### History and Approaches (2-4%)

- Psychology is derived from physiology (biology) and philosophy
- **EARLY APPROACHES**
  - Structuralism – used introspection (act of looking inward to examine mental experience) to determine the underlying structures of the mind
  - Functionalism – need to analyze the purpose of behavior
- **APPROACHES KEY WORDS**
  - Evolutionary – genes
  - Humanistic – free will, choice, ideal, actualization
  - Biological – brain, NTs
  - Cognitive – perceptions, thoughts
  - Behavioral – learned, reinforced
  - Psychoanalytic/dynamic – unconscious, childhood
  - Sociocultural – society
  - Biopsychosocial – combo of above
- **PEOPLE:**
  - Mary Calkins: First female pres. of APA
  - Charles Darwin: Father of modern biology
  - Dorothea Dix: Reformed mental institutions in U.S.
  - Stanley Hall: 1st pres. of APA1st journal
  - William James: Father of American Psychology – functionalist
  - Wilhelm Wundt: Father of Modern Psychology – structuralist
  - Margaret Floy Washburn: 1st female PhD
  - Christine Ladd Franklin: 1st female

### Research Methods (8-10%)

- **EXPERIMENT:** Adv: researcher controls variables to establish cause and effect Disadv: difficult to generalize
  - **Independent Variable:** manipulated by the researcher
    - Experimental Group: received the treatment (part of the IV)
    - Control Group: placebo, baseline (part of the IV)
    - Placebo Effect: show behaviors associated with the exp. group when having received placebo
    - Double-Blind: Exp. where neither the participant or the experimenter are aware of which condition people are assigned to
  - **Dependent Variable:** measured variable (is dependent on the independent variable)
  - **Operational Definition:** clear, precise, typically quantifiable definition of your variables – allows replication
  - **Confound:** error/ flaw in study

- **Random Assignment:** assigns participants to either control or experimental group at random – minimizes bias, increase chance of equal representation
- **Random Sample:** method for choosing participants – minimizes bias
- **Validity:** accurate results
- **Reliability:** same results every time
- **NATURALISTIC OBSERVATION:** Adv: real world validity (observe people in their own setting) Disadv: No cause and effect
- **CORRELATION:** Adv: identify relationship between two variables Disadv: No cause and effect (CORRELATION DOES NOT EQUAL CAUSATION)
  - Positive Correlation – Variables vary in the same direction
  - Negative Correlation – Variables vary in opposite directions
  - The stronger the # the stronger the relationship REGARDLESS of the pos/neg sign
- **CASE STUDY:** Adv: Studies ONE person (usually) in great detail – lots of info Disadv: No cause and effect
- **DESCRIPTIVE STATS:** shape of the data
  - Measures of Central Tendency:
    - **Mean:** Average (use in normal distribution)
  - Median: Middle # (use in skewed distribution)
  - Mode: occurs most often

- **INFERENTIAL STATISTICS:** establishes significance (meaningfulness)
  - Significant results = NOT due to chance
- **ETHICAL GUIDELINES (APA)**
  - Confidentiality
  - Informed Consent
  - Debriefing
  - Deception must be warranted

### Biological Basis (8-10%)

- **NEURON:** Basic cell of the NS
  - **Dendrites:** Receive incoming signal
  - **Soma:** Cell body (includes nucleus)
  - **Axon:** AP travels down this
  - **Myelin Sheath:** speeds up signal down axon

- **AP (toilet resets):**
  - **Action Potential:** movement of sodium and potassium ions across a membrane sends an electrical charge down the axon
  - **All or none law:** stimulus must trigger the AP past its threshold, but does not increase the intensity of the response (flush the toilet)
  - **Refractory period:** neuron must rest and reset before it can send another AP (toilet resets)
- **Sensory Neurons – Receive Signals**
  - **Afferent Neurons – Accept Signals**
  - **Motor Neurons – Send Signals**
  - **Efferent Neurons – Signal Exit**

- **CENTRAL NS:** Brain and spinal cord
- **PERIPHERAL NS:** Rest of the NS
  - **Somatic NS:** Voluntary movement
  - **Autonomic NS:** Involutional (heart, lungs, etc)
    - **Sympathetic NS:** Arouses the body for fight/flight (generally activates)
    - **Parasympathetic NS:** established homeostasis after a sympathetic response (generally inhibits)
**NEUROTRANSMITTERS (NTS):**
Chemicals released in synaptic gap, received by neurons
- **GABA:** Major inhibitory NT
- **Glutamate:** Major Excitatory NT
- **Dopamine:** Reward & movement
- **Serotonin:** Moods and emotion
- **Acetylcholine (ACh):** Memory
- **Epinephrine & Norepinephrine:** sympathetic NS arousal
- **Endorphins:** pain control, happiness
- **Oxytocin:** love and bonding
- **Agonist:** drug that mimics a NT
- **Antagonist:** drug that blocks a NT
- **Reuptake:** Unused NTs are taken back up into the sending neuron. SSRIs (selective serotonin reuptake inhibitors) block reuptake – treatment for depression

**AREAS OF THE BRAIN:**
- **Hindbrain:** oldest part of the brain
  - **Cerebellum:** movement (what does it take to ring a bell?)
  - **Medulla:** vital organs (HR, BP)
  - **Pons:** sleep/arousal (Ponzzzzzz)
- **Midbrain**
- **Reticular formation:** attention (if you can’t pay attention, **You R F’d**)
- **Forebrain:** higher thought processes
- **Limbic System**
  - **Amygdala:** emotions, fear (Ami, da! You’re so emotional!)
  - **Hippocampus:** memory (if you saw a hippo on campus you’d remember it!)
  - **Thalamus:** relay center
  - **Hypothalamus:** Reward/pleasure center, eating behaviors
  - **Broca’s Area:** Inability to produce speech (Broca – Broken speech)
  - **Wernicke’s Area:** Inability to comprehend speech (Wernicke’s what?)
- **Cerebral Cortex:** outer portion of the brain – higher order thought processes
  - **Occipital Lobe:** located in the back of the head - vision
  - **Frontal Lobe:** decision making, planning, judgment, movement, personality
  - **Parietal Lobe:** located on the top of the head - sensations
  - **Temporal Lobe:** located on the sides of the head (temples) – hearing and face recognition
  - **Somatosensory Cortex:** map of our sensory receptors – in parietal lobe
  - **Motor Cortex:** map of our motor receptors – located in frontal lobe
  - **Corpus Callosum:** bundle of nerves that connects the 2 hemispheres – sometimes severed in patients with severe seizures – leads to “split-brain patients”

**Lateralization:** the brain has some specialized features – language is processed in the L Hemisphere
**Split-brain experiments:** done by Sperry & Gazzanaga.
- **Images shown to the right hemisphere will be processed in the left (vice versa), patient can verbally identify what they saw.**

**BRAIN PLASTICITY:** Brain can “heal” itself

**NATURE VS. NURTURE: ANSWER IS BOTH**
- **Twin Studies:**
  - Identical twins – Monozygotic (MZ)
  - Fraternal twins – Dizygotics (DZ)
- **Genetics:** MZ twins will have a higher percentage of also developing a disease
- **Environment:** MZ twins raised in different environments show differences

**ENDOCRINE SYSTEM:** sends hormones throughout the body
- **Pituitary Gland:** Controlled by hypothalamus, release growth hormones
- **Adrenal Glands:** related to sympathetic NS, releases adrenaline

**Sensory & Perception**

**6 – 8%**

**ABSOLUTE THRESHOLD:** detection of signal 50% of time (is it there)

**DIFFERENCE THRESHOLD (also called a just noticeable difference [JND] and follows WEBER’S LAW):** two stimuli must differ by a constant minimum proportion. (Can you tell a change?)

**SIGNAL DETECTION THEORY**

**Sensory Adaptation:** diminished sensitivity as a result of constant stimulation (can you feel your underwear?)

**Perceptual Set:** tendency to see something as part of a group – speeds up signal processing

**Inattentional Blindness:** failure to notice something b/c you’re so focused on another task (gorilla video)

**Cocktail party effect:** notice your name across the room when its spoken, when you weren’t previously paying attention

**VISUAL SYSTEM:**
- **Pathway of vision:** light → cornea → pupil/iris → lens → retina → rods/cones → bipolar cells → ganglion cells → optic nerve → optic chiasm → occipital lobe
- **Cornea** – protects the eye
- **Pupil/iris** – controls amount of light entering eye
- **Lens** – focuses light on retina
- **Fovea** – area of best vision (cones here)
- **Rods** – black/white, dim light
- **Cones** – color, bright light
- **Bipolar cells** – connect rods/cones and ganglion cells
- **Ganglion cells** – opponent-processing occurs here
- **Blind spot** – occurs where the optic nerve leaves the eye
- **Feature detectors** – specialized cells that see motion, shapes, lines, etc. (experiments by Hubel & Weisel)

**THEORIES OF COLOR VISION:**
- **Trichromatic** – three cones for receiving color (blue, red, green)
- **Explains color blindness - they are missing a cone type**

**Opponent Process** – complementary colors are processed in ganglion cells – explains why we see an after image

**Visual Capture:** Visual system overwhelms all others (nauseous in an IMAX theater – vision trumps vestibular)

**Constancies:** recognize that objects do not physically change despite changes in sensory input (size, shape, brightness)

**Phi Phenomenon:** adjacent lights blink on/off in succession – looks like movement (traffic signs with arrows)

**Stroboscopic movement:** motion produced by a rapid succession of slightly varying images (animations)

**MONOCULAR CUES**

**Interposition:** overlapping images appear closer
- **Relative Size:** 2 objects that are usually similar in size, the smaller one is further away
- **Relative Clarity:** hazy objects appear further away
- **Texture Gradient:** coarser objects are closer
- **Relative Height:** things higher in our field of vision look further away
- **Linear Perspective:** parallel lines converge with distance (think railroad tracks)
TOP-DOWN PROCESSING: Whole

BINTOP-DOWN PROCESSING: Smaller Parts

AUDITORY SYSTEM:
- Pathway of sound: sound \( \text{pinna} \rightarrow \text{auditory canal} \rightarrow \text{ear drum ( tympanic membrane)} \rightarrow \text{hammer, anvil, stirrup (HAS)} \rightarrow \text{oval window} \rightarrow \text{cochlea} \rightarrow \text{auditory nerve} \rightarrow \text{temporal lobes}
- Outer Ear: pinna (ear), auditory canal
- Middle Ear: ear drum, HAS (bones vibrate to send signal)
- Inner Ear: cochlea – like COCHIELLA (sounds 1st processed here)

THEORIES OF HEARING:
- Both occur in the cochlea
- Place theory – location where hair cells bends determines sound (high pitches)
- Frequency theory – rate at which action potentials are sent determines sound (low pitches)

OTHER SENSES:
- Touch: Mechanoreceptors \( \text{spinal cord} \rightarrow \text{thalamus} \rightarrow \text{somatosensory cortex}
- Pain: Gate-control theory: we have a “gate” to control how much pain i/x experienced
- Kinesthetic: Sense of body position
- Vestibular: Sense of balance (semicircular canals in the inner ear effect this)
- Taste (gustation): 5 taste receptors: bitter, salty, sweet, sour, umami (savory)
- Smell (olfaction): Only sense that does NOT route through the thalamus 1st. Goes to temporal lobe and amygdala

GESTALT PSYCHOLOGY: Whole is greater than the sum of its parts

- Gestalt Principles:
  - Figure/ground: organize information into figures objects (figures) that stand apart from surrounds (back ground)
  - Closure: tendency to mentally fill in gaps
  - Proximity: tendency to group things together that appear near each other
  - Similarity: tendency to group things together based off of looks
  - Continuity: tendency to mentally form a continuous line

States of Consciousness

- STATES of CONSCIOUSNESS:
  - Higher-Level: controlled processes – totally aware
  - Lower-Level: automatic processing (daydreaming, phone numbers)
  - Altered States: produced through drugs, fatigue, hypnosis
  - Subconscious: Sleeping and dreaming
  - No awareness: Knocked out
- METACOGNITION: Thinking about thinking

SLEEP:
- Beta Waves: awake
- Alpha Waves: high amp., drowsy
- Stage 1: light sleep
- Stage 2: bursts of sleep spindles
- Stage 3 (delta waves): Deep sleep
- Stage 4: extremely deep sleep
- Rapid Eye Movement (REM): dreaming

Entire cycle takes 90 minutes, REM occurs in/b/w each cycle. REM lasts longer throughout the night

CIRCADIAN RHYTHM: 24 hour biological clock
- Body temp and awareness change due to this
- Controlled by the Suprachiasmatic nucleus (SCN) in the brain

Learning

(7-9 %)

CLASSICAL CONDITIONING:
- Unconditioned Stimulus (US): brings about response w/o needing to be learned (food)
- Unconditioned Response (UR): automatic response to US
- Conditioned Stimulus (CS): signal for US
- Conditioned Response (CR): automatic response to CS
- Extinction: no US presented
- Spontaneous Recovery: US reinstated

PSYCHOACTIVE DRUGS:
- Triggers dopamine release in the brain
- depressants: Alcohol, barbiturates, tranquilizers, opiates (narcotics)
- increase sympathetic NS activation, highly addictive
- Stimulants: Amphetamines, Cocaine, MDMA (ecstacy), Caffeine, Nicotine
- Hallucinogens: LSD, Marijuana
- causes hallucinations, not very addictive
- Tolerance: Needing more of a drug to achieve the same effects
- Dependence: Become addicted to the drug – must have it to avoid withdrawal symptoms

HYPNOSIS
- It Can: Reduce pain, help you relax
- It CANNOT: give you superhuman strength, make you regress, make you do things against your will
- Activation Synthesis: Brain produces random bursts of energy – stimulating lodged memories. Dreams start random then develop meaning
- **Unconditioned Response (UR):** response that naturally occurs w/o training (salivate)
- **Neutral Response (NS):** stimulus that normally doesn’t evoke a response (bell)
- **Conditioned Stimulus (CS):** once neutral stimulus that now brings about a response (bell)
- **Conditioned Response (CR):** response that, after conditioning, follows a CS (salivate)
- **Contiguity:** Timing of the pairing, NS/CS must be presented immediately before the US
- **Acquisition:** process of learning the response pairing
- **Extinction:** previously conditioned response dies out over time
- **Spontaneous Recovery:** After a period of time the CR comes back out of nowhere
- **Generalization:** CR to like stimuli (similar sounding bell)
- **Discrimination:** CR to ONLY the CS

- **CONTINGENCY MODEL: Rescorla & Wagner** – classical conditioning involves cognitive processes

- **CONDITIONED TASTE AVERSION (ONE-TRIAL LEARNING): John Garcia** – Innate predispositions can allow classical conditioning to occur in one trial (food poisoning)

- **COUNTERCONDITIONING: Little Albert and John Watson (father of behaviorism)** – conditioned a fear in a baby (only to countercondition – remove it later on)

- **OPERANT CONDITIONING: Skinner:**
  - **Law of Effect** (Thorndike): Behaviors followed by pos. outcomes are strengthened, neg. outcomes weaken a behavior (cat in the puzzle box)
  - **Principles of Operant Cond:***
    - **Pos. Reinforcement:** *Add something nice to increase* a behavior (gold star for turning in HW)
    - **Neg. Reinforcement:** *Take away something bad/annoying* to increase a behavior (put on seatbelt to take away annoying car signal)
    - **Pos. Punishment:** *Add something bad to decrease* a behavior (spanking)
    - **Neg. Punishment:** *Take away something good to decrease* a behavior (take away car keys)
    - **Primary Reinforcers:** innately satisfying (food and water)
    - **Secondary Reinforcers:** everything else (stickers, high-fives)

- **Token Reinforcer:** type of secondary can be exchanged for other stuff (game tokens or money)
- **Generalization:** respond to similar stimulus for reward
- **Discrimination:** stimulus signals when behavior will or will not be reinforced (light on means response are accepted)
- **Extinction / Spontaneous Recovery:** same as classical conditioning
- **Premack Principle:** high probability activities reinforce low probability activities (get extra min at recess if you everyone turns in their HW)
- **Overjustification Effect:** reinforcing behaviors that are intrinsically motivating causes you to stop doing them (give a child 5$ for reading when they already like to read – they stop reading)
- **Shaping:** use successive approximations to train behavior (reward desired behaviors to teach a response – rat basketball)
- **Chaining:** tie together several behaviors

- **Continuous Reinforcement schedule:** Receive reward for every response
- **Fixed Ratio schedule:** Reward every X number of response (every 10 envelopes stuffed get $8)
- **Fixed Interval schedule:** Reward every X amount of time passed (every 2 weeks get a paycheck)
- **Variable Ratio schedule:** Rewarded after a random number of responses (slot machine)
- **Variable Interval schedule:** Rewarded after a random amount of time has passed (fishing)
- **Variable schedules are most resistant to extinction** (how long will keep playing a slot machine before you think its broken?)

- **Social (Observational) Learning: Bandura!**
- **Modeling Behaviors:** Children model (imitate) behaviors. Study used BoBo dolls to demonstrate the following
- **Prosocial** – helping behaviors
- **Antisocial** – mean behaviors

- **MISC LEARNING TYPES**
  - **Latent learning** (Tolman!) – learning is hidden until useful (rats in maze get reinforced half way through, performance improved)
  - **Cognitive maps** – mental representation of an area, allows navigation if blocked

- **Insight learning** (Kohler!) – some learning is through simple intuition (chimps with crates to get bananas)
- **Learned Helplessness (Seligman!)** – no matter what you do you never get a positive outcome so you just give up (word scrambles)

### Cognition (8 – 10%)

**Encoding:** Getting info into memory
- **Automatic encoding** – requires no effort (what did you have for breakfast?)
- **Effortful encoding** – requires attention (school work)
- **Shallow, intermediate, deep processing:** the more emphasis on MEANING the deeper the processing, and the better remembered
- **Imagery** – attaching images to information makes it easier to remember (shoe w/ spaghetti laces)
- **Self-referent encoding** – we better remember what we’re interested in (you’d remember someone’s phone number who you found extremely attractive)
- **Dual encoding** – combining different types of encoding aids in memory
- **Chunking** – break info into smaller units to aid in memory (like a phone #)
- **Mnemonics** – shortcuts to help us remember info easier
  - **Acronyms** – using letter to remember something (PEMDAS)
  - **Method of loci** – using locations to remember a list of items in order
- **Context dependent memory** – where you learn the info you best remember the info (scuba divers testing)
- **State dependent memory** – the physical state you were in when learning is the way you should be when testing (study high, test high)

**Storage:** Retaining info over time
- **Information Processing Model** – Sensory memory, short term memory, long term memory model
- **Sensory Memory** – stores all incoming stimuli that you receive (first you have to pay attention)
- **Iconic Memory** – visual memory, lasts 0.3 seconds
- **Echoic Memory** – auditory memory, lasts 2-3 seconds
- **Short Term Memory** – info passes from sensory memory to STM – lasts 30 secs, and can remember 7 ± 2 items
- **Rehearsal** (repeating the info) resets the clock
- **Working Memory Model** splits STM into 2 – visual spatial memory (from iconic mem) and phonological loop
Little more is forgotten

Forgetting curve: the info (like state dependent memory) learned the info, the better we remember

Encoding specificity principle: the first place (which is the real penny) never encoded it (paid attention to it) in

Encoding failure: particularly vivid memories for highly important events (9/11 attacks)

Repressed memories: unconsciously buried memories – are unreliable

Encoding failure: forget info b/c you never encoded it (paid attention to it) in the first place (which is the real penny)

Encoding specificity principle: the more closely retrieval cues match the way we learned the info, the better we remember the info (like state dependent memory)

Forgetting curve: recall decreases rapidly at first, then reaches a plateau after which little more is forgotten (EBBINGHAUS)

Long term memory – lasts a lifetime

• Explicit (Declarative): Conscious recollection
  ▪ Episodic: events
  ▪ Semantic: facts

• Implicit (Nondeclarative): unconscious recollection
  ▪ Classical conditioning
  ▪ Priming: info that is seen earlier “primes” you to remember something later on (octopus, assassin, climate, bogeyman)
  ▪ Procedural: skills

Memory organization

• Hierarchies: memory is stored according to a hierarchy
• Semantic networks: linked memories are stored together
• Schemas: preexisting mental concept of how something should look (like a restaurant)

Memory storage

• Acetylcholine neurons in the hippocampus for most memories
• Cerebellum for procedural memories

Long-term potentiation: neural basis of memory – connections are strengthened over time with repeated stimulation (more firing of neurons)

RETRIEVAL: Taking info out of storage

• Serial Position Effect: tendency to remember the beginning and the end of the list best
• Recall: remember what you’ve been told w/o cues (essays)
• Recognition: remember what you’ve been told w/ cues (MC)
• Flashbulb memories: particularly vivid memories for highly important events (9/11 attacks)
• Repressed memories: unconsciously buried memories – are unreliable

Encoding failure: forget info b/c you never encoded it (paid attention to it) in the first place (which is the real penny)

Encoding specificity principle: the more closely retrieval cues match the way we learned the info, the better we remember the info (like state dependent memory)

Forgetting curve: recall decreases rapidly at first, then reaches a plateau after which little more is forgotten (EBBINGHAUS)

• Proactive interference: old info blocks new
• Retroactive interference: new info blocks old

Misinformation effect: distortion of memory by suggestion or misinformation (Loftus – lost in the mall, Disney land)

Anterograde amnesia: amnesia moves forward (forget new info – 50 first dates)

Retrograde amnesia: amnesia moves backwards (forget old info)

ALZHEIMER’S DISEASE: caused by destruction of acetylcholine in hippocampus

LANGUAGE

• Phonemes: smallest unit of sound (ch sound in chat)
• Morpheme: smallest unit that carries meaning (syllable)
• Grammar: rules in a language that enable us to communicate
• Semantics: set of rules by which we derive meaning (adding –ed makes something past tense)
• Syntax: rules for combining words into sentences (white house vs casa blanca)

Babbling stage: infants babble 1st stage of speech

One-word stage: duh

Two-word stage: duh duh

Theories of language development:

• Imitation: Kids repeat what they hear – but they don’t do it perfectly

Overregularization: grammar mistake where children over use certain morphemes (I go-ed to the park)

Operant conditioning: reinforced for language use

Inborn universal grammar: theory comes from NOAM CHOMSKY – says that language is innate and we are predisposed to learn it

Critical period: period of time where something must be learned or else it cannot ever happen (language must be learned young – Genie the Wild Child)

Linguistic determinism: language influences the way we think (Hopi people do not have words for the past, thus cannot easily think about the past) developed by WHORF

THINKING

• Concepts: mental categories used to group objects, events, characteristics
• Prototypes: all instances of a concept are compared to an ideal example (what you first think of)

Algorithms: step by step strategies that guarantee a solution (formula)

Heuristics: short cut strategy (rule of thumb)

Motivation & Emotion

(6-8%)

THEORIES OF MOTIVATION

• Instinct: complex behaviors have fixed patterns and are not learned (explains animal motivation)

• Drive reduction: physiological need creates aroused tension (drive) that motivates you to satisfy the need (driven by homeostasis: equilibrium)

• Primary drive: unlearned drive based on survival (hunger, thirst)

• Secondary drive: learned drive (wealth or success)

• Optimum arousal: humans aim to seek optimum levels of arousal – easier tasks require more arousal, harder tasks need less

HIERARCHY OF NEEDS: theory derived by MASLOW – needs lower in...
the pyramid have priority over needs higher in the pyramid

- **Intrinsic motivation**: inner motivation – you do it b/c you like it
- **Extrinsic motivation**: motivation to obtain a reward (trophy)

**HUNGER**

- **Signals of hunger**: o Stomach contractions tell us we’re hungry
  o Glucose (sugar) level is maintained by the pancreas (endocrine system).
  o Insulin decreases glucose. Too little glucose makes us hungry.
  o Orexin is released by the hypothalamus – telling us to eat.
  o Other chemicals include ghrelin, obestatin, and PPY
- **Lateral hypothalamus**: when stimulated makes you hungry, when lesioned you will never eat again. (I’m LATE for lunch. I’m hungry. The lateral hypothalamus makes you hungry.)
- **Ventromedial hypothalamus**: when stimulated you feel full, when destroyed you eat eat eat eat (fat woman and cake)
- **Leptin**: leptin signals the brain to reduce appetite
- **Obesity**: o Increased risk of heart attack, hypertension, atherosclerosis, diabetes
  o Can be genetic – adopted children resemble their biological parents
- **Set point**: there is a control system that dictates how much fat you should carry – every person is different
- **Eating Disorders**:
  o Anorexia: weight loss of at least 15% ideal weight, distorted body image
    ▪ Causes: overly critical parents, perfectionist tendencies, societal ideals
  o Bulimia: usually normal body weight, go through a binge-purge eating pattern (eat massive amounts, then throw up)
    ▪ Causes: same as anorexia

**SEXUALITY**

- **Hypothalamus**: stimulation increases sexual behavior, destruction leads to sexual inhibition
- **Pituitary gland**: monitors, initiates, and restricts hormones

- **Males – testosterone**
- **Females - estrogen**

  - **Sexual Response Pattern**: Excitement phase, plateau, orgasm, refractory period (resolution phase) (cannot “fire” again until you reset, guys only)
  - **Alfred Kinsey**: 1st researcher to conduct studies in sex, suggested that people were very promiscuous. Studies lacked a representative sample, created scale of homosexuality
  - **Homosexuality**: biological roots: differences in the brain, identical twins more likely to both be gay, later sons more likely to be (hormones from mom)

**THORIEYS OF EMOTIONS**

- **JAMES-LANGE**: stimulus → physiological arousal → emotion
- **CANNON-BARD**: stimulus → physiological arousal & emotion simultaneously
- **SCHACTER TWO FACTOR**: adds in cognitive labeling (bridge experiment) stimulus → arousal → interpret external cues → label emotion
  ▪ Some stimuli are routed directly to the amygdala bypassing the frontal cortex (gut reaction to a cockroach)
  ▪ Behavioral factors: there are SIX universal emotions (happiness, anger, sadness, surprise, disgust, fear) seen across ALL cultures
  ▪ Non-verbal cues: gestures, Duchenne smile (you can tell a real smile from a fake one)
  ▪ Facial feedback hypothesis: being forced to smile will make you happier (facial expressions influence emotion)

**STRESS AND HEALTH**

- **GENERAL ADAPTATION SYNDROME (GAS)**: three phases of a stress response (SELYE came up w/ this)
  - **Alarm**: body you freak out in response to stress
  - **Resistance**: body you are dealing with stress
  - **Exhaustion**: body you cannot take any more, give up

- **Type A Personality**: rigid, stressful person, perfectionist. At risk for heart disease
- **Type B Personality**: laid back, nonstressed.

**INDUSTRIAL/ORGANIZATIONAL PSYCH**

- **Industrial / Organizational Psych**: psychological of the workplace – focuses on employee recruitment, placement, training, satisfaction, productivity
- **Ergonomics / Human Factors**: intersection of engineering and psych – focuses on safety and efficiency of human-machine interactions
- **Hawthorne effect**: productivity increases when workers are made to feel important
- **Theory X management**: manager controls employees, enforces rules. Good for lower level jobs
- **Theory Y management**: manager gives employees responsibility, looks for input. Good for high level jobs

**Employee Commitment**:

- **Affective**: emotional attachment (best type)
- **Continuance**: stay due to costs of leaving
- **Normative**: stay due to obligation (they paid for your school)

**Meaning of Work**:

- Job – no training, just do it for $. No happiness
- Career – work for advancement. Some happiness
- Calling – work because you love it. Lotsa happiness

**Development (7-9%)**

- **Prenatal Development**:
  - Zygote: 0 – 14 days, cells are dividing
  - Embryo: until about 9 weeks, vital organs being formed
  - Fetus: 9 wks to birth, overall development
  - Teratogens: external agents that can cause abnormal prenatal development (alcohol, drugs, etc)
    ▪ Fetal alcohol syndrome (FAS): large amount of alcohol leads to FAS, causes deformities, mental retardation, death

- **Physical Development**:
  - **Maturation**: natural course of development, occurs no matter what (walking)
  - **Reflexes**: innate responses we’re born with
    ▪ Rooting, sucking, swallowing, grasping, stepping
**HARRY HARLOW:** discovered that contact comfort is more important than feeding (monkeys fed on wire or cloth mothers). Monkeys raised in isolation couldn’t socialize.

**MARY AINSWORTH:** developed the strange situation paradigm (children left alone in a room w/ a stranger, then reunited w/ mom – determines your attachment style

**Secure attachment (60% of infants):** upset when mom leaves, easily calmed on return. Tend to be more stable adults

**Avoidant attachment (20% infants):** actively avoids mom, doesn’t care when she leaves

**Ambivalent attachment (10% infants):** actively avoids mom, freaks out when she leaves

**Disorganized attachment (5%):** confused, fearful, dazed – result of abuse

**BAUMRIND:** parenting styles

**Authoritarian:** rules & obedience, “my way or the highway” – kids lack initiative in college

**Permissive:** kids do whatever – no rules – kids lack initiative in college

**Authoritative:** give and take w/ kids – kids become socially competent and reliable

**Kohlberg’s Moral Dev:**

**Preconventional morality:** Children: they follow rules to avoid punishment

**Conventional morality:** adolescents: follow rules b/c rules exist to keep order

**Postconventional morality:** adults: they do what they believe is right (even if it goes against society)

**Carol Gilligan:** said moral reasoning and moral behaviors are two different things (what you say isn’t always what you do)

**Erikson’s Socioemotional Dev:****

**Trust vs Mistrust:** (birth – 18 months): if needs are dependably met infants develop basic trust

**Autonomy vs shame&doubt:** (1-3 yrs): toddlers learn to exercise their will and think for themselves

**Initiative vs guilt:** (3-6 yrs): learn to initiate tasks and carry out plans

**Industry vs inferiority:** (6 yrs to puberty): learn the pleasure of applying themselves to tasks

**Identity vs role confusion:** (adolescence thru 20s): refine a sense of self by testing roles and forming an identity

**Intimacy vs isolation:** (20s—40s): form close relationships and gain capacity for love

**Generativity vs stagnation:** (40s-60s): discover sense of contributing to the world, thru family & work

**Integrity vs despair:** (60s and up): reflect on your life, feel satisfaction or failure

**Puberty:** (rapid skeletal and sexual maturation)

**Primary sex characteristics:** necessary structures for reproduction (ovaries, testicles, vagina, penis)

**Secondary sex characteristics:** nonreproductive characteristics that develop during puberty (breasts, hips, deepening of voice, body hair)

**Frontal lobe continuous dev (not fully developed till 25)**

**Gender development:** sex = chromosomes, gender = what you identify yourself as

**Gender roles:** expected behaviors (norms) for men/women

**Social learning theory:** we learn gender roles and identity from those around us

**AGING:**

**Cellular clock theory:** cells have a maximum # of divisions before they can’t divide anymore

**Free-radical theory:** unstable oxygen molecules w/in cells damage DNA

**Over time skills decrease** (reaction time, memory)

**Cross-sectional study:** studies ppl of different ages at the same point in time

**Adv:** inexpensive & quick

**Disadv:** can be differences due to generational gap

**Longitudinal study:** studies same ppl over time

**Adv:** eliminates groups differences, lots of detail

**Disadv:** expensive, time consuming, high drop out rates

**Stages of grief:**

**Stage:** (crap btw)

**Denial:** “this can’t be happening”

**Anger:** “why me?”

**Bargaining:** “just let me live to see my kids graduate”

**Depression:** “why bother”

**Acceptance:** “its going to okay”

**Problem-focused coping:** solving or doing something to alter the course of stress (planning, acceptance)

**Emotion-focused coping:** reducing the emotional distress (denial, disengagement)

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**Personality**

(5-7%)
PSYCHODYNAMIC EXPLANATION

SIGMUND FREUD said personality was largely unconscious. Came up w/ the following:

- **Conscious:** immediate awareness of current environment
- **Preconscious:** available to awareness (phone #s)
- **Unconscious:** unavailable to awareness
- **Id:** our hidden true animalistic wants and desires – operates on the pleasure principle, all about rewards and avoiding pain (devil on your shoulder – entirely unconscious)
- **Superego:** our moral conscious (angel on your shoulder, all 3 consciousness)
- **Ego:** reality principle, has to deal w/ society, stuck mediating b/w the id and superego (its you! – conscious and preconscious)

When ego cannot mediate b/w the id and superego, we use defense mechanisms

- **Repression:** push memories back into the unconscious mind (sexual abuse is too traumatic to deal w/ so you repress it)
- **Projection:** attribute personal shortcomings & faults on to others (man who wants to have an affair accuses his wife of having one)
- **Denial:** refuse to acknowledge reality
- **Displacement:** shift feelings from an unacceptable object to a more acceptable one (can’t tell at teacher, go home and yell at the dog)
- **Reaction formation:** transform unacceptable motive into his opposite (woman who fears sexual urges becomes a religious zealot)
- **Regression:** transform into an earlier development period in the face of stress (during exam week you start to suck your thumb)
- **Rationalization:** replace a less acceptable reasoning with a more acceptable one (don’t get into your college – justify it was a sucky college anyway)
- **Sublimation:** replace unacceptable impulse w/ a socially acceptable one (man w/ strong sexual urges paints nudes. Dexter)

**NEO-FREUDIANS**

- **CARL JUNG:** believed in the collective unconscious (shared inherited reservoir of memory – explains common myths across civilizations & time)
- **KAREN HORNEY:** said personality develops in context of social relationships, NOT sexual urges (security not sex is motivation, men get womb envy)

**TRAITS**

- Traits are enduring personality characteristics, people can be described by these – have strong or weak tendencies. They are stable, genetic, and predict other attributes.
- **Use factor analysis** to find these: statistical procedure used to identify similar components

**TRAIT THEORIES**

- **Openness:** imaginative, independent, like variety
- **Conscientiousness:** organized, careful, disciplined
- **Extraversion:** sociable, fun-loving, affectionate (opposite it introversion: shy, timid, reserved)
- **Agreeableness:** soft hearted, trusting, helpful
- **Neuroticism:** emotional stability: calm, secure.

What’s wrong with trait theory? – ignores the role of the situation in behavior

**What’s good about it?** – identifying traits gives us perspectives about careers, relationships, health

**How do we test this approach?**

- **MMPI** – helpful for mental health and job placement
- **Myer’s Briggs** – gave you 4 letter combo

What’s wrong w/ these tests?

- They’re long, social desirability can be an influence, and they’re too broad

**HUMANISTIC PERSPECTIVE**

- Emphasized personal growth and free will. You don’t like yourself? So change!
- **CARL ROGERS:** talked about our self-concept (idea of who we are). Your self-concept is the center of your personality
- **Actual (social) self:** what others see
- **Ideal (true) self:** who you WANT to be
- **A positive self-concept makes us perceive the world positively (optimist)**
- **A negative self-concept makes us feel dissatisfied and unhappy**

What wrong with humanistic theory? - too optimistic about human nature, abstract concepts are difficult to test

What’s good about it? – emphasizes conscious experiences and change

**INDIVIDUALISTIC CULTURES**

- give priorities to own goals over group goals. Define your identify in terms of you (American society)
- **Collectivistic Cultures**
  - give priority to the goals of the group, your identity is part of that group (China)

**SOCIAL-COGNITIVE PERSPECTIVE**

- Behavior is a complex interaction of inner process and environmental influence – which influences personality
- Emphasizes conscious awareness, beliefs, expectations, and goals

**BANDURA!** Talked about **RECIPROCAL DETERMINISM:** interaction of behavior, cognitions, and environment make up you.

(I’m outgoing (behavior), I...}
choose to teach b/c it lets me be outgoing (environment), and I have thought this through which is why I teach despite making less money (cognitive)

- **Self-efficacy**: belief that one can succeed, so you ensure you do
- **Internal locus of control**: you control your own fate
- **External locus of control**: chance / outside forces control your fate

**What's wrong with social-cognitive?** – Too specific, cannot generalize

**What's good about it?** – Highlights situations, and cognitive explanations of personality

**How do we test it?** – Observations & interviews (time consuming)

### Testing & Individual Differences (5-7%)

#### Individual Theories about Intelligence

- **GALTON**: 1st to suggest intelligence was inherited. Intelligence based on muscle strength, size of head, reaction time, etc.
- **CATTELL**: 2 clusters of mental abilities
  - **Crystallized intelligence**: reasoning and verbal skills - what you learn in school – the cold hard (like crystals!) facts
  - **Fluid intelligence**: spatial abilities,rote memory, things that come natural to you – can’t learn in school. Also decrease over time
- **SPIERMANN’S G FACTOR**: said a general intelligence (g) underlies all mental abilities (typical IQ of today)
- **GARDNER**: multiple intelligences (8): linguistic, logical-mathematical, musical, spatial, bodily-kinesthetic, intrapersonal (self), interpersonal (social), naturalist

- **STERNBERG**: TRIARCHIC THEORY
  - **Analytical**: mental components to solve problems, what IQ tests assess (book smarts)
  - **Practical**: ability to size up new situations and adapt to real-life demands (street smarts)
  - **Creative**: intellectual and motivational processes that lead to novel solutions, idea, products
- **BINET**: developed 1st intelligence test, combined with **TERMAN** – developed the **STANFORD-BINET IQ TEST**

  - Chronological age = actual age
  - Mental age = tested age compared to other of that age

- **100 is average**
- **WECHSLER**: developed the WAIS and WISC – most commonly used today
- **FLYNN effect**: IQ has steadily risen over the past 80 years – probably due to education standards and better IQ tests
- **Extremes of Intelligence**: high IQ = above 135; mentally retarded = below 70
- **Causes of mild retardation**:
  - PKU – liver fails to produce an enzyme needed to breakdown chemicals – leads to brain damage
  - Down syndrome – extra copy of 21st chromosome
  - Fragile X – higher chance in boys due to ONE X chromosome
- **Influence on IQ**:
  - Genetics: MZ twins have similar IQ, adopted kids more similar to biological parents
  - Environment: early neglect leads to lower IQ, good schooling to higher IQ
- **Types of Tests**:
  - **Aptitude**: predicts your abilities to learn a new skill (ASVAB)
  - **Achievement**: tests what you know(SAT)
- **TEST CREATION**:
  - **Standardization**: administer a test to a representative sample of future test takers to establish a basis for meaningful comparison (test it out 1st)
  - **Split-half reliability**: compare two halves of the test
  - **Test-retest reliability**: use the same test on 2 different occasions
  - **Content validity**: test measures what it is intended to
  - **Predictive validity**: test is able to accurately predict a trait (high math scores predicts good engineer)
- **Standardized tests establish a normal distribution**
- **Standard deviations are used to compare scores.**

- **Standard deviation** measures how much the scores vary from the mean. The percentages stay the same in every curve

### Abnormal Behavior (7 – 9%)

- **Defining abnormal behavior**:
  - Must be deviant, distressful, and dysfunctional
- **Historical causes**: biology, psychological issues, supernatural issues (demons)
- **Medical model**: emphasizes treatment of disorders, as they have a biological origin. Came through the reformation of institutions in U.S. (DORTHEA DIX)
- **Biopsychosocial model**: currently used model – stress biological, psychological, and social causes
- **Diagnosing abnormal behavior**:
  - **DSM**: manual listing all currently accepted psychological disorders. Classifies them based on criteria – provides no explanation of causes or treatments

#### ANXIETY DISORDERS

- **Most common disorders in the U.S.**
  - Generalized Anxiety Disorder (GAD): person is generally anxious, all the time, for NO REASON
  - Panic Disorder: person prone to frequent panic attacks (feeling like you’re having a heart attack). Can come w/ agoraphobia: anxiety about being in places you cannot escape (fear of public spaces / people)
  - Phobias: irrational fear that disrupts your life
  - Obsessive-compulsive Disorder (OCD): person if overwhelmed with both:
    - Obsessions: persistent unwanted thoughts (did I leave the stove on?)
    - Compulsions: senseless rituals (hand washing)
  - Post-traumatic stress disorder (PTSD): characterized by flashbacks, problems w/ concentration, and anxiety following a traumatic event (war, natural disasters)

#### CAUSES OF ANXIETY DISORDERS:

- **Psychodynamic**: repressed thoughts & feelings manifest in anxiety and rituals
- **Behaviorist**: fear conditioning leads to anxiety, which is then reinforced. Phobias might be learned through observational learning
- **Biological**: natural selection favored those with certain phobias (heights). **Twins** often share disorders. Often see less **GABA** in the brain

#### SOMATOFORM DISORDERS

- Psychological disorders w/ no apparent physical cause
**SYMPTOMS**
- Positive Symptoms (not good – means something added)
  - Hallucinations: sensory experiences w/o sensory stimulation (seeing and/or hearing things)
  - Delusions: fixed, false beliefs (people are out to get them, grandiose thoughts (I am God)
  - Disorganized thinking
- Negative Symptoms (something taken away)
  - Flat affect: lack ability to show emotions
  - Impaired decision making, inability to pay attention
- Cognitive: Twin studies support this.
  - NOT SCHIZOPHRENIA!
  - Usually caused by traumatic childhood abuse
  - Legitimacy is doubted by some, more common in those w/ good health insurance
  - Treatment involves integration of the personalities
- *Dissociative Fugue*: following a traumatic event a person leaves, taking on a whole new life & personality w/ no memory of the previous one
- *Major depressive disorder*: extreme sadness and despair, apathy towards life, w/ no known cause
- *Dysthymia*: milder form of depression, lasts for years (Eeyore!)
- *Bipolar disorder*: bouts of severe depression & manic episodes
- *Mania*: heightened mood, characterized by risky behaviors, fast talking, flights of ideas
- *Seasonal Affective Disorder (SAD)*: form of depression that occurs typically winter – found mostly in Northern areas (Alaska, Ireland) UNIQUE TREATMENT = LIGHT THERAPY

**CAUSES OF MOOD DISORDERS**
- *Biology*: lower levels of serotonin & norepinephrine linked to depression, higher levels of norepinephrine linked to mania. Runs in families suggesting GENES. Twin studies also support this.
- *Cognitive*: negative thought patterns leads to depression

**SCHIZOPHRENIA**

**NOT MULTIPLE PERSONALITIES! THEY HAVE ONE PERSONALITY!**

**SYMPTOMS**
- Disorganized speech
- Negative Symptoms (something taken away)
- Flat affect: lack ability to show emotions
- Impaired decision making, inability to pay attention
- Catatonia: become frozen over periods of time (exhibit waxy flexibility: can move them into new positions)
- **CAUSES OF SCHIZOPHRENIA**
  - Brain abnormalities: enlarged ventricles (atrophy), smaller frontal cortex
  - Genetics: runs in families, MZ twins at higher risk
  - Dopamine hypothesis: too much dopamine in the brain
  - Diathesis – Stress: individual has a genetic predisposition, disease must be ‘turned-on’ by environmental stimuli (like stress) – explains why it is most commonly developed during college years
- **PERSONALITY DISORDERS**
  - Marked by disruptive, inflexible, enduring behavior patterns – makes this very difficult to treat!
  - *Antisocial*: NOT “avoidant of socialization” – more like “anti-society” – disregard for others, manipulative, breaks laws
  - *Borderline*: unstable interpersonal relationships & self-image, “I hate you, don’t leave me”
  - *Histrionic*: excessive emotionality & attention seeking (slut disorder)
  - *Narcissistic*: need for admiration & lack of empathy (who cares about everyone – look at me!)

**BIOMEDICAL THERAPIES**

**BIOLOGICAL APPROACH:**
- Drug therapies (psychopharmacology):
  - *Anti-psychotics: decrease dopamine* – treats schizophrenia
  - Side effects: TARDIVE DYSKINESIA: hand tremors (similar to Parkinson’s due to lack of dopamine), worsening of negative symptoms, extreme sedation
  - Drug names: thorazine, clozapine

**PSYCHODYNAMIC APPROACH:**
- SEE PERSONALITY SECTION

**HUMANISTIC APPROACH:**
- *Client-centered therapy*: (developed by CARL ROGERS) techniques include active listening, accepting environment, focuses on patient growth (you figure out what needs to change and do it)

**COGNITIVE APPROACH:**
- Rational-emotive therapy: (developed by ELLIS) techniques include analyzing self-defeating behaviors to change thought patterns – and then change behaviors associated w/ said patterns
  - Best for anxiety disorders
  - Very confrontational
- *Cognitive therapy*: (developed by BECK) illogical thoughts & psychological problems, challenges those thoughts
  - Best for depression
  - Self-directed – you figure out your errors

**BEHAVIORAL APPROACH (typically used for anxiety disorders / phobias)**

**Classical Conditioning:**
- Counterconditioning Little Albert & Watson
- Aversive conditioning: associate an unpleasant experience (e.g. nausea) w/ an unwanted behavior (e.g. drinking alcohol)
- Exposure therapy: slowly expose people to whatever it is that makes them anxious
- Systematic desensitization: associate a pleasant relaxed state w/ gradually increasing anxiety triggering stimuli (create a desensitization hierarchy – ex. List of things about flying that makes you nervous – step through each one till you can do it)
- Intensive exposure therapy (Flooding): force someone to experience the fear (afraid of drowning, throw you in a pool)
- Operant Conditioning: use behavior modification (reward good behaviors w/ token reinforcers ). Used in schools, w/ autistic children, etc.

**OTHER THERAPIES:**
- *Family therapy*: treats the family as a system, individual behaviors are influenced by family dynamics
- *Group therapy*: therapy through a group – lets patients see “they’re not alone”

**TREATMENT OF PSYCHOLOGICAL DISORDERS (5-7%)**

**PSYCHODYNAMIC APPROACH:**
- SEE PERSONALITY SECTION

**HUMANISTIC APPROACH:**
- *Client-centered therapy*: (developed by CARL ROGERS) techniques include active listening, accepting environment, focuses on patient growth (you figure out what needs to change and do it)

**COGNITIVE APPROACH:**
Social
(8-10%)

SOCIAL THINKING

• Attribution theory: we explain others' behaviors by crediting the situation or the person's disposition (the only ones passed b/c they cheated)

• Fundamental attribution error (very similar to Actor-observer bias): tendency for observers to underestimate the importance of the situation and overestimate the impact of personal disposition (that guy cut me off b/c he's a jerk – not that his wife could be in labor)

ATTITUDES AND ACTIONS

• Central route to persuasion: change people's attitudes through logical arguments and explanations. Leads to long term behavior change

• Peripheral route to persuasion: change people's attitudes through incidental cues (like a speaker's attractiveness). Leads to temporary behavior changes

• Foot in the door phenomenon: complying w/ a small request then leads to going along w/ a larger request (can I have $5? Yes. Now can I have $25?)

• Door in the face phenomenon: a large request is turned down, when then leads you to be more likely to comply w/ a small request (can I have $100? Heck no! How about $20? Okay)

• Stanford Prison Experiment (ZIMBARDO): classic “experiment” where individuals were assigned to be guards/prisoners. w/in days they took on their roles and went too far. Highly unethical

• Cognitive dissonance (FESTINGER): two opposing thoughts conflict w/ each other, causing discomfort (dissonance), which makes us find ways to justify the situation (cult that was going to be abducted by aliens, smokers)

SOCIAL INFLUENCE

• Conformity: classic experiment done by ASCH – showed lines of different lengths, confesses gave wrong answers to see if others would go along w/ it

• Normative social influence: we conform to gain approval or to not stand out from the group (be part of the norm)

• Informational social influence: we conform to others b/c we think their opinions must be right

• Obedience: classic experiment done by MILGRAM: participants were to “teach” another individual using shocks. 60% of participants would administer lethal shocks to another person simply b/c they were told to

GROUP INFLUENCE

• Social facilitation: perform better on simple or well learned tasks in the presence of others

• Social loafing: tendency for ppl in a group to exert less effort when pooling their effort together (tug of war)

• Deindividuation: loss of self-awareness and self-restraint occurring in group situations that foster arousal and anonymity (mob mentality)

• Group polarization: the more time spent w/ a group the more similar (polarized) their thoughts / opinions will become

• Groupthink: desire for harmony w/in a group leads to everyone going along w/ the same thinking, ignoring other possibilities or bad ideas

PREJUDICE

• Ingroup: “US” – ppl w/ whom we share a common identity

• Outgroup: “them” – ppl perceived as different or not part of the group

• Ingroup bias: tendency to favor our own group

• Scapegoat theory: prejudice offers an outlet for anger by providing someone else to blame

• Ethnocentrism: tendency to see your own group as more important than others

• Just-world phenomenon: tendency for ppl to believe that the world is just and therefore ppl get what they deserve (homeless ppl)

AGGRESSION

• Genetic influence: runs in families, can breed for in animals

• Lower serotonin, higher testosterone

• Environmental influence: social learning theory (BANDURA) – observing violence in others makes us more violent for a time

• Also: pollution, crowding, heat, humidity

• Frustration-aggression hypothesis: frustration creates anger, which leads to aggression

ATTRACTION

• More exposure effect: repeated exposure to novel stimuli increases liking of them (the more time you spend around something the more you like it)

• Physical attractiveness: pretty ppl are thought to be more credible, less likely to do bad things

• Similarity: we prefer ppl similar to us

• Altruism

• Altruism: unselfish regard for the welfare of others

• Bystander effect: the more ppl around the less likely we are to help someone in need

• Social exchange theory: social behavior (helping) is an exchange process – aim is to maximize benefits and minimize cost

• LITHIUM: mood stabilizers

• Anti-depressants: increase serotonin through REUPTAKE inhibition

• Side effects: drowsiness, anxiety, can increase suicide risk in teens

• Drug names: SSRIs (selective serotonin reuptake inhibitors) like Prozac, Zoloft, Paxil. SNRIs (selective norepinephrine reuptake inhibitors) Cymbalta, Effexor

• Mood stabilizers: used in the treatment of BIPOLAR disorder: LITHIUM

• Anti-anxiety drugs: depress the central nervous system (dangerous in combo w/ alcohol) Xanax, Ativan

• Electroconvulsive therapy (ECT): send electricity into the brain to induce minor seizures. Used (rarely) to treat depression (when nothing else works). Thought to “reboot” the brain

• Psychosurgery (frontal lobotomy): frontal lobe is surgically destroyed. Used to treat depression or violent individuals – almost never used anymore
• **Reciprocity norm:** we give so we can get

**CONFLICT**

• **Social trap:** conflicting parties pursue their own best interests, which can result in destructive results (prisoner’s dilemma – game theory)

• **Self-fulfilling prophecy:** a belief that leads to its own fulfillment (I expect you all to pass, you know this, you study – fulfilling my prophecy)

• **Self-serving bias:** readiness to perceive ourselves as favorably

• **Spotlight effect (self-objectification):** tendency of an individual to overestimate the extent to which others are paying attention to them

**MULTIPLE CHOICE STRATEGIES**

• Bubble as you go – you don’t want to run out of time!

• Answer EVERY QUESTION – you don’t lose points for guessing
  
  o If you run out of time pick either B, C, or D and bubble straight down. DO NOT ZIG ZAG

• If you don’t recognize an answer choice – it probably IS NOT THE ANSWER

**ESSAY WRITING STRATEGIES**

**ANSWER THE STUPID QUESTION!**

• Don’t write in bullet points!

  o No Fluff – no transitions – no topic / thesis statements

• Be specific and apply the answer to the prompt

Created by C. Thompson; 2013

**SOCIAL SELF**

• **Self-concept bias:** what we consider important in ourselves is what we consider important in others

• **False-consensus effect:** we overestimate the degree to which everyone else thinks / acts the way we do