Exam #3 Review – Science of Psychology

*Personality*

**An individual’s characteristic style of behaving, thinking, and feeling. Important and stable.**

Measurement: Objective versus Projective techniques

**Objective:** personality inventories, self reports, actuarial (Minnesota Multiphasic Personality Inventory). California Psychological Inventory, Myers-Briggs, etc. MMPI-II Validity Scales can catch cheaters.

**Projective:** sets of ambiguous stimuli, assumes we reveal aspects of our personalities when we respond to stimuli (interpretation based). Rorschach, Thematic Appreciation, Sentence Completion, etc.

**Trait**: a relatively stable disposition to behave in a particular and consistent way. Disposition (objective) and motivation (projective).

**Eysenck’s Factor Analysis:** x/y graph, introverted/extraverted and emotional/stable (y).

**Big Five Dimensions of Personality:** (OCEAN) Openness to experience, conscientiousness, extroversion, agreeableness, neuroticism

NB: reticular formation of extraverts may not be as easily stimulated as that of introverts (interesting). Think BAS (behavioral activation system) and BIS (behavioral inhibition system)

**Behavioral genetics**: big five factors have a heritability score between .35 and .49. Similarity more than difference between men and women.

**4 theories of personality: psychodynamic, humanistic, existential, social cognitive.**

**Psychodynamic:** psycopathologies of everyday life, Freud (slips). Id (pleasure), ego (reality), superego (morality). Defense mechanisms: projection, regression, displacement, etc. Psychosexual stages of development: oral, anal, phallic, latency, genital. Fixation. Emphasis on crucial experiences. Brought out via psychoanalysis, ultimately pessimistic and subjective.

**Humanistic-Existential:** positive, optimistic view of human nature / the individual as a responsible agent, negotiating the issue of meaning and the reality of death. Self actualization (Maslow’s Hierarchy of Needs).

**Social Cognitive:** personality in terms of how the person thinks about situations encountered in daily life and ensuing behavior. **Person-situation controversy:** what causes behavior – personality or situational? Both are key. Mischel says traits do little to predict behavior.

*Social Psychology*

**What is the influence of human-to-human interactions on behavior?** What do we think of others? What do others think of us? How does this affect behavior?

**Causal attributions. Situational and dispositional.** Vary with culture. **Fundamental Attribution Error/Actor-observer bias.** (quizmaster versus contestant)

**Cognitive Schemas**. Shortcuts, explain behavior. One type is **stereotypes. In-group versus out-group. Out-group homogeneity effect. Confirmation biases.** **Self-fulfilling prophecies.**

Robbers’ Cave Experiment. Competition increased prejudice. Cooperation decreased prejudice.

**Attitude:** belief, feeling, predisposition to act in a certain way. **Central route to persuasion and peripheral route to persuasion** (context)**.**

**Cognitive dissonance** is difference between beliefs and actions. Change attitude when action can’t be changed.

**Bem’s Self-Perception Theory.** Attitude change via reinterpretation of our own behavior. Attitudes are not strongly formed, behavior used as a guide to understand underlying attitudes.

*Part two*

**Obedience.** Integral part of society. Disposition versus situation. Need for order and structure. Intolerance of ambiguity. Concern with death and society instability.

**MILGRAM! KNOW IT.** Some questions: Under what conditions would people behave in this way? Is this ethical? Does the gain of the experiment outweigh the participants’ distress? Some variables: decreased sense of personal responsibility, psychological distance, dehumanization, slippery slope of obediences.

**Compliance/norm of reciprocity**. Compelled to comply when someone has helped us in the past.

**Social Loafing – people work less hard in groups.** Consistent across cultures!

**Self versus group.** Others’ presence drastically changes our behaviors. Deindividuation. Stanford Prison Study. **Bystander Effect** (murder of Kitty Genovese). Diffusion of responsibility.

**Relationships: Proximity and Similarity**. **Romanic and Companionate love. Intimacy, passion, and commitment.**

***Disorders***

**DSM-IV-TR** – medical model for disorders. Psychological disorder categorization is a relatively new invention. Three key elements make something a mental disorder: **1.** Manifested in symptoms that involve disturbances in behavior, thoughts, or emotions **2.** Symptoms associated with significant personal distress or impairments **3.** Symptoms stem from an internal dysfunction

**Problems?** Reliability, interpretation, self-report, comorbidity

**Integrated perspective** (biological/psychological, environmental)versus **diathesis-stress model** (predisposed with a trigger)

**Schizophrenia**: a disorder characterized by the profound disruption of basic psychological processes, reality distortions, altered emotion, etc. **Symptoms:** delusions, hallucinations (positive); slowing down of movement, flattened affect, alogia (speech), avolition (basic drives/motivation), asociality (relationships), anhedonia (pleasure experience)

**Cognitive symptoms:** working memory impairment. **Subtypes:** paranoid, catatonic, disorganized, undifferentiated, residual.

Genetic predispositions, early environmental disruptions, neurodevelopmental abnormalities. Too much dopamine?

**Generalized Anxiety Disorder:** unrelenting worries not focused on any particular threat. 5% of americans. 2x more frequent in women.

**Phobic disorder:** more specific! Still irrational. 11% of Americans suffer at some point.

**Panic disorder:** sudden occurrence of multiple psychological and physiological symptoms that contributed to a feeling of stark terror

**OCD:** primary symptom is unwanted, recurrent thoughts (obsessions) and actions (compulsions) Heritable. Most common are contamination, aggression, death, sex, disease, orderliness, and disfigurement. Preparedness theory.

**Depressive disorders, major depressive disorder, dysthymia, double depression, SAD**. Fairly heritable

**Bipolar Disorder:** an unstable emotional condition characterized by cycles of abnormal, persistent high mood (mania) and low mood (depression). Highest heritability. Biological causes are difficult to substantiate.

**Dissociative Disorders:** DID (presence within an individual of two or more distinct identities that at different times take control of behavior), amnesia, fugue (new identity)

***Treatment***

**Psychotherapy and medical/biological approach**

**Psychodynamic therapy:** psychoanalysis, therapist develops insight via free association, dream analysis, interpretation, analysis of resistance.

**Behavioral and Cognitive Therapies:**

**behavior** (applying principles of learning to change problems), aversion therapy (eliminating unwanted behaviors by positive punishment), promoting desired behaviors, eliminating undesired behaviors (exposure therapy, systematic desensitization)

**cognitive therapy**: emphasis on the meaning of an event, cognitive restructuring, mindfulness meditation

**CBT:** focuses on dysfunctional thoughts and maladaptive behaviors, problem focused, structured, transparent, flexible

**Humanist and Existential therapies:** people are good, find good in the client. Personal improvement. Person-centered therapy. Unconditional positive regard. **Gestalt therapy:** becoming aware of thoughts, behaviors, experiences, and feelings and owning them.

**Group therapy.**

**Medical/biological treatments: neuroleptics, psychopharmacology, atypical antipsychotics.** Anxiolytic medications, antidepressants and mood stabilizers.

***Stress and Health***

A **stressor** is anything you perceive as a threat.

**General Adaptation Syndrome**. Alarm reaction, resistance, exhaustion.

Fight or flight versus tend and befriend (male versus female)

**Long term stress is detrimental to the immune system.** Immune suppression can be learned.

Response to stress (**psychological factors and social factors**): perception of control, explanatory style, chronic negative emotions, hostility, outside resources, friends and family, positive relationships

**Stress management:** repressive coping, rational coping, reframing. Physical symptoms. Social support and management of stress.

**Health psychology: how do we deal with illness? How do we prevent illness?**

**Somatoform disorders:** physical symptoms not explained by medical condition, somatization disorder, conversion disorder