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The Book

Basic Psychology is an informative, preparatory text designed to give students and the general public a clear grasp of the major principles of Psychology. This guide book is written in a very lucid format on topics like Introduction to Psychology, Human Development, Personality, Learning, Memory, Emotion, Motivation, Health, Drug Abuse, Attitude, Psychology in Nigeria, and Experimental Psychology.

The 8 chapter introductory book uses themes and chapter outlines to stimulate readers on what to expect and chapter objectives tell readers of what they will learn if they carefully study the chapter. The contents are specifically arranged to make studying easy. Key terms, pioneers' name, research results and illustrations are formatted for easy identification. Humorous cartoon strips are added to make some serious points and there are 160 review test questions for assessment purposes. All to produce a book that offers a solid foundation in Psychology.

The Author

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GAFF Building, 110-112, Oyo Rd,
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Basic Psychology

Olusola Ayandele

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Olusola Ayandele

Basic Psychology



Introductory
Ψ
Edition

**Basic
Psychology**

OLUSOLA AYANDELE

M.Sc. Psychology (Industrial/Organisational)
B.Sc (Hons) Psychology (Ibadan)

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Preface

This particular edition of “Basic Psychology” is specifically designed for students taking Psychology for the first time.

The book is written in a concise and easy-to-follow style, and it conforms to the National Board for Technical Education’s (NBTE) curriculum for Introduction to Psychology. The references are limited to classical studies, current research results and contemporary examples that can be applied by the readers.

Each chapter has an introductory theme, outline and objectives to stimulate readers’ interest and to provide a preview of what will be covered. The contents are organised into units to help students assimilate and study with ease. Key terms and names of pioneers in the field of Psychology are set in bold face while illustrations and research findings are italicised for easy reference. Relevant cartoons are added to make studying a fun thing. There are 160 assessment questions to ensure that students understand, revise and remember what they have studied. Indexes are included to help readers look up names and subjects easily.

Scholars will find the text a useful guide in their exploration of the world of behaviour and mental processes!

Olusola Ayandele

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TO GOD BE THE GLORY!



Introduction to Psychology

Scientifically Describing, Explaining, Predicting and
Influencing Behaviour to make Life better

Chapter Outline

1. Defining Psychology
2. History of Psychology
3. Approaches to Psychology
4. Applied Psychology
5. Psychology in Nigeria
5. Experimental Psychology
6. Scientific Methods
7. Research Methods
8. Ethics in Psychology

Chapter Objectives

Studying this chapter will help you to:

- define Psychology and its goals
- trace the historical development of Psychology
- understand modern approaches to Psychology
- explain different applications of Psychology
- know the fields of study related to Psychology
- learn about Psychology in Nigeria
- discover why Psychology is a science
- describe the techniques of psychological research
- discuss ethical issues in psychological research

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Psychology is the scientific study of **behaviour** and **mental processes**. It uses scientific methods to study how, when, where and why we feel, think and act the way we do, and uses psychological interventions to influence people. Mental process or the mind consists of sensations, thoughts and feelings. Behaviour is observable actions; moving, talking, activities of cells, etc.

The Four Basic Goals of Psychology

1. **Description** of behaviour by accurately naming and classifying the behaviour.
2. **Explanation** of behaviour by stating the causes in order to explain the behaviour.
3. **Prediction** is the ability to foretell behaviour.
4. **Changing** of behaviour is the ability to influence or control the behaviour.

History and Approaches to Psychology

Highlighted below are the pioneers of modern psychology and the perspectives or Schools of Thought they used to study and explain behaviour;

- **Wilhelm Wundt** (1832-1920) is the *father* of Psychology. He published “Principles of Physiological Psychology” in 1873 and opened the first experimental psychological laboratory in 1879 at the University of Leipzig, Germany. He founded the **Structuralism** school of thought. He studied the structures of conscious experience, emotion, sensation and thought through **introspection**.
- **William James** (1842-1910) was the first American psychologist, and he pioneered the **Functionalism** school of thought to study the functions of the mind. He wrote “Principles of Psychology” in 1890.

- **Sigmund Freud** (1856-1939) introduced **psychoanalytic** school and focused on the influence of **childhood psychosexual experience**, **unconscious motive**, use of **defence mechanism**, **sex** and **aggression** on behaviour and the treatment of psychopathology
- **Gestalt** psychologists like **Wolfgang Kohler**, **Max Wertheimer** and **Kurt Koffka** focused on the perception of whole units rather than sum of their parts. **Jean Piaget**, **Hermann Ebbinghaus**, **Noam Chomsky** and **George Miller** are also part of the **Cognitive** school of thought that study how mental processes, cognition, judgement, language, memory and learning influence behaviour.
- **John B. Watson** (1878 -1958) referred to psychology as the study of observable behaviour. Other founding **behaviourists** are **B.F. Skinner** and **Ivan Pavlov**. The **Behavioural** school of thought studies the influence of learning, context and the environment on behaviour.
- **Abraham Maslow** (1908-1970) and **Carl Roger** (1905-1987) founded **Humanistic** school of thought and studied human potentials, motivation, free-will, self-actualization, and unconditional positive regard.
- **Gordon Allport**, **Solomon Asch** and **Leon Festinger** are among the pioneers of the **Social-Cultural** school of thought that studies how social situations and people’s cultural influence behaviour.
- The **Physiological** school of thought studies how behaviour is influenced by the structures and functions of the brain and other systems in the body.
- **The Evolutionary** school of thought uses the principles of evolution and genetics to explain behaviour.
- **Eclectic** is a combination of information from the different perspectives to study the same behaviour.

Applied Psychology

Applied Psychology is the use of psychological principles to solve practical problems. It also refers to the various specializations and professions that represent what psychologists do. Some of the specialized fields/careers in Psychology:

1. **Clinical Psychology** explores the causes, diagnosis, treatment and prevention of different types of behavioural and emotional disorders.
2. **Industrial/Organisational Psychology** studies workplace's behaviour and applies psychological principles to enhance performance and well-being of employees, and to ensure profitability of organisations.
3. **Social Psychology** focuses on the influence of social situation on people's behaviour.
4. **Engineering Psychology** uses psychological principles to design user-friendly products and equipment. It considers **human factors** in producing ergonomic machines to ensure optimal performance and comfort.
5. **Developmental Psychology** studies the physical, cognitive, social and psychological changes in people throughout their lifespan, from conception to old age.
6. **Consumer Psychology** applies psychological principles to product packaging and marketing methods to influence consumer behaviour and purchase decisions.
7. **Environmental Psychology** studies how crowding, designs and environmental factors influence behaviour.
8. **Physiological Psychology** studies the interaction of the brain, genetics and the body systems on behaviour.
9. **Educational Psychology** helps students with social, emotional and academic issues. It also assist to develop instructional methods needed for academic excellence.

10. **Forensic Psychology** applies psychological principles in legal and justice system to prevent, investigate, and solve crime, and give expert opinion in court cases.
11. **Counselling Psychology** helps people to adjust, adapt, and cope with personal and interpersonal problems in areas like education, marriage and career.
12. **Cognitive Psychology** studies perception, thinking, reasoning, language, memory and decision making.
13. **Sports Psychology** uses psychological theories and knowledge to enhance athletic performance.
14. **Positive Psychology** seeks to identify and promote those qualities that can lead to one's fulfillment in life.
15. **Political Psychology** explains political behaviour and uses psychological principles to influence voters.

Fields Related to Psychology

These are fields of study that have relationship with psychology. They are highlighted below;

- **Social Sciences** study human's interaction with others social factors. Courses in this category include Social Work, Sociology, Economics, Political Science, Anthropology, and Geography.
- **Medical Sciences** are courses that have to do with the brain and other systems in the body. They include Medicine, Psychiatry, Physiology, Neuroscience, etc.
- **Environmental** disciplines like Architecture, Urban Planning, Interior Decoration and Designing, etc.
- Courses in the **Humanities** like Philosophy, Ethics, Law, Religion, Linguistics, Communication, etc.
- Other relevant disciplines are Engineering, Marketing, Computer Science, Statistics, Finances, Management, etc.

13. What are the ethical rules Psychologists follow?
14. Write a concise note on 'Psychology in Nigeria'.
15. Discuss the psychological test used by psychologists.
16. What is an experiment?
17. Define the following terms: (a) Empirical methods
(b) Hypothesis (c) Theory
18. How can psychologists help in developing Nigeria?
19. Why do psychologists follow ethical guidelines?
20. Highlight the major applications of psychology

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Human Development

Understanding and Influencing Behaviour from
the Womb to the Tomb

Chapter Outline

1. Nature and Nurture
2. Development from Conception to Death
3. Physical Development
4. Cognitive Development
5. Social Development

Chapter Objectives

Studying this chapter will help you to:

- understand the interaction of Nature and Nurture
- trace human development from conception to death
- describe the changes at the prenatal stage
- understand the effects of teratogen
- trace growth from infancy to adolescence
- identify the issues of adulthood and death
- discuss the process of intellectual development
- explain socialization by attachment, parenting style and interaction with others
- discuss the psychosocial stages of development

perform poorly in school and engage in risky behaviour.

3. **Authoritative parents** (*just right*) are both demanding and responsive. They set limits and encourage independence. They interact and direct their children's activities in a reasonable, rational, and consistent way. *Children raised in this way tend to be friendly, cooperative, self-reliant, socially responsible and more successful in school.*
4. **Negligent parents** (*do nothing*) are uninvolved; they are neither demanding nor responsive. They invest as little time, money and effort in their children as possible, focusing on their own needs before their children's. *Such children are usually emotionally withdrawn, perform poorly in school and engage in risky behaviour.*

Parents ought to provide a secure base for their children, interact with them and be sensitive and responsive to them.

Socialisation by Friends and the Environment

The **friendship groups** (*chums, cliques, crowds, or gangs*) are important parts of the late childhood and adolescent experience. Children willingly amend their actions to match the norm of their playgroup (Berndt, 2002), imitate how their playmates dress, talk and act (Alder and Alder, 1995) and the peer group becomes the primary source of social values, replacing the influence of family (Harris, 2000).

• **Peer group** is a group of children who interact frequently, provide a sense of belonging and have norms on how members dress, think and behave which allow them to learn **social identity** and to try out different identities (Rubin, Bukowski, and Parker, 2006). They find meaning in the gender, religious, school, club, sports, and ethnic groups or categories they belong to.

Psychosocial Development

Erik Erikson's (1982) **Psychosocial Theory** focuses on the psychosocial challenges between **personal impulses** and the **social world** that people face as they grow. He identified eight developmental **dilemmas**.

1. Stage: Trust vs Mistrust Age: **Birth-18 months**

Task: Infants learn to trust others and the world based on **attachment** and bonding others give through care and attention. If infants' **parents** and **caregivers** are responsive and sensitive to their needs, they may develop trust and grow to trust people later in life. But if infants are neglected, they may become suspicious of people and situations.

2. Stage: Autonomy vs Shame/Doubt Age: **1¹/₂-3 years**

Task: Toddlers start to walk, talk and explore. Balancing their freedom with their **parents'** and **siblings'** wishes can lead to conflicts. If the caregivers encourage exploration, toddlers will develop a sense of independence. But if toddlers are punished for talking or exploring, they may think independence is bad and feel ashamed becoming doubtful of their abilities.

3. Stage: Initiative vs Guilt Age: **3 - 5 years**

Task: Preschoolers want to **do things their ways**, help at home, make **friends** and overcome feelings of guilt about doing so. If this initiative is encouraged, they will develop the ability to plan and initiate new things. But, if discouraged, they may feel uncomfortable or guilty and may be unable to plan their future.

4. Stage: Industry vs Inferiority Age: **6 - 12 years**

Task: **Competence** at **school** and **friendship**. When children enjoy school, make friends with other children and successfully complete their school work, they will

develop a feeling of industry but if they have difficulty competing and completing their work or lack support for industrious behaviour, children may feel inferior and incompetent.

5. Stage: Identity vs Role Confusion Age: **12 - 19 years**

Task: Adolescents seek to establish basic social and occupational identity in order to be seen as **friendly**, focused and loyal. This will help them develop positive self-concept and identity. If they are unsuccessful relating with others, they may experience role confusion, resulting in having low self-esteem and becoming socially withdrawn.

6. Stage: Intimacy vs Isolation Age: **20 - 34 years**

Task: Young adults strive to pursue a **career** path, maintain relationships, establish intimacy, fall in **love** and become **successful**. If otherwise, they will have a sense of isolation. Key social agents are close **friends**, lovers, **spouses**, and professional **colleagues**. They seek intimacy by developing loving and meaningful relationships. But if they cannot find intimacy, they will feel isolated and have relationships that are impersonal (not deep).

7. Stage: Generativity vs Stagnation Age: **35 - 64 years**

Task: During middle adulthood, individuals tend to develop worthwhile lives rather than focusing on self-interest only. They will achieve generativity when they **nurture** and guide their **children** or by close **relationships** with children of other families or friends, or by **mentoring** at work and **helping others**. Lack of involvement may lead to a feeling of stagnation for having done nothing for the younger ones or for not being established in a career.

8. Stage: Integrity vs Despair Age: **65 years and above**

Task: At old age, individuals **impart wisdom** on members of the **society** and when they look back and feel contented

about how they have lived, what they have accomplished and whether they have had a productive and happy experience, they will have a feeling of satisfaction and integrity. But if all they can remember about their earlier life events are filled with regrets, disappointment, unfulfilled promises, unrealised goals, series of crises and problems, individuals will have a feeling of regret, hopelessness and despair.

Successful resolution of these dilemmas produces healthy development and positive personality traits. But unsuccessful handling of the psychosocial problems may make one anxious and develop psychological problems.

• **Social clock** refers to the age specified by a society for certain events to occur. *Starting school, graduation, employment, marriage, having children, retirement, etc.*

Review Test

1. What is developmental psychology?
2. Write a short note on the nature - nurture debate.
3. Discuss the process of prenatal development.
4. Highlight the effects of teratogens on pregnancy.
5. Enumerate the process of physical development from infancy to old age.
6. Discuss how genetic and environmental factors influence cognitive development.
7. Highlight the various forms of physical, cognitive and social development experienced by adolescents.
8. Describe the different parenting styles.
9. Explain the psychosocial theory of development.
10. Highlight any 2 theories of human development.

10. Define these terms (a) Assimilation (b) Attachment (c) Egocentrism (d) Cephalocaudal (e) Maturation
11. Discuss how aging affects development during the adulthood stage.
12. What are the developmental tasks during childhood?
13. Define these terms (a) Temperament (b) Personal fable (c) Accommodation (d) Imaginary audience
14. Enumerate the physical, cognitive and social development of the adult stage.
15. Write a short note on puberty and the challenges of physical development among adolescents.
16. Discuss the psychosocial dilemma people face as they grow from infancy to old age.
17. How does evolution influence infants' reflex behaviour?
18. Explain how friends and peers group socialise.
19. Discuss the contributions of any two developmental psychologist.
20. Explain the process of cognitive development

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Personality

Explaining Difference among Individuals, and
Influencing and Predicting Future Behaviour

Chapter Outline

1. Personality
2. Trait Perspective
3. Psychoanalytic Perspective
4. Humanistic Perspective
5. Learning Perspective
6. Personality Assessment

Chapter Objectives

Studying this chapter will help you to:

- define personality and list its theories
- review the trait approach to personality
- understand the Big-Five model
- explain Sigmund Freud's approach to personality
- describe the structures of the mind
- explain the psychosexual stages of personality development
- understand the hierarchy of needs
- review the social cognitive theory
- identify some personality assessment instruments

Personality is defined as an individual's unique and relatively stable patterns of thinking, feeling, and behaviour.

Trait, psychoanalytic, humanistic and learning perspectives are the four major theoretical models that attempt to describe, explain and predict personality.

1. The Trait Perspective

Trait approach studies and describes individual differences, and predicts behaviour.

Traits are personality **characteristics** or **habits** that are generally stable over time and across situations. Traits determine how one think, feel and behave.

The Big Five

Paul Costa and **Robert McCrae** (2006) use **Five-Factor Model (FFM)** to organise all personality traits on a continuum which can be use to describe anybody. The five

basic personality dimensions of openness to experience, conscientiousness, extroversion, agreeableness and neuroticism (OCEAN) are discussed below:

1. **Openness** versus **closedness to experience**: Curious, creative, imaginative, open-minded, artistic, intelligent, open to new ideas, adventurous, unconventional or having wide interests *versus* simple, shallow or unintelligent

2. **Conscientiousness** versus **directionless**: Competent, efficient, organized, responsible, careful,

dependable, dutifulness, achievement driven, thorough, having self-discipline or always think before acting *versus* careless, frivolous or irresponsible

3. **Extroversion** versus **introversion**: Friendly, talkative sociable, assertive, active, energetic, excitement-seeking or outgoing *versus* quiet, reserved, loner, passive or shy

4. **Agreeableness** versus **antagonism**: sympathetic, trusting, forgiving, friendly, nurturing, obedient, caring, straightforward, altruistic, affectionate, kind, warm, modest, or likeable *versus* cold, quarrelsome, critical cruel, indifferent, self-centred, suspicious, or ruthless

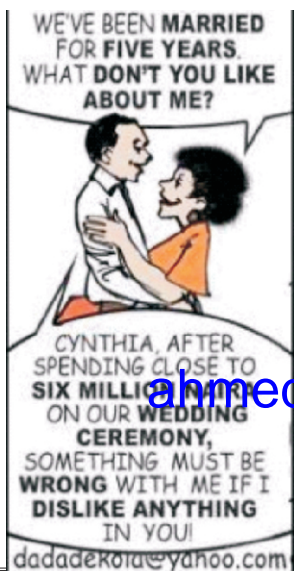
5. **Neuroticism** versus **emotional stability**: Anxious, negative, tense, angry, anxious, hostility, easily upset, irritated, hopeless, unhappy, sad, shy, unstable, moody or lacking self-confidence *versus* stable, calm, contented, unemotional or comfortable

Individuals who are high on conscientiousness, agreeableness and emotional stability tend to have higher level of integrity and reliability (Dunn, 1993; Mount & Barrick, 1995).

2. The Psychoanalytic Perspective

Sigmund Freud's (1940) **Psychoanalysis** stresses the influence of the **unconscious motive**, **early psychosexual childhood experience**, the use of **defence mechanism** and the importance of **sex** and **aggression** on personality development. Freud's theories are quite interesting, outlandish and controversial.

- **Unconscious** is the part of the mind that is beyond awareness. These usually unknown impulses and desires are expressed in disguised form through free associations, **dreams**, **slips of the tongue**, or apparent mistakes.



Structure of the Mind: Id, Ego and Superego

Freud used an iceberg (*ice block placed in a cup of water*) to describe the mind and stated that the interactions and conflicts among the three components (id, ego, and superego) create personality.

1. **Id** is the **primitive biological drive** and **unconscious structure** ruled by the **pleasure principle** and is fueled by the desire for **instant gratification** of our **sexual** and **aggressive impulses**. Persons dominated by their id are usually narcissistic and impulsive. *The id encourages one to play and not work, tell lies, make fun of others, abuse alcohol/drugs, have unprotected sex, watch television all day, engage in risky behaviour or act without thinking!*

2. **Ego** is the **executive** part of the mind that **makes decision** and directs the individual to express sexual and aggressive impulses in **socially acceptable rational ways**. It is based on the **reality principle**. The ego make **compromises** between the id, superego, and the environment to **delay gratification** until the right time, method and place, and also uses **defense mechanism** to cope (see page 80). *A strong ego produces a healthy personality. (Falaye, 2009). Ego wants one to study, think before acting, abstain, be patient, faithful or use condom!*

3. **Superego** is the **conscience** that is built on our **moral values** and **religious belief**. It is based on **ideal principle**. It **judges** our thoughts and actions and makes us **feel guilty** for doing or thinking about something wrong and **feel good** for wanting or doing something good. The superego wants us to be "perfect and holy" by guiding us based on the **rules** and **regulations** of the society. *A weak superego may make one have no self-control, to become a bad boy, delinquent, or criminal. An excessively strong superego may cause rigidity, inhibition, dictatorial attitude or unbearable guilt or suicidal tendency. To rigid and strict!*

Psychosexual Stages of Personality Development

Freud (1905/53) states that personality is formed during the first five years of life through excess gratification or frustration by feeding, toilet training and early sexual experiences. He listed five age-related psychosexual developmental stages. Each stage has potentials for fixation and conflicts between parents and child, arising as a child seeks pleasure from different body areas that are associated with sexual feelings.

1. Stage: Oral Age: **Birth- 18 months** (Infancy)

Source of Pleasure: **Mouth and its means of expression**

Pleasure-seeking activities: **Sucking**, drinking, **eating**, swallowing, chewing, biting and crying driven by the **id**.

Fixation: If a child is overfed, weaned abruptly or frustrated, oral traits may be created. Adult expressions of oral needs include gum chewing, nail biting, smoking, aggressive kissing, overeating and alcoholism.

A child also starts to develop ego and learns to be patient.

- **Oral-aggressive personality** makes one shout, curse, bite or exploit others and sarcastic or critical.
- **Oral-dependent personality** makes one gullible (*will believe anything*), over-dependent, passive, and in need of gifts, love and lots of attention.

2. Stage: Anal Age: **18 months-3 years** (Early Childhood)

Source of Pleasure: **Anus** and its functions of elimination

Pleasure-seeking activities: **Exploring** the environment and holding or releasing **excreta**

Fixation: **Ego** and **superego** are developed by the control, discipline and harsh or lenient toilet training method of parents which can lead to a child holding on or letting go of urine or excreta. This can also result in anal fixation.

- **Anal-expulsive personality** is usually messy, cruel, destructive, carefree, or generous. *Give things easily!*

12. What are the focuses of the humanistic approach?
13. Define the following terms (a) Trait (b) self-efficacy (c) Electra complex .
14. Explain these concept (a) Oedipus complex (b) reciprocal determinism (c) unconscious.
15. Identify the sources of pleasure and the fixation in the psychosexual stages.
16. Discuss self-esteem, self-efficacy and locus of control.
17. Distinguish between the humanistic perspective and the psychosexual perspective.
18. Write short notes on the trait perspective on personality
19. What is personality assessment?
20. Use social cognitive theory to explain personality.

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Learning

Using the Processes of Learning to Understand and Change Behaviour

Chapter Outline

1. Processes of Learning
2. Non-Associative Learning
3. Classical Conditioning
4. Operant Conditioning
5. Social or Observational Learning

Chapter Objectives

Studying this chapter will help you to:

- define the process of learning
- list the types of learning
- discuss the non-associative types of learning
- review the concepts of classical conditioning
- explain how advertisements use classical conditioning
- understand operant conditioning principles
- use reinforcement to promote desirable behaviour
- explain how social learning occurs
- mention the agents of socialisation
- describe how people learning by modelling

B. F. Skinner (1938) defined **operant conditioning** as learning that results from the consequence of the behaviour which may increase or decrease the likelihood of that behaviour occurring again.

- **Behaviour** is the action or response of an individual.
- **Consequence** is the event that follows the behaviour.
- **Reinforcement** is a consequence that serves as an incentive for a behaviour to occur again.
- **Punishment** decreases behaviour or reduces the rate of unwanted response. The use of punishment should be weighed against the possible adverse effects as it gives no information on a more appropriate behaviour.

Concepts describing Operant Conditioning

- **Positive reinforcement** increases the probability of a response occurring multiple times by presenting a pleasant reward after the response.

A student studied well, passed an examination and was given scholarship by the faculty dean. He will always study!

- **Negative reinforcement** removes something that is unpleasant or avoids noxious stimulus, thereby strengthens a response that does the removal or avoidance.

You put off the loud noise from the TV by muting the volume. She is not given any chores whenever her parents see her reading. You study hard to avoid carryover.

- **Positive punishment** weakens a response by presenting something unpleasant after the response. *Caning, kneeling and other corporal punishments for coming late to school.*

FRSC will fine you N3,000 for not using the seatbelt.

- **Negative punishment** is the removal of something that is pleasant because of an undesirable behaviour in order to suppress the behaviour. *You lost 10 marks due to a wrong answer. Your father refused to give you money because you failed. You will lose your seat if you make noise in the class.*

- **Extinction** occurs if after a period of time reinforcement or punishment is not given for the behaviour.
- **Primary reinforcements** have innate reinforcing values that are not learned. *Food, water, sleep, touch, sex, pleasure, affection, etc.*
- **Secondary reinforcements** are neutral stimuli that acquire reinforcing qualities by association with primary reinforcements. *Money, grades, praise, prizes, toys, etc.*
- **Shaping** is the process of giving reinforcement to every behaviour that leads up to (successive approximations of) the desired behaviour. Punishment is not good for shaping. *You shape a person to engage in cleaning a room by only rewarding cleaning a little, then few parts of the room. Then if most part is cleaned and later when the whole room is cleaned.*

Reinforcement Schedules

- **Continuous reinforcement** means that every occurrence of the preferred response results in delivery of the reinforcement. This could lead to rapid learning of some behaviour but it is expensive to maintain.

- **Intermittent/partial reinforcements** is when reinforcement is not given every time the desired behaviour is performed. This could be in the following formats:

1. **Fixed-ratio schedule** means that reinforcement occurs only after a fixed number of responses are made by the person. *A factory worker is paid after packing 100 bags.*

A salesman that is paid a bonus after meeting a sales target.

2. **Fixed-interval schedule** means that reinforcement is given at predictable time interval (e.g. *after every 2 hours, 3 days, 2 week, 30 days 4 months or 1 year*). It is the least effective reinforcement schedule. Response or performance improves as the time for the reinforce draws near. *An employee that is paid every 30th day of the month.*

Review Test

- 1 What is learning?
- 2 Discuss the concept of non-associative learning.
- 3 Demonstrate with examples how classical conditioning and operant conditioning have been used on you.
- 4 Differentiate between reinforcement and punishment.
- 5 How can reinforcement be made more effective?
- 6 Discuss how you will use operant conditioning to modify someone's behaviour.
- 7 What is modelling and imitation?
- 8 List the agents of socialisation and discuss any two.
- 9 List the cognitive processes involved in observational learning.
- 10 Write the following acronyms in full
(a) UCR (b) UCS (c) CR (d) CS (e) NS
and illustrate each of them with an example.
- 11 What is observational learning?
- 12 Highlight the contribution of any 5 psychologist to learning process.
- 13 Differentiate between (a) Extinction & recovery
(b) Stimulus generalisation & discrimination
- 14 Describe a media advert that applied the principles of classical conditioning.
- 15 Use social learning theory to explain how people learn to dance "shakiti bobo" dancing style.
- 16 Use appropriate examples to describe these schedules
(a) Fixed ratio (b) Fixed interval
- 17 How can you shape your roommate behaviour to always clear the dishes immediately after the meals?
- 18 Discuss why variable ratio and variable interval are not easily extinct.
- 19 Compare and contrast positive reinforcement and positive punishment.
- 20 Identify the key points in the various theories that explained learning.

5

Memory

Remembering Most of The Information and
Forgetting Less

Chapter Outline

1. Stages of Memory
2. Types of Memory
3. Memory Retention and Retrieval
4. Forgetting
5. Biological Basis of Memory
6. Improving Memory through Effective Study Skills
7. Apply the SQ4R method for studying textbooks

Chapter Objectives

Studying this chapter will help you to:

- define the memory system
- explain the processes of memory system
- identify the various types of memory
- explain how memory is retained and retrieved
- discuss why people forget
- outline how memory can be enhanced
- identify the biological basis of memory
- use the principles for effective study skills
- apply the SQ4R methods in your studying

Memory is defined as the ability to store and retrieve information over time.

The basic process of turning information into memories is explained below:

- **Encoding** is a process of putting information in a form that the memory system can accept and use, after being perceived by the sense organs (*Information Registration*).
- **Storage** is holding of information in memory over time.
- **Retrieval** is finding information in memory and bringing it to conscious awareness (*Retrieval of the Information*).

Stages of Memory

- **Sensory Memory** holds sight, sound, smell and touch information from the sense organs for a very few seconds, long enough for stimulus identification and processing. **Selective attention** determines which information goes into the short-term memory.

- **Short-Term Memory (STM)** or **working memory** is the temporary storehouse for small amounts of information for about eighteen seconds. The maximum number of items

you can recall perfectly after one presentation is the 'magic number' **seven plus or minus two (5-9) items** (Miller, 1956).

Information is often stored in acoustic/echoic code (sound) and goes to the long-term memory after **chunking** and **rehearsal**.

- **Long-Term Memory (LTM)** is the **storehouse** for important and meaningful information. It has nearly limitless lifetime storage capacity and stores information usually by semantic and visual codes.



Types of memory

Memory is grouped into two: **implicit memory** for storing procedures and **explicit memory** for storing facts (semantic) and events that one personally experienced (episodic).

- 1 **Procedural memory** is the knowledge of procedures to perform certain actions. Procedural memory is usually not easily put into words. *Memory of how to drive a car, prepare shawarma, or how to do stuffs!*
- 2 **Semantic memory** is memory of the generalized knowledge of the world (*your book memory*).
- 3 **Episodic memory** is memory of a specific event at which you were present (*memory of the fight in your class*).

- **Flashbulb memory** is a vivid and emotional recollection of an important or unusual event (*memory of events during your matriculation or when you 'give your life to Christ'*).

Example of memory use, while playing football:

You use sensory memory to note where your teammates are located, short-term memory to remember who was standing where, semantic memory for the rules of the game, procedural memory to dribble and score, episodic memory of your recent matches and how you performed, and flashbulb memory for that memorable goal you scored before.

Memory Retention and Retrieval

Retention can be measured using these retrieval methods:

- **Recall** is retrieving information from memory without clues or aids. *Essay questions require recall.*
- **Recognition** is when information retrieval is aided by clues. *Multiple-choice questions require recognition. Identifying old friends from one's primary school's yearbook also requires recognition.*
- **Relearning** is learning of information you have learned before. *You will easily retrieve or understand a topic you have learnt before when you are doing revision in class.*

- **Primacy effect** is the greater tendency to recall items from the beginning of a list (*a recall of the “two times table”*).
- **Recency effect** is the greater tendency to recall items at the end of a list. *It is easy to remember what one just learnt.*
- **Context-specific memories** show that people remember more when they return to the same environment in which they learnt information, as some environmental features act as retrieval cues. (*using the examination hall for your reading and studying*).
- **State-dependent memories** show that similar states can act as retrieval cues in memory. *Information encoded in a drunken state is best retrieved when drunk.*
- **Mood congruency effect** states that information is better processed when it is related to one's emotional state. *A pregnant lady pays more attention to pregnancy information and encode them more effectively. A single lady who is eager to marry will save and retrieve accurately any relationship advise that comes her way.*
- **Tip-of-the-tongue phenomenon** occurs when one is not able to recall the word itself but can recall particular features of the word. *One can remember how it is used in a sentence, its meaning, its first letter or who said it, but not the word.*

Forgetting

Forgetting is the loss of information from the long-term memory. **Hermann Ebbinghaus's** (1885,1987) **forgetting curve** shows that most forgetting occurs during the first nine hours after learning and that relearning of forgotten information is often very easy.

Why We Forget:

1. **Encoding failure** occurs when particular information is not actually encoded (*not really processed the information*).
2. **Decay theory** states that forgetting occurs because unused memory fades over time (*memory gets spoilt*).

3. **Absentmindedness** is forgetting caused by not paying enough attention. *The mind was focused on other things.*
4. **Repression** is a deliberate motivated forgetting of shocking or traumatic experiences. *This is a deliberate attempt to forget and not to remember something.*
5. **Retroactive interference** is when new information hinders the retrieval of old information. *One can remember the name of the current Rector but not the former one.*
6. **Proactive interference** occurs when old information interferes with remembering new information. *After changing one's phone password, one can still make a mistake of typing the old password.*
7. **Amnesia** is the loss of memory as a result of trauma to the brain. Anterograde amnesia is loss of memory after the trauma and retrograde amnesia is loss of memory before the trauma.
8. **Retrieval failure** can also occur as a result of the tip-of-the-tongue phenomenon, context-specific, state-dependent or mood congruency effect.

Biological Basis of Memory

Epineprine, Dopamine, Serotonin, Glutamate and the structures of the Brain are involved in the memory processes:

- **Hippocampus** handles episodic memory and face recognition. It connects related memories.
- **Amygdala** processes fear and emotional information.
- **Cerebellum** plays a role in procedural memory.
- **Frontal cortex** is associated with semantic memory.

Study Skills for Improve Memory

Memory can be aided using the following methods:

- 1 **Pay attention** and **listen** actively to the information.
- 2 **Rehearse** information repeatedly until you **over-learn**.
- 3 Use **self-reference effect**. *Write notes in your own words*

or look for ways to interpret or apply the knowledge.

- 4 Use **Chunking** by breaking the information into piecemeal.
- 5 Use **Mnemonic** aids or **acronyms**; *MrNigerD, MrVEMjSUN*
- 6 **Space your study** into many shorter sessions to minimise interference as opposed to cramming in one long session.
- 7 Sleep, eat, rest and exercise properly (*Sere*).
8. Always review your notes within 9 hours after each class.

The SQ4R Method for Studying Textbooks

Survey through a chapter to get a general idea of the topics discussed. Raise **Question** about the information you have skimmed. **Read** the material and **Reflect** by creating examples and linking the information to what you know previously. **Recite** the major points. Summarize the chapter and **Review** the test questions.

Review Test

1. Explain how the memory system works.
2. Describe how you have used your “whole” memory to complete a particular task or activity.
3. Why do people forget?
4. Highlight the factors affecting memory retention and retrieval.
5. Describe these memory types (a) episodic (b) procedural (c) semantic (d) flashbulb.
6. Discuss the methods for effective study.
7. Highlight five methods of testing memory retention.
8. How can you improve your ability to remember things?
9. What is memory?
10. Write a short note on the various stages of memory.
- 11 How is the brain involved in memory formation?
- 12 Differentiate between recall, recognition and relearning.
- 13 Describe how to use self-reference effect to study.
- 14 Explain anterograde amnesia and retrograde amnesia.
- 15 How are information stored in the memory?

6

Emotion and Motivation

Understanding the Motivation and Emotions that
Charges and Drives Human Behaviour

Chapter Outline

1. Components and Types of Emotion
2. Expressions of Emotion
3. Models Explaining Emotion
4. Emotional Intelligence
5. Models of Motivation
6. Achievement Motivation
7. Eating Behaviour
8. The Sex Drive

Chapter Objectives

Studying this chapter will help you to:

- identify the components and types of emotion
- enumerate the functions of emotions
- understand how the Brain controls emotion
- identify the theories explaining emotion
- discover how to use emotional intelligence
- discuss the various models of motivation
- describe the pursuit of excellence in human
- describe hunger, satiation, obesity and eating disorders
- mention the drives for sex and the sexual response cycle

Emotion and **motivation** are closely tied, emotions may motivate one to take action and one may be motivated to achieve certain emotions.

Emotion is the **sudden, brief** and **involuntary** mental and physiological feelings that direct our attention and guide our behaviour to situations that are seen as personally relevant.

Components of Emotion

Emotion is characterized by changes in **cognition, physiology, feelings** and **behaviour**.

1 **Cognitive interpretation** is the **appraisal** of situation, event, object or thought in terms of threat to one's well-being and survival. *What do you think about it? Will this thing kill me? This is my chance to become a millionaire!*

2 **Physiological arousal** is the changes in body response, adrenaline level, perspiration, respiration, sexual arousal, sweaty palm, blood pressure, heart rate, galvanic skin response, muscle tension, "butterfly in the stomach", "lump in the throat" etc (*what your body is*

saying). This is why polygraph can be used as a lie detector (*when your body systems are "turned on"*).

3 **Subjective feeling** includes happiness, surprise, fear, disgust, anger, shame, pride, love, pity, lust, guilt, etc.

4 **Expressive behaviour** is the observable reaction, facial expression, body posture, gesture, gait and vocalization (*kiss, act out, run, fight, smile, hug, cry, etc*). It allows one to detect the emotions others are experiencing.



Functions of Emotion

- It helps to set us up for action. *Emotion of fear motivates the body for a 'fight or flight' reaction to a threat.*
- It guides us from taking actions with negative consequences. *You are not likely to do what will make you feel sad.*
- It helps us to recover from stress (*anger to blow off the steam*).
- It signals social intention and connection by allowing us to express how we feel and what we are going to do through facial expressions. *You 'no dey' look face!*
- It aids in marking important memories (*I cried that day*).
- It influences people's performance (Hoffman, 1985).

Types of Emotion

- **Positive emotion** has pleasant feelings like *joy, trust, happiness, surprise, satisfaction, contentment, etc.*
- **Negative emotion** has unpleasant feelings like *fear, jealousy, sadness, anger, disgust, embarrassment, etc.*

Facial Expressions of Emotion

Basic emotions are biologically and evolutionarily determined set of emotions experienced in all cultures. The most important communicator of emotion is the **face**.

Paul Ekman (1992) associated smile with **happiness**, as the most universally and easily recognized emotion. Others are **surprise, disgust, anger, fear** and **sadness**.



1 **Happiness** signifies emotional **wellbeing**, contentment and gladness. It could be caused by pleasure (*nice meal*), meaning (*helping the orphans*), engagement (*I love this job*),

relationship (*am in love*) and accomplishment (*I made it*). **Happiness** consist of the pleasant life (*excitement, fun, joy, and pleasure of daily living*), the good life (*identifying and using one's skills, abilities and talents to enrich one's life, work or recreational pursuits*), and the meaningful life (*sense of fulfillment from using one's talents and engaging in beneficial services*) (Seligman, 2004).

Happiness improves health and productivity (Boehm and Lyubomirsky, 2008). It is influenced by social support, meaningful relationships, religiosity, employment, education, higher standard of living, etc. Married people report being happier than singles, divorces, or widows (Diener, Suh, Lucas, & Smith, 1999).

2 **Surprise** is a startling response, a feeling of **shock** from a sudden discovery of an **unexpected** event.

3 **Disgust** is an evolutionary mechanism that makes us **reject** something offensive in order to **protect** us from disease (Oaten, Stevenson and Case, 2009). It can be elicited by spoilt foods, animals, poor hygiene, death or body products. (Curtis and Biran, 2001). But toddlers will happily put disgusting objects into their mouths (Rozin, Hammer, Oster, Horowitz, and Marmora, 1986).

Disgust has morality value but it is associated with anxiety disorder, depression, OCD, and decrease in heart rate (Olatunji and McKay, 2007; Rozin, Haidt and McCauley, 2000). *The wrinkling of nose closes off the air passages to the offending odour and the gaping expression causes the contents of the mouth to dribble out* (Rozin and Fallon, 1987).

4 **Anger** makes us to express our **grievances** and send signal to others to avoid us or change their habits. *It could be caused by rejection, disappointment, stress, pains and unpleasant situations* (Berkowitz and Harmon-Jones, 2004). **Anger** can cause **catharsis**, 'feeling of relief after blowing off the steam'. However it also increases the risks of **coronary artery disease** (Krantz and McCeney, 2002).

5 **Fear** is a distressing emotion aroused by impending real or imagined threat which causes a change in brain and organs function leading to a **fight** or **flight** behaviour.

6 **Sadness** almost always accompanies experiences of pain or loss. **Crying** is often an indication of sadness (Jellesma and Vingerhoets, 2012).

Other emotions with **non-universal facial expressions** are pride, love, guilt, contempt, trust, interest, joy, shame, distress, compassion, jealousy, envy, embarrassment, etc.

Socialisation, Display Rules, Gestures and Emotions

- **Gesture** is the movement or position of the body parts to express an emotion, thought, opinion, etc.

- **Display Rules** are the social and cultural influence on the expression of emotion, especially facial expressions. *Extroverts and females are typically more emotionally expressive than introverts and males* (LaFrance, Hecht, and Paluck, 2003; Langer, 2010). *Crying is a taboo for a man in public* (Jellesma and Vingerhoets, 2012).

Receptionists are supposed to be friendly and cheerful; **nurses** are expected to be sympathetic while **debt collector** would display negative emotions (*boneface*) (Rafaeli & Sutton, 1991; Zapf, Seiferte, & Schmulte, 2001).

Yoruba parents use their facial expressions to 'talk' to their children (Orie, 2009). **Shaking of head** means 'no' in Nigeria but 'yes' in India. **Nodding of head** in Japan means 'maybe' or 'no way!' but it is a 'yes' in Nigeria. Americans express disrespect by showing the **middle finger** but Nigerians **show the palm** to someones face to **abuse** the person's parents. Japanese cover their mouth while laughing in public (Matsumoto, Yoo, & Nakagawa, 2008).

- 2 Enumerate the components and functions of emotion.
- 3 Discuss the regulations guiding sexual activities
- 4 Write a short note on the basic emotions.
- 5 Discuss any two theories of emotion.
- 6 Highlight the sexual response cycles in humans.
- 7 How can you put emotional intelligence into use?
- 8 Highlight the uses of non-verbal communication.
- 9 What is emotional intelligence?
- 10 Discuss the functions of emotion.
- 11 What are the types of emotion?
- 12 Discuss the various cultural difference in the expression of emotion.
- 13 Define any 3 models of motivation?
- 14 Highlight the various types of intelligence.
- 15 Write out any ten emotions expressed by humans.
- 16 Describe briefly the biological basis of emotion.
- 17 Name the factors influencing human sexual behaviour
- 18 Identify the motives behind the needs to achieve success.
- 19 Review a theory that describe achievement motivation.
- 20 Explain the concept of eating behaviour in humans.
- 21 Distinguish between the various types of emotion.
- 22 Write a short note on the two-factor theory of emotion.
- 23 Why is emotional intelligence needed?
- 24 Explain the display rules of emotion
- 25 Write a short note on eating disorders and risky sex.

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Health Psychology

The Psychology of Wellness, Illness, Lifestyle,
Coping and Psychotherapy

Chapter Outline

1. Psychology of Health and Wellness
2. Psychological Influence on Health and Illness
3. Stress and Coping
4. Defence Mechanism
5. Psychoactive Drugs and Behaviour
6. Abnormal Behaviour
7. Psychological Disorders
8. Psychotherapy

Chapter Objectives

Studying this chapter will help you to:

- define health, wellness and illness
- discuss the biopsychosocial model of health
- point out the roles of lifestyle in the aetiology of illness
- discuss the benefits of healthy lifestyle
- mention the sources and consequences of stress
- explain how to cope with stress
- understand the effects of drugs on behaviour
- recognise the major psychological disorders
- enumerate some of the therapies psychologists use

Health Psychology is the use of psychological processes to understand how people stay healthy or fall sick; how to start and adhere to treatments; and why many health problems are related to life style. Some important terms in health psychology are explained:

- **Health** is a state of complete physical, mental and social well-being, not merely the absence of disease and infirmity (World Health Organisation, 1946).
- **Biopsychosocial** model examines health as a function of interaction between people's biological, psychological and social factors.
- **Bio:** genetics, viruses, bacteria, nervous system, immune system, and structural defects
- **Psycho:** personality, mental health, hunger, cognition (expectations of health), feeling (fear of treatment) and behaviour (smoking, sedentary lifestyle)
- **Social:** norms, pressures (from family and friends), culture, social values (good/bad), employment, social class, poverty, religion, environment and ethnicity.

Psychological Influence on Wellness and Illness

These are psychological factors that may contribute to the development of health problems or good health.

- **Wellness** is optimal health, full and active functioning of the physical, financial, social, intellectual, emotional, occupational, environmental, and spiritual domains.
- **Illness** is disease or damage to body's structure/function.
- **Healthy lifestyle** refers to health related behaviour that are associated with self-control over self-indulgence.
- **Unhealthy lifestyle** includes tobacco and alcohol use, drug abuse, risky sexual behaviour, stress, lack of physical activities, sedentary lifestyle, exposure to chemical toxins stress, lack of sleep, dehydration, malnutrition, and

consumption of soft drinks, chocolate, artificial sweeteners, unbalanced diet, "fast foods" and diets rich in saturated fats (cholesterol), sugar and salt.

- **Lifestyle related diseases** are preventable diseases that are the outcome of one's unhealth choices. They include cancer, heart diseases, liver cirrhosis, renal failure, alcoholism, diabetes type II, stroke, obesity, ulcer, gout, acne, depression, headaches, sleep disorders, erectile dysfunction, cataracts, Alzheimer's disease, AIDS, etc.
- **Risk factors** are predisposing factors to illness. They are usually undiagnosed, untreated and can cause organ damage or premature death. *An example is hypertension.*
- **HIV/AIDS risk factors:** unsafe sex, unscreened blood transfusion, unsterilized needles, etc.
- **Ebola/Lassa fever risk factors:** Direct contact or exchange of body fluid with infected animal, person or corpse, poor hygiene, unsafe sex, etc.

Aetiology of Heart-related Diseases

Aetiology of illness refers to reasons for illness or diseases.

- **Hypertension** is the disease of abnormally high blood pressure. Its symptoms include chest pain, migraine, fatigue, breathlessness, blurry vision and high blood pressure (140/90 mmHg). It can cause organs failure, heart attack, stroke, blindness, or sudden death.
- **Alcohol** and **smoking** can lead to coronary heart disease, stroke, cancers, liver cirrhosis, injury, untimely death, etc.

Keys to Health-Promoting Lifestyles:

1. Eat balanced diet and maintain normal weight.
2. Sleep for up to 7-8 hours daily and exercise regularly.
3. Practice safer sex and abstain from drug abuse.
4. Consume moderate or no alcohol, and do not smoke.

5. Be hygienic, optimistic, and resilient.
6. Take care of your health and adhere to treatment.
7. Pray, meditate, relax, and manage your time properly.
8. Spend quality time with family and friends regularly.
9. Learn from your failures and disappointments.
10. Seek for social support or talk to a psychologist.

Stress

Stress is the anxious feeling that comes when we interpret a situation as being more than what our psychological resources can adequately handle (Lazarus, 1999).

Stress helps us respond to potentially dangerous events by activating the sympathetic division of the nervous system but prolonged stress can increase **cortisol** level and can have a direct negative influence on our physical health.

• **Homeostasis** is a balance between external environment and body's normal physiological state.

• **Hans Selye** (1993) used **General Adaptation Syndrome** (GAS) to classify the physiological effects of continued stress into **alarm** (fight or flight reaction), **resistance** (coping and trying to reverse the stress) and **exhaustion** stage (inability to cope after repeated stress)

Types of Stressors

Stressors are adverse or challenging events or situations that generate stress.

1. **Acute stressors** appear suddenly and don't last long.
You see a snake, your body gets aroused to deal with the stress and then returns to homeostasis.
2. **Chronic stressors** are long lasting constant sources of worry that make it difficult for the body to return to homeostasis (*parents of sickle-cell anaemia patients*).

Sources of Stress

• **Occupational stress** results from job insecurity, role conflict/overload, monotonous task, psychological/physical harassment and poor workplace relationship.

• **Societal stressors** can be experienced as a result of *crime, fuel scarcity, violence, power outages, discrimination, or terrorist attacks.*

• **Accumulated daily hassles, small frustrations and fatigues** like *hunger, noise, pains, deadlines, public speaking, taking an exam, work pressure, negative aspect of close relationship, child care, lack of job or children, traffic gridlock, queue, or crowding* can also constitute stress.

• **Life changing events** are uncontrollable and potentially disturbing good or bad situations appraised as having significant impact on one's life. The social readjustment rating scale by Miller and Rahe (1997) assigned a rank to each event;

1. Death of spouse	119	6. Imprisonment	75
2. Divorce	98	7. Pregnancy	66
3. Death of child	92	8. Retirement	54
4. Job Loss	79	9. Marriage	50
5. Personal Injury	77	10. Sexual difficulties	45

Cognitive Appraisal of Stress

This is the process of recognizing stressor, assessing its demands, and coming up with resources to deal with it.

1. **Primary appraisal** is determining if the stressor can harm, threaten or challenge one's physical or psychological well-being. *Am I in trouble?*

• **Harm/loss appraisal** elicits negative emotions like fear, depression, fright, anxiety and feelings of **distress**. *Yeah, I don't enter am!*

• **Threat appraisal** means harm/loss can happen in the future. *Could this be a looming danger?*

- **Challenge appraisal** is seen as **eustress**, a potential for personal growth if one can mobilize one's physical energy and psychological resources to meet the challenging situation. *I could use this crisis to turn things around. This is my chance!*
- 2. **Secondary appraisal** is based on a person's evaluation of available personal and social resources for dealing with stressful circumstance. He considers what action to take. *What can I do to solve this problem?*

Consequences of Chronic Stress on Well-being

1. **Physical/Physiological consequences** make the Adrenal glands to release epinephrine and cortisol that prepare the stressed person to take action, but these hormones increase the risk of high blood pressure, heart disease, migraine, organ failure, ulcer, asthma, diabetes and many illnesses, and reduce immunity to common cold and infections (immunosuppression).
2. **Psychological consequences** include alcoholism, insomnia, nightmares, sexual dysfunction, mental illness (anxiety, depression, schizophrenia), etc.
 - **Emotional consequences** engender feeling of frustration, anger, sadness, moodiness, anxiety, etc.
 - **Cognitive consequences** cause inattention, forgetfulness, indecision, poor judgment, etc.
 - **Behavioural consequences** result in shaky voice, restlessness, trembling, strained expressions, lower productivity, quitting school, marriage or job, religiosity, suicidal ideation, etc.

Coping **ahmed**

Coping are attempts to deal with a threat in order to remove it or diminish its impact on the person. The evaluation of a stressful situation has an impact on how it is confronted.

1. **Problem-focused coping** is dealing with the stressor itself by deliberate actions and realistic problem-solving activities; planning, prioritizing, seeking for help or seeing a psychologist. It is mainly used if one feels one can control the stressor. *Study to avoid the stress of failure.*
2. **Emotion-focused coping** is changing the way one thinks about the stress so as to reduce the discomfort it causes rather than changing the situation. It is mostly used when people feel they have little control over the stressor or need to endure the situation (*prayer, faith, relaxation, psychotherapy, abuse drugs, and alcoholism*).
3. **Proactive coping** is an adaptive strategy used to anticipate a problem before it starts, prevent it or prepare a person to cope with the coming challenge (*planning, learning from others' situation, having backup plans*).
4. **Maladaptive coping** involves strategies like *dissociation, numbing out, ignoring, avoidance, or escape* which might provide short-term relief but the result is not productive.
5. **Social support** are resources from spouse, family, friends, churches, mosques, psychologists, or government agencies in form of warmth, understanding, prayer, advice, information, or tangible help needed to cope with stress.
6. **Personality differences** can affect coping with stress. Internal/external locus of control, high/low self-esteem, high/low self-efficacy and neurotic individuals will react differently to the same stressors. *Individuals high on resilience, optimism, self-efficacy, self-esteem, or hardiness are more likely to give a challenge appraisal to stress and seek social support or use problem-focused coping (Bonanno, 2004).*

Defence Mechanisms

Anxiety, according to Freud, is caused by the conflict between the pleasure demands of the id and moral standard of superego.

Ego-Defence mechanisms are used to alter or deny reality unconsciously in order to reduce tension or anxiety.

- **Denial** is refusing to accept a particular anxiety-provoking event or piece of information that is clear to others (lying!) *A smoker uses denial if he refuses to accept that smoking causes lung cancer and heart disease.*

- **Repression** is the deliberate forgetting of thoughts, feelings, wishes or experiences that are unacceptable or threatening. *A rape victim may deliberately repress and block the painful memories and thoughts of the event.*

- **Rationalization** involves providing socially acceptable reasons for an inappropriate behaviour (making excuses!). *A job applicant that failed an interview test may say the company employed only those with 'connection'.*

A tenant that refused to pay his house rent could claimed that the landlord did not come to collect it on time

- **Displacement** is the transferring of anger to a less threatening person or object, away from the source of the anxiety. *A wife was offended by her husband. She might transfer the aggression to her subordinates or customers by picking up an argument with them.*

- **Projection** is by falsely attributing your own unacceptable feelings, traits or thoughts to another individual or object. *A promiscuous wife who accuses her faithful husband of cheating on her.*

- **Sublimation** is the expression of sexual or aggressive impulses through indirect, socially acceptable means. *A street fighter that is now a boxer. A person who likes making fun of others, working as a stand-up comedian.*

- **Fantasy** is escaping from anxiety through daydreaming.

- **Reaction formation** means doing the opposite of what one truly feels or thinks. *Seyi is sexually attracted to Olu, but she claims in public that she intensely dislikes him*

- **Regression** is when an individual displays immature behaviour that have relieved anxiety in the past, by returning to a childish manner of behaving. *Two elderly men fighting on the road because their cars hit each other.*

- **Compensation** is reacting to a personal deficiency by developing another talent. *Etcetera was not successful as a singer, so he switched to writing as a newspaper columnist.*

Psychoactive Drugs and Behaviour

Psychoactive drugs are addictive chemical substances that influence synaptic transmission and affect behaviour.

- Psychoactive drugs like alcohol and tobacco are legal while drugs like marijuana and cocaine are illegal.

- **Drug use** can be classified as experimental, recreational, situational, intensive and compulsive. The effects of drug can be influenced by the person's weight, sex, metabolic rate, personality, mood, expectations, experience with the drug, presence of other drugs and the social setting.

- **Over-the-counter drugs** are patent drugs that are self-prescribed and self-administered for the relief of self-diagnosed illness.

- **Drug dosage** is the amount of drug that is administered at a time. **Drug administration** can be intravenously (vein), orally (mouth), by inhalation (nose) or by subcutaneous injection (skin).

- **Intoxication** from drug usage can lead to dysfunctional changes in physiological functioning, cognitive process, emotional state and behavioural tendency.

- **Substance abuse** or **drug abuse** refers to a maladaptive frequent use of drug that can have adverse effect on one's

17. Briefly describe the illnesses that hypertension and obesity can cause.
- 18 Write short notes on any three psychotherapeutics methods.
- 19 What are the features of the biopsychosocial model?
- 20 Discuss briefly these terms (a) OCD (b) GAS (c) DSM (d) GAD.
- 21 What is psychotherapy?
- 22 Distinguish between Autism and ADHD.
- 23 Discuss any 5 lifestyle diseases.
- 24 What are the consequences of stress?
- 25 What is psychopathology?

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Social Perception & Attitude

*Influence of Others and Interaction with Them on Our
Thinking, Feeling and Behaviour*

Chapter Outline

1. Social Cognition of Self
2. Social Perception of Others
3. Attribution
4. Attitudes
5. Social Relations: Prejudice and Stereotype
6. Social Influence: Persuasion

Chapter Objectives

Studying this chapter will help you to:

- understand the basis of social psychology
- explain how individuals perceive themselves
- learn how individuals form impression about others
- discuss the components and formation of attitude
- know how prejudice and stereotype influence people
- describe how persuasion changes people's attitude

- **Actor-observer bias** is the tendency to attribute your own behaviour to situational factors but when observing others, you attribute their behaviour to their personality traits or disposition. *If a lecturer rejected an assignment for lateness, the student as 'actor' might attribute his lateness to situational factors like power outage, not his fault. The student as 'observer' may attribute the lecturer's refusal to her (lecturer's) personality; she is a wicked lecturer.*
- **Blaming the victim** is the tendency to blame an innocent victim of a misfortune for causing the problem or for not taking steps to avoid or prevent it. *President Mugabe's wife said rape victims are to be blamed for wearing revealing dress or mini skirts (Mhlanga, 2015).*
- **Just-world hypothesis** is the assumption that the world is fair, and therefore people get what they deserve and deserve what they get. *She has cancer because she embezzled Nigerian government's money.*

Attitude

Attitude refers to the relatively enduring positive or negative beliefs, feelings, or intended behaviour towards people and things.

Gordon Allport (1954) defines attitude as a learnt disposition to think, feel and behave towards a person/object in a particular way.

Components of Attitude

1. **Cognitive** component refers to our thoughts, reasons, beliefs, and ideas about something. *Politicians are good.*
2. **Affective** component refers to the feelings or emotions that evoke fear, sympathy, love, hate, etc. *I like politics.*
3. **Behavioural** component is the tendency to act in certain ways towards something. *I will join APC or PDP.*

Attitude Formation

- **Socialisation:** parents, family, religion, peers, schools, the mass media, clubs, government, society, and culture are the major agents of socialisation and the main sources of people's attitude.
- **Learning** can lead to attitude formation: Attitude formation by reading about it; by associating attitude with positive or negative effects; by weighing the reward or punishment that follows the attitude; or by modelling the attitude of others.
- **Direct contact** or **personal experience** with an object or person can also bring about attitude formation. **Mere exposure** to an object can influence how much we like or dislike it and our attitude towards it (Zajonc, 1968).
- **Interaction with others** who hold a particular attitude can also influence one to hold a similar attitude.
- **Personality trait, direct instruction and cognitive appraisals of an issue** can also lead to attitude formation.

Attitude- Behaviour Consistency

Attitudes are likely to determine behaviour when:

- they are extreme or frequently expressed
- they have been formed through direct experience
- people are knowledgeable about the attitude object
- people have a vested interest in the subject
- people expect a favourable outcome from acting in accordance with their attitude.

Theories of Attitude

1. **Self-Perception Theory** by **Daryl Bem** (1967) posits that our behaviour informs us of the attitude we hold.

I watch soccer matches because I have a positive attitude to it. He thinks about Seyi a lot, so he concludes that he likes her

2. Cognitive Dissonance Theory by **Leon Festinger** (1957) states that we have cognitive dissonance and feel anxiously when we have two opposing beliefs after making a difficult decision, or if our thoughts and behaviour are inconsistent. Individuals will attempt to reduce or remove cognitive dissonance by creating new cognition or by changing it. *You can change your mind when you discover that you are wrong or come up with a new excuse.*

3. Social Balance Theory by **Fritz Heider** (1946) explains how people influence our attitude based on three possible states. Specifically, we seek balance between how we feel about an object, how someone else feels about the object, and how we feel about that other person.

- **Balance** is when someone we like holds the same attitude as we do.
- **Imbalance** is when someone we like holds a differing attitude to ours.
- **Nonbalance** is when someone we don't like holds a contrary attitude to ours.

4. Learning Processes

Classical conditioning is when a formerly neutral stimulus paired with a stimulus that gives a positive or negative result, also begins to also elicit a positive or negative result. *You enjoy watching Chelsea FC; now you have positive attitude toward the club (enjoyment+Chelsea).*

Operant conditioning is when positive consequence of behaviour or attitudes is reinforced; consequently, they are more likely to be repeated than behaviour or attitudes that

are followed by negative consequences. *You do the assessment test because of the 20 marks!*

Observational learning is based on attention, memory, ability and motivation to model an attitude. Individuals tend to watch the behaviour of significant people around them and imitate what they see. *Some people ported to MTN because of 'Saka don port' advert. My sister uses Onga to cook because she saw Kate using it to cook for Flavour.*

Function of Attitude

Katz (1960) proposes that attitudes are determined by the functions they serve, namely;

- **Instrumental function:** some attitudes are used to satisfy needs, maximise rewards and minimise penalties. *One tends to support one's friends.*
- **Knowledge function:** some attitudes are used to evaluate other information and attitude.
- **Defence mechanisms:** some attitudes hide from us some facts about ourselves and realities of life. *Some arrogant people have low self-esteem.*
- **Expression of Value:** attitude allows us to express the value and belief that we hold. *Muslim ladies use hijab. A generous person joins Rotary Club*

Emergent attitude in Nigeria towards ladies' body size

The current attitude in Western countries supports the idea that only slender women are attractive. In 2001, Agbani Darego became Miss World. But most Nigerians above 40 years think she is not beautiful, since she is not rotund and does not have ample backsides and bosoms. But many younger Nigerians develop interest in the Miss World's dimensions and have changed their attitudes to the Western beauty standards of slimness (Onishi, 2002).

Prejudice And Stereotype

Prejudice is a negative attitude towards people due to ingroup favouritism and social categorization (*gender, religion, ethnicity, skin complexion, education level, etc*).

Stereotypes are over-generalized beliefs about the characteristics of members of a particular social group.

- Prejudice and stereotypes can distort perception and cause us to inaccurately **prejudge** individuals, leading to ignoring, rejection, ostracism, discrimination, tribalism, racism, sexism, ageism and other negative consequences.

Some stereotypical views expressed in Nigeria include referring to Hausa person as a Boko Haram; Ijebu people as stingy; Edo ladies as prostitutes; Igbo people as lovers of money; light-skinned ladies as 'mammy water'; bus-drivers as thugs; rich students as yahoo boys or runs girls; Lagosians as sharp people; and lawyers as liars.

Formation of Prejudice

- **Competition** for limited resources
- **Learning** and **socialisation** contribute largely to teaching people to hold stereotypical views.
- **Personalities** that are marked by rigidity, bigotry, narrow-mindedness, dogmatism and desire for social conformity are prejudiced personalities.
- **Out-group homogeneity effect** is the tendency to see members of the out-group as being the same in behaviour and attitude. *That is how 'they' all behave.*
- **In-group bias** is the tendency to judge the behaviour of in-group members favourably and others unfavourably.
- **Just-World belief** holds that good things happen to good people and bad things to bad people.
- **Blame the victim** is the tendency to blame a victim for

allowing something bad to happen to him or her.

- **Scapegoating** is blaming a person or group for the actions of others. *People were killed, churches burnt and shops attacked in Kano owing to some cartoons of Prophet Mohammed published in Europe (Purefoy, 2006)*

It is better to know people one-on-one before forming an opinion about them regardless of what is popularly said. Stereotypes are hard to change once formed!

How to Reduce Prejudice:

- promote equal-status contact and re-categorization
- foster superordinate goals and mutual interdependence
- seek individual information and educate yourself
- support NYSC, inter-ethnic and inter-religion marriages
- avoid attribution bias and errors
- encourage government legislations
- deploy mass media enlightenment programmes

Persuasion

Social influence is the study of how one's behaviour is influenced by other people and by the social environment.

Persuasion is a psychological process. It always occurs in a situation where two or more points of view exist. *For instance, a speaker believes irradiating fresh meats and vegetables poses a danger to human health, but many listeners do not;* thus, two points of view exist. In any case, there must be a disagreement, or else there would be no need for persuasion (Lucas, 2001).

- **Persuasion** is a deliberate attempt to influence the attitudes or behaviour of another person through information and arguments. It is used in advertising and marketing to change behaviour (*buy a product*); politics

(vote for a candidate); evangelism (accept Jesus); courtship (fall in love); negotiations (support a cause); courtrooms (win a case); etc. Persuasion is a form of communication.

- **Communication**, according to Hybels and Weaver (2001:6), is “any process in which people share information, ideas, and feelings. It involves not only the spoken and written word but also body language, personal mannerisms, and style– anything that adds meaning to a message.” Communication involves transfer of message from a source to a receiver for the purpose of influencing behaviour.

- **Elements of communication** include sender-receivers (both sending and receiving at the same time), messages, channels, noise, feedback, and setting.

Features of Persuasive Communication

Persuasion varies with **who** (source/sender) says **what** (message) **how** (channels) and **to whom** (audience/receiver);

1 **Source** is the originator of or the person who communicates a message. An effective communicator is likable, articulate, attractive, credible, trustworthy, an expert on the topic, unbiased and similar to the audience in some respect.

2 **Message** is made up of the ideas and feelings that a sender-receiver wants to share. It is the core of any communication encounter. A message is said to be persuasive when it is clear, short, direct, explicit, attitude inoculated, emotionally appealing, or fear inducing. Repeated, familiar and two sided arguments are also effective. The information heard first is most persuasive (*primacy effect*) while new information is better

remembered (*recency effect*).

3 **Channels**: The channel is the route travelled by a message, the means it uses to reach the sender-receivers. In face-to-face communication, the primary channels are sound and sight. Other channels communicate non-verbal messages. We are familiar with the channels of radio, television, newspapers, and magazines in the mass media. Social media, telephone, internet, audio and video channels do exist.

4 **Audience** is the receiver of the message. Highly motivated and participative audience that can comprehend and accept the conclusions of a message are easier to be persuaded. *Young females or distracted audience are more likely to be easily persuaded than old male or focused audience* (Hovland, Janis and Kelley, 1953; Krosnick and Alwin, 1989).

5 **Feedback** is the response of the receiver-sender to each other. It allows for clarification and improved understanding. Feedback is very important in that it helps in measuring the effectiveness of a message, or its modification.

Elaboration Likelihood Model of Attitude Change

Petty and Cacioppo (1986) identified the routes of persuasion based on the audience's motivation and cognitive ability.

- **Central route** is used when the audience are motivated and are able to think about an issue. They focus on the argument and may need a strong, factual, logical and compelling argument to be persuaded. *Adverts for electronic gadgets give consumers information on the products' competitive features and price.*

• **Peripheral route** is used when the audience is distracted from focusing on the message. They usually follow majority opinion and focus on incidental cues like speaker's attractiveness and familiar statements. The audience think that longer messages are more credible. Their actions are informed by emotion rather than rational thinking. *A number of adverts on alcohol brands associate products with boldness, success, friendship, or happiness.*

Barriers to Persuasive Communication

These barriers prevent attitude change, and they include;

- Information overload is giving of too much information on a subject matter. This often leads to confusion.
- Selective perception is when one's attention is focused on what one prefers to hear.
- Forgetfulness is when one cannot remember or recall.
- Language and cultural differences between the communicator and the audience could prevent persuasion.
- Other barriers are educational level, silence, rumours, health, forewarning, homeostasis, defensiveness, etc.

Review Test

1. What is attitude?
2. Define these terms (a) Social Psychology (b) Self-esteem (c) Attribution (d) Stereotype
3. Use Elaboration Likelihood Model to explain persuasion.
4. Discuss how people form impressions about others.
5. Use any two theories to explain attitude formation.
6. Enumerate how a smoker can be persuaded to give up smoking.
7. Briefly discuss some stereotypical views held by Nigerian and how to reduce them.

8. Discuss any three attribution errors people make.
9. Highlight the conditions when attitude can predict behaviour.
10. How can prejudice and stereotype be reduced?
11. What are the uses of attitude?
12. Discuss the features of effective persuasion.
13. Identify the factors responsible for the formation of prejudice.
14. Describe the barriers that can prevent attitude change
15. What is 'Self'?

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