

## **MODULE SEVENTEEN**

### **PSYCHO-SOCIAL PROBLEMS**

This refers to the problems that affect the psychological well being of people within a society. Such problems normally carry psychological implications and affect mental health in general. In particular we are assessing problems like Alcoholism, HIV/AIDS, crowding aggression, war and displacement, natural disaster and death. We are trying to discuss the available social support and how community interventions can be applied.

#### **Types of psycho-social problem**

##### **ALCOHOLISM**

###### **1. Alcoholism and problem drinking**

Alcohol is a chemical compound known as ethyl alcohol or ethanol on alcohol and physically addicted to it and experiences health and social problems from its consumption.

This results in progressively deteriorating series of changes known as classic alcoholism. Classic alcoholism is in four stages and they include:

1. **Pre-alcoholic stage:** during this stage, drinking begins to serve the important function of releasing tension. As drinking continues, tolerance for alcohol increases, so the amount that must be consumed to provide the same release of tension also increases.

2. **Pro dromal stage:** the drinking level is excessive during this stage. Blackouts and memory losses begin to occur and drinking behavior shifts from sipping to gulping. Guilt, anxiety and promises to stop drinking are also common during this period.
3. **Crucial stage:** during this stage, deterioration occurs in self-esteem and general social functioning including loss of friends. Once the individual begins to drink, the drinking is uncontrollable. The individual begins to rationalize drinking as acceptable. Excessive drinking generally leads to neglect of nutrition.
4. **The chronic stage:** here there is constant drinking with little or no control of either starting or continuing to drink.

## **ACTIVITY**

1. Discuss the effects of alcohol

## **TERMINAL ILLNESS**

### **PSYCHOLOGICAL CONCERNS FOR TERMINAL ILLNESS**

#### **Sign and symptoms of terminal illness**

1. Change in self image. For instance, hair breakage, loss of weight, and body weakness.
2. Loss of independence. For instance, bathing, washing, and walking, depending on others in decision making.
3. Financial dependence. E.g. loss of employment, family breakdown,
4. Loss of property.

As Doctor, counselor, Nurse how would you address the psycho-social concerns of the terminal illness of patients?

Wheel ridding, spiritual counseling, drug adherence, comforting them, and family support.

### **Stages of terminal illness**

1. Denial is the initial reaction for those who are dying.
2. Anger, this sometimes follow denial, these happened when the patient become overwhelm with anxiety as information is accepted into the sub- conscious mind.
3. Bargaining, patients engage in bargaining in an effort to survive.
4. Depression,
5. Acceptance, this is where the patients accept that death is inevitable and then strives to understand the meaning of his/her life.

## **BEREAVEMENT AND GRIEVING**

### **The psycho-social effects of death (bereavement and grieving)**

Bereavement is the loss through death. The person who has lost some one is bereaved; grieving on the other hand is the feeling part of the state of bereavement. The process of grief normally follows bereavement and this is displayed in the psychological, physiological and behavioral responses of the bereaved.

Research has systematically observed measured changes in emotional thought patterns and our behavior during grief. The first most frequent response to grief is shock; this happens regardless of whether or not death was anticipated. It is a sense of disbelief which makes everything unreal.

The process of grieving often moves from shock to searching and during this stage there is emotional desire to keep looking and in touch with the deceased, the bereaved will hold the dear items, places and people who remind him/her of the dead person. This is followed by resentment as the bereaved always find someone to blame for the loss e.g. doctors, God, or self that brings anger which is later followed by depression and loneliness which take the form of crying, fatigue, sleep disturbances, loss of concentrations and interest in life.

Like any other severe stressors, grief frequently leads to hormonal changes and disturbances in the immune system. This will lead to greater susceptibility to bacterial and viral infections. The strongest effect of grief seems to occur on the circulatory system. It may lead to sudden cardiac death or congestive heart failure.

Socially the griever may give up favorite activities and avoid socialization. The person may experience difficulty concentrating, feelings of anger, irritability, smoking etc. such behaviors represent an attempt to defend self from the painful grief and depression.

## **Crisis Intervention**

It is always important for those around the grieving to evaluate and understand which stages the griever is, such an understanding helps us to be able to take the person through the emotions that accompany that particular stage. The most important thing is to listen and appreciate what the griever is going through.

We have to give time to slowly go through the grieving process until when they learn to say goodbye to the deceased. Never wish a person nor force them to suppress their feelings or pretend that they are not hurt.

## **ACTIVITY**

- 1(a) Assess the stages of terminal illness and show your support at every stage
- (b) Briefly explain the psychological concerns of the terminally ill
2. Explain the stages of grief and psychosocial effects of death

## **AGGRESSION**

This is the behavior directed against another person that is intended to cause harm or pain towards another. Aggression may be distinguished into kinds namely.

### **a. Hostile aggression**

### **b. Instrumental aggression**

Hostile aggression is generally provoked by pain and is emotional in nature. It occurs when the person is emotionally aroused and the aim is to do harm or revenge. Such an impulse is likely to lead to deadly behavior especially when the person is furious and has access to a weapon.

Instrumental aggression is not usually caused by emotions. It is normally aims at gaining some desired rewards such as money but not to harm. This kind of aggression is controlled by rewards and punishment.

## **THEORIES OF AGGRESSION**

In developing theories of aggression, we look at the internal forces to aggression, or we look at the external factors that pull the individual to aggress. Instinct and biological theories take the former or past while frustration aggression and social learning take the later view.

### **The instinct theory**

This is among the oldest and most controversial theories of aggression are those that state that aggression is an instinct. This implies that behavior is inherited rather than learnt. And that the behavior pattern is

common to all members of the species. Freud argued that the drive to violence arouses from within people and that humans cannot be eliminated.

The instinct to aggression is common to many animal species and the critics of the theory say that if humans are instinctively aggressive, then we would expect to find a great deal of similarity in the style and amount of aggression displayed by people.

### **Biological theory**

These theories locate the seat of aggression inside the individual. These theories differ from the instinct theory because they attempt to identify specific biological mechanisms that excite people to aggressive nature.

Properties of one biological approach have attempted to locate specific parts of the brain that trigger or cause aggression. Certain neural centres give rise to violent behavior when they are stimulated.

The second line of research has focused on the relationship between aggression and hormones where males are more aggressive than the females because of hormonal differences. Other researchers argue that the gender differences in aggression are due to learning and socialization rather than differences in hormones.

Brain damage, tumors and epilepsy have all been related to aggression and alcohol is also a frequent partner. People who are intoxicated or under the influence commit the majority of murders, stabbings and physical child abuse among others.

## **Frustration theory**

This theory prostrates that aggression is a consequence of frustration and that frustration always leads to aggression. According to this theory, the instigation to aggression should increase as the strength of frustration increases.

## **Social learning theory**

This is the basic principle of operant conditioning, and is straight when applied to aggression. The possibility that aggressive behavior will occur is due to the reward system. Studies show that when aggression brings people food, material goods for social approval is more likely to re-occur. Observational learning emphasizes that besides learning aggressive behavior by directly observing others, we learnt it by watching violent shows, videos and movies.

## **Reducing Aggression**

Many techniques have been proposed to reduce aggression and there are six strategies studied by psychologists among which they include;

1. Venting: this involves expressing impulses in an attempt to reduce subsequent aggression. Aggressive venting impulses are referred to as catharsis. The Norton of catharsis seems consistent with common sense. People often say they need to let off steam. Venting can be expressed verbally or through fantasy i.e. by writing aggressive stories.



2. Punishment: this is defined as delivery of aversive stimulus after undesirable behavior. It is one of the most common needs that society, individuals, uses to control instrumental rather than hostile aggression. Punishment may be particularly tricky as a method of controlling aggression because it is sometimes a kind of aggression, and to be effective punishment should be relatively strong, applied quickly and consistent to others.
3. Creating responses incompatible or mismatch with aggression
4. Providing social restraints
5. Counseling.

## **ACTIVITY**

1. Differentiate between hostile aggression and instrumental aggression