PSYCH 101 – Final Exam Textbook Notes

# Chapter 13: Social Psychology

### 13.1 The Power of the Situation: Social Influences on Behaviour

#### The Person and the Situation

* Most people grow up with a distinct sense of right and wrong, which leads us to believe that “bad people” are fundamentally different from everyone else
* Philip Zimbardo, prominent psychologist, believes that systematic failures and social psychological forces can set up detrimental situations like the Abu Ghraib prison
  + But situational analysis is never a full explanation for a behaviour pattern; in the end, people are still responsible for their behaviour
* Social psychologists study the interaction between the person and the situation in order to better understand social reality
  + Kurt Lewin, a key founder of social psychology, expressed Behaviour as a function of Person and Environment –
    - This idea challenged both Freudian psychoanalysis theories and behaviourism
  + Social psychologists believe that the current situation that a person is in has a key influence on behaviour
  + Force-field logic: a person’s behaviour is the consequence of a set of forces acting on them; if these forces are sufficiently understood, then behaviour can be predicted

##### Mimicry

* **Mimicry**: taking on the behaviours, emotional displays, and facial expressions of others
  + Humans are social species, so learning how to coordinate our behaviour is important to getting along and sets the foundation for observational learning
* The bulk of our consciousness is determined through implicit, “unconscious” processes that are influenced by factors including:
  + Attention, perception, emotions, and behaviour
  + Neural systems such as mirror neurons, to physiological synchronization of bodily processes
* Our unconscious level of awareness of who we are, is constantly shaped and patterned by other people
* **Chameleon effect**: people mimic each other non-consciously, automatically copying each other’s actions without even realizing it
  + Helps people feel reassured and validated by each other
  + Sends unconscious message to others that you are similar to them, and thus should be liked/trusted
  + Demonstrates that the social nature of humans as a species is programmed into our automatic behaviour patterns
* Mimicking the gestures/bodily movements of someone tends to make them like you more, but making it too obvious will make the person like you less
* Conformity pressure/peer pressure: sometimes people find it hard to resist the influence of others, which can be troublesome in certain situations
* **Social norms**: usually unwritten guidelines for how to behave in social contexts
  + People’s behaviours are often strongly affected by social norms, although they often fail to realize it, instead believing that their behaviours reflect logical, rational thought

##### Group Dynamics: Social Loafing and Social Facilitation

* **Social loafing**: when an individual puts less effort into working on a task when working with others
  + Factors that encourage loafing:
    - Low efficacy beliefs – tasks are too difficult/complex, so it is hard to know where to start
    - Believing that one’s contributions aren’t important to the group
    - Not caring about the group’s outcome
    - Feeling like others aren’t trying very hard
* **Social facilitation**: when one’s individual performance is affected by the presence of others
  + Can lead to increased or decreased performance
  + Explanations:
    - Presence of others is arousing, and arousal tends to strengthen dominant responses – performance tends to increase for simple tasks, while it tends to decrease for complex tasks
* **Groupthink**: stifling of diversity that occurs when individuals withhold their true perspectives in order to agree with the group’s perspective and maintain group harmony
  + Group members may minimize/ignore potential risks in the ideas that they are exploring
  + They may apply social pressure on people in order to get them to conform, leading to sub-optimal decisions
  + Group often becomes overconfident and doesn’t think carefully/critically enough about its conclusions/decisions, leading to failure to learn from their mistakes
* Some groups are more susceptible to groupthink than others
  + When groupthink occurs, there is often a strong/directive leader who suppresses dissenters and encourages the group to consider fewer alternative ideas
  + Groups where members are more similar to each other are more likely to fall into groupthink

#### The Asch Experiments: Conformity

* Solomon Asch developed an experiment to test conformity in the 1950s
* Participants are seated at a table with several other confederates who were secretly working with the experimenter; they were asked to look at a picture with three lines and choose which one was the same length as a “standard” line
  + When answers were given privately, participants were almost 100% correct
  + When answers were spoken in front of the group, and the confederates all gave the same wrong answer, the participant was also more likely to
* **Normative influence**: social pressure to adopt a group’s perspective in order to be accepted (instead of rejected) by the group
  + Leads to public acceptance but not necessarily private acceptance
* **Informational influence**: people internalize the beliefs/values of a group, causing them to believe the same things and feel the same way themselves
  + Leads to person privately accepting the group norm
* Follow-up experiments to the Asch experiment found a relationship between conformity rates and size of group: if only 1-2 people, low conformity, but 3+ people led to maximum levels of conformity
  + Showed that it doesn’t take many people to build group pressure
* Second finding was that individuals can also be very powerful; if one individual went against the rest of the group and gave the right answer, the group power was broken
  + Showed that groups are most powerful when they are unanimous, but a single person can break the bubble of unanimity and help liberate the voices of those who might privately disagree with the group

#### The Bystander Effect: Situational Influences on Helping Behaviour

* **Bystander effect**: the presence of other people actually reduces the likelihood of helping behaviour
* **Diffusion of responsibility**: when the responsibility for taking action is spread across many people, no one person feels personally responsible
  + The more people there are, the more likely any one person will assume that someone else will handle it
* **Pluralistic ignorance**: a disjunction between the private beliefs of individuals and the public behaviour that they display to others
  + Means that groups are able to pressure individual members into doing things that not a single person in the group agrees with
  + Also, a possible explanation for why social/political revolutions happen suddenly and often unpredictably
* **Social roles**: more specific sets of expectations for how someone in a specific position should behave
  + Roles emerge within a society because the rest of society expects the person to behave in accordance with the role

#### Social Roles: The Stanford Prison Study

* Philip Zimbardo conducted a study where he randomly selected psychologically stable males to take on the roles of prison guards and prisoners
* Both guards and prisoners fell into their roles quickly and became extremely degraded; guards became abusive towards prisoners and the situation had a serious toll on prisoners – the experiment was called off six days into what was supposed to be a two-week study
* The experiment taught us a lot about the power of social roles
  + Even randomly-assigned roles can make bright, well-adjusted people do things that they never would have dreamed possible
  + Many situational factors encouraged the brutal behaviour, but there were still some participant guards who were kind to the prisoners

#### Obedience to Authority: The Milgram Experiment

* Participant acted as a “teacher”, with a confederate as the “learner”
* Participant is told that the study is about the effects of punishment on memory
* The teacher’s job is to read a series of word pairs to the learner and then test him on his memory; each time the learner gets one wrong, the teacher administers a shock using a shock machine that the learner is connected to, and then increases the voltage
* The process is watched by an “experimenter” wearing a lab coat
* As the experiment progressed, the learner begins to display discomfort and eventually asks to stop the experiment; however, if the teacher expresses concern, the experimenter merely says to continue
  + Most people decided to give in to authority pressure and continue shocking the learner “to death”, simply because the experimenter insisted that they do so
* The experiment demonstrated that social situations can be powerful enough to overwhelm even the deepest moral beliefs
* Situational forces can exert immense pressure on individuals, making analysis of personal responsibility very tricky

### 13.2 Social Cognition

* Social-cognitive psychology is a combination of emphasis on social situations and cognitions (perceptions, thoughts, and beliefs)
* A central idea of social-cognitive psychology is that there are two major processes in our consciousness:
  + **Explicit processes**: “conscious” thought – deliberative, effortful, relatively slow thought that is generally under our intentional control
  + **Implicit processes**: “unconscious thought – intuitive, automatic, effortless, very fast thoughts that generally operate outside of our control
* The two sets of processes work together to regulate our bodies, update our perceptions, inject emotional evaluations and personal meaning into our experiences; they affect what we do and how we think, make decisions, and self-reflect
* They carry out individual functions but can also influence each other
  + E.g. explicit processes influence implicit processes when our beliefs influence how we process information
  + E.g. implicit processes influence explicit processes when our automatic tendency to categorize people influences our decisions about how to behave towards them
* **Dual-process models**: models of behaviour that account for both explicit and implicit processes
* Since implicit processes occur so quickly, they occur before we can consciously think/deliberate about something; thus, they guide our thoughts and decisions without our own awareness of it
* Implicit processes bias us in ways that often help us process information efficiently and function effectively, but when they are faulty it is difficult to protect ourselves from their influence

#### Person Perception

* **Person perception**: processes by which individuals categorize and form judgements about other people
  + Guided by our past experiences with the person as well as interpersonal knowledge from our culture
  + Implicit processes heavily influence our first impressions of people, which are guided by schemas: organized clusters of knowledge, beliefs, and expectations about individuals and groups, which influence our attention and perceptual processes

##### Thin Slices of Behaviour

* When we first meet someone, we make rapid, implicit judgements of them based on **thin slices of behaviour**, very small samples of their behaviour
  + Implicit processes are able to perceive very small cues and subtle patterns in order to shape our judgement very fast, and often very accurately
* Many of our social judgements are made through implicit processes based on very little information
  + Research has shown that we can tell things such as a person’s sexual orientation or whether they vote Republican or Democrat based on their photograph
  + We have a strong tendency to judge personality characteristics based on physical appearance

##### Self-Fulfilling Prophecies and Other Consequences of First Impressions

* **Self-fulfilling prophecies**: when a first impression of (or an expectation towards) someone affects your behaviour, which then affects that person’s behaviour, leading you to “confirm” the initial impression/expectation
  + E.g. if your first impression of someone is that they are friendly/warm, you tend to act nicer towards them, leading them to act nicer towards you in return
* In one experiment, researchers told teachers that a randomly selected group of students had been IQ tested to be exceptionally bright; at the end of the term, the same children’s IQ scores increased drastically
  + Teacher’s expectations of the students’ brightness affected how they treated the students
  + Demonstrates how implicit processes can create their own social realities through self-fulfilling prophecies

#### The Self in the Social World

* We often use subtle facial cues and non-verbal behaviours to guide our judgements, but what else guides them?
  + If a person falls into a group that has certain stereotypes, those stereotypes tend to cloud our judgements
  + Our own selves are also often a guiding factor of our judgements – we often look at the social world through the lens of our own self-concepts
    - We tend to think that the way we are is the way that people should be
    - We have a strong tendency to split the world into Us and Them, where we tend to see Us more positively than we see Them

##### Projecting the Self onto Others: False Consensus and Naïve Realism

* **False consensus effect**: the tendency to project one’s self-concept onto the social world
  + People tend to assume that the qualities, attitudes, and opinions that we ourselves hold, are similar for society at large – even if we know for a fact that they aren’t
* **Naïve realism**: the assumption that our perception of reality is accurate
  + Thus, we tend to see people who differ from us as being wrong

##### Self-Serving Biases and Attributions

* People’s tendency towards naïve realism reflects a general want of feeling positive about ourselves (having positive self-evaluation or self-esteem)
* **Self-serving biases**: biased ways of processing self-relevant information to enhance our self-evaluation
  + E.g. taking credit for our successes but blaming failures on other people
  + **Better than average effect**: we tend to assume that we are better than average, keeping our self-esteem intact
* **Internal (dispositional) attributions**: when an observer explains the actions of another person in terms of some innate quality of the person
  + E.g. describing a driver who cut in front of you as an aggressive jerk
* **External (situational) attributions**: when the observer explains the actions of another person as a result of the situation
  + E.g. the driver who cut in front of you may have swerved to avoid hitting something else
* **Fundamental attribution error (FAE)**: the tendency to overemphasize internal attributions while underemphasizing external attributions
  + People’s first reactions to a situation are generally internal attributions, while external attributions are realized after coming to terms with the idea that there may be other explanations that we didn’t initially consider
  + When we explain our own behaviours, we tend to emphasize whichever type of attribution paints us in the best light
  + FAE is also influenced by culture: people make the most FAE in individualistic cultures (e.g. Canada, USA), and the least FAE in collectivistic cultures (e.g. Japan, China)
    - Collectivistic cultures tend to emphasize situational factors when explaining disturbing events such as a mass murder, reflecting stronger values towards maintaining harmony in interpersonal relationships

##### Ingroups and Outgroups

* People are motivated to be biased against others because in order to maintain positive feelings about ourselves, we identify with larger social groups
* **Ingroups**: groups we feel positively about and identify with
* **Outgroups**: “other” groups that we don’t identify with or actively dis-identify with
* **Ingroup bias**: when positive biases towards one’s self get extended to their ingroups, people begin seeing their ingroups as superior to their outgroups
* **Minimal group paradigm**: a set of studies that examined how easily people form social Us vs. Them categories, even based on meaningless criteria
  + Even people who were divided randomly into groups demonstrated favoritism towards members of their group
* We can’t simply ignore these psychological processes, despite the trouble that they sometimes get us in
  + False consensus effect and our tendency to project our self-concept onto others helps us make assumptions about what people are like
  + Naïve realism helps us to not constantly second-guess our perceptions of the world
  + Positive self-evaluation helps us to not feel helpless or useless

#### Stereotypes, Prejudice, and Discrimination

* Many of our implicit biases, which are constantly trying to see the world as Us vs. Them, lay the foundation for stereotyping, prejudice, and discrimination
* **Stereotype**: a cognitive set of beliefs about the characteristics held by members belonging to a social group, which act as schemas that guide our processing of our social world
  + Even seemingly “positive” stereotypes from one perspective can be seen as negative from another perspective, and thus lead to negative consequences
* **Prejudice**: an affective, emotionally driven process that is reinforced by negative stereotypes, where we have negative attitudes toward and critical judgements of other groups
* **Discrimination**: behaviour that disfavours or disadvantages members of a social group in some way

##### Prejudice in a Politically Correct World?

* “Political correctness”: in recent decades, social norms about what is appropriate to say about other people have changed; there is increased sensitivity in social diversity and equality
* Prejudice has seeped into the basic social-psychological functioning of many people
  + E.g. even though the general public denounces prejudice/discrimination and desires universal equality, studies of implicit processes have shown that people exposed to Black faces tend to automatically trigger physiological responses related to fear and negative emotions
  + Even if people dislike prejudice at an explicit level, they may still implicitly hold negative stereotypes and experienced prejudiced emotional reactions
* Trying to overcome these challenges has led to measurement techniques to try and reveal implicit processes
  + **Implicit Associations Test (IAT)**: measures how fast people can respond to images or words flashed on a computer screen
    - Round 1: People were asked to press one button if a Black face or negative word appeared, or another button if a White face or positive word appeared
    - Round 2: people were asked to press one button if a Black face or positive word appeared, or another button if a White face of negative word appeared
    - Results showed that round 1 reaction times tended to be a lot faster than round 2, demonstrating that our racial schemas tend to associate more negativity with Blacks than Whites

#### Improving Intergroup Relations

* How can we overcome implicit processes and work to eliminate harmful stereotypes, prejudices, and discrimination from society?
* Some research suggests that as society continues to evolve into become increasingly egalitarian and non-prejudiced, it is possible to un-learn the stereotypes that history has provided us with
* **Contact hypothesis**: predicts that social contact between members of different social groups are extremely important to overcoming prejudice
  + Especially true if contact occurs in situations where both groups have equal status and power, and are cooperating on tasks or pursuing common goals – helps members feel as part of one ingroup
* Advances in technology and a shift towards more global economics and problems (e.g. climate change) may present an opportunity to help us overcome age-old prejudices

### 13: Attitudes, Behaviour, and Effective Communication

#### Changing People’s Behaviour

* There are four most common approaches to attempt to change public behaviour:
  + Technological: making the desired behaviour as easy as possible through changing the technologies that influence people
  + Legal: policy change, creation of laws to get people the behave in the desired way
  + Economic: financial incentives for doing the right thing and penalties for doing the wrong thing, generally through taxing and pricing
  + Raising awareness: educate people through providing more information
* Each approach is effective, but each one by itself is insufficient for solving the climate change crisis
* Furthermore, the technological, legal, and economic approaches require public support of the changes in order for them to be made
* The raising awareness approach relies on the idea that information drives attitudes and attitudes drive behaviour
  + To change behaviour, we must change the beliefs upon which attitudes are based, which means giving people information

##### Persuasion: Changing Attitudes Through Communication

* Social psychologists have discovered many important principles underlying effective communication, which has provided a set of tools for influencing different behaviours
* **Elaboration likelihood model**: when audiences are motivated to pay attention to a message and they have the opportunity to process it, they will be persuaded by the message
* Based on this model, information can appeal to people in two ways:
  + **Central route to persuasion**: occurs when people pay close attention to the context of a message, evaluate the presented evidence, and examine the logic of arguments
    - If the message is compelling, they will be convinced and internalize the message as something that they believe in
    - Attitude/belief changes through this route tend to be strong and long-lasting
  + **Peripheral route to persuasion**: depends on features not related to the message – style instead of substance
    - Even if a person doesn’t care about or isn’t paying attention to the issue, they can be convinced through the peripheral route

#### Using the Central Route Effectively

* The central route is most effective when the audience is highly motivated about the issue and when they have the knowledge/expertise to understand the information
* There are several key factors for maximizing the central route

Make It Personal

* Making a message self-relevant is key to motivating people to care and pay attention
* Shift from describing something to people to getting themselves to imagine themselves in a situation
* **Construal-level theory**: describes how information affects us differently depending on our psychological distance from the information
  + Information that is specific, personal, and has concrete details, feels closer to us
  + More general, impersonal information feels more distant from us
* Unfortunately, climate change communications have traditionally fared poorly in communicating a personal message – even the term “climate change” sounds very global and abstract, leading people to experience it as psychologically distant instead of relevant
* **Identifiable victim effect**: people are more powerfully moved to action by the story of a single suffering person than by information about a whole group of people
  + **Experiential system**: primarily emotional – operates more implicitly, quickly, and intuitively
  + **Analytic system**: uses logic and reasoning – operates at explicit level of consciousness, slower, and more methodical

##### Value Appeals

* Audience is more likely to listen to a message that appears relevant towards their values
* Most pro-environmental behaviours are framed as going against self-interests, such as trade-offs between the economy and environment, and comfort/convenience and personal sacrifice
  + Most environmental messages are biospheric or social-altruistic, which go against the North American values of being egotistic and focused on self-enhancement
  + Environmental messages may be more effective if they appeal to more self-benefits, such as financial (saving energy = saving money) or personal empowerment (you can make a difference)

##### One-Sided vs. Two-Sided Messages

* Research suggests that giving a two-sided appeal that acknowledges different perspectives, is more persuasive than only consider your own one-sided perspective
  + Two-sided messages communicate that you are trustworthy and honest to the audience
* **Attitude inoculation**: a strategy for strengthening attitudes and making them more resistant to change, by first exposing people to a weak counter-argument and then refuting the argument
  + By bringing up and then shooting down opposing arguments, you are giving the audience information to help them resist those arguments in the future

##### Emotions in the Central Route

* **Processing fluency**: the ease with which information is processed; biases the person’s processing of information
  + Even very insignificant aspects of communication can trigger a subtle amount of negative emotion in a person, which then biases their information processing negatively
* Overly complex or technical information can also activate negative emotion and bias people against your message; people also tend to lose interest in and stop paying attention to things that they don’t understand

#### Using the Peripheral Route Effectively

* Social psychology research has identified some key powerful factors of influence

##### Authority

* When experts or authority figures deliver a message, it can often enhance the message’s impact
  + Even people who look like an authority figure but have no real authority, can communicate a message more effectively
* Communicators who can connect with their audience are more likely to get their point across effectively
  + We tend to believe people who we “like”, which is influenced by numerous factors including attractiveness
* Highlighting similarities that you have with the audience, using appropriate humour, and even complimenting the audience, can enhance likability and increase the effectiveness of communication

##### Social Validation

* Since people are a social species, the behaviour of others often guides our own behaviours
* Social validation occurs when we hear that a novel is a bestseller, a song has hit the charts, or a political party is supported by a certain percentage of the population
* It can be misused by communicators – e.g. highlighting the urgency of wearing condoms by pointing out how few people are currently doing it

##### Reciprocity

* Repaying to others what you have received from them is a cultural norm in all societies
* **Door-in-the-face technique**: involves asking for something big, then following with a request for something small
  + Logic: once someone scales back their request, you are obligated to meet them part way
  + Professional negotiators often start with a proposal they don’t expect to get, then work their way down

##### Consistency

* **Foot-in-the-door technique**: making a simple request followed by a substantial request
  + Logic: once you get someone to agree to a small request, it is harder for them to say no to a subsequent request
  + Makes use of a strong motivation – the need for psychological consistency
* Commitments can be extremely subtle – by making an active commitment, we are psychologically more likely to follow through
* Some studies have shown that written commitments are even more powerful than verbal ones, and public commitments are the most effective

#### The Attitude-Behaviour Feedback Loop

* **Cognitive dissonance theory**: when we hold inconsistent beliefs, it creates an internal tension (dissonance) that we are then motivated to reduce in any possible way
* Cognitive dissonance occurs when we have to decide between two attractive choices; to reduce dissonance, we will often bias our perceptions and highlight all the good things about our chosen option and the bad things about the other option, in order to make them seem further apart than they originally were
* Those paid $20 to lie about thoughts opposite to what they believed in experienced less dissonance than those who were only paid $1, since they had a justifiable reason (the money) for lying

# Chapter 14: Health, Stress, and Coping

### 14.1 Behaviour and Health

* Health psychologists study the effects of human behaviours/decisions on their health, survival, and well-being
* More than 50% of all deaths in Canada in 2009 were caused by heart disease, stroke, diabetes, and cancer

#### Smoking

* Smoking cigarettes causes life-shortening health problems including lung/mouth/throat cancer, heart disease, and pulmonary diseases such as emphysema
* 21% of all deaths in Canada in the past decade were due to smoking; the average life expectancy of a smoker is 7-14 years less than a non-smoker – and yet 19.9% of Canadian adults smoke cigarettes
* Exposure to positive portrayal of smokers in the media (TV, movies, etc.) has been said to correlate with those who smoke

##### Efforts to Prevent Smoking

* Provincial and municipal laws are banning smoking in many public places, in order to reduce the risk of second-hand smoke
* In 2001, Canada became the first country to require companies to include graphic pictorial warnings on cigarette packages; they were more powerful than text-only warnings in educating people about the risks of smoking
  + Over 40% of Canadian smokers indicated that the graphic warnings motivated them to quit
  + Surveys of Canadian youth indicated that warning labels do discourage teens from taking up smoking
* As a result, smoking in Canada declined steadily over the 1990’s and early 2000’s

#### Obesity

##### Defining Healthy Weights and Obesity

* **Body mass index (BMI)**: a statistic that is commonly used for estimating healthy body weights based on an individual’s height
  + Calculated by
  + Ranges:
    - Underweight: under 18.5
    - Healthy: 18.5–24.9
    - Overweight: 25–29.9
    - Obese: over 30
* Obesity is associated with many health consequences including cardiovascular disease, diabetes, osteoarthritis, and some forms of cancer
* Around 24% of Canadian adults and rising are obese, with almost identical percentages of males and females
* Obesity is also a significant problem in other parts of the world, particularly in urban areas
  + The WHO estimates 1 billion people around the world are overweight and 300 million are obese

##### Genetics and Body Weight

* Genes are suggested to account for 50% to 90% of variations in body weight
  + Genetics can influence body type, metabolism, and other physiological processes that contribute to body weight and size
* **Set point**: a hypothesized mechanism that maintains body weight around a physiologically programmed level
  + Ranges between 10%-20% of one’s weight; initial set point is determined by genetic mechanisms, but weight is also modified by environmental factors such as what and how much you eat
  + If you gain weight, your body shifts your set point upwards and slows down your metabolism in order to maintain that goal
  + Hence why when trying to lose weight, it is hard to go past an initial goal – your body pulls your weight back towards the set point
* However, the set point theory has been disputed by suggestions that individual differences in physical activity is a stronger determinant of who succeeds at losing weight

##### The Sedentary Lifestyle

* The number of hours spent watching TV has been found to correlate with obesity rates
* However, computer use doesn’t seem to correlate with obesity
  + Researchers suggest that this is because using computers involves engagement while watching TV can be passive, and people are also more likely to snack while watching TV
* Studies of obesity rates in children are less ambiguous – there is a strong relationship between watching TV and playing video games, and obesity rates
* The sedentary lifestyle can lead to poor eating and exercise habits, which contribute to the high childhood obesity rates found in many industrialized countries (including Canada)

##### Social Factors

* Children’s diets are largely based on what their parents eat/provide, and eating patterns developed during childhood generally carry into adulthood
* Food advertisements are also said to trigger eating, thus increase the amount of snacking while watching a show
  + In some regions of North America, lawmakers are trying to prevent corporations from targeting children directly with ads, by limiting when commercials can air and preventing the inclusion of toys in kids’ meals

##### Psychology and Weight Loss

* A recent study found that thinking positively about oneself can promote healthy weight loss – likely through positive emotion manipulation reducing stress regarding dieting, and thus reducing the number of calories consumed
* The restraint involved in dieting – especially through avoiding highly reinforcing foods – may actually make the foods more reinforcing in the long run (i.e. later in life)

##### Biophysical Perspectives

* First Nations people, Metis, and Inuit people have, on average, greater prevalence of obesity than other Canadians
* Research suggests that overweight/obese are paid less than coworkers with the same qualifications
* Although obesity used to be more prevalent in people with lower income levels, men in higher income levels are actually more likely to be obese than women
* Obesity can have a negative long-term impact on the brain, by reducing the amount of brain tissue as well as aging the brain drastically

#### Psychosocial Influences on Health

* The environments that we work, live, and play in and the people whom we interact with can affect our physical and mental health

##### Poverty and Discrimination

* People who live in wealthy communities have better access to health care, a greater sense of control over their environments, and the resources needed to maintain a lifestyle that they want
* Individuals who lack this sense of control tend to live in situations that have a higher chance of compromising their health
  + People who experience poverty, discrimination, or social stress experience higher incidence of depression, anxiety, and other mental health problems
* Health problems are amplified by stress
  + Children who experience adverse childhood environments are at greater risk of developing heart disease during adulthood – likely due to stress and poorer diets
* Discrimination is another factor that reduces both physical and mental health
  + Being targeted by prejudice and discrimination is linked to increased blood pressure, heart rate, and secretions of stress hormones that can compromise physical health over long periods of time
  + When people perceive that they are the target of racism, their blood pressure remains high throughout the day and recovers poorly at night
  + Discrimination can also put the body on prolonged alert against threats, which is a stress response that can compromise bodily health

##### Family and Social Environment

* Close, interpersonal relationships have a major impact on health
* Chronic social isolation is as high of a mortality risk as smoking, obesity, and high blood pressure
  + Married people tend to live longer and have better physical health than non-married people, for they enjoy social support and combined resources, and are likely to have better health habits
  + Men are said to gain more health benefits from marriage – while unmarried women are only 50% more likely to die from heart disease, some forms of cancer, and other preventable diseases, unmarried men are 250% more likely to
* However, marriage/marital problems can also be a significant source of stress
  + Married couples experiencing problems tend to experience more depression and greater amounts of physical illnesses than happily married couples
  + Marital problems and divorce can also affect the physical and mental health of children, especially younger children

##### Social Contagion

* **Social contagion**: the often subtle, unintentional spreading of a behaviour due to social interactions
  + Social contagion has been documented to spread body weight, smoking, and other health-related behaviours
* One study found that people who showed similar patterns of health statistics were also all friends with each other

### 14.2 Stress and Illness

* **Stress**: a psychological and physiological reaction that occurs when perceived demands exceed resources to meet those demands
  + Includes stressors (events that trigger stress) and stress response

##### What Causes Stress?

* Lazarus and Folkman developed a cognitive appraisal theory of stress
  + Primary appraisal: individual detects physical or psychosocial threat, asks “is this a threat?”
    - If yes, they will experience physiological and emotional stress reactions
  + Secondary appraisal: individual determines how to cope with threat
    - If they determine that they know how to cope with the stressor, they won’t feel as much stress
    - Otherwise, physiological and emotional reactions will continue
* Social Readjustment Rating Scale (SRRS) ranks stressful events based on their magnitude
  + Death of spouse and divorce are the highest-ranked, while holidays and traffic tickets are the lowest
  + The higher the accumulation of points, the greater the person’s risk of becoming ill
* Stress has a positive effect on performance if the tasks being completed are relatively simple
* If a task is complex then stress can harm performance, because stress uses up cognitive resources

#### Physiology of Stress

* Walter Cannon noted that physical responses to stress tend to be general, despite the fact that stress comes from many different sources
* **Fight-or-flight response**: a set of physiological changes that occur in response to physiological or physical threats
* **General adaptation syndrome (GAS)**: a theory about stress, which involves stages of alarm, resistance, and exhaustion
  + Alarm: recognition of threat + physiological reactions associated with it
  + Resistance: individual uses their mental resources to respond to the stressor appropriately
  + Exhaustion: stressful experience depletes physical resources, so physiological stress response decreases

##### The Stress Pathways

* Two key pathways interact during and after stress:
  + **Autonomic nervous system (ANS) pathway** – part of peripheral nervous system
    - In response to stress, the hypothalamus stimulates the sympathetic nervous system
    - This causes the adrenal medulla to release epinephrine and norepinephrine (adrenaline and noradrenaline), which trigger the bodily changes associated with the fight-or-flight response
    - Individuals’ ANS systems differ in their response to stress
  + **Hypothalamic-pituitary-adrenal (HPA) axis** – a neural and endocrine circuit that provides communication between the nervous system (hypothalamus) and the endocrine system (pituitary and adrenal glands)
    - When a person perceives that they are in a stressful situation the hypothalamus stimulates the pituitary gland to release a hormone which stimulates the release of **cortisol**, a hormone secreted by the adrenal cortex, which prepares the body to respond to stressful circumstances
      * Can stimulate access to increased energy stores or lead to decreased inflammation
    - Glucocorticoids are affected by social stressors such as being excluded from a conversation; they may interact in some psychological disorders such as depression
      * Researchers found many inactive glucocorticoid receptors in people who experienced extensive child abuse and eventually committed suicide
* Almost all humans have both autonomic and HPA axis responses to stress, for they are adaptive and promote behaviours that help our survival
* However, chronic stress can impact long-term health
* People exposed to childhood stress experience lasting effects on their stress response and neurotransmitter systems

##### Oxytocin: To Tend and Befriend

* Males and females respond to stress in different ways
  + Men are more likely to respond with a fight-or-flight response
  + Women tend to respond with a more social, tend-and-befriend response
    - Evolution-wise, this makes sense, since running away from stressful situations might require abandoning weak/vulnerable offspring
    - Instead, seeking out friendship networks for support and additional resources makes more sense
* **Oxytocin**: a stress-sensitive hormone that is typically associated with maternal bonding and social relationships
  + May promote tend-and-befriend responses
    - Reduces sympathetic nervous system activity and blood pressure, thus reducing ANS stress response

#### Stress, Immunity, and Illness

* **Psychoneuroimmunology**: study of the relationship between the immune system and nervous system functioning
  + Stress and physical health are closely related – immune system has many connections to the nervous system
  + Acute stressors tend to activate the immune system, while chronic stress tends to supress the immune system

##### Stress, Food, and Heart Disease

* High stress levels can put people at greater risk of **coronary heart disease**, where plaque forms in blood vessels that supply the heart with blood and oxygen, resulting in restricted blood flow
  + A study found that men who were chronically stressed at home or work were 30% more likely to die from coronary heart disease
  + Heart disease begins when injury/infection damage the arteries, which trigger an inflammatory response; the white blood cells that attempt to repair the damaged tissue gather cholesterol, which form plaques
  + Stress causes an increased release of molecules that cause inflammations, which can lead to heart complications
* Stress draws people toward sweet and fatty unhealthy foods, not just in humans but also in other species
  + Food influences the brain’s dopamine reward system; chronic stress suppresses the reward system, so it is possible that eating the rewarding foods bring it back to normal levels
  + Eating fatty foods also provides the body with calories in anticipation of the person needing additional energy to deal with a stressor

##### AIDS

* The negative effect of stress on our immune system makes stress a factor in other conditions as well
* AIDS is a disease caused by infection with HIV, which destroys the immune system’s ability to fight of infections, such that even relatively harmless situations can become devastating
* People who are HIV positive need regular vaccination treatments, but stress can hinder the body’s ability to respond to vaccinations
* Stress-induced elevated levels of norepinephrine can also worsen the condition of some illnesses associated with AIDS
  + Patients with elevated ANS activity tend to respond less to antiretroviral therapies, which increases the risk of developing certain types of cancer

##### Cancer

* Factors including a person’s age and the type of cancer, help explain why some people succumb quickly to cancer while others can win the battle against it
* Stress levels can also influence cancer progression – norepinephrine can support cancer cell growth, and cortisol can elevate this effect
* Hormones from the autonomic nervous system stimulate cells inside tumours, which can result in the growth and proliferation of those tumours
  + Thus, when a person with cancer experiences natural ANS and HPA axis reactions to stress, it affects how well they can fight the cancer
* Those who are optimistic and have a positive outlook on the disease tend to have greater immune responses, which suggest that a person’s personality can influence how stress affects their immune system

#### Stress, Personality, and Illnesses

* **Type A personality**: describes people who are easily angered, competitive, and highly motivated
* **Type B personality**: describes people who are more laid back, patient, easy-going, and have a relaxed disposition
* People with Type A personalities are more likely to have heart attacks and strokes than Type B
  + Numerous correlating factors can explain this relationship, such as that people with Type A personalities tend to drink more, smoke, and sleep less than Type B
  + This shows that factors other than how a person copes with stress, can elevate the risk of coronary heart disease
* More recent studies show that people who are prone to hostility and anger, as well as those with anxiety and depression, are at greater risk of developing coronary heart disease
* These studies show that how we mentally react to stressors can dramatically influence how our body responds

### 14.3 Coping and Well-Being

#### Coping

* **Coping**: the process of managing demands, stress, and conflict
* In many cases, both problem-focused coping and emotion-focused coping are used to deal with a stressor

##### Positive Coping Strategies

* **Positive psychology**: uses scientific methods to study human strengths and potential; has identified many adaptive and constructive ways in which people cope with their problems
* Research has shown that an effective way of coping is by focusing on positive emotions
  + Negative moods tend to narrow your focus of attention on a small part of your environment, while positive moods tend to expand your focus
  + Positive moods can also increase a person’s creativity/flexible thinking, which can help in reframing stressors into something less upsetting
  + Positive emotions also affect our autonomic nervous system (ANS) by defusing the effects of negative emotions, thus reducing the amount of damage that stress and negative emotions can have on our bodies
  + Broaden-and-build theory: positive emotions allow people to broaden their thought processes and build new intellectual, social, and physical resources

##### Optimism and Pessimism

* **Optimism**: the tendency to have a favourable/constructive view on situations and expect positive outcomes
* **Pessimism**: the tendency to have a negative view of life and expect negative outcomes
  + **Pessimistic explanatory cycle**: the tendency to explain negative outcomes as internally based (being due to oneself instead of an external situation) and as a constant, stable quality
* Optimism is correlated with better physical health than pessimism, including fewer medical problems and longer lives
  + One explanation is that optimists and pessimists lead different lifestyles
  + The Nun Study found that those who were more positive in their twenties lived longer than less positive people

##### Personality and Coping

* Each of the Big Five personality traits has its own effect on how people cope with stress and adversity
  + Neuroticism: people who are high in neuroticism have **negative affectivity**, where they tend to respond to problems with anxiety, hostility, anger, guilt, or nervousness
  + Extraversion: people who are high in extraversion are more likely to seek out help from others in solving problems, as well as listen to advice from others and try to reframe their stress in more positive/constructive ways
  + Agreeableness: people who are highly agreeable are more likely to seek help from others, and tend to avoid additional interpersonal stresses
  + Conscientiousness: people who are highly conscientious are quite disciplined and focused on expectations of them; they are prone to distancing, where they are less likely to show emotion so that they can reduce the effect of stress on their other responsibilities
  + Openness to experience: people who are highly open tend to be intellectually aware of their emotions, and respond with empathy when stressful situations involve other people
* Combinations of personality traits influences how prone we are to stress, how we deal with different stressful situations, and how we are able to cope/overcome it

##### Resilience

* **Resilience**: the ability to effectively recover from illness or adversity
  + Personality and emotional characteristics are important contributors to resiliency in the face of adversity
* Viktor Frankl was a psychiatrist who lived in concentration camps during WWII and found that a key to prisoners’ survival was maintaining a sense of meaningfulness and purpose to their lives
* **Post-traumatic growth**: the capacity to grow and experience long-term positive effects, in response to negative events
  + Stress and trauma can help people realize how strong they really are
  + People who experience post-traumatic growth generally feel more vulnerable at first, but develop an increased inner strength over time
  + Growth occurs during the coping process, not due to the events themselves

##### Meditation, Relaxation, and Biofeedback

* **Biofeedback**: a therapeutic technique involving the use of physiological recording instruments to provide feedback that increases one’s awareness of their bodily responses
  + Allows people to see or hear a machine’s representations of their physiological reactions
* Relaxation and meditation techniques can be useful in calming both emotional and physiological reactions to stress
  + There are two general varieties of mediation:
    - Concentrative/focused attention mediation: focuses on a specific thought or sensation
    - Mindfulness or open monitoring mediation: attends to all thoughts, sensations, and feelings without attempting to judge or control them
  + Studies have shown that both types have been effective in reducing blood pressure, which can reduce the potential of long-term cardiovascular disease
* **Mindfulness-based stress reduction** **(MBSR)**: help people cope and relax by increasing the link between one’s body and mind via a body scan, where people pay attention to various bodily sensations
  + Studies have shown that MBSR reduces stress, increases meaningfulness of life, and also increases brain activity
* **Integrated mind-body training (IMBT)**: combination of relaxation, posture correction, increasing awareness of one’s body
  + Studies have shown that IMBT can enhance attention and increase one’s ability to control bodily physiology, including parasympathetic nervous system responses
* **Yoga**, directed voluntary breathing while moving in specific poses, can lead to lower levels of physical and mental stress, as well as help boost the immune system

##### Exercise

* Exercise can have physical and psychological benefits, including increased cognitive performance
  + Students who engaged in intense exercise had increased levels of dopamine, adrenaline, and **brain-derived neurotrophic factor (BDNF)**, a protein in the nervous system that helps with growth, survival, and the formation of new synapses
* Studies have shown that regular exercise helps to preserve cognitive function and the brain structures that support it
  + People who are at risk to develop Alzheimer’s can slow their rate of memory decline by exercising
  + Exercise also supports growth of new nerve cells in the hippocampus, which is a critical region for memory and cognitive activity

#### Perceived Control

* The most stressful situations are the ones that people have little to no control over
* **Learned helplessness**: an acquired suppression of avoidance or escape behaviour in response to uncontrollable unpleasant circumstances
  + The animal/person learns that their actions cannot remove the stress in one situation, then generalizes that helplessness to other situations
    - This is similar to the thought process of people with depression – they are prone to beliefs that their actions have no influence on external events
    - This is also similar to anxiety disorder symptoms, such as increased nervousness and a feeling of being unable to escape from a stressor
  + Shows that our perception of control can be a huge influence on our ability to cope; without control, people tend to endure pain and stress rather than finding ways to avoid/escape it
* When a stressful event is controllable, the brainstem produces a stress response but it is inhibited by the frontal lobes
* When a stressful event is uncontrollable, the stress response produced by the brainstem is uninhibited
* This shows that the degree to which a person perceives a stressful event as controllable influences whether their stress response will be inhibited
* **Compensatory control**: psychological strategies that people use to perceive a sense of (non-random) order, when personal control is compromised
  + E.g. non-religious people turning to religion to explain natural disasters

# Week 8: Drugs

### Nicotine

* **Nicotine**: comes from the tobacco plant, which contains the active ingredient nicotine
  + Chew or smoke the leaves of the tobacco plant
* It is a hallucinogen in high concentrations
* Snuff is a form of finely ground tobacco, that is dry and wet

### Caffeine

* **Caffeine**: originally used as a pesticide because it is deadly to small insects
* Humans have been using caffeine as a stimulant since the Stone Age
* Coffee – comes from East Africa
* Tea – comes from East/South Asia
  + All tea leaves come from two varieties of plants
  + Different types of tea depend on how long the leaves are left to oxidize
  + Oxidization doesn’t affect the caffeine content
* Cocoa – comes from the cacao plant in South America
  + Has lower caffeine content compared to coffee and tea
* Coca-Cola

### Cocaine

* **Cocaine**: comes from the coca plant in South America, which contains the active ingredient cocaine in its leaves
* The drug was first synthesized in Germany, when cocaine was extracted from the plant and cut with powders to make it less potent
  + Used as a local anaesthetic and a treatment for depression (because it makes people happy temporarily)
* **Crack cocaine** – made by a chemical treatment called freebasing, which re-extracts pure cocaine, making it much more potent
* Abuse/addiction:
  + Leads to paranoia, damaged sinuses, and death

### Amphetamines

* **Amphetamine**: synthetic drug developed in a lab in Germany
  + Used for treatment of ADHD and narcolepsy – helps focus
  + Used during WWII to keep soldiers awake
* **Methamphetamine**: synthesized from epinephrine – even more potent than amphetamine
* **Crystal methamphetamine**: most potent form of amphetamines
* Abuse/addiction:
  + Leads to psychosis, convulsions, and death

### Depressants

* Decrease Central Nervous System (CNS) activity
* **Alcohol**: decreases behaviour inhibition
* **Barbiturates**: derived from barbituric acid (urea + acid of apples)
  + Activates GABA receptors, which inhibits GABA from binding to them
  + Sedative and anti-convulsant
  + Replaced by **benzodiazepines**, which are much safer than barbiturates
* Synergy: when the combined effect of two drugs is greater than both of them added up

### Opiates (Narcotics)

* **Opiates** relieve pain and induce euphoria
  + They are chemically identical to endorphins, and bind to opioid receptors in the brain
* **Opium**: extracted from seed pods of opium poppy plant
* **Morphine**: active ingredient in opium, used as an anaesthetic
* **Heroin**: semi-synthetic, altered form of morphine that is more potent
* **Demerol, codeine, and methadone**
  + Used to help addicts recover from heroin addictions
* Abuse/addiction:
  + Suppressed appetite, nausea, constipation, convulsions
  + Strong withdrawal symptoms
  + Coma or overdose

### Psychedelic Drugs

* **Hallucinogens** change the way that the brain interprets sensory input, disrupting subjective experiences
  + Can elongate perception of time, induce euphoria/relaxation
* **Psilocybin**: active ingredient in magic mushrooms
  + Effects last from 3-7 hours
* **Mescaline**: active ingredient in peyote – plant that is commonly used as an entheogen (chemical used in spiritual/religious context)
  + Effects last from 10-12 hours
* Abuse:
  + Psychosis, paranoia, panic attacks
* No evidence of addiction

### LSD (Lysergic Acid Diethylamide)

* **LSD**: semi-synthetic hallucinogen derived from a fungus growing on rye cereal
  + Developed for medicinal purposes
  + Used by intelligence services for interrogations and social engineering in the 1950s
    - “Truth serum”/mind control
  + Used as a recreational drug in the 1960s
* Very potent – 100 times stronger than psilocybin and 4000 times stronger than mescaline
* Psychological effects vary depending on individual and over time

### Cannabis

* **Marijuana**: dried flowers/leaves of the cannabis plant
* **Hashish**: extracts from cannabis plant in general
* **Hemp**: non-drug varieties of the cannabis plant (that don’t contain the active ingredient THC)
* **THC (tetrahydrocannabinol)**: active ingredient in cannabis; we have THC receptors in the brain
* Effects:
  + Relaxed euphoria, enhanced sensory awareness, pain relief, increased appetite
* Abuse:
  + Throat and lung irritation, short-term memory deficits during usage
* No evidence of addiction

### Ecstasy

* **MDMA**: manufactured in Germany as an intermediary step to adrenaline
  + Thus, has very similar chemical structure to adrenaline
* Effects:
  + Euphoria, insightfulness, alertness, and energic
* Uses:
  + Recreational “love drug” in the 1960s
  + Psychotherapy in the 1970s
  + Part of rave culture in the 1980s
* Long-term health risks:
  + There is no evidence that MDMA itself has any short-term or long-term health effects
  + However, added ingredients can be detrimental

### Physiology of Drugs

* Psychoactive drugs work by influencing neurotransmitters in the CNS
  + Increase/decrease neurotransmitter release (e.g. sedatives increase GABA release, stimulants increase dopamine release)
  + Prevent reuptake (e.g. cocaine) by causing neurotransmitters to stay in the synaptic cleft longer, so they are more likely to bind to the receptors
  + Block receptor sites (e.g. caffeine)
  + Bind directly to receptor sites (e.g. alcohol and benzodiazepines) by mimicking neurotransmitter activity

# Week 9: Psychopathology

### The Medical Model

* Prior to the medical model, most abnormal behaviours were characterized by superstition
* **Medical Model**: analogy by which abnormal behaviour is treated as a disease
  + Diagnosis: classification
  + Etiology: cause
  + Prognosis: forecast
  + Used to classify mental/psychological disorders
  + Might be inappropriate
    - Fits some diseases better than others
    - Ignores function of behaviour – e.g. low moods are healthy occasionally
    - Medical issue or social issue? E.g. homosexuality used to be a disease under the medical model

### Prevalence of Medical Disorders

* **Epidemiology**: study of mental/physical illnesses in the population
* **Prevalence**: the percentage of the population that exhibits an illness during a specified time period
  + Lifetime prevalence– experience the illness sometime in their lifetime
  + One-year prevalence – 12-month period for mental disorders in Canadians

### DSM (Diagnostic and Statistical Manual of Mental Disorders)

* Published by the APA (American Psychiatric Association)
* Rapid expansion of mental disorders
  + Mostly since mental health insurance won’t cover it unless it is in the DSM
  + Diagnostic criteria are also lower in recent years
    - Serves interests of mental health insurance and pharmaceutical companies

##### Criticisms of DSM

* **Over-diagnosis**: over 44% of the adult population will be diagnosed with a mental disorder in their lifetime
  + Lowering of diagnosis thresholds in DSM 5
* **Diagnostic labelling**: receiving a diagnosis for a disorder can enhance the symptoms
  + Self-fulling prophecy and confirmation bias – patients begin interpreting their behaviours through the lens of their diagnosis
  + Misdiagnosis is hard to detect and reverse
* Many disorders can reflect normal behaviour
  + ADHD is diagnosed in 5%-10% of the population, but its validity as a disease is questionable
  + Some disorders have been disregarded over time, e.g. homosexuality

### Signs and Symptoms

* DSM treats disorders as entities with clear boundaries, but disorders often lie on a continuum
  + Disorders can co-exist simultaneously and correlate with one another
  + Signs and symptoms can overlap in several disorders
* **Signs**: observable characteristics (e.g. avoiding eye contact)
* **Symptoms**: patient’s subjective experience (e.g. depressed mood)
* Psychopathological signs and symptoms are variations of normal adaptive behaviour
  + Hypo-functioning – inadequate function (e.g. autism is result of hypo-functioning Theory of Mind)
  + Hyper-functioning – too much activity (e.g. schizophrenia is hyper-functioning Theory of Mind)
  + Dysregulation – impairment in regulation of a psychological process

### Gender Dysphoria

* Strong and persistent cross-gender identification not merely for perceived cultural advantages of being the other gender
  + Childhood, adolescence, and adult forms
  + Insistence that they want to be the other gender
  + Preference for opposite-sex clothing, activities, roles, and friends
  + Discomfort with primary and secondary sex characteristics of their gender
  + Attempts to alter their gender
  + Causes distress
* No longer stigmatized as a disorder, but treatments are still available

### Paraphilia

* Recurrent, intense sexual fantasies or sexual behaviours, which tend to last at least 6 months
* Involves:
  + Exhibitionism – expose one’s genitals to strangers
  + Fetishism – focus on non-living objects or non-genital body parts
  + Frotteurism – touching or rubbing against non-consenting people
  + Pedophilia – attraction to pubescent children
  + Sexual masochism – being humiliated, beaten, or bound
  + Sexual sadism – enjoys someone else’s physical/psychological suffering
  + Transvestism – cross-dressing
  + Voyeurism – observing unsuspecting others

### Sexual Dysfunction

* Interruptions in normal sexual functioning, which aren’t the result of another disorder or a substance
* They typically last for 6 months, 75% of the time
* Includes:
  + Male erectile disorder
  + Female orgasmic disorder
  + Male orgasmic disorder
  + Early ejaculation

# Week 10: Psychological Disorders

### Generalized Anxiety Disorder

* Chronic, elevated anxiety that isn’t tied to any specific threat
  + Caused by elevated, unpleasant autonomic arousal
* Psychological symptoms:
  + Worries constantly about everything, even when there isn’t anything to worry about
  + Avoids decisions, broods endlessly over them
* Physical symptoms:
  + Trembling and muscle tension
  + Diarrhea, dizziness, heart palpitations, sweat
* Onset is gradual – builds slowly
* More common in women

### Phobic Disorder

* Persistent and irrational fear of an object or situation
  + Imagination is enough to provoke anxiety
* Biological preparedness: evolution prepared us to acquire some fears more easily than others
* Anxiety response is only present when the stimulus is present
  + Overwhelming, acute response (immediate)

### Panic Disorder and Agoraphobia

* **Panic Disorder**: recurring, sudden, and unexpected attacks of overwhelming anxiety
  + Results in apprehension about being out in public, since do not know when attacks will occur
  + First panic attack usually occurs during adolescence/early adulthood
  + 2/3 of those infected are female
* **Agoraphobia**: fear of going out to public spaces
  + Considered a separate disorder from panic attacks by the DSM
* Panic disorder and agoraphobia consist of acute responses that aren’t tied to any specific stimulus

### Etiology of Anxiety Disorders

* **Anxiety sensitivity** – more responsive to the physiological symptoms of anxiety, so tend to respond with fear
* **Conditioning** – anxiety/phobic responses are acquired through classical conditioning, maintained by operational conditioning
* **Cognition** – anxious people see more threats in ambiguous situations and recall threatening situations more readily
* **Stress** – onset of panic disorder is often preceded by increase in stress
  + Stress tends to escalate ~2 months before first panic attack

### Obsessive-Compulsive Disorder (OCD)

* **Obsessions**: persistent, uncontrollable, unwanted thoughts that produce anxiety
  + Sometimes reflects real dangers (e.g. bacteria), but sometimes doesn’t (e.g. symmetry)
* **Compulsions**: urges to take action in ritual behaviours that relieve anxiety
  + Often related to obsessions
* Many different sub-types:
  + Checking
  + Symmetry and order
  + Cleanliness
  + Hoarding

### Post-Traumatic Stress Disorder (PTSD)

* Used to be classified as anxiety disorder
* Caused by experience of traumatic event:
  + Direct experience
  + Witnessing a traumatic experience
  + Witnessing an aftermath of an experience
  + Graphic images (for children)
* Onset can be delayed for months or years after the event
* Symptoms:
  + Anxiety
  + Anger or guilt
  + Nightmares/flashbacks that relive the experience
  + Emotional numbing and social withdrawal
  + Substance abuse
  + Depression and suicide

### Depression

* Symptoms:
  + Emotional despair
  + Cognitive impairment – slower thought processes
  + Slower movement
* Episodes last about 5 months
* Prevalence/onset:
  + Usually emerges before age 40
  + Affects 8%-16% of the population, but the rate of diagnoses is increasing by 10% each year
  + Twice as prevalent in women
* **Dysthymic disorder**: same symptoms as depression, less severe
* **Unipolar mood disorder**: depression without mania

##### Personality and Depression

* Depression tends to occur in people who are:
  + **Perfectionists** – tend to set unrealistic standards for themselves, or have socially-prescribed standards set by others
  + **Sociotropic** – invested in social relationships
    - Tries to please others in order to maintain interpersonal relationships
    - Other people expect unrealistic standards of satisfaction
  + **Autonomous** – invested in independence and achievement
    - Self-oriented perfectionism

##### Cognition and Social Skills

* **Dysfunctional schemas**
  + Generally, people own their achievements and tend to blame their failures on others
  + People with depression tend to assess themselves realistically
* **Pessimistic** explanatory style
  + Attributes failures to themselves – lacks self-serving bias
* **Rumination**: tends to dwell on negative outcomes
* **Stress** can trigger depressive episodes in individuals, especially those who have certain genes linked to depression, or those who have had depression in the past

### Bipolar Disorder

* **Manic depression disorder**: fluctuation between episodes of mania, depression, and normalcy
* **Manic episode**:
  + Emotional euphoria
  + Cognitive hyperactivity – increased productivity and creativity
  + Physical hyperactivity – increased motor skills
  + Can lead to reckless behaviour
* Prevalence/onset:
  + The younger the depression, the closer it is tied to genetics; peak vulnerability from 20-29 years
  + Affects 1%-2.5% of the population
  + No difference in genders
* **Cyclothymic disorder**: same symptoms, less severe

### Schizophrenia

##### Symptoms

* Disorganized thought:
  + **Delusions**: persistent unrealistic and false beliefs – impervious to logical arguments
  + Breakdown of Theory of Mind:
    - Believe others can hear your thoughts
    - Believe others can put thoughts in your head
    - Delusions of grandeur – believe you are the greatest
  + Jump from one thought to another very quickly
* Disorganized perception:
  + **Hallucinations**: perceptions that are consistent with delusions, occurs in absence of physical stimulus, or are distorted
* Disorganized behaviour: begins to be unable to take care of themselves
* Disturbed emotion:
  + Tuned down or inappropriate emotions – emotional blunting
  + Emotions change very quickly

##### Specifiers (Common Categories)

* **Paranoid** – common:
  + Delusions of grandeur or persecution
  + Becomes suspicious of other people/entities
* **Catatonic** – uncommon:
  + Rigidity, random motor activity
  + Withdrawal – catatonic stupor
  + Hyperactivity – catatonic excitement
* **Disorganized**:
  + Can’t take care of themselves
  + Seems to experience emotions, but can’t express them
  + Social withdrawal

##### Positive and Negative Symptoms

* **Negative symptoms**:
  + Associated with poor adjustment before onset, smaller chance of recovery
  + Behaviour deficits
* **Positive symptoms**:
  + Associated with better adjustment before onset, better response to treatment, and higher chance of recovery
  + Behaviour *excesses* or peculiarities
* Most patients experience both, in different degrees

##### Course and Outcome

* Usually emerges during adolescence or early adulthood; requires care for the rest of their lives
* Various levels of severity:
  + Mild – one manic episode, able to make full recovery
  + Moderate – partial recovery with relapses when stressed
  + Chronic – permanent, requires hospitalization
* Prognosis is good if:
  + Onset is sudden at a later age
  + Adjustment (social productivity) before onset was good
  + Fewer negative symptoms
  + Social support is available
* Schizophrenia tends to occur at equal rates across different societies and between men and women
* Male patients tend to have earlier onset, more severe cases, and higher relapse rate

##### Etiology

* **Genetic** vulnerability
* **Neurochemical** factors, such as excess dopamine, serotonin, and glutamate
* **Brain** **abnormalities**:
  + Enlarged brain ventricles
  + Increased activity in temporal lobe
  + Increased dopamine production
  + Decreased dopamine activity in prefrontal lobe
* **Neurodevelopmental Hypothesis**: disruptions that occur during brain maturation before/at birth can increase vulnerability to schizophrenia later in life, if genetic vulnerability exists

##### Progression

* Stress can trigger relapse in those with increased vulnerability
* **Expressed emotions** can increase the symptoms of schizophrenia:
  + Degree to which relatives express negative emotions towards the patient
  + Social stress vs. social support
  + Relapse rate is higher in families with higher expressed emotions

### Somatoform Disorders

* Physical ailments with no organic explanation – they are based on an expression of psychological factors
  + Not genuine diseases that are caused by psychological factors
  + Not fake illnesses
* People who experience somatoform disorders often also have anxiety/mood disorders
* **Somatization Disorder**: history of diverse, non-specific, minor physical complaints that appear psychological in origin
  + Includes headaches, other aches and pains, and gastrointestinal problems
  + Tends to increase/decrease as stress increases/decreases
  + More common in women
* **Conversion Disorder**: loss of physical function, with no known basis
  + Partial or complete loss of sensation
  + Paralysis/laryngitis
* **Hypochondriasis**: preoccupation with health and concern over developing physical illnesses
  + Tends to overinterpret physical symptoms
  + Coexists with anxiety and mood disorders

### Dissociative Disorders

* Individual loses contact with parts of their consciousness or memory, disrupting their identity
* Not necessarily permanent
* **Dissociative amnesia**: loss of memory for a particular event
  + Tends to occur due to a traumatic experience/event
* **Dissociative fugue**: loss of entire past, leading to loss of one’s identity
  + Impaired episodic memory – procedural and semantic memory remain intact

### Dissociative Identity Disorder (DID)

* **Multiple personality disorder**: two or more complete and independent personalities co-exist
  + Personalities are very different and unaware of each other
  + Tends to appear with anxiety/mood and personality disorders
* Diagnosis of DID increased in the 1970s
  + Possible under-diagnosis and over-diagnosis based on which psychiatrists had heard of the disease

##### Etiology of DID

* Etiology is unknown
  + Tends to be influenced by childhood traumas including rejection and abuse
* People’s understanding of the disease may influence how it manifests, because symptoms began to change when the schema of DID changed

### Personality Disorders

* Extreme, inflexible personality traits that cause subjective distress or impaired social functioning
  + Cannot be treated
  + Tends to emerge during late childhood/early adolescence
  + Some cases are mild versions of major clinical syndromes
* Three classifications:
  + **Dramatic/impulsive disorders**
  + **Anxious/fearful disorders**
  + **Odd/eccentric disorders** – exhibits mild symptoms that are consistent with schizophrenia

### Cluster B: Impulsive Personality Disorders

* **Antisocial Personality**
  + Disregards societal norms and lacks respect for others
    - Tends to engage in criminal activity
    - Deceitful
    - Impulsive and reckless
    - Irresponsible
    - Lack remorse for their actions
  + More prominent in males
* **Borderline Personality**
  + Intense, unstable relationships and distorted self-image
    - Personality and emotions change rapidly
    - Frantic efforts to avoid abandonment (real/imagined)
    - Impulsive
    - Suicidal behaviour or mutilation
    - Prone to inappropriate anger and paranoia
  + More prominent in females
* **Histrionic Personality**
  + Excessive emotions and attention-seeking
    - Wants to be the center of attention
    - Emotions are exaggerated and change rapidly
    - Makes appearance very conspicuous, to attract attention
    - Highly suggestible
    - Overestimates intimacy in relationships
  + More prominent in females
* **Narcissistic Personality**
  + Desire for admiration, lacks empathy
    - Exaggerates self-important/achievements
    - Sense of entitlement
    - Believes they are special/unique
    - Preoccupied with fantasies of success, intelligence, beauty, etc.
    - Exploitative and arrogant
  + More prominent in males

### Anxious/Fearful Personality Disorders

* **Avoidant Personality** – desires acceptance from others, socially withdrawn due to sensitivity to potential rejection, humiliation, or shame
* **Dependent Personality** – lacks in self-reliance and self-esteem; allows others to make decisions for them and always putting other’s needs ahead of their own
* **Obsessive-Compulsive Personality** – preoccupied with organization, rules, schedules, and lists; extremely serious and formal

### Odd/Eccentric Personality Disorders

* **Schizoid Personality** – lacks capacity to form social relationships; lack of warm, tender feelings towards others
* **Schizotypal Personality** – shows oddities in thinking, perception, and communication, that resemble symptoms of schizophrenia
* **Paranoid Personality** –overly sensitive, prone to suspicion/mistrust of people and jealousy