birth.*
 - Malnutrition of the mother, especially deficiency of iron (anemia), calcium or vitamin D.
 - Infections – viral diseases e.g German measles (rubella), chronic malaria , can be the cause of prematurity or small full-term babies.
 - Congenital diseases especially syphilis in the early months of pregnancy.

Cont...

- Damage to the fetus caused by exposure to x-rays during the early months of pregnancy.
- Mechanical injury or an abnormal position in the uterus.
- Lack of oxygen to the fetus due to poor development of the placenta, drugs, alcohol, smoking etc.
- Physical disorders that cause mental retardation e.g. Deafness, blindness. No matter how superior the environment, a baby so affected will be retarded.

Cont...

- **During Birth:**
- Complicated births, birth injuries especially the brain due to unskilled midwifery, prolonged labor, instrumental deliveries, breech presentation.
- **Following Birth:**
- a) Nutrition/malnutrition: **“You are what you eat”**. Malnutrition due to failure of breast-feeding, poverty and ignorance
- c) Lack of adequate clothing or housing.
- d) Unfavorable climate conditions e.g. extreme heat or cold.

Cont...

- **Behavioral Influences**
- Intellectual stimulation (books, music etc), -Motivation to help in competition, - Interpersonal relationships, - Education, - Presence of a handicap.

Cont...

- **Sex**
- Sex acts as an important factor of growth and development. There is difference in growth and development of boys and girls.
- The boys in general, taller, courageous than the girls but Girls show rapid physical growth in adolescence and excel boys.
- In general the body constitution and structural growth of girls are different from boys. The functions of boys and girls are also different in nature.

Cont...

- **Nutrition**
- Growth and Development of the child mainly depend on his food habits & nutrition. The malnutrition has adverse effect on the structural and functional development of the child.
- **Races**
- The racial factor has a great influence on height, weight, colour, features and body constitution. A child of white race will be white & tall even hair and eye colour, facial structure are governed by the same race.

Cont...

- **Exercise**
- The increase in muscular strength is mainly due to better circulation and oxygen supply. The brain muscles develop by its own activity-play and other activities provide for these growth and development of various muscles.

Developmental milestones

Milestones (0 – 5 Years)

These are the various skills the child learns in the process of growth and development.

Cont...

At 4 – 6 Weeks

- The infant is attentive to a familiar face, which is usually the mother as she is the source of food.
- The infant can lift his head from time to time when he is supported on his mother's shoulder.
- He can also turn his head a little from side to side while lying on a flat surface.
- He will stare at a window or a light.

Cont...

At 8 Weeks

- He can lift his chest a short distance above a flat surface when laid on his abdomen.
- He kicks his feet or pushes his legs when lying on his mother's laps or in the bath basin.
- Socio-personal development is marked by the attention he pays to a speaking voice.
- His eyes have focused and will follow a moving object. He may smile to a familiar voice.

Cont...

At 10 – 18 Weeks

- The infant can hold his head up steadily while being supported on his mother's shoulder, and turns his head freely while looking at people and when lying on his back. He smiles in response to a smiling face and shows pleasure by making sound.

At 24 Weeks

- The infant has full head control and can sit with slight support.
- He can roll from side to side in his cot. He will stretch out and grasp brightly colored objects.
- He may begin to cut his first tooth which is generally one of the lower incisors.
- He will start to learn about his surrounding by grasping objects with both hands especially bright beads and putting them into his mouth. **He will have doubled his birth weight at this age.**

Cont...

At 9 – 10 Months

- He can sit alone without support and may try to crawl when laid on his abdomen.
- He will now be able to recognize the difference between strangers and familiar faces, family and friends.
- He may attempt to pull himself onto his feet by holding furniture.
- He begins to develop one or two skills like saying goodbye, clapping hands etc.

At 10 – 12 Months

- He can stand without support and walks with some help.
- He may start to hold a mug without dropping it.
- His weight will have tripled.
- He will obey simple orders although his vocabulary is limited to one or two words.
- He will connect certain sounds with a particular object or situation_especially the words for food in his mother tongue.
- He is beginning to acknowledge authority by listening to his mother forbidding him certain actions

At 15 Months

- The young child can walk alone and can run around but still rather unsteadily.
- He can hold a mug and drink from it.
- He can hold a spoon with increasing skill.
- His vocabulary may consist of four or more words, and he makes serious attempts to talk but the words may be used in the wrong sequence without making any sense.
- He should be able to eat all types of soft foods which are commonly eaten in his family

At 18 Months

- The young child can climb into a chair or up steps.
- He can use a spoon for feeding himself with good muscular coordination.
- He usually has 10 – 12 teeth.
- He has a vocabulary of between 5 – 12 words or more and uses them as though he were forming sentences.
- He can turn the pages of a large book and scribble with a pencil.
- Control of his bowels should have been established if toilet training has been regular.
- He will be able to tell his mother that he wants use his pottie.
- He will still sleep for 14 – 16 hours in the 24 hours.
- He will point to his nose, hair or eye when these parts are named by his parents.
- He eats everything that his family eats apart from highly spiced or food containing small bones.

At 24 Months (2 Years)

- His sense of balance has well developed so he has fewer falls while walking around.
- He feeds himself with a spoon.
- He may be expected to have dry nights (but individuals differ in response to habit training).
- He has 16 teeth, uses two or so words in combination and can make simple sentences.
- He can amuse himself alone and likes playing with water or mud etc.
- Play begins to be imitation of adult activities

Cont...

- He wants to help his mother sweep or mop the floor; help with cooking and wants to pull up plants in the shamba.
- He can now pull off his shirt or dress but finds difficulty in unfastening buttons, tapes or straps on sandals.
- He should be now four times his birth weight and his height will be about 3 feet.
- He should have about 16 teeth at this age.
- He is very curious about his surroundings and will pull down knives or pots from a table, so this is a very dangerous age for accidents in the home.

Cont...**At 30 Months (2 ½ Years) – 20 Teeth**

- The young child goes up and down stairs alone and can help his mother in the house or shamba by carrying out simple jobs.
- He is developing a strong sense of property, about the ownership of toys and sweets.
- He likes going with his mother to the market and wants to carry small objects.

Cont...

At 3 Years

- He can dress and un-dress himself and eats his meals without help.
- He will say his name when asked, goes by himself to the lavatory in the day time and should be dry at night.
- He will play with small groups of children of his own age.
- He asks questions like “Where do babies come from?” and has a vocabulary of about 150 words. He is ready for nursery school and can learn another language with ease.

Cont...

At 4 Years

- He can wash his hands and face and also clean his teeth, dress himself and fasten his sandals with help.
- He can co-ordinate play and work activities, perform simple jobs and go on short journeys by himself.
- He is beginning to realize that he is a separate person from his family.

Cont...

At 5 Years

- He is beginning to realize the danger of motor cars, strange animals and fire.
- His imagination is very strong and he will tell fantastic stories as his idea of truth and falsehood is very confused.

Cont...

• **From 6 Years to 12 years**• **At 6 Years**

- He is quite prepared for entry into the large world of school and if his home background has been satisfactory and secure, he will enter it with confidence.
- The formal learning of school will teach him concentration, how to adapt to the larger world outside the home, the ability to make friends and how to be responsible for his own actions.

Cont...

• **6 – 12 Years – The School Child**

- This is sometimes called the Latency period as there are no major emotional disturbances once the child has settled at school provided there is no home break -up due to death or separation, and he feels secure.
- The boy will begin to peer identify with older boys and imitate their behavior. The same principle applies to girls.
- Second dentition takes place from 6 – 8 years of age.

The Adolescent 12 – 18 Years• **Physical Changes****Boys**

- The adolescent growth spurt occurs between the 13th and 16th year and this is the period of male ascendancy. There is a marked increase in the width of the chest and shoulders.
- Muscle size increases but fat is lost at adolescence. This accounts for the difference in body shape between males and females . Hair grows over the pubic, axillary areas, the chest and a beard begins to sprout on the chin, the vocal cords lengthen and the voice becomes deep.

Cont...

- The sexual organs mature and spermatozoa, erection and ejaculation of spermatozoa occur during sleep at night.
- If the testicles have not descended into the scrotum by the time the boy is 12 years, an operation is necessary to bring them down from the abdominal cavity.
- Testosterone acts on the body to make boy a man.
- If the testes remain in the abdominal cavity, they will not develop to produce fertile sperms and therefore the boy cannot produce children.

• Girls

- The adolescent growth spurt occurs between 10 1/2 and 13 years which is followed by menarche (1st menstruation).
- The physical changes include – growth of hair in the axilla and over the pubic area, subcutaneous fat develops over the limbs, chest and pelvic region.
- Breasts begin to develop and there is a widening of the hips to produce the typical female figure.
- Skin changes and pimples appear.
- Due to glandular changes, oestrogen and progesterone act on the reproductive system causing the monthly cycle of ovulation and menstruation.

18 – 25 Years – Young Adulthood

• Physical and Psychological Changes

- The period of adolescence has passed and physical growth of long bones ceases. The young adult is very concerned about his physical appearance. Sexual interest will begin to be focused on a definite member of the opposite sex and a choice of a life partner will be made. Both young men and women at this stage will be working hard at schools, colleges or in various forms of training getting ready for independent adult life that lies ahead.

25 – 40 Years – Maturity

- This is the stage when men and women have taken on the responsibilities of adult life and accept the responsibility for their own actions.
- Both men and women at this stage are at the height of their physical powers and usually undertaking their careers whether in business, professions or as employees. Women are going through the physical changes of pregnancy, childbirth and lactating period.
- This may result in problems both physical and mental. The adult man is expected to provide for his own family and to contribute to the general good of the society in which he lives. Both men and women are learning to adapt to a marriage partner, and the new responsibilities which marriage has brought, especially the care of a family. A man feels proud and satisfied when his wife gives him a child. But sometimes he feels neglected because his wife is preoccupied by the children.

40 – 55 Years – Middle Age

• Physical and Psychological Changes

- There is general slowing up of physical activity at this stage of life.
- In women there are changes associated with the menopause. The men may be depressed by the reduction of their physical strength and fear of competition of younger men.
- Middle aged people seem to suffer from many physical aches and pains, which may not be very serious, but may be feared as the beginning of a fatal illness.
- The physical health should be watched carefully, help and advice given for minor complaints, as they can cause great distress and worry.
- There is often a feeling of discontent at this stage of life especially if the marriage relationship has not been happy. In polygamous societies, this causes jealousy and strong increase of resentment among the older wives.

Old Age – 55 Years Onwards

• Physical Changes

- Slowing down of physical functions, stiffening of joints, loss of balance and fragile bones.
- The heart is weaker with slower circulation. The person is easily tired, feels feeble and gets breathless. This results in loss of power to perform heavy work or carry loads.
- There is failing eyesight, progressing to partial or total blindness.
- Loss of hearing, which results in difficulties of communication, feelings of isolation and suspicious of other people. There may also be loss of the sense of smell.
- Bad teeth and poor digestion. This may lead to malnutrition. Old people have poor appetite, therefore need small highly nourishing meals at frequent intervals.

Cont...

- **Psychological and Emotional Changes**
- Old people dislike change and they find it difficult to adjust to new ideas and situations. They dislike changing their surrounding and desire to die in the areas they were born.
- Old people need to feel wanted, loved and respected. They degenerate in their mental powers, become bad tempered and easily irritated. They are unreliable due to loss of memory and sometimes become hallucinated (vision of people who may have died long ago suddenly appear and talk to them) .This generally worries their families.

Stages of death by Kubler Ross 1969

1. **Denial and isolation:** it is very difficult for any individual to face the fact that death is to be faced soon. The most common reaction is to isolate oneself until defences are achieved.
 - ♦ Denial permits hope to exist but most patients are ready to accept the fact that they are dying but families continue to express denial.
 - ♦ Denial delay, communication of concerns with the patient stopping denial and isolation by thinking about unfinished business e.g. personal affairs, finances, arrangement for spouse, children and others.

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2. **Anger:** the person experiences anger with the person asking the question; why me? The patient is difficult to nurse as nothing seems to please him or her. The person wants to express their outrage and helplessness. After expressing their anger they move on.

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3. **Bargaining:** third phase of dying when the person attempts to negotiate and trade. It usually involves a deal with God; the physician or the nurse. E.g. If I can live long enough to attend my son's wedding I will be ready to die. If possible patients should be granted their request.

4. **Depression:** the patient is now aware that death is inevitable. Defense mechanism are no longer effective. Sadness and anguish are felt and expressed.

- ♦ The patient may organize to gain support from loved one's and nurses.
- ♦ The resolution leads to final stage.

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5. **Acceptance:** it's a time of relative peace. The patient wants to review the past and think about the unknown future. Patient may not talk a lot about but he/she wants other people nearby. With pain relieve the person accepts death and wants to be comforted by having significant others nearby.

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NURSING INTERVENTION


- ❖ To give maximum help to the dying by examining the nurse's own feeling about death.
- ❖ Patient is an individual and should be treated with respect and dignity regardless of background or condition.
- ❖ Social values may affect reaction to the dying person e.g. age, attractiveness, socio-economic status, former accomplishment. These may affect whether the person is cared for or abandoned while dying.

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- ❖ Nurses usually become the most important link with life for the dying person.
- ❖ The nurse provides physical comfort and emotional support. It is an emotional stress to the nurse assigned to people who are dying and these need to share their feelings and reactions with others to obtain support.


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Bill of rights for a dying person


- ❖ I have a right to be treated as a living human being until I die
- ❖ I have a right to maintain a sense of hopefulness, however changing its focus may be.
- ❖ I have the right to be cared for by those who can maintain a sense of hopefulness, however changing this may be.
- ❖ I have a right to express my feelings and emotions and my approaching death in my own way.
- ❖ I have a right to participate in decision concerning my care.

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- ❖ I have a right to expect continuing medical and nursing attention even though "cure" goals must be changed to comfort goals.
- ❖ I have a right not to die alone.
- ❖ I have a right to be free from pain.
- ❖ I have a right to have my questions answered honestly.
- ❖ I have a right not to be deceived
- ❖ I have a right to help from and for my family in accepting my death.
- ❖ I have the right to die in peace and with dignity

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- ❖ I have the right to retain my individuality and not to be judged by my decision, which may be contrary to the beliefs of others.
- ❖ I have the right to discuss and enlarge my religious and spiritual experience, regardless of what they mean to others.
- ❖ I have the right to expect that the sanctity of the human body will be respected after death.
- ❖ I have the right to be cared for by caring, sensitive and knowledgeable people who will attempt to understand my needs and will be able to gain some satisfaction in helping me face my death.

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Take away assignment

- Discuss the application of theories of personality development in growth and development.
- Discuss the uses of classical conditioning in daily life.



Any Question???



Thank You, Be Wise