**AP PSYCHOLOGY 4220**

**Pre-scientific Psychology**

Greeks- nature of the mind

**Plato**

. innate knowledge

. mind, body are separate

**Aristotle**

. truth derived from physical world

. mind and body connected

**Dualism**

. divides the world into two parts, body and spirit

**Rene Descartes**

. mind and body interact

. mind controls body

. reflexes not controlled by body

**John Locke**

. knowledge comes from experience via senses

. science flourishes through observation, experience

. tabular reason

**Thomas Hobbs**

. mind is meaningless

. conscious is a by-product

**Whilhem Wunt**

. father of psychology as a science

. opened the first psychology lab

**Edward Titchen**

. structuralism (introspection)

. explanation of feelings

. explanation of sensations

**Psychology**

. the science of behaviour and mental processes. What we do and sensations, perceptions, dreams, thoughts, beliefs, feelings.

**BASIC RESEARCH**

. biological psychologists explore the links between brain and mind

. developmental psychologists study changing abilities from womb to tomb

. cognitive psychologists study how we perceive, think and solve problems

. personality psychologists investigate our persistent traits

. social psychologists explore how we view and affect one another

**APPLIED RESEARCH**

. Industrial/Organizational psychologists study and advise on behaviour in the workplace

. Clinical psychologists study, assess and treat people with disorders

. Psychiatry, a doctor who treats disorders with prescriptions

**Hindsight Bias**

. We tend to believe after learning an outcome, we could have predicted it. “I knew it all along”.

**Overconfidence**

. thinking you know more than you actually do

**Independent Variable**

. the variable that changes

**Dependant Variable**

. the variable being tested

**Confounding Variables**

. variables that need to be controlled, or it could affect the outcome

**Single-Blind Procedure**

. when the group being experimented on does not know which is control and which is not

**Double-Blind Procedure**

. where neither the group or the experimenters know which is a placebo and which is not

**Illusionary Correlation**

. the perception of a relationship where none exists

**False Consensus Effect**

. the tendency to overestimate the extent to which others share our beliefs and behaviours

**Random Sample**

. a sample that fairly represents a population because each member has an equal chance of inclusion

**Case Study**

. study one individual in-depth

. hope to give insight about a greater population

. you learn a lot about the individual

. cannot generalize the information

**Survey**

. used in descriptive and correlational studies

. asks people to report their behaviour/opinions

. random sample

. lots of feedback

. answers are skewed

**NATURALISTIC OBSERVATION**

. natural behaviour

. describes behaviour

. shows contrast

. cannot explain

. in-depth

. non-controlled situations

**Correlation**

. describe strength of relationship

. a correlation is not solid

. correlation is not causation

**Experimentation**

. manipulation of one or more factors

. tells why

**NEUROSCIENCE BEHAVIOUR**

**Biological psychology:** a branch of psychology concerned with the links between biology and behaviour.

**Neuron:** nerve cell, basic building block of the nervous system.

**Cell body:** contains the genetic information determining cell functions.

**Dendrite**: finger like structures that receive messages and conduct impulses toward the cell body.

**Axon:** the middle part of the neuron, messages get sent through it.

**Myelin Sheath:** a thin layer of cells that speed up transmission.



**NEUROTRANSMITTERS**

**Acetycholine (ACH)**

-enables muscle action

-enables learning and memory

-lacking in ACH is linked to Alzhimers

**Dopamine**

-influences movement and attention

-influences learning and emotion

-excess is linked to schizophrenia

-lacking is linked to Parkinson’s

**Seratonin**

-affects mood and hunger

-affects sleep and arousal

-lacking is linked to depression

**Norepinephrine**

-controls awareness and arousal

-lacking can depress mood

**Endorphins**

-“morphine within”

-natural opiate-like neurotransmitters

-linked to pain control

-linked to pleasure

**BRAIN-BLOOD BARRIER**

-allows brain to filter unwanted chemicals

-dopamine cannot pass through, but L-Dopa can, it is then be changed to Dopamine by the brain

**Agonists:**

-molecules that mimic neurotransmitter

-morphine mimics indorphins

**Antagonists:**

-similar enough to fit in the receptor site and block neurotransmitters action. Curare blocks ACH receptor and causes paralysation

**NERVOUS SYSTEM**

-speedy, electrochemical communication system

-consists of the Central Nervous System and Peripheral Nervous System

**Central Nervous System**

-comprised of the brain and spinal cord

**Peripheral Nervous System**

-sensory and motor neurons that connect the Central Nervous System to the rest of the body

 **NERVOUS SYSTEM**

 **CENTRAL**

 **PERIPHERAL**

 **SOMATIC AUTONOMIC**

 **SYMPATHETIC PARASYMPATHETIC**

**Nerves (Neurons)**

-neural “cables” containing many axons

-part of the Peripheral Nervous System

-connects the Central Nervous System with muscles, glands and sense organs

**Sensory Neurons**

-neurons that carry incoming information from sense receptors to the Central Nervous System

**Inter-neurons**

-Central Neurons System neurons that take the information from the sensory neurons, and send it to the motor neurons

**Motor Neurons**

-carry information from the Central Nervous System to muscles and glands



**Reflex**

-a simple, automatic, inborn response to a sensory stimulus

**Somatic Nervous System**

-a division of the Peripheral Nervous system that controls the body’s skeletal muscles

**Autonomic Nervous System**

-part of the Peripheral Nervous System that controls the glands and muscles of internal organs

**Sympathetic Nervous System**

-division of the Autonomic Nervous System that arouses the body for defence

**Parasympathetic Nervous System**

-division of the Autonomic Nervous System that calms the body, conserving its energy

**Neural Networks**

-interconnected neural cells

**ENDOCRINE SYSTEM**

-the “slow” chemical communication system

-a set of glands

-secrete hormones

 **Hypothalamus**

 **Pituitary Gland**

 **Hormones**

Ovary Thyroid glands Para-thyroids Adrenal gland Pancreas Testes

Female sex hormones Metabolism Calcium level in blood Adrenaline Sugar level Male sex hormone

**Hormones**

-Chemical Messengers

**Adrenal Glands**

-pair of endocrine glands

-above the kidneys

-secretes epinephrine – non-epinephrine

**Pituitary Gland**

-controlled by the hypothalamus

-regulates growth

-controls other endocrine glands

**THE BRAIN**

**Lesion**

-tissue destruction, naturally or experimentally caused

**Electroencephalogram (EEG)**

-recording of electricity waves in the brain. Measured by electrodes placed on the scalp

**Computed Tomography (CT) Scan**

-series of x-ray photographs taken at different angles to create a picture of the body (also called a CST scan)

**Position Emission Tomography (PET) Scan**

-visual display of brain activity that detects radioactive glucose as it goes where the brain is working

**Magnetic Resonance Imaging (MRI) Scan**

-magnetic fields and radio waves are used to produce computer generated images that distinguish between the soft tissues of the brain, allowing us to see structures within the brain

**Brainstem**

-oldest part of the brain

-connects spinal cord and brain

-responsible for survival functions

**Medulla**

-base of the brainstem

-controls heart rate

**Pons**

-connects the two halves of the cerebellum

-relays information about body movement

-appears to be involved with sleep

**Reticular Formation**

-controls awareness

-damaged, it may cause a coma

**Cerebellum**

-“little brain” attached to the rear of the brainstem

-helps coordinate voluntary movement

-helps coordinate balance

**Thalamus**

-sensory switchboard

-on top of brainstem

-directs messages to the sensory receiving areas in the cortex

-transmits replies to the cerebrum and medulla

-receives information from all senses except smell

**Limbic System**

-doughnut shaped system of neural networks

-between brainstem and cerebral hemispheres

- associated with emotions (fear aggression, etc.)

-associated with drives (food, sex, etc.)

-includes: hippo-campus, amygdala, hypothalamus and pituitary gland

**Amygdala**

-two almond shaped neural clusters

-components of the Limbic System

-linked to emotion

**Hippocampus**

-memory

**Hypothalamus**

-neural structure below the thalamus

-directs maintenance activities (eating/body temperature)

-helps govern the endocrine system

-linked to emotion

**Cerebral Cortex**

-fabric of interconnected neural cells

-covers the cerebral hemisphere

-control and information processing center

-has four lobes

1. **Frontal Lobe**

-speaking

-muscle movements

-making plans

-judgement

-motor cortex

1. **Parietal Lobe**

-sensory cortex

 **3. Occipital Lobe**

-visual areas

 **4. Temperal Lobe**
 - auditory areas

**Glial Cells**

-cells in the nervous system

-support, nourish and protect neurons

**Motor Cortex**

-area at the rear of the Frontal Lobe

-controls voluntary movement

**Sensory Cortex**

-area at the front of the Parietal lobe

-registers and processes body sensations

**Aphasia**

-impairment of language

-impairing speaking (Broca)

-impairing understanding (Wernike)

**Plasticity**

-brains capacity for modification

-organization after damage

-especially well done in children

**Corpus Callosum**

-large band of neural fibres

-connects the brain hemisphere

-carries messages between hemispheres

**CHAPTER THREE NATURE “NURTURE”**

**Chromosomes**

-threadlike structures made of DNA molecules that contain genes

**DNA**

-a molecule that contains genetic information that makes up chromosomes

**Genes**-building blocks of heredity that make up chromosomes, and enable synthesisation

**Genome**

-instructions on how to make an organism

**National Selection**

-organisms with favourable genes will live to pass them on

**Mutation**-a random mix-up in nucleotides that is the source of all genetic diversity

**Evolutionary Psychology**

-a study of the evolution in behaviour and the mind, using principles of natural selection

**Gender**

-characteristics, biological or socially influenced, by which people define male and female

**Behaviour Genetics**

-study of the relative power and limits of genetic and environmental influences on behaviour

**Environment**

-non-genetic influence in life

**Identical Twins**

-twins who develop from one egg and one sperm, but split to produce two genetically identical organisms

**Fraternal Twins**

-twins who develop from separate eggs. They just share a fetal environment

**Temperament**

-a person’s characteristic emotional reactivity and intensity

**Heritability**

-how well a trait is passed on

**Molecular Genetics**

-sub-field of biology that studies the molecular structure and function of genes

**Gender –Typing**

-the acquisition of a traditional masculine or feminine role

**Social Learning Theory**

-the theory that we learn social behaviour by observing and imitating and by being rewarded or punished

**Gender Schema Theory**

-the theory that children learn from their cultures, what it means to be male or female, they adjust their behaviour accordingly

**CHAPTER FOUR – DEVELOPMENT**

**Developmental Psychology**

-a branch of psychology that studies physical, cognitive and social change during life

**Schema**

-a concept or framework that organizes and interprets information

**Assimilation**

-interpreting ones new experience in terms of an existing schemas

**Accommodation**

-adapting ones current schema to incorporate new information

|  |
| --- |
|  **PIAGET’S STAGES OF COGNATIVE DEVELOPMENT** |
| Birth – 2 years | Sensory motor(looking, touching…) | Object permanenceStranger anxiety |
| 2 – 6 years | Preoperational(words, lack logical reasoning) | Pretend play, ego-centrismLanguage development |
| 7 – 11 years | Concrete Operational(logical thinking, analogies) | ConservationMath transformations |
| 12+ | Formal Operational(abstract reasoning) | Abstract logicpotential-mature moral reasoning |

**Object Permanence**

-knowing something still exists even when you can’t see it

**Conservation**

-the mass of something remains the same despite changes in the container

**Egocentrism**

-the inability for a child to take another’s point of view

**Critical Period**

-the optimal time to hear something, trying to learn something out of your critical period is often difficult

**Longitudinal Study**

-research in the same people over a long period of time

**Cross Sectional Study**

-research in a broad spectrum of people used to compare

**Crystallized Intelligence**

-accumulated knowledge and verbal skills, tends to increase with age

**Fluid Intelligence**

-ability to reason quickly and abstractly, tends to decrease with age

**Identity**

-ones sense of self

**PARENTING STYLES**

**Authoritarian**

-impose rules

-expect obedience

“drill sergeant”

“because I said so”

**Permissive**

-submit to their children

-few demands

-little punishment

**Authoritative**

-demanding, yet responsive

-explain their rules

-encourage discussions

-allow exceptions

**BABY REFLEXES**

**Rooting**

-babies will turn their head in the direction of a cheek that is touched

**Sucking**

-babies will suck on anything put in their mouth

**Grasping**

-babies will hold on to anything placed in their hands

**Move**

-when startled, babies will fling their limbs out, then quickly retract them to appear smaller

-**Babinski –**if a baby’s foot is stroked, it will spread its toes

**MARY AINSWORTH – ATTACHMENT**

**Secure Attachment – 66%**

-confidentially explored environment

-parent is present

-distressed when parent left

-went to parent upon return

**Avoidant attachment – 21%**

-resist being help by parent

-explore environment

-did not go to parent upon return

**Anxious/Ambivalent Attachment -13%**

-extreme stress when parent left

-resisted comfort upon return

**KOHLBERG’S MORAL LADDER**

**Post Conventional Level**

-self interest

-avoid punishment

-gain rewards

**Conventional Level**

-law/social rules

-gain approval

-avoid disapproval

**Post-Conventional Level**

-abstract principles

-affirm agreed upon rights

-personal ethical principles

**ERIK ERIKSON’S STAGES OF PHYCHOSOCIAL DEVELOPMENT**

**Trust vs Mistrust**

-infancy

-needs are met-sense of trust

**Autonomy vs Shame**

-toddler

-exercise will – good

-if not – doubt

**Initiative vs Guilt**

-3 – 5 years

-initiate and carry out plans = good

-if not = guilt for independence

**Competence vs Inferiority**

-elementary school

-apply themselves to tasks

-if not, they feel inferior

**Identity v.s. Role Confusion**-adolescence

-test roles to who they are

-if not, become confused

**Intimacy v.s. Isolation**

-young adult

-form close relationships

-or, become socially isolated

**Generativity vs Stagnation**

-middle age adult

-sense of world contribution

-if not, feel a lack of purpose

**Integrity vs Despair**

-senior citizen

-feel a sense of satisfaction about life

-or, a sense of despair

**ELIZABETH KUBLER –ROSS**

**Stages of Death and Dying**

-Denial

-Anger

-Bargaining

-Depression

-Acceptance

**CHAPTER 5 – SENSATION**

**Sensation** – process which our sensory receptors and nervous system receive and represent

stimulus energy

**Perception**

-process of organizing and interpreting sensory information, enabling us to recognize meaningful objects and events

**Stages of Sensation and Perception**

-stimulate activate sensory receptors

-receptors translate information to nerve impulses

-neurons analyze stimuli

-pieces are reconstructed and compared to memory

-perception is consciously experienced

**Bottom-Up Processing**

-taking individual elements of a stimulus and combining them into a perception

-lines, angles, colors make the horse, rider and forest

**Top-Down Processing**

-constructing perceptions drawing on experience and expectations

-the title creates an expectation, we then look for it

**Psychophysics**

-the relationship between physical characteristics of stimuli and our experience of them

-Sound is measured in volume

-Light is measured in brightness

-Pressure is measured in weight

-Taste is measured in sweetness

**Absolute Threshold (Just noticeable difference)**

-the smallest threshold between two stimuli that people can perceive at least 50% of the time

**Weber’s Law**

-in order to perceive as different, two stimuli must differ by a constant minimum percentage

-light intensity is 8%

-weight is 2%

-tone frequency is 0.3%

**Sensory Adaptation**

-the lowered sensitivity due to constant exposure to a stimulus. It allows better focus (the ability to drown our noises)

**VISION**

**Trandsdution**

-sensory energy being converted to neural energy

Light is composed of electromagnetic with wavelengths and amplitudes.

Wavelength determines hue or pitch

Amplitude determines intensity, brightness or loudness

**THE EYE**



**Cornea:**  protective layer

**Pupil:** adjustable opening, controlled by the iris

**Iris:** muscle around the iris. It is the coloured part

**Lens:** transparent oval that changes shape to help focus images on the retina

**Retina:** light sensitive inner surface of the eye, contains receptor cells (rods & cones)

**Rods:** lets us see light

**Cones:** lets us see colors

**Blind Spot:**  small region in the back of the eye with no receptor cells

**Young-Helmholtz Trichromatic Theory**

-light is detected by three kinds of cones

-ones for blue, ones for red and ones for green

-combinations create other colors

 **Opponent Process Theory**

-color is processed by the opponent colors

-red, green, blue, yellow, black, white

-you can’t see a bluish yellow

**Color Consistency**

-colors do not look different even in different illuminations

 **HEARING**

**Frequency/Pitch**

-the number of waves travelling through a point in one second and relates how fast a wave travels

**Audition**

-the sense of hearing

**Outer Ear**

-auditory canal

**Middle Ear**

-contains the hammer, anvil and the stirrup; three small bones that vibrate when sound waves hit them

**Inner Ear (cochlea)**

-a coiled, fluid filled tube that is lined with hair cells that vibrate to excite the nerve fibres

**Place Theory**

-we hear seven different pitches because different places in the cochlea are stimulated

**Frequency Theory**

-we hear different pitches because the speed of the neural impulses travelling to the brain matches the frequency of a tone and allows us to discriminate pitch

-we can tell if a sound is coming from the left or right because it will hit that ear first. Sounds coming from the front or back are harder to judge

**TYPES OF DEAFNESS**

 **Conduction Deafness**

-deafness due to damage of the eardrum

-damage to the tiny bones in the middle ear

-correctable with a hearing aid

**Nerve Deafness**

-damage to the cochlea

-damage to the bastilar membrane

-and/or hair cells in the inner ear

-caused by age

-caused by prolonged exposure to loud noise

-correctable with a cochlea implant

**TOUCH**

-composed of four senses: warmth, pain, cold, and pleasure. Combinations of these make sensations

**PAIN**

-Your body’s way of telling you there is trouble. There is **no** type of specific stimulus that triggers pain, and **no** specific receptors for pain

**Gate Control Theory**

-spinal cord has “gates”

-small nerve fibre activity opens the gates (pain)

-large nerve fibres close the gates (pain goes away)

Pain is a physical and psychological interpretation, this is why distraction methods (Lamaze) work.

**TASTE**

A chemical sense composed of four basic senses, sweet, sour, salty and bitter. Taste receptors, (buds) that cover the tongue and back of the mouth, regenerate every two weeks, but aging, smoking, and drinking will lower the number of taste buds and reduce taste sensitivity.

**SMELL**

-chemical sense

-transmits information from the nose to the temporal lobe

-does not relay messages to the thalamus

-brains circuitry for smell is connected to the limber system, memory and emotion

**BODY POSITION AND MOVEMENT**

**Kinesthesis**

-sense of body position and movement through motion sensors, muscles, tendons and emotion

**Vestibular Sense**

-fluids in the ear that monitor head position and balance

**Sensory Restriction**

-restricted environment stimulation therapy (R.E.S.T.) You are placed in an environment that lowers stimulation and reduces stress

**PERCEPTION – CHAPTER 6**

-process by which we select, organize and interpret our sensations

**Selective Attention**

-focusing on one thing at a time

**Perceptual Illusion**

-the say we normally interpret sensations

-if there is a conflict between vision and another sense, vision will win (visual capture, 3D movies)

**Perceptual Organization**

-must be organized in order to properly form preceptors

-clusters of sensations - gestalt

-gestalt = organized whole

**Form Perception**

-figure is different than the background, Figure – Ground Relationship

-turn figure into a meaningful form

-to process forms, we use grouping, we organize stimuli based on proximity, similarity, continuity, closure and connectiveness

**Proximity**

-if some objects seem to be closer, they will be grouped together, ex. 111111

**Similarity**

-similar objects will be grouped together

Ex. These will be grouped together instead of vertically

**Continuity**

-we tend to seek a continuous picture, not look at the pieces

Ex.  straight line and a wave, not a bunch of semi-circles

**Closure**

-we finish the picture as the lines we see imply the triangle isn’t drawn, but we see it anyway

**Connectiveness**

-we group objects that are physically already connected

Ex.

**Depth Perception**

-the ability to see objects in3D, it allows us to judge distance and depth

**Binocular Depth Cues**

-cues that rely on both eyes

**Retinal Disparity**

-the judgement and calculation of the distance, using the different views of both eyes

**Convergence**

-the more you cross your eyes, the closer the object

**Monocular Cues**

-cues that do not need both eyes, relative light, relative size

**Motion Perception**

-our brain computes motion assuming things that are getting smaller are moving away, and things that are getting larger are coming closer

**Stroboscopic Movement**

-when the brain perceives a rapid series of slightly different images as movement (flip book)

**Phi Phenomenon**

-the perception of movement when lights blink one after another (East Side Mario’s)

**Perceptual Consistency**

-the perception that objects don’t change even if it appears to change shape (an open door)

**Perceptual Adaptation**

-the ability to adjust to an abstract visual field

**Perceptual Set**

-to perceive one thing, and not another. “Mental predisposition”

**HUMAN FACTORS PSYCHOLOGY**

-the study of how people and machines interact and how machines and physical environments can be adapted to human behaviours (natural mapping)

**Parapsychology**

-study of paranormal phenomena, ESP and psycho-kinesis

**STATES OF CONSCIOUSNESS – CHAPTER 7**

**Consciousness**

-our awareness of ourselves and our environment

**Biological Rhythms**

-periodic physiological rhythms

**Circadian Rhythms**

-biological clock, occur on a 24 hour cycle

**REM Sleep**

-rapid eye movement sleep, when vivid dreams occur, muscles are relaxed, but all other systems are active

**Alpha Waves**

-relatively slow brain waves of a relaxed awake state

**Sleep**

-periodic, natural, reversible loss of consciousness

**Hallucinations**

-seeing something that’s not there

**Delta Waves**

-large, slow brain waves associated with deep sleep



**Insomnia**

-re-occurring problems in falling or staying asleep

**Narcolepsy**

-uncontrollable sleep attacks

**Sleep Apnea**

-sleep disorder, when you stop breathing and wake up to start again

**Night Terrors**

-sleep disorder, an appearance of being terrified, occur during stage 4 sleep, seldom remembered

**Dream**

-sequence of images, emotions and thoughts had while sleeping. Often hallucinatory, discontinuate and incongruent

**Manifest Content**

-the remembered dream (Freud)

**Latent Content**

-what the dream meant (Freud)

**REM Rebound**

-the tendency for REM sleep to increase, if a previous nights was missing or interrupted

**Posthypnotic Amnesia**

-inability to recall what one experienced during hypnosis, induced by hypnotist

**Posthypnotic Suggestion**

-a suggestion made while hypnotized, carried out after no longer being hypnotized (quit smoking)

**Disassociation**

-split consciousness

**Hidden Observer**

-the subjects awareness of experience that go unreported during hypnosis

**Psychoactive Drug**

-chemical substance that alters perception and mood

**Tolerance**

-diminishing effect with regular use . Must take more to get the same effect

**Withdrawal**

-discomfort and distress after quitting an addictive drug

**Physical Dependence**

-a physiological need for a drug

**Psychological Dependence**

-a psychological need for a drug (to relive negative emotions)

**Depressant**

-drugs that reduce neural activity and slow body functions (alcohol, opiates)

**Stimulant**

-drugs that excite neural activity and speed up body functions (caffeine, cocaine)

**Hallucinogens**

-psychedelic drugs that distort perceptions and sensory images in absence of sensory impute (LSD)

**Barbiturates**

-drugs that depress the activity of the Central Nervous System, reduce anxiety but impair memory and judgement

**Opiates**

-depress neural activity, temporarily lessening pain and anxiety

**Amphetamines**

-stimulate neural activity causing speed-up body functions, and associated energy and mood swings

**Ecstasy**

-synthetic stimulant and mild hallucinogen. Produces euphoria and social intimacy. Short term health risks and long term harm to serotonin- producing neurons and mood and cognition (MDMA)

**LSD**

-powerful hallucinogenic drug (Acid)

**THC**

-active ingredient in marijuana, triggers a variety of effects, including mild hallucinations

**Near-Death Experiences**

-altered state of consciousness reported after a close brush with death. Often similar to drug-induced hallucinations

**Dualism**

-mind and body are separate, but they interact

**Monism**

-mind and body are different aspects of the same thing

**Learning**

-an enduring change in knowledge due to experience

**Associative Learning**

-forming associations between cause and effect, or two events

-John Watson, Ivan Pavlov, B. F. Skinner

**Behaviourism**

-developed by John Watson, the view that psychology should be an objective science and one in which we study how organisms respond to their environment

**Classical Conditioning**

-developed by Ivan Pavlov, a type of learning in which a stimulus is associated with an Involuntary Response

**Unconditioned Response (UCR)**

-the normal response to an unconditional stimulus . Ex. UCR = salvation when a dog sees food.

**Unconditioned Stimulus (UCS)**

-the stimulus that triggers the normal response. Ex. UCS = food, because it triggers salvation

**Conditioned Response (CR)**

-the response that is learned. Ex. CR= salvation, because food is associated with a tone, the dog salivates at the tone

**Conditioned Stimulus (CS)**

-a neutral stimulus that triggers a learned response. Ex. CS=tone, the dog learned that after the tone, food comes

**THE FIVE MAJOR PROCESSES WITH CLASSICAL CONDITIONING**

1. **Acquisition:** the initial formation of the association between the CS and CR. It works well when the CS is presented Half a Second Before the UCS is presented.
2. **Extinction:** if the UCS is NOT presented after the CS for a couple of times, the organism will no longer respond to the CS tone with no food = no salvation
3. **Spontaneous Recovery:** if the UCS is again presented after the CS, extinction ceases and the organism responds to the CS
4. **Generalization:** the tendency for organisms to respond similarly to similar stimuli as the CS
5. **Discrimination:** the ability to distinguish between different stimuli, thereby allowing you to react differently to different things

**Notes**

-rats will learn to avoid the food that made them ill, even if the illness happens hours after eating it

-rats will dislike the taste that made them ill, but not the sight

-Pavlov’s classical conditioning has led to a variety of practical causes, helping drug addicts, increasing immune efficiency and treating emotional disorders

**Operant Conditioning**

-developed by B. T. Skinner , learning in which organisms learn to voluntarily respond in a certain way, depending on the consequences

**Operant Behaviour**

-the learned behaviour that produces consequences

**Thorndike Law of Effect**

-behaviour that is rewarded is most likely to happen again

**Skinner Box**

-the box Skinner used to research an animal behaviour. It has a bar or button that the animal can push to obtain rewards and a rate of pushing is recorded

**Shaping**

-the act of gradually rewarding the organism as it approaches the desired behaviour

**Re-Enforcers**

-anything that increases the chances of a behaviour happening again

 1. **Positive Reinforcement:** rewards, money, food, appraisal

**2. Negative Reinforcement:** the removal of things you don’t like, seat belts!

**1. Primary Re-enforcers:**  things that satisfy biological needs

**2. Secondary Re-enforcers:** learned things that are strengthened by primary re-enforcers

**Continuous Reinforcement**

-reinforcing the behaviour every time it occurs. This method of learning is quick. When reinforcement stops, extinction happens quickly

**Partial Reinforcement**

-reinforcing a behaviour part of the time. Learning is slow, but extinction is more resistant

1. **Fixed- Ratio :** reinforcement after a “fixed” number of responses. Ex. Paid by the word

2. **Variable- Ratio** : reinforcement after an “unpredictable” number of responses. Ex. Gambling

3. **Fixed – Interval:** reinforcement after a “fixed” amount of time. Ex. Paid every two weeks

4. **Variable-Interval:** reinforcement after an “unpredictable” amount if time. Ex. Pop-Quiz

**Ratios**

-produce a higher response rate than intervals, specifically fixed-ratio more so than variable ratio

**Punishment**

-the opposite of reinforcement, decreases the chances of a behaviour reoccurring. Punishment increases aggressiveness and fear, and fails to teach the person how to behave properly, punished behaviours are not forgotten, they are suppressed until a more appropriate situation arises.

**Cognitive Map**

-a mental image of one’s surroundings

**Latent Learning**

-the demonstration of knowledge only when there was incentive

**Over-justification Effect**

-when an organism is given a reward for something, it already likes to do. This is unfavourable because research shows the organism will lose intrinsic interest

**Observational Learning (Bandura)**

-a type of learning accomplished by modeling

**Modeling**

-watching specific behaviours , then imitating them

-children do exactly what their parents do

**Memory**

-the persistence of learning over time via the storage and retrieval of information

**Flash-Bulb Memory**

-a clear memory of an emotionally significant moment or event

**Long- Term Memory**

-the relatively permanent and limitless storehouse of the memory

**Short- Term Memory**

-our activated memory that holds a few items briefly

**The Three Components of Memory**

**Encoding** -getting information into our brain, processing of information into our memory systems

**Storage** –Retaining information, the retention of encoded information over time

**Retrieval-**getting the information back later, the process of getting information out of our memory storage

**ENCODING**

**Automatic Processing**

-the unconscious encoding of incidental information. It occurs with little or no effort, without our awareness, and without interfering with our thinking of other things

**Effortful Processing**

-encoding that requires attention and conscious effort, such as memorizing notes

-things that were at first effortful can become automatic with practice, like typing, learning a language

**Next-In-Line Effect**

-when people go around a circle saying names/words, the poorest memory is the name/word before you

-Information received before we sleep is hardly remembered as consciousness fades before encoding can happen

**Spacing Effect**

-we retain knowledge better when rehearsal is distributed over time

**Serial Position Effect**

-the tendency to recall best, the first and last items of a list

**Rehearsal**

-the conscious repetition of information, either to maintain it consciousness or to encode it for storage

**Semantic Encoding**

-encoding of meaning, including meaning of words

**Acoustic Encoding**

-encoding of sound, especially the sound of words

**Visual Encoding**

-encoding of picture images

**Imagery**

-“mental pictures” a powerful aid when used with semantic encoding

**Mnemonic Devices**

-memory aids that use vivid imagery and organizational devices

**Chunking**

-organizing information into familiar manageable units 7549832 754-9832

**.** a failure to encode means that it never entered the memory system in the first place

**STORAGE**

**Sensory Memory**

-the immediate, initial recording of sensory information in our memory system

**Iconic Memory**

-a photographic/picture- image memory lasting no longer than a few tenths of a second

**Echoic Memory**

-the momentary sensory memory of auditory stimuli

**.** Memory does not reside in a single specific spot

**Long-Term Potential (LTP)**

-the increase in a synapse’s firing potential after brief, rapid stimulation. It is believed to be the neural basis for learning and memory

**.** Drugs that block the neurotransmitters will also disrupt information storage

**.** Stimulating hormones can affect memory, there appears to be more glucose available to fuel brain activity, indicating an important event

**Amnesia**

-loss of memory. It was found that people who don’t have memories can still learn, indicating that two memory systems were still functional

**Implicit Memory**

-the retention without conscious recollection of skills and dispositions, such as how to do something

**Explicit Memories**

-memories of facts and experiences that one can consciously know and declare

**.** Hippocampus helps process explicit memories for storage

**.** Damage to the right side of the hippocampus makes remembering visual things hard

**.** Damage to the left side of the hippocampus makes remembering verbal things hard

**RETRIEVAL**

**Recall**

-the measure of memory in which the person must retrieve information learned earlier. Once learned and forgotten, relearning becomes easier (fill-in-the-blank)

**Recognition**

-the measure of memory in which the person need only identify items previously learned (multiple choice)

**Relearning**

-a memory measure that assesses the amount of time saved when relearning previously learned information

**Priming**

-the activation of particular associations in memory

**State-Dependant Memory**

-things learned in one state, are more easily remembered in that same state

**Mood-Congruent Theory**

-the tendency to recall experiences that are consistent with one’s current mood

**Proactive Interference (forward acting)**

-the disruption of prior learning on the recall of new information. Ex. Trying to remember a new lock combo, but keep saying an old one

**Retroactive Interference (backward acting)**

-the disruption of new learning or the recall of old information. Learning new people’s names, but forgetting the group previous you just learned

**Positive Transfer**

-when old information gives us an aid in learning new information. Ex. Knowing French helps when learning Spanish

**Repression**

-the basic defence mechanism that banishes anxiety- arousing thoughts, feelings and memories from consciousness

**Misinformation Effect**

-the incorporation of misleading information into ones memory of an event

**Source Amnesia**

-when we attribute an event that we experienced, heard about or read about to the wrong source

**Cognition**

-the mental activity associated with processing, understanding, remembering and communicating information

**Concepts**

-the mental grouping of similar objects, events, or people

**Prototype**

-the best representation of a concept Ex. Four legged animal - dog

**PROBLEM SOLVING**

**Algorithm**

-a logical procedure guaranteed to solve a problem, slow, but less likely to make mistakes

**Heuristics**

-“rule-of-thumb” strategies to solve problems and make judgements. Faster, but more likely to make mistakes

**Insight**

-a sudden flash of inspiration and the solution comes to you. Contrasts with strategic problem solving techniques

**Confirmation Bias**

-you tend to look for answers that confirm your own expectations

**Fixation**

-the ability to look at a problem from a different perspective. There are two kinds:

1. **Mental Set:** a type of fixation in which we tend to repeat the solutions that have allowed us to solve similar problems in the past

2. **Functional Fixedness:**  when you tend to think of things in their usual functions

**TYPES OF HEURISTICS**

1. **Representative Heuristics**

-the tendency to judge things according to how well they match a particular prototype, how well something “represents” another

2. **Availability Heuristics**

-the tendency to base the likely hood of events on how vivid you remember them, how “available” the instance is in your memory

**Overconfidence**

-overestimating the accuracy of your judgements

**Framing**

-the way information is set up. The way a question is posed

**Belief Bias**

-the tendency to perceive what is conflicting with our beliefs to be illogical. We naturally tend to agree with ideas that closely resemble our own

**Belief Perseverance**

-the tendency for your beliefs to remain, or to be “preserved” even when given evidence to the contrary

**LANGUAGE**

-the combination of gestured, spoken and/or written words to communicate meaning

**Building Blocks of Language**

1 **Phoneme:** the smallest sound unit

2 **Morpheme:** the smallest meaningful unit

3 **Grammar:** the rules of a language that allow us to understand it, there are two types:

 **a**) **Semantics:** grammar rules that we use to derive meaning from words

 **b) Syntax:** grammar rules that we use to properly combine words into sentences

**Stages of Language Development**

**Babbling Stage**

-the stage in speech development where the infant utters a variety of spontaneous sounds. These sounds are the same in any culture.

**One Word Stage**

-the stage where the infant speaks only single words to communicate an idea. Ex. “Milk!” I

would like a glass of milk”

**Two Word Stage**

-infants speak in two-word phrases that resemble Telegraphic Speech. Ex. “want ball, me play”

**.** Skinner thought language is learned through associations and imitation

**.** Noam Chomsky thought we were all born with the capacity for language, and that a child’s brain is pre-wired to look for grammatical rules

**Linguistic Relative Theory**

-language determines how we think

**Intelligence Tests**

-used to give a numerical value to a person’s mental abilities by comparing them to others

**Francis Gaulton**

-focused on human traits that led to the “eugenics”movement. His goal was to correlate strength, reaction time, sensory precision, and head size to intelligence. There was no correlation

**Alfred Binet**

-founder of modern intelligence testing. He used Mental Age to identify students who would have trouble in regular classes

**Lewis Terman**

-developed the current Standford-Binet intelligence test, which measures the intelligence quotient (IQ)

**IQ**

-is calculated by mental age divided by chronological age, then multiplied by 100

**Mental Age** : 17 = 1 x 100 = 100 IQ

**Chronological age:** 17

-this test was culturally biased

**Intelligence**

-the capacity to be goal oriented and exhibit adaptive behaviour. Intelligence is always expressed in a context

**Factor Analysis**

-a statistical method that identifies a variety of related factors on a test

**G Factor**

-an underlying general intelligence that links one’s abilities (Spearman)

**Savant Syndrome**

-excelling in one ability, but completely limited in others

**Multiple Intelligences**

-in contrast to the G factor, the belief that we have multiple intelligences that are independent of each other (Gardner)

**Aptitude Tests**

-predict your future performance, or ability to learn a new skill (SAT)

**Achievement Tests**

-assess your current knowledge (exams)

**Wechsler Adult Intelligence Scale (WAIS)**

-the most widely used intelligence test. It has 11 subtests, it gives a verbal score, a performance score and an overall score. Large difficulties between verbal and non-verbal scores indicate possible learning disabilities.

Psychology Tests must meet these requirements:

1. **Standardization:** it must first be given to a large representative sample of people in which their scores will be set as the standard for comparison (bell Curve)
2. **Reliability:** the test must yield consistent results, this is done by comparing scores on two halves, or retesting. If the results are similar enough the test is reliable.
3. **Validity:** the degree to which a test measures what it is supposed to measure. There are two types
4. **Content validity:** with respect to achievement tests, it is the extent to which a test measures the intended behaviour
5. **Predictive validity:** with respect to aptitude tests, it is how successful the test is in predicting intended behaviour

**Flynn Effect**

-intelligence scores were getting higher since l960’s, but college aptitude test scores were decreasing. Explanations could be more academic diversity, a greater number of intelligent people in general

**Dynamics of Intelligence**

**.** Before the age of 3, except extremely impaired children, casual observations can predict future aptitudes minimally

**.** By age 3, performances on intelligence tests begin to predict adolescent and adult scores

**.** By age 7, intelligence tests have become more stable, and there is an increase in score stability as the child gets older

**.** The two extremes on either end of the curve are challenged and gifted

**Mental Retardation**

-a condition of limited mental ability, indicated by an IQ of 70 or lower, also a difficulty in adapting to the normal demands of everyday life. It varies from mild-profound, males outnumber females

**Downs Syndrome**

-a physical disorder caused by an extra chromosome in the genetic make-up

**Gifted**

-an IQ above 135, there is much debate over whether gifted children should be given any greater opportunities than any other child

**Creativity**

-the ability to produce novel and valuable ideas

-a certain level of aptitude is necessary, but not sufficient, for creativity

**Genetics and Intelligence**

-identical twins scores are virtually the same

-fraternal twins differ slightly

-adopted children’s scores are more similar to their real parents than adoptive parents

**Heritability**

-the extent to which the differences among people are attributed to genes, not environmental factors

**J .McVicker Hunt**

-tested the benefits of responsive care-giving, finally teaching infants body parts (more than 50)

**.** racial groups differ in average scores

**.** girls are better spellers and are equal or surpass boys in math, but boys tend to score higher in math problem solving

**Motivation**

-the need/desire that energizes and directs behaviour towards a goal. “Nature’s psychological push, and nurtures cognitive pull.”

**Instinct Theory**

-motivation is driven by instinct, a complex behaviour throughout a species, that is unlearned

**Drive- Reduction Theory**

-the idea that a physiological need creates an aroused tension state (drive) that motivates an organism to satisfy this need

PN: body needs food, drive: hunger, motivation: find food

**Arousal Theory**

-we are driven to experience some level of stimulation. Without stimulation, we are bored and unhappy, too much and we become overwhelmed and stressed, and seek to reduce arousal

**MASLOW’S HIERARCHY OF NEEDS**

**Self-Actualization Needs – Top**

. need to live up to ones fullest and unique potential

**.** need for self-esteem, achievement, competence and independence, for recognition and respect from others

**Belongingness and Love Needs**

**.** need to love and be loved, to belong and be accepted

**.** need to avoid loneliness and alienation

**Safety Needs**

**.** need to feel that the world is organized and predictable

**.** need to feel safe and secure, and stable

**Physiological Needs**

**.** need to satisfy thirst and hunger

**Physiology of Hunger**

**.** stomach contractions accompany our feelings of hunger, but hunger persists, even when the stomach is removed

**.** body chemistry affects hunger. When blood glucose levels drop, hunger increases

**.** stimulation of the lateral hypothalamus and an animal will begin to eat. Destroy it, and the animal won’t eat again

**.** stimulate the Ventromedial hypothalamus and hunger is depressed. Destroy it, and the animal will never stop eating

**Set Point**

-the point at which an individual’s “weight thermostat” is supposedly set. When the body falls below this weight, there is an increase in hunger, and a lower metabolic rate acts to restore lost weight

**.** Taste preferences can be learned (conditioned) depending on what we have grown up with

**.** Culture affects deeply taste preferences

**.** The smell of food can also increase one’s feeling of hunger

**Anorexia Nervosa**

-when a normal- weight person diets, becoming significantly underweight, (95% adolescent females , 30% will die)

**Bulimia Nervosa**

-private “binge-purge” episodes of overeating, usually high caloric foods, followed by vomiting or laxative use

**Sexual Motivation**

-sex is a physiological based motive, like hunger, but it is more affected by learning and values

Four stages of the sexual response (Masters & Johnson)

Excitement - Plateau - Orgasm - Resolution

**.** There is a refractory period after orgasm, during which man cannot achieve another orgasm

**.** Women’s sexual desire is only slightly peaked at ovulation, highest estrogen levels

**.** Man’s testosterone levels are not related to sexual drive

**.** Large hormonal changes appear to make a big difference to ones desire – puberty

**Psychology of Sex**

**.** External stimuli are known to stimulate men and women, it can be degrading, or cause unrealistic expectations

**.** Imagination also affects sexual arousal

**.** Even people who are physically unable to become genitally aroused can still feel desire

**SEXUAL DISORDERS**

1. **Premature Ejaculation** - when one ejaculates before they or their partner wishes
2. **Impotence** - the inability to have or maintain erection
3. **Orgasmic Disorder**-infrequent or absent orgasms

**Sexual Orientation**

-ones enduring sexual attraction toward members of a particular gender, or both genders. Whether a person is heterosexual, homosexual or bisexual has more to do with genetic influences, prenatal hormones and anatomical brain differences than nurturing and environment

**Achievement Motivation**

-inspired by desire for significant accomplishment. The desire to master skills, things, people or ideas or to attain a high standard

- people with low achievement motivation tend to choose very easy or very difficult tasks where failure is unlikely or at least not as embarrassing

-people with high achievement motivation tend to prefer moderately difficult tasks, where success is possible and attributable to their skill and effort

-high achievers are usually highly motivated and have lots of self-discipline

**SOURCES OF ACHIEVEMENT MOTIVATION**

**Emotional Roots**

-children learn to associate achievement with positive emotions, it makes them want to achieve more

**Cognitive Roots**

-when children begin to attribute their achievements to their own skill and effort, they get confidence and do more

 **Birth Order**

-firstborns tend to do slightly better academically, and are more traditional than late-borns

**Intrinsic Motivation**

-the desire to perform a behaviour for its own sake, or to be effective. It makes you apply yourself in an attempt to challenge or out of sheer interest

**Extrinsic Motivation**

-to perform a behaviour because of promised rewards or threats of punishment

**Task Leadership**

-goal-orientated leadership that sets standards, organizes work, and focuses attention on goals

**Social Leadership**

-group-oriented leadership that builds teamwork, mediates conflict and offers support

**Theory X Managers**

-assume that workers are basically lazy, error-prone, and extrinsically motivated by money. Therefore, they believe that people need to be given easy tasks, incentives to work, and to be monitored

**Theory Y Managers**

-assume that, given a challenge and some freedom, workers are motivated to achieve self-esteem, to demonstrate their abilities, and to fulfill their potential. Hence, they are more comfortable with providing their workers with the opportunity to take some control within the job, and take part in decision-making proesses

**James- Langne Theory of Emotion**

-the experience of emotion is awareness to emotion-arousing stimuli. Ex. Something you fear **CAUSES** your heart to pound

**Canon- Bard Theory of Emotion**

-emotion-arising stimuli SIMULTANEOUSLY trigger physiological responses and subjective experience of emotion. Ex. Heart rate pounds **WHILE YOU FEEL FEAR**

**Shacter’s Two-Factor Theoryt of Emotion**

-to experience emotion, one must be physically aroused and be able to cognitively able to arousal

**Emotional Experience**

-emotions are a combination of:

1 **Physiological Arousal**

 .automatic nervous system response

.dependent on the sympathetic and parasympathetic division of the autonomic nervous system

.prolonged arousal taxes the body and eventually depresses the immune system thereby increasing one’s susceptibilities to disease

**2 Expressive Behaviours**

-we are good at detecting non-verbal cues, especially threats

 -we read anger and fear from the eyes and happiness from the mouth

 -introverted people are better readers of emotion than extroverted people

-women are slightly better readers of expression and conveyors of happiness while men tend to be slightly better at conveying anger

**3 Conscious Experience**

-Fear: an adaptive response, it prepares us to flee, it is also a conditional response and learned by observation. The key to fear learning lies in the Amygdala. Identical twins reared apart tend to have similar levels of fear- genetic component?

-Anger: levels and causes vary by individual, as a response, anger is more common when another person’s act seemed wilful, unjustified and avoidable. Some feel that catharsis (venting anger) is a good thing, temporarily calming, however there is the possibility that the relief may be reinforcing

-Happiness: “feel- good, do –good phenomenon” shows that the better we feel, the more willing we are to help others. Subjective Well-Being, assessing the self-preserved happiness/satisfaction sometimes by calculating the ratio of positive to negative feelings. Opponent-Process Theory, suggests that emotional ups ad downs tend to balance out.

**Adaption-Level Principle**

-we judge things relative to things that we have experienced before, Ex. One A+= super happy, lots of A+= average.

**Relative-Deprivation Principle**

-when we compare ourselves to more fortunate people, we are disappointed

**Positive Correlation between happiness and:**

. optimism, outgoingness

. high self-esteem

. close relationships with others

. rewarding work/leisure

. meaningful religious faith

. getting enough sleep/exercise

**STRESS RELATED ILLNESS**

**Health Psychology**

-a subfield of psychology that is concerned with how people’s attitudes, beliefs and behaviours affect their health

**Stress**

-the process by which we perceive and respond to events, called stressors, that we find threatening or challenging

**Stressors:**

. catastrophic events: earthquakes combat stress, floods

. life changes: death of a loved one ,divorce, job loss, promotion

.daily hassles: rush-hour traffic, long lines, job stress, burnout

.perceived control: loss of control can increase cortisol

.conflict:approach, approach, approach, avoidance, avoidance, avoidance

**Epinephrine/Non-epinephrine**

-stress hormones, controlled by the sympathetic nervous system. Prepare for Fight or Flight

**GENERAL ADAPTATION SYNDROME (HANS SELYE)**

1. **Alarm**: a reaction that activates the sympathetic Nervous System
2. **Resistance**: continued high temperature, blood pressure and respiration, outpouring of “stress” hormones

**Exhaustion**

-depletion of the body’s reserves and thus an increased vulnerability to illness

**Psycho-physiological**

-“mind-body” illness such as a stress-related physical illness. Symptoms are due to actual physical damage brought on by a psychological problem such as stress

**Somataform Disorder**

-physical symptoms without physical reason. A person misinterprets normal physical sensations as an illness (hypochondrias)

**Coronary Heart Disease**

-characterized by the clogging of the vessels that nourish the heart muscle. Type A personalities are more at risk than Type B

Type A: people who are competitive, hard driving, impatient, verbally aggressive and anger prone (Friedman & Rosenman)

Type B: relaxed, easy going people (Friedman & Rosenman)

**Stress & The Immune System**

**.** women appear to have stronger immune systems than men, less susceptible to infections, but more vulnerable to MS and Lupus

**.** stress does not cause cancer, it weakens the immune system, reducing its ability to attack growing cancer cells

**Handedness and Health**

**.** the percentage of left-handers declines with age

**.** left-handers live in a right-handed world, higher stress levels and greater risk for an accidental death

**The Psychoanalytic Perspective**

**.** the study of personality, by Sigmund Freud

**Psychoanalysis**

-technique of treating psychological disorders by seeking to expose and interpret unconscious tensions. Freud’s psychoanalytic theory of personality sought to explain what he observed during psychoanalysis

**Free Association**

-method of exploring the unconscious. The patient relaxes and says whatever comes to mind, no matter how trivial or embarrassing

**The Unconscious**

Freud: reservoir of mostly unacceptable thoughts, wishes and feelings

Today: the place for information processing, of which we are not aware

**Preconscious**

-information that is not conscious, but is retrievable into conscious awareness

**FREUDIAN PERSONALITY STRUCTURE**

**ID**

-pool of psychological drives that come from physiological needs for things like food, water, warmth, etc. It seeks only its own pleasure, with no regard for logic or reason ID=Childlike

**Superego**

-part of the personality that represents the moral standards of society. The voice of conscious. A strong superego may impose guilt and it demands restraint, a weak one may be self-indulgent and remorseless

**Ego**

-the conscious part of one’s personality, in that it mediates among the demands of the ID, superego and reality. It operates on the reality principal and strives to satisfy the ID’s desires without causing feelings of guilt or remorse

**Defence Mechanisms**

-mental strategies used by the ego to protect itself from anxiety. There are 7:

**1**. **Repression:** the most basic defence mechanism, it pushes anxiety-raising thoughts, feelings and memories into the unconscious

**2**. **Regression:** occurs when someone is faced with anxiety, behaves in a way characteristic of an earlier, more infantile stage of life, Ex. Comfort foods

**3**. **Reaction Formation:** occurs when the ego unconsciously replaces an anxiety-producing impulse with its opposite. People may express feelings that are the opposite of their anxiety-arousing unconscious feelings

**4**. **Projection:** people unknowingly attribute their own objectionable impulses to others. Ex. Cheating husband suspects wife of cheating

**5**. **Displacement:** when a person “transfers” an unacceptable feeling from the appropriate target to a “safer” one. Ex: a person bullied at work, will come home and vent anger on spouse/children

**6. Sublimation:** forbidden impulses are redirected toward a more acceptable goal, like painting a picture, or exercising

**7. Rationalization:**  when one attempts to justify the reason for one’s actions in an attempt to avoid facing the real, less acceptable reason

**Personality Development**

-Freud believed that a persons personality was developed very early in life. He thought that a child passes through various “psycho sexual stages” of development. There are 5:

**1. Oral:** pleasure focuses on the mouth, sucking, biting, chewing ,(0-18 mths.)

**2. Anal:** pleasure involves the bowel and bladder elimination (18-36 mths)

**3. Phallic:** pleasure involves the genitals. Freud believed that the boys at this stage developed an “Oedipus Complex”, where they are attracted to their mothers, so they become like their fathers. Girls do the same thing, “Electra Complex” (3-6 yrs.)

**4. Latency:** dormant sexual feelings and children are busy focusing on social situations and play with peers, mostly of the same sex (6-puberty)

**5. Genital:** maturation of sexual interests and the development of sexual attraction towards others (puberty + )

**NEO-FREUDIANS**

**Alfred Adler**

-focused on the importance of childhood tension in personality development, not sexual tension

**Karen Hurney**

-sought to balance Freud’s masculine biases, disagreed with his theory of penis envy

**ASSESSING THE “UNCONSCIOUS “ MIND**

**Projecting Personality Tests:**

**Thematic Apperception Test (TAT)**

-a projective test in which people express their inner feelings and interests through the stories they make up about ambiguous pictures

**Borschach Inkblot Test**

-the most widely used projective test, and uses a set of 10 inkblots to identify people’s inner feelings by analyzing their interpretations of the blots

**William Sheldon** – classified people according to their body shape

-**Endomorph:** plump, typically relaxed and jolly

-**Mesomorph:** muscle, typically bold and energetic

-**Ectomorph:** thin, typically high-strung & solitary

Currently, the best description of personality is the “Big Five:

**.** Emotional Stability

**.** Extroversion

**.** Openness

**.** Agreeableness

**.** Conscientiousness

**MMPI** = inventory for assessing personality traits

**Barnum Effect**

-taking statements that are commonly true, and making them sound specific. Used frequently by horoscopes

**Humanistic Perspective**

-not interested in hidden motives or assessing traits, instead they focus on nurturing growth and self-fulfillment

**Maslow = Self-Actualization**

**Carl Rogers**

-emphasized people’s potential for growth and fulfillment. Process involving this person-centered perspective required:

**1.** Genuineness

**2.** Acceptance (Unconditional Positive Regard)

**3.** Empathy

**Unconditional Positive Regard**

-having an attitude of total acceptance toward another person

**Self-Concept**

-a person’s beliefs about themselves, very important in the Humanistic Perspective

Assessment technique for this perspective will be questionnaires regarding one’s self concept

**Self-Serving Bias**

-the readiness to perceive oneself favourably

**Evaluating This Perspective**

**.** concepts like “self-actualization” are vague and lack objectivity, the emphasis on self may promote a lack of concern for others

**.** optimistic personality perspective, does not acknowledge the human capacity for evil

**.** strongly influenced our ideas on child rearing, education, management, counselling, etc.

**Social- Cogitative Perspective**

-our behaviours are influenced by our environment and by our sense of personal control in a **particular environment or situation. Applies the principles of learning, cognition, and social** behaviour to personality and emphasizes ways in which personality is influenced by interaction with our environment. (Bandura)

**Reciprocal Determinism**

-the process of interacting influences between personality and environment factors. Ex. TV influences viewing preferences which influences behaviour.

**.** different individuals prefer different environments

**.** individual differences in personalities dictate how we interpret and react to situations

**.** these differences in personality are partly responsible for creating the situations to which we respond

**Personal Control**

-our sense of whether or not we feel that we have control, or are controlled by our environments. There are 2 kinds:

**1.** **External Locus of Control:** the perception that the outside forces beyond one’s personal control determines a person’s fate

**2. Internal Locus of Control:** the perception that one controls one’s own fate

**Learned Helplessness**

-the hopelessness and passive resignation that an animal or human learns when they are unable to avoid repeated adverse events. Losing the drive to help oneself.

**Assessment Techniques**

**.** studies of people’s feelings of personal control

**.**”the best predictor of future grades is past grades”

**Evaluating This Perspective**

**.** criticized for underestimating people’s unconscious motives, emotions and dispositions

**.** reminds us of the importance of social situations with respect to how they affect us as well as how we affect the situation

**.** currently the predominant psychological approach to explaining behaviour

**PSYCHOLOGICAL DISORDERS**

**Psychological Disorder**

-a condition in which behaviour is judged, a particular behaviour is deemed a “disorder” if it is atypical, disturbing, harmful and/or unjustifiable

**.** Once believed that the gods, evil spirits, the position of the moon and stars or bad karma caused Psychological Disorders

**.** Ancient treatments were exorcism, caging, beating, burning, etc.

**.** Today, we believe that these diseases have physical causes. Anatomical or biochemical problems, and can be diagnosed , treated and ,in most cases, cured

**The Bio-psycho-Social Perspective**

-assumes that biological, socio-cultural and psychological factors combine and interact to produce psychological disorders

**.** some disorders are universal

**.** eating disorders are not, socio-cultural factor

 **Classifying Disorders**

**.** DSM-IV

**.** there are two types:

1. **Neurotic Disorder:** a disorder that is usually distressing, but allows one to think rationally and function socially. Freud believed neurotic disorders were ways of dealing with anxiety.
2. **Psychotic Disorder:** a disorder in which the person loses contact with reality and experiences irrational ideas and distorted perceptions

**.** labelling a particular set of symptoms and behaviours helps health professionals treat the condition

**.** labels also affect how we perceive one another, thus how we treat one another

**.** those who experience a psychological disorder usually do so by adulthood

**.**antisocial personality disorder and phobias appear earliest at age 8 and 10 respectively

**Anxiety Disorders**

-distressing, persistent anxiety or maladaptive behaviours that reduce anxiety. There are 5 types:

**1. Generalized Anxiety Disorder:**  the patient is tense and in a state of almost constant nervous system arousal

**2. Phobia:** a persistent, irrational fear of a specific object or situation

**3. Obsessive-Compulsive Disorder:**  unwanted repetitive thoughts (obsession) and/or thoughts (compulsion)

**4. Panic Disorder:** this disorder is marked by minutes-long episode of intense dread in which a person experiences terror and accompanying chest pain, choking, or other frightening sensations (Panic Attacks)

**5. Post-Traumatic Stress Disorder:** the patient has haunting memories and nightmares, experiences social withdrawal, anxiety or depression

**Biological Perspective**

**. Genetic Link:** research shows that if one identical twin has a particular phobia, then it is likely the other has a similar phobia

**. Physiology:** there is an over-arousal indicated by brain activity in the frontal area, especially in OCD people

**. Survival:** evolutionary psychologists feel that compulsive acts exaggerate survival instincts, washing, grooming, checking doors

**Learning Perspective**

**. Observation:** we are capable of developing similar fears as our parents or those around us, simply by being brought up observing these reactions

**. Stimulus Generalization:** if you fear a particular stimulus, you may also develop one to a similar stimulus. Ex. Fear of heights=new fear of flying

**. Reinforcement:** some compulsions are reinforced and hence, self-perpetuating. Ex. Constant hand washing reduces anxiety, and therefore reinforces the behaviour

**. Fear Conditioning:** when a person is conditioned to fear a certain stimulus because it is associated with a particular anxiety- causing situation

**Somataform Disorder**

-patient complained of symptoms, but no actual sickness. There are 4 kinds:

**1. Pain Disorder:** the patient experiences significant pain, in absence of medical reason for the pain

**2. Body Dismorphic Disorder:**  patient has a preoccupation with imagined or exaggerated defect in appearance (Anorexia)

**3. Hypocondriasis:** an exaggerated concern with bodily processes and fear of physical illness

**4. Conversion Disorder:** an alteration in physical function in the absence of physiological cause

**.** These disorders are linked to psychological stress and anxiety. Treatment includes systematic desensitization, anti-anxiety drugs (Valium) and family therapy

**DISASSOCIATIVE PERSONALITY DISORDERS**

**Disassociative Personality Disorder**

-when conscious awareness becomes separated from previous memories, thoughts and feelings. The symptoms must be prolonged and severe in order to be diagnosed. There are three main types:

**1. Dissociative Amnesia**: selective memory loss often brought on by extreme stress

**2. Dissociative Fugue:** flight from one’s home and identity accompanied by amnesia

**3. Dissociative Identity Disorder:** a rare disorder in which a person exhibits two or more distinct and alternating personalities (Multiple Personality Disorder

**.** Some believe these are a cultural phenomenon, there have been very few cases in Japan and India, but in North America, the number of cases has grown exponentially

**.** Some psychologists believe that it is another group of disorders that develop in an attempt to reduce stress and anxiety

**.** Fugue = excuse to avoid reality?

**PERSONALITY DISORDERS**

**Personality Disorders**

-characterized by inflexible and enduring behaviour patterns that impair social functioning. They usually occur without anxiety, depression or delusions. These personalities are the extreme compared to the normal variation, and some say they are a result of a failure to establish a personal identify. There are 4:

**1. Antisocial Personality Disorder:** the person, usually male, exhibits a lack of conscience for wrongdoing, even towards friends and family members. The person is often aggressive, ruthless, dishonest and very manipulative.

**2. Histrionic Personality Disorder:** displays shallow, attention-getting behaviours and needs immediate gratification and constant reassurance.

**3. Narcissistic Personality Disorder:** tends to be self-absorbed, and expects special treatment. These people are usually intensely jealous of others.

**4. Borderline Personality Disorder:** unstable identity, unstable relationships, and unstable emotions. These people cannot stand to be alone and tend to have chronic anger.

**MOOD DISORDERS**

**Mood Disorder**

-disorders characterized by emotional extremes. Here are 3:

**1. Major Depressive Disorder:** a person, for no apparent reason, experiences two or more weeks of depressed moods, feelings of worthlessness, hopelessness and diminished interest in most activities.

**2. Mania:**  a hyperactive, widely optimistic state

**3.Bipolar Disorder:**  a person alternates between the hopelessness and lethargy of depression and the overexcited state of mania.

**Biological Perspective**

**. Genetic link:** if one identical twin has depression, the other has a 50% chance of getting it

**. Brain Activity:** the “depressed” brain showed less left frontal lobe activity than when a person is happy

**. Biochemistry:** epinephrine/non-epinephrine are at a higher level during mania. These drugs are blocked by ”Prozac” to treat depression

**Psychological Factors**

**. Social Cognitive:** a self-defeating attitude feeds the cycle of depression

**. Loneliness:** “the painful awareness that one’s social relationships are deficient”. Contributes and could cause a person’s feelings of depression

**SUICIDE**

**.** women are more likely than men to attempt suicide, but men are more likely to succeed

**.** suicide rates have doubled among teenagers 15 – 19 since l950, and are especially high among men in late adulthood

**.** whites are twice as likely to commit suicide than blacks

**.** Canadians and Americans are twice as likely to kill themselves than Europeans

**.** there is a higher risk of those who are non-religious, rich and single

**Schizophrenia**

**.** “split-mind”

**.** disorganized and delusional thinking

**.** disturbed perceptions

**.**  inappropriate emotions and actions

**.** delusions

**.** hallucinations

**.** inappropriate affect

**.** flat-effect – no emotion/reaction to something that would normally cause an emotion

**.** apathy, catatonic state

There are 4 types of Schizophrenia:

1. **Paranoid:**  preoccupation with delusions or hallucinations, they believe people are out to get them
2. **Disorganized:** disorganized and incoherent speech, or inappropriate emotion
3. **Catatonic:** immobility, or excessive, purposeless movement, extreme negativism and/or parrot-like repeating of another’s speech or movements
4. **Undifferentiated/residual:** the most common type. Schizophrenia symptoms without fitting in one specific category

**BIOLOGICAL FACTORS**

**.Biochemical Factors:** high levels of Dopamine

**. Brain Anatomy:** enlarged ventricles in the brain and shrinkage of the cerebral tissue

**. Genetic Factors:** twin studies show that if one identical twin has schizophrenia, the other has a 50% chance of getting it

**. Viral Infection:** a mid-pregnancy viral infection may impair fetal brain development and is correlated with a higher incidence of schizophrenia

**.Psychological Factors:** a stressful environmental factor that triggers the development of schizophrenia

**.** those who are brought up in dysfunctional families and experience high levels of conflict have a greater risk of developing the disease

 **PSYCHOLOGICAL THERAPIES**

1. **Psychoanalysis**

**.** assumes that many disorders stem from repressed impulses and conflicts (childhood)

**.** free associations, resistances, dreams and transferences

**.** allowed the patient to gain weight

**.** may help in providing the patient with evidence of a particular pattern

**Criticisms**

**.** assumption that repressed memories exist is questionable

**.** interpretations are hard to refute

**.** slow and expensive

1. **Humanistic Therapy**

**.** aim to boost self-confidence by helping people to become self-aware and self-accepting

**.** focus on the present and future, conscious thoughts, promoting growth and fulfillment. There are two types**: (a)** **Person-Centered Therapy:** developed by Carl Rodgers, techniques like active listening with a genuine, accepting ,empathetic environment to facilitate growth. Nondirective therapy, the therapist refrains from directing the client towards certain insights. **(b) Gestalt Theory:** developed by Fritz Perlo , part psychoanalysis, part humanistic. With an emphasis on helping people become aware and able to express their feelings and to take responsibility for their feelings and action.

**Behaviour Therapy**

**.** apply learning principles to the elimination of unwanted behaviours

**.** assume that problem behaviours ARE the problems

**Counter-conditioning (based on Classical)**

**.** conditions new responses to stimuli that once caused unwanted behaviours

1. **Systematic Desensitization:** associates a pleasant, relaxed state with gradually increasing anxiety-triggering stimuli, often used to treat phobias. It has been criticized for not letting you understand the cause of the fear
2. **Adverse Conditioning:** associates an unpleasant state with the unwanted behaviour “booze-away pills” criticized for being a temporary fix

**Token Economy (based on Opperant)**

**.** rewards desired behaviours in attempt to promote them

**.** the patient exchanges a token, earned for exhibiting the desired behaviour, for a privilege or treat

**.** criticized for being too authoritarian, once the reward stops, the behaviour will stop

**Cognitive Therapy**

-attempt to teach people new, more adaptive ways of thinking and acting. Based on the assumption that we do not simply react to situations, our reactions are determined by our thoughts in response to the situation.

**Cognitive Behaviour Therapy**

**.** therapist challenges a persons illogical, self-defeating attitudes and assumptions

**.** goal is to change the way the patient acts and thinks

**.** replace the negative thinking with a more positive approach

**.** has been called rational-emotive behaviour therapy (Albert Ellis)

**.** importance of pointing out the “absurdity” of the patients self-defeating ideas

**Cognitive Therapy for Depression**

**.** Aaron Beck

**.** tried to change the way the depressed patients thought about themselves

**.** helped them discover the irrationality of their ways of thinking, in a way as nice as possible

**.** if there’s a change in ones thought process, to think more positively, less depression, lower relapse risk

**Group Therapies**

**.** therapist-lead, small groups

**Family-Therapy**

**.** treats the family as a system and the mediator will approach a patients unwanted behaviours as influenced by or directed at other family members

**.** the therapist encourages family members towards positive relationships and attempts to help improve communication among them

**DOES PSYCHOTHERAPY WORK?**

**Patient**

**.** majority find it to be an effective form of treatment

**.**however, the control group had at least equal rates of success in recovering from their disorder

**OUTCOME RESEARCH**

**Meta-Analysis**

-a statistical procedure in which the results of many different studies can be combined to act as one large one

**.** Psychotherapy works no better than any other therapy

**.**Psychotherapy is most effective when the problem

**Suggested Therapies**

Depression - cognitive, interpersonal and behaviour

Anxiety - cognitive, desensitization, stress reduction

Bulimia - cognitive, behaviour therapy

Bed Wetting - behaviour modification

Phobias - behavioural conditioning (systematic desensitization)

Although some therapies are better suited to a particular disorder, Mary Lee Smith’s meta-analysis showed that no one therapy is superior

**Alternative Therapies**

**Therapeutic Touch**

**.”** energy fields are manipulated “ in attempt to push them “into balance”

**.** the therapist moves their hands in the air around the patient

**.** Placebo effect? Probes

**Eye Movement Desensitization and Reprocessing**

**.** EMDR

**.** Irene Shapiro 1989

**.** claims that darting eye movement while thinking about traumatic events lessens the anxiety

**.** probes placebo effect

**Light Exposure Therapy**

**.** patient spends a certain amount of time each day in front of a light that mimics natural light

**.** SAD uses this

**.** it does work!

Most psychologists agree that the three essential elements in the various psychotherapies

are:

1. Hope for demoralized people
2. A new perspective
3. Empathetic and trusting relationship with the therapist

**TYPES OF THERAPISTS**

**Psychiatrist**

**.** trained medical doctors

**.** specialize I the treatment of more serious psychological disorders

**.** only “therapists” allowed to prescribe drugs

**Clinical Psychologist**

**.** psychologists with a Ph.D and expertise in research, assessment and therapy

**.** agencies, institutes and private practices

**Clinical/Psychiatric Social Worker**

**.** Masters in social work

**.** able to offer psychotherapy, mostly to people with everyday personal and family problems

**Counselors**

**.** school, marriage, pastoral ,family

**.** work with substance abusers or those who have been sexually abused

**.** each type has its own particular education requirement

**Preventing Psychological Disorders**

**.** even though part of it is biology, which we cannot control, there are some steps we can take

**.** empowering those who have learned an attitude of helplessness

**.** changing environments that breed loneliness, renewing the disintegrating family

**.** helping parents/teachers at nurturing children’s self-esteem

**BIOMEDICAL THERAPIES**

**Drug Therapy: Anxiety Drugs**

**.** Valium and Librium are the most commonly prescribed

**.** they depress central nervous system activity

**.** reduce anxiety without drowsiness, in combination with psychotherapy can help with phobias and other fear triggering stimuli

**Antidepressant Drugs**

**.** increase the availability of the neurotransmitters non-epinephrine and serotonin, because they elevate mood

**.**Prozac, Zoloft and Paxil are most commonly prescribed. They are Selective-Serotonin-Reuptake Inhibitor (SSRI) and are more popular than Tricyclic anti-depressant drugs

**.** Partial placebo effect

**.** for depression, cognitive therapy and drugs = great success

**.** for bipolar patients lithium works 7 out of 10 times

**Antipsychotic Drugs**

**.** Thorazine treats the positive symptoms of schizophrenia

**.** Antipsychotic drugs block dopamine, therefore reduce symptoms

**Electroconvulsive Therapy**

**.** severely depressed people

**.** a quick electric current is sent through the brain of a patient who is put under

**.** it usually works, but no one really knows why

**Psycho Surgery**

**. Lobotomy** – used to calm uncontrollably violent/emotional patients. Nerves connecting the frontal lobes to the emotion-controlling center of the brain is cut – Drastic Permanent results

**.** cutting the corpus cillosum = no more seizures, but split brain

**SOCIAL PSYCHOLOGY**

**Social Psychology**: a scientific study of how we think about, influence and relate to one another.

**Attribution Theory**: explaining someone’s behaviour by creating either the situation or the person’s disposition.

**Fundamental Attribution Error**: tendency to assume the person’s disposition and neglect the situation.

**Attitude:** belief and feeling that predisposes one to respond in a particular way to objects, people and events.

 **Behaviour**: internal attitudes plus external influences.

**Cognitive Dissonance Theory:** we act to reduce the discomfort when two thoughts are inconsistent.

**Conformity:** adjusting one’s behaviour or thinking to go along with the group.

**Social Facilitation:** improvement of tasks when others are present.

**Social Loafing:** the tendency to slack, when a group is doing something.

**Groupthink:** when you go with the group, even if it’s not what you want.

**Prejudice:** an unjustifiable attitude toward a group.

**Stereotype:** a generalized belief about a group of people.

**In-group:** “us”, people you associate with.

**Out-group:** “them”, the other groups

**Just~~-~~World Phenomenon:** the tendency to believe the world is just and that people get what they deserve, and deserve what they get.

**Aggression:** any physical or verbal behaviour intended to hurt or destroy.

**Mere Exposure Effect:** repeated exposure to novel stimuli increases likeability.

**Passionate Love:** intense love at the beginning of a relationship.

**Companionate Love:** a deep attachment felt throughout a relationship.

**Equity:** they give what they get.

**Self-Disclosure:** revealing details about yourself to others.

**Altruism:** unselfish regard for the welfare of others.

**Bystander Effect:** a bystander will be less likely to help if there are other bystanders.

**Super-ordinate Goals:** a goal that makes everyone work together and override differences.

**GRIT: “**Graduated and Reciprocated Initiatives in Tension Reduction”, a strategy designed to decrease international tensions.