University of Mosul
College of Nursing

Medical Psychology for Nursing

General Nursing Program
Year Four/semester One

Unit One: Introduction to Psychology and Health Psychology

Definition of Psychology: it is an ancient Greek word made up of *psyche* which is the mind or the soul while *logy* means study. It is often defined as the science of behaviour and mental processes. There are three key terms in this definition; Science, behaviour and mental processes. To understand what psychology is, it needs to know what each of these terms means:

Science: psychology uses systematic methods to observe, describe, predict, and explain behaviour. Scientific methods are not casual. Researchers carefully and precisely plan and conduct their studies, in psychology, it is desirable to obtain results describe the behaviour of many different people.

Behaviour: It refers to actions and responses that can be observed and measured directly.

Mental processes: they are the thoughts, feelings, and motives that all people experience privately but that cannot be observed directly.

The central goals of psychology:

1. To describe how people and other species behave
2. To understand the causes of these behaviours
3. To predict how people will behave under certain conditions
4. To influence behaviour through the control of its causes
5. To apply psychological knowledge in ways that enhance human welfare
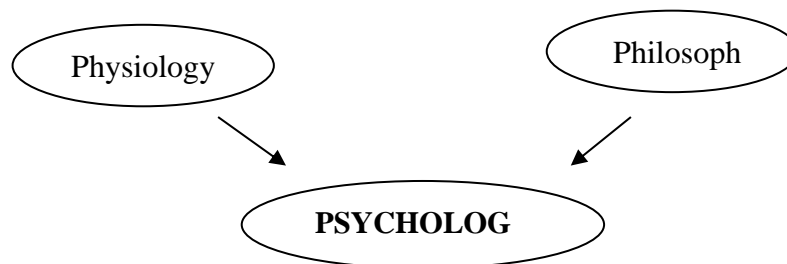
Sub-fields of psychology:

1. **Clinical and counselling psychology:** It is the most widely practiced specialization in psychology. It is focus on the causes and treatment of psychological disorders and adjustment problems. Clinical and counselling psychologists diagnose and tract people with psychological problems.

2. **Behavioural psychology:** it is focus on biological processes and their impact on human behaviours.

3. **Developmental psychology:** it studies the behaviour as it develops from birth, through childhood, adolescence, and maturity to old age. It studies the factors that influence the growth or development of human behaviour.

4. **Social psychology:** it deals with people's social interactions, relationships, social perceptions, and attitudes.

5. **Personality psychology:** it focuses on the relatively enduring traits and characteristics of individuals. Personality psychologists study such topics as self – concept, aggression, moral development, gender roles, and inner or outer.

6. **Health psychology:** it is a multidimensional approach to health that emphasizes psychological factors, lifestyle, and the nature of the health care delivery system.

7. **Social psychology:** it deals with the behaviour of an individual as it is influenced by others and how an individual influences others' behaviour. It studies various types of group phenomena like public opinion, attitudes, beliefs, and crowd behaviour.

8. **Community psychology:** is a broad field where social problems and the attempts of people to adapt to their work and community living are studied in the light of the principles of general psychology.

9. **School and Educational psychology:** it is concerned with children's learning and adjustment in school. School psychologists in elementary and secondary school systems test children, make recommendations about educational placement, and work on educational planning teams. Educational psychologists work at colleges and universities, teach classes, and do research on teaching and learning.

10. **Industrial and organizational psychology:** it centres on the work place, both on the workers and on organizations that employ them. I/O psychology is often partitioned into industrial psychology and organizational psychology. Industrial psychology involves personal and human resource management. Industrial psychology is increasingly referred to as personal psychology.

11. **Environmental psychology:** it is the study of transactions between people and the physical environment. Environmental psychologists explore the effect of physical settings in most major areas of psychology, including perception, cognition, learning, development, abnormal behaviour, social relations and other.

The Roots of Psychology:

The roots of psychology can be traced to the ancient philosopher based on their early records to understand psychology. The earliest roots of modern psychology can be traced to two different approaches to human behaviour: philosophy and physiology. *Philosophy* explores and attempts to explain human nature through introspection or self-examination of one's experiences. Through a process of self-questioning and asking others questions, philosophers have attempted to unravel how we think, how we learn, how we gain knowledge and how we use our experiences. *Physiology* is the study of the human body and through observation early Greek scholars attempted to understand the workings of the human body.

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History of psychology:

A. The First Psychological Experiments:

1. **Morton Hunt**(1993), suggests that it does illustrate perhaps the first evidence in written history that as long as 2700 years ago there was at least one individual who had the "highly original notion" that mental processes could be systematically investigated and studied.

2. An ancient King of Egypt, as far back as the seventh century B.C., can be considered the first psychology experiment.

3. **Hippocrates** (460-377 B.C.), known as the father of modern medicine argued that there was a close connection between the mind and the body. He proposed that mental illness was not caused by demons but caused by physical malfunctions. He was the first to suggest that the mind resides in the brain.

4. **Plato** (427-347 B.C.), who lived at about the same time also subscribed to Hippocrates" view that the mind and body were separate and the mind was located in the brain. He was a rationalist who believed that knowledge is gained through thinking and analysing in an effort to understand the world and people's relationship to it. Plato's view formed the foundation for theorising about psychological processes, an activity that may or may not lead to subsequent empirical investigation.

5. **Aristotle**(384-322 B.C.), who was Plato's student disagreed with him on many points. He argued that the mind and body were not separate and felt that the mind and body are one and the same. Aristotle's view formed the foundation for the methods of empirical psychological research.

6. Ibn Sina (980-1037), a Muslim philosopher famous for his works on medicine viewed the human being as consisting of both hidden (*sirr*) and open (*alin*) elements. The hidden part consists of the powers of the mind while the open part is the human body and its organs. The powers of the mind or mental faculties are classified into three groups:

B. The Beginnings of Modern Psychology

1. Rene Descartes (1596-1650), a French mathematician and philosopher, took up the viewpoint that introspection and reflection are investigatory methods superior to observation. Descartes revived the Platonic ideas of mind-body dualism and innate (versus acquired) knowledge.

2. **John Locke** (1632-1704), an Englishman, believed that the interaction between mind and body is an equal relationship between two aspects of the same unified phenomenon. He argued that the mind depends on the body through the senses for its information while the body depends on the mind to process and store sensory experiences for later use.

3. **Immanuel Kant** (1724-1804), a German philosopher, began the process of trying to reconcile or synthesize the competing viewpoints of mind and body. He redefined the mind-body question by asking how the mind and body are related rather than whether the mind is in control. He proposed that humans have a set of faculties or mental powers - senses, understanding, and reasoning. These faculties working together control and provide a link between mind and body thus integrating the two.

4. Wilhelm Wundt (1832-1920), was a physiologist and psychophysicist who established the world's first psychology laboratory and wrote the first psychology textbook ''principles of physiological psychology, 1874''.

5. William James (1842- 1910), was interested in the process of conscious activity and viewed the attempt to divide consciousness into distinct elements as misguided.

6. Edward Thorndik (1874- 1949), one of the most important figures in the development of animal psychology.

6. Sigmund Freud (1856- 1939), a Viennese physician, formulated a revolutionary theory of human behaviour. Much of his work has become a significant part of both psychological thinking and western society's thinking. A key component of his theory was around the inner or unconscious conflicts that motivate a person's behaviour. Freud developed a structure of the mind, which includes three components:

   • **Id:** this is the part of personality or mind that a person is born with. It is the largest part of the unconscious structure of the mind. The id holds the sexual and aggressive instincts of the person and demands instant gratification. It is sometimes referred to as the psychic energy.

   • **Ego:** this part of the personality or mind is the largest part of the conscious mind but at least half of it is preconscious. The ego develops in childhood and fulfils a function of balancing the desires of the id with the social constraints of the world which are internalised by the superego.

   • **Superego:** the superego is often referred to as the conscience of the person, which is developed at about the age of five. The superego uses guilt and pride to facilitate compliance with social norms. The superego is partly conscious but also exists in the preconscious and unconscious.

8. Burrhus Fredrik Skinner (1904-1990), he is the most influential psychologist of twentieth century. He was prominent in the birth of radical behaviourism. He focused on establishing laws of behaviour.

Psychology perspectives:

Psychology has a number of different ways of trying to understand the person and these are called perspectives. These perspectives have changed over the years but the most commonly used now are:

1. Biological psychology: Bio-psychologists are often accused of reductionism, which means they reduce the person down to their

biological components so explanations of human or animal behaviour are said to be due to anatomy or physiological changes such as chemical reactions in the nervous and endocrine systems. They suggest that biological function and structure determine behaviour; for example people cannot fl y because they do not possess wings.

2. Psychodynamic: this perspective was developed by Freud but a number of theorists have continued to develop his theory, such as Eriksson Jung and Klein. Sigmund Freud lived from 1896 to 1939 and much of his work has become a significant part of both psychological thinking and western society's thinking. A key component of his theory was around the inner or unconscious conflicts that motivate a person's behaviour. He does, though, suggest that some of these desires or thoughts can become conscious through therapeutic techniques such as 'free association', 'dream interpretation' and 'transference'. Whilst many nurses struggle with viewing people they work with from a psychodynamic perspective, it is already part of their everyday thoughts and understanding of the world.

3. Behavioural psychology: the behaviourists are concerned with learning. They propose that all of a person's behaviour, including their personality, is learnt. There are a number of processes by which this happens and they have become the building blocks of learning from the foundational level of habituation to the more complex learning of social learning theory. Habituation can be seen as the lowest form of learning, in that it is a process where the organism becomes 'used to' the presence of a stimulus.

4. Cognitive psychology: the cognitive perspective can be seen as an extension of the behaviourist perspective in that there is an acceptance that behaviour is learnt and that in any situation there is a stimulus and a response. The cognitive psychologists seek to understand what happens between stimulus and response because they recognise that there is not always a predictable automatic response to any given stimulus. Some cognitive psychologists believe that people do the same thing and liken the brain to the hard drive and the mind to the software.

5. Humanistic psychology: the humanistic movement started in the 1950s in response to the mechanistic approach taken by the behaviourists and the conflict and distress focused on the psychodynamic psychologists. Whilst they accepted that learning was important, they also acknowledged the importance of innate potential and unconscious processes. Their focus was much more optimistic, identifying that the person was an individual, whole being with unique potential, and they offered a spiritual element to psychological theory. They suggested that all people are moving towards self-actualisation to achieve their potential. Un-favourable environments sometimes disrupt this.

Psychology for nursing:

Medical psychology is a new area and deals with patients suffering from disorders of the mind. It promotes assertive skills, adjustment techniques and better coping skills so that people are able to meet everyday stress, strain and tension effectively. Therefore, a nurse should know the science of behaviour for better results and should remember:

1. Illness is painful and discomfort.
2. Illness lowers patients' self-esteem.
3. Nurse's approach should be human and individualized to each patient.
4. Nurse should be patient listener.

P S Y C H O   T H   E R A P Y

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Unit Two: Motivation

Motivation is defined as conditions within the organism which arouse, maintain and direct behaviour towards a specific goal. Psychology deals with not only people do but also why they do so. Motivation means to move, to energize, or to activate. The word ''motive'' is commonly used to mean motivation. It has four components, which are need, drive, response, and goal.

e.g. when person is hungry, there is a need for food. The need for food caused this person to feel hungry which is the drive which pushed him to find food.
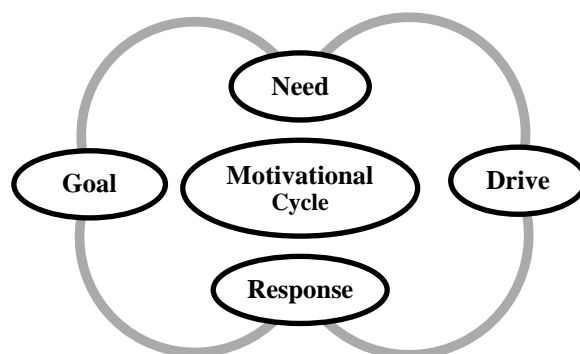
Types of motives:
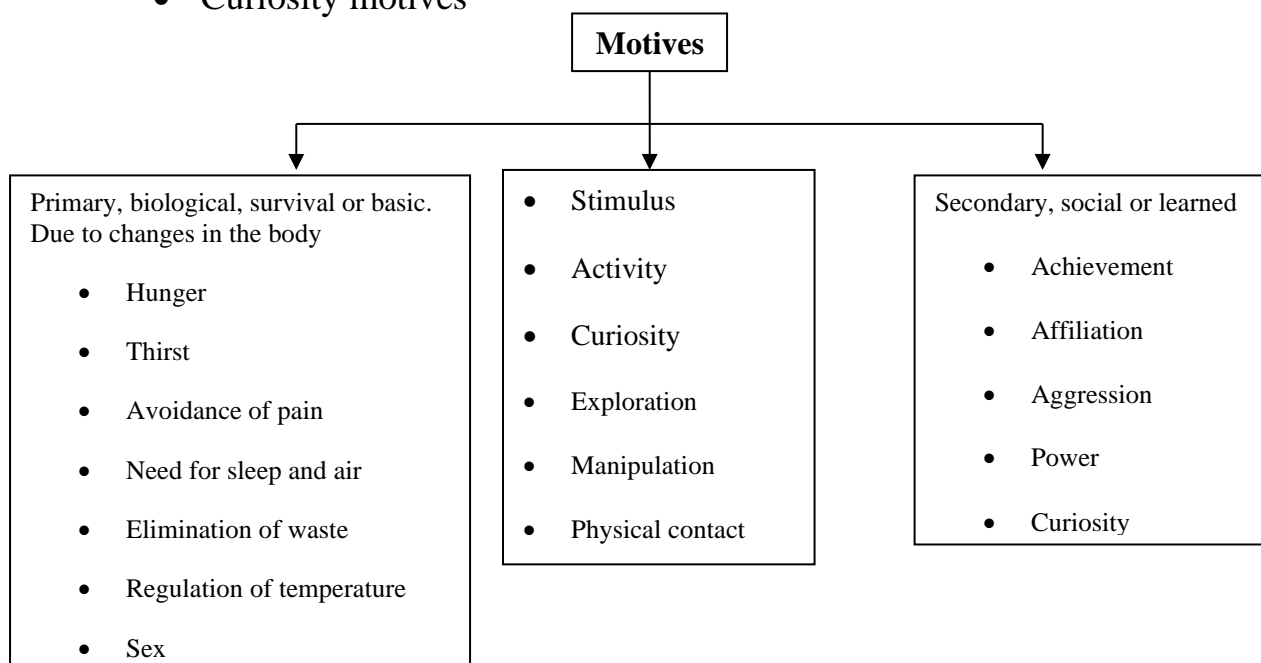
There are three kinds of motives:

1. Primary motives: are essential for survival. They come to action when the physiological balance of the body is upset. This balance is called homeostasis.

2. Stimulus motives: are also inborn but are not necessary for survival.

3. Social/ Secondary motives: human beings are not only biological but also social. Therefore, human behaviour is activated by the following social motives:

- Achievement motives
- Affiliation motives
- Aggression motives
- Power motives
- Curiosity motives

Motives		
Primary, biological, survival or basic. Due to changes in the body • Hunger • Thirst • Avoidance of pain • Need for sleep and air • Elimination of waste • Regulation of temperature • Sex	• Stimulus • Activity • Curiosity • Exploration • Manipulation • Physical contact	Secondary, social or learned • Achievement • Affiliation • Aggression • Power • Curiosity

Theories of motivation:

1. McClelland's need for achievement theory:

According to McClelland, there important needs are need for achievement (N ach), need for affiliation (N aff), and need for power (N pow).

2. Homeostasis or Optimum-Level theory or Direct theory:

Claud Bernard coined the word ''homeostasis'' to explain the stability of the inner environment or physiological equilibrium.

3. Drive reduction theory:

According to Clark Hall (1952) human beings have internal biological needs which motivate us to act in a particular way. These drives or needs are internal states of arousal or tensions which must be reduced.

4. Humanistic theory by Abraham Maslow and Carl Rogers:

Humanistic theory states that human behaviour is motivated by creativity and self-motivation. Maslow (1908-1970) classified motives into five categories and arranged them in hierarchical fashion.

In an ascending order, the five needs are arranged according to their importance. They are:

- Physiological motives (hunger, thirst,...etc)
- Safety needs (protection from harm or injury)
- Social love needs (affection, warmth, belongingness)
- Esteem needs (self-respect, self approval, prestige, autonomy, and attention)
- Self-actualization(achieving maximum development of one's potentialities)

Self-actualization
Realizing your full potential "becoming everything one is capable of becoming".

Aesthetic needs
Beauty – in art and nature – symmetry, balance, order, form.

Cognitive needs
Knowledge and understanding, curiosity, exploration, need for meaning and predictability.

Esteem needs
The esteem and respect of others *and* self-esteem and self-respect. A sense of competence.

Love and belongingness
Receiving *and* giving love, affection, trust and acceptance. Affiliating, being part of a group (family, friends, work).

Safety needs
Protection from potentially dangerous objects or situations, e.g. the elements, physical illness. The threat is both physical and psychological. (e.g. "fear of the unknown"). Importance of routine and familiarity.

Physiological needs
Food, drink, oxygen, temperature regulation, elimination, rest, activity, sex.

5. Skinner's behaviour modification theory:

According to this theory, people behave the way they do because in the past circumstance they have learned that certain behaviours are associated with unpleasant outcomes. Because people generally prefer pleasant outcomes, they are likely to repeat behaviour they have learnt on repetition of behaviour that will have pleasant consequences.

6. Psychoanalytic theory by Sigmund Freud:

Motivation is due to a combination of biological factors, external forces and unconscious phenomenon. Freud emphasized the powerful role of unconscious motives in human behaviour. He pointed to several forms of behaviour through which unconscious motives are expressed:

- In dreams, people often express wishes and impulses of which they are unaware.

- Unconscious mannerisms, our irrational fears of specific objects or phobias reveal hidden motives.

- Our chronic headache, insomnia, gastric troubles for which there are no physical or organic reasons, show the unconscious needs of the person.

Motivation and the nurse:

The knowledge of motivation process will help the nurses in their profession as follows:

1. It will help the nurse in maintaining his/her own mental health.
2. It will be helpful in his/her adjustment with doctors, patients and their relatives.
3. It will give him/her an etiology of patients' behaviour leading to better understanding.
4. It will help him/her in the diagnosing of the disease.
5. It will facilitate faster cure of the disease.
6. It will give him/her job satisfaction.
7. It will improve him/her relations with his/her colleagues.
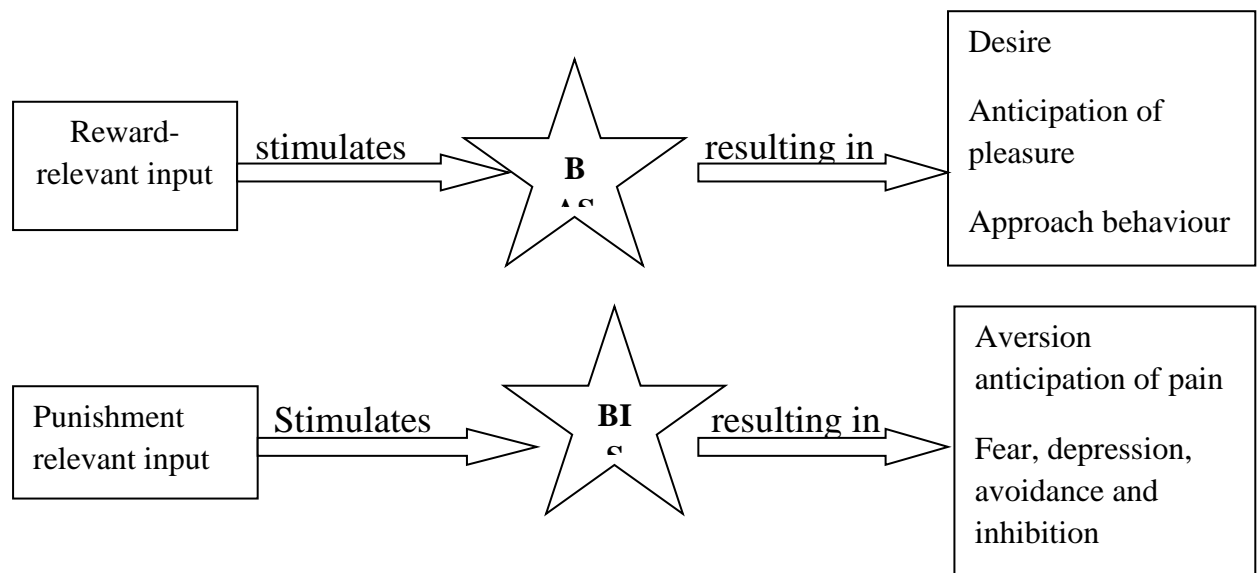8. It will be useful in solving most of the problems in interpersonal relationships.

Approach and avoidance motivation:

The BAS and BIS:

According to Jeffrey Gray (1991), the behavioural activation system (BAS) is roused to action by signals of potential reward and positive need gratification. It produces emotions of hope, elation, and happiness.

The behavioural inhibition system (BIS) responds to stimuli that signal potential pain, no reinforcement, and punishment. It produces fear, inhibition of behaviour.

Reward-relevant input	stimulates →	BAS	resulting in →	Desire / Anticipation of pleasure / Approach behaviour
Punishment relevant input	Stimulates →	BIS	resulting in →	Aversion anticipation of pain / Fear, depression, avoidance and inhibition

Learning: is defined as a permanent change in behaviour that occurs as a result of practice or experience.

There are three important factors in the definition of learning:

1. Learning brings changes in behaviour (usually for the better)
2. Change takes place through practice or experience and not due to maturation.
3. The change in behaviour should be relatively permanent lasting for years, months or weeks.

Theories or methods of learning:

1. Trial and error:
2. Theory of conditioned reflexes
   a. Classical conditioning
   b. Operant conditioning
3. Cognitive learning
   a. Insight learning
   b. Sign learning

Steps in learning process:

1. Motivation within the learner.
2. Goal or goals become related to the motivation.
3. Barriers of difficulties are perceived and experienced and tension rises. Strong barriers may discourage and confuse the learner.
4. The search for an appropriate solution to the problem or an appropriate line of action to reach his goal.
5. The most appropriate line of action is selected and practised, inappropriate behaviours dropped.

Factors influencing learning:

Learning depends upon three main factors:

1. Nature of the learner.
2. Nature of the learning material or task to be learned.
3. Nature of the learning situation or learning methods.

Thinking: is a higher mental process which involves verbal symbols, internal, visual and auditory images, ideas, concepts and mathematical symbols.

Types of thinking:

1. Perceptual or concrete thinking: it is the simplest form of thinking. It bases on perception. It is carried over the perception of actual or concrete objects and events.

2. Conceptual or abstract thinking: it does not require the perception of actual objects or events. It is a superior to perceptual thinking as it economizes efforts in understanding and helps in discovery and invention.

3. Creative thinking: is aimed at creating something new. It is of scientists or inventors. It involves the following steps:
   - Preparation
   - Incubation
   - Illumination
   - Evaluation
   - Revision

4. Reasoning or logical thinking: is one of the best forms of controlled thinking in which the thought process is directed consciously towards the solutions of a problem.

5. Problem solving: is an important hind of thinking. It occurs in novel or difficult situations in which a solution is not obtainable by the habitual method of applying concepts and principles derived from the past experience in similar situation.

Levels of thinking

1. Knowledge consists of acquiring basic pieces of information.

2. Comprehending and confirming involves looking at the meaning of the knowledge that has been gathered and drawing conclusions from it.

3. Applying entails using what has been learned in new situations.

4. Analyzing involves thinking about a whole in terms of its various parts.

5. Synthesizing consists of putting parts together to form a whole.

6. Evaluating entails making comparisons and judgments.

The conditions of learning:

In general, we can say that everyone, adults and children, learn well under the following conditions:

1. The environment in which learning is to take place is positive, safe, and caring, socially and culturally respectful and inclusive.

2. What is being learned is meaningful to the learner and the learner can use what they already know as a basis for gaining new knowledge.

3. What is being learned is appropriate for the developmental level of the learner.

4. What is being learned is challenging, and the learner is engaged, accepts the challenge and is encouraged and supported in taking risks in the learning process.

5. The learners see themselves as successful in the learning process with opportunities to learn in their own way, make choices, and feel in control.

6. The learners have opportunities for social interaction and helpful feedback during the learning process.

In addition, there are nine instructional events and corresponding cognitive processes:

1. Gaining attention (reception)
2. Informing learners of the objective (expectancy)
3. Stimulating recall of prior learning (retrieval)
4. Presenting the stimulus (selective perception)
5. Providing learning guidance (semantic encoding)
6. Eliciting performance (responding)
7. Providing feedback (reinforcement)
8. Assessing performance (retrieval)
9. Enhancing retention and transfer (generalization)

Methods / steps of problem solving:

1. Recognize the problem.
2. Defining (identifying) the problem.
3. Collecting relevant information data.
4. Formulation of hypothesis or possible solution.
5. Evaluation of the hypothesis for possible solution.
6. Verification.
7. Choosing another action if unsuccessful.

Errors of thinking:

1. Specific abstraction
2. Magnification
3. Minimisation
4. Irrational conjunction
5. Errors caused by emotions like fear, anxiety, stress, pain, and discomfort.

Tools of thinking (elements of thought):

1. Images
2. Concepts
3. Symbols and signs
4. Language
5. Muscle activities
6. Brain activities

Unit Three: Emotion

Emotion:

Are feelings (or affects) states that involve a pattern of cognitive, physiological, and behavioural reactions to events.

The nature of emotions:

Emotional states share four common features:

1. Emotions are triggered by external or internal eliciting stimuli.
2. Emotional responses result from our appraisals of these stimuli, which give the situation its perceived meaning and significance.
3. Our bodies respond physiologically to our appraisals.
4. Emotions include behaviour tendencies.
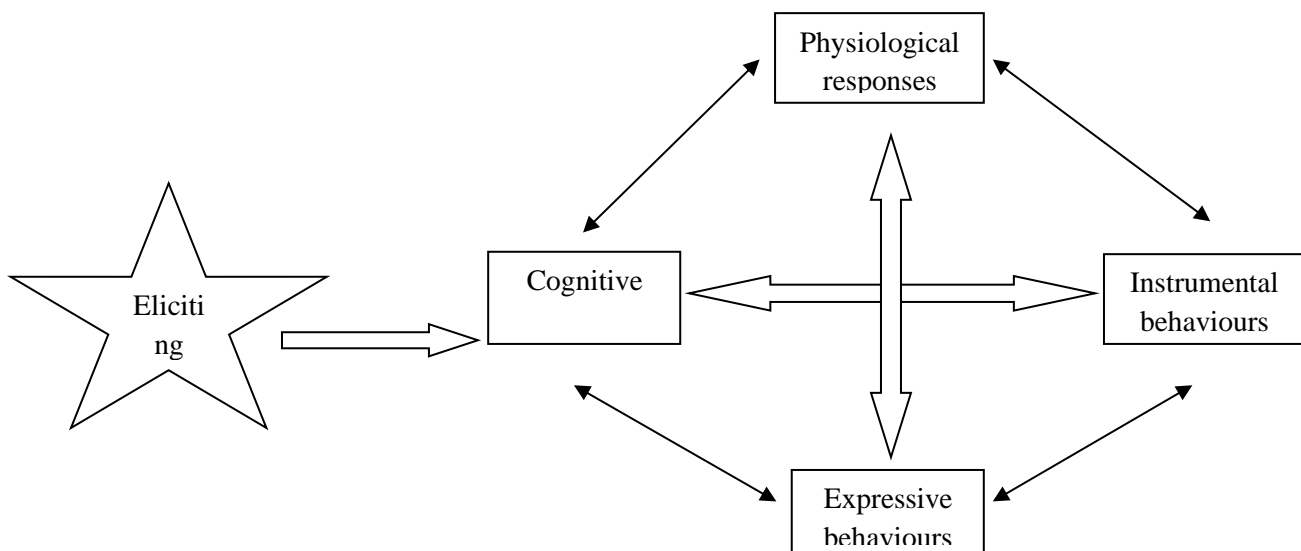
Eliciting stimuli: it is the internal and external cues that evoke an emotional response.

Types of emotions:

Primary emotions: it is generally only one emotion, e.g. fear, sadness, disgust, anger, anticipation, joy, and acceptance.

Mixed emotions: are those feeling which combine a number of primary emotions, e.g. love, awe, disappointment, remorse, contempt, aggression and optimism.

Love	Submission	Awe	Disappointment	Remorse	**(Mixed)**

Joy	Acceptance	Fear	Surprise	Sadness	Disgust	**(Primary)**
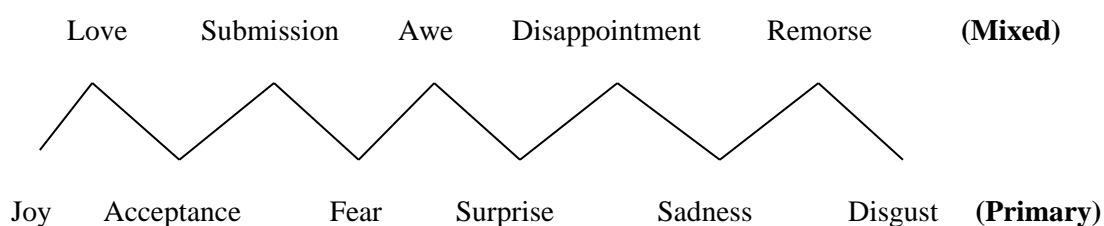
Theories of emotions:

1. James – Lange theory of (felt emotion is the perception of bodily changes): this theory proposed the following sequence of events in emotional states:

 1. Person perceives the situation will produce emotion.
 2. Person reacts to this situation.
 3. Person notices his reaction.

Perceived Stimulus → Body responses → Experienced emotion (behavioural)
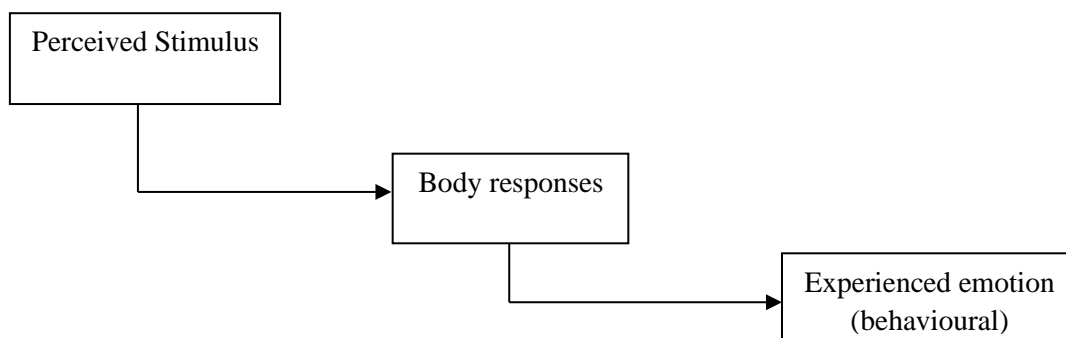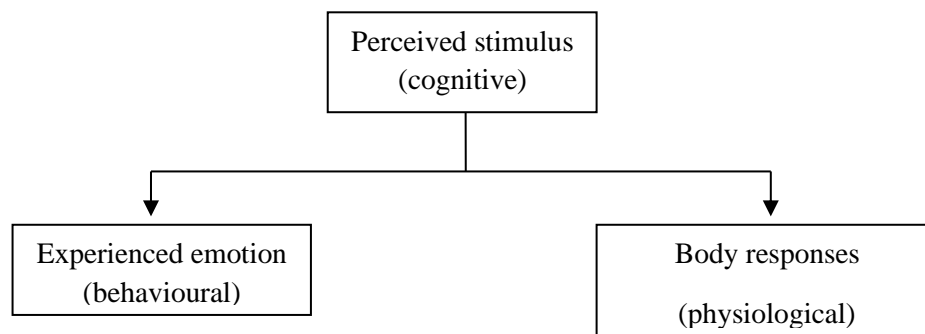
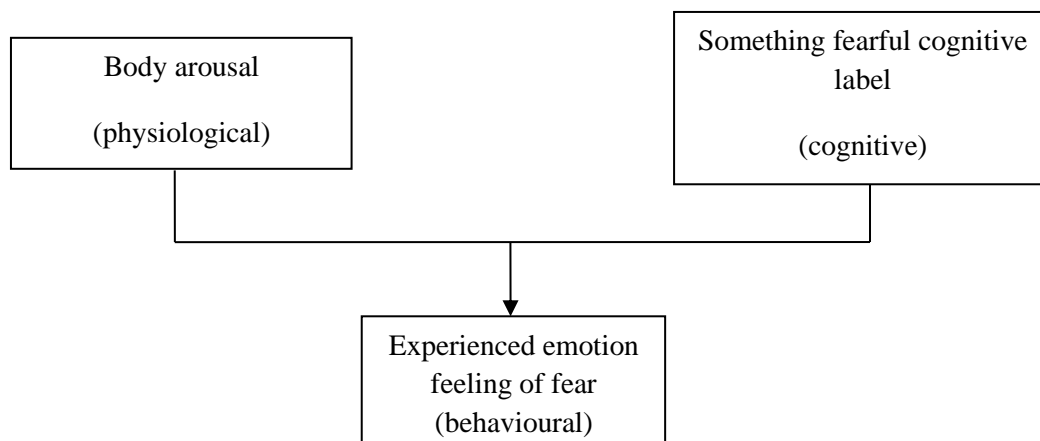**2. Cannon – Bard theory:** (felt emotion and bodily responses are independent events)

An emotion-arousing stimulus simultaneously triggers:

1. Physiological responses and 2. Subjective experience of emotion.

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                    ┌─────────────────────┐
                    │  Perceived stimulus │
                    │     (cognitive)     │
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              ▼                                 ▼
    ┌──────────────────────┐        ┌──────────────────────┐
    │ Experienced emotion  │        │    Body responses    │
    │    (behavioural)     │        │    (physiological)   │
    └──────────────────────┘        └──────────────────────┘
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3. Schachter – Singer theory (a cognitive appraisal theory):

The belief that emotions are determined jointly by a nonspecific kind of physiological arousal and its interpretation, based on environmental cues.

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   │   Body arousal   │          │ Something fearful cognitive │
   │                  │          │           label            │
   │ (physiological)  │          │        (cognitive)         │
   └──────────────────┘          └────────────────────────────┘
            │                                  │
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                           ▼
               ┌──────────────────────┐
               │ Experienced emotion  │
               │    feeling of fear   │
               │    (behavioural)     │
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Perspectives on emotions:

1. In the everyday sense, it is the subjective experience of emotion that seems to be most important to people.
2. Emotion has its behavioural aspects. It prepares us for action.
3. Physiological changes are involved in emotion.
4. Emotion involves cognition, thought and emotion being intertwined.
5. Emotion occurs in a context that is usually social, although it is possible to experience emotion when alone.

Measurement of emotions:

Emotions are difficult to be analyzed objectively but effects of emotions on behaviour can be measured by:

1. Introspective reports: it is possible to identify and even quantify emotions by the introspective report of the individual.

2. Observations of facial expressions: face is the index of the mind. The nonverbal communications in the form of looks, gestures and bodily positions provide a clue to identify various emotional states.

3. Measurement of physiological changes in emotion: emotions are always accompanied by physical changes in an organism. Some of these changes are easily observable and others internal changes need special instruments for their proper measurement (e.g. EEG).

States of emotions:

1. Positive Emotions:

- Love.

- Laughter.

- Hope.

- Optimism

- Self-confidence

2. Negative emotions:

- Anger

- Fear

- Sadness

- Boredom

- guilt

Control of emotions in the patients:

When the first come into contact with a patient, he/she will respond to whatever message that nurse or anyone give through the tone of the nurse's voice and body language. Therefore, nurse should know the following to control of emotions in the patients:

1. Help the patient feel welcome and ease: give a warm welcome to the patient.

2. Understand patient's negative emotions: patient is tense, irritable and unbalanced, therefore, the nurses have to be very patient, mature and balanced in their behaviour towards the patients.

3. Promote positive feeling: the nurse has to substitute the negative emotions of the patient by the positive thoughts. Nurses should try to eliminate fear, anger, worry...etc, and resentment from them and their patients.

4. Develop empathy: it will helpful, if the nurse develops empathy with the patient. Empathy means understanding the patient's situation, feeling and motives.

5. Psychosomatic illness: patient with a psychosomatic illness may need more of the nurse's time, patience and attention.

Nervous system and emotions:

Among the most likely physiological reaction that may occur, which are associated with activation of the autonomic nervous system are the following:

1. Change in the rate and depth of breathing.
2. Increased heart rate and blood pressure.
3. Dilation of pupils of the eyes, allowing more light to enter and thereby increasing visual sensitivity.
4. Increased the sweating and decreased secretion of saliva. Since increased sweating will help person to rid him/herself of excess heat developed by any emergency activity in which person engage.
5. Production of more energy.
6. Increase in blood sugar.
7. Increased mobility of gastrointestinal tract.
8. Erect hair on the skin.
9. Change in the frequency of the brain waves.
10. Muscular tensions and tremors.

Anger: is an emotion. It is a signal that we think we are being treated unfairly. Feeling angry is part of being human. It is a natural response to being attacked, insulted, deceived or frustrated. When something makes person angry, adrenalin causes the body to prepare for 'fight or flight', giving the person energy and making him feel tense.

Deal with anger and act in healthy ways:

1. Recognize anger - know when you are angry and what makes you angry.

2. Practice positive responses - practice, practice, practice until your new positive responses become good habits.

Symptoms of Anger

1. Physical signs:

- Fast heart beat
- Sweating
- Shaking
- Clenched jaws
- Clenched fists
- Fast breathing
- Headaches
- Stomach aches
- Upset feeling in the
- stomach
- Tight chest
- Tense muscles
- Frowning, scowling
- Red face

2. Mental Signs:

- Problems concentrating
- Confusion
- Memory problems
- Thoughts of doing harm
- Angry thoughts
- Irritability
- Short tempered

3. Other signs:

- Yelling
- Swearing
- Withdrawing from others
- Throwing things
- Pacing

When is anger a problem?

Anger becomes a problem when it harms person or people around him. This can depend on whether person express his anger, and how he expresses it. If you cannot express your anger in a safe or constructive way, this can be bad for your emotional, mental and physical health. It might lead to:

• depression or anxiety

• sleep problems

• alcohol or drug addictions

• eating disorders

• compulsive behaviour e.g. excessive cleaning, overworking

• self-harm.

It might also affect your:

• digestion – contributing to the development of heartburn, ulcers,

colitis, gastritis or irritable bowel syndrome

• heart and circulatory system

• blood pressure – driving it too high.

List of Ways to Cope with Anger:

- Walk away

- Exercise

- Talk to someone who you are not feeling angry with

- Distract yourself

- Count 10 breaths

- Write about it

- Come back and deal with it later when you feel calm

Unit Four: Frustration and conflict

Frustration: is a negative feeling when one is prevented from reaching a goal.

Sources of frustration:

1. Environmental forces that block motive fulfilment. The obstacle may be something physically.

2. Personal inadequacies that make impossible to reach goals (e.g. handicapped people).

3. Conflict between motives: the most serious and deep rooted frustration occurs due to conflict between motives.

Personal frustration:

Frustration creates uncomfortable emotional tensions and so individual tries to reduce the tension in a variety way. The important reactions are as follows:

1. Direct approach: two direct methods of overcoming obstacles are increased effort and changing the mode of attach. If both of methods fail, the third alternative is in changing the goal to one that is more attainable.

2. Feelings of inferiority: when increased effort and variation of attack fail and substitute goals are unavailable, individual often react by developing feelings of helplessness and inadequacy. This emotionally distressing state of the mind is referred to as inferiority complex.

3. Aggression: instead of adjusting passively to obstacles with a defeatist attitude, many react aggressively towards the source of frustration.

**Conflict:** is a special type of frustration.

Types of conflicts:

1. Approach-Approach conflict:

This is the simplest kind of conflict and occurs between two positive goals that are equally attractive. The person is attracted at the same time by two goals that are incompatible.

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2. Avoidance – Avoidance conflict:

It takes place when one is forced to choose between tow negative goals. It is the worst type of conflict and is stressful. It leads to indecision, vacillation, inaction and sometimes ''freezing'' and ''escape''- leaving the field.

Escape

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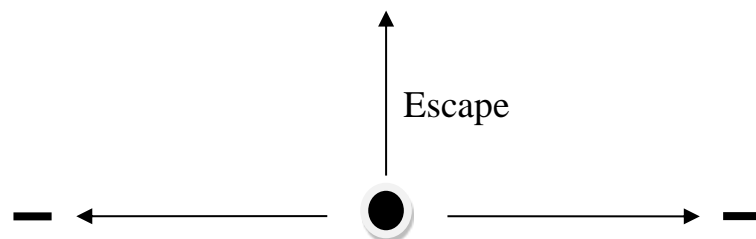
3. Approach – Avoidance conflict:

It is the most difficult to resolve because in this conflict, a person is both attracted to repelled by the same goal object.

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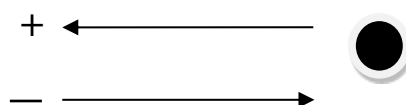
4. Multiple approach – avoidance conflicts:

Many of life's problems involve many positive and negative goals.

Reaction to frustration:

1. Simple reactions:

a. *Increasing efforts and trials*: during frustration some people individual become introspective for overcoming the obstacles by putting in more efforts or being about improvement in their behaviour or process.

b. *Compromise:* repeated failure in one direction may lead the individual to lower or change the aim.

c. *Submissiveness:* the individual surrenders himself and accepts his defeat as inevitable.

2. Violent reactions: in addition to simple reactions, the individual becomes emotionally tense and the frustration causes aggression.

a. *External aggression*: this aggression may be directed towards either the person or persons who caused the frustration or towards softer targets as substitutes.

b. *Internal aggression*: instead of relieving emotional tension by attacking others, the aggression may be directed towards self by blaming self.

3. Task oriented reaction pattern:

Task oriented reactions may involve making changes in oneself or in his environment or in both depending upon the situations.

The reaction may be:

- **Attack**

In attack behaviour, the individual tries to remove or overcome (surpass) the obstacle to his goal. The type of stress influences his action such as:

1. Frustration and direct action: in frustration condition a person tries to take a direct action in an effort to solve the problem and remove the obstacles.
2. Conflict and choice: in a conflicting situation, the individual may face the problem by analyzing the advantages and disadvantages of various options and making an objective direction (choice).
3. Pressure and resistance: usually the individual resists pressure especially when pressure is perceived as arbitrary and unwanted.

- **Withdrawal:**

  Whenever and individual suspects that he is likely to be criticized, ridiculed or disgraced on account of some poor unfortunate experience or failure, he resorts to withdrawal.

- **Compromise:**

  When the stress and withdrawal do not work, some sort of compromise is required, e.g. defence and adjustment mechanisms. Adjustment mechanisms are defined as the different kinds of habits that people acquire to satisfy their motives.

Coping with frustration and conflict by the nurse:

Frustration and conflict cause stress and anxiety causing harm to the body. Some common reactions to frustrations are persistence, escape and aggression. Some methods of relieving frustration are:

1. Identify the source of frustration.
2. Have the ability to change or control frustration. If not, learning to accept the situation might be the right answer.
3. Decide important things carefully.
4. Try to find compromises. Look for positive things when all choices seem negative.
5. Seek reliable help from advisors, teachers, and other counsellors.
6. Avoid indecision. Stick with your decisions and forget about the choices unless you are clearly in the wrong.

Defense Mechanisms:

Defense mechanisms can be divided into successful and unsuccessful mechanism.

1. Successful Mechanisms:

- **Repression:** is basic to all other forms of defence mechanisms. It refers to the process by which an individual strives to keep unacceptable, painful, and unpalatable. It is unconsciously forgetting unpleasant experiences.

- **Rationalization:** is a defence mechanism in which an individual justifies his failures and socially unacceptable behaviour by giving socially approved reasons.

- **Intellectualization:** is the distancing from emotional or threatening situation by talking or thinking about it in intellectual terms.

- **Compensation:** means something given to replace a loss or to make up for a defect. It is working hard to make up for a weakness or deficiency.

- **Sublimation:** is the channeling of a strong and socially unacceptable drive (behaviour) or urge into a form that is acceptable to society.

2. Unsuccessful Mechanisms:

- **Suppression:** is an intentional pushing away from awareness of certain unwelcome ideas, memories or feelings.

- **Reaction information:** it is strongly expressing the reverse of what on feels. It is sometimes possible to conceal a motive from ourselves by giving strong expression to its opposite.

- **Displacement:** it is discharging pent-up feelings on persons less dangerous than those who initially aroused the emotion.

- **Denial:** it is refusing to belief that something unpleasant exists.

- **Projection:** is a frequently used unconscious mechanism that relieves tension and anxiety by transferring the responsibility from unacceptable ideas, impulses, wishes, or thoughts to another person.

- **Regression:** is to behave in a less mature way (backward).

- **Conversion:** is a defence mechanism by which an emotional conflict is expressed as a physical symptom or illness for which there is no any organic cause.

- **Fantasy or day-dreaming:** it is a kind of withdrawal when faced with real problem of life. It is withdrawal to make belief world when face difficult problems. It is a pleasant thing and it may help to escape during time of stress.

Unit Five: Behaviours

Behaviour:

It is the actions or reactions of a person or animal in response to external or internal stimuli.

Health behaviours:

Are defined as any activity undertaken for the purpose of preventing or detecting disease or for improving health and well-being. In addition, health behaviours defined as behaviour patterns, actions and habits that relate to health maintenance, to health restoration and to health improvement. Such behaviours include exercise, fruit and vegetable consumption, and condom use in response to the threat of sexually transmitted diseases.

Health impairing behaviours:

are the behaviours that have harmful effects on health or otherwise predispose individuals to disease. Such behaviours include smoking, excessive alcohol consumption, and high dietary fat consumption.

Social behaviour:

Behaviour can be social in nature (for the good of the community) or anti-social in nature (unacceptable to the community), as in the manner of conducting oneself according to social norms (or not). By definition, social and anti-social behaviours represent extremes on a continuum of behaviour that may be described simply as 'behaviour'. Social behaviour constitutes any act that has benefit to others in the family or community.

Anti-social behaviour:

Anti-social behaviour is behaviour that is unacceptable to other people (the community), behaviour that violates another person's right not to be adversely affected in some way. Such behaviour violates the rights of others and may therefore be defined as violence.

Non-Assertive Behavior:

is that type of interpersonal behavior, which enables the person's rights to be violated by another. A non-assertive person inhibits her/his honest, spontaneous reactions and typically feels hurt, anxious and sometimes angry as a result of being non-assertive in a situation.

Assertive Behavior:

is that type of interpersonal behavior in which a person stands up for their legitimate rights in such a way that the rights of others are not violated. It communicates respect for that person's behavior. Assertive behavior is an honest, direct and appropriate expression of one's feelings, beliefs, and opinions.

Emotional behaviour:

There are situations where a person or animal may respond emotionally with anger, fear, joy, sorrow or excitement. Love and hate are emotions, but they do not seem to be distinct reactions, as are with the other emotions. The way a person or animal emotionally responds or reacts to a stimulus determines his or her emotional behaviour. This reaction follows some specific rules that may be learned or genetically hard-wired into the species.

Bad behaviour:

There are situations where a person or animal may respond in a manner that is anti-social or breaking certain rules or laws. Examples of bad or anti-social behavior include:

- A person may act rude and break common social rules by skipping in line, or he may even break laws by stealing or harming others.
- A child may not mind his or her parents, as well as to talk back to them.
- A trained animal may not mind its master and obey commands.
- An animal in the wild may not follow the rules of cooperation in its society--although this situation seems to be rare.

Uncontrolled behaviour:

There are situations where a person or animal may respond in a manner that is uncontrolled. Often this is related to emotional behavior, but it also may be due to addictions of some sort. For example, while everyone may get angry, there are some who easily lose their temper and even go into an uncontrolled rage.

Group behaviour:

There are situations where a group of people or animals act as an entity itself or may result in anti-social or uncontrolled behaviour by the individuals in the group. Sometimes this is called the "mob mentality."

Several types of health behaviours:

1. Smoking: is the health behaviour most closely linked with long-term negative health outcomes.

2. Diet: The impact of diet upon morbidity and mortality are well established. Diet has been implicated in cardiovascular diseases (CVDs), strokes and high blood pressure, cancer, diabetes, obesity, osteoporosis, and dental disease.

3. Exercise: The potential health benefits of engaging in regular exercise include reduced cardiovascular morbidity and mortality, lowered blood pressure, and the increased metabolism of carbohydrates and fats, as well as a range of psychological benefits such as improved self-esteem, positive mood states, reduced life stress and anxiety

4. Health Screening: Individuals may seek to protect their health by participating in various screening programs which attempt to detect disease at an early, or asymptomatic, stage.

5. Sexual Behaviours: are considered health behaviors because of their impact upon the spread of sexually transmitted diseases (STDs) such as gonorrhea and syphilis.

6. Alcohol Use: Moderate alcohol consumption has been linked to positive health outcomes. However, high alcohol consumption has been linked to a range of negative health outcomes including high blood pressure, heart disease and cirrhosis of the liver. High levels of alcohol consumption have also been associated with accidents, injuries, suicides, crime, domestic violence, rape, murder and unsafe sex.

Unit Six: Personality

Personality: can be defined as the distinctive and relatively enduring ways of thinking, feeling, and acting that characterized a person's response to life situations. The concept of personality arises from observations of individual difference and consistencies in behaviour. Personality may be defined as the unique set of traits and characteristics relatively stable over a period of time.

Personality perspectives:

1. Psychodynamic perspective.

2. Humanistic perspective.

3. Biological perspective.

4. Behavioural perspective.

5. Cognitive perspective.

6. Socio-cultural perspective.

Background of personality:

1. *Hippocrates through the Middle Ages:*

Hippocrates recorded the first known personality model, postulating that one's persona is based upon four separate temperaments. Another Greek physician, Galen, extended Hippocrates' theory by applying a body fluid to each temperament: blood, mucus, black bile and yellow bile, respectively. Different diseases and behaviors had roots in the four humors and the fluid thatwas dominant was said to be the person's "humor."

2. *Eighteenth Century Medicine:*

By the 18th century, medicine was advancing rapidly. The discoveries of the functions of the circulatory, respiratory and digestive systems served to discount the four humors theory as a realistic practice of medicine. However, it remained important in terms of designating personality.

3. *Nineteenth Century:*

Late 19th/early 20th century physiologist Wilhelm Wundt expounded on the four humors theory in 1879 and he is noted to be the first person to make clear distinction between human body and personality. Wundt realized that temperaments could not be limited to the body fluids. He believed that all four temperaments were basic dimensions of the human personality and that the temperaments fell along axes of "changeability" and "emotionality".

4. *Twentieth Century:*

The rapid growth of the field of psychology beginning in the early 20th century led to increased interest regarding individual personality. The following represent philosophers originating theories at the turn of the century:

   a. *Sigmund Freud* posited a structural model of the mind in which id, ego, and superego (the three components of the human mind) interacted and wrestled with each other for dominance. The result of this constant struggle is the whole of each human's behavior.

b. *Eduard Spranger*, a German philosopher, theorized four attitudes towards ethical values. He named those attitudes as artistic, religious, theoretic and economic.

c. *Henry C. Link* wrote a book Employment Psychology. He writes that ideal personality testing method can be a big machine that received data on one end and sorts the suitable candidates for the specific jobs on the other. The German philosopher presented a theory of four character styles. He thought that people can be hypomanic, depressive, hyperaesthetic or anesthetic depending upon their character styles.

d. *Erich Fromm,* another German philosopher wrote that there are four human orientation; exploitative, hoarding, receptive and marketing.

e. *Carl Jung,* a younger colleague of Freud's, categorized mental functioning again into four principle categories: sensing, intuition, thinking, and feeling. Jung believed that although we could develop all functions, his experience working with clients was that sustainable mental health was the result of using and leading with our natural "lead function." According to Jung's suggestion that there are four fundamental ways we deal with the world: sensing, intuition, thinking, and feeling, we each have a preferred way—usually the way we are most comfortable with and best at doing.

f. *Abraham Maslow* believed humans are driven to achieve their maximum potential and will always do so unless obstacles are placed in our way. Maslow developed a pyramid called the Hierarchy of Needs, that explains his theory best. Humans have specific needs that must be met. If lower level needs go unmet, we cannot move up to meet the next level needs. At the lower level we must focus on basic needs such as food, sleep, and safety. If we don't get food or if we go without sleep, it is

impossible to focus on the higher level needs such as self-esteem or to reach the level of self-actualization.

g. *John B. Watson* in responding to theories popular in the early 20th century, asserted that all things done by organisms, including those by humans—like acting, thinking and feeling—should be regarded as behaviors. Theorist believe that all behaviors are observational whether the actions are publicly displayed or of a private nature, such as thinking and feeling. According to Watson, the environment in which a child is raised determines intelligence, temperament, and other personality characteristics of that child; genetics are unimportant.

h. *Missing the Mark,* The various models previously described are all behavior-based and thus, they skip the critical step: motive. They go as deep as the needs and wants of an individual influencing behavior, but they fail to grasp what creates.

i. *History of the Color Code,* The theory of a driving core motive (DCM) to answer the questions of why was originated by Dr. Hartman. With a Ph.D. in Human Behavior and Leadership, he documented his ideas on motive in a book, The Color Code.

Structures of personality (Freud's Model of Personality):

Freud divided personality into three separate but interacting structures:

1. *Id*: is the inner most core of the personality the only structure present at birth, and the source of all psychic energy. It seeks immediate instinctual gratification on the basis of the pleasure principle.

2. *Ego*: has direct contact with reality and functions primarily at a conscious level. It operates on the reality principle, which requires

it to test reality and to mediate between the demands of the id, the superego, and the reality. It is the part of personality that provides a buffer between the id and the outside world.

3. *Superego*: the moral arm of the personality. It contains the traditional values and ideals of family and society.

Factors of personality:

1. The physical factors include the physique of individual, size, strength, looks and constitution.
2. The environment or social factor
3. Mental or psychological factors including motives, interests, attitudes, reasoning, attention, perception and imagination.

Factors influencing personality development:

1. *Social or environmental factors*:

   a. Heredity.
   b. Influence of home.
   c. Order of birth- the first born child may be dominating.
   d. Only child- may become a problem child.
   e. School and peer group.
   f. Community and social roles.
   g. TV, cinema, radio and newspaper.

2. *Biological factors:*

    a. Endocrine glands (thyroid, adrenal and sex gland)

    b. Blood glucose level.

    c. Externally imposed biological conditions (drugs and alcoholism, diseases, diet).

3. *Mental and psychological factors* (attitudes, motives, interest, intelligence, attention...etc).

Personality traits:

Personality trait is a broad behavioral element that defines person's personality. Traits are relatively stable cognitive, emotional, and behavioural characteristics of people that help establish their individual identities and distinguish them from others.

Personality traits of a nurse:

1. Responsibility

2. Patience

3. Commitment

4. Dedication

5. Punctuality

6. Hard work

7. Good physical stamina

8. Alertness of mind

9. Adaptability to follow difficult time schedules

10. Ability to think in crisis to take a quick decision

11. Calm, pleasant, understanding

12. Ability to help and serve needy people without getting sentimentally attached.

Types of traits:

1. *Common traits*, widely distributed in general population.

2. *Unique traits*, unique for a person e.g. emotional traits.

3. *Surface traits* able to be recognized as a manifestation of behaviour like curiosity, dependability, and tactfulness.

4. *Source traits* underline sources or structure that determine ones behaviour such as domains, submission and emotionally.

The most of the significant variation in human personality:

1. The Big Five factors are:

• **Extraversion:** This dimension captures one's comfort level with relationships. Extraverts tend to be gregarious, assertive, and sociable. Introverts tend to be reserved, timid, and quiet.

• **Agreeableness:** This dimension refers to an individual's tendency to defer to others. Highly agreeable people are cooperative, affectionate, and trusting. People who score low on agreeableness are cold, disagreeable, and antagonistic.

• **Conscientiousness:** This dimension is a measure of reliability. A highly conscientious person is responsible, organized, dependable, and persistent. Those who score low on this dimension are easily distracted, disorganized, and unreliable.

• **Emotional stability:** This dimension taps a person's ability to bear up stress. People with positive emotional stability tend to be calm, self-confident, and secure. Those with highly negative scores tend to be nervous, anxious, Depressed, and insecure.

• **Openness to experience:** The final dimension addresses an individual's range of interests and fascination with novelty. Extremely open people are creative, curious, and artistically sensitive. Those at the other end of the openness category are conventional and find comfort in the familiar.

2. Hans Eysenck and Sybil Eysenck:

They used two primary personality factors—extraversion-introversion and stability-instability—as axes for describing personality variation. Varying combinations define other, more specific traits.

3. Cattell's categories of traits include:
1. reserved - outgoing
2. less intelligent - more intelligent
3. emotional stability - emotional instability
4. submissive - dominant
5. serious - cheerful
6. nonconforming - conforming
7. timid - bold
8. insensitive - sensitive

9. trusting - suspicious
10. practical - imaginative
11. open - private
12. secure - insecure
13. traditional - radical
14. group-oriented - self-reliant
15. undisciplined - self-disciplined
16. relaxed – tense

Methods of personality assessment:

1. *Interview:* are one of the oldest methods of assessment and most popular observation by asking questions about attitudes and interests. Appearance, bearing and speech can be noticed.

2. *Behavioural assessment:* observe the behaviours rather than asking people about them.

3. *Objective personality scales:* they include standard sets of questions, usually in a true-false or rating scale format.

4. *Projective tests:* present subjects with ambiguous stimuli and ask for some interpretation.

Some futile personality adjustments are:

1. Bragging.
2. Teasing and cruelty.
3. Timidity and bashfulness.
4. Pouting and temper tantrums.
5. Jealousy.
6. Lying.
7. Stealing.

Unit Seven: Stress

Stress

Can be defined a pattern of cognitive appraisals, physiological responses, and behavioral tendencies that occurs in response to a perceived imbalance between situational demands and the resources needed to cope with them.

Symptoms of stress:

1. Nervousness

2. Inertia

3. Insomnia

4. Headache

5. Dizziness

6. Fainting

7. Nightmares

Chronic societal sources of stress:

1. Pressure

2. Frustration: delay, lack of resources, losses such as end of an affair, friendship, failure, guilt

3. Individual differences in the reactivity of the autonomic nervous system

Coping with stress:

1. Direct coping:

a. *Confrontation*: means facing the problem forthrightly acknowledging to oneself that there is a problem for which a solution must be found.

b. *Compromise:* person may decide to settle for less that he originally wanted when he cannot have everything he wants.

c. *Withdrawal:* the most effective way of coping with stress is to withdraw from the situation, when there is no way to change and compromise.

2. Defensive coping:

When it cannot identify the sources of stress, people make use of defensive mechanisms like denial, repression, projection, identification, reaction formation, displacement and sublimation.
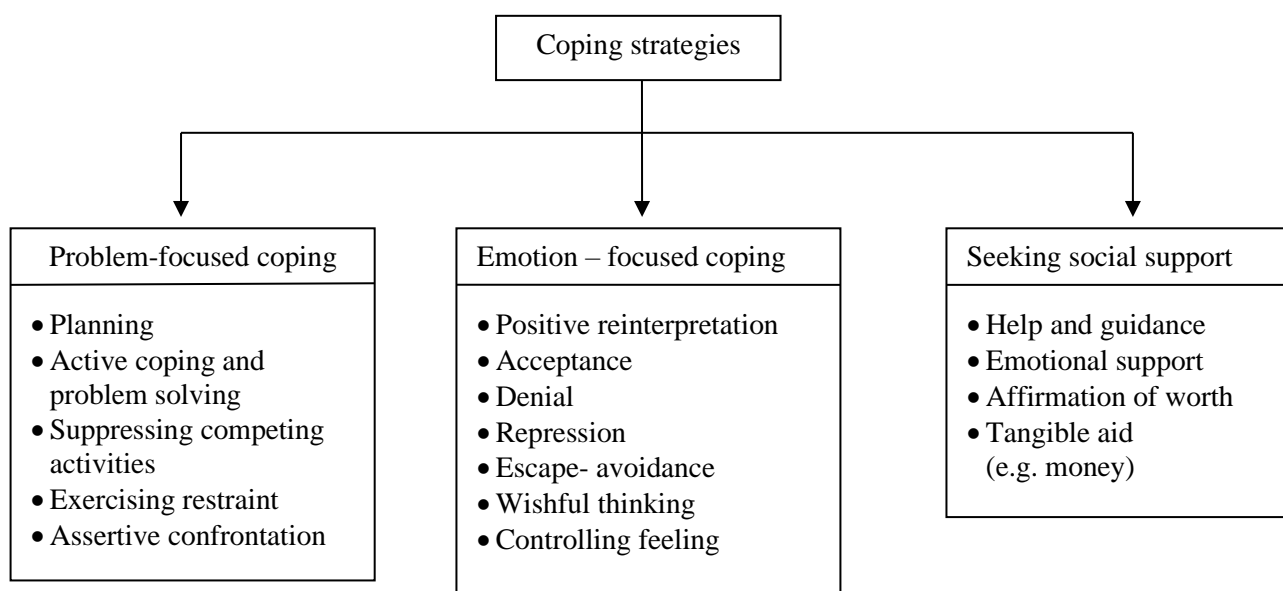
Psychophysiolog disorders

1. Stress-related skin disorders may include allergy, eczema, hives, and Acne.
2. Stress-related respiratory system disorders may include breathlessness hyperventilation, hay fever, asthma, sinusitis, emphysema, and bronchial spasms.
3. Stress-related cardiovascular system disorders may include hypertension, migraine headaches, and coronary heart disease.
4. Stress-related endocrine system disorders may include diabetes mellitus, gonad dysfunction, and adrenal dysfunction.
5. Stress-related musculoskeletal system disorders may include backaches and muscle cramps.
6. Stress-related gastrointestinal system disorders may include colitis gastritis, constipation, obesity, hyperacidity, duodenal ulcer, and anorexia.
7. Stress-related genitourinary system disorders may include menstrual disturbances, impotence, and vaginismus.

Stress management strategies:

1. Progressive relaxation

2. Meditation

3. Hypnosis

4. Yoga

5. Exercise and stretching

6. Stress desensitization

7. Massage

8. Psychotherapy

9. Nutrition

10. Laughter

11. Play

12. Music

Coping strategies:

Problem-focused coping	Emotion – focused coping	Seeking social support
• Planning • Active coping and problem solving • Suppressing competing activities • Exercising restraint • Assertive confrontation	• Positive reinterpretation • Acceptance • Denial • Repression • Escape- avoidance • Wishful thinking • Controlling feeling	• Help and guidance • Emotional support • Affirmation of worth • Tangible aid (e.g. money)

Factors related to the stress response:

1. Biological :
- Evolutionary mechanisms for responding to stressors.
- Physiological responses of autonomic and endocrine system to situational stressors.
- Stress effect on immune system
- Individual differences in physiological reactivity to stressors (e.g. physiological toughness**)**

2. Psychological:
- Cognitive appraisal of environment demands, resources, potential consequences, and personal meaning of consequences.
- Personality factors, such as optimism and hardiness that affect responses to stressors.
- Coping strategies and the skill with which they are applied.
- Self-efficacy and expectations of available social support.

3. Environmental:
- Number, intensity, and duration of the stressful events.
- Predictability, controllability, and Chronicity of stressors.
- Availability of social support.
- Cultural factors that teach one how to respond to stressors.

Coping with stress by the nurse:
- Balance your life activities with work and play, family and friends and time for yourself.
- Exercise your body everyday or at least four times a week.
- Meditate to promote relaxation.

- Relax your body regularly.

- Slow down your pace of life.

- Make your goals realistic.

- Organize your life with priorities so that you will always accomplish what must be done at the right time.

- Develop healthy social relationships.

- Practice coping statement.

Unit Eight: Relaxation

Relaxation:

It defines as the act of relaxing or the state of being relaxed, refreshment of body or mind, a loosening or slackening, a reduction in strictness or severity. Relaxation also defines physiological as the lengthening of inactive muscle or muscle fibres. Relaxation involves both the body and the mind.

Relaxation Response:

The relaxation response defines as the personal ability to make the body release chemicals and brain signals that make the muscles and organs slow down and increases blood flow to the brain.

The Relaxation Response is:

- A mentally active process that leaves the body relaxed
- Best done in an awake state
- Trainable and becomes more and more profound with practice

The relaxation response can significantly:

- Decrease pain
- Increase energy
- Decrease muscle tension
- Increase motivation
- Decrease irritability
- Improve sleep
- Lower Blood Pressure
- Lower Stress Hormone Levels
- Improve decision-making ability
- Reduce fatigue
- Decrease anxiety

Relaxation techniques:

1. Deep breathing:

The most basic of relaxation is deep breathing. One of the body's automatic reactions to stress is rapid, shallow breathing. Breathing slowly and deeply is one of the ways you can "turn off" person's stress reaction and "turn on'' his relaxation response. By inhaling deeply and allowing the lungs to breathe in as much oxygen as possible, person can begin to relieve the tension that can lead to negative stress. Deep breathing can be done anywhere and at any time.

2. Clearing the mind:

Another relaxation technique that can help reduce stress is "clearing your mind''. Since person's stress response is a physical and emotional interaction, giving himself a mental "break" can help relax his body as well. When person clear his mind, he tries to concentrate on one pleasant thought, word, or image and let the rest of his worries slip away.

3. Autogenic:

Yet another relaxation technique is autogenic training. By giving yourself mental "cues," you can literally tell your body how to feel, and produce the relaxation response whenever you feel tense or under stress. Autogenics is a progressive technique. You begin by concentrating on a mental suggestion such as, ''My left arm feels heavy and warm.'' As you concentrate on this 'command,' try to actually feel your arm getting heavier and warmer. Then repeat the same command, focusing on your right arm, left leg, right leg, and so on. Try to practice this exercise for about ten minutes, twice a day, or whenever you feel stressed.

4. **Progressive muscular:**

The techniques described up until now are most helpful for people who know what relaxation feels like, but who may not know how to concentrate on relaxing. Progressive muscular relaxation is a three-step technique. First, you tense a muscle and notice how it feels; then, you release the tension and pay attention to that feeling; and finally, you concentrate on the difference between the two sensations. This exercise can be done while sitting or lying down, and only takes about fifteen minutes.

5. **Stretching:**

One of your automatic physical responses to stress is muscle tension. A simple, easy way to loosen up tight muscles and combat stress is to do stretching exercises. The following exercises only take a few minutes and can be done at home or at work during a break.

6. **Visual Imagery**

While some people like tensing and relaxing, others can often become more relaxed by simply imaging a beautiful place. This technique uses your mind to distract you from pain, tension, or problems. It asks you to create images in your mind that are so captivating, so rich in detail, and so all-consuming for your mind, that you get lost in the images your mind creates.

7. **Massage therapy for stress relief:**

Getting a massage provides deep relaxation, and as the muscles in your body relaxes, your overstressed mind relaxes too.

8. Exercise:

Aerobic exercise induces relaxation. Research has shown that exercise reduces stress, anxiety and muscle tension as effectively as a dose of a minor tranquilliser medication.

Pain Management means the assessment of pain and, if appropriate, treatment in order to assure the needs of residents of health care facilities who experience problems with pain are met. Treatment of pain may include the use of medications or application of other modalities and medical devices, such as, heat or cold, massages, acupuncture. It also defines as the use of pharmacological and non-pharmacological interventions to control the patient's identified pain.

Psychological techniques for pain control include:

1. Cognitive strategies: such as dissociative and associative techniques.
2. Providing medical patients with sensory and procedural information to increase cognitive control and support.
3. Increasing activity level to counter chronic pain.

Knowledge of pain:

Pain is subjective. It is whatever the patient says it is. The nurse utilizes the nursing process in the management of pain. Adequate measurement and management of pain includes knowledge in the following areas:

1. Pain assessment:

   a. The nurse utilizes a developmentally appropriate, standardized pain assessment tool which includes pain measurement tools.

b. Physiologic signs such as tachycardia, hypertension, diaphoresis and pallor are non-specific to pain and may be an indicator of another, unrelated physiologic problem.

2. Pharmacologic and Non-Pharmacologic Intervention:

a. The nurse is knowledgeable about the pharmacological interventions of opioid, non-opioid, and adjuvant drug therapies (including dosages, side effects, drug interactions, etc.) which are most effective for the most likely source of an individual patient's pain.

b. The nurse is knowledgeable that placebos should not be utilized to assess if pain exists or to treat pain.

c. The nurse is knowledgeable regarding non-pharmacologic strategies for pain management (i.e. acupuncture, application of hot and cold, massage, breathing techniques, etc.).

3. Current pain management standards and guidelines.

4. The difference between tolerance, physical and psychological dependence, withdrawal and collapse.

Knowledge of the Standard of Care

The standard of care is effective ongoing pain assessment and pain management. This includes:

1. Acknowledging and accepting the patient's pain.

2. Identifying the most likely source of the patient's pain.

3. Assessing pain at regular intervals, with each new report of pain or when pain is expected to occur or reoccur.

4. Reporting the patient's level of pain.

5. Developing the patient's plan of care that includes an interdisciplinary plan for effective pain management involving the patient, family and significant other.

6. Implementing pain management strategies and indicated nursing interventions including:

   a. Aggressive treatment of side effects (i.e. nausea, vomiting, constipation, pruritus etc),

   b. Educating the patient, family and significant others regarding to:

- Their role in pain management.
- The detrimental effects of unrelieved pain.
- Overcoming barriers to effective pain management.
- The pain management plan and expected outcome of the plan.

7. Evaluating the effectiveness of the strategies and the nursing interventions;

8. Documenting and reporting the interventions, patient's response, outcomes.

9. Advocating for the patient and family for effective pain management.

Pain Management:

1. *Non Pharmacological management:*

- Emotional support as part of routine holistic palliative care.
- Physical therapies e.g. heat and massage for muscle spasm, physiotherapy input for maintenance of function and splinting.

- Occupational therapy input for lifestyle adaptation.

- Meditation and visualization.

- TENS (transcutaneous nerve stimulator).

- Acupuncture.

2. *Pharmacological management:* (appropriate medications or painkillers).
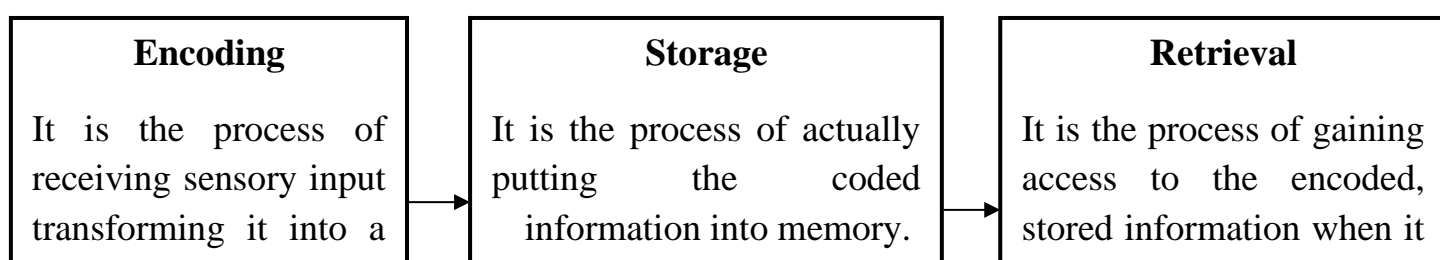
Unit Nine: Memory and Forgetting

Memory:

The capacity to record , retain , and retrieve information .

Process of memorization:

Memory is built on these 3 basic process:

Encoding	Storage	Retrieval
It is the process of receiving sensory input transforming it into a	It is the process of actually putting the coded information into memory.	It is the process of gaining access to the encoded, stored information when it

Types of memory:

1.Sensory memory (SM) or immediate memory:

It stores incoming information in a sensory register which has large capacity. It has two types:

    a. Iconic memory (photographic or picture image memory): is a form of sensory memory that holds visual information for almost quarter of a second or more.

    b. Echoic memory: a momentary sensory memory of auditory stimulus, if attention is elsewhere, sounds and words can still be recalled within 3-4 seconds.

Functions of sensory memory:

1. Prevents from being overwhelmed: sensory memory keeps person from being overwhelmed by too many incoming stimuli.

2. Gives decision time: sensory memory gives person a few seconds to decide whether some incoming information is interesting or important.

3. Provides stability, playback and recognition.

2.**Short term memory (STM) or working memory:**

It holds a relatively small amount of information about seven items or chunks, for a short period 15-30 seconds. The type of information stored consists of sounds, images, words, or sentences.

3.Long term memory (LTM):

It has unlimited capacity to store information for days, months, years and even life time. information stored consists of person's name, close relatives' names, date of birth....etc. LTM has two types:

   a. Episodic memory: is the memory related to our personal affairs like name, qualification, date of birth and persona; experiences.

   b. Semantic memory: it comprises our knowledge and information related to the world (e.g. earth is round and goes round the sun).
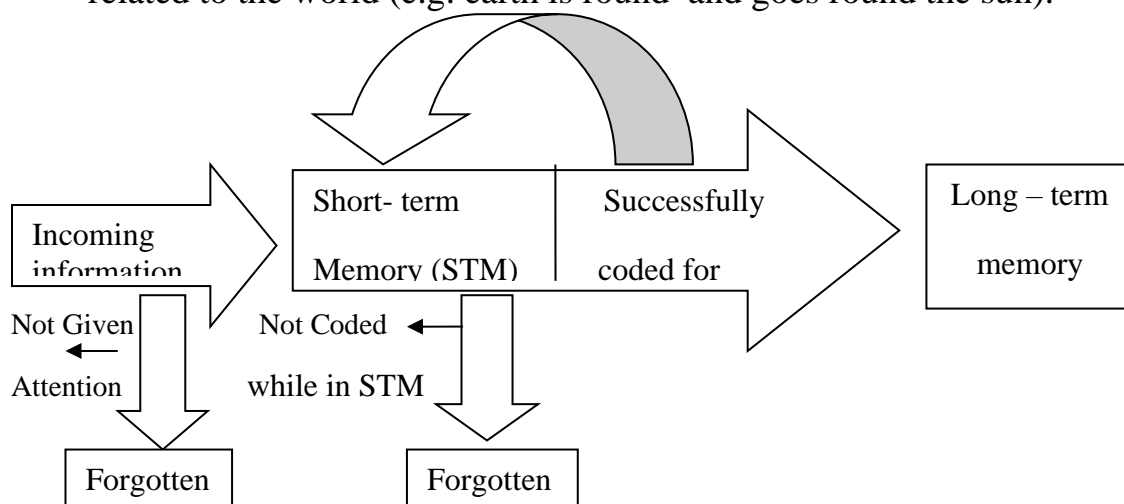
Factors related to remembering:

1. **Biological factor:**
    - Evolutionary ad adaptiveness of memory
    - Brain regions involved in sensory, working and long-term memory
    - Changes in brain activity during encoding and retrieval
    - Stress hormones and biological states (e.g. drug induced) that affect memory

2. **Psychological factor**:
    - Memory codes (visual, phonological, semantic, motor)
    - Working memory, maintenance and elaborative rehearsal
    - Schemas and expertise
    - Memory as a network of associations
    - Emotional arousal at time of event; mood at time of retrieval

3. **Environmental factor:**
    - Amount and rate of information
    - Order of information
    - Stimulus characteristic (e.g. distinctiveness, pleasant/unpleasant events)
    - Retrieval cues and context-dependent memory

Forgetting:

It defined as the loss, permanent or temporary, of the ability to recall or recognize something learned earlier. This is due to lack of attention or some information does not reach STM from sensory register or due to inadequate encoding and rehearsal and information not transferred from STM to LTM.

Types of forgetting:

1. *Repressive erasure* (as in totalitarian makeovers of history, e.g. after the Norman Conquest or in Futurism). Forgetting as repressive erasure appears in its most brutal form, of course, in the history of totalitarian regimes. Repressive erasure can be employed to deny the fact of a historical rupture as well as to bring about a historical break.

2. *Prescriptive forgetting:* what might be called prescriptive forgetting is distinct from this. Like erasure, it is precipitated by an act of state, but it differs from erasure because it is believed to be in the interests of all parties to the previous dispute and because it can therefore be acknowledged publicly.

3. *Forgetting that is constitutive in the formation of a new identity* (as in narratives of modernity as the transformation of feudalism by capitalism with its concomitant emancipation of individuals). The practice of prescriptive forgetting suggests that we should entertain doubts about our deeply held conviction that forgetting involves a loss.

4. *Structural amnesia* (as in patri- or matrilinealism in genealogy). In this type person tends to remember only those links in his or her pedigree that are socially important.

5. *Forgetting as annulment* (as in the growth of archives and computers). If structural amnesia results from a deficit of information, forgetting as annulment flows from a surfeit of information.

6. *Forgetting as planned obsolescence* (as in the-ever-shortening "product life cycle"). Yet another type of forgetting flows from the planned obsolescence built into the capitalist system of consumption. Given the limits to the turnover time of material goods, capitalists have turned their attention from the production of goods to the production of services.

7. *Forgetting as humiliated silence* (as in the case of defeated nations in war). There is a seventh type of forgetting in which, though an element of political expediency may play a significant role, this is not the primary or defining characteristic. This type of forgetting is certainly not solely, and may in large part be not at all, a matter of overt activity on the part of a state apparatus.

The agents of Types 1 and 2 are states, governments or ruling parties, and, in the case of the art museum, the gallery's curators as bearers of western culture or a national or regional inflection of it. The agents of Types 3 and 4 are more varied; they may be individuals, couples, families or kin groups. The agents of Type 5 are both individuals and groups of various sizes (for example, families and large corporations) and societies and cultures as a whole. The agents of Type 6 are the members of an entire system of economic production. The agent of Type 7 is not necessarily but most commonlycivilsociety.

Unit Ten: Self-Concept

Self-concept:

It is the way people think about themselves. It is unique, dynamic, and always evolving. This mental image of oneself influences a person's identity, self-esteem, body image, and role in society. As a global understanding of oneself, self concept shapes and defines who we are, the decisions we make, and the relationships we form . Self- concept is perhaps the basis for all motivated behavior. It is the concept that an individual has of himself or herself. Notions of self are often linked to an individual beliefs about how others perceive them.

Components of self-concept:

Three basic components of self-concept are:

1. The ideal-self: is the person the client would like to be, such as a good, moral, and well-respected person. Sometimes, this ideal view of how a client would like to be conflicts with the real self. It is how we want to be.

2. The real-self: is how the client really thinks about oneself, such as "I try to be good and do what's right, but I'm not well respected"). This conflict can motivate a client to make changes toward becoming the ideal self. However, the view of the ideal self-needs to be realistic and obtainable, or the client may experience anxiety or be at risk for alterations in self-concept.

3. The Public-self: is what the client thinks others think of him and influences the ideal and real self. Positive self-concept and good mental health results when all three components are compatible.

Characteristics of a positive self-concept:

• Self-confidence

• Ability to accept criticism and not become defensive

• Setting obtainable goals

• Willingness to take risks and try new Experiences

Self- Image

An individual's perception of physical self, including appearance, function, and ability. It is how we see ourselves.

Self-esteem is a personal opinion of oneself and is shaped by individuals' relationships with others, experiences, and accomplishments in life. A healthy self-esteem is necessary for mental well-being and a positive self-concept. This is achieved by setting attainable goals and successfully accomplishing the goals, resulting in an increase in self-confidence, assertiveness, and feeling valued. It is the positive or negative way an individual views himself or herself. It also entails the desire to be held in high esteem by others. self-esteem is a very important aspect of personal well-being, happiness, and adjustment.

Factors affecting self-concept: Self-concept can be affected by:

1. An individual's life experiences.

2. Heredity and culture.

3. Stress and coping.

4. Health status.

5. Developmental stage.

Keys to Increasing Self-Esteem

1. **Listen to Self-Talk:** Replace the negative thoughts with positive thoughts.

2. **Recognize Accomplishments:** Make a list of your accomplishments, no matter how small or minor they may seem to you. This will help to build a sense of self-worth.

3. **Be Assertive:** Say what you mean and respect what others say. Practice clear communication.

4. **Be Tolerant:** Be tolerant of others and especially of yourself. Nobody is perfect. Try not to criticize others or yourself. Do not be afraid to admit a mistake; just learn from it.

5. **Build a Support System:** Spend time with people that appreciate you for who you are. Value your friends and let them value you.

Promote a positive self-concept in clients:

The memory trick **I LIKE ME** lists nursing interventions to promote a positive self-concept in clients:

I = Identify client's strengths.

L = Listen to the client's self-description.

I = Involve the client in decision making.

K = Keep goals realistic.

E = Encourage client to think positively.

M = Maintain an environment conducive to client self-expression.

E = Explain to the client how to use positive self talk instead of negative self-

talk.