**motivation**

*Motivation* is one of the most frequently used words in psychology. It refers to the factors which move or activate the organism. We infer the presence of motivation when we see that people work toward certain goals. For example, we might observe that a student works hard at almost every task that comes to him/her; from this we infer that the person has motive to achieve.

All human behavior appears to arise in response to some form of internal (physiological) or external (environmental) stimulation. The behaviors, however, are not random. They often involve some purpose or goal. It is often held that behaviors take place as a result of the arousal of certain motives. Thus motivation can be defined as the process of activating, maintaining and directing behavior towards a particular goal. The process is usually terminated once the desired goal is attained by the person.

The process of initiating action is technically called ‘motivation’.

Interestingly, we are not aware of all our motives. Behavior can be governed by unconscious motives too. If our understanding of motives is correct, we have a powerful tool for explaining behavior. We explain our everyday behavior in terms of various motives.

Motives also help us make predictions about behavior. We may tell what a person will do in future. Motives may not tell exactly what will happen but they give us an idea about the range of activities a person will do. Thus a person with a need to achieve in academics will work hard in school, an individual with a strong need to excel in sports will put in a lot of hard work in that field; similarly in business and in many other situations.

With relation to the workplace, Ray Williams, who writes for Psychology Today, defines motivation as, “predisposition to behave in a purposeful manner to achieve specific, unmet needs and the will to achieve, and the inner force that drives individuals to accomplish personal organizational goals”. A person becomes motivated in order to achieve their own personal goals as well as the organizational goals. The more motivated an employee is, the more likely they are to have organizational commitment and identify themselves with the organization.

Although the words of the definitions might be different, they all are describing the same concepts. Motivation is the act of getting someone to act on a situation.

**THE CONCEPT OF EMOTION**

In psychology, emotion is often defined as a complex state of feeling that results in physical and psychological changes that influence thought and behavior.

Emotionality is associated with a range of psychological phenomena including temperament, personality, mood, and motivation. According to author David G. Meyers, human emotion involves "...physiological arousal, expressive behaviors, and conscious experience."

As a noun "fear" can be used in three ways with different meanings. In the uncountable form fear is a strong, uncontrollable and unpleasant emotion caused by actual or perceived danger. In the countable form, and when used with the indefinite article, a "fear" means a phobia, a sense of fear induced by something or someone. In an uncountable form it can also mean extreme veneration or awe, as toward a supreme being or deity.

Emotion, in everyday speech, is any relatively brief conscious experience characterized by intense mental activity and a high degree of pleasure or displeasure. Scientific discourse has drifted to other meanings and there is no consensus on a definition. Emotion is often intertwined with mood, temperament, personality, disposition, and motivation. In some theories, cognition is an important aspect of emotion. Those acting primarily on emotion may seem as if they are not thinking, but mental processes are still essential, particularly in the interpretation of events. For example, the realization of danger and subsequent arousal of the nervous system (e.g. rapid heartbeat and breathing, sweating, muscle tension) is integral to the experience of fear. Other theories, however, claim that emotion is separate from and can precede cognition.

Emotions are complex. According to some theories, they are a state of feeling that results in physical and psychological changes that influence our behavior. The physiology of emotion is closely linked to arousal of the nervous system with various states and strengths of arousal relating, apparently, to particular emotions. Emotion is also linked to behavioral tendency. Extroverted people are more likely to be social and express their emotions, while introverted people are more likely to be more socially withdrawn and conceal their emotions. Emotion is often the driving force behind motivation, positive or negative.

**COMPONENTS AND CHARACTERISTICS OF EMOTIONS**

Emotions involve different components, such as subjective experience, cognitive processes, expressive behavior, psychophysiological changes, and instrumental behavior. At one time, academics attempted to identify the emotion with one of the components: William James with a subjective experience, behaviorists with instrumental behavior, psychophysiologists with physiological changes, and so on. More recently, emotion is said to consist of all the components. The different components of emotion are categorized somewhat differently depending on the academic discipline. In psychology and philosophy, emotion typically includes a subjective, conscious experience characterized primarily by psychophysiological expressions, biological reactions, and mental states. A similar multicomponential description of emotion is found in sociology. For example Peggy Thoits described emotions as involving physiological components, cultural or emotional labels (e.g., anger, surprise etc.), expressive body actions, and the appraisal of situations and contexts.

Research on emotion has increased significantly over the past two decades with many fields contributing including psychology, neuroscience, endocrinology, medicine, history, sociology, and even computer science. The numerous theories that attempt to explain the origin, neurobiology, experience, and function of emotions have only fostered more intense research on this topic. Current areas of research in the concept of emotion include the development of materials that stimulate and elicit emotion.

For more than 40 years, Paul Ekman has supported the view that emotions are discrete, measurable, and physiologically distinct. Ekman's most influential work revolved around the finding that certain emotions appeared to be universally recognized, even in cultures that were preliterate and could not have learned associations for facial expressions through media. Another classic study found that when participants contorted their facial muscles into distinct facial expressions (e.g. disgust), they reported subjective and physiological experiences that matched the distinct facial expressions. His research findings led him to classify six emotions as basic: anger, disgust, fear, happiness, sadness and surprise.

**Theories of Emotion**

There are different theories of emotion to explain what emotions are and how they operate. This is challenging, since emotions can be analyzed from many different perspectives.

Theories of emotion can be categorized in terms of the context within which the explanation is developed. The standard contexts are evolutionary, social and internal. Evolutionary theories attempt to provide an historical analysis of the emotions, usually with a special interest in explaining why humans today have the emotions that they do. Social theories explain emotions as the products of cultures and societies. The internal approach attempts to provide a description of the emotion process itself. This article is organized around these three categories and will discuss the basic ideas that are associated with each. Some specific theories, as well as the main features of emotion will also be explained.

The major theories of motivation can be grouped into three main categories: physiological, neurological, and cognitive. Physiological theories suggest that responses within the body are responsible for emotions. Neurological theories propose that activity within the brain leads to emotional responses. Finally, cognitive theories argue that thoughts and other mental activity play an essential role in the formation of emotions.

*Evolutionary Theory of Emotion*

It was naturalist Charles Darwin who proposed that emotions evolved because they were adaptive and allowed humans and animals to survive and reproduce. Feelings of love and affection lead people to seek out mates and reproduce. Feelings of fear compel people to either fight or flee the source of danger.

According to the evolutionary theory of emotion, our emotions exist because they serve an adaptive role.

Emotions motivate people to respond quickly to stimuli in the environment, which helps improve the chances of success and survival.

Understanding the emotions of other people and animals also plays a crucial role in safety and survival. If you encounter hissing, spitting, and clawing animal, chances are you will quickly realize that the animal is frightened or defensive and leave it alone. By being able to interpret correctly the emotional displays of other people and animals, you can respond correctly and avoid danger.

**A FEW THEORIES OF EMOTIONS**

*The James-Lange Theory of Emotion*

The James-Lange theory is one of the best-known examples of a physiological theory of emotion.

Independently proposed by psychologist William James and physiologist Carl Lange, the James-Lange theory of emotion suggests that emotions occur as a result of physiological reactions to events.

This theory suggests that when you see an external stimulus that leads to a physiological reaction. Your emotional reaction is dependent upon how you interpret those physical reactions. For example, suppose you are walking in the woods and you see a grizzly bear. You begin to tremble, and your heart begins to race. The James-Lange theory proposes that you will interpret your physical reactions and conclude that you are frightened ("I am trembling. Therefore I am afraid"). According to this theory of emotion, you are not trembling because you are frightened. Instead, you feel frightened because you are trembling.

*The Cannon-Bard Theory of Emotion*

Another well-known physiological theory is the Cannon-Bard theory of emotion. Walter Cannon disagreed with the James-Lange theory of emotion on several different grounds. First, he suggested, people can experience physiological reactions linked to emotions without actually feeling those emotions. For example, your heart might race because you have been exercising and not because you are afraid.

W. Cannon also suggested that emotional responses occur much too quickly for them to be simply products of physical states. When you encounter a danger in the environment, you will often feel afraid before you start to experience the physical symptoms associated with fear such as shaking hands, rapid breathing, and a racing heart.

W. Cannon first proposed his theory in the 1920s and his work was later expanded on by physiologist Philip Bard during the 1930s. According to the Cannon-Bard theory of emotion, we feel emotions and experience physiological reactions such as sweating, trembling, and muscle tension simultaneously.

*Schachter-Singer Theory*

Also known as the two-factor theory of emotion, the Schachter-Singer Theory is an example of a cognitive theory of emotion. This theory suggests that the physiological arousal occurs first, and then the individual must identify the reason for this arousal to experience and label it as an emotion. A stimulus leads to a physiological response that is then cognitively interpreted and labeled which results in an emotion.

**Common phobias**

According to surveys, some of the most common fears are of demons and ghosts, the existence of evil powers, cockroaches, spiders, snakes, heights, water, enclosed spaces, tunnels, bridges, needles, social rejection, failure, examinations and public speaking.

A person with arachnophobia may panic or feel uneasy around a spider even though most are harmless. Sometimes, even an object resembling a spider can trigger a panic attack in an arachnophobic individual, which is called automatonophobia. One of the most common phobias in humans is the glossophobia or the fear of public speaking. People may be comfortable speaking inside a room, but when it becomes public speaking, fear enters in the form of suspicion over whether the words uttered are correct or incorrect, because there are many to judge them. Another common fear can be fear of pain, or of someone damaging a person. Fear of pain in a plausible situation brings flinching, or cringing.

*Fear of death*

Death anxiety is multidimensional; it covers "fears related to one's own death, the death of others, fear of the unknown after death, fear of obliteration, and fear of the dying process, which includes fear of a slow death and a painful death".

The Yale philosopher Shelly Kagan examined fear of death in a 2007 Yale open course by examining the following questions: *Is fear of death a reasonable appropriate response? What conditions are required and what are appropriate conditions for feeling fear of death? What is meant by fear, and how much fear is appropriate?* According to Sh. Kagan for fear in general to make sense, three conditions should be met: the object of fear needs to be "something bad", there needs to be a non-negligible chance that the bad state of affairs will happen, and there needs to be some uncertainty about the bad state of affairs. The amount of fear should be appropriate to the size of "the bad". If the 3 conditions aren't met, fear is an inappropriate emotion. He argues, that death does not meet the first two criteria, even if death is a "deprivation of good things" and even if one believes in a painful afterlife. Because death is certain, it also does not meet the third criteria, but he grants that the unpredictability of when one dies may be cause to a sense of fear.

Psychologists have tested the hypothesis that fear of death motivates religious commitment, and assurances about an afterlife alleviate the fear and empirical research on this topic has been equivocal.

**CAUSES OF FEAR**

People develop specific fears as a result of learning. This has been studied in psychology as fear conditioning, beginning with John B. Watson's Little Albert experiment in 1920, which was inspired after observing a child with an irrational fear of dogs. In this study, an 11-month-old boy was conditioned to fear a white rat in the laboratory. The fear became generalized to include other white, furry objects, such as a rabbit, dog, and even a ball of cotton.

Fear can be learned by experiencing or watching a frightening traumatic accident. For example, if a child falls into a well and struggles to get out, he or she may develop a fear of wells, heights (acrophobia), enclosed spaces (claustrophobia), or water (aquaphobia).

Fear is affected by cultural and historical context. For example, in the early 20th century, many Americans feared polio, a disease that cripples the body part it affects, leaving that body part immobilized for the rest of one's life. There are consistent cross-cultural differences in how people respond to fear. Display rules affect how likely people are to show the facial expression of fear and other emotions.

Although many fears are learned, the capacity to fear is part of human nature. Many studies have found that certain fears (e.g. animals, heights) are much more common than others (e.g. flowers, clouds). These fears are also easier to induce in the laboratory. This phenomenon is known as preparedness. Because early humans that were quick to fear dangerous situations were more likely to survive and reproduce, preparedness is theorized to be a genetic effect that is the result of natural selection.

From an evolutionary psychology perspective, different fears may be different adaptations that have been useful in our evolutionary past. They may have developed during different time periods. Some fears, such as fear of heights, may be common to all mammals and developed during the mesozoic period. Other fears, such as fear of snakes, may be common to all simians and developed during the cenozoic time period. Still others, such as fear of mice and insects, may be unique to humans and developed during the paleolithic and neolithic time periods (when mice and insects become important carriers of infectious diseases and harmful for crops and stored foods).

**Professional (occupational) burnout**

*Professional (occupational) burnout* – is a syndrome that develops because of the permanent stress and leads to exhaustion of emotional and personal resources, loss of energy in a working person. Professional burnout comes up when negative emotions are accumulated with a proper “discharge” or “liberation» from them. Occupational burnout or job burnout is characterized by exhaustion, lack of enthusiasm and motivation, feelings of ineffectiveness, and also may have the dimension of frustration or cynicism, and as a result reduced efficacy within the workplace. The danger of a burnout is that it is not a short time temporary period, but a prolonged process of “burning to the end”. Occupational burnout is typically and particularly found within human service professions. Professions with high levels of burnout include social workers, nurses, teachers, lawyers, engineers, physicians, customer service representatives, and police officers. One reason why burnout is so prevalent within the human servicesfield is due in part, to the high-stress work environment and emotional demands of the job.

Burnout is not recognized as a distinct disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM). However, it is included in the International Statistical Classification of Diseases and Related Health Problems (ICD) and can be found under problems related to life-management difficulty. Some scientists. define the antithesis of burnout as engagement. Engagement is characterized by energy, involvement and efficacy, the opposites of exhaustion, cynicism and inefficacy, and advocate an empirical approach to the study of burnout. Based on results from interviews with a variety of human services providers, there have been developed a more precise definition and a tool to assess burnout, the Maslach Burnout Inventory. The tool described and assessed burnout as a combination of three dimensions: emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion refers to depletion of one’s emotional resources and feelings of emotional overextension.

Some researchers and practitioners have argued for an “exhaustion only” model that views that symptom as the hallmark of burnout. A growing body of evidence suggests that burnout is clinically and nosologically similar to depression.

**PSYCHOLOGICAL DEFENSE MECHANISMS**

A psychological defense mechanism is a mental process – usually uncon-scious – that protects the person from shame, anxiety, conflict, loss of self-esteem, or other unacceptable feelings or thoughts.

Many of these defense mechanisms are learned behaviors from our vulnerable childhood, when, because of our perception of various, often-difficult experiences, we needed to protect our innocent, developing selves.

When these emotions became too overwhelming for us, we sought safety by employing psychological defense mechanisms.

A defense mechanism becomes pathological when using it causes the physical or mental health of the individual to be adversely affected. This should not be confused with healthy, conscious coping strategies or skills, which can minimize or tolerate stress or conflict while functioning to solve personal and interpersonal problems.

When we are attempting to make a change in our lives, it can often be useful to look back at our past behavior patterns. This can offer us significant clues as to why we have failed and why we have succeeded.

Two of the More Common Defenses

*Rationalization* is one type of dysfunctional psychological defense. With rationalization, behaviors or feelings can be justified and explained in a logical manner. By doing this, we can avoid any true explanation, and the behaviors or feelings are made tolerable or even admirable to our distorted thinking.

In the movie “The Big Chill,” the Jeff Goldblum character discusses rationalization:

By using rationalization, we can encourage our irrational or unacceptable behavior, motives or feelings. This can be done consciously or subconsciously. Either way, we create a barrier between ourselves and the truth.

*Denial* is another common defense mechanism. With denial, when we are faced with a fact that is too uncomfortable to accept, we just reject it, insisting that it is not true despite what may be overwhelming evidence to the contrary. It’s sort of a “my mind is made up, don’t confuse me with the facts” mentality. We may either deny the facts altogether, or admit them but deny or minimize that they are really serious.

These two can be combined into a pattern in people that might be called the Goal-Rationalization-Denial Cycle.

A goal is initially set, followed by rationalization as to why we did not reach our goal, followed by denial of the failure. This pattern is then contin-ually repeated.

**PSYCHOLOGICAL FACTORS OF INTERNET ADDICTION**

There are two types of Internet addicts. The Dual Diagnosed Internet Addict suffers from prior psychological problems such as to depression, anxiety, obsessive-compulsive disorder, or substance abuse, to name a few syndromes associated with the disorder. Other addicts, referred to as New Internet Addicts, have no prior history of psychiatric illness or addiction, and their addiction to the Internet is an entirely new problem. Dual Diagnosed Internet Addicts may suffer from a variety of illnesses that contribute to developing Internet addiction whereas the New Internet Addict do not have any psychiatric history but focus on particular activities or relationships online (a specific online affair, chat room, message board, game, gambling site, or adult site, to name a few examples). The disorder exists solely online. Dual Diagnosis Internet Addicts suffer from depression, social anxiety, impulsivity, obsessive-compulsive disorders, and general psychiatric problems. Dual Diagnosed Internet Addicts suffer from alcohol or drug dependency only to find their compulsive use of the Internet a physically safe alternative to their addictive tendency.

Dual diagnosis in addiction is common. The Dual Diagnosed Internet Addict can be displayed in a variety of ways unique from other addictive syndromes. Research has not confirmed which is cause and effect but we have established a clear correlation between Internet addiction and psychiatric problems. For instance, we know that Internet addicts suffer from depression but it is hard to know which came first. Some suggest that because a person suffers from depression that he or she uses the Internet as a means to cope with sad feelings and low self-esteem associated with the disorder. The person goes online to forget about sad feelings as they escape into the Internet. It is also possible that as a person goes online with increased frequency, he or she may feel more depressed as they become socially isolated from others.

New Internet Addicts meet two distinct criteria. First, they become addicted to new forms of Internet use created solely online such as chat rooms, social networks, instant messaging, role-playing games, or eBay.

Secondly, New Internet Addicts are individuals with no previous significant addictive or psychiatric history. They develop an addiction to the anonymous, accessible, and interactive nature of online use.