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# Textbook of Behavioral Sciences for GNM Students (Psychology and Sociology)

*As per the INC Syllabus*

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## Chapter Outline

- ✦ Basic Human Needs, Drives (Dynamics of Behavior)
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- ✦ Habits: Meaning, Characteristics and Formation, Breaking of Bad Habits, Role of Habits in Health and Illness, Study Habits, Studying for Examination

Psychology deals not only with what people do but also why they do so. Why they do and how they behave in a particular fashion at a particular moment can be understood in terms of motivation. Motivation is an organized condition of the individual which serves to direct behavior towards a certain goal. Motives are inferences from observations of behavior. While they serve as powerful tools for explanation of behavior, they also allow us to make predictions about future behavior. In motivation, activating forces such as needs, drives and motives are mostly at work.

## BASIC HUMAN NEEDS

Needs are general wants or desires that are the very basis of our behavior. They essentially motivate us into action as a stimulated need leads to inner tension driving us into action. Needs can either be objective and physical, such as food and water, or can be subjective and psychological such as the need for self-esteem. Our behavior and feelings about ourselves and others, our values and priorities we set for ourselves all relate to our physiological and psychological needs. Every human being has

to strive for the satisfaction of his basic needs if he is to maintain and actualize or enhance himself in this world. They can broadly be classified into biological and psychosocial needs.

### Biological Needs

Also called physiological or unlearned needs these are necessary for the survival of an individual. These are generally caused by bodily wants. Biological needs include all our bodily or organic needs like need for oxygen, food, water, temperature, rest, sleep and sex, etc. These needs must be met at least to the minimum for maintaining life.

- **Need for oxygen, water and food** are most fundamental for our survival and existence. Prolonged deprivation of any of these needs may cause death. Oxygen is the most essential of all needs because all body cells require oxygen for survival. Healthy people drink fluids to satisfy thirst and maintain fluid balance. Food is a physiological need. Balance is maintained through digestive and metabolic processes.
- **Temperature, rest and sleep** are essential for survival. The human body functions best at 98.6°F (37°C). Rest and sleep allow time for the body to rejuvenate and be free from stress.
- **Need for satisfaction of the sex urge** or desire to seek sex experiences is not essential for the survival of the individual. But the satisfaction of this need and normal sexual behavior is most essential for a happy domestic life and the continuity and survival of the human species.

### Psychosocial Needs

Also called secondary needs these are acquired through social learning and contact with others. These are linked with sociocultural environment and psychological makeup of an individual. These needs transform into dynamic forces underlying behavior.

Needs falling under this category include need for freedom, security, love and affection,

recognition and social approval, social company, self-assertion and self-actualization.

- All human beings have an urge to remain free and independent.
- Each one of us needs to feel secure which means being protected from potential or actual harm. Safety and security need also includes trusting others and being free from fear, anxiety and apprehension.
- Love and belonging need includes the understanding and acceptance of others in both giving and receiving love and the feeling of belonging to families, peers, friends, neighborhood and a community. People who believe that their love and belonging needs are unmet, feel lonely and isolated.
- Each one of us has an inherent desire to gain recognition and appreciation from others.
- Man is called a social animal in the sense that he has a strong urge to be with his own kind and maintain social relations with them.
- Each one of us has an inherent desire to get an opportunity to rule or dominate over others. It may vary in intensity from person to person but is exhibited by us all in one or the other situation.
- We all have an inherent craving for the expression of self and actualization of our own potentialities.

### DYNAMICS OF BEHAVIOR (DRIVES)

A drive is an aroused state resulting from some bodily or tissue need. This aroused condition motivates the individual to initiate behavior to remedy the need. For example, lack of food produces certain chemical changes in the blood indicating a need for food which in turn creates an unpleasant state, a tension that needs to be reduced. The individual seeks out ways to fulfill these biological needs.

Need refers to the physiological state of tissue deprivation while drive refers to the psychological consequences of a need. Drive does not necessarily get stronger as need



gets stronger. A starved individual may be so weakened by his great need for food that drive (the motivation to get it) is weakened. People who have fasted for long periods report that their feelings of hunger (drive level) come and go even though their need for food persists. The strength of a drive depends upon the strength of the stimuli involving the related need. Drives of any nature are divided into two categories:

1. Biological drive or primary drive
2. Socio-psychological or secondary drive

### Biological Drive or Primary Drive

Biological needs give birth to biological drives such as hunger, thirst, sex and escape from pain. These drives are basically unlearned in nature. They arise from our biological needs as a result of a biological mechanism called homeostasis.

**Homeostasis:** Our body system constantly works to maintain optimum level of functioning between input and output. For example, when blood sugar level drops, glands, stomach and other body parts send signals to the brain which activate a hunger drive making one feel hungry. After food has been consumed by the individual's body it returns to a state of balance. This maintenance of an overall physiological balance is called homeostasis. In the event of an imbalance there is a need to restore balance giving rise to a drive which in turn serves as an instigator of behavior.

### Socio-psychological or Secondary Drive

It includes fear or anxiety, desire for approval, striving for achievement, aggression and dependence. These drives are not related to our physiological needs and therefore do not arise on account of imbalance in the body's internal functioning. They arise from socio-psychological needs and are said to be acquired through social learning as a result of one's interaction with his sociocultural environment. These drives move an individual to act for the satisfaction of his socio-psychological needs which in turn act as a reinforcer for such behavior and further-

more its continuity and maintenance. Drives are thus the basic activating force behind a behavior.

### INCENTIVES

Anything that incites, rouses or encourages a person is termed as an incentive. Drives are influenced and guided by incentives. Praise, appreciation, regards, bonus, etc., are examples of incentives. Incentive works as a reinforcing agent as it adds more strength to a drive like adding fuel to the already ignited fire. A piece of candy, chocolate or a toy may work as an incentive for a child giving more strength to its drive resulting in further motivation to act or behave in a desirable way. Whether primary or secondary, the drive is greatly affected and directed by incentives. These incentives work more forcefully in the case of an individual who remains deprived of them for long.

### MOTIVATION

A motive etymologically means that 'which moves.' A motive may be considered as an energetic force or tendency (learned or innate) working within the individual to compel, persuade or inspire him to act for the satisfaction of his basic needs or attainment of some specific purpose. Motives can be seen in the form of various needs, desires and aspirations of an individual.

### Definitions

- A need gives rise to one or more motives. A motive is a rather specific process which has been learned. It is directed towards a goal.

—Carol (1969)

- A motive may be defined as the readiness or disposition to respond in some ways and not others to a variety of situations.

—Rosen, Fox and Gregory (1972)

- Motive is an inner state of mind or an aroused feeling generated through basic needs or drives which compel an individual to respond by creating a kind of tension or urge to act.

- Motive may thus be considered as an energetic force or a tendency (learned or innate) working within the individual to compel, persuade or inspire him to act either for the satisfaction of his basic needs or the attainment of some specific purpose.

### Concepts of Motivation

- Motivation is generated through basic needs or drives.
- It compels an individual to respond by creating a kind of tension or urge to act.
- It is a goal-directed activity pursued till the attainment of the goal.
- Attainment of a goal helps in the release of tension aroused by a specific motive.
- A change in goal may bring an alteration in the nature and strength of the motive.
- Motivation is an inner state or an aroused feeling.
- We experience motives as feelings of want, need and desire.
- Motive may be considered as a learned response or tendency and also an innate disposition.
- We cannot see motives directly but must infer them from behavior of people.

### Types of Motives

Psychologists have divided motives into two main categories: Innate or unlearned and acquired or learned. Common types of motives are depicted in **Figure 3.1**.

### Physiological or Biological or Primary Motives

Physiological motives are called biological or organic motives. These include hunger, sex, thirst, need for oxygen, rest and sleep, avoid or seek relief from pain, activity and elimination needs.

#### Hunger Motive

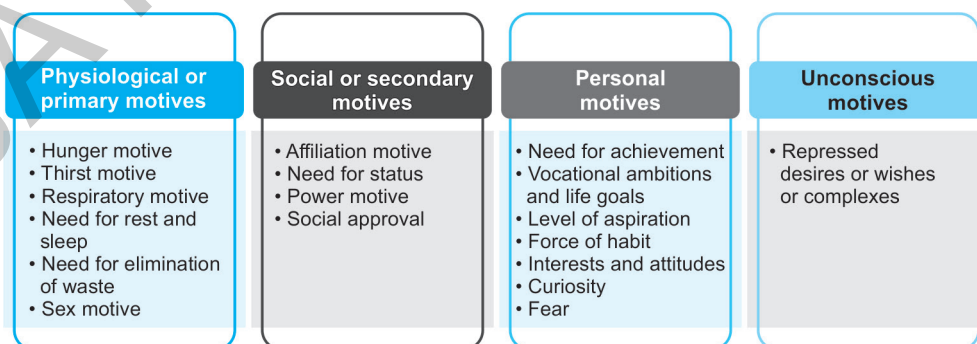
Hunger is seen to be a very dominant motive. If hunger motive is not adequately satisfied behavior of the individual undergoes a series of changes which includes lowering of morale. When food supply to the body is exhausted certain biochemical changes take place in the tissues of the body. This causes the stomach to contract resulting in hunger pains. Hunger must be satisfied so as to help the body return to a physiological balance or homeostasis.

#### Thirst Motive

When deprived of water over a long period the individual becomes excessively restless thereby creating an urgency for intake of water. Tissues of the body lose fluid in the absence of fluid intake resulting in the mucous membranes of the throat to become dry and cause sensation of thirst.

#### Respiratory Motive

It is the drive for air and oxygen. One cannot survive for long without a regular supply of air or oxygen. When an individual suffers from oxygen want, his memory, sensory activity and muscular control are seriously impaired.



**Figure 3.1:** Types of motives



### *Need for Rest and Sleep*

Need for sleep is another physiological motive. When the body continues to perform activities for a long time without adequate rest or sleep it is possible that confusion, fatigue or discomfort are experienced.

### *Need for Elimination of Waste*

When the bladder or intestine becomes distended with waste material they cause pressure and discomfort. The person becomes restless until the waste material is disposed off and the pressure relieved.

### *Sex Motive*

With the onset of puberty, the sex glands start functioning and as a result the sex drive is stimulated. Though it is a physiological drive it is regulated by customs, traditions and religious conventions. A number of taboos are associated with the satisfaction of sex drive. This motive within certain limits influences man's behavior a great deal. Its adequate satisfaction is desirable for the maintenance of normal mental health. It is considered a biological drive since it is dependent on physiological conditions. Unlike hunger and thirst, sex is not essential for survival of the individual but is necessary for the survival of the species. The initial drive for sex activity comes from nerves tensions within the body set up by sex hormones. Its expression is subject to moral codes and civil law. We have to sublimate this sex drive by engaging ourselves with art and painting, creative writing, dramatics, etc.

The nurse has to recognize all these basic needs and drives in her patients. She has to remember that due to illness many of these drives become weak and abnormal in their expression. She should strive to satisfy as many basic needs of the patient as possible.

### **Social or Secondary Motives**

Human beings are not only biological but also social beings. Therefore human behavior is activated by social motives such as affiliation motives, need for status, power motives

and social approval. These motives develop through relationship with people.

### *Affiliation Motives*

In general, human beings love company and resent loneliness as pleasures of life cannot be enjoyed alone. Even the simple routine activities of eating and drinking cannot be enjoyed without company. The need to be with other people is referred to as the affiliation need. It is revealed by a need to be attached to others through friendship, sociability or group membership. Need to rely on others also called the dependency motive is one form of the need for affiliation. The motive of affiliation is universally seen in all human cultures.

### *Need for Status*

Most individuals have a desire to demonstrate some standing or position among the people of their society or group. Nobody likes to be considered inferior.

### *Power Motive*

The desire to be in a position of control, to be the boss, to give orders, to command respect and obedience is called the power motive. Power motive directs the behavior of dictators, gang leaders and the builders of fraudulent financial empires.

### *Social Approval*

We try our best to avoid doing anything that may evoke social disapproval. We often show an almost compulsive tendency to conform to the norms set by our social group.

A nurse has to remember that all such social motives are at work in the life of her patients, colleagues and in her own daily relationships. She has to note the manifestations of these motives in her patients carefully because some of them adopt peculiar means to satisfy them.

### **Personal Motives**

Though allied with physiological needs and common social motives, personal motives are no longer common as they are so much individualized. They are our wants and aspirations which are not shared commonly

by others. Need for achievement, vocational ambitions and life goals, specific interests, habits and attitudes, levels of aspiration, curiosity and fear are our personal motives.

#### *Need for Achievement*

Achievement motivation refers to a drive towards some standard of excellence. People with high need for achievement prefer tasks which would promise success and are moderately difficult. David C McClelland has found that while high achievers tend to succeed, low achievers tend to avoid failures. High achievers challenge failures and work harder while low achievers accept failure and settle for less difficult tasks. High achievers prefer personal responsibility and like to get feedback about their works.

#### *Vocational Ambitions and Life Goals*

These desires though common to all, there is something unique about each one's desires. These are powerful determinants of our behavior.

#### *Levels of Aspiration*

Levels of aspiration imply the degrees of expectation which a person has, i.e., how much he expects to accomplish or achieve. We may have the same ambition or life goal but may have different levels of aspiration. In general, people tend to set their goals slightly higher than the level they are sure of attaining. This is a healthy tendency for progress. However, there are a few who set their level of aspiration much higher or lower in comparison to their actual level of performance leading to frustrations and disappointments. Repeated failure may lower the level of aspiration.

#### *Force of Habit*

A habit which has been formed acts as a drive and compels us to continue with the accustomed ways of doing things. In other words, habits once formed persist and influence our behavior greatly.

#### *Interests and Attitudes*

The interests we have developed and the attitudes we have formed color our everyday behavior in many ways.

#### *Curiosity*

This is a motive which is close to exploration. Exploration is a drive that aids the satisfaction of curiosity. The extent of man's knowledge and experience widens as a result of this drive. Curiosity thus adds to our competency.

#### *Fear*

Fear is a learned motive. It motivates individuals to escape from fear producing situations. Fear may also interfere with the satisfaction of other motives.

A nurse should understand that personal motives are no longer common. They are our wants and aspirations which are not shared commonly by others. She has to put extra-attention to understand the personal motives.

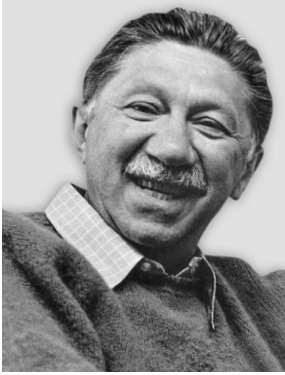
#### **Unconscious Motives**

Unconscious motives are those of which we are not aware of. They may be in the form of our repressed desires or wishes or complexes. They determine our irrational fears or phobias, eccentric likes and dislikes, chronic headaches and gastric troubles (for which we have no organic causes) and also neuroses and insanities.

According to Freud, it is the unconscious mind that guides, directs and motivates dreams. The root cause of mental diseases is traced to the unconscious mind.

### **MASLOW'S HIERARCHY OF NEEDS**

Abraham Maslow (1908–1970), a leader in the development of humanistic psychology proposed an interesting way of classifying human motives (**Figure 3.2**). He assumed a hierarchy of motives ascending from the basic biological needs present at birth to more complex psychological motives that become important only after the more basic needs have been satisfied. The needs at one level must at least be partially satisfied before those at the next level become important determiners of action. When food and safety are difficult to obtain, the satisfaction of these needs will dominate a person's actions and the higher motives will have little significance. Only when



**Figure 3.2:** Abraham Maslow, leader in the development of humanistic psychology

the satisfaction of the basic needs is easy, will the individual have the time and energy for aesthetic and intellectual interests. Artistic and scientific endeavors do not flourish in societies where people must struggle for food, shelter and safety.

One of the basic themes underlying Maslow's theory is that motivation affects the person as a whole rather than just a part. Maslow believed that people are motivated to seek personal goals which make their lives rewarding and meaningful.

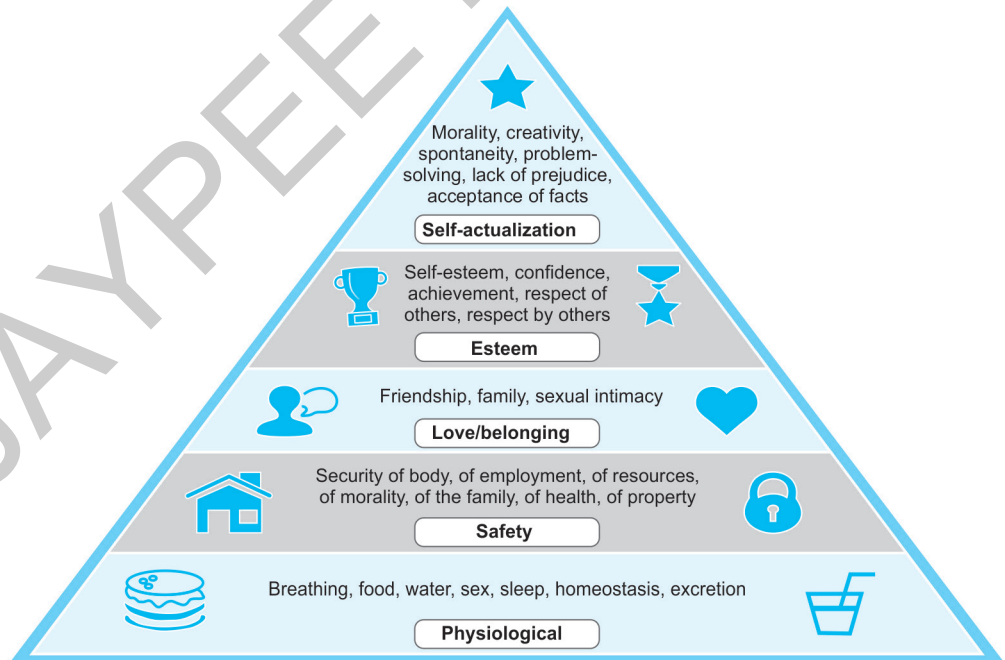
Abraham Maslow suggested that five basic classes of needs or motives influence human behavior. According to Maslow, needs at the lowest level of hierarchy must be satisfied before people can be motivated by higher-level goals (**Figure 3.3**). According to Maslow the five levels of motives from bottom to the top of the hierarchy are:

### Physiological Needs

Physiological needs are the most basic, powerful and urgent of all human needs that are essential to physical survival. Even if one of these needs remains unsatisfied the individual rapidly becomes dominated by it making all other needs secondary. The needs included in this group are food, water, oxygen, activity, sleep, sex, homeostasis and excretion.

### Safety and Security Needs

Once the physiological needs are fairly well-satisfied, safety and security needs predominate. The needs included in this level are the need for security of body, employment, resources, morality, family,



**Figure 3.3:** Maslow's hierarchy of needs

health and property. Safety needs are of greater importance in childhood. The failure to satisfy the needs of children may make them fearful and insecure adults unable to cope with the ordinary demands of the environment.

### Need for Love and Belongingness

These needs become prominent when the physiological and safety/security needs have been met. A person at this level longs for affectionate relationship with others and for a place in his family and social groups. The secure individual will be able to reach out for friends, affiliate with a group and ultimately take on the responsibilities in marriage of being both a spouse and a parent. The needs included in this level are need for friendship, family and sexual intimacy.

### Self-esteem Needs

Once people find themselves loved and being members of an accepting circle they then need to think highly of themselves and have others think highly of them. They want self-respect and the respect, confidence and admiration of others. Maslow divided these needs into two types—(1) self-respect and (2) respect from others.

Self-respect includes a person's desire for competence, confidence, achievement and independence. Respect from others includes his desire for prestige, reputation, status, recognition, appreciation and acceptance from others. Satisfaction of self-esteem needs generates feelings of self-confidence, self-worth and a sense of being useful and necessary in the world.

Dissatisfaction of self-esteem needs in contrast generates feelings of inferiority, weakness, passivity and dependency.

### Self-actualization

According to Maslow, self-actualization is the highest human motive. It is the need for self-fulfillment, the sense that one is becoming everything that he is capable of being. A person who has achieved this highest-level presses towards the full use of his talents, capacities

and potentialities. In short, a self-actualized person is someone who has reached the peak of his potential. Characteristics that distinguish self-actualized people from others are listed in **Box 3.1**.

Maslow's hierarchy provides a framework for nursing assessment and for understanding the needs of the patient at all levels so that interventions to meet the needs become a part of the care plans.

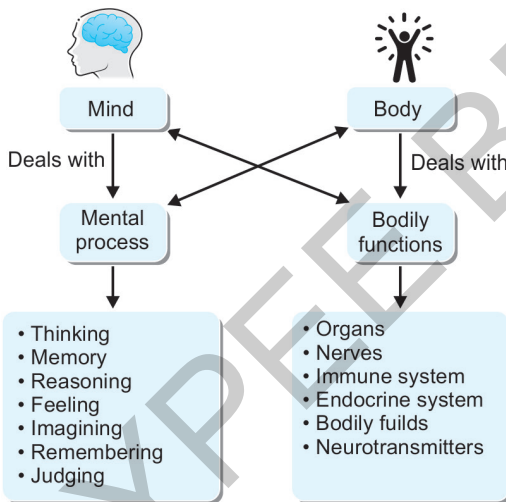
#### Box 3.1: Characteristics of self-actualized individual

- ☐ They are realistically oriented
- ☐ They accept themselves for what they are
- ☐ Their thought is unconventional and spontaneous
- ☐ They are problem centered
- ☐ They have a need for privacy
- ☐ They are independent
- ☐ Their appreciation of people is fresh
- ☐ They have spiritual experiences
- ☐ They identify with people
- ☐ They have intimate relationships
- ☐ They are democratic
- ☐ They have a good sense of humor
- ☐ They do not confuse between means and ends
- ☐ They are creative and non-conformist
- ☐ They appreciate the environment

### BODY-MIND RELATIONSHIP

- Psychology studies human behavior involving both the body and the mind. They are interrelated and interact upon each other as mental functions and physical states affect each other.
- Body and the mind are two aspects of the living, dynamic and adjusting personality. Mind is regarded as a function of the body and does not exist in isolation from it. It is the sum total of various mental processes such as observing, knowing, thinking, reasoning, feeling, imagining, remembering, judging, etc. Mind also grows just as the body grows.
- Body is represented by physical states and bodily functions. Nervous system and glands are an important part of our body. They are also responsible for ways of thinking, feeling and doing.

- All behaviors have an anatomical and physiological basis. Physiological structures, body fluids, chemicals and mechanical events influence our overt behavior, feelings and experiences. Our mental functions like strong feelings, emotions, attitudes, motives, thinking, etc., influence our bodily activities and processes.
- Emotions are a combination of bodily responses and mental processes. While the body provides energy to fight or cope, mind contributes to the understanding and offers an explanation for one's own actions and that of others. Just as the body produces epinephrine to fight danger, the mind helps to decide whether it is needed or not (**Figure 3.4**).



**Figure 3.4:** Body-mind relationship

### Effects of Bodily Conditions on Mental Functioning

- Increased blood pressure causes mental excitement.
- Severe pain reduces the ability to concentrate.
- Chronic illness causes depression.
- Malfunctioning of the endocrine glands may exert full influence on one's personality

resulting in lethargy, nervousness, tension, etc.

- Physical fatigue affects our mood and reduces our motivation, interest and concentration.
- Brain injury affects many psychological functions. At the same time well developed brain leads to the development of better intellectual functioning.

### Effects of Mental Conditions on Bodily Functioning

- Mental processes are intimately connected to the brain and cortical processes. For example, unpleasant emotions like fear, anger and worry cause irritability, insomnia, headache, etc. Similarly depression affects thinking and memory.
- Emotional conflicts are responsible for peptic ulcer, ulcerative colitis, etc.
- Deep thinking and concentration can cause physical strain.
- According to Franz Alexander repressed feelings of hostility and aggression are expressed through the nervous system causing hypertension and cardiac diseases. Repressed feelings of dependency and wish to receive love affect parasympathetic nervous system resulting in gastrointestinal disorders or respiratory disorders.
- Unconscious motivation and conflicts give rise to many physical complaints and neurotic disorders like conversion disorders.

Relationship between body and the mind has an effect on health and illness. If the relationship is harmonious it leads to good health while an adverse relationship leads to illness. If all the body and mental processes are functioning within normal range the individual will experience good health. Disruption in any one of the processes will lead to illness.

Psychosomatic medicine deals with physical diseases caused by psychological factors. In such cases the patients should be treated for both the body and the mind, e.g., in case of peptic ulcer the treatment is given both by way of drugs and psychotherapy.



While understanding the interrelationship between the body and the mind she should also understand the emotional factors underlying the disease. It is always necessary to study the patient's physical and psychological problems so as to provide comprehensive care.

## MENTAL HEALTH

Mental health is a state of balance between the individual and the surrounding world, a state of harmony between oneself and others, a co-existence between the realities of the self and other people and the environment.

### Definitions

- An adjustment of human beings to the world and to each other with maximum effectiveness and happiness.

—**Karl Menninger (1947)**

- Simultaneous success at working, loving and creating with the capacity for mature and flexible resolution of conflicts between instincts, conscience, important other people and reality.

—**The American Psychiatric Association (APA) (1980)**

Thus, mental health would include not only the absence of diagnostic labels such as schizophrenia and obsessive-compulsive disorder but also the ability to cope with the stressors of daily living, freedom from anxieties and generally a positive outlook towards change in fortunes and to cope with those.

## Concepts of Mental Health—Jahoda (1958)

Jahoda described six concepts of mental health in her book titled 'Current concepts of positive mental health' (**Figure 3.5**).

### Positive Attitude towards Self

A positive attitude towards self includes an objective view of self together with the knowledge and acceptance of strengths and limitations. The individual feels a strong sense of personal identity and security within the environment.

### Growth, Development, Ability for Self-actualization

It is the ability of the individual to successfully achieve the tasks associated with each level of development.

### Integration

Integration includes the ability to adaptively respond to the environment and the development of a philosophy of life both of which help the individual maintain anxiety at a manageable level in response to stressful situations.

### Autonomy

Autonomy refers to the individual's ability to perform in an independent self-directed manner, making choices and accepting responsibility for the outcomes.



**Figure 3.5:** Concepts of mental health



### Perception of Reality

Perception of reality includes perception of the environment without distortion, as well as the capacity for empathy and social sensitivity—a respect and concern for the wants and needs of others.

### Environmental Mastery

Environmental mastery indicator suggests that the individual has achieved a satisfactory role within the group, society or environment. He is able to love and accept the love of others.

### Characteristics of a Mentally Healthy Person

- He has an ability to make adjustments.
- He has a sense of personal worth, feels worthwhile and important.
- He solves his problems largely by his own effort and makes his own decisions.
- He has a sense of personal security and feels secure in a group, shows understanding of other people's problems and motives.
- He has a sense of responsibility.
- He can give and accept love.
- He lives in a world of reality rather than fantasy.
- He shows emotional maturity in his behavior, and develops a capacity to tolerate frustration and disappointments in his daily life.
- He has developed a philosophy of life that gives meaning and purpose to his daily activities.
- He has a variety of interests and generally lives a well-balanced life of work, rest and recreation.

### EMOTIONS IN SICKNESS

People react differently to illness. Individual's emotional reactions depend on the nature of illness, their attitude towards it, the reaction of others to it, patient's perception of illness, visibility of symptoms, availability of support system, economic variables and patient's coping skills. Short-term, non-life-threatening illness evokes few emotional changes. Severe

illness, particularly one that is life-threatening can lead to more extensive emotional reactions such as anxiety, shock, fear, anger, denial and depression.

- **Anxiety:** A feeling of apprehension, uneasiness, agitation, uncertainty and fear that occurs when individuals anticipate threats. In some individuals, anxiety is due to fear of a possible diagnosis or impending surgery, etc.
- **Worry:** A mild form of anxiety characterized by preoccupation of a problem. Common anxiety producing factors in a hospital environment are separation from significant others, lack of privacy, lack of understanding of hospital language, strange sights, sounds, odors, etc.
- **Fear:** An emotional state characterized by expected harm or unpleasantness.
- **Shock:** A response when patient or families are informed of a severe or life-threatening illness. They hear what has been said but fail to respond or respond in a totally inappropriate manner.
- **Denial:** A mechanism by which the patient or family avoids emotional conflict and anxiety by refusing to acknowledge difficult facts. For example, a family knowing that their loved one has cancer may deny the diagnosis and attempt to continue as though nothing were wrong. Short-term denial can be an effective way of coping with illness.
- **Anger:** An emotional state characterized by feelings of frustration and struggle with a threatening or unpleasant situation. Anger may have effects on patient's social or spiritual dimensions.
- **Depression:** An emotional state characterized by a dejected mood. It occurs due to the absence of cure or loss of personal control.

### EMOTIONAL CONTROL

Emotional control (also referred to as emotional equilibrium, emotional stability, neuroticism, personal adjustment or psychological adjustment) is the maintenance

of emotional equilibrium in the face of internal and external stressors. This is facilitated by cognitive processes of acceptance and adaptation. An example would be to maintain emotional control and coping behavior in the face of an identity crisis.

Emotions play an important role in human life. Under ordinary circumstances the physiological reactions during an emotion facilitate adjustment in an individual. These physiological reactions last for a little time and do not have any harmful effects on our body. But when an emotion recurs again and again and lingers for a longer time it may lead to distress affecting the physical health adversely. Autonomic nervous system, brain structures and hormones play an important role in emotional adjustment.

### Autonomic Nervous System

Autonomic nervous system prepares the body for emotional responses by its two divisions—(1) sympathetic and (2) parasympathetic nervous system. Sympathetic nervous system is more active in unpleasant situations while the parasympathetic division is more active in pleasant situations. Strong emotional reactions like fear, anger, etc., stimulate the sympathetic nervous system that releases hormones from the adrenal gland.

The parasympathetic nervous system makes us calm by inhibiting the release of these hormones.

### Brain Structures

Hypothalamus and limbic system are the structures which control emotional systems by signaling the pituitary gland to release epinephrine which is associated with the sympathetic nervous system.

Amygdala is another key player within the limbic system. It receives information from the cortex and thalamus, involves in processing emotions like patterns of attack, defense and flight. Right hemisphere regulates facial expressions while the left hemisphere deciphers emotional tone from the messages we fear.

### Hormones

Hormones play an important role in regulation of emotions. During emotional states there is an increase in hormonal level in blood and urine.

### HANDLING EMOTIONS IN SELF AND OTHER

“Being aware of our internal emotional state and being more mindful and present with how our mind and body respond to situations enables us to manage stress better”.

—Annie Miller

Emotions are reactions that human beings experience in response to events or situations. These are strongly linked to memory and known to have a strong influence on our daily lives. The type of emotion a person experiences is determined by the circumstance that triggers the emotion. We make decisions based on whether we are happy, angry, sad, bored, or frustrated. We also choose activities and hobbies based on the emotions they incite. Emotions are controlled by the limbic system in the brain.

Understanding emotions can help to improve emotional regulation and emotional resilience and attain lower levels of anxiety thereby navigating life with greater ease and stability. Although, positive emotions such as joy and happiness are easy to deal with, negative emotions are mostly difficult to handle. Negative emotions can be best handled in the following ways:

- **Identify emotions or emotional awareness:** It is the process of recognizing and acknowledging one's own feelings. Generally, emotions are accompanied by physical and mental reactions. Paying attention to one's own physical and mental cues can help the individual to identify what specific emotion he is experiencing.
- **Listen to emotions:** Emotions are expressed in various forms. For example, fears are expressed as rage, sleeplessness, headache or other psychological and physiological symptoms. Each one has to pay attention to these symptoms.

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