

NATIONAL OPEN UNIVERSITY OF NIGERIA

EGC 812



Behaviour Modification Module 1

EGC 812 Behaviour Modification Module I

Course Developer/Writer

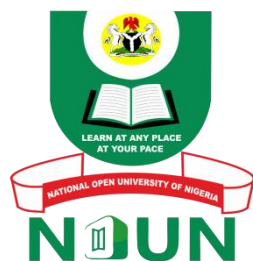
Dr. J. Okoza, National Open University of Nigeria

Programme Leader

Prof. U.S.A Osuji, National Open University of Nigeria

Credits of cover-photo: Henry Ude, National Open University of Nigeria

National Open University of Nigeria - University Village, 91 Cadastral Zone, Nnamdi Azikiwe Express Way, Jabi Abuja, Nigeria



www.nou.edu.ng centralinfo@nou.edu.ng

oer.nou.edu.ng oerunit@nou.edu.ng OER repository

Published in 2021, by the National Open University of Nigeria

© National Open University of Nigeria 2021



This publication is made available in Open Access under the [Attribution-ShareAlike4.0 \(CC-BY-SA 4.0\) license](https://creativecommons.org/licenses/by-sa/4.0/). By using the content of this publication, the users accept to be bound by the terms of use of the Open Educational Resources repository nouonline.net of the National Open University of Nigeria.

The designations employed and the presentation of material throughout this publication do not imply the expression of any opinion whatsoever on the part of National Open University of Nigeria concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. The ideas and opinions expressed in this publication are those of the authors; they are not necessarily those of National Open University of Nigeria and do not commit the organization.

How to re-use and attribute this content

Under this license, any user of this textbook or the textbook contents herein must provide proper attribution as follows: “First produced by the National Open University of Nigeria” and include the NOUN Logo and the cover of the publication. The repository has a version of the course available in ODT-format for re-use.

If you use this course material as a bibliographic reference, then you should cite it as follows: “Course code: Course Title, Module Number, National Open University of Nigeria, [year of publication] at nouonline.net

If you redistribute this textbook in a print format, in whole or part, then you must include the information in this section and give on every physical page the following attribution: Downloaded for free as an Open Educational Resource at nouonline.net If you electronically redistribute part of this textbook, in whole or part, then you must retain in every digital file (including but not limited to EPUB, PDF, ODT and HTML) the following attribution:

Module I

Unit I The Concept of Behaviour

1.0 Introduction

Psychologists to a large extent acknowledge that the human person is a very complex being in this world. His complex nature arises from the fact that he acts differently at various times, in same or similar situations and uniquely too. The extent to which he is understood depends largely to the extent to which his behaviour is known and predictable. However, since he as a being is a complex phenomenon, knowing him and predicting his actions are no easy tasks. The reason is that “human behaviour involves all aspects of human operations such as personal and covert thought processes including a configuration of chains of complex human information processing such as perception, conception, thinking, remembering, memory processes and even creativity. There are dynamic emotional aspects of human behaviour which are equally complex convert behaviour patterns interacting very intricately with human cognitive processes and action” (Akinboye, 1984 as cited in Adomeh, 2005).

Such behavioural pattern which is shaded from the external observer can only be inferred from the overt behaviour of the individual. And it takes a professional psychologist to do that. Both psychologists and sociologists are not just concern with understanding and predicting human behaviour. Their ultimate aim is to manage and control adaptive behaviour in human organism. The management and control of adaptive behaviour in human persons lead us to the concept of behaviour.

2.0 Objectives

At the end of this unit, you should be able to:

- explain behaviour
- list and explain basic principles and assumptions about behaviour by psychologists.

3.0 Main Content

3.1 The Concept of Behaviour

Among psychologists, there is the consensus that psychology is the science of human behaviour and mental processes. Psychologists use the scientific method, and this in essence means that they rely on careful, systematic and objective observation. To the extent that poets, novelists, playwrights, artists and philosophers use other non-scientific methods of study, they are no psychologists. This does not mean, of course, that they have nothing of value to say about human behaviour.

The psychologist studies individual behaviour, while most sociologists study group behaviour. Many psychologists are interested in how the behaviour of others affects the individual, but their focus is on the individual, not the group per se. Let us now look at some definitions of behaviour.

According to Colman (2003), behaviour is the physical activity of an organism, including overt bodily movements and internal glandular and other physiological processes, constituting the sum total of the organism's physical responses to its environment. The term also denotes the specific physical responses of an organism to particular stimuli or classes of stimuli. Santrock (2000) defined behaviour as everything we do that can be directly observed.

Strictly speaking, behaviour refers to directly observable responses like pushing a button, kicking someone or talking. However, since such responses may be used to infer subjective events (goals, thoughts, and feelings for example), and since subjective experience is what many psychologists are really most interested in, the subject matter of psychology include virtually anything the individual does or experience (Adomeh, 2005). The word behaviour tends to be restricted to relatively large, global responses and is generally not applied to the more minute, specific phenomenon that interest most biologists. Many psychologists are certainly interested in the body's physiological functioning, but they are unlikely to spend much more time studying the embryological development of the respiratory system, the formation of blood clots, or the stages in the division of liver.

Because of this specific interest of the individual psychologist, (Akinboye, 1984 as cited in Adomeh, 2005) noted that while there is a general consensus among psychologists on behaviour as the subject matter of psychology as mentioned earlier, there is no such consensus among psychologists as to the precise meaning of the word behaviour. Consequently, definition of behaviour ranges from the most general to the most specific depending on the point of view of those defining the concept or their area of emphasis.

Thus, some psychologists who are concerned with conduct; behaviour is the activities organisms engage in. Put simply, observable activities are sometimes used to infer subjective events like goals, thoughts and feelings. In other words, behaviour is the activity performed by organism on regular basis. In relation to man therefore, behaviour is the activity that man performs. Any form of expression in which man shows forth what he is could be considered his behaviour, since his activities cannot be separated from him as a human organism.

According to some other psychologists who wish to emphasise the neurological foundation of human behaviour it is the response of the neuromotor system to perceive stimuli. What this means is that behaviour does not occur in a vacuum. It is a reaction of the organism to some perceived environmental contingencies. For a human being or any other organism for that matter to engage in any activity that could be termed behaviour, something must precede it or he must be prompted to act. Such environmental contingencies could either be internal or external to the human person or organism. Such a reaction to stimulus is considered a unit of behaviour. Hence, to behave the organism must do something, that is, engage in activity.

As an activity, behaviour is considered one, albeit very important, function of the physical structure of individual organisms. It is literally the action of muscles and glands caused most immediately by the coordinated effort of various structures in the central nervous system. For behavioural scientists, however, behaviour must be defined in terms of its function as an activity of the organism that changes in an orderly way with certain variables, whether the orderly relationship can be demonstrated or not. When scientists study the function of behaviour, their first task, as in other natural sciences, is to discover basic unit of functional analysis. They do this, as Darwin did concerning the various life forms he encountered on his travels abroad the H.M.S. Beagle by asking about function (Schlinger, 2002 as cited in Adomeh, 2005).

Schlinger (2002), is also of the view that behavioural scientists have made great in road in functional unit of behaviour in the last one hundred years. Notable among such scholars are Parlov, Thorndike and Skinner, who each discovered unit of functional behaviour which they referred to as respondents, operant and discriminated operant respectively. There are different principles and assumptions about behaviour. This we now turn to discuss. Be attentive and learn more.

3.2 Basic Principles and Assumption about Behaviour by Psychologists

The basic principles and assumptions about behaviour will be treated from behaviourist approach, psychoanalytic approach, humanistic approach and cognitive approach.

Behaviourist approach

Behaviourists emphasise the role of environmental factors influencing behaviour, to the near exclusion of innate or inherited factors. This amounts essentially to a focus on learning. The key form of learning is conditioning, either classical (Pavlovian or respondent), which formed the basis of Watson's behaviourism, or operant (instrumental), which is at the centre of Skinner's radical behaviourism.

Behaviourism is often referred to as 'S – R' psychology ('S' standing for stimulus and 'R' for 'response'). Both classical and operant conditioning explains observable behaviour (responses) in terms of environmental events (stimuli), but they define the stimulus and response in fundamentally different ways. Only in classical conditioning is the stimulus seen as triggering a response in a predictable automatic way, and this is what is conveyed by 'S – R' psychology.

Both types of conditioning are forms of associative learning, whereby associations or connections are formed between stimuli and responses that did not exist before learning takes place. The mechanisms proposed by a theory should be as simple as possible. Behaviourists stress the use of operational definitions (defining concepts in terms of observable, measurable events). Finally, the aim of a science of behaviour is to predict and control behaviour (Gross, 2010).

Psychoanalytic approach

According to Freud, much of our behaviour is determined by unconscious thoughts, wishes, memories, and so on. What we are consciously aware of at any one time represents the tip of an iceberg: most of our thoughts and ideas are either not accessible at that moment (preconscious) or are totally inaccessible (unconscious). These unconscious thoughts and ideas can become conscious through the use of special techniques, such as free association, dream interpretation and transference, the cornerstones of psychoanalysis. You will learn more about this concept later under psychotherapy.

Much of what is unconscious has been made so through repression, whereby threatening or unpleasant experiences are 'forgotten'. They become inaccessible, locked away from our conscious awareness. This is a major form of ego defense. Freud singled out repression as a special cornerstone on which the whole structure of psychoanalysis rests. It is the most essential part of it. Freud's theory though criticised as unscientific, contains some profound observations and understanding of human behaviour. These must be incorporated into any adequate human psychology not only its theory but also its methods.

Humanistic approach

Both the psychoanalytic and behaviourist approaches are deterministic (Gross, 2010). People are driven by forces beyond their control, either unconscious forces from within (Freud) or reinforcement from outside (Skinner). Humanistic psychologists believe in free will and people's ability to choose how they act. A truly scientific psychology must treat its subject matter as fully human, which means acknowledging individuals as interpreters of themselves and their world. Behaviour, therefore, must be understood in terms of the individuals' subjective experience, from the perspective of the actor.

Maslow, a humanistic psychologist argued that Freud supplied the 'sick half' of psychology, through his belief in the inevitability of conflict, neurosis, innate self-destructiveness and so on, while he (and Rogers) stressed the 'healthy half'. Maslow saw self-actualisation at the peak of a hierarchy of needs, while Rogers talked about the actualising tendency, an intrinsic property of life, reflecting the desire to grow, develop and enhance our capabilities. A fully functioning person is the ideal of growth. Personality development naturally moves towards healthy growth (unless it is blocked by external factors) and should be considered the norm (Gross, 2010).

Cognitive approach

Despite its undoubted influence within psychology as a whole, it is most difficult to define the boundaries of cognitive psychology compared with the other major approaches. Its identity is not as clearly established, and it cannot be considered to be a specific, integrated set of assumptions and concepts. It has several contemporary forms, with many theories, research programmes and forms of psychotherapy having a cognitive tilt (Nye, 2000).

Looking at the various psychological principles and assumptions our aim is to prepare your knowledge foundation on what you will learn when we shall discuss the different forms of psychotherapy.

4.0 Conclusion

You have learnt so far that behaviour is a physical activity of the organism. There is no consensus among psychologists as to the precise definition of behavior. There are different approaches to behaviour and hence we have different basic principles and assumptions among behaviourists, psychoanalytic, humanistic and cognitive psychologists.

5.0 Summary

In this unit, you have learnt about the concept of behaviour. You also learnt about the Pavlovian conception that states associations or connections are formed between stimuli and responses. The psychoanalytic believed that our behaviour is influenced by our unconscious thoughts, while the humanistic believes in the subjectivity of the human organism.

6.0 Self-Assessment Exercise

1. Define the concept of behaviour.
2. Explain the basic principles and assumptions of behaviourists, psychoanalytic and humanistic psychologists on behaviour.

7.0 References/Further Reading

Adomeh, I. O. C. (2005). "Principles of Behaviour Modification." (Unpublished Research). Department of Educational Foundations and Management. Ambrose Ali University Ekpoma, Nigeria.

Colman, A. M. (2003). *Oxford Dictionary of Psychology*. Britain: Oxford University Press.

Gross, R. (2010). *Psychology* (6th ed.). UK: Hodder Education.

Nye, R. D. (2000). *Three Psychologies: Perspectives from Freud, Skinner & Rogers*. (6th ed.). Belmont, CA: Wadsworth/Thomson Learning.

Unit 2 Types of Behaviour

1.0 Introduction

In the last unit, you learnt the concept of behaviour. It was defined in different perspectives. It was also remarked that psychologists define, behaviour from different points of view and hence there is no consensus amongst them as to the definite meaning of behaviour. In all, behaviour is what you can observe as a response from the living organisms.

In this unit, you will learn about types of behaviour, the meaning of deviant behaviour, deviance as intrinsically real, deviance as an objective fact and deviance as determined behaviour.

2.0 Objectives

At the end of this unit, you should be able to:

- list and explain types of behaviour
- discuss deviant behaviour
- explain deviance as classified by scientific sociologists
- analyse deviance as classified by humanistic sociologists.

3.0 Main Content

3.1 Types of Behaviour

Since behaviour is an activity of an organism, and it does not occur in a vacuum but is prompted by a stimulating event or a combination of events, which could be internal or external to the organism, it means that the classification of behaviour must be done in relation to other organisms. In classifying behaviour, therefore, we must look at it from the point it affects other human organisms and the society in general.

The view that behaviour that are learnt or learnable brings us to the consideration of types of behaviour. Broadly speaking, there are two types of behaviour, namely, adaptive behaviour and maladaptive behaviour. Adaptive behaviours are those human activities and responses through which he satisfies his needs and relates to the other members of the society in morally and accepted way, which does not infringe on the rules and regulations of either his immediate environment or the larger society. Any other behaviour that does not fulfill all of the above conditions even if it helps the individual to adapt to environmental contingencies is considered maladaptive behaviour (Adomeh, 2005).

Maladaptive behaviour means that such a conduct departs from the normal. At that point of deviation we can refer to it as deviant behaviour. Since it is this type of conduct that requires to be managed and restored to the point of departure, we shall learn more on deviant behaviour and their types. Exercise patience and learn more.

3.2 The Meaning of Deviant Behaviour

Like behaviour itself, a lot of controversies abound in the definition of deviant behaviour. These controversies are not peculiar to the lay people in behaviour modification, even among sociologists themselves. It is therefore important to state some of these professional definitions before attempting a synthesis as did Thio (1978: 4 as cited in Adomeh, 2005).

Consequently, Thio stated that Parsons defined deviant behaviour as a situation or when one exhibit a conduct that is contrary to societal expectations. In the same way, a student of Talcoth Parsons, Robert Merton, opined that “Deviant behaviour refers to conduct that departs significantly from the norms set for people in their social statuses...when a man acts ‘like a child’ or a layman acts ‘like a physician’, he engages in deviant behaviour ”.

For Albert Cohen, deviant behaviour does not only mean violation of expectations about our social statuses and roles; it refers to violation of any rule anywhere as long as the violation attracts some disapproval, anger or indignation. Cohen went further to list crime, dishonesty, betrayal, cutting corners, immorality, corruption, wickedness and sin as examples of deviant behaviour. Since such deviant behaviour as suicide and mental illness will not excite disapproval, anger or indignation. Cohen excludes them from his list. But John Lofland includes them in his. To Lofland, deviants are persons toward whom there is experienced fear, hate, threat and defensiveness and on occasion, compassion, concern and hope of redemption. While other sociologists restrict deviant behaviour to the act of violating normative rules, Sagarin’s definition includes both rule breakers and people who have committed not deviant acts. The latter group includes the crippled, the mentally retarded, the spastic, the leprous, the blind, the deaf and mute. Although these people have not broken social rules, they are similar to physically normal people who have, in that they are held in low social esteem. That notwithstanding, most sociologists limit the use of the term deviance to what the public considers objectionable behaviour.

The term objectionable used by most sociologists to qualify behaviour had lead to classifying deviant behaviour into two main groups, namely, the scientific and the humanistic perspectives. Those sociologists that define deviance from the scientific perspective are known as scientific sociologists and they make three main assumptions, namely (i) that deviance is intrinsically real, (ii) deviance is objective fact, and (iii) deviance is determined behaviour. Now, we are going to learn more about these classifications of scientific sociologists.

3.3 Deviance as Classified by Scientific Sociologists

- i. **Deviance as intrinsically real:** The first assumption of the scientific sociologists is that deviance is intrinsically real. What this means is that a deviant possesses some characteristics that distinguish it from conforming behaviour. According to the scientific sociologists it is possible to distinguish deviant persons from conforming persons. They tend to view deviant behaviour as an attribute that is inherent in the individual yet relative to a given norm, time and/or society. It must also possess the ability to affect other person’s disagreeably. Examples of deviant acts that affect others disagreeably are murder, rape, robbery and of course mugging. Thus deviance by any other name or label is real just as rose by any other label will smell as sweet.
- ii. **Deviance as objective fact:** The second assumption of the scientific sociologists is about the nature of deviance as an objective fact. In other words deviance is seen as an object of observation, perception and/or thought right out there and not something of

one's imagination. In assuming deviant behaviour as something out there with an objective nature, and treating the deviant person as if he or she were an object, scientists have attempted to observe and study deviant behaviour and deviant person objectively.

Since personal bias places a role in a sociologist's outlook, they no longer pass moral judgement on deviant behaviour, but instead they prefer to study the subject matter precisely as it is. By this, sociologists are very objective about the nature of deviant behaviour. Consequently, value loaded and subjective notions like maladjustment, moral failing, debauchery, demoralisation, sickness, pathology and abnormality are no longer in vogue. Replacing out modeled notions are such concepts as innovation, retreatism, ritualism, rebellion, culture conflict, sub cultural behaviour, reinforced behaviour and so on.

iii. Deviance as determined behaviour: The third scientific perspective is that deviant behaviour is something that is determined or caused by some other things, events, occurrences, or phenomena in the environment. Implicit in this determinist or causal view is that a given thing cannot simply appear out of nothing or nowhere. If a person is thought to will or determine his or her own behaviour then it does not make sense to say that; that behaviour is caused by something else. If a murderer is thought to will or determine a murderous act, then it does not make sense to say that the murderous act is caused by such other things as the individual's physical or mental condition, family background, or various social experiences in the society. Therefore in defending their scientific principle of determinism, the early sociologists stuck to their denial of free will. For them the causes of deviance can be located in the social environment, namely "broken home, unhappy homes, lower-class background, economic deprivation, social disorganisation, rapid social change, differential association, differential reinforcement and so on."

Conclusively, the scientific perspective on deviance, which is anchored on three related assumptions, can be summed up in three sentences; namely, first deviant behaviour is intrinsically real, second it is an objective fact, and third it is determined by other things.

3.4 Deviance as Classified by Humanistic Sociologist

The second major group's view on deviance is the humanistic perspective. This group set out to challenge the scientific sociologists. Like the latter the humanistic made three assumptions, namely, deviance is a label, subjective experience and a voluntary act. We now explain them as follows:

i. Deviance as a label: The first assumption of the humanistic is that deviance is a label apportioned to a particular type of behaviour. The humanistic perspective therefore holds that deviant behaviour by itself does not have any intrinsic characteristics unless it is thought to have those characteristics. The so called intrinsically deviant characteristics do not come from the behaviour itself; they come instead from people's mind. Furthermore, since laws vary from one state to the other, the same type of behaviour may be defined as criminal in one state but no so in another. There is then a relativity principle in deviant behaviour; behaviour gets defined as deviant relative to a given norm, standard of behaviour, or the way people react to it.

ii. Deviance as subjective experience: Since according to the humanistic deviance is a label, which like beauty is in the eye of the beholder, they proceeded to state their second assumption as follows: "that the supposedly deviant behaviour is a subjective

experience and the supposedly deviant person is a conscious, feeling, thinking and reflective subject.” As a result of their subjective and emphatic approach, humanists often present an image of deviant as basically the same as conventional people. This implies that the so-called conventional behaviour should not be controlled by society.

- iii. Deviance as voluntary act:** The third assumption of the humanists holds that the deviant behaviour is a voluntary act or an expression of human volition, will, or choice. To deny human free will is to make them robots, senseless and purposeless machines that merely react to environmental contingencies. For the humanists, human beings possess free will and choice making ability, determine or cause their own behaviour.

By the above assumptions, the humanists carefully turned the table against the scientists and set the stage for an antithesis, which of course needs a synthesis. This precisely what Thio (1978: 24) integrated perspective is all about. According to him, the scientific and humanistic perspectives can be integrated into a larger perspective that sees deviant behaviour as an act that can be located at a point on a continuum of maximum and minimum public consensus regarding the deviant nature of the act. More concretely, according to this integrated view, deviant behaviour is divided into two major types. One is referred to as higher consensus deviance, which is generally serious enough to earn a comparatively great amount of public consensus that is really deviant. The type is more fitting for scientific investigation. The other is called lower – consensus deviance, which is generally less serious and thus receives a lesser degree of public consensus on its deviant reality. This type is more appropriate for humanistic analysis.

4.0 Conclusion

You have learnt the meaning and types of deviant behaviour. You also learnt that some behaviours are adaptive and some are maladaptive. You have a better background now to learn about maladaptive behaviours later in this course that requires modification.

5.0 Summary

In this unit, you learnt about the types of behaviour and the meaning of deviant behaviour. You further learnt about sociological classification of behaviour into scientific and humanistic perspectives. The scientific sociologists classified deviant behaviour into three namely; behaviour as intrinsically real, as objective fact and as a determined behaviour. The opposing group ‘the humanistic’ classified deviant behaviour into three namely, behaviour as intrinsically real, as objective fact and as a determined behaviour. You also learnt about the synthesis of both perspectives as attempted by Thio (1978 as cited in Adomeh, 2005).

6.0 Self-Assessment Exercise

1. Differentiate between adaptive and maladaptive behaviour.
2. Explain deviance as proposed by both scientific and humanistic perspectives.

7.0 Reference/Further Reading

Adomeh, I. O. C. (2005). “Principles of Behaviour Modification.” (Unpublished Research). Department of Educational Foundations and Management, Ambrose Ali University, Ekpoma, Nigeria.

Unit 3 Development and Acquisition of Behaviour

1.0 Introduction

In the last unit, you learnt about types of behaviour, the meaning of deviant behaviour, deviant as classified by both scientific and humanistic sociologists. In this unit you will learn about how organisms develop their behaviour pattern and how it influences the way they behave. Put simply, you will learn about behavioural development and behaviour acquisition.

2.0 Objectives

At the end of this unit, you should be able to:

- explain behavioural development
- discuss behaviour acquisition.

3.0 Main Content

3.1 Behaviour Development

Pelaez (2002 as cited in Adomeh, 2005) in her write-up on behavioural development decided to toe the path of what causes such development. She used the examples of Aristotle, namely, efficient, material, formal and final causes. Let us now discuss each of these elements listed.

Efficient causes: According to Pelaez, efficient causes are the elicitors of behaviour change. These are the stimuli in the environment that trigger or elicit a change or a response. The efficient causes are identified in early behaviour development because they make the early components essentials for later developmental outcomes. In early human development, one of a neonate's greatest strengths for survival is starting with a full set of useful reflexes. These involuntary and automatic responses to stimuli originally have a clear adaptive value to the infant in terms of the automatically sucking the breast when placed in its mouth. Some infantile reflexes either disappear or become operant responses in later life.

Material causes: material causes are the substances, machinery or material components that can be identified as forming the behaviour. Geneticists use the genes and DNA strings as explanations for behaviour and development once their location has been identified. For instance, one important genetic disease produced by a dominant gene is Huntington's disease, a condition that causes gradual deterioration of the nervous system leading to a progressive decline in behavioural abilities and ultimately death. Person who carries the dominant gene for the Huntington's chorea may enjoy good health for most of their lives. The disease start with involuntary twitching of the head, limbs and body and goes on to degenerative changes in the nervous system, loss of mental and physical powers and death. The age of onset of this disease, i.e. the age at which it becomes first noticeable varies from infancy to old age.

It is virtually certain that some persons who are carriers of the gene for this disease die of other causes before they develop any symptoms of Huntington's chorea. The gene may, then, be said to have an incomplete penetrance. Its expressivity is also variable. When the victim of the disease dies young before producing children, the gene may be said to have a lethal effect. When the victim dies in the midst of the reproductive period of life, the gene

acts as a semi lethal or a sub vital. When incapacitation and death occur in old age, after the close of reproductive period, the gene is not lethal at all. Health or disease in old age is, however, not under direct control of natural selection in the evolutionary process (Colman, 2003).

Often times, there are some reductionist explanations of behaviour that are inaccessible to the observer. The reason is that such explanation may be based on either concomitant or outcomes of another more fundamental process or cause in which a different, more molar, level of analysis would be required, in which behaviour would be seen as emerging from the organism contingent upon interactions with the environment (Pelaez, 2002 as cited in Adomeh, 2005).

Formal causes: These types of causes are referred to as models, paradigms, equations, or formulas used to explain behaviour. In behavioural psychology, the matching law is an example. The formula states that relative responding matches the relative reinforcement produced by that responding. The matching law summarise organism performances on a variety of schedules of reinforcement. Another example is the schematic model of information processing system. The store model explains how information flows through a series of separate but interrelated sets of processing units, or stores. It attempts to attribute the functions of memory retrieval, and problem solving to this schematic, theoretical model.

Final causes: These categories of causes are also known as functional causes in the sense that they are the functional explanations of behaviour change. Consequently developmental psychologists attempt to provide answers to the following: what is the purpose of behaviour? What is behaviour development supposed to do or ultimately accomplish? On classification we can conceive of two types of final causes, namely, proximal and ultimate causes. Example of proximal cause is reinforcement, whereas survival of the fittest is an example of ultimate cause. The study of human development is concerned with the proximate as well as the ultimate causes of behaviour.

3.2 Behaviour Acquisition

Having accepted the definition of human behaviour as the activity which man engages in, it is now necessary to consider how man in the first place comes to engage in such a behaviour which had become part and parcel of live. Philosophers and even psychologists have 100 years engaged themselves in unending debate in an attempt to explain how man come to behave the way he does.

John Locke (1690 – 1704) is of the view that at birth, the human mind is a tabula rasa (blank sheet). All knowledge therefore comes from experience. In other words, as a man grows he acquires behaviour based on his daily experiences. John Locke therefore proposed that to properly shape behaviour, parents and significant others should praise children when they display good behaviour and simply ignore bad behaviour.

Jean Jacques Rousseau on his part speaks of inherent goodness. “Everything” he says is good as it comes from the hands of the maker of the world (God) but degenerates once it gets into the hands of man”. The only way to save the situation is to give education to the child and offer instruction when the child needs it.

The positions of these two philosophers introduce us to the first form of acquisition of behaviour namely learnt behaviour.

Learnt behaviour: It is possible to group behaviour into two, namely voluntary and involuntary behaviour. Apart from involuntary acts which are either reflex or elicited behaviours, others are operant behaviours and are governed by their consequences. Operant behaviour is any response by an organism that is not directly caused by a stimulus but is freely emitted behaviour (Colman, 2003). Operant behaviours can be further divided into desirable and undesirable behaviours, such behaviours are learnt behaviours.

On how this learning takes place, Locke says it is through experience. Rousseau is of the view that it can be acquired through proper education, and Pavlov and Watson proposed that it is through classical conditioning. Skinner settles for operant conditioning; while Bandura sees anticipatory control as the basis of all human behaviour. In all, there is a general agreement among these scholars that human beings learn to behave the way they do. What is probably the major difference is how they come to acquire the various forms of behaviour, which of course could be the reason why some behaviour are adaptive and others are said to be maladaptive.

Modeling through observation and imitation

Freud is of the opinion that this is a form of identification that occurs indirectly. It all begins when the child attempts to resolve a conflict he finds himself. That is the hidden conflict between his desire and fear.

However, the social learning theorists on their part completely disagreed with Freud on how children come to adopt adults' roles. For them it is just a matter of observation and imitation. The children having seen what the adult and older children do, they try to be like them by imitating their actions. In other words, environmental contingencies help to shape children's behaviours.

Bandura (1986) described four main processes that are involved in observational learning: attention, retention (memory), motor reproduction and reinforcement (motivation). How do these factors affect learning? Let us now discuss them.

1. **Attention:** The behaviour to be acquired must be made present in the person's immediate environment either directly or indirectly.
2. **Retention:** Observation will only have lasting effect on a person if he remembers what he had observed.
3. **Motor reproduction:** Since observation tells the person which form of behaviour he should imitate a complex behaviour might not only be difficult for the child to imitate, he might not be interested in it, but what is important is the child's ability to mentally reproduce his experience.
4. **Motivation:** Unless an observer of a model is motivated by some anticipated gains if he imitates the model, he will not be interested in it.

Research finding have shown that both parents and significant others do not only make models available for their young ones to imitate, they sometimes reward them for what they considered appropriate sex role. Similarly, they even punish inappropriate sex role in order to discourage them.

4.0 Conclusion

You have learnt about development and acquisition of behaviour. What causes behaviour was explained and we now know that human organisms either learn behaviour or acquire it.

5.0 Summary

In this unit, the following important points are worthy of note:

- behavioural development is caused by efficient, material, formal and final causes
- behaviour acquisition can occur through learnt behaviour or through operant
- behaviour acquisition can also occur through modeling based on observation/imitation.

6.0 Self-Assessment Exercise

1. List and explain causes of behavioural development.
2. Discuss the concept of behaviour acquisition.

7.0 References/Further Reading

Adomeh, I. O. C. (2005). "Principles of Behaviour Modification." (Unpublished Research). Department of Educational Foundations and Management, Ambrose Ali University, Ekpoma, Nigeria.

Bandura, A. (1986). *Social Foundation of Thought and Action*. Englewood Cliffs, NJ: Prentice Hall.

Colman, A. M. (2003). *Oxford Dictionary of Psychology*. New York: Oxford University Press.

Unit 4 The Notion Behaviour Modification

1.0 Introduction

In the last unit, you learnt behaviour development and behaviour acquisition in human organisms. The concept of deviant behaviours was analysed. In this unit, you will learn about the meaning of behaviour modification, methods used by psychologists in behaviour modification, issue of behaviour management, and building behavioural capabilities. Be attentive and learn with interest this very important topic.

2.0 Objectives

At the end of this unit, you should be able to:

- explain behaviour modification
- list and explain the methods used by psychologists in behaviour modification
- discuss the issue of behaviour management.

3.0 Main Content

3.1 The Meaning of Behaviour Modification

Any attempt made by man to manage human or other animals conduct for the good of the individual concerned or the common good is known as behaviour modification (Adomeh, 2005). In attempting such behaviour management, various procedures could be used either singly or several methods could be adopted depending on the extent of deviation from societal accepted standard. Akinboye (1992 cited in Adomeh, 2005) has rightly pointed out that a single behaviour change strategy may not be adequate in restoring persons lost adaptive behaviour of people. This means that just as maladaptive behaviours are not acquired overnight, the restoration back to the point of departure is a tedious task. This is why the scientific discipline of psychology that has accepted the task of studying and managing behaviour for the greatest good normally adopts the scientific method in carrying out its objectives. Behaviour modification therefore becomes the scientific management of behaviour in a way that individuals and groups are made more effective in their daily activities.

It is important to remark that behaviour modification does not begin and end with maladaptive behaviours only. It also concerns itself with adaptive behaviours. In fact, psychologists who are trained professional therapists extend their services to persons who are functioning within the normally acceptable limits so that they can constantly remain at that level. Such services are generally described as preventive measures.

Another group that behaviour therapists concern themselves with are those whose behaviours have been successfully managed and restored to the point of earlier departure. Such persons need treatment so that they will be prevented from acquiring some or other undesirable behaviours as they encounter conflicts and life problems in their daily living. Now let us move a step further and learn about methods used by psychologists in behaviour modification.

3.2 Methods used by Psychologists in Behaviour Modification

Psychologists who engage in behaviour modification normally employ different scientific methods for people with maladaptive behaviour, adaptive behaviour and those whose behaviours have been managed and restored to the point of earlier departure. In order to effectively meet the needs of the different groups the scientific method requires the therapist to adopt the following methods.

1. Engage in constant research
2. Establish the target behaviour to be acquired
3. Development of treatment programme(s)
4. Utilisation of the treatment package, and
5. Evaluation of the treatment programme(s).

The scientific procedure employed by professional therapists differentiates behaviour modification from traditional behaviour influence. In other words, behaviour modification sets a goal for itself and takes definite step towards achieving its set objectives. At this point we now move into the major method used by psychologists in behaviour modification. This brings us to a concept known as behaviour therapy.

Behaviour therapy

According to Colman (2003), behaviour therapy means a collection of psychotherapeutic techniques aimed at altering maladaptive or unwanted behaviour patterns, especially through the application of principles of conditioning and learning, the basic assumptions being that most forms of mental disorder can be interpreted as maladaptive patterns of behaviour, that these patterns result from learning processes, and that the appropriate treatment involves the unlearning of these behaviour patterns and the learning of new ones. Another name for behaviour therapy is behaviour modification. Behaviour modification is a concept that originated in United States of America. It is very important to quickly explain the concept of therapy.

Therapy according to Colman (2003) is any form of treatment for a disorder by a method other than surgery. A good example is psychotherapy. And what is psychotherapy? We need an answer to this important question in the study of behaviour modification.

What is psychotherapy?

Psychotherapy is the process used by mental health professional to help individual recognise, define, and overcome their psychological and interpersonal difficulties and improve their adjustment. Psychotherapist use a number of strategies to accomplish these goals: talking, interpreting, listening, rewarding and modeling, for example (Santrock, 2000). Colman (2003) defined psychotherapy as the treatment of mental disorder and allied problem by psychological methods. You will learn more about psychotherapy in module 2 and 3. Let us come back once more and discuss the concept of behaviour therapy.

Therapy is a treatment programme which involves the definition of a particular problem or concern, its treatment and the evaluation of the entire programme in order to determine its effectiveness or otherwise. Behaviour therapy therefore involves the application of the aforementioned programme in behaviour management. As a programme of activity or process of change, it involves at least two persons or two groups of persons. The first set is the therapist who had seen the needs of the other set of person(s) and had therefore developed the treatment programme in order to help the person(s) in need out of

difficulties. The second group of persons are those who are experiencing the difficulties and consequently need the treatment package.

Some individuals are unique even in similar situations and as a result the programme or treatment package needs to be constantly evaluated and adapted to meet their specific needs. This constant evaluation and adaptation makes the programme scientific and relevant in clinical practice. As a programme of events, behaviour therapy according to Akinboye (1992 as cited in Adomeh, 2005) makes seven basic assumptions:

1. It is the currently overt behaviour that needs treatment not past experiences.
2. Both desirable and undesirable behaviours are learnt.
3. For therapy to be effective both research and treatment should be carried out simultaneously.
4. It is possible to use generated psychological principles in the management of behaviour.
5. Behaviour therapy sets precise treatment goals.
6. Treatment procedures and techniques are adapted to specific situation and problems, and
7. There is room for empirical testing of the treatment programme.

3.3 Behaviour Management

Behaviour therapists aim at accessing factors controlling human behaviour in order to modify them for the greater good. To enable the therapist do this he must proceed in a specific manner, namely:

1. Assess the environmental contingencies that are maintaining the problem(s). This can be done through observation, interviews, use of checklist, rating scales and sociometric technique.
2. Assess the target behaviour. That is the problem behaviour you want to change. Is the client confused, neurotic, psychotic, sick, and quarrelling? What does he lack?
3. Establishment of baseline. This is crucial to modern counselling. Baseline describes pre-treatment or pre-therapy and record observations that allow for later evaluation of treatment programme.
4. Indicate the desired behaviour you want to achieve. This could be stated in short term or long term basis.
5. Develop the treatment plan for handling the problem. This plan should be related to the nature of the problem assessed. It should also be related to the therapist's preference, competence, comfort and also the client's comfort. Thus the development of a treatment plan should be original.
6. Evaluating the programme for efficiency. The one question to ask at the end of the treatment is have I reached my set goal? Or ask the client how he/she feels now or check if there is deviation in the chart or seek comments from interested parties. Sometimes a follow up is necessary to see whether there is retention of gain or a lapse.

Behaviour that could be found during assessment

There are four types of behaviour that could be found during assessment. These are:

1. Deficit behaviour these are more or less absent behaviours which do not appear in the baseline that is the situation with mentally retarded children. In order to make them appear in the baseline and rise, something close to them should be used.
2. Excess behaviours: these are behaviours that are above normal level. Aggression for example would rise in the baseline. Treatment should therefore aim at reducing it.
3. Weak behaviours: unlike deficit behaviours, these behaviours are present in the repertoire only that their manifestations are not only low but are unstable. Treatment should therefore aim at stabilising them and make them rise to appreciable levels.
4. Cognitive – physiological behaviour: Some clients may display these types of behaviours. Although they are health related problems that may not be charitable, they are qualitative.

Whenever any of these behaviours is found in a client, there are possible ways of trying to manage them in order to restore it to the point of departure. However, since the first three types of behaviours are the most commonly manifested among clients, their management procedures shall be discussed below briefly. The procedures are:

Building behavioural capabilities

Deficit behaviours need to be acquired through building new behaviour capabilities. A number of methods can be used to acquire such absent behaviour anew. Such methods include, shaping, chaining, modeling, fading and prompting. Let us learn more about these methods.

Shaping: Since deficit behaviour means absent behaviour, the therapist has to differentiate aspects of existing behaviour in the client that closely approximate the desired behaviour. After such differentiation, it is then consistently, contingently, continuously and generously reinforced until the desired behaviour manifest. This process is called shaping.

Chaining: Since behaviours are normally linked together, behaviour chaining involves shaping, stimulus control and the operation of conditioned reinforcement.

Modeling: This is the provision of a vicarious experience for the client to imitate.

Prompting: This is the provision of signals (e.g. instructions, directions, advise, example, etc.) aimed at enhancing the acquisition of behaviour.

Fading: This is the gradual elimination of factors of behaviour.

1. Increasing the frequency of weak behaviour

Sometimes the weak manifestation of behaviour adversely affects the client. When this is the case, what is needed to be done is to strengthen the weak manifested behaviour. The possible methods of doing this are positive reinforcement, negative reinforcement and stimulus control. A brief explanation of these concepts is important.

- i. Positive reinforcement: this is the process where a manifestation of a desired behaviour is promptly followed by a positive reinforcement in order to encourage the person to manifest such behaviour again.

- ii. Negative reinforcement: this is an eliminative process through which painful stimulus which blocks the emission of desirable behaviour are removed so that the client will be able to emit the required behaviour.
- iii. Stimulus control: this is a process whereby specific cues or signals in the environment are initiated in order to increase desired behaviour.

2. Eliminating excess behaviour

Excess behaviours mean the manifestation of those behaviours that are socially unacceptable since their consequence entrap the client and makes him a social misfit. A kleptomaniac for instance is a social misfit, who is manifesting a failing character or behaviour. Other failing behaviours include depression, fear, delinquency, truancy, frustration, anxiety, etc. Unless these excess behaviours are eliminated in our society, we will continue to have social misfits around us. Among the suggested techniques with which we will be able to do so are punishment and extinction. What is punishment and extinction? Below are explanations of these concepts.

Punishment: Punishment as a means of eliminating undesirable behaviour does not mean the process of corporal punishment such as using rod or slapping. What is implied is the administration of aversive stimulus which results in a decrease of manifestation of the target behaviour. Akinboye (1992) opined that punishments are effective in controlling excess behaviour based on the following reasons:

1. They are contingently applied after the manifestation of excess behaviour.
2. Every episode of excess behaviour is punished.
3. Application is at a maximum intensity, and
4. The client is aware of the degree of aversive consequences.

Extinction: This is mainly a disconnection of a prior link between behaviour and its consequences. The effectiveness of extinction as a strategy of eliminating excess behaviour is sometimes enhanced when the individual is informed of the probability of losing reinforcers if he manifests excess behaviour. Another method of extinction as a process of behaviour management is to explore to the full the elimination of factors of behaviour.

4.0 Conclusion

You have learnt in this unit behaviour therapy or behaviour modification. For us to have a safe and peaceful society, behaviour modification is an essential service that must be rendered to clients who are in need of it.

5.0 Summary

In this unit, you have learnt the following facts:

- behaviour modification involves both maladaptive and adaptive behaviour
- behaviour modification requires the use of scientific approach
- behaviour therapy and behaviour modification are used interchangeably
- psychotherapy is the process used by mental health professionals to help individuals in need of adjustment in their behaviour
- that behaviour therapists aim to assess factors controlling behaviour in order to modify them

- behaviour capabilities could be built through shaping, chaining, modelling, prompting and fading.

6.0 Self-Assessment Exercise

1. List and explain the process of assessing factors controlling human behaviour.
2. Discuss the methods used by psychologists in behaviour modification.
3. Explain the processes involved in building behaviour capabilities.

7.0 References/Further Reading

Adomeh, I. O. C. (2005). "Principles of Behaviour Modification." (Unpublished Research). Department of Educational Foundations and Management, Ambrose Ali University, Ekpoma, Nigeria.

Colman, A. M. (2003). *Oxford Dictionary of Psychology*. New York: Oxford University Press.

Santrock, J. W. (2000). *Psychology*. (6th ed.). New York: McGraw-Hill Higher Education.

Unit 5 Personality and Human Behaviour

1.0 Introduction

In the last unit, you studied the concept of behaviour modification, how behaviour can be assessed and the process of building behaviour capabilities. You also learnt how to decrease excess behaviour.

In this unit, you will learn about the concept of personality and the different psychological perspectives and the unit will be concluded by ways in which personality can be assessed.

2.0 Objectives

At the end of this unit, you should be able to:

- explain the concept of personality
- discuss the different perspectives on personality
- state the ways personality can be assessed.

3.0 Main Content

3.1 What is Personality?

Personality is one of those concepts that we think we know what it is but when we try to express what it is verbally it can be quite difficult. According to Santrock (2000), definition of personality includes enduring characteristics and adaptation: Personality consists of enduring, distinctive thoughts, emotions, and behaviours that characterise the way an individual adapts to the world.

We will be discussing a number of theoretical perspectives on personality. They ask why individuals react to the same situation in different ways. For example, why is Olu so talkative and gregarious and Okolie so shy and quiet when they meet someone for the first time? Why is Joan so confident and Mary so insecure about upcoming job interviews? Some theorists believe that biological and genetic factors are responsible; others argue that life experience is more important. Some theorists claim that the way we think about ourselves is the key to understanding personality, while others stress that the way we behave toward each other is more important (Freidman & Schustack, 1999). Let us now learn about the different perspectives on personality.

3.2 Psychoanalytic Perspectives

Psychoanalytic perspectives view personality as primarily unconscious (that is, beyond awareness) and as occurring in stages. Most psychoanalytic perspectives emphasise that early experiences with parents play an important role in sculpting personality. Psychoanalytic theorists believe that behaviour is merely a surface characteristic and that to truly understand someone's personality we have to explore the symbolic meanings of behaviour and the deep inner workings of the mind. These characteristics are highlighted by the original architect of psychoanalytic theory: Sigmund Freud. You have learnt about this theory in abnormal psychology. In this course, your interest should be what the perspective

state about personality and behaviour. It is in this light we shall look at other perspectives. Personality is a full course of its own in psychology.

Jung's analytical psychology: Freud's contemporary Carl Jung (1875 – 1961) shared an interest in the unconscious, but he believed Freud underplayed the unconscious mind's role in our personality. Jung believed that the roots of personality go back to the dawn of human existence. Read more about this in any good psychology textbook.

Adler's individual psychology: Alfred Adler (1870 – 1937) was another of Freud's contemporaries. In Adler's individual psychology, people are motivated by purposes and goals, being creators of their own lives. They are seen as responsible for their own lives. Unlike Freud who believed in the power of the unconscious mind, Adler argued that people have the ability to consciously monitor their lives. He also believed that social factors are more important in shaping personality than sexual motivation (Silverman & Corsini, 1984).

3.3 Behavioural and Social Cognitive Perspectives

The behavioural and social cognitive perspectives emphasises; the importance of studying environment experiences and people's observable behaviour to understand their personality. Social cognitive theory emphasises person/cognitive factors in personality. Out of the behavioural tradition grew the belief that personality is observable behaviour, learnt through experiences with the environment. The two main versions of the behavioural and social cognitive perspectives are (i) behaviourism and (ii) social cognitive theory. Briefly, our focus will be on Skinner's behaviorism and Albert Bandura's social cognitive theory.

Skinner's behaviourism

B. F. Skinner's approach to learning is known as operant conditioning. Skinner concluded that personality is the individual's behaviour, which is determined by the external environment. Skinner believed that we do not have to resort to biological or cognitive processes to explain personality (behaviour).

Behaviourists counter that you cannot pinpoint where personality is or how it is determined. In Skinner's view, personality simply consists of the collection of the person's observed, overt behaviours. It does not include internal traits or thoughts. Skinnerians believe that consistency in behaviour comes from consistency in environmental experiences. However, Skinner stressed that our behaviour always has the capacity for change if new experiences are encountered. Since behaviourists believe that personality is learnt and often change according to environmental experiences and situations, it follows that by rearranging experiences and situations the individual's personality can be changed.

Social cognitive theory

Social cognitive theory states that behaviour, environment, and person/cognitive factors are important in understanding personality. Albert Bandura (1986, 1997, and 1998) and Walter Mischel (1973, 1995) are the architects of social cognitive theory's contemporary version. Bandura says that behaviour, environment, and person/ cognitive factors interact in a reciprocal manner. Thus, in Bandura's view, the environment can determine a person's behaviour (which matches up with Skinner's view), but there is much more to consider. The person can act to change the environment. Person/cognitive factors can influence a person's behaviour and vice versa. Person/cognitive factors include self-efficacy (a belief that one can

master a situation and produce positive outcome), plans, and thinking skills. We now turn to another perspective of personality – humanistic perspectives.

3.4 Humanistic Perspectives

The humanistic perspectives stress the person's capacity for personal growth, freedom to choose one's own destiny, and personal qualities. Humanistic psychologists believe each of us has the ability to cope with stress, control our lives, and achieve what we desire. Each of us has the ability to break through and understand ourselves and our world. In the humanistic perspectives, a brief discussion on Carl Rogers (1902 – 1987) and Abraham Maslow (1908 – 1970) will be conducted.

Carl Roger's approach

Rogers (1902 – 1987) began his inquiry about human nature with people who were troubled. Rogers (1961) examined the conditioned, controlling world that kept them from having positive self-concept and reaching their full potential as human beings. Rogers believed that most people have considerable difficulty accepting their own true feelings, which are innately positive. As we grow up, people who are central to our lives condition us to move away from these positive feelings. Our parents, siblings, teachers and peers place constraints and contingencies on our behaviour. These constraints and negative feedback continue during our adult lives. The result tends to be that our relationships either carry the dark cloud of conflict or we conform to what others want. As we struggle to live up to society's standards, we distort and devalue our true self. The self-concept is a central theme in Rogers' and other humanists' views; self-concept refers to individuals' overall perceptions of their abilities, behaviour, and personality. In Roger's view, a person who has an inaccurate self-concept is likely to be maladjusted. The next discourse is on Maslow's approach.

Maslow's approach

Maslow proposed that we are motivated by a hierarchy of needs. If our physiological needs are met, we become concerned with personal safety; if we achieve a sense of security, we then seek to love, to be loved, and to love ourselves; with our love needs satisfied, we seek self-esteem. Having achieved self-esteem, we ultimately seek self-actualisation, the process of fulfilling our potential.

Maslow (1970) developed his ideas by studying healthy, creative people rather than troubled clinical cases. He based his description of self-actualisation on a study of those who seemed notable for their rich and productive lives (Myers, 2004).

Interest in the self-led to the belief that self-esteem is an important aspect of personality. Self-esteem is the evaluative and affective dimension of self-concept. Self-esteem is also referred to as self-worth (Santrock, 2000). The next perspective is the trait perspectives.

3.5 Trait Perspectives

Trait theories state that personality consists of broad dispositions, called traits, which tend to lead to characteristic responses. In other words, people can be described in terms of the basic ways they behave, such as whether they are outgoing and friendly or whether they are dominant and assertive. People who have a strong tendency to behave in these ways are described as high on the traits; those who have a weak tendency in these ways are described as low in the traits. While trait theorists sometimes differ on which traits make

up personality, they all agree that traits are the fundamental building blocks of personality (Cloninger, 1996; Matthew & Dreary, 1998). At this point, let us discuss the views of psychologists on the trait perspectives.

Allport's trait theory

Allport (1961) defined personality as: the dynamic organisation within the individual of those psychological systems that determine his characteristic behaviour and thoughts.

He identified two basic kinds of traits:

1. Common traits: basic modes of adjustment applicable to all members of a particular culture, ethnic or linguistic background.
2. Individual traits: a unique set of personal dispositions and ways of organising the world, based on life experiences. Individual traits can take the one of three forms: cardinal, central or secondary. A brief discussion of these three forms of individual traits follows.

Three kinds of individual traits

1. Cardinal traits are so all-pervading that they dictate and direct almost all of an individual's behaviour, such as someone who is consumed by greed, ambition or lust. However, such traits are quite rare, and most people do not have on predominant trait.
2. Central traits are the basic building blocks that makes up the core of personality and which constitute the individuals characteristic ways of dealing with the world (e.g. honest, loving, happy go lucky). A surprisingly small number of these are usually sufficient to capture the essence of a person.
3. Secondary traits are less consistent and influential than central traits, and refer to tastes, preferences, political persuasion, reactions to particular situations, and so on (Gross, 2011).

The existence and nature of individual traits make it very difficult to compare. Any given individual is a unique creation of the forces of nature. There was never a person just like him and there never will be again (Allport, 1961).

Eysenck's Dimension of Personality: Hans Eysenck (1967) also tackled the task of determining the basic traits of personality. He gave personality tests to large numbers of people and analysed each person's responses. Eysenck said that three main dimensions were needed to explain personality (i) introversion extraversion, (2) stable – unstable (known as the neurotism dimension), and (3) psychotism.

In terms of the introversion – extraversion dimension, an introverted person is quiet, unsociable, passive, and careful; an extraverted person is active, optimistic, sociable, and outgoing. In terms of the stable – unstable dimension, a stable person is calm, even-tempered, carefree and has leadership possibilities; an unstable person is moody, anxious, restless, and touchy.

Eysenck believed that various combinations of these dimensions result in certain personality traits. For example, a person who is extraverted and unstable is likely to be impulsive. The third dimension, psychotism, reflects the degree in which people are in contact with reality, control their impulses and are cruel or caring toward others.

The *Big Five* factors: Considerable interest continues to be generated in determining what the key factors of personality really are. Since the 1980s, there has been a vast amount of research to discover a small but comprehensive number of basic trait dimensions that can account for the structure of personality and individual differences.

There is a growing consensus that personality can be adequately described by five broad constructs or factors, the five factor model (often referred to as the Big Five (Costa & McCrae, 1992; Digman, 1990).

The five major personality traits or factors (commonly abbreviated to NEOAC or OCEAN) are neurotism (or emotional stability), extraversion, openness to experience, agreeableness and conscientiousness.

Research on the big five factors includes the extent to which the factors appear in personality profiles in different cultures, how stable the factors are over time, and the role the factors might play in predicting physical and mental health. The last in this unit is personality assessment.

3.6 Personality Assessment

Clinical and school psychologists assess personality to better understand an individual's psychological problems; they hope the assessment will improve their diagnosis and treatment of the individual. Before we describe some specific personality tests, two important points need to be noted about the nature of personality assessment. First, the kinds of tests chosen by psychologists frequently depend on the psychologist's theoretical belief. And second, most personality tests are designed to assess stable, enduring characteristics, free of situational influence (Hy & Loeviger, 1996). The personality assessments to be discussed are: projective tests, self-report test and behavioural and cognitive assessment.

Projective tests

A projective test presents individuals with an ambiguous stimulus and then asks them to describe it or tell a story about it. Projective tests are based on the assumption that the ambiguity of the stimulus allows individuals to project into it their feelings, desires, needs, and attitudes. The test is especially designed to elicit the individual's unconscious feelings and conflicts, providing an assessment that goes deeper than the surface of the personality. (Auerback, 1999; Handler, 1999). Projective tests attempt to get inside of your mind to discover how you really feel and think, going beyond the way you overtly present yourself. Let us now discuss some projective tests.

The Rorschach Inkblot Test: The Rorschach Inkblot test, developed in 1921 by the Swiss psychiatrist Hermann Rorschach, is a widely used **projective test**; it uses an individual's perception of inkblots to determine his or her personality. The test consists of ten cards, half in black and white in colour, which is shown to the individual one at a time. The person taking the Rorschach test is asked to describe what he or she sees in each of the inkblots. For example, an individual may say, "That looks like two people fighting". After the individual has responded to all ten inkblots, the examiner presents each of the inkblots again and inquires about the individual's earlier response. For example, the examiner might ask, "where did you see the two people fighting?" and "what about the inkblot made the two people look like they were fighting?" Besides recording the responses, the examiner notes the individual's mannerisms, gestures and attitudes (Santrock, 2000).

The Thematic Apperception Test (TAT): The Thematic Apperception Test, which was developed by Henry Murray and Christina Morgan in the 1930s, is an ambiguous projective test designed to elicit stories that reveal something about an individual's personality. The TAT consists of a series of pictures, each on an individual card. The person taking the TAT is asked to tell a story about each of the pictures, including events leading up to the situation described, the characters' thoughts and feelings, and how the situation turns out. It is assumed that the person projects her own unconscious feelings and thoughts into the story she tells. In addition to being used as a projective test in clinical practice, the TAT is used in research of achievement motivation (Cramer, 1999). Several of the TAT cards stimulate the telling of achievement related stories, which enables the researcher determine the person's need for achievement. There are many other projective tests used in clinical assessment. Let us now turn to another personality assessment which is self-report tests.

Self-report tests

Self-report tests, also called objective tests or inventories, directly ask people whether items (usually true/false or agree/disagree) describe their personality traits or not. Self-report tests are questionnaires that include a large number of statements or questions. You respond with a limited number of choices (yes or no; true or false; agree or disagree. Let us now discuss the most widely used empirically keyed personality test.

The Minnesota Multi-phasic Inventory (MMPI): The Minnesota Multi-phasic Personality Inventory (MMPI) is the most widely used and researched self-report personality test. MMPI initially was constructed to assess "abnormal" personality tendencies and improve the diagnosis of individuals with a mental disorder. A thousand statements were given to both mental patients and apparently normal people. How often individuals agreed on each item was calculated; only the items that clearly differentiated the psychiatric patients from normal individuals were retained. For example, a statement might be included on the depression scale of the MMPI of patients diagnosed with a depressive disorder agreed with the statement significantly more than did normal individuals.

The MMPI eventually was streamlined to 550 items, each of which can be answered true, false or cannot say. The MMPI includes four validity scales in addition to the ten clinical scales. The validity scales were designed to indicate whether an individual is lying, careless, defensive, or evasive when answering the test items.

For the first time in its approximately 40 years history, the MMPI was revised in 1989. The revision is called the MMPI – 2. It has a number of new items (for a total of 567 items), but the 10 clinical scales were retained as were several of the validity scales. The MMPI -2 continues to be widely used around the world to assess personality and it has been translated into more than 20 languages. Not only it is used by clinical psychologists to assess a person's mental health, it is also used to predict which individuals will make the best job candidates or which career an individual should pursue (Santrock, 2000). The next focus is on behavioural and cognitive assessment of personality.

Behavioural and cognitive assessment

Behavioural assessment attempt to obtain more objective information about an individual's personality by observing the individual's behaviour directly. Instead of removing situational influences from personality as projective tests and self report measures do, behavioural assessment assumes that personality cannot be evaluated apart from the environment. Behaviour modification is an attempt to apply learning principles to change maladaptive

behaviour. Behaviour assessment of personality emerged from this tradition. For example, recall that the observer often will make baseline observations of the frequency of the individual's behaviour. This might be accomplished under controlled laboratory conditions or in more naturalistic circumstances. The therapists then will modify some aspect of the environment such as getting parents and the child's teacher to stop giving the child attention when he engages in aggressive behaviours. After a specified period of time, the therapist will observe again to determine if the changes in the environment were effective in reducing the maladaptive behaviour.

The influence of social cognitive theory has increased the use of cognitive assessment in personality evaluation. The strategy is to discover what thoughts underlie the individual's behaviour; that is, how do individuals think about their problems? What kinds of thoughts precede maladaptive behaviour, occur during its manifestation and follow it? Cognitive processes such as expectations, planning, and memory are assessed, possibly by interviewing the individual or asking him or her to complete a questionnaire.

4.0 Conclusion

In this unit, you learnt different theories of personality also that; psychologists use a wide variety of tests and measures to assess personality. These measures often are tied to psychologists' theoretical perspectives. Personality tests basically were designed to measure stable, enduring aspects of personality.

5.0 Summary

This unit has enlightened you on: meaning of personality which involves our enduring thoughts, emotions, and behaviours that characterise the way we adapt to the world. You also learnt about the psychoanalytic, behavioural/cognitive, and humanistic perspectives of personality. Furthermore, methods of assessing personality which includes projective tests, self-report tests and behavioural/cognitive assessment were also discussed.

6.0 Self-Assessment Exercise

1. What is personality?
2. Examine the psychoanalytic perspectives of personality.
3. What is projective test?
4. Write short note on MMPI

7.0 References/Further Reading

Allport, G. W. (1961). *Pattern and Growth in Personality*. New York: Holt, Rinehart & Winston.

Auerback, J. S. (1999). "Psychoanalysis and Projective Testing: A Review of the Interpretation of Psychological Tests." *Journal of Personality Assessment*, 72. pp. 147 – 163.

Bandura, A. (1986). *Social Foundations of Thoughts and Action*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A. (1997). *Self-Efficacy*. New York: W. H. Freeman.

Bandura, A. (1998). Self-Efficacy. In: H.S. Friedman (Ed.). *Encyclopedia of Mental Health* (vol.3). San Diego: Academic Press.

Cramer, P. (1999). "Future Directions for the Thematic Apperception Testing." *Journal of Personality Assessment*, 72. pp. 74 – 92.

Cloninger, S. C. (1996). *Theories of Personality*. (2nd ed.). Upper Saddle River, NJ: Prentice Hall.

Costa, P. T. (1992). "The Five Factor Model of Personality and its Relevance to Personality Disorders." *Journal of Personality Disorders*, 6. pp. 343 - 350.

Digman, J. M. (1990). Personality Structure: Emergence of the Five Factor Model. *Annual Review of Psychology*, p. 41, pp. 417 – 440.

Eysenck, H. J. (1967). *The Biological Basis of Personality*. Springfield, IL: Charles C. Thomas.

Gross, R. (2010). *Psychology*. (6th ed.). UK: Hodder Education.

Handler, L. (1999). "Introduction to Special Series on Personality Assessment. Classics in Contemporary Perspective." *Journal of Personality Assessment*, 72. pp. 144 – 146.

Myers, D. G. (2004). *Psychology*. (7th ed.). New York: McGraw-Hill Higher Education.

Maslow, A. H. (1970). *Motivation and Personality*. (2nd ed.). New York: Harper & Row.

Rogers, C. R. (1961). *On Becoming a Person*. Boston: Houghton Mifflin.

Santrock, J. N. (2000). *Psychology*. (6th ed.). New York: McGraw-Hill Higher Education.