

OneClass

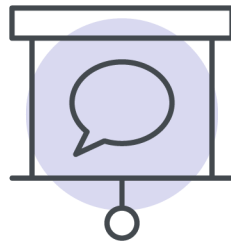
Psychology

2035A/B

FINAL EXAM

STUDY GUIDE

Fall 2018



Lecture Notes

Understanding Yourself and Others – Chapter I: Introduction to Psychology of Adjustment

Appendix: Learning Objectives for Session I

- What is the Paradox of Progress?
 - Describe three examples of the paradox of progress.
 - Explain what is meant by the paradox of progress and how theorists have explained it.
 - Describe some common problems with self-help books and what to look for in quality self-help books.
- What is the “Psychology of Adjustment”?
 - Describe the two key facets of psychology.
 - Explain the concept of adjustment.
- Why is the scientific approach to behaviour so important?
 - Explain the nature of empiricism and the advantages of the scientific approach to behaviour.
 - Identify and describe the various stages of the research process in psychology.
 - Identify & explain the three tenets of causality in social sciences research
 - Describe the experimental method, distinguishing between independent and dependent variables and between experimental and control groups.
 - Distinguish between positive and negative correlation, and explain what the size of a correlation coefficient means.
 - Describe three correlational research methods.
 - Compare the advantages and disadvantages of experimental versus correlational research.

Adjusting to Modern Life – Ch. I: Introduction

- What is the “Psychology of Adjustment”?
- Why is the scientific approach to behaviour so important?

The Psychology of Adjustment

- Psychology:
 - The profession that applies the accumulated knowledge of this science to practical problems
 - The science that studies behaviour and the physiological and mental processes that underlie it
- Behaviour:
 - “Any overt (observable) response”
- Adjustment:
 - The psychological processes through which people manage or cope with the demands and challenges of everyday life

"... the basic challenge of modern life..."

"... has become the search for meaning, a sense of direction, and a personal philosophy... this involves struggling with problems as forming a solid sense of identity, arriving at a coherent set of values, and developing a clear vision of a future that realistically promises fulfillment"

- How might the search for meaning impact:
 - ... our own psychological health?
 - ... how we behave toward others?

A scientific approach to behaviour

- Empiricism: the premise that knowledge should be acquired through observation
 - Conclusions from psychological research are based on careful, systemic observation rather than speculation or "common sense"
 - Why cant we rely on common sense?

Psychology is NOT Just Common Sense

- Some research might confirm our intuitions...
 - However, some common sense contradicts other common sense

Too many cooks spoil the broth.
Birds of a feather flock together.
You can't teach an old dog new tricks .

Two heads are better than one
Opposites attract.
You're never too old to learn.

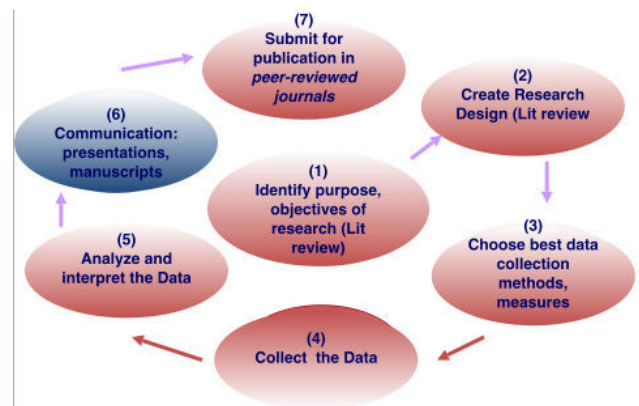
- Hindsight bias:
 - tendency to exaggerate one's ability to have foreseen how something turned out
- Empiricism: psychologists conduct research to test their ideas

The Research Process:

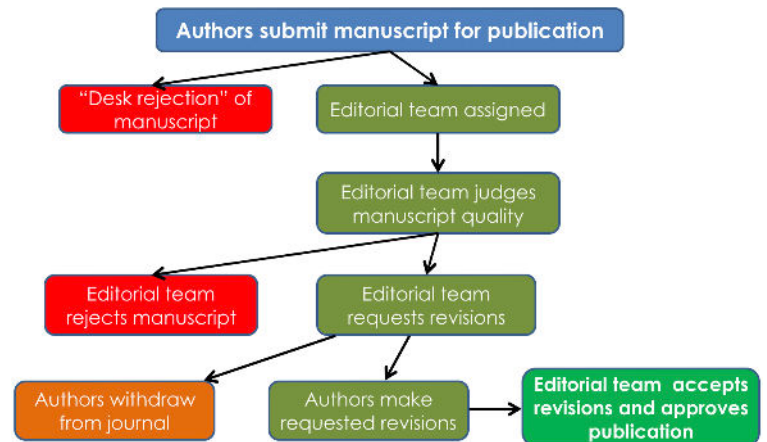
- This process can take anywhere from 1-5 years

The Peer Review Process

- Ch. 9, p. 268
 - "...couples who participated in exciting activities together vs. just spending time together showed increases in relationship satisfaction..."
 - "...(Reissman, Aron, & Bergen, 1993)"



- Full reference of this work on page R-37:
 - "Reissman, Aron, & Bergen. (1993). Shared Activities and Marital Satisfaction: Causal Direction and Self-Expansion versus Boredom. *Journal of Social and Personal Relationships*, 10, 243-254"
 - 2016 Journal Citation Reports® rank: 28/79 in Communication | 37/62 in Psychology, Social | 22/43 in Family Studies



Basic Definitions and Research Designs

- Variable:
 - Symbol/concept that can assume any one of a set of values
 - Range of values is meaningful (ex. If I'm assessing self-esteem, if someone has high self-esteem should score higher than someone else who does not have as high self-esteem)
- Naturalistic Observation:
 - Careful observation of behaviour without intervening directly with the subjects
- Case Studies:
 - In-depth investigating of an individual participant
 - Used a lot for clinical psychologists (ex. will look at one patient in depth, looking at their history, therapy and what happened afterwards)
- Surveys:
 - Structured questionnaires designed to solicit information about specific aspect of participants behaviours
- Experiment:
 - Investigator manipulates one (independent) variable under carefully controlled conditions and observes whether any changes occur in a second (dependent) variable as a result
- Independent variable:
 - A condition or event that an experimenter varies in order to see its impact on another variable
 - a.k.a predictor variable
- Dependent variable:
 - The variable that is thought to be affected by the manipulations of the independent variable
 - a.k.a. outcome variable

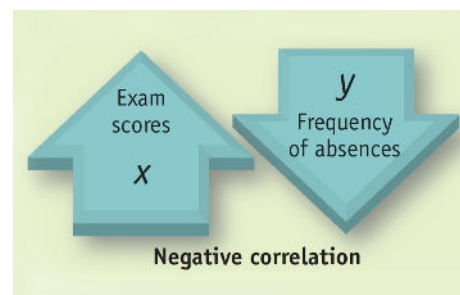
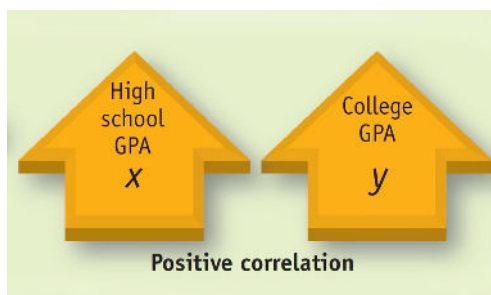
Judging Cause and Effect

- ... is very difficult in psychology:
 - We make inferences about mental processes that we cannot directly observe (Ex. self- esteem)
- 3 conditions necessary to provide sufficient evidence of casualty between two variables:
 1. "Concomitant variation" – the independent/predictor variable comes before the dependent criterion variable
 - if you change one variable it will predict or is related to changes in another variable, the two variables are correlated in some way
 2. "Temporal sequence" – the independent/predictor variable comes before the dependent criterion variable
 3. "Spurious association" – the association between the two variable cannot be explained by a third variable
 - Ex. the relationship between openness to experience and how much time spent on social media, may conclude that openmindedness does lead to more social media use. Another person may be able to conclude that another variable leads to more social media use (i.e. self-esteem, extroversion)

Correlational Research

- Correlation: exists when two variables are related to each other
 - Correlation coefficient: a numerical index of the degree of relationship that exists between two variables
 - Provides two pieces of information:
 1. The direction (positive or negative) of the relationship
 2. How strongly related two variables are
- Correlation coefficient: Direction of the relationship
 - Positive Correlations – indicate that two variables covary in the same direction
 - Negative Correlations – indicate that two variables covary in the opposite direction
- Correlation Coefficient: **Strength** of the relationship
 1. The size of the correlation coefficient indicated the strength of the association between two variables
 2. The closer the correlation coefficient is to either -1.00 or +1.00 the stronger the relationship
 3. Correlation coefficients near 0 indicate no relationship between the variables

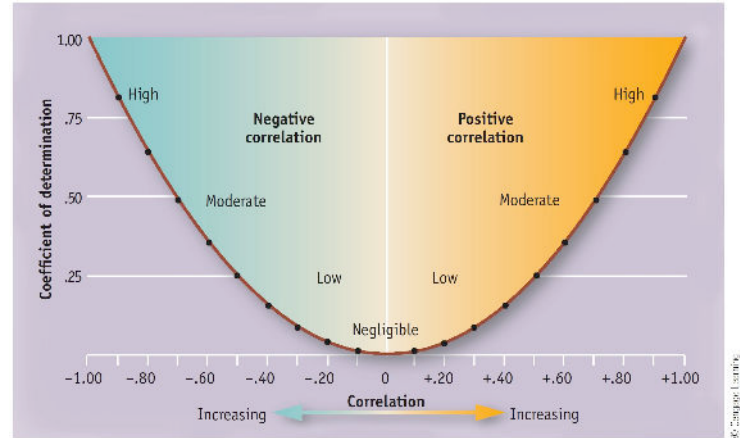
Interpreting Correlational Research



- Correlation coefficient, just because it is positive or negative does not mean that the correlation between the variables is actually strong. It is just dependant on how close the coefficient is to 1 or -1

What can we learn from Correlation

- Recall: 3 conditions necessary for evidence of causality:
 1. "Concomitant variation" – the variables are empirically associated with each other – YES
 2. "Temporal sequence" – the independent/predictor variable comes before the dependent criterion variable – NO
 3. "Spurious association" – the association between the two variables cannot be explained by a third variable – NO



Correlational Research: Application

- Researchers find that among couples who live together before marriage, there higher divorce rate compared to couples who marry without living together first. Based on this information, which of the following can we assume are TRUE?
 - There is a positive correlation between living together and divorce rates – TRUE**
 - There is a negative correlation between living together and divorce rates
 - It is a negative correlation because divorce tends to be a negative life event
 - Living together before marriage causes problems in the relationship, leading to divorce
 - Waiting to live together until after marriage makes the relationship stronger and less susceptible to divorce
 - People who live together "use up" the good years before they are even married
 - People who are highly religious do not live together outside of marriage nor divorce once they are married
 - There are many interesting ways to interpret this correlation, but we just can't be sure which one is right

Experimental Designs

- Recall:
 - In experiments, investigator manipulates one (independent) variable and observes whether any changes occur in a second (dependent) variable
 - The experimental group "consists of the subjects who receive some special treatment in regard to the independent variable"
 - The control group "consists of similar subjects who do not receive the special treatment given to the experimental group"

- Determining cause and effect in experiments
 - If the experimental and control groups alike in every way except for the treatment from the independent variables (whether shock will be painful), and
 - If a difference in the dependent variables is found (e.g. desire to affiliate), then
 - The difference in their response must be due to the independent variable (e.g. fear of the painful shock)

What can we learn from experimental designs?

- Recall: 3 conditions necessary for evidence of causality:
 1. "Concomitant variation" – the variables are empirically associated with each other – YES (able to establish)
 2. "Temporal Sequence" – the independent/predictor variable comes before the dependent criterion variable – YES (info about shocks was presented before)
 3. "Spurious association" – the association between the two variables cannot be explained by a third variable – YES (all patients were treated the exact same way other than the painful shock or lack thereof)

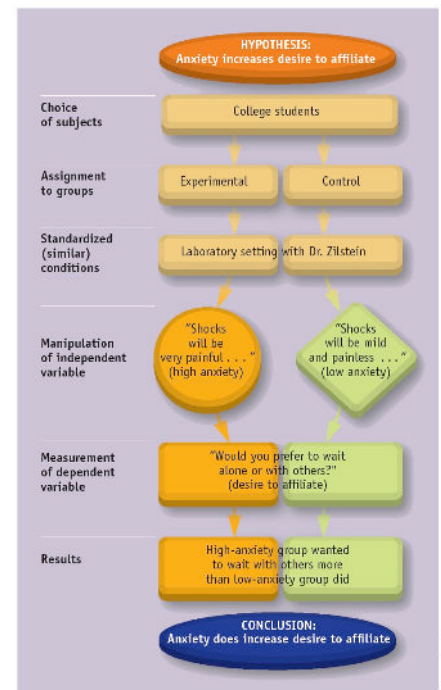
The Scientific Approach (continued)

- The advantage of using experiments is that:
 - Precise control of order of events and experimental vs. control groups allows cause and effect conclusions to be drawn
- The disadvantage of using experiments is that:
 - May be difficult to generalize outside of the lab
 - Some variables of interest cannot, for ethical reasons, be manipulated in an experiment

Experimental Designs: Applications

A workplace psychologist believes that giving workers frequent but small rewards will improve worker morale and productivity more than the standard reward program (infrequent large rewards to only the best employees). In order to test this hypothesis, some managers are instructed in giving their employees frequent small rewards, while others are left to continue with the standard reward program.

- **Independent variable** – type of reward program
- **Dependent variable** – productivity
- **Control group** – standard reward program
- **Experimental group** – frequent small rewards



A health psychologist wants to test the hypothesis that yellow hospital rooms will shorten the recovery time for surgical patients when compared to recovery times of patients in standard white hospital rooms. Half of the patients are randomly assigned to yellow rooms, the other half to white rooms. The number of days until recovery is noted for each patient

- **Independent variable** – Colour of the room
- **Dependent variable** – Recovery time
- **Control group** – standard white hospital room
- **Experimental group** – yellow rooms

Summing Up...

- Creating knowledge on psychology of adjustment isn't easy
- Psychologists have a variety of methods at their disposal to test their ideas about behaviour
- No study is 100% perfect
- Every researcher of every study discussed in this course has wrestled with these issues and had some success

Understanding Yourself and Others – Lecture 2: Personality

Themes:

- Evolution of psychology
- Nature, development, and consequences of personality

What are theories important to psychology?

What is personality?

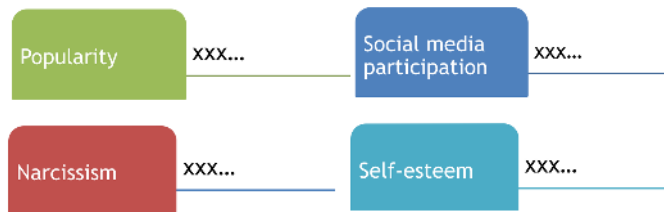
Theories in Psychology

- Definition:
 - A set of propositions that is logically organized to explain events, relationships among events, and explain and predict the occurrence of these events
- Example:
 - Why do people respond passively or pro-actively to information on climate change?
 - What are the factors that drive how much time people spend on social media?

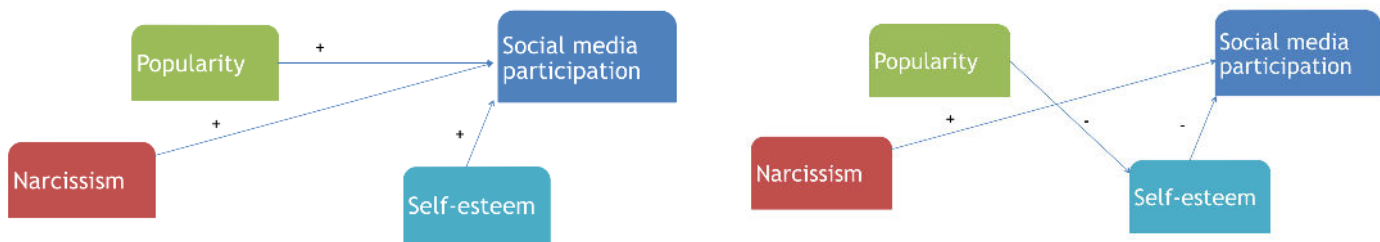
How to create a Psychological Theory

- I. Specify focus:
 - Examples:
 - **Time spent on social media?**
 - Historical, foundational theories had very broad focus:
 - How does personality develop over time?
 - What life events to healthy or unhealthy adjustment?

2. Identify and define variables:



3. Specify relationships between variables



- One theory is... If you are high in popularity, narcissism and self- esteem you will spend more time on social media
 - another theory is that you are low in self esteem and popularity you spend more time on social media

Theories in Psychology

- Why are they important?
 - Provide narrative/explanation for what drives human behaviour
 - Provides important reference points
 - Helps psychologists organize knowledge, guide research
 - Knowledge-creation process is more efficient, less redundant
 - Falsifiable!! – You can gather data and actually prove or *disprove* and create new knowledge

Our Focus Today: Personality Theories

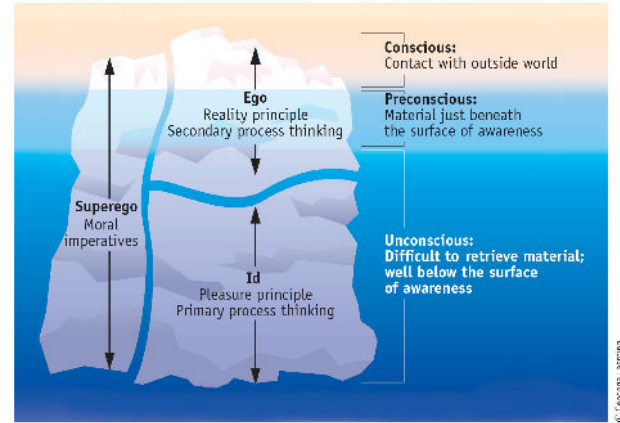
- Personality:
 - an individual's unique constellation of consistent behavioural traits
- Personality Trait: a durable disposition to behave in a particular way in a variety of situations
 - Themes: consistency, distinctiveness
- Common personality traits include:
 - Honest
 - Impulsive
 - Friendly
 - Anxious

- Manipulative

Historical Perspectives: Psychodynamic theories

Freud's Psychoanalytic Theory

- Personality is divided into three structures:
- 4. Id: primitive, instinctive component
 - Operates according to the *pleasure principle*
- 5. Superego: moral component
 - Incorporates social standards about what represents right and wrong
- 6. Ego: decision-making component
 - Operates according to the *reality principle*
- Any thoughts that we try to repress (ie inappropriate thoughts or traumatic experiences) are stored in our unconscious – the Id primarily is located in the unconscious
- The Superego and Ego can operate within any level of consciousness
- Lingering conflicts from childhood cause personality disturbances



DEFENSE MECHANISMS, WITH EXAMPLES	
Definition	Example
<i>Repression</i> involves keeping distressing thoughts and feelings buried in the unconscious.	A traumatized soldier has no recollection of the details of a close brush with death.
<i>Projection</i> involves attributing one's own thoughts, feelings, or motives to another person.	A woman who dislikes her boss thinks she likes her boss but feels that the boss doesn't like her.

Evaluating Psychodynamic Perspectives

- Contributions
 1. Unconscious forces can influence behaviour
 2. Internal conflict can play a key role in psychological distress

3. Early childhood experiences can influence adult personality
 4. People do rely on defence mechanisms to reduce unpleasant emotions
- Criticisms:
 5. Major concepts too vague, difficult to measure and test
 6. Too dependent on clinical case studies
 - Archival reviews (e.g. Esterson, 2001): at times, Freud distorted case histories to fit with his theory
 7. Many central hypotheses unsupported by empirical evidence
 - E.g. Development occurs over lifespan
 8. Male- centered, sexist

Historical Perspectives: Behavioural Theories

- Behaviourism
 - Psychology should study observable behaviour abandon mental processes
 - Approach to personality: "a collection of response tendencies" tied to various stimulus situations
 - Little interest in personality structure (e.g. Big-5)
 - Focus on personality development through learning:
 - Observational learning (review on your own), classic, conditioning, and operant conditioning
- Classical Conditioning:
 - A type of learning in which a neutral stimulus acquires the capacity to evoke a response that was originally evoked by another stimulus
 - Ex. Pavlov's theory (picture)

Behavioural Perspectives

- Classical conditioning can explain how people acquire particular emotional responses (e.g. anxiety, phobias)

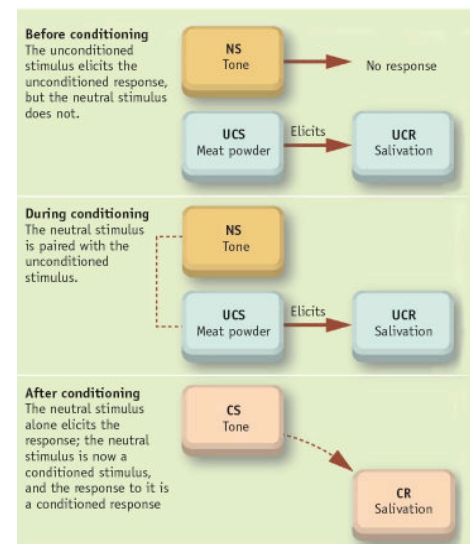
Behavioural Perspectives: Applications

Your stomach naturally prepares to digest food when you eat (stomach churns and produces acid). When you view a TV commercial that shows a big juicy hamburger, your stomach begins to slightly churn and produce acid, making you feel hungry.

Based on classical conditioning, how does this happen?

- Neutral Stimulus – **image of hamburger**
- Unconditioned stimulus – **food**
- Unconditioned response – **stomach churns**
- Conditioned stimulus – **the commercial**
- Conditioned response – **feeling hungry**

Miles is a dog. Miles didn't really mind thunder and lightning at first. However, one day he was out walking and there was a sudden bolt of thunder and lightning abruptly followed by heavy hail, wind and rain, which frightened Miles. After this event, Miles is now afraid of thunder and lightning.



- Neutral Stimulus – **thunder and lightning**
- Unconditioned stimulus – **hail and rain**
- Unconditioned response – **fear**
- Conditioned stimulus – **thunder and lightning**
- Conditioned response – **fear**

Behavioural Perspectives Continued

- Operant Conditioning: learning in which voluntary responses are made based on their expected consequences
 - Positive Reinforcement – when a response is strengthened because it is followed by arrival of pleasant stimulus (ex. if my dog sits when he is told, he will get a treat)
 - Negative reinforcement – when a response is strengthened because it is followed by the removal of an unpleasant stimulus (ex. told to clean, nagging stops once completed task)
 - Punishment – when a response is weakened because it is followed by the arrival of an unpleasant stimulus (ex. parents yelling at you when you did something wrong)

Behavioural Perspective: Applications

Determine if the person is using NEGATIVE REINFORCEMENT or PUNISHMENT

- Your little brother whines and whines and whines and pleads and pleads and pleads and moans and groans until you agree to lend him \$10.00. – NEGATIVE REINFORCEMENT
- Your parents ground you for 2 months after your third speeding ticket. – PUNISHMENT
- You nag your roommates constantly until they do a half-hearted job of completing their assigned chores. – NEGATIVE REINFORCEMENT
- Your mother makes you feel really, really guilty by bugging you until you agree to visit your boring relatives for Thanksgiving. – NEGATIVE REINFORCEMENT
- A father locks up his son's skateboard and bicycle after he catches him using those items without a helmet. – PUNISHMENT

Evaluating Behavioural Perspectives

- Contributions:
 9. Rooted in empirical research rather than clinical intuition and case studies
 10. Thorough account of why people are only moderately consistent in their behaviour
 - Emphasis on situational determinants of behaviour
- Criticisms:
 7. Initial neglect of cognitive processes
 8. Overly dependent on animal research

Historical Perspectives: Humanistic Theories

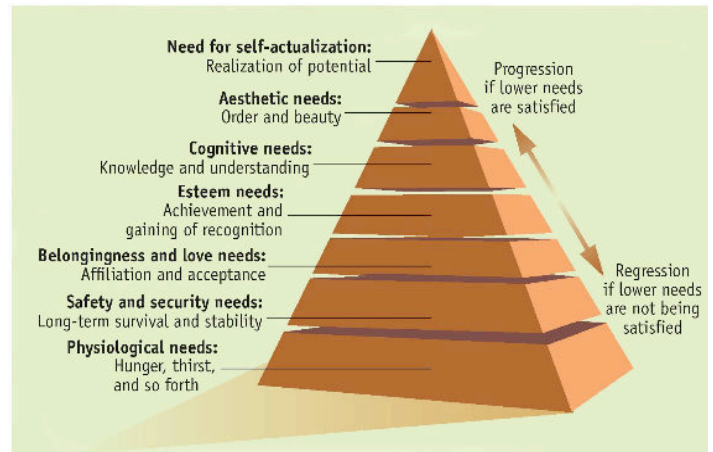
Humanistic Perspectives

- Humanism:

- Emerged in backlash against behavioural and psychodynamic perspectives, emphasizes unique qualities of humans
- This perspective is based on the following ideas:
 1. Humans have innate drive toward personal growth
 2. Humans exercise free will over their actions
 3. Humans are conscious and rational beings

Maslow's Theory of Self-Actualization

- EX. you will only start thinking about self actualization once you have satisfied your aesthetic needs
 - at any point if your safety and security needs are threatened you move back down until they are taken care of
- Self-actualizing persons:
 - People with extremely healthy personalities:
 - at peace with themselves
 - open, spontaneous, appreciative
 - sensitive to others' needs
 - have more "peak experiences"
 - thrive on their work, enjoy their sense of humour
 - balance personality
 - kinship and identification with human race



Evaluating Humanistic Perspectives

- Contributions:
 4. Identify the self- concept
 5. Highlighting importance of psychological health
 6. Foundation for positive psychology
- Criticisms:
 7. Unrealistic view of human nature
 8. Poor testability
 9. Inadequate evidence

Historical Perspectives: Biological Theories

Biological Perspectives

Is personality determined by genetic influence?

- To test this idea, compare heritability ratio of identical and fraternal twins
 - **Heritability ratio:** estimate of the % of trait variability in a population that is determined by variations in genetic inheritance

- Logic of comparing heritability ratios:
 - Identical twins share approx. 100% of their genes, fraternal twins share approx. 50%
 - Twins usually grow up in same environment
 - If personality caused entirely by environment — heritability ratio among identical twins = that of fraternal twins (will probably be fairly low and even amongst identical and fraternal twins)
 - If personality influenced by genes — heritability ratio among identical twins > that of fraternal twins
- Results of twin studies:
 - Across all Big Five Traits, identical twins are more similar than fraternal twins
 - Heritability ratio of each of Big Five traits is about 40-50%
 - This finding emerges even when identical twins are reared in different environments
 - In terms of shaping personality, these findings suggest that heredity plays a key role but not the *only* role
- Evolutionary Psychology
 - Examines behaviours in terms of adaptive value for members of a species over the course of many generations
- Evolutionary Approach to Personality
 - Natural selection favours behaviours that enhance organisms' reproductive success – passing on genes to next generation
 - Big 5 trait present across variety of cultures because they had significant adaptive value
 - Traits are products of evolution that were adaptive in ancestral environments

Evaluating Biological Perspectives

- Behavioural Genetics
 - Contributions:
 - Impressive research evidence
 - Builds on our knowledge regarding origins of personality
 - Criticisms:
 - Complexity in estimation of hereditary vs. environmental influences
 - No indication of how an individual's personality develops over time
- Evolutionary Psychology
 - Contributions:
 - Compelling narrative as to how and why personality emerged in humans
 - Complements research on behavioural genetics
 - Criticisms:
 - Hindsight bias: molding one's interpretation of past to explain how events actually turned out
 - Evolutionary psychologist didn't create Big-5

How is research on personality today different than how it was conducted in the past?

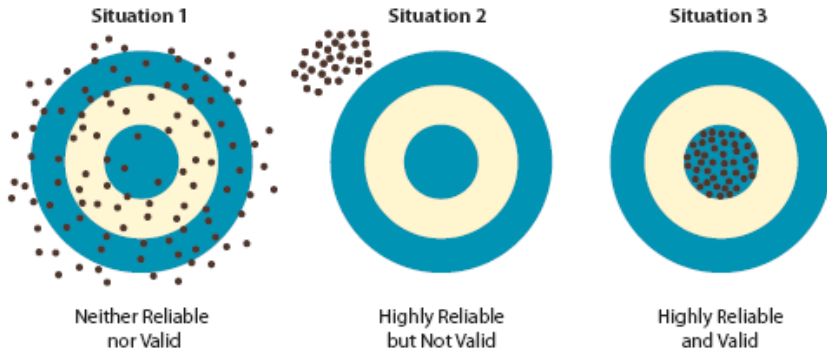
Major contemporary emphases on Personality

- Greater quantitative precision
 - * Eg. reliability, validity
 - Giving rise to more "validated" personality measures (e.g. Big-5)
- Focus on "individual differences"

- (e.g. cognitive style, values, ideology)
- Cross-cultural differences

Contemporary Emphases: Greater Precision

- Reliability: The measurement consistency of a test
- Validity: Ability of the test to measure what it was designed to measure



Measuring Personality

- "I am someone who..." (5-pt scale: 1 = Strongly disagree; 5 = Strongly agree)
 - "Is outgoing, sociable"
 - "Is systematic, likes to keep things in order"
 - "Is curious about many different things"
 - "Is dominant, acts as a leader"
 - "Keeps things neat and tidy"
 - "Is original, comes up with new ideas"

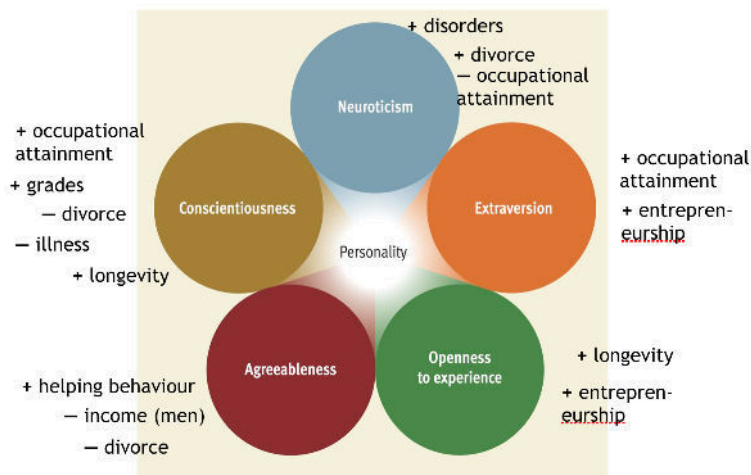
(Extraversion)

(Conscientiousness)

Openness to experience

The Big-5 Personality Traits

1. Neuroticism
2. Extraversion
3. Openness to experience
4. Agreeableness
5. Conscientiousness



(+ = that outcome was highly correlated with that personality trait)

Contemporary Empirical Approaches Narcissism

- Narcissism:
 - Inflated sense of importance, a need for attention and admiration, and sense of entitlement
 - Highly positive but easily threatened self-concept
- Predicted outcomes:
 - + Post blatant self-promotional content on social media
 - + Post more updates about personal accomplishments
 - + Deceptive like seeking
 - – Empathy for others in distress
 - + Marital infidelity
- Jean Twenge and Colleagues:
 - Narcissism scores have been increasing across different generations
 - *“Rising narcissism has fuelled obsessive concerns in young people about being physically attractive, leading to unhealthy dieting, overuse of cosmetic surgery, steroids, increased materialism and over-consumption of earth’s resources”*

Individual Differences

- Cognitive style: ways of thinking
 - E.g. need for cognitive closure, need for cognition
 - “I usually make important decisions quickly and confidently”
 - “I would prefer complex to simple problems”
- Value:
 - A desirable, trans-situational goal that serves as a guiding principle in a persons life
 - EX: “Security”, “tradition”, “power”, “self-direction”, “universalism”, “benevolence”
- Ideology:
 - Beliefs that advocate a certain action or state of existence as desirable/undesirable
 - Eg. “animal research should not be permitted”, “abortion is morally right/wrong”
- Political ideology:
 - Beliefs about the proper order of society and how it can be achieved
 - Who are happier; liberals, or conservatives?
 - Answer: Conservatives (on average) are happier
 - ... greater personal agency, more positive outlook, more transcendent/rigid moral beliefs, generalized belief in fairness

Culture and Personality

- Is there consistency or variation in personality across cultures?
 - Continuity has been apparent in cross-cultural comparisons on the trait structure of personality
 - i.e.. the usual Big-5 typically surfaced
 - ... but some cross-cultural variability is seen
 - Some dimensions don't always emerge

- Some nations samples score higher on some traits than others but differences were modest

Appendix: Learning Objectives for Session 2

Why are theories important to psychology?

- Define the term theory, and explain how research psychologists create theories
- Explain how theories help psychological researchers to create new knowledge about humanity

What is the nature of personality?

- Clarify the meaning of personality and personality traits.

What are the Psychodynamic Perspectives on personality?

- Explain Freud's view of personality structure and the role of conflict and anxiety.
- Identify key defense mechanisms, and outline Freud's view of development.
- Summarize the psychodynamic theories proposed by Jung and Adler.
- Evaluate the strengths and weaknesses of the psychodynamic approach to personality.

What are the Behavioral Perspectives on personality?

- Describe Pavlov's classical conditioning and its contribution to understanding personality.
- Discuss how Skinner's principles of operant conditioning can be applied to personality development.
- Describe Bandura's social cognitive theory and his concept of self-efficacy.
- Evaluate the strengths and weaknesses of behavioral theories of personality.

What are the Humanistic Perspectives on personality?

- Describe the forces that gave rise to humanism and articulate Rogers's views on the self-concept.
- Describe Maslow's hierarchy of needs and summarize his findings on self-actualizing persons.
- Evaluate the strengths and weaknesses of humanistic theories of personality.

What are the Biological Perspectives on personality?

- Outline Eysenck's view of personality and summarize behavioral genetics research on personality.
- Summarize evolutionary research on personality.
- Evaluate the strengths and weaknesses of biological theories of personality.

How is research on personality today different than how it was conducted in the past?

- Briefly outline three major contemporary approaches or areas of emphasis to the study of personality (and individual differences)
- Explain the concepts of standardization, test norms, reliability, and validity.
- Discuss the value and the limitations of self-report inventories and projective tests.

What are some major contemporary examples of personality and individual differences dimensions?

- Describe the five-factor model of personality and relations between the Big Five traits and life outcomes.
- Define the terms ideology and values, and provide examples of each. Provide examples of how they have influenced behavior or wellbeing.
- Describe narcissism and its effect on behavior.

Are there major cross-cultural differences in the expression of personality and individual differences?

- Discuss whether the five-factor model has any relevance in non-Western cultures.
- Explain how researchers have found both cross-cultural similarities and disparities in personality.

Understanding Yourself and Others – Lecture #3: The Self, Social Thinking & Social Influence

OUTLINE

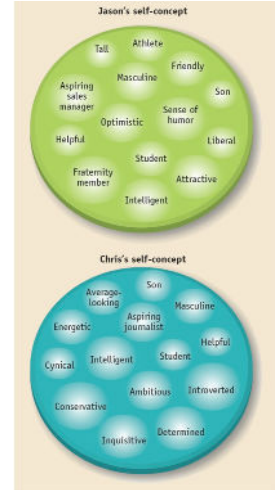
- The Self (Chapter 6)
 - What is the Self?
 - What are the Basic Principles of Self Perception
 - What is the nature of Self-Esteem, and why is it important?
 - How do we form, and act on our goals?
 - How do we present ourselves to others?
- Social Thinking and Social Influence (Chapter 7)
 - How do we form impressions of others?
 - What does it mean to prejudiced?
 - How are we persuaded by others?
 - Why do we conform, or "outsource" our decision making to others?

The Self

- The psychological apparatus that allows organisms to think consciously about themselves

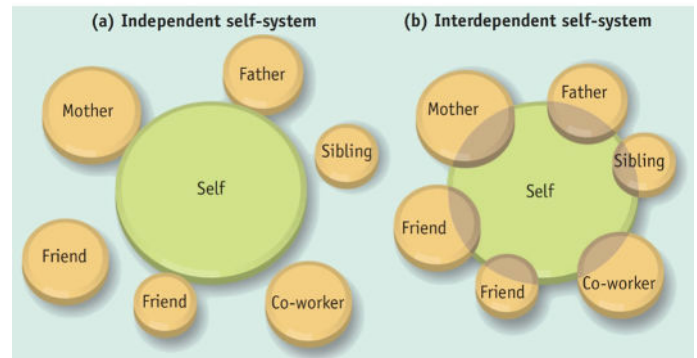
Self Concept

- Self- Concept –
 - An organized collection of beliefs about the self
 - Also called self- schemas and include personality traits, abilities, physical features, values, goals and social roles
 - May be affected by social context
- Somewhat stable, but somewhat fluid. Tends to be stable but it can also change
- May acquire new abilities/change our values/be affected by our immediate environment



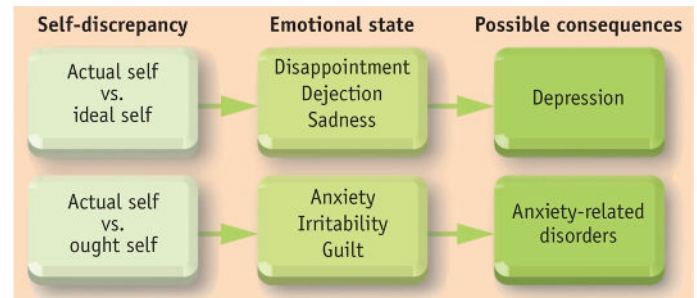
Building the Self Concept

- Our self-perceptions come from:
 - Self-reflections
 - Social Comparisons
 - Process of comparing ourselves to other people in order to judge the self
- Think about ourselves (quite frequently) and over time we may adjust our beliefs about ourselves and who we think we are
- In Cultures that value *individualism*...
 - Stronger emphasis on personal goals
 - Identity defined more in terms of personal attributes
 - Self viewed as unique, self-contained, distinct
- In cultures that value *collectivism*...
 - Stronger emphasis on group goals
 - Identity defined more in terms of the groups one belongs to
 - Self viewed as more connected to others
- A = individualism B = Collectivism



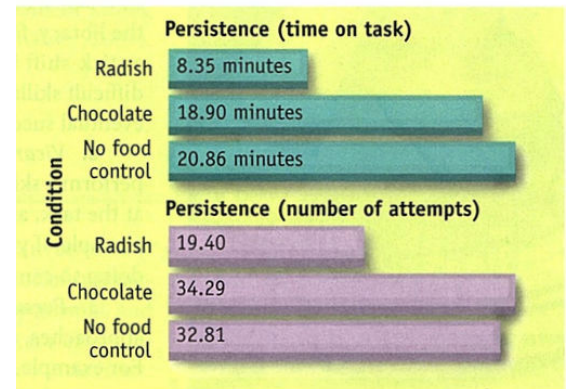
Self-Discrepancies

- Self- Discrepancy Theory
 - Actual self: how people believe they really are
 - Ideal self: how people would like themselves to be
 - Ought self: how people think they should or ought to be (similar to superego)
- Discrepancy/deviation between selves leads to an emotional state
- Deviating from moral standards lead to different emotions



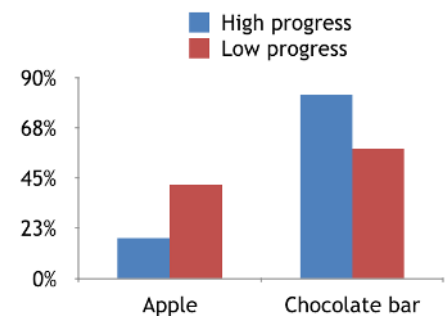
Self Control and Self-Regulation

- Self- Regulation:
 - Directing and controlling one's behaviour to achieve desired goals
 - Ego-depletion model: self control a limited resource
- These choices involve self-directed decisions and they are collisional (although self-regulation does not have to be consciously initiated)
- Example:
 - Someone who is on a diet might resist eating sweets and eat more healthy foods
- Research found that when participants resisted the urge to eat cookies and ate radishes, they tended to spend less time solving puzzles afterwards



Self Control and Regulation Continued...

- Self-Regulation is difficult...
 - Ego-depletion model: Self control operates like a muscle it can become exhausted
 - People who felt they had made high versus low progress toward attaining a weight loss goal
- In one study participants randomly assigned to encountering questionnaires and other stimuli that made them feel made little or no progress toward attaining a weight loss goal – given the choice between apple or chocolate bar, consumers who felt they were closer to attaining their weight loss goal were more likely to choose a chocolate bar over and apple – progress can be perceived not necessarily real (all participants had this goal)



Self-Esteem

- One's overall assessment of one's worth as a person
 - A global evaluation of many aspects of the self
 - Can be construed two ways:
 - Trait self-esteem, or an enduring sense of confidence in a person
 - State self-esteem, or dynamic feelings about the self that change with the situation

Importance of Self-Esteem

- Adjustment outcomes of high self-esteem:
 - Greater happiness
 - Report better relationships
 - Make better impressions on others
 - Persist longer in face of failure, cope better with setbacks/failure
 - NOT consistent predictor of achievement

- Adjustment outcomes of low self-esteem
 - Greater risk for depression

Self-Esteem VS. Narcissism

- Measuring Self-Esteem:
 - "... indicate your agreement" (4-pt scale: 1= strongly disagree, 4= strongly agree)
 - "I feel that I am a person of worth, at least on an equal basis with others"
 - "I take a positive attitude toward myself"
 - "On the whole, I am satisfied with myself"
- Measuring Narcissism:
 - "Read each pair of statements below and place an "X" by the one that comes closest to describing your feelings and beliefs about yourself"
 - "I am apt to show off if I get the chance." vs. "I try not to be a show off"
 - "I think I am a special person" vs "I am no better or no worse than most people"
 - "I am more capable than other people" vs. "There is a lot that I can learn from other people"

Self-Enhancement

- Biased self appraisals:
 - Better than average effect
 - Self serving attributions:
 - Attributing success to internal causes
 - ... and failure to external causes
- Biases in Self-Appraisal can sometimes result in unrealistic optimism
 - Overestimate common positive events
 - Underestimate rare negative events

Modes of Information Processing

Automatic Processing	Controlled Processing
Unintentional	Intentional
Unaware	Aware
Efficient	Elaborate
Uncontrollable	Controllable
Effortless	Effortful

Apply to perceptions about self or other people!

Forming Impressions of Others

- Person perception; the process of forming impressions of others
 - Key sources of information:

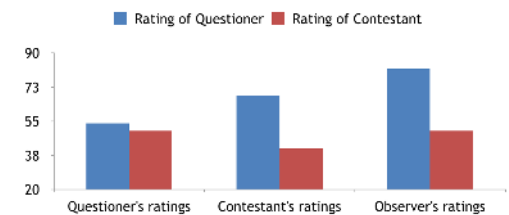
1. Appearance (Ex. Beautiful people tend to get higher salaries and decreased jail time)
 2. Verbal behaviour (what is said)
 3. Actions
 4. Non-verbal messages
 5. Situational cues
 6. Perceived similarity
- Attributions: inferences that people draw about the causes of their own behaviour, others' behaviour and events
 7. Internal attributions – attributions to personal dispositions, traits, abilities, or feelings
 8. External attributions – attributions to situational demands or environmental constraints

Fundamental Attribution Error (FAE)

- A.K.A. "Correspondence bias"
 - The tendency to assume that people's actions reflect internal causes (personality traits, attitudes, etc.) even when external causes are plausible
 - Underestimate dispositional influences

Attributions: Correspondence Bias

- Correspondence Bias
 - Participants play trivia game; random assignment to roles:
 - Questioner; contestant who answer questions; observer of both



- Remember: *random assignment* to roles

Present Day

- Stereotype: A set of characteristics that a perceiver associates with members of a group
- Prejudice: A negative attitude toward members of a group
- Discrimination: differential treatment of group members based on group membership

What Causes Prejudice?

- Specific Ideologies:
 - Right wing authoritarianism
 - Exaggerated deference to authorities, hostile aggression toward targets sanctioned by authorities, strong adherence to values endorsed by authorities
 - Social dominance orientation
 - Beliefs in the value of inequality and hierarchical relations between social groups
- Realistic Group Conflict Theory:
 - Negative interdependence (competition) – negative attitudes
 - Positive interdependence – positive attitudes
 - Robber's Case Study
 - Perceived job scarcity and competition has led to prejudice against immigrants and resistance to immigration

What causes Prejudice?

- Social Identity Theory perspective:
 - Minimal Group Paradigm: Choose one column
- People typically show favouritism toward their own groups, even novel arbitrary
- Social Identity Theory:
 - Developed to explain in-group favouritism in absence of overt competition
 - Self- esteem tied to in-group identities
 - Basking in reflected glory ("BIRG-ing")
 - Canadian Olympic athlete and was praised as a great Canadian but when he tested positive for doping, he was chirped as a Jamaican-born Canadian

	a	b	c	d	e	f	g	h	i	j	k	l	m					
Points to Member 96 from Group K:	19	18	17	16	15	14	13	12	11	10	9	8	7					
Points to Member 101 from Group W:	1	3	5	7	9	11	13	15	17	19	21	23	25					
	Group K choices:						Group W choices:											
	A: %			B: %			C: %			A: %			B: %			C: %		

Discrimination

- Does prejudice always/usually lead to discrimination?
 - NO
 - LaPiere (1934)
 - Many restaurants had policy of refusing Chinese customers
 - Restaurants actually refused them service: Only 1/250

Aversive Prejudice

- Conflict between
 - Personal beliefs concerning egalitarianism and equality
 - Underlying negative attitudes toward particular social groups
- Not hostility or hatred; instead feelings of discomfort, uneasiness, disgust, even fear

Discrimination

- In selection decisions
 - Asked participants to evaluate resumes and recommend candidates for a camp counselling position
 - Candidate qualifications: weak, moderate, strong
 - Candidate ethnicity: name suggested either a white or black candidate
- A moderately qualified white candidate gets the benefit of the doubt a lot more often than the black candidate
- Allowed them to say that the reason the person isn't getting hired is so they could say "well they're only moderately qualified so that's why they didn't get the job"

TABLE I
RECOMMENDATIONS AND ATTRIBUTIONS OF PERSONAL CHARACTERISTICS AND INTERPERSONAL ORIENTATION AS A FUNCTION OF CANDIDATE QUALIFICATIONS AND RACE

Condition	Strength of recommendation*			Percent recommended		
	1988-1989	1998-1999	Both	1988-1989	1998-1999	Both
Strong qualifications						
White candidate	6.74 (1.41)	6.21 (2.09)	6.52 (1.72)	89%	79%	85%
Black candidate	7.32 (1.67)	7.00 (1.60)	7.18 (1.62)	95%	87%	91%
Moderate qualifications						
White candidate	6.05 (1.73)	5.69 (1.60)	5.91 (1.67)	75%	77%	76%
Black candidate	5.06 (1.39)	4.53 (1.64)	4.82 (1.51)	50%	40%	45%
Weak qualifications						
White candidate	3.05 (1.65)	2.42 (1.68)	2.81 (1.66)	5%	8%	6%
Black candidate	3.29 (1.69)	3.77 (1.69)	3.50 (1.68)	12%	15%	13%

*Values are expressed as from Dovidio & Gaertner, 2000. Means with standard deviation presented in parentheses.

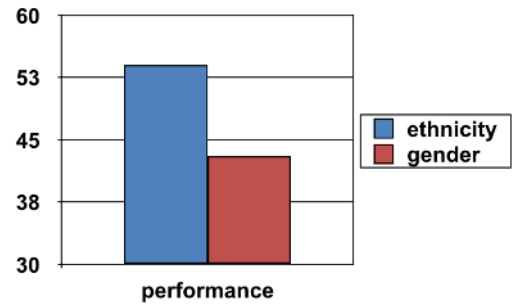
The Target's Perspective

- Stereotype threat

- Poor performance when a stigmatized group member believes that their performance might confirm a negative stereotype

Effects of Gender Stereotypes

- Shih, Pittinsky, & Ambady (1999)
 - Asian-American female participants
 - IV: Primed ethnicity OR gender
 - DV: Qualitative Performance



Reducing Prejudice

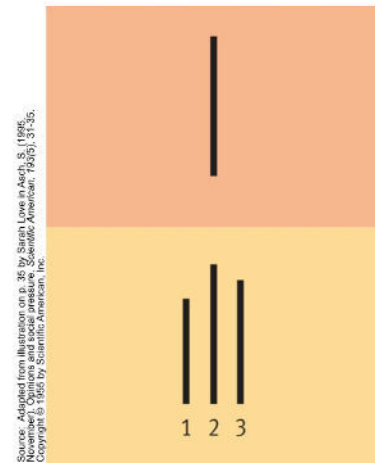
- What can we (I) do to reduce prejudice?
 - Education
 - Empathy and perspective- talking
 - Learn about – Project implicit
 - Intergroup contact
 - Under ideal conditions – see text, Appendix C

Social Influence

- Why do we conform, or “outsource” our decision-making to others?

Conformity

- When people yield to real or imagined social pressure
 - Solomon Asch (1955):
 - People conform easily to wrong answers given by others in a mock perception test
 - Conformity also increased as group size increased, peaking at 7 members



De-individuation

- When people lose their sense of personal identity and feel immersed in a group
 - Do not feel responsible for their actions – actions are a product of the group
 1. Inhibitions are weakened
 2. Heightens responsiveness to external cues (*leaders)
 3. Increases adherence to emerging (social) norms

Obedience

- A form of compliance that occurs when people follow direct commands, usually from someone in a position of authority
 - Stanley Milgram (1963): the tendency to obey is strong, even if people are asked to harm another person

Appendix A: Learning Objectives for Session 3 – Part 1

What is the "Self"?

- Identify some key aspects of the self-concept.
- Cite two types of self-discrepancies, and describe their effects and ways to cope with them.
- Discuss important experiences and factors that help form the self-concept.
- Discuss how cultural values such as individualism and collectivism influence the self-concept. Distinguish between an independent versus an interdependent view of the self.

What are the Basic Principles of Self-Perception?

- Distinguish between automatic and controlled processing.
- Define self-attributions, and identify the key dimensions of attributions.
- Explain how optimistic and pessimistic explanatory styles are related to adjustment.
- Identify three motives that guide self-understanding.
- Discuss four methods of self-enhancement.

What is the nature of Self-Esteem, and why is it important?

- Describe and clarify the implications of self-concept confusion and self-esteem instability.
- Explain how high and low self-esteem are related to adjustment.
- Distinguish between high self-esteem and narcissism, and discuss narcissism and aggression.
- Discuss some key influences in the development of self-esteem.
- Recognize eight ways to build self-esteem.

How do we form, and act on our goals?

- Define self-regulation, and explain the ego-depletion model of self-regulation, using insights from relevant research. Discuss the development and stability of self-regulation.
- Explain how self-efficacy develops and why it is important to psychological adjustment.
- Describe the three categories of self-defeating behavior. Distinguish between self-defeating and self-handicapping.

How do we present ourselves to others?

- Define impression management and cite some strategies people use to make positive impressions.
- Understand how high self-monitors are different from low self-monitors.

Appendix A: Learning Objectives for Session 3 – Part 2

How do we form impressions of others?

- Distinguish between at least five sources of information people use to form impressions of others.
- Explain the key differences between snap judgments and systematic judgments. Discuss the role of automatic versus controlled processing.
- Discuss the relative impact of positive versus negative impressions.
- Define attributions and describe two attribution-based expectancies that can distort observers' perceptions.
- Recognize four important cognitive distortions (social categorization, stereotypes, fundamental attribution error, defensive attribution) and use insights from research studies to describe how they operate.
- Identify some ways in which perceptions of others are efficient, selective, and consistent.

What does it mean to prejudiced?

- Explain how "old-fashioned" and modern racism differ, and describe the Spotlight on Research regarding stereotypes.
- Discuss how ideological processes and cognitive distortions contribute to prejudice.
- Clarify how ingroup bias, intergroup competition and threats to social identity can foster prejudice.
- Describe how aversive prejudice/racism and social identity processes may affect selection decisions and other forms of discrimination.
- Examine the role of stereotype threat in affecting the ability for individuals to realize their potential.
- Describe the operation and effectiveness of some strategies for reducing prejudice.

How are we persuaded by others?

- Describe how various social factors influence the persuasion process.
- Discuss the evidence on one-sided versus two-sided messages and the value of arousing fear or positive feelings in persuasion.
- Identify some receiver factors that play a role in persuasion.
- Explain how the two cognitive routes to persuasion operate.

Why do we conform, or "outsources" our decision-making to others?

- Contrast the concepts of conformity, compliance and obedience.
- Summarize what Asch discovered about conformity.
- Distinguish between normative and informational influences on conformity.
- Describe two compliance strategies based on the principle of consistency.
- Discuss how the principles of reciprocity and scarcity can be used for purposes of social influence.
- Explain how de-individualization can affect our decision-making.
- Describe Milgram's research on obedience and how to resist demands from an authority. Discuss whether his research is still relevant today, citing contemporary research.

Understanding Yourself and Others – Lecture #4: Interpersonal Communication and Friendship

Interpersonal Communication

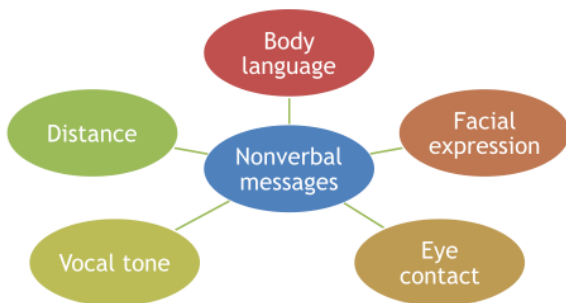
- Interpersonal communication is an **interactional** process in which one person sends a message to another
 - Essential for many important aspects of life:
 - **Good communication** enhances satisfaction in relationship
 - **Poor communication** is a major cause of relationship breakups
- Not a static process
- Take home messages:
 - In active conversations receivers process multiple channels simultaneously
 - **Noise** can refer to any environmental, physical, psychological factors that interfere with accurately expressing or understanding a message
 - **Context** matters (talking with someone with whom you have history with can impact your communication)

Nonverbal Communication

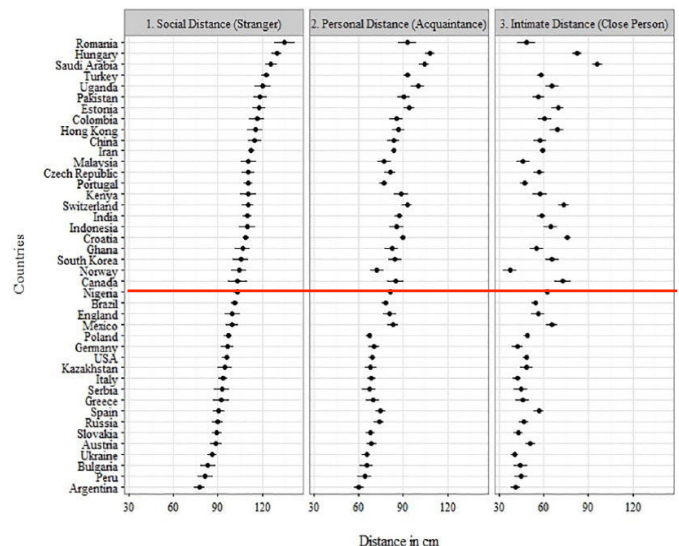
- The transmission of meaning from one person to another through means or symbols other than words
 - A great deal of information is converted in this manner

Principles of Nonverbal Communication

1. It conveys **emotion**
2. It is **multi-channeled**



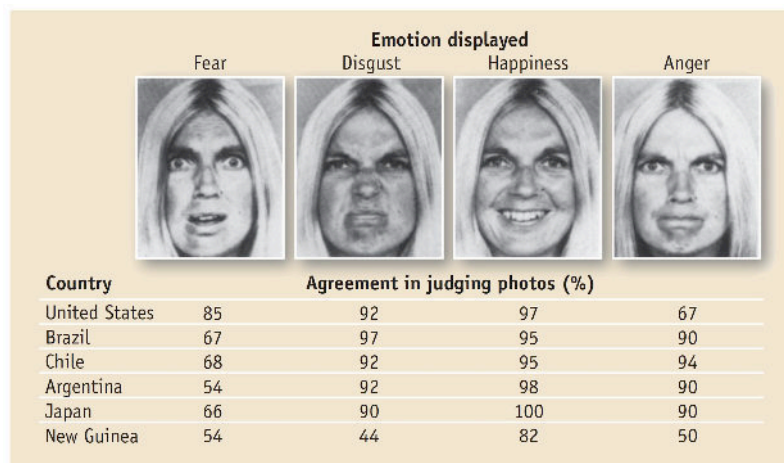
3. It is **ambiguous**
4. It may **contradict** verbal messages
5. It is **culture bound**
 - Eg. Sorokowska et al (2017)
 - Graph shows a cross cultural study of preferred distance to a target person depending on how well you know the person
 - Canada is in the middle of the row



- People who live in colder cultures need greater distance

Elements of Nonverbal Communication

- Landmark study
 - There are some emotions that we are really good at encoding
 - No matter the culture we are really good at encoding **6 emotions**:
 - Surprise
 - Fear
 - Disgust
 - Happiness
 - Anger
 - Sadness
 - We are *more accurate at encoding peoples emotions of our own culture* but overall we are still good



Elements of Nonverbal Communication

- Body Language
 - **Kinesics**: study of communication through body movements
 - EXAMPLE:
 - “**Closed**” posture (e.g. arms crossed) converts defensiveness or tension
 - “**Open**” postures (arms uncrossed and down at sides) convert a relaxed state
 - Do “power” poses boost feelings of confidence?
 - Low power posture identifies as defensive, anticipating something negative will happen to you
 - Researchers found that people who were told to adopt a power posture felt more confident and less inhibited
 - People who were told to prepare for an interview with a power posture were more likely to have more confidence during the interview and people were more likely to hire them
 - Developments since the original publications:
 - Some studies have failed to replicate original study findings
 - Dana R. Carney: “I do not believe that power pose effects are real”
- Can we detect deception?
 - Class exercise: Jimmy Fallon True confessions

Research on Deception Detection:

- Most people are 50/50 when trying to detect deception
- On average, research shows that liars tend to hesitate more
 - There are boundary conditions – if given more time to prepare they will be more confident

Can we detect deception?

- Notes on expert accuracy:
 - Accuracy rates for professionals whose work involves lie detection (e.g. police psychiatrists): **around 57%**
 - Not much better than chance
 - Findings from meta-analysis on accuracy between experts and non experts:
 - THM: experience and training of experts provides
 - Polygraph tests notoriously error-prone, often not admitted as evidence in most courtrooms

Friendship

Why are social relationships so important?

Effects on Social Exclusion

How powerful is the effect of social exclusion?

- The KKK won't let me play
 - Independent variable = sense of social exclusion
 - Participants included or excluded in Cyber-ball game
 - Other players of in-group, out-group, or despised out-group
 - Assessed subsequent feelings of worth and belonging
- Research summary on effects of exclusion:
 - Sadness, anxiety, depression, immune suppression, demotivation
 - Activates same brain areas as physical pain
 - Reduces self-esteem

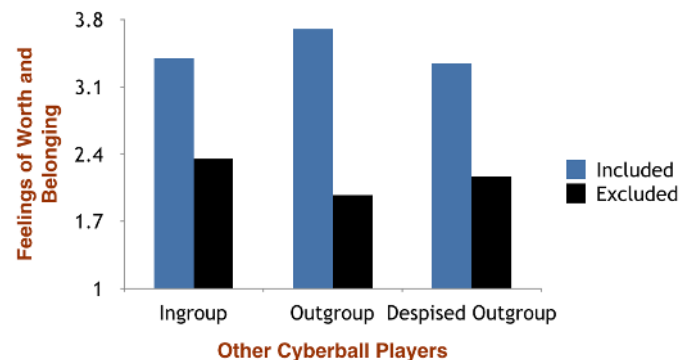
The Need to Belong (Baumeister & Leary, 1995)

- The need to belong is **innate** (very powerful)
- People readily forge social connections
- People are reluctant to break bonds
- Emotional responses reflect fulfillment or frustration
- **Satiation:** people with sufficient relationships are less likely to seek new ones
- Long-term exclusion results in poor adjustment

Loneliness

- When a person has fewer interpersonal relationships than desired, or when these relationships are not as satisfying as desired:
 - **Emotional loneliness** – loneliness from the absence of an intimate attachment figure

NONVERBAL CUES AND DECEPTIONS		
Kind of cue	Are cues associated with actual deception?	Are cues believed to be a sign of deception?
Vocal cues		
Speech hesitations	YES: Liars hesitate more	YES
Voice pitch	YES: Liars speak with higher pitch	YES
Speech errors (stutters, stammers)	YES: Liars make more errors	YES
Speech latency (pause before starting to speak or answer)	NO	YES: People think liars pause more
Speech rate	NO	YES: People think liars talk slower
Response length	YES: Liars give shorter answers	NO
Visual cues		
Pupil dilation	YES: Liars show more dilation	(No research data)
Adaptors (self directed gestures)	YES: Liars touch themselves more	NO
Blinking	YES: Liars blink less	(No research data)
Postural shifts	NO	YES: People think liars shift more
Smile	NO	YES: People think liars smile less
Gaze (eye contact)	NO	YES: People think liars engage in less eye contact



- **Social loneliness** – stems from the lack of a friendship network
 - **Transient loneliness** – temporary loneliness after experiencing a disruption in one’s social network
 - **Chronic loneliness** – ongoing loneliness affecting those unable to establish relationships
- Correlates of loneliness:
- Shyness
 - Poor social skills
 - Self-defeating attributional style (i.e. negative self-talk)
 - Eg. “ill make a fool out of myself”, “im dull and boring”
 - Negative self talk – negative self-fulfilling prophecy
 - Mental and physical health problems
 - Low self esteem, hostility depression, alcoholism, suicide, reduced physical health, earlier mortality
- Conquering loneliness:
- Avoid temptation to withdraw from social situations
 - Break out the habit of the self-defeating attributional style
 - Seek alternate explanations, adopt growth mindset
 - Cultivate social skills (Ch.8)
 - ... consider a counsellor

Attraction

- Proximity influences:
- Likelihood of meeting
 - **Mere exposure effect:**
 - Tendency to like something/someone after
 - EX. (chart) students’s choices of dorm companions:
 - Limits: quality of interaction

DISTANCE	% mentioned as companions
1 door away	41% of the time
2 doors away	22%
3 doors away	16%
4 doors away	10%

Relationship Development

Getting acquainted

- Two factors affect viability of relationships:
6. **Reciprocal liking** – liking those who show that they like you
 7. **Similarity** – we are drawn to those with similar qualities
 - Similarity among friends in 1983 predicted their closeness in 2002

Relationship Development

Getting acquainted

- THMS
- Activities can be planned or spontaneous
 - Ironically, some people behave negatively in an attempt to enhance relationships
 - Varies depending on stage of development

RELATIONSHIP MAINTENANCE STRATEGIES	
Strategy	Behavioral example
Positivity	Try to act nice and cheerful
Openness	Encourage him/her to disclose thoughts and feelings to me
Assurances	Stress my commitment to him/her
Social networking	Show that I am willing to do things with his/her friends and family
Task sharing	Help equally with tasks that need to be done
Joint activities	Spend time hanging out
Mediated communication	Use email to keep in touch
Avoidance	Respect each other’s privacy and need to be alone
Antisocial behaviors	Act rude to him/her
Humor	Call him/her by a funny nickname
No flirting	Do not encourage overly familiar behavior (relevant in cross-gender friendships)

Friendship

What makes a good friend?

- Common themes:
 - Emotional and social support
- Self-reported friendship standards
- Gender differences:
 - Women's friendships: more reciprocal, communication, enjoyment
 - Men's friendships: based more on shared interest, higher in agency
 - Who has more satisfying friendships?
 - Women!
 - because they have more self disclosure and intimacy



The Internet and Relationships

- Case for internet-based friendships:
 - Physical parameters:
 - Farther reach
 - No need for immediate response, can enhance clarity
 - Psychological research:
 - Self-disclosure via emails/texts can increase closeness
 - Anonymity – more self disclosure – intimacy develops faster
 - Can reduce loneliness and improve social support
- Case against internet based friendships:
 - Physical parameters:
 - Limited visual or body language cues
 - Greater potential for deception
 - Diminished privacy, "ownership"
 - Psychological research:
 - Self-disclosure via emails/texts: false sense of intimacy?
 - Can enable withdrawing from social situations, can increase loneliness
 - Social networking sites haven't reduced loneliness

Understanding Yourself and Others – Lecture #5: Romantic Relationships and Marriage

Attraction

- Recall: opposites attract, or birds of a feather?
 - More overall support for similarity – attraction
 - People tend to choose partners that are similar to themselves in attitudes, intelligence and attractiveness
 - **Exception:** dominant vs. submissive interpersonal styles
- The Interpersonal Marketplace

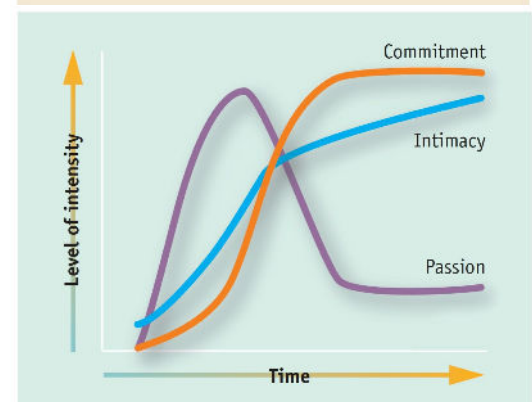
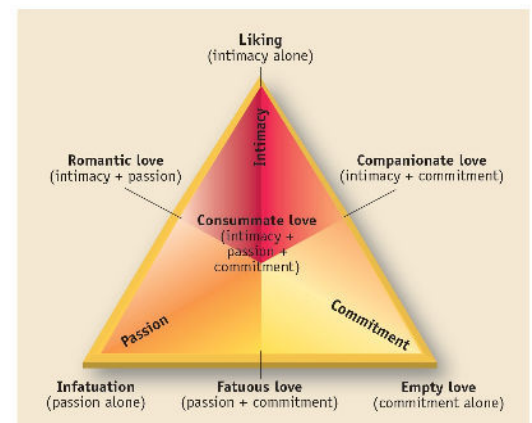
- Attraction determined by how much we think we can offer & “buy” (get)
 - Most people tend to know their relative attractiveness level
 - Desirability = Physical attractiveness × (subjective) Probability of Acceptance
 - Barb = 5/10, Bill = 9/10, George 6/10
 - Barb's chances of getting Bill: 2/10, George 8/10
 - Desirability of Bill = $9 \times 2 = 18$
 - Desirability of George = $6 \times 8 = 48$
- Is playing hard-to-get effective?
 - Walster et al., 1973 men recruited for computer dating program
 - Study 1: When comparing easy vs hard to get woman, no difference in liking
 - **Study 2:** Woman viewed as most attractive when she was hard to get for others (easier to get for target man)
 - *If men believe the woman is acting hard to get for other men but not for him, he will tend to rate her as more attractive*

Arousal and Love

- Two-Component Theory of Love
 1. Physiological arousal
 2. Label the arousal “love”
 - Potential for misattribution of arousal:
 - Men who ran in place report greater attraction than men who have not exercised
 - Men more likely to contact an attractive confederate after crossing a scary vs. short bridge
- Can similar processes work with more established relationship? Aron et al. (2000): yes
 - Compared with couples given a mundane task or no task, couples who engaged in exciting task reported more satisfaction
 - Similarly, couples given exciting activities over 10 weeks report more satisfaction

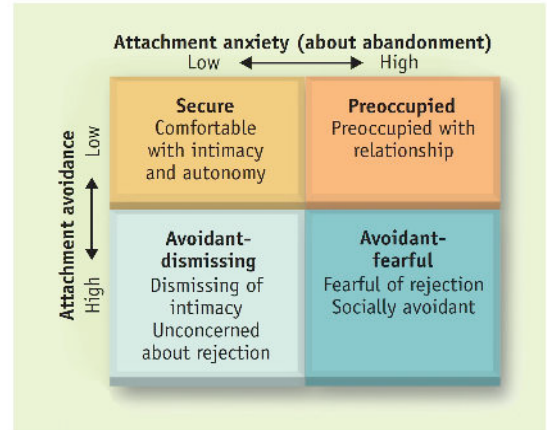
Triangular Theory of Love

- Intimacy (affect)
- Passion (motivation)
- Commitment (cognitive)
- The course of romantic of love:
 - Intimacy is feeling very close to someone, really know each other
 - Passion – lust, raw attraction, just wanting to be with the person
 - Sexual satisfaction was predicted to be most correlated with passion but intimacy is actually more strongly correlated with satisfaction



Attachment Theory

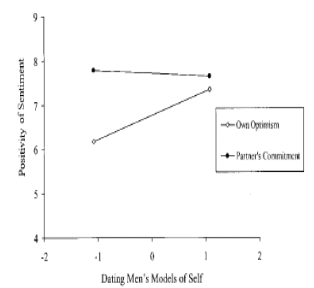
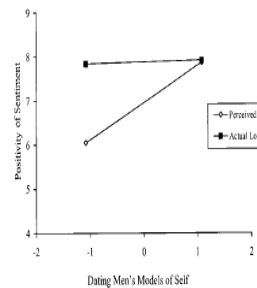
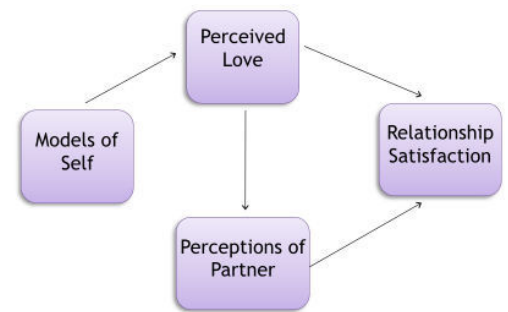
- The emotional bond with our caregiver as *infants* informs our adult relationships
- Adult attachment styles based on two factors:
 1. **Attachment anxiety:** how much a person worries that a partner will not be available when needed
 2. **Attachment avoidant:** degree to which a person distrusts a partner's good will and their tendencies to maintain emotional and behavioural distance from a partner



- These two dimensions yield four attachment styles...
 - **Secure** — comfortable with intimacy and autonomy (low in attachment anxiety, low in attachment avoidance)
 - **Preoccupied** – concerned about being alone, constantly in relationships (high in attachment anxiety, low in attachment avoidance)
 - **Avoidant-dismissing** – see others as inferior; not good enough for their needs, wont meet their needs (low in attachment anxiety, high in attachment avoidance)
 - **Avoidant-fearful** – worried about being hurt (high in attachment anxiety, high in attachment avoidance)
- Important to know because what happens if preoccupied tries to get with avoidant-fearful?
 - Each other enemy
- Insights:
 - Adults bring own history of love and attachment to any relationship
 - Mismatch of attachment styles may cause conflict in relationships
- Evidence and new research:
 - Attachment can affect individuals'/couples' interaction and satisfaction
 - Attachment style is **moderately stable**, but can change as a result of positive and negative experiences
 - Can have different attachment styles with family vs. partner

Encouraging and Maintaining Love

- Self-esteem, trust and relationship quality
- People with low self-esteem tend to have less satisfying romantic relationships
- Sense of security or trust in the relationship requires:
 - Partner is a good person capable of fulfilling one's relationship needs
 - Believe in the partner's perceived regard
- 200 married and dating couples:
 - Positive self-views associated with more accurate perceptions of partner regard
 - Perceptions of LSE individuals inaccurate, affected their optimism for relationship
 - Underestimate partners positive regard, underestimating that love that their partner has and the degree to which they will



commit to you

- Big gap = low SE

Marriage and the Family

- 28% one person single households
 - First time in Canadian history that this is higher than couples with children (26%) and couples without children (26%)
- Increasing more and more over the years, people are waiting longer to get married, increased divorce rates

Singlehood

- Many factors have contributed to growth of single population
- Do singles exhibit worse adjustment than married people?
 - Yes. Better mental/physical health and happiness
 - However, depends on many factors...
- Most never married people want to eventually get married
 - Recall:
 - Emotional loneliness – worse health
 - Loneliness is subjective
 - Link b/w marriage depends on:
 - Marriage satisfaction, sample characteristics, choices, gender

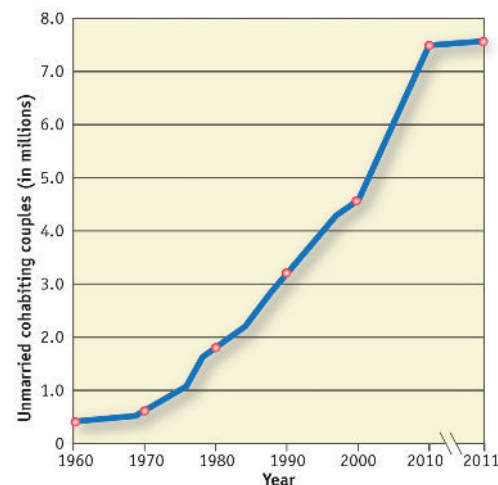
New Generations of Dating Web Sites

- "Scientific method" of matching:
 - Matching couples based on relative similarity of attitude, value, and personality domains
- Marital statistics for online dating sites:
 - Prior to approx. 2008: 3-9% of online daters eventually married
 - More recently: 5-18% of online daters eventually married
 - Are marriages that began offline vs. online more likely to end in divorce?
- Other things to consider:
 - You still have to talk to the other person
 - Over time, couples may devalue importance of dimensions with low similarity over time

Cohabitation

- Common-law relationships
 - 2016 census: 21% of Canadian couples
 - Has increased in Canada since 1980s (6.3%)
 - Also increasing in U.S.
 - How many cohabitation couples eventually marry?
 - On average 2/3
 - Some are older, choosing cohabitation over marriage
- More sex

- Having sex \geq 1 week: 71% of cohabitation couples, 60% of married couples, and 42% of single people
- More divorce/separation
 - Cohabiting vs. non-cohabiting couples more likely to separate
 - Reasons:
 - Independence, liberal, less religious
 - Pre-engagement cohabitators far worse than post engagement or post marital co-habitors
 - Inertia: some co-habitors “slide” into marriage (married w/o engagement)



Marriage

- Common among all human societies
 - In Canada approx. 95% of adults eventually marry, 91% expect children
- Traditional definitions:
 - “The state of being united to a person of the opposite sex as husband or wife in a consensual and contractual relationship recognized by law”
- New definitions:
 - **Canada 2005:** “the lawful union of two persons to the exclusion of all others”
 - **U.S. 2015** “the legally and socially sanctioned union of sexually intimate adults”

Changes to Traditional Marriage

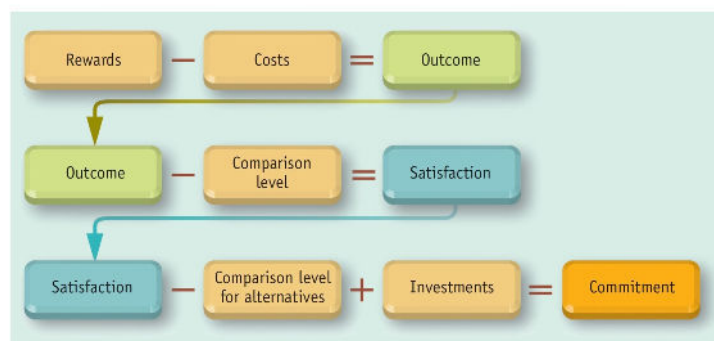
- 2000 Supreme Court ruling: traditional definition of marriage discriminatory
 - 2001: Kevin Bourassa and Joe Varnell first gay couple married
 - 2003: same-sex marriage recognized in ON
 - 2005: same-sex legislation passed
- 2006 Census: 7500 same-sex marriages in Canada
- 2016 Census: 72,880 same-sex couples in Canada
 - <1% of Canadian couples, but increasingly rapidly
 - 12% had children living with them
- Comparisons to heterosexual couples
 - Subject to more prejudice and discrimination
- However, same-sex relationships do have:
 - Similar levels of love and commitment
 - Similar overall levels of satisfaction
 - Similar levels of sexual satisfaction
 - The same relationship goals
 - Similar predictors of success
 - Similar sources of conflict and patterns of conflict resolution
- Interracial marriages:
 - Relatively few, but increasing

- ... of all marriages in the U.S." approx. 10%
- ... of all marriages in Canada: approx. 5%
- More common in urban areas, among younger generations
- Open marriage: spouses agree they can have sex and emotional relationships with other partners
 - No difference in longevity b/w open and exclusive marriages
- Polyamory and group marriage: 3+ partners
 - Rare, high failure rate:
 - Legal issues: paternity, inheritance
 - Jealousy
 - Managing money
 - Cross-cultural study on women in polygamous marriages: lower life satisfaction and SE, higher depression and anxiety

Marriage and the Family

Why do people get married?

- Interdependence theory: commitment based on...
 - Satisfaction with partner
 - Comparison of available alternatives
 - Relationship investments
- Signifies one's commitment
- Creation of one's own family
- Want children to have married parents
- Legal protections/rights



Source: Adapted from Brehm, S. S., & Kassir, S. M. (1993). *Social psychology*. Boston: Houghton Mifflin. Copyright © 1993 by Houghton Mifflin Company.

Vulnerable Areas in Marriage

Expectations

- Suffocation model by Finkel and colleagues (2015):
 - Marriage has shifted from (a) helping spouses meet **basic needs** to (b) helping them meet **intimacy and passion needs** to (c) helping them meet **autonomy and personal growth needs**
- Marriage becomes "all or nothing"
 - Negative consequences: increase in percent of marriages that don't meet these expectations – increase divorce rates
 - Positive consequences: Marriages that meet these expectations more fulfilling

Communication

- Gottman: Five communication patterns that are risk factors for divorce are:
 8. Contempt
 - Communicating hostile feelings in non-verbal way (eye roll, scoff, etc)
 9. Criticism
 10. Defensiveness
 - Validating/defending self

11. Stonewalling

- Blocking off, turning your back

12. Belligerence

- Calling out partners that they don't have any control of the outcome, challenging their authority

- Being an effective communicator and "fighting fair":

- Good messages:
 - Complain rather than criticize
- Editing
- Listening
- Validating
- Nonverbal communication

Encouraging and Maintain Love: Summary- Ingredients for happy relationships:

13. Good listening and communication skills

14. Many positive interactions, few negative interactions (not 50/50)

15. Find ways to bring novelty to long term relationships

16. Realistic expectations

- Consensus view of roles and responsibilities within the relationship

17. Positive interpretations of partner's behaviour

Understanding Yourself and Others - Lecture Six: Gender and Sexuality

Sex and Gender- **Typical development:**

- Chromosomes dictate gender differentiation during prenatal periods
- Gender is learned in early childhood
- Puberty brings about growth spurt, ability to father/conceive a child

Is Sex Binary?- **Klinefelter's syndrome:**

- genetic male has an extra chromosome → abnormal testes, lower testosterone, little/no sperm production

- **Intersex individuals**

- Umbrella term for conditions in which a person has mixed indicators of biological sex
 - Unclear at birth whether the individual is male or female
- One case: "Guevodoces"
 - Males in DR who appear to be females at birth
 - At puberty penis developed
 - Example of intersex individuals

Definitions

- Sex: [reference to] sexual anatomy or biology
- Gender:
 - Psychological, social, cultural

Is Gender Binary?

- **Transgender**: individuals whose physical sex does not match their gender identity
 - Sense incongruity during early childhood (usually happens at 5 years old)
 - Some feel “trapped”: their actual gender is the opposite
 - Example: Caitlyn Jenner
- Others identify their gender as less fixed
 - E.g. some cultures live in three-gender societies (**e.g. Guevodoces**)
- **What transgender is NOT:**
 - Sexual orientation: when we are attracted to someone of the same sex
 - Transvestism: sexual gratification from cross-dressing
 - Typically heterosexual

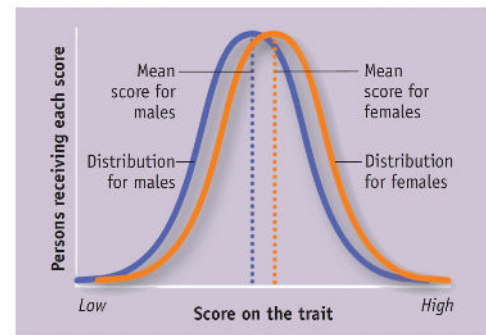
GENDER-RELATED CONCEPTS	
Term	Definition
Gender	The state of being male or female
Gender identity	An individual's perception of himself or herself as male or female
Gender stereotypes	Widely held and often inaccurate beliefs about males' and females' abilities, personality traits, and social behavior
Gender differences	Actual disparities in behavior between males and females, based on research observations
Gender roles	Culturally defined expectations about appropriate behavior for males and females
Gender-role identity	A person's identification with the traits regarded as masculine or feminine (one's sense of being masculine or feminine)
Sexual orientation	A person's preference for sexual partners of the other gender (heterosexual), the same gender (homosexual), or both genders (bisexual)

Steps In Becoming a Transgender

1. Psychological counselling to verify that the individual is not just suffering from other adjustment problems
2. Get a real life test where you have to live as the opposite sex for two years
3. Hormone treatments (men-estrogen, women-testosterone), women may grow a beard and men will become shapely
4. Surgery to change gender

Gender Similarities and Differences

- Much of our understanding of gender and gender differences come from comparing men and women
- Putting gender differences in perspective:
 - Gender differences are typically small
 - Similarities typically outweigh differences
 - Gender accounts for a small proportion of differences between individuals



How Are Gender Roles Acquired in Our Culture?

- Gender roles: cultural expectations about what is appropriate behaviour for each gender
- Socialization: acquisition of norms and roles expected of people in a particular society
 - Various sources: family, peers, media

Gender-Role Expectations

- **Role expectations for males**

- Key attributes that compromise the male role:
 1. Achievement (i.e. breadwinners of the family, confident and competent)
 2. Aggression (i.e. engage in physical force to defend oneself)
 3. Autonomy (i.e. independent, not supposed to rely on anyone else)
 4. Sexuality (i.e. expressive about their sexual relations to emulate their masculinity)
 5. Stoicism (i.e. show no emotion, calm, cool, collected)

- **Problems with the male role:**

- Pressure to succeed creates undue stress
- Emphasis on suppressing emotion can lead to stress-related disorders and relationship problems
- Obsession with sexual performance can interfere with sexual responsiveness
- Inappropriate anxiety if men feel affection toward another man, promoting homophobia

- **Role expectations for females:**

- The *marriage mandate*:
 - All women should want to get married
- The *motherhood mandate*:
 - All women should want to have kids
 - **Heterosexual “success”**: learning how to attract and interest males as prospective mates
- *Work outside the home* (AND maintain a satisfying daily life)
- Ambivalence about sexuality
 - Feeling both positive and negative about sex

- **Problems with the female role:**

- Ability-achievement gap:
 - Women often have lower career aspirations than men with comparable backgrounds
- Juggling multiple roles and role conflict, relative to men
- Ambivalence about sexuality
 - Problems enjoying sex

New Trends: Changing Gender Roles

- Female:

- New managerial class of women
- Reactions against sexism, tradition exploitation/objectification

- Male roles: evolving

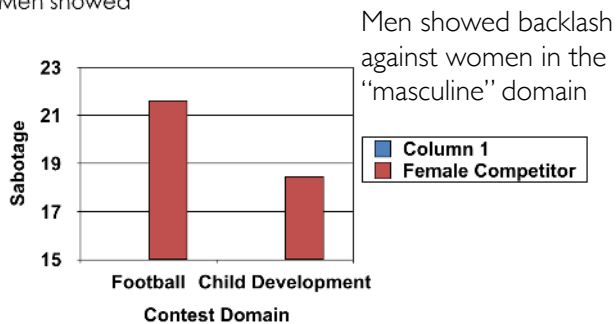
- Changes in *ideology*:
 - The good men project
- Changes in *personal style*?
 - Metrosexual:
 - A young, urban, heterosexual male with liberal political views, an interest in fashion, and a refined sense of taste
 - Retrosexual:

- Male who wants to emphasize their old school masculinity
- Grooming:
 - Men spent \$8 billion on grooming tools/year and cosmetic surgery increased

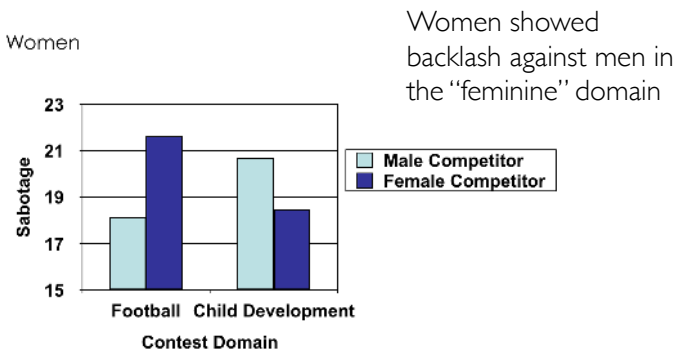
Effects of Violating Gender Stereotypes

- Rudman & Fairchild (2004)
 - Male and female's competed against and *lost* to a same sex or opposite sex confederate on a computer game task that was:
 - Masculine (football knowledge) or
 - Feminine (child development knowledge)
 - Subsequent task: opportunity to *help* partner by leaving good clues or hurt partner by leaving bad clues (sabotage)

- Men showed



- Women



Sex is AWESOME...

- For most people, most of the time:
 - Selective about who we share these experiences with (who we like or in love with)
 - Important social contexts surrounding this
- However, it is not awesome all of the time:
 - Less than 10% of women experience an orgasm the first time they have sex
 - When it is not consensual, it is not enjoyable:
 - People trying to keep up with their peers
 - Forced to have sex against their will (rape)

Benefits of Sex

- Health:
 - Cardiovascular activity
 - Prolactin; sleep
 - Immune system functioning
 - Stress relief
 - Blood pressure, risk of heart attacks
 - Longevity
- Relationships:

- Intimacy
- Oxytocin → bonding
- Sexual satisfaction → marital quality
- Sexual satisfaction and marital quality → marital longevity

What are the different variations of sexual expression, and how do people's sex lives change over the lifespan?

- They are continuous
- People still have sex as they grow older

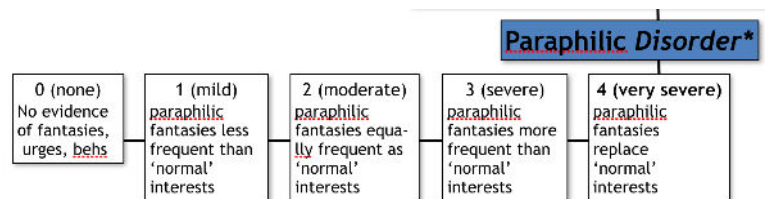
Defining "Normal"

- Concerns/Challenges:
 - Psychological insight
 - Recognizing potential harm, or stress, to oneself or those around them

- Prevailing Approaches (to define normal and abnormal):

- Statistical — behaviour that is rare/not practiced by many
- Sociological — behaviour that violates societal norms
- Psychological — distress, inefficiency
- Medical — definitions from Diagnostic and Statistical Manual of Mental disorders (DSM)
- DSM-V
 - **Paraphilia (#4)** – an atypical focus of sexual arousal and an arousal pattern that is recurrent, intense and persists for at least six months
 - Content: fantasies, urges, or behaviours involving non-human objects, the suffering of humiliation of oneself or ones partner, children or other non consenting persons
 - Paraphilic fantasies:
 1. Replace normal human interests when it comes to sex (example: shoe fetish)
 2. Causes significant distress or impairment on oneself/others
 - These two things are key markers of whether someone has a paraphilic disorder

"Significant distress or impairment"



Sexual Fantasies

- What do people fantasize about?
 - Sexual fantasy fairly common during masturbation or sexual intercourse
- Most common fantasies:
 - Reliving an exciting sexual experience, sex with current partner, sex with another partner
 - Oral sex, sex in a romantic/novel location, dominance/submission themes
- Most fantasies involve consenting partners:
 - Most people do not fantasize about forcing people to have sex

- Common for women to fantasize about submission amongst sexual encounters

Preadolescence (8-12 years)

- Sexual behaviour:
 - More experience with masturbation:
 - Approx. 42% of boys to orgasm by 12
 - Start earlier on than girls
 - Approx. 20% of girls to orgasm by 12
 - Same-sex behaviour: more prevalent among boys
 - Consensual behaviours emerging: talking about sex, hugging, holding hands, kissing, teasing
 - Few report behaviours involving genitals, very few report 1st intercourse

Adolescence (13 to 19 years)

- Masturbation
 - Boys: sharp increase (approx. 80%), 2-3 times/week, less during periods of sexual intercourse
 - Girls: gradual increase (approx. 48%), 1 time/month. more during periods of sexual intercourse
- Sexual behaviours
 - Progression of consensual experiences among males and females which may include first intercourse

Sexual Patterns of Older Adults (30-40's)

- With Age:
 - Estrogen, testosterone, sexual frequency, orgasm frequency and intensity decline
 - Physical changes not necessarily associated with a decline in satisfaction:
 - For **men:** longer time to achieve orgasm (refractory period) can allow for longer sessions, more control
 - For **women:** increased friction may be more painful or un-pleasurable

Gender Differences? Sexuality

- Romance?
 - It appears that men are more romantic:
 - Men fall in love sooner
 - Less eager to let go of a failing relationship
 - 3x more likely to kill themselves if affair ends
 - More likely to believe in love at first sight
 - Females are more practical
- Sex Drive
 - Men think and fantasize about sex more, desire more partners, more frequent intercourse

- Clark & Hatfield (1989):

Type of Request	% Agreeing To Request	
	MEN	WOMEN
Go on Date	50	56
Go Back to Apt.	69	6
Go to Bed	75	0

STUDY

- Approach people of the opposite sex on campus and asked them 3 questions
- Questions Asked:
 - Would you like to go on a date with me?
 - Would you like to go back to my apartment?
 - Would you like to go to bed with me?

Gender Differences? Dating and Relationships

- Sexual Attitudes:
 - **Women** may be more likely to under report their amount of sexual activity
 - **Men** more likely than women to initiate sex in relationships
- However:
 - Men and women are equally likely to:
 - Refuse an initiation from their partner; and
 - Use similar strategies to change their reluctant partners mind

Gender Differences in Sexuality

- Arousal to Erotica (Heiman Study):
 - Assessed self-report and physiological measures of arousal
 - Participants listened to erotic, romantic, erotic-romantic, or neutral stories.
 - Findings:
 - Erotic and erotic-romantic tapes were most arousing for men and women (slightly more so for women)
 - Neither men nor women were aroused by the purely romantic tape
 - Women's self report measures stated that they were sometimes unaware of their own arousal

What Are The Origins of Sexual Orientation?

- Proposed by Alfred Kinsey
 - Continuous spectrum
 - People reported a range of experiences

Etiology of Sexual Orientation

- Research Evidence:
 - Little support for environmental factors (i.e. early experiences)
 - Better for support for biological factors
 - Genetic contribution: greater co-occurrence of same-sex orientation among identical vs. fraternal twins or adopted siblings
 - **Identical Twins:**
 - If one of them is gay there is a 50 percent the other twin is gay
 - **Fraternal Twins:**
 - If one of them is gay there is approx. 22 percent the other twin is gay
 - Late birth order effect for males: having older brother – higher likelihood of identifying as gay
 - No birth order effects for women
 - One theory: mothers' prenatal immune response changes for each male

“Individuals who self-identify as LGB are more likely to show signs of psychological maladjustment”

- Rosen (1974): compared gay men, lesbian women in therapy with randomly chosen heterosexuals
 - Findings: heterosexuals (unsurprisingly) had better adjustment
 - Comparison of non-patient samples of heterosexual vs. LGB individuals

- Findings: no differences in adjustment
- Other studies:
 - LGB individuals at higher risk for depression and suicide
 - Better health outcomes when supported by family, friends, community

“Homosexuality Can be Reversed With Therapy”

- Examples of conversion therapy: <https://www.higherpathcoaching.com/resolve-ssa>
- Case reports from former clients
- Bottom line: some LGBs seek therapy to recover from conversion therapy

“People naturally come to be attracted to the opposite sex, no one is born homosexual”

- Rosario et al. (1996): sample LGB youth aged 14-21
 - Their first experience of sexual attraction at age 10 or 11
 - Their first experience of sexual fantasies occurred several months to a year later
 - First sexual activity with another person occurred on average at 12 or 13
 - Parallel with what we see from heterosexual

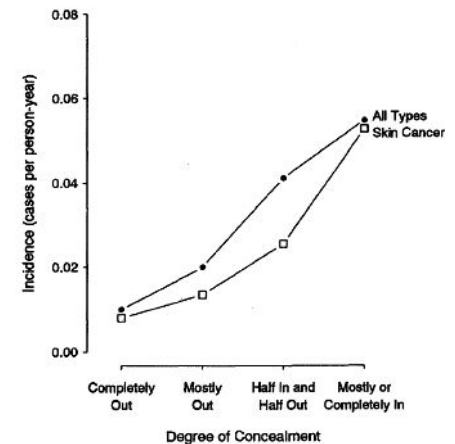
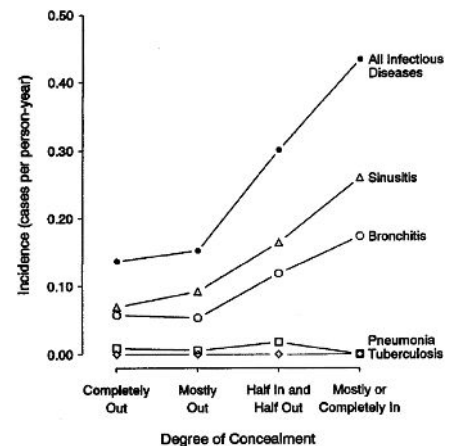
“Homosexuals could be romantically involved with heterosexuals if they wanted”

Concealing one’s identity associated with negative outcomes:

- Stressful and exhausting
- Self-disclosure in relationships —> emotional intimacy , relationship satisfaction and longevity
- Same sex couples more “out” to the world about their sexual orientation reported greater relationship satisfaction

Concealing one’s identity associated with poor health:

- Longitudinal study: concealing ones sexual orientation linked with higher incidence of skin cancer and a variety of infectious diseases (being mostly or completely in does not seem to be naturally healthy)



Adolescent Condom Use

- Used at the beginning of relationships...
 - Many assume a low chance of contracting HIV
- Condom use increased when users have positive attitudes, behaviour endorsed by peers
 - What about effect(s) of alcohol?
 - Less likely to use a condom when under the influence

Alcohol and Condom Use

- MacDonald et al. 2000a, 2000b:

- No differences between individuals who were sober or intoxicated if they were not sexually aroused
- Aroused individuals were more likely to engage in unprotected sex if they were intoxicated
- Intoxicated individuals more likely to engage in protected sex than sober individuals if inhibiting cues were present
 - **Alcohol myopia theory:** when you are drunk, you tend to be super focused on things in your immediate vicinity, and aren't able to pay attention to other things in your environment, therefore if you have cues in your immediate environment reminding you to use condoms/practice safe sex you more likely use them

Sexual Harassment

- Unwelcome sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature when:
 - Submission is made a condition of an individual's employment or academic advancement/basis of employment or academic decisions affecting that individual
 - Interferes with work/hostile environment
- Key aspects:
 - Unwelcome and coercive

Effects of Sexual Harassment

- Not to be taken lightly
 - City of Toronto, 2005
 - Postal Service, 1996
- **Negative effects of sexual harassment:**
 - Negative emotional and physical effects, ability to work, feelings about work
 - Women: more likely to view as harmful, report quitting/being fired

Sexual Assault

- Nonconsensual sexual activity ranging from unwanted touching, to oral, anal or vaginal penetration, obtained by force, by threat of bodily harm or when the victim is incapable of giving consent
 - Gender-neutral
 - Does not discriminate against married people
 - **Key is consent**
 - Must be clear and explicit
 - Cannot be obtained if person drunk, unconscious, or if person changes their mind

Sexual Aggression Myths

1. Most assaults done by by strangers
 - 20% of sexual assaults by strangers
 - 51% by friend/acquaintance
 - 28% by family member
2. Women are the only victims

- Men can produce reflex erections
 - Survey of university men:
 - 19% of university men coerced into sexual activity
 - 9% of women had used sexual coercion
 - Males assaulted in prison (done by another man)
3. Victim-precipitated: rape is a result of a women "asking for it"
- No data that shows that a specific set of characteristics of a women associated with rape/victimization
 - Reinforces other rape myths
4. Psychopathology of rapist: rape is committed by a psychologically disturbed man
- No difference between rapist and other "normal" men in terms of adjustment

Impact of Sexual Assault/Rape

- **Psychological effects (continued):**

- **Emotions:** anger, self-blame, guilt, shame, fear
- **Distress** may peak 3 week after assault, improvement may gradually begin 2-3 months after the assault
 - However, victims may report problems 18 months or longer after the assault
- **Post traumatic stress disorder (PTSD)** – Long term psychological distress suffered by someone who has experienced a terrifying event
 - Re-experiencing traumatic event
 - Hyper-arousal (difficulties sleeping and/or concentrating, irritability)
 - Severity/development depends on incident, reactions from others

Preventing Sexual Harassment and Rape

- Socialization of men
 - **The good men project:**
 - Online publication (written by men for other men)
 - Encourages men to think of themselves in a more sophisticated way
- Revamp attitudes/environment
 - A lot of women are told to pretend that it didn't happen
- Avoiding high-risk situations
 - Don't hold back to avoid scene
 - Alcohol and drugs often are related to social context assault

Understanding Yourself and Others – Lecture #7: Stress and Coping

Defining Stress

- Stress as **stimulus:**
 - Lazarus and Folkman: outcome of a person's appraisal (assessment) that a situation is/will tax/exceed resources and threaten well-being
- Stress as **response**
 - Hans Selye: non-specific mental or somatic (body) results of any demand upon the body
- Contemporary researchers:

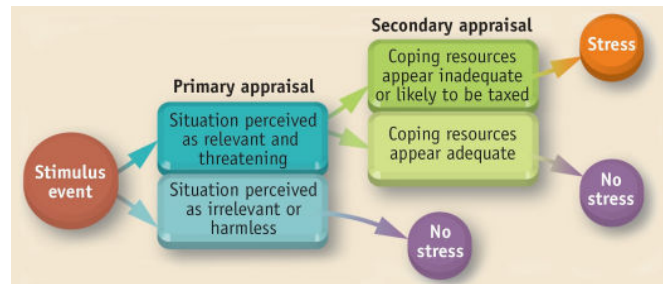
- a **stimulus-response transaction** in which one feels threatened or experiences loss
 - any circumstances that threaten or are perceived to threaten one's well-being and thereby tax one's coping abilities

The Nature of Stress

- Stress is a common, everyday event
 - Both major and minor problems can be stressful
 - Even daily "hassles" can have negative effects on our well being
 - Stressful events can have *cumulative additive* impact

The Nature of Stress

- Stress is subjective
 - Not everyone feels same degree of stress from same event
 - ... The difference may depend on how we *appraise* events
- Stress may come from the environment
 - **Ambient stress:** chronic negative conditions embedded in the environment that place adaptive demands on people
 - Examples: Excessive noise, traffic, pollution, Crowding, poverty
 - Children who grow up in lower-income homes: higher levels of stress hormones
 - Individuals who live in neighbourhoods with green spaces, clean air: higher life satisfaction
 - Stress is not to be taken lightly:
 - \$300 billion:
 - amount that stress is estimated to cost American economy per year
 - \$190 billion:
 - Amount related to health care costs
 - World health organization: stress is "the health



Major Sources of Stress

1. Frustration
 - Occurs in any situation in which the pursuit of some goal is thwarted
 - *Failures and losses* are two common kinds
2. Internal Conflict
 - Occurs when two or more incompatible motivations or behavioural impulses compete for expression
3. Life changes
 - Any noticeable alternations in one's living circumstances that require readjustment
 - Findings from Holmes and Rahe

SOCIAL READJUSTMENT RATING SCALE			
Life event	Mean value	Life event	Mean value
Death of a spouse	100	Spouse begins or stops work	26
Divorce	73	Begin or end school	26
Marital separation	65	Change in living conditions	25
Jail term	63	Revision of personal habits	24
Death of close family member	63	Trouble with boss	23
Personal injury or illness	53	Change in work hours or conditions	20
Marriage	50	Change in residence	20
Fired at work	47	Change in health of family member	44
Marital reconciliation	45	Pregnancy	40
Retirement	45	Change in recreation	19
Change in health of family member	44	Change in church activities	19
Pregnancy	40	Change in social activities	18
Sex difficulties	39	Loan for lesser purchase (car, TV, etc.)	17
Gain of a new family member	39	Change in sleeping habits	16
Business readjustment	39	Death of a close friend	37
Change in financial state	38	Change to a different line of work	36
Death of a close friend	37	Change in number of family get-togethers	15
Change to a different line of work	36	Change in eating habits	15
Change in number of arguments with spouse	35	Vacation	13
Mortgage or loan for major purchase	31	Christmas	12
Foreclosure of mortgage or loan	30	Minor violations of the law	11
Change in responsibilities at work	29		

- Social deficits very stressful
- Both positive and negative life changes can be stressful

4. Pressure

- Expectations or demands that one behave in a certain way
 - Based on expectations to perform effectively or conform to others
 - Often self-imposed

Responding to Stress

Emotional responses:

- Common *negative* emotional responses:
 - Annoyance, anger, rage
 - Apprehension, anxiety, and fear
 - Dejection, sadness, grief
- Potential *positive* emotional responses:
 - Gratitude
 - Renewed love for friends and family

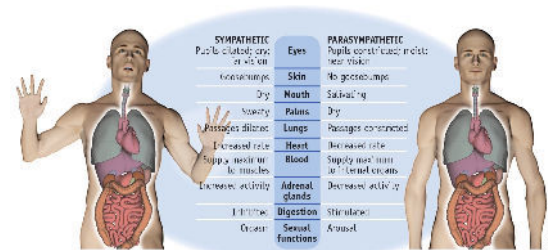
Responding to Stress

Physiological responses

- “Tend and befriend” response (more common among females). Examples:
 - During periods of stress, females spend significantly more time tending to vulnerable offspring, affiliating with other females than males (Facilitated by release of **oxytocin**)
- Fight or flight response
 - Physiological reaction to threat that mobilizes an organism for attacking (fight) or fleeing (flight) an enemy
 - Occurs in the **autonomic nervous system (ANS)**: the nerves that connect to the heart, blood vessels, glands
 - Controls involuntary, visceral functions that people don't think about (eg. heart rate, digestion)

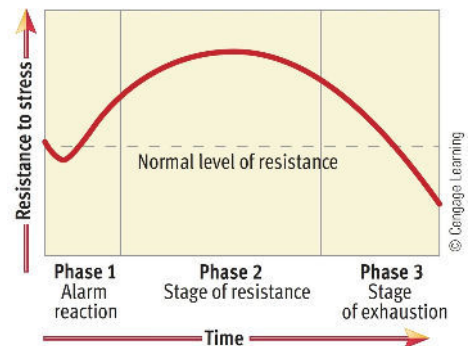
Responding to Stress

- **SYMPATHETIC NS**: Mobilizes energy during emergencies, engages the fight or flight response
- **PARASYMPATHETIC NS**: Conserves energy, has calming effect on body



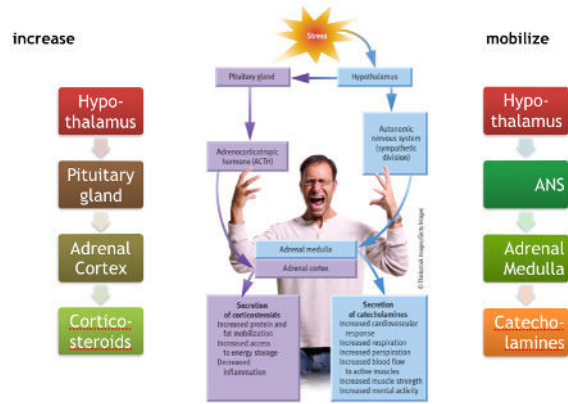
Responding to Stress

- Hans Selye's **general adaptation syndrome** is a “model of the body's stress response, consisting of three stages”
- Physiological Responses:
 - **Endocrine system:** glands that secrete chemicals called hormones into the bloodstream



- Two brain-body pathways control our physiological responses to stress via signals via the endocrine system
 - Both activated by **hypothalamus**

The Physiology of Stress: 2 Pathways



The Potential (Negative) Effects of Stress

- Immune system functioning
- Neurogenesis: formation of new neurons in brain
- Sleep disturbances (e.g. insomnia)
- Onset of disorders (e.g. depression, schizophrenia, anxiety, eating)
- Burnout: exhaustion, cynicism, and lowered sense of self efficacy attributed to work related stress
- Task performance (esp. attention)
- Cognitive function (eg. working memory)
- Academic performance
- Relationship satisfaction
- Sexual difficulties
- Substance abuse

Factors in Stress Tolerance

- **Moderator variables** that may reduce impact of stress:
 - Social support
 - Hardiness: disposition marked by commitment, challenge and control
 - Optimism: general tendency to expect positive outcomes
- New research: pet ownership!
 - Beck and Katcher: when petting a friendly and familiar dog
 - Lower cortisol, lower risk of cardiovascular disease

The Concept of Coping

- **Coping:** efforts to master, reduce or tolerate the demands created by stress
- General points:

- People cope with stress in many ways
- Coping strategies vary in their adaptive value

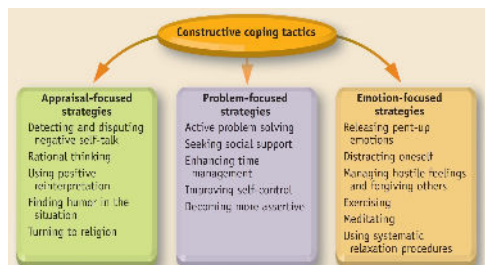
Common Coping Patterns That Have Limited Value

- Giving up
- Aggression
 - Research on **catharsis** (releasing negative energy): acting aggressively produces more, not less anger, aggression
- Indulging yourself
 - eg. eating, substance use, gambling, internet
- Defensive coping
 - Relying on defence mechanisms – designed to shield individual from emotional discomfort

Constructive Coping

- Involves:
 4. Confronting problems directly
 5. Effort
 6. Realistic appraisals of stress and coping resources
 7. Learning to recognize and manage disruptive emotional reactions to stress
 8. Learning to exert some control over potentially harmful or destructive habitual behaviours

Three Main Categories:



Appraisal-Focused Coping

- Ellis's A-B-C model:
 - Our appraisal (or beliefs about stressful events) is critical to coping process
 - Cognitive techniques focused on altering patterns of irrational thinking lead to positive consequences

Problem-Focused Coping

- Systematic efforts to correct or overcome the stress-producing problem
- Using systematic problem-solving:
 1. Clarify the problem
 2. Generate alternative courses of action
 3. Evaluation alternatives select a course of action

- 4. Take action while maintaining flexibility
- Can be enhanced through training
- Associated with better well-being and adjustment

Problem-Focused Coping

- Why is problem-solving effective?
 - The most significant stressors tend to be those over which we have no control
 - **Perceived Control** – significantly affects our ability to cope
 - **Compensatory Control** – psychological strategies to perceive order in low control situation
 - Feeling in control of a situation appears to alter our appraisals, reduce impact of stressful events

Social Support

- It is often helpful to seek aid from friends, family, coworkers and neighbours
- Actual Social Support:
 - the real acquisition of help
- Perceived Social Support:
 - the belief that others are available and willing to help
- Why might being helpful feel negative?
 - **Norm of reciprocity**
 - Recipients may be unable to reciprocate the help they receive
 - Threats to self-esteem, especially if help is **
 - Attributions: “is my helper thinking of me, or themselves?”
 - Altruistic vs. egoistic help
- Lehman (1986): Survey of people who lost a spouse or a child in a motor vehicle accident
 - Helpful supports: giving them opportunity to express feelings, being together with someone who cared
 - Unhelpful supports: giving advice, encouraging them to recover

Emotion-Focused Coping

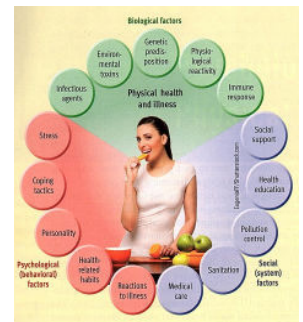
- ... sometimes problem-focused coping and appraisal-focused coping cannot ward off turmoil
- Goals of emotion-focused coping: manage emotional distress
 - Strategies to reduce negative effect of emotions on self and others
- Expressing Emotions
 - Recall: positive effects of **self-disclosure**
 - Efforts to suppress emotions, especially anger, tend to increase stress, cardiovascular diseases
 - **“Emotional disclosure”** is associated with better mood, self-perceptions, physical and mental health
 - Writing about traumatic events can have beneficial effects
- Forgiveness:
 - Involves counteracting natural tendencies to avenge or avoid an offender, releasing this person from further liability
 - Associated with better adjustment, over anxiety and depression
- Exercising:

- Regular exercise associated with increased emotional control, less distress
- Mechanisms:
 - Outlet for frustration, distraction from stressor; benefits to physical health
- Meditation:
 - A family of mental exercises in which a conscious attempt is made to focus attention in a non-analytical way
 - Eg. a specific point in environment, one's own breathing
 - Physical benefits:
 - Lower heart rate, respiration rate, oxygen consumption, carbon dioxide elimination, stress hormones
 - Psychological benefits: — Lower anxiety; better mood, sense of control

Understanding Yourself and Others – Lecture #8: Health and Psychological Disorders

Understanding the predictors of physical health using the Bio-Psychosocial Model

- These days, health more likely affected by chronic vs. contagious diseases
- Three of the biggest causes of death in Canada:
 1. Cancer
 2. Heart disease
 3. Stroke
- Physical health caused by interaction of biological, psychological and socio-cultural factors



Stress and illness

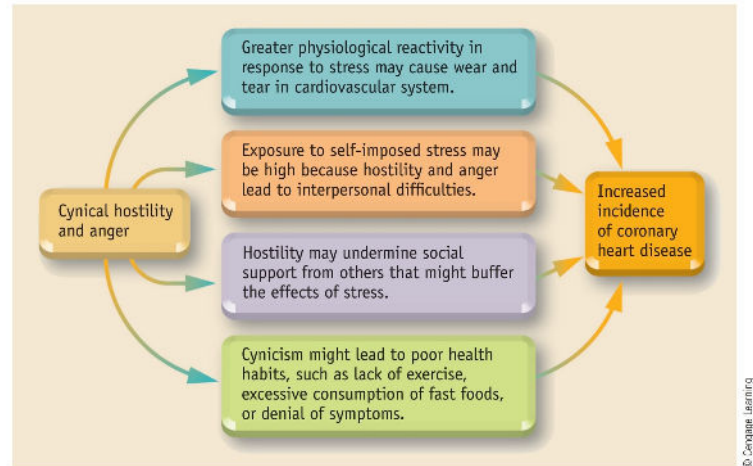
- Recall: chronic stress keeps body in a state of high physiological arousal
 - Long term exposure to threats deplete body resources, leave us exhausted
- Stress and immune function
 - **Immune response:** body's defensive reaction to invasion by bacteria, viral agents or other foreign substances
 - Stress linked to onset or progression of these health problems
 - Stress doesn't actually cause cancer but it can make things worse/speed things up in the prognosis
- **Coronary heart disease (CHD):**
 - results from a reduction in blood flow through the coronary arteries, which supply the heart with blood
 - Accounts for: approx. **27%** of deaths in U.S. approx. **20%** of deaths in Canada
- **Atherosclerosis:**
 - Gradual narrowing of coronary arteries, usually caused by buildup of fatty deposits and other debris on inner walls
 - Primary cause of CHD
 - If coronary artery blocked completely, can lead to heart attack and death
- Biological risk factors:
 - High blood pressure, high cholesterol, obesity

HEALTH PROBLEMS THAT MAY BE LINKED TO STRESS	
Health Problem	Representative evidence
Common cold	Mohren et al. (2005)
Ulcers	Levenstein (2002)
Asthma	Chen & Miller (2007)
Migraine headaches	Maki et al. (2007)
Premenstrual distress	Stanton et al. (2002)
Vaginal infections	Williams & Deffenbacher (1983)
Herpes virus	Ashcraft & Bonneau (2008)
Skin disorders	Magnavita et al. (2011)
Rheumatoid arthritis	Motivola et al. (2008)
Chronic backpain	Preuper et al. (2011)
Diabetes	Faulenbach et al. (2011)
Complications of pregnancy	Dunkel-Schetter et al. (2001)
Hyperthyroidism	Yang, Liu, & Zang (2000)
Hemophilia	Buxton et al. (1981)
Stroke	Tsutsumi, Kayaba, & Ishikawa (2011)
Appendicitis	Schietroma et al. (2012)
Multiple sclerosis	Rilise et al. (2011)
Periodontal disease	Reiners & Brex (2007)
Hypertension	O'Callahan, Andrews, & Krantz (2003)
Cancer	Holland & Lewis (1993)
Coronary heart disease	Orth-Gomier et al. (2000)
AIDS	Perez, Cruess, & Kalichman (2010)
Inflammatory bowel disease	Kuroki et al. (2011)
Epileptic seizures	Sawyer & Escayg (2010)

- Psychological risk factors:
 - Lifestyle
 - Anxiety, depression
 - Stress
 - Personality

Stress, Personality, and Illness

- Link between personality and stress is somewhat complex, but real
- One personality disposition with greater coronary risk: **Type A**
 1. A strong competitive orientation
 2. Impatience and time urgency
 3. Anger and hostility
- The **“anger-hostility”** component of Type A behaviour has the strongest link to coronary disease:
 - Why?
 - **Anger and hostility** has the greatest link to coronary heart disease because they react to situations much more intensely and quickly than most people. They probably panic more than most people.
 - Being really hostile and angry creates its own stress and can lead to interpersonal conflict that will undermine social support
 - They have a very pessimistic view of the world, and this will defer their motivation to do healthy things like exercising



Stress and Illness: Indirect Effects

- Causes behaviours that increase risk for illness, including:
 9. Eating fatty/sweet foods
 10. Decreased exercise
 11. Decreased sleep
 12. Increased substance use

Psychology and Physical Health

Habits, Lifestyle, and Health

- Unhealthy habits account for most premature deaths (approx. **50%**) in U.S. each year
- Why?
 - Bad habits creep up slowly
 - These activities tend to be pleasant
 - Associated risks don't develop for a long time

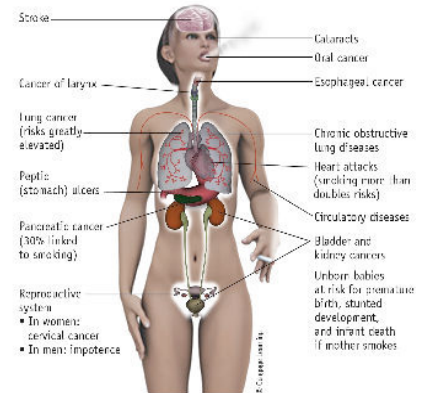
- Although people aware certain behaviours are dangerous, they view those dangers as risks for others rather than themselves: **unrealistic optimism** (these things will happen, but not to me)

What kills the most people each year?

- SMOKING

Life Style Habits and Health

- Smoking – the good news:
 - In Canada, fewer people are heavy smokers today compared to a decade ago (20% vs 25%)
 - Smoking rate fell more rapidly among teens (15 to 19 years) than any other age group
- Still a public health problem
 - Smokers lose approx. 9-14 years life expectancy
 - Not easy to quit



Health Risks

- Health effects associated with smoking
 - Cancer, heart disease, and stroke are leading causes of death in Canada
 - People who quit smoking lower their risk for almost all of these risks
- Why do people smoke?
 - Personal beliefs related to: weight control and hunger suppression, mood, alertness
 - Peer pressure among adolescents
 - Influence of advertising and media

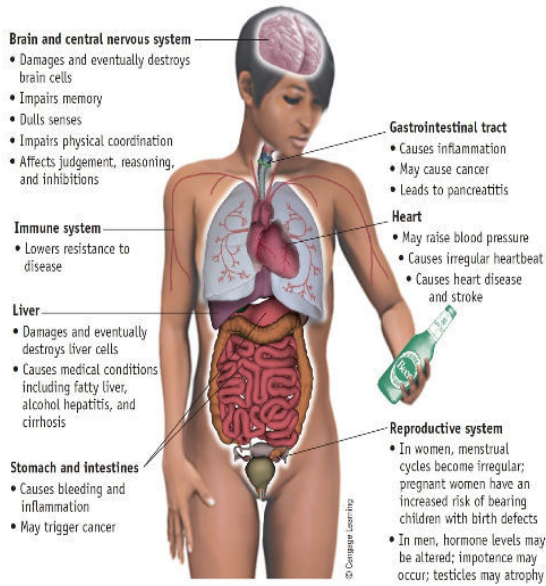
Smoking in the Media

- Link between increases in smoking in popular levies and teen smoking
- Rate of smoking in films increasing since 2010
- Ivey business Review – the television show Mad Men might have increased sales of Lucky Strikes Cigarettes

Alcohol

- Normative in many societies
- Active ingredient = **ethanol/ethyl-alcohol (a depressant)**
- Short term effects:
 - Drowsiness, pain relief, feelings of euphoria
 - Impairment of balance and coordination
 - Inhibits frontal lobe; affects thinking, judgement, reaction time

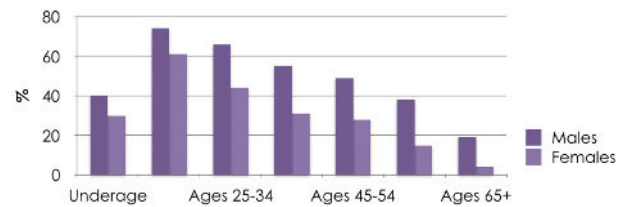
Alcohol: Health Risks of Excessive Use



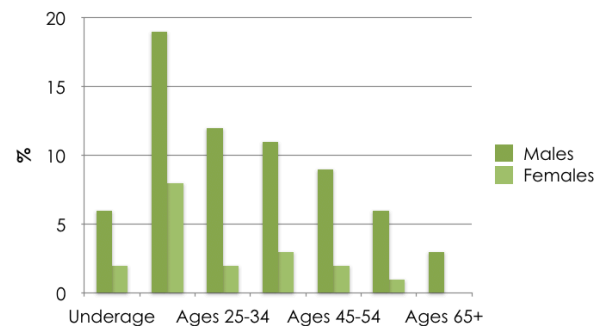
Heavy Episodic Drinking

- Binge drinking
 - For men – consuming **5+** drinks in one sitting
 - For women – consuming **4+** in one sitting
- Acute and chronic outcomes with excessive use
 - Injury, violence, risk behaviours, black outs
 - Financial, social, health related

Canadian Rates of Heavy Episodic Drinking (5+) in Past Year (more prevalent for younger people)



Canadian Rates of WEEKLY Heavy Episodic Drinking in Past Year (more prevalent for younger people)



Predictors of Young People’s Substance Use

- Family
 - Do parents drink?
- Culture
 - Is drinking common in one’s culture?
- Media

- Is drinking prevalent and portrayed positively?
- Peer Influence
 - Do peer/friends drink?... perceived norms predict drinking
 - An issue on university campuses: overestimation (of how much their peers drink) and inaccuracy

Peer Influence

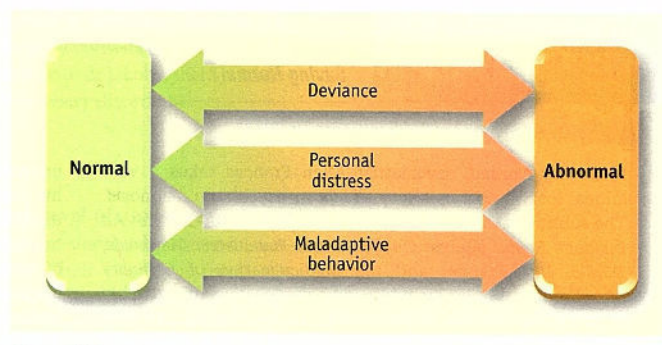
- Responses to online survey exercise:
 - How many (%) believe missing class is due to a hangover is acceptable?
 - Respondents: average UWO undergrad **47%** (think other people think it is acceptable), psych 2035 students **43%** (think other people think it is acceptable), personal responses **26%** (how many people actually believe a hangover is acceptable)
 - This demonstrates overestimation, overestimated peer acceptability of missing class due to a hangover
- Responses to online survey exercise?
 - "In the past 2 weeks,.. Gotten drunk or had 5 or more drinks (4 or more for women) in one sitting?"
 - Respondents: average UWO undergrad **52%** (think other people think it is acceptable), psych 2032 student **46%** (think other people think it is acceptable), personal responses **38%** (how many people actually binge drink)
 - Again demonstrates overestimation, overestimated binge-drinking by peers

Psychological Disorders: The Medical Model of Abnormal Behaviour

- ... abnormal behaviour conceived as a disease
- Clinical practice and treatment rely on:
 - **Diagnosis:** distinguishing one illness from another
 - Practitioners use DSM-5
 - **Etiology:** refers to apparent causation and developmental history of an illness
 - **Prognosis:** forecast about probable course of an illness (what is the outcome)

Criteria of Abnormal Behaviour

1. **Deviance** – significantly different from what is deemed acceptable
2. **Maladaptive behaviour** – interferes with ability to function
3. **Personal distress** – troubling to individual
 - People considered having a disorder when behaviour is extremely deviant, maladaptive or stressing
 - Judging abnormal still difficult in practice



Personality Disorders

- Recall:
 - Personality trait: a durable disposition to behave in a particular way in a variety of situations
- Personality disorders:

- class of disorders marked by extreme, inflexible personality traits that cause subjective distress or impaired social and occupational functioning
- Personality disorders grouped into **three clusters**:
 - Anxious/fearful
 - Off/eccentric
 - Dramatic/impulsive (narcissistic, borderline, antisocial)

Personality Disorders

- **Narcissistic Personality Disorder**: grandiose sense of self-importance, a sense of entitlement, and an excessive need for attention and admiration
- CASE:
 - "One narcissistic client reported, 'I was denied promotion to chief executive by my board of directors, although my work was good, because they felt I had poor relations with my employees. When I complained to my wife, she agreed with the board, saying my relations with her and the children were equally bad. I don't understand. I know I'm more competent than all these people.' The client was depressed and angry about not being promoted and about the suggestion that he had difficulty in forming social relationships. His wife's confirmation of his problems further enraged him. During therapy, he was competitive and sought to devalue the observations of the therapist."
- **Borderline Personality Disorder**: instability in social relationships, self-image and emotion disfunctioning; impulsive and unpredictable
- CASE:
 - "Bryan was a 23-year-old graduate student majoring in sociology at a prestigious university. He was active in student government and was viewed as charismatic, articulate, and sociable. . . . Bryan could not, however, maintain his social relationships. Sometimes he would have a brief but intense affair with a woman and then abruptly and angrily ask himself what he ever saw in her. At other times, the woman would reject him after a few dates, because she thought Bryan was moody, self-centered, and demanding. He often called his friends after midnight because he felt lonesome, empty, bored, and wanted to talk. Several times he threatened to commit suicide. He gave little thought to the inconvenience he was causing. Once he organized a group of students to protest the inadequate student parking the university provided. The morning of the planned protest, he announced that he no longer supported the effort. He said he was not in the right mood for the protest, much to the consternation of his followers, who had spent weeks preparing for the event."

Psychological Disorders

What are the symptoms, etiology and consequences of:

- Anxiety disorders and obsessive-compulsive disorder?
- Dissociative disorders?
- Depressive and bipolar disorders?
- Schizophrenic disorder?
- Autism spectrum disorder?
- Personality disorder?

Practice Test Questions

QUESTION: Joanne W. was known by her college friends as a worrier. She was apprehensive about anything and everything: failing in school, making friends, eating the right foods, maintaining her health, and being liked. Because of her concerns, Joanne was constantly tense. She often felt short of breath, which was accompanied by a fast heart rate and trembling. Joanne also had difficulty making decisions. Her insecurity was so great that even the most common decisions—what clothes to wear, what to order at a restaurant, which movies to see—became major problems. Every night Joanne reviewed and reviewed every real and imaginary mistake she had made during the day or might make in the future. This produced another problem, sleeplessness.

ANSWER: Generalized anxiety disorder

Anxiety Disorders and OCD

- **Generalized anxiety disorder:**

- Chronic, high level of anxiety that is not tied to any specific threat

- **Panic disorder:**

- Characterized by recurrent attacks of overwhelming anxiety that occur suddenly and repeatedly

- **Phobic disorder:**

- a persistent and irrational fear of an object of situation that presents no realistic danger

- **Obsessive Compulsive Disorder (OCD):**

- Persistent, uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions)
 - Common obsessions: fear of contamination, harming or harm to others
- Compulsions temporarily reduce anxiety brought on by obsessions
- CASE:

“for 2 years, a 15-year-old boy acted out 16 repetitions of the following behaviours: opening and closing a door; touching glasses before drinking from them, walking around each tree in front of his house before going to school. These acts produced much discomfort. His schoolmates ridiculed him, and his parents were upset because his rituals prevented him from reaching school at the appropriate time.”

QUESTION: A 38-year-old man who had been missing for a year was living in another state when relatives saw his photo printed in a newspaper. The man had established a new identity and was spearheading a charitable drive in his new home state; the newspaper article praised him for his energy and leadership. When confronted by his relatives, the man initially denied knowing them. The relatives were certain of their identification but also puzzled by his outgoing personality. The person they knew had always been shy and retiring. (**ANSWER:** Dissociative fugue)

Margaret is described as having good social skills but tends not to be assertive. She is left-handed. Rachel is 16 years old. She engages in antisocial behaviors involving activities such as prostitution and aggression. She has a sarcastic sense of humor and appears when there is a need to fight back. She is right-handed. Dee is 8 years old. She speaks and behaves like a child. She holds the memories of sexual abuse. She is ambidextrous.

A psychology graduate student who went through an episode, believed that the CIA was listening to his thoughts and would broadcast them. The student did not question these beliefs. One of his therapists noted, 'it was impressive to me to find someone with an exhaustive intellectual knowledge about psychosis and still unable to bring his critical faculties to bear upon the onslaught of ideation.'

- a. Dissociative amnesia b. Dissociative fugue c. Dissociative identity disorder
- d. Bipolar disorder e. Schizophrenia

- a. Dissociative amnesia b. Dissociative fugue c. Dissociative identity disorder
- d. Bipolar disorder e. Schizophrenia

It's hard to describe the state I was in several months ago. ... it was as if everything that happened to me passed through this filter which colored all experiences. Nothing was exciting to me. I felt I was no good, completely worthless and deserving of nothing. The people who tried to cheer me up were living in a different world.

"on one day, the patient was agitated, demanding, and constantly shouting. The next day, he was almost mute and inactive. The alternating nature of the disorder lasted 11 years."

- i. Dissociative amnesia b. Dissociative fugue c. Dissociative identity disorder
 l. Bipolar disorder e. Schizophrenia **depression**

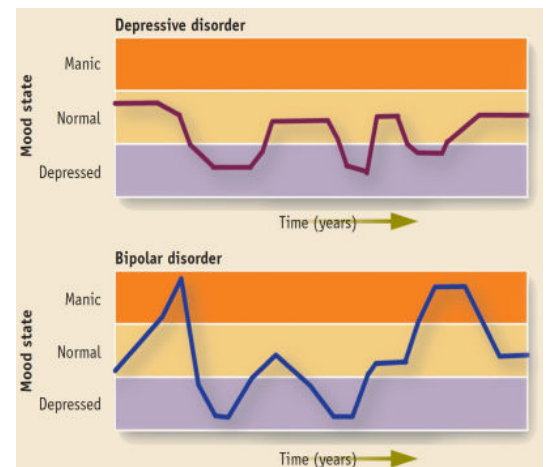
- a. Dissociative amnesia b. Dissociative fugue c. Dissociative identity disorder
d. Bipolar disorder e. Schizophrenia

Dissociative Disorders

- Dissociative Amnesia:
 - sudden loss of memory for important personal information that is too extensive to be due to normal forgetting
- Dissociative identity disorder (DID)
 - Involves coexistence in one person of two or more largely complete, and usually very different, personalities
- Dissociative fugue
 - Confusion over personal identity accompanied by unexpected travel away from home
 - May also involve a partial change of identity

Mood Disorders

- Major depressive disorder
 - Persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure
- Bipolar disorder
 - Experience of both depressed and manic periods
 - Manic periods: bouts of extreme exuberance and a feeling of invincibility
 - State of elation alternatives, sometimes suddenly, with periods of depression



Schizophrenic Disorders

- Class of disorders marked by disturbances in thought that spill over to affect perceptual, social and emotional processes
 - Symptoms:
 - Irrational thought (e.g. delusions)
 - Deterioration of adaptive behaviour (e.g. inability to function at work or home)
 - Distorted perception (e.g. hallucinations)
 - Disturbed emotion (e.g. "flat" affect inappropriate emotions)

Videos

- "Triumphing over Mental Illness"
- Themes:
 - Stigma

- Loneliness
- Benefits of expressing emotions
- Benefits of professional help
 - Coping Skills
 - Sense of control

Etiological Summary of Personality Disorders

Causal factor	Disorders
Genetics	depression and bipolar disorders, schizophrenia, autism, personality disorders, eating disorders, anxiety disorders, obsessive-compulsive disorder
Neurochemical activity	anxiety disorders, depression and bipolar disorders, schizophrenia, obsessive-compulsive disorder
Neurological abnormalities	Depression, schizophrenia, autism
Traumatic experiences	specific phobias, dissociative amnesia and identity disorders, schizophrenia, borderline personality disorder, eating disorders
Stress	Obsessive-compulsive disorder; panic disorder; dissociative amnesia, depression and bipolar disorders

Understanding Yourself and Others – Lecture #9: Careers and Work

Practice Q

Which of the following would best predict job performance?

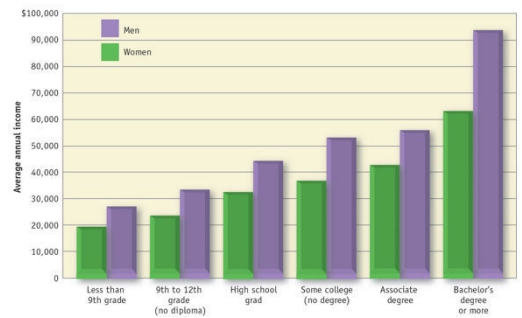
- a. Educational attainment
- b. **Grades**
- c. Reference letters
- d. Prior job salary
- e. All of the above

Individuals with a greater level of education tend to get higher-paying jobs.

- a. **True**
- b. False

On average, women earn ___ of what men earn?

- a. less than 50%
- b. 50%
- c. **80%**
- d. 100%



e. 110%

Which of the following is the WORST predictor of job performance?

- a. Grades.
- b. Social skills.
- c. Social-emotional intelligence.
- d. Interpersonal intelligence.
- e. **General intelligence.**

Taking a vacation is the best way to “reset” and eliminate symptoms of job stress and burnout.

- a. True
- b. **False**

In general, research suggests that happier employees are _____.

- a. Very productive.
- b. Very intelligent.
- c. **Not that much more productive than unhappy employees.**
- d. Very lazy.
- e. No more or less productive than unhappy employees.

Careers and Work

How do I know a chosen career is “right” for me?

Choosing Careers Not Easy

- Decisions, decisions
 - You have potential for success in a variety of occupations
 - ...but, there are limits on your career options
 - Career choice is a developmental process that extends throughout life
 - Stakes are high...
 - Some career decisions are not easily undone

Models of Career Choice

Holland's Person-Environment Fit Model:

- Career satisfaction predicted by match between personal orientations and work environments

HOLLAND'S PERSONAL ORIENTATIONS AND RELATED WORK ENVIRONMENTS		
Themes	Personal orientations	Work environments
Realistic	Values concrete and physical tasks. Perceives self as having mechanical skills and lacking social skills.	Settings: concrete, physical tasks requiring mechanical skills, persistence, and physical movement Careers: machine operator, pilot, drafts person, engineer
Investigative	Wants to solve intellectual, scientific, and mathematical problems. Sees self as analytical, critical, curious, introspective, and methodical.	Settings: research laboratory, diagnostic medical case conference, work group of scientists Careers: marine biologist, computer programmer, clinical psychologist, architect, dentist
Artistic	Prefers unsystematic tasks or artistic projects: painting, writing, or drama. Perceives self as imaginative, expressive, and independent.	Settings: theater, concert hall, library, radio or TV studio Careers: sculptor, actor, designer, musician, author, editor
HOLLAND'S PERSONAL ORIENTATIONS AND RELATED WORK ENVIRONMENTS		
Social	Prefers educational, helping, and religious careers. Enjoys social involvement, church, music, reading, and dramatics. Is cooperative, friendly, helpful, insightful, persuasive, and responsible.	Settings: school and college classrooms, psychiatrist's office, religious meetings, mental institutions, recreational centers Careers: counselor, nurse, teacher, social worker, judge, minister, sociologist
Enterprising	Values political and economic achievements, supervision, and leadership. Enjoys leadership control, verbal expression, recognition, and power. Perceives self as extraverted, sociable, happy, assertive, popular, and self-confident.	Settings: courtroom, political rally, car sales room, real estate firm, advertising company Careers: realtor, politician, attorney, salesperson, manager
Conventional	Prefers orderly, systematic, concrete tasks with verbal and mathematical data. Sees self as conformist and having clerical and numerical skills.	Settings: bank, post office, file room, business office, Internal Revenue office Careers: banker, accountant, timekeeper, financial counselor, typist, receptionist

Careers & Work

Advice for recognizing and coping with occupational stress?

Career Stress

- Effects of unemployment
 - loss of self-esteem, greater depression, anxiety, suicide risk
 - Effects of 2008 recession:
 - Declining fertility, self-rated health, increasing morbidity, psychological distress, and suicide
 - Mixed findings on substance use
 - Some: recession caused distress and substance use
 - Others: recession caused a relapse of substance use among previous users

Career Stress

Not to be forgotten: underemployment

- Settling for a job that does not fully utilize one's skills, abilities, and training
 - This is most likely if college-level reading, writing, and quantitative skills are poor.
 - Poses social, psychological and physical health challenges

Job Stress

Typical sources of stress on the job:

- Long work hours, deadline pressure, lack of privacy, office politics/interpersonal issues
- Inadequate resources to do the job, perceived inequities
- Uncertainty about shifts, job status, benefits, pension
- Overall theme: Lack of control over one's work

Job Stress

Job-Demands Job-Control Model:

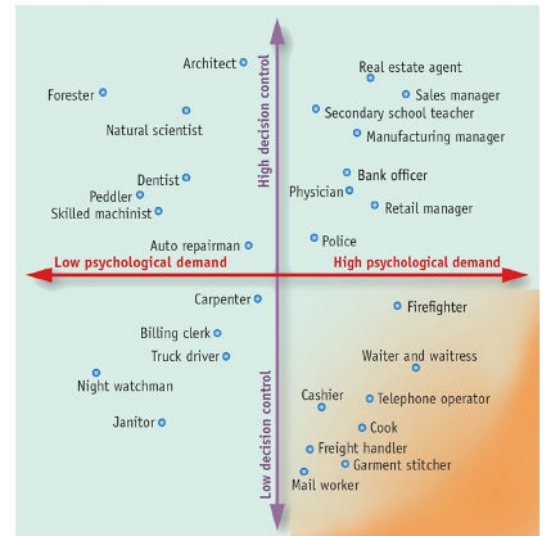
- Two key factors determine occupational stress:
 - Psychological demands of the job
 - E.g., time pressures, interruption rate, pace of work, proportion of work performed under pressure, amount of work
 - Amount of decision control a worker has
 - decision authority, discretion across a variety of tasks,

Job Stress Models

Job Demands-Job Control Model:

- Most stressful jobs: those with high demands + low control (high strain jobs)
 - Evidence?:
 - Consistent support for effects of demands and control.
 - Less consistent support for interaction between two.
 - Consistency suggest high demand, low control = high stress

	Low demand	High demand
High control	Low strain jobs (low stress)	Active jobs (moderate stress)
Low control	Passive jobs (low/moderate stress)	High strain jobs (high stress)

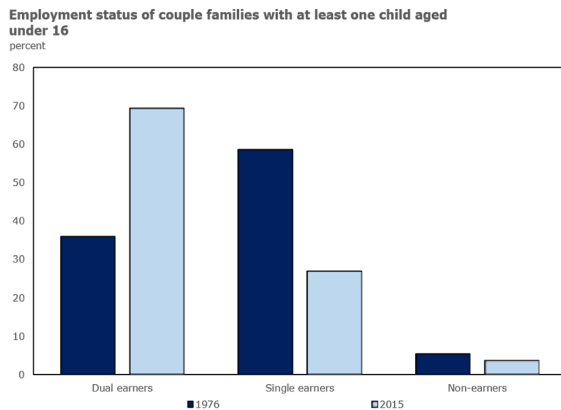


Balancing Work and Life

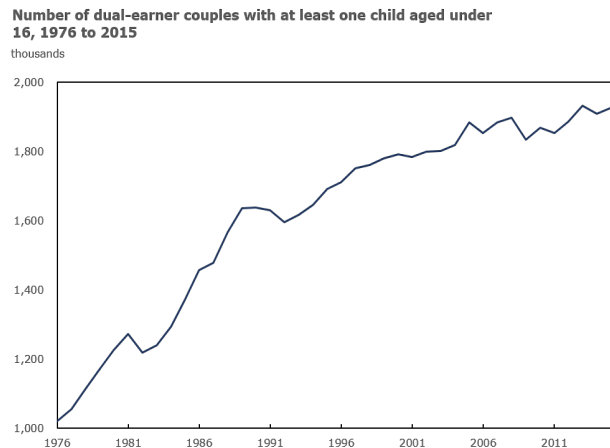
Trends in work and Family roles:

Work-Life Responsibilities in Canada

- National work-life survey study (2001):
 - Approx. 60% of Canadian employees have family responsibilities
 - 1 in 4 Canadian employees provides care/support for an elderly person
 - 1 in 4 Canadians at medium-/large-sized organizations experience high levels of work-family conflict
 - People working longer hours and more shift work
 - 1 in 4 Canadians: more than 50 work hours per week



Source: Statistics Canada, Labour Force Survey, 1976 and 2015.



Source: Statistics Canada, Labour Force Survey, 1976 to 2015.

Balancing Work and Life

- Work-family conflict:
 - Feeling of being pulled in multiple directions by competing demands from job and family
 - Causes:
 - Time demands
 - Strain in one role affects the other role
 - Expectations

Job Stress

- Effects of job stress:

- Health effects previously discussed (Chapters 3-5)
- Increased industrial accidents
- Poor job performance, absenteeism
- Higher turnover rates (move jobs whenever possible)
- Job burnout (exhaustion, cynicism)

Recognizing Burnout:

- Low energy
- Low productivity
- Apathy
- Late
- Low focus
- Perceptions of low impact on organizations
- Negativity, complaining
- Forgetfulness
- Dreading going to work
- Sense of being overwhelmed
- Frustration

Addressing Work Stress

- Positive effects of vacations are
 - Addressing perceptions of fair treatment from organization
- Less strain, higher commitment and job satisfaction
 - Leisure and recreation
- Unpaid activities people choose to engage in because the activities are personally meaningful
 - Promotes feeling of mastery, control

Addressing Work Stress

- New trends: sabbatical leave
 - Employee usually takes at least 6 months to 1 year off, sometimes as much as 2 years
 - Can increase resource gain and well-being (Davidson et al., 2010)
 - Benefits to company: recruitment, retention and loyalty, work engagement upon return (Overman, 2011)

Careers & Work

Is it important to have a fulfilling career?

Antecedents of Job Satisfaction

- Individual-level predictors:
 - Life satisfaction (Judge & Watanabe, 1993)
 - Self-esteem (LeRouge, Nelson, & Blanton, 2006)
 - Ability to withstand stress (Scheier, Weintraub, & Carver, 1986)
 - Doing work related to one's vocational interests (Fricko & Beehr, 1992)

- Job and organization-level predictors:
 - Degree to which reward systems and treatment by company perceived to be fair (Fischer & Smith, 2006)
 - ..and expectations about job are met (Locke, 1984)
 - Person-job fit, person-organization fit (Tinsley, 2000; Cable & DeRue, 2002; Hinkle & Choi, 2009)
 - Appropriate level of work and stimulation (Curry et al., 1986; Hackman & Oldham, 1976)
 - Decentralization of power; employee involvement (De Cuyper & De Witte, 2006)
 - providing with more decision control

Outcomes of job satisfaction

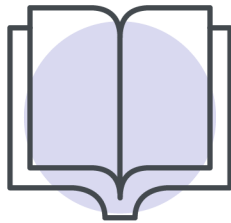
- Highly satisfied employees show:
 - Less absenteeism
 - Lower turnover intentions and behaviour
 - More organizational citizenship behaviours (OCBs)
 - Fewer counterproductive work behaviours (e.g., aggression, theft)
 - Better health

The Meaning of Work

- How do people derive meaning from work? Three primary orientations (Bellah, 1985)
 - **Job orientation:** Work as a means of material benefit
 - **Career orientation:** focus on advancement and promotion
 - Show me and other people what I can do
 - **“Calling” orientation:** perceive work as contributing to greater good
 - Most people self-classify as one of the three orientations ... which is most satisfied?
 - Calling orientation

The Meaning of Work

- How do people create more meaningful jobs?
 - Self selection
 - people try to find jobs that they think will be meaningful
 - Job crafting – changing task or relational boundaries of work
 - Changing number, type, or scope of job tasks
 - Change amount, quantity of interaction with others on job



Textbook Notes

Psychology 2035A: Understanding Yourself and Others

Final – Textbook Notes

Chapter 3: Stress and Its Effects (Objectives)

What is the nature of stress?

Define stress. Describe the experience of stress in everyday life.

- **Stress** = any circumstances that threaten or are perceived to threaten one's well-being and thereby tax one's coping abilities
- The threat of stress may be to one's:
 - Immediate physical safety,
 - Long-range security,
 - Self-esteem, reputation,
 - Or peace of mind

Stress is an everyday event

- Women, younger Americans, and parents appear to be especially susceptible to stress
 - Stress is a hallmark of modern life
- Stress is associated with overwhelming, traumatic events
 - Bombings, floods, earthquakes, and nuclear accidents
 - Elevated rates of psychological problems and physical illness
- Many everyday events such as waiting in line, having car troubles, and staring at bills you can't pay can cause stress
- The top three reported daily causes of stress:
 - Are problems concerning money
 - Work
 - Economy
- A major stressful event (i.e. divorce) can cause a cascade of minor stressors
- Routine hassles may have significant negative effects on a person's mental and physical health
- Elevated levels of both minor and major stress are associated with increased mortality
 - The impact of hassles is actually greater than major stressors
- Many theorists believe stressful events can have a cumulative/additive impact
 - Routine stresses at home, school, and work can collectively cause great strain
 - Especially true for people become preoccupied with hassles
- Daily hassles make important contributions to psychological distress
- Appraisals account for many of the individual differences in reactions to potential stressors

Stress lies in the eye of the beholder - Distinguish between primary and secondary appraisals of stress.

- Richard Lazarus and Susan Folkman (1984) distinguish between primary and secondary appraisal

- **Primary appraisal:** An initial evaluation of whether an event is
 - (a) Irrelevant to you,
 - (b) Relevant but not threatening,
 - or (c) Stressful
- **Secondary appraisal:** When an event has been viewed as *stressful*; an evaluation of coping resources and options for dealing with the stress
- I.e. Primary: Determine if a job is stressful, Secondary: Determine how stressful the interview appeared, in light of your ability to deal with the event
- People's appraisal of stressful events can alter the impact of the events themselves
 - Negative interpretations of events are often associated with increased distress surrounding these events
- Appraisals can shift stress from being negative (threat) to positive (challenge)
 - Positive reappraisals of stress have both psychological and physiological benefits
- Crum, Salovey, and Achor (2013) argue that most people assume stress is generally harmful
 - This attitude is labelled as *stress-is-debilitating* mindset
 - Some people view stress as an invigorating challenge and opportunity for growth
 - This attitude is labelled as *stress-is-enhancing* mindset
 - Enhances capacity to handle stress effectively

Stress may be embedded in the environment - Summarize the evidence on ambient stress, ethnicity-related stress, and acculturation stress.

- **Ambient stress** = consists of chronic environmental conditions that, although not urgent, are negatively valued and place adaptive demands on people
 - Features of urbanization such as excessive noise, traffic, and pollution can threaten well-being and leave a mark on mental and physical health
 - Areas with clean air and green spaces = higher life satisfaction
 - Crowding (an environmental condition) is a major source of stress
 - I.e. Being stuck in a crowded train can be stressful
 - Residential density – Increased physiological arousal, psychological distress and social withdrawal
 - Poverty related stress takes its toll on both mental and physical health
 - Children from lower-income homes tend to have higher levels of stress hormones than their higher-income peers
 - Many ambient stress factors go hand in hand with poverty

Stress is influenced by culture

- **Ethnicity-related stress** = culture sets the context in which people experience and appraise stress
 - A specific culture group may be exposed to pervasive stress that is unique to that group
 - Racial discrimination negatively affects the mental health and well-being of targets
 - Exposure to racism through social exclusion, stigmatization, and harassment affects appraisals of stressful events
- **Acculturation stress** = changing to adapt to a new culture, for immigrants

- Source of stress related to reduced well-being
- Associated with depression and anxiety
- Discrepancy between what individuals expect before immigrating + what they actually experience once they do immigrate = the amount of acculturation stress they report

Briefly outline the importance of stress to our physical and mental health, and our productivity.

What are the major sources of stress?

Distinguish between acute, chronic, and anticipatory stressors.

- **Acute stressors** = Threatening events that have a relatively short duration and a clear endpoint
 - For example, such as waiting for the results of a medical exam
- **Chronic stressors:** Threatening events that have a relatively long duration and no readily apparent time limit
 - For example, such as persistent financial strains produced by unemployment
- **Anticipatory stressors:** Upcoming or future events that are perceived to be threatening (Robert Sapolsky, 2004)
 - For example, people might worry about breakups that never occur
 - These stressors can just as strongly affect psychological and physical health as actual stressors

Frustration - Describe frustration and internal conflict in relation to stress.

- **Frustration** = Occurs in any situation in which the pursuit of some goal is thwarted
 - Want something but you can't have it
 - Routine sources (long commutes, traffic jams, annoying drivers) of frustration can produce negative moods and increase levels of stress
 - Such frustration can often lead to aggression (i.e. road rage)
 - Failures and losses can be sources of significant stress
 - Most are brief and insignificant
 - Workplace – excessive noise, heat, pollution, and crowding = stress

Internal Conflict

- **Internal conflict** = Occurs when two or more incompatible motivations or behavioural impulses compete for expression
 - “Should I or shouldn't I” situations
 - Freud proposed that internal conflicts generate psychological distress
 - Laura King and Robert Emmons (1990,1991) used an elaborate questionnaire to assess overall amount of internal conflict experience by subjects
 - Higher levels of conflict tend to be associated with higher levels of psychological distress
- Kurt Lewin (1935) described three types of conflicts:
 - **Approach-approach conflict**=choice must be made between two attractive goals
 - Can only choose one of the two goals
 - This tends to be the least stressful type of conflict

- **Avoidance-avoidance conflict** = choice must be made between two unattractive goals
 - Forced to choose between two repelling alternatives
 - This tends to be the most unpleasant and highly stressful type of conflict
- **Approach-avoidance conflict** = choice must be made about whether to pursue a single goal that has both attractive and unattractive aspects
 - Such conflicts are common and highly stressful
 - We are equipped to focus on the positive aspects of our decision once it has been made

Change - Summarize the research on life changes and pressure as sources of stress in modern life

- **Life changes** = any noticeable alterations in one's living circumstances that require adjustment
- Thomas Holmes and Richard Rahe explored the relation between stressful life events and physical illness
- Also found that positive events produce stress – because they produce change
- Developed the Social Readjustment Rating Scale (SRRS) to measure life change as a form of stress
 - People with high scores in SRRS tend to be more vulnerable to many kinds of physical illness and many psychological problems
 - Many researchers argue that SRRS does not measure change exclusively
 - It could be that frustration, rather than change, creates most of the stress assessed by the scale

Pressure

- **Pressure** = Involves expectations or demands that one behave in a certain way
- Pressure can be divided into two subtypes
 - **Pressure to perform**
 - Expected to execute tasks and responsibilities quickly, efficiently, and successfully
 - **Pressure to conform**
 - Pressure to conform to others' expectations
- Pressure is often self-imposed
 - Individuals who think that failure to meet exceedingly high standards is unacceptable are more prone to fatigue and depression
- Individuals may have control over their stress because they create their own stress by embracing unrealistic expectations for themselves

Responding to stress, How does stress affect us? Summarize research on typical emotional responses (both positive and negative) to stress and discuss some effects of emotional arousal.

- **Emotional response to stress** Can be seen through annoyance and anger;
 - **Physiological response to stress** seen in quickening in pulse;
 - **Behavioural response to stress** can be seen in verbal aggression

- Can analyze people's reactions to stress at three levels:
 - Emotional levels
 - Physiological responses
 - Behavioural responses

Emotional responses

- **Emotions** = powerful, largely uncontrollable feelings, accompanied by physiological changes
- Stress tends to elicit unpleasant emotions
- Researchers have uncovered some strong links between specific cognitive reactions to stress and specific emotions
- According to Richard Lazarus (1993) common negative emotional responses to stress include the following:
 - Annoyance, anger, and rage
 - Anger ranging from mild annoyance to uncontrollable rage
 - Irritability or anger are the most frequent symptom of stress
 - Apprehension, anxiety, and fear
 - Anxiety can be elicited by conflict or pressure to perform, threat of impending frustration, or uncertainty associated with change
 - Dejection, sadness, and grief
 - Routine setbacks often produce feelings of dejection
 - Profound setbacks typically leave one grief-stricken
- The ability to verbally describe one's emotional experience is associated with less severe reactions to stress
- People with skills to recognize and communicate their emotions tend to engage less in maladaptive coping strategies
- Researchers have found that people experience a diverse array of pleasant emotions even while enduring the most dire of circumstances
- Fredrickson (2003) found that frequency of pleasant emotions correlated positively with a measure of subjects' resilience; unpleasant emotions correlated negatively with resilience
- Researchers concluded that "positive emotions in the aftermath of crises buffer resilient people against depression and fuel thriving"
- There is a finding that positive emotional style is associated with enhanced immune functioning and physical health
 - Association between positive emotions and longevity
- Positive emotions can contribute to building social, intellectual, and physical resources that can be helpful in dealing with stress and allow one to experience flourishing mental health
- Test anxiety illustrates how emotional arousal can hurt performance
 - Researchers have found negative correlation between test-related anxiety and exam performance
 - It interferes the most by disrupting attention to the test
 - It may deplete one's capacity for self-control, increasing the likelihood of poor performance

- Once distracted, anxious students won't have self-control to get back on course
- Inverted-u hypothesis: predicts that task performance should improve with increased emotional arousal – up to a point after which further increases in arousal become disruptive and performance deteriorates
 - Level of arousal at which performance peaks is characterized as the optimal level of arousal for a task
 - As tasks become more complex, the optimal level of arousal tends to decrease
 - Performance should peak at a lower level of arousal on complex tasks
 - The formulation of this hypothesis was more related to animal learning than to human performance in stressful situations
 - Risky to generalize this principle to the complexities of everyday coping efforts

Describe some physiological responses to stress, including the fight-or-flight response and the general adaptation syndrome.

- Walter Cannon was one of the first to do research with his work in fight-or-flight response
- Fight-or-flight response: physiological response to threat that mobilizes an organism for attacking (fight) or fleeing (flight) an enemy
 - The physiological responses occur in the autonomic nervous system
- Autonomic nervous system (ANS): made up of the nerves that connect to the heart, blood vessels, smooth muscles, and glands
 - It is somewhat autonomous – it controls involuntary, visceral functions
- The ANS is broken into two divisions: parasympathetic system and sympathetic system
 - Parasympathetic: conserves bodily resources; slows heart rate and promotes digestion to help body save and store energy
 - Sympathetic: mediates fight-or-flight responses; mobilizes bodily resources for emergencies
- Shelley Taylor questioned whether fight-or-flight model applies equally to both males and females
 - Evolutionary processes have fostered a more “tend and befriend” response to stress in females
 - In reacting to stress, females allocate more effort to care of offspring and to seeking help and support
 - Maintains that oxytocin signals need for affiliation in females in times of social distress
 - Basic neuroendocrine core of stress responses is largely same for males and females
- David Lyons-Ruth (2005) found gender differences in how infants respond to threat
 - Females showed more approach behaviour toward their mothers than male infants did
- The concept of stress was popularized by Hans Selye (1936,1956,1982)
- Selye exposed lab animals to an array of unpleasant stimuli – patterns of physiological arousal observed were the same to all stimuli
- Selye concluded that stress reactions are nonspecific

- They do not vary according to specific circumstances
- In the 1940s he labelled this as stress
- General adaptation syndrome: a model of the body's stress response, consisting of three stages – alarm, resistance, exhaustion
 - Alarm reaction occurs when an organism recognizes the existence of a threat
 - This is the fight-or-flight response
 - If stress continues then the animal progresses to the second stage – stage of resistance
 - Physiological changes stabilize as coping efforts get under way
 - Physiological arousal may level off as organism becomes accustomed to threat
 - If stress continues over substantial period of time the organism will enter the final stage – exhaustion
 - Body's resources for fighting stress are limited – if stress cannot be overcome then resources will become depleted and physiological arousal will decrease
 - Eventually the individual will collapse from exhaustion
 - Reduced resistance during this stage may lead to “diseases of adaptation” such as cardiovascular disease or high blood pressure

Describe the two major pathways along which the brain sends signals to the endocrine system.

- The brain sends signals to the endocrine system when a person experiences stress
- Endocrine system: consists of glands that secrete chemicals called hormones into the bloodstream
- Signals travel through the endocrine system along two major pathways
- Hypothalamus: small structure near the base of the brain; initiates action along both pathways
- The first pathway is routed through the autonomic nervous system
 - The hypothalamus activates the sympathetic system
 - The activation involves stimulating the central part of the adrenal glands (adrenal medulla) to release large amounts of catecholamines into the bloodstream
 - These hormones radiate through the body producing important physiological responses
 - Catecholamines elevation results in the body being mobilized for action
 - Heart rate and blood flow increase, pumping more blood into the brain and muscles
 - Respiration and oxygen consumption speed up, facilitating alertness
 - Digestion processes are inhibited to conserve energy
 - Pupils dilate, increasing visual sensitivity
- The second pathway involves more direct communication between the brain and endocrine system
 - The hypothalamus sends signals to the pituitary glands
 - The pituitary secretes a hormone (ACTH) that stimulates the outer part of the pituitary glands (adrenal cortex) to release another set of hormones – corticosteroids

- These hormones play an important role in the response to stress – stimulate the release of chemicals that help increase energy and help inhibit tissue inflammation in case of injury
- Cortisol is a type of corticosteroid that is often used as a physiological indicator of stress in humans
- Evidence indicates that chronic stress can suppress certain aspects of the multifaceted immune response, reducing its overall effectiveness in repelling invasions by infectious diseases
 - Both sets of stress hormones – catecholamines and corticosteroids – contribute
 - State of high alert weakens the ability of the immune system to fend off illness over the long run
 - Research implicates stress induced chronic inflammation as an indicator of an immune system that is chronically activated
- Stress can interfere with neurogenesis: formation of new neurons
 - The adult brain is capable of neurogenesis, primarily in key areas in the hippocampus
 - Evidence suggests that suppressed neurogenesis may be the key cause of depression
- Chronic inflammation can contribute to the following:
 - Cardiovascular disease
 - Type 2 diabetes
 - Alzheimer's disease
 - Osteoporosis
 - Rheumatoid arthritis
 - Periodontal disease
 - Some cancers
 - Fatigue
 - Frailty
 - Disability

Discuss the concept of coping.

- Emotional and physiological responses to stress tend to be largely automatic
- Dealing effectively with stress at the behavioural level may shut down these potentially harmful emotional and physiological responses
- Coping: active efforts to master, reduce, or tolerate the demands created by stress
 - Neutral as to whether coping habits are healthy or maladaptive
 - Coping responses may be either healthy or unhealthy

Explain the influence of stress on task performance, cognitive functioning, and burnout.

- Adaptational outcomes: long-lasting effects of stress when it becomes severe or demands pile up
- Roy Baumeister (1984) theorized that pressure to perform often makes people self-conscious and this disrupts their attention – interfering with performance
 - He theorizes that attention may be distorted in two ways
 - First, elevated self-consciousness may divert attention from the demands of the task, creating a distraction

- Second, well-learned tasks that should be executed almost automatically, the person may focus too much attention on the task – person thinks too much about what he/she is doing
- He found support for his theory through experiments in which he manipulated the pressure to perform on a simple perceptual-motor task
 - He found that many people “choke” under pressure
 - According to Beilock, choking under pressure tends to occur when worries about performance distract attention from task at hand and use up one’s limited cognitive resources
- Effects of stress on task performance often result from disruptions in thinking or in cognitive functioning
- Being in a situation where you need cognitive resources the most can produce this resource sapping stress effect
- Keinan (1987) measured participants’ attention under stressful and nonstressful conditions and found that stress disrupted two specific aspects of attention
 - It increased participants’ tendency to jump to a conclusion too quickly without considering all their options
 - It increased their tendency to do an unsystematic, poorly organized review of their available options
- Stress can have detrimental effects on certain aspects of memory functioning
 - Stress can reduce the efficiency of the “working memory” system that allows people to juggle information on the spot
 - In stressful situations people may not be able to process, manipulate, or integrate new information as effectively as they normally would
 - Stress has a complicated relationship with memory in that short-term, mild-to-moderate stressors can actually enhance memory – especially for emotional aspects of events
 - Individuals who experienced early life stress often show improved memory when it comes to detecting dangers or threats
- Adapted cognition is a better term than impaired cognition when it comes to stress
- Burnout: a syndrome involving physical and emotional exhaustion, cynicism, and a lowered sense of self-efficacy that is attributable to work-related stress
 - Exhaustion is central to burnout – includes chronic fatigue, weakness, and low energy
 - Cynicism is manifested in highly negative attitudes toward oneself, one’s work, and life in general
 - Reduced self-efficacy involves declining feelings of competence at work that give way to feelings of hopelessness and helplessness
 - According to Maslach and Leiter (2007) – “burnout is a cumulative stress reaction to ongoing occupational stressors”
 - Burnout occurs because of some flaw or weakness within the person
 - Maslach (2003) asserts that burnout is more a function of the situation than of the person”
 - Factors that promote burnout include work overload, interpersonal conflicts, lack of control over responsibilities and outcomes, and inadequate recognition for one’s work’

- Burnout is associated with increased absenteeism and reduced productivity, as well as increased vulnerability to a variety of health problems

Assess the potential impact of stress on psychological and physical health.

- Studies indicate that stress may contribute to poor academic performance, insomnia and other sleep disturbances, lowered relationship satisfaction, sexual difficulties, and substance abuse
- Stress often contributes to the onset of full-fledged psychological disorders, including depression, schizophrenia, anxiety disorders, and eating disorders
- Some individuals are exposed to extremely stressful, traumatic incidents that leave a lasting imprint on their psychological functioning
- Posttraumatic stress disorder (PTSD): involves enduring psychological disturbance attributed to the experience of a major traumatic event
- The frequency and severity of PTSD grew after the Vietnam War in 1975
- PTSD did not become an official psychological diagnosis till 1980
- Military returnees show elevated rates of PTSD if they experienced extreme combat exposure and involvement in harming civilians or prisoners
- PTSD is frequently seen after rape or sexual assault, serious automobile accident, a robbery or assault, or witnessing a death
 - Also common in the wake of major natural disasters
- Experts speculate that 50% of us will encounter a traumatic event at some point
 - 90% of adults reported experiencing at least one traumatic event over the course of their lifetime
 - Research suggests that at least 9% of people have suffered from PTSD at some point in their lives
 - It is twice as common in women than men
 - Children's PTSD symptoms show up in their play or drawings
- Common symptoms of PTSD include: nightmares and flashbacks, emotional numbing, alienation, problems in social relations, and elevated arousal, anxiety, guilt
- PTSD is also associated with an elevated risk for substance abuse, depression, anxiety disorders, as well as physical problems
- Frequency and severity of posttraumatic symptoms usually decline gradually over time
- Some psychologists have argued that traumatic events don't need to be experienced directly to lead to PTSD symptoms
 - Children who have pre-existing anxiety before traumatic events are more vulnerable to PTSD after media exposure
 - In 2013, APA mandated that an individual must experience trauma directly and first hand in order to qualify for a diagnosis of PTSD
- According to McKeever and Huff (2003) found that vulnerability to PTSD probably depends on complex interactions among biological and environmental factors
 - A key predictor is the intensity of one's reaction at the time of the traumatic event
 - Vulnerability seems the greatest among people whose reactions are so intense that they report dissociative experience
- Evidence that stress can cause physical illness began to accumulate back in the 1930s

- By 1950s the concept of psychosomatic disease was widely accepted
- Psychosomatic diseases: genuine physical ailments thought to be caused in part by stress and other psychological factors
 - Such illnesses include: high blood pressure, peptic ulcers, asthma, skin disorders (eczema and hives), migraine and tension headaches
 - Stress may influence the onset and course of heart disease, stroke, gastrointestinal disorders, tuberculosis, multiple sclerosis, arthritis, diabetes, leukemia, cancer, various types of infectious disease, and probably other types of illnesses

Articulate two ways in which stress might lead to beneficial effects.

- The new focus on the possible benefits of stress reflects a new emphasis on positive psychology
 - It seeks to shift the field's focus away from negative experiences
- Advocates of positive psychology argue for increased research on: well-being, contentment, hope, courage, perseverance, nurturance, tolerance, and other human strengths and virtues
 - One of the strengths is resilience in the face of stress
- First, stress can promote positive psychological change – Tedeschi and Calhoun (1996) called this posttraumatic growth
 - This phenomenon is evident in people facing a variety of stressful circumstances, including: bereavement, cancer, sexual assault, and combat
 - Stressful events sometimes force people to develop new skills, reevaluate priorities, learn new insights, and acquire new strengths
 - Adaptation process initiated by stress may lead to personal changes for the better
- Second, today's stress can inoculate and psychologically prepare individuals so that they are less affected by tomorrow's stress
 - Some studies suggest that exposure to stress can increase stress tolerance – as long as the stress isn't overwhelming
 - Dealing with some adversity provides an opportunity to develop coping skills that can decrease distress when new stressors arise
 - It can build “mental toughness”
 - High levels of adversity predict poor mental health – but people who faced intermediate levels of adversity were healthier than those who experience little adversity: moderate amounts of stress can foster resilience
 - Intermediate levels of adversity were predictive of the greatest resilience

Are there certain factors that affect how we respond to stress?

Explain how social support, hardiness, and optimism moderate the impact of stress.

- Social support: various types of aid and succor provided by members of one's social networks
- Social support is favourably related to physical health
 - Positive correlations between high social support and greater immune functioning
 - Social support has also been associated with lower levels of inflammation

- Loneliness and isolation are associated with immune dysregulation and increased inflammation
- Solid social support increased people's odds of survival by roughly 50%
 - Effect of inadequate social support is greater than negative effects of being obese, not exercising, drinking excessively, smoking
 - Studies have linked social isolation to poor health and increased mortality
- Social support serves as a protective buffer during times of high stress – reducing negative impact of stressful events
- In the workplace, social support has been shown to reduce the prevalence of burnout
- Social support appears to be a key factor in reducing the likelihood of PTSD among Vietnam veterans and increasing the likelihood of posttraumatic growth
- A recent study suggests that even superficial social interactions with acquaintances and strangers may be beneficial
- Social support could promote wellness by making appraisals of stressful events more benign, dampening the intensity of physiological reactions to stress, reducing health-impairing behaviours, encouraging preventative behaviour, and fostering more constructive coping efforts
- Social support networks have their drawbacks: conflict role strain, additional responsibilities, dependency
 - These are thought to be disingenuous or inappropriate and can be counterproductive and decrease one's well-being
- Hardiness may moderate the impact of stressful events
- Suzanna Ouellette reasoned that if stress affects some people less than others, some people must be hardier than others
- Kobasa (1979) found that hardier executives “were more committed, felt more in control, and had bigger appetites for challenge”
- Hardiness: disposition marked by commitment, challenge, and control that is purportedly associated with strong stress resistance
 - Higher hardiness was related to a lower likelihood of developing PTSD
 - It is a good predictor of success in high-stress occupations
- Hardiness may reduce the effects of stress by altering appraisals or fostering more active coping
- Hardiness can be learned and often comes from strong social support and encouragement from those around us
- Optimism: general tendency to expect good outcomes
- Scheier and Carver (1985) found a correlation between optimism and relatively good physical health
- Research has shown that optimism is associated with better mental and physical health
- Research suggests that optimists cope with stress in more adaptive ways than pessimists
- Optimists are more likely to engage in action-oriented, problem-focused, carefully planned coping and are more willing than pessimists to seek social support
- Pessimists are more likely to deal with stress by avoiding it, giving up, or engaging in denial
- Optimists enjoy greater social support than pessimists because they work harder on their relationships

- Unrealistic optimism can lead to false hope; it can lead to risky behaviours if one holds an “it-can’t-happen-to-me” attitude
- Gillham and Reivich (2007) argue that with optimism what is most adaptive is some sort of middle ground where one displays “optimism that is closely tied to the strength of wisdom”

Application: How can we reduce stress?

Explain how behaviour modification can be used to improve self-control.

- Behaviour modification: systematic approach to changing behaviour through the application of the principles of conditioning
- Advocates of this process assume that behaviour is a product of learning, conditioning, and environmental control
 - They assume that what can be learned can also be unlearned
 - They set out to “recondition” people to produce more desirable patterns of behaviour
- Behaviour modification techniques have been used to treat a variety of issues, including ADD, autism spectrum disorders, and childhood obesity

Summarize the five steps in the process of self-modification.

- Specifying your target behaviour
- Gathering baseline data
 - Antecedents: events that typically precede the target response
- Designing your program
 - Increasing response strength
 - Selecting a reinforcer
 - Arranging the contingencies
 - Token economy: system for doling out symbolic reinforcers that are exchanged later for a variety of genuine reinforcers
 - Shaping
 - Accomplished by reinforcing closer and closer approximations of the desired response
 - Decreasing response strength
 - Reinforcement
 - Control of antecedents
 - Punishment
- Executing and evaluating your program
 - Behavioural contract: written agreement outlining a promise to adhere to the contingencies of a behaviour modification program
- Ending your program

Chapter 4: Coping Processes (Objectives)

Explain the concept of coping.

Describe the variety of coping strategies that people use.

- Coping: efforts to master, reduce, or tolerate the demands created by stress
- Carver suggest we use four important distinctions/groupings for ways to cope
 - Problem-focused vs. emotion-focused coping
 - Engagement vs. disengagement coping
 - Meaning-focused coping
 - Proactive coping
- APA (2015) found that 20% of Americans do nothing to manage stress

Understand why it is beneficial to use a variety of coping strategies and how these strategies differ in their adaptive value.

- It is most adaptive to use a variety of coping strategies
- Coping flexibility: ability to use multiple coping strategies
- Flexible copers can differentiate among stressful events in terms of controllability and impact
- Ability to select a particular coping tactic to deal with a specific adversity helps people avoid becoming hindered by a problematic strategy
- Coping flexibility has been related to positive mental health outcomes, including: increased resilience, and reduce depression, anxiety, distress
- Coping strategies vary in their adaptive value
- Distinguish between coping patterns that tend to be helpful and those that tend to be maladaptive
 - Use of maladaptive strategies is associated with poorer psychological adjustment
 - Adaptive strategies are related to enhanced well-being

Are certain coping strategies better than others?

Identify and describe coping patterns of limited value.

Analyze the adaptive value of giving up as a response to stress.

- Martin Seligman developed a model of the giving up syndrome
- Humans display helplessness
- Learned helplessness: passive behaviour produced by exposure to unavoidable aversive events
- Some people routinely respond to stress with fatalism and resignation, passively accepting setbacks that they could have overcome
- Seligman originally viewed learned helplessness as a product of conditioning
 - The current model proposes that people's cognitive interpretation of aversive events determines whether they develop learned helplessness
 - Helplessness occurs when individuals come to believe that events are beyond their control

- Pessimistic people tend to attribute setbacks to personal inadequacies instead of situational factors
- Carver referred to giving up as behavioural disengagement – found it associated with increased distress
- Giving up could be adaptive in some cases – such as when goals are truly unattainable
 - People are better able to disengage from unattainable goals report better health and exhibit lower levels of a key stress hormone

Describe the adaptive value of aggression as a response to stress, including research on media violence as catharsis.

- Road rage is an example of how drivers maladaptively cope while driving with stress, anxiety, and hostility
- Aggression: any behaviour intended to hurt someone, either physically or verbally
 - There can be either direct or indirect forms of aggression
- Frustration-aggression hypothesis: holds that aggression is always due to frustration
 - Frustration frequently elicits aggression
- People often lash out aggressively at others who had nothing to do with their frustration, especially when they can't vent their anger at the real source of their frustration
- Freud noticed and called the diversion of anger to a substitute target displacement
- Freud theorized that behaving aggressively could get pent up emotion out of one's system and be adaptive
- Catharsis: release of emotional tension
 - Studies have found that behaving in an aggressive manner tends to fuel more anger and aggression
- Conventional wisdom holds that viewing violent media or playing violent video games can be cathartic
 - Watching a fight on tv or killing fictional characters in a game can release pent-up anger and hostility
 - Anderson and Bushman (2001) found that playing violent video games was related to increased aggression, physiological arousal, and aggressive thoughts, decreased prosocial behaviour
 - Exposure to media violence desensitizes people to violent acts, encourages aggressive self-views and automatic aggressive responses, increased feelings of hostility, decreases prosocial behaviour
- Aggressive behaviour usually backfires because it elicits aggressive responses from others and generates more anger
 - Interpersonal conflicts that often emerge from aggressive behaviour actually induce additional stress

Evaluate the adaptive value of indulging yourself as a response to stress

- Stress sometimes leads to reduced impulse control, or self-indulgence
- When things are going poorly in one area of life, you may try to compensate by pursuing substitute forms of satisfaction
- There is evidence of stress-induced eating, smoking, gambling, alcohol and drug use

- Psychologists speculate that the general relationship between stress and poor physical health might be attributable in part to these unhealthy behaviours
- Some foods appear to be real sources of comfort
- Researchers found that comfort foods can remind us of meaningful relationships and reduce loneliness
 - Indulging in one's comfort foods can have negative effects such as an increase in consumption of unhealthy calories – increasing one's risk of obesity and other health related problems
- Another example of self-indulgent coping is stress-induced shopping
- Stress increases compulsive compensation – this is common in people who are highly materialistic
- Kimberly Young described a syndrome called internet addiction: consists of spending an inordinate amount of time on the internet and an inability to control online use
 - People who exhibit this syndrome tend to feel: anxious, depressed, or empty when they aren't online
 - The internet use becomes so excessive that it begins to interfere with their functioning at work, at school, or at home – leading victims to start concealing the extent of their dependence
- Internet addiction typically involves one of three subtypes: excessive gaming, preoccupation with sexual content, or obsessive socializing
 - All three subtypes exhibit:
 - Excessive time online
 - Anger and depression when thwarted from being online
 - Escalating need for better equipment and connections
 - Adverse consequences such as arguments and lying about internet use, social isolation and reductions in academic or work performance
- Studies suggest that internet addiction is fostered by high stress
 - It associated with increased levels of depression, social anxiety, alcohol use
- Indulges can cause emotional ambivalence, as immediate pleasure gives way to regret, guilt, or embarrassment

Discuss the adaptive value of self-blame as a response to stress.

- Tendency to engage in “negative self-talk” in response to stress has been noted
- Ellis calls this phenomenon “catastrophic thinking”
- Catastrophic thinking perpetuates emotional reactions to stress that are often problematic
- Self-blame is associated with increased distress and depression for individuals who have experienced traumas such as sexual assault, war, natural disasters
 - Self-blame is heightened in victims of sexual assault and also have PTSD and greater feelings of shame
- Self-blame is related to difficulties in dealing with loss of a loved one

Evaluate the adaptive value of defence mechanisms, including recent work on healthy illusions.

- Defence mechanisms: largely unconscious reactions that protect a person from unpleasant emotions such as anxiety and guilt
- Five common defence mechanisms:

- Denial – refusal to acknowledge or face up to unpleasant realities in one’s life
- Fantasy – fulfilling conscious or unconscious wishes and impulses in one’s imagination
- Intellectualization – dealing with difficulties by looking at them in a detached, abstract way, thus suppressing one’s emotional reactions
- Undoing – attempting to counteract feelings of guilt through acts of atonement
- Overcompensation – making up for real or imagined deficiencies by focusing on or exaggerating, desirable characteristics
- What do defence mechanisms defend against?
 - Shield the individual from emotional discomfort elicited by stress
 - Main purpose is to ward off unwelcome emotions or to reduce their intensity
 - The emotion foremost guarded against is anxiety
- How do they work?
 - They work through self-deception
 - Accomplish their goals by distorting reality so it does not appear to be threatening
- Are they conscious or unconscious?
 - Freudian theory assumed that defenses operate entirely at an unconscious level
 - Concept has broadened to include maneuvers that people may have some awareness of
 - Operate at varying levels of awareness
- Are they normal?
 - Most people use defence mechanisms on a normal basis
- Defense mechanisms are poor ways of coping
- Defensive coping is an avoidance strategy and avoidance rarely provides a genuine solution to problems
 - Avoidance coping is associated with life stressors as well as increased depressive symptoms
- Defenses such as denial, fantasy, and projection represent “wishful thinking” which is likely to accomplish little
- Defensive coping style has been related to poor health, in part because it often leads people to delay facing up to their problems
- Illusions may protect one from anxiety in the short-term, they create serious problems in the long run
- Evidence suggesting that “positive illusions” may sometimes be adaptive for mental health
 - Normal people tend to have overly favourable self-images; they overestimate the degree to which they control chance events
 - Depressed people exhibit less favourable but realistic self-concepts; less prone to illusion of control
 - Normal individuals are more likely to display unrealistic optimism in making projections about the future, than depressed individuals
- Colvin and Block (1994) make a case for the traditional view that accuracy and realism are healthy
 - Report data showing that overly favourable self-ratings are correlated with maladaptive personality traits

- A possible resolution to this is Baumeister's (1989) theory that it's all a matter of degree and that there is an "optimal margin of illusion"
 - Extreme self-deception is maladaptive but small illusions may often be beneficial

Describe the nature of constructive coping.

- Constructive coping: efforts to deal with stressful events that are judged to be relatively healthful
- Efficacy of a coping response depends to some extent on the person, the nature of the stressful challenge, and context of events
- Concept of coping is meant to convey a healthy, positive connotation, without promising success
- Some consensus emerges from the research on coping and stress management
 - Constructive coping involves confronting problems directly
 - Constructive coping takes conscious effort
 - Constructive coping is based on reasonably realistic appraisals of your stress and coping resources
 - Constructive coping involves learning to recognize and manage potentially disruptive emotional reactions to stress
 - Constructive coping involves learning to exert some control over potentially harmful and destructive habitual behaviours – behavioural self control

Distinguish among the three categories of constructive coping.

- Classification scheme proposed by Moos and Billings (1982) to divide constructive coping techniques into three broad categories
 - Appraisal-focused coping
 - Detecting and disputing negative self-talk
 - Rational thinking
 - Using positive reinterpretation
 - Finding humour in the situation
 - Turning to religion
 - Problem-focused coping
 - Active problem solving
 - Seeking social support
 - Enhancing time management
 - Improving self-control
 - Becoming more assertive
 - Emotion-focused coping
 - Releasing pent-up emotions
 - Distracting oneself
 - Managing hostile feelings and forgiving others
 - Exercising
 - Meditating
 - Using systematic relaxation procedures

How can appraisal-focused coping help?

Explain rational thinking as an appraisal-focused coping strategy by using Ellis's theory of catastrophic thinking.

- Ellis believed that people could short circuit their emotional reactions to stress by altering their appraisals of stressful events
- Rational-emotive behaviour therapy: approach to therapy that focuses on altering clients' patterns of irrational thinking to reduce maladaptive emotions and behaviour
- Argued that problematic emotional reactions are caused by negative self-talk 9catastrophic thinking
- Catastrophic thinking: involves unrealistic appraisals of stress that exaggerate the magnitude of one's problems
- Ellis used an A-B-C sequence to explain
 - Activating event: event that produces stress
 - May be any potentially stressful transaction
 - Belief system: represents the appraisal of stress
 - Rational or irrational appraisals
 - People often view minor setbacks as disasters – engaging in catastrophic thinking
 - Consequence: of the negative thinking
 - Negative appraisal of stressful event = emotional distress
- Ellis asserts that A does not equal C, rather B causes C
- Ellis theorized that unrealistic appraisals of stress are derived from the irrational assumptions people hold
 - If you scrutinize your catastrophic thinking you will find that your reasoning is based on an unreasonable premise
 - These generate catastrophic thinking
 - The following are four common irrational assumptions
 - I must have love and affection from certain people
 - I must perform well in all endeavors
 - Other people should always behave competently and be considerate of me
 - Events should always go the way I like
- In order to reduce catastrophic thinking, Ellis asserts that you must learn
 - How to detect catastrophic thinking
 - Look for key words in verbal communication such as should, ought, always, never, and must
 - How to dispute the irrational assumptions that cause it
 - Subject reasoning process to scrutiny

Discuss the merits of humour in coping with stress, including the work on different types of humour.

- There is empirical evidence showing that humour moderates the impact of stress
- Martin and Lefcourt (1983) found that a good sense of humour functioned as a buffer to lessen the negative impact of stress on mood
 - High humour participants were less negatively affected by stress than their low humour counterparts

- Humour has been linked to increases in self-efficacy, positive mood, and optimism; decreases in stress, depression, and anxiety
- Some types of humour are more effective than others in reducing stress
- Chen and Martin (2007) found that humour that is affiliative or self-enhancing is related to better mental health
 - Coping through humour that is self-defeating or aggressive is related to poorer mental health
- McGraw found that timing of humour plays a role in how adaptive it is in reducing stress
 - Need to have some psychological distance from the stressful event especially if too severe – or may be perceived as “too soon”
- Humour possibly affects the appraisal of stressful events
 - Jokes can put a less threatening spin on life’s trials and tribulations
- It is possible that humour increases the experience of positive emotions
 - Strategies that increase positive emotions are most strongly associated with well-being
- Humour possibly buffers the effects of stress by facilitating positive social interactions, which promote social support
- Humour also could help people benefit from not taking themselves as seriously

Assess positive reinterpretation and benefit finding as appraisal-focused coping strategies.

- Comparing your own plight with others’ even tougher struggles can help you put your own problems in perspective
- Positive reinterpretation can help facilitate calming reappraisals of stress without the necessity of distorting reality
 - Over time this perspective can decrease the stress of the situation
- Another way to engage in positive reinterpretation is to search for something good in a bad experience
 - There is an association between this type of benefit finding under duress and relatively sound psychological and physical health

How can problem-focused coping help?

List and describe four steps in systematic problem-solving.

- Problem solving has been linked to better psychological adjustment, lower levels of depression, reduced alcohol use, and fewer health complaints
- Evidence suggests that problem solving skills can be enhanced through training
- The following is a general outline of how to engage in more systematic problem solving:
 - Clarify the problem
 - Two common tendencies typically hinder people’s efforts to get a clear picture of their problems
 - Describing problems in vague generalities
 - Focusing too much on negative feelings – confusing the consequences of problems
 - Generate alternative courses of action

- Avoid temptation to go with the first alternative
- Brainstorming: generating as many ideas as possible while withholding criticism and evaluation
- Evaluate your alternatives and select a course of action
 - Want to address three possible issues
 - Whether each alternative is realistic
 - Consider any costs or risks associated with each alternative
 - Compare the desirability of the probably outcomes of each alternative
- Take action while maintaining flexibility
 - Need to monitor results closely and be willing to revise your strategy

Discuss the concepts of control as mechanisms that help explain why problem-solving coping can be effective.

Discuss the adaptive value of seeking help as a coping strategy. / Describe research findings on how it feels to be helped and why people sometimes react negatively to receiving help.

- Social support fluctuates over time and evolves out of one's interactions with others
- Some people have more support than others because they have personal characteristics that attract more support or because they make an effort to seek support
- Taylor (2011) notes that friends can sometimes increase physiological reactivity to stress and increase evaluation apprehension
- Might be instances in which social support networks are intrusive or give poor advice or when the help offered doesn't match the need
- Merely having to ask for help might undermine one's sense of self thus increasing stress
- Taylor (2004) found that Asians and Asian-Americans are less likely to seek social support in times of support than European-Americans
 - Individuals from cultures high in collectivism are cautious about straining relationships by calling on others for help in times of stress

Describe how people's time orientation might influence their time management.

- Some people are future oriented – able to see the consequences of immediate behaviour for future goals
 - Less likely to procrastinate and more reliable in meeting commitments
- Some people are present oriented – focused on immediate events and not worries about consequences
- Orientations influence how people manage their time and meet their time-related commitments

How can emotion-focused coping help?

Clarify the nature and value of emotional intelligence.

- Emotional intelligence is the key to being resilient in the face of stress
- Emotional intelligence was a concept developed by Salovey and Mayer (1990)
- Emotional intelligence: consists of the ability to perceive and express emotion, use emotions to facilitate thought, understand and reason with emotion, and regulate emotion

- It includes four essential components
 - People need to be able to accurately perceive emotions in themselves and in others and to have the ability to express their emotions effectively
 - People need to be aware of how their emotions shape their thinking, decision making, and coping with stress
 - People need to be able to understand and analyze their emotions which may often be complex and contradictory
 - People need to be able to regulate their emotions so that they can dampen negative emotions and make effective use of positive ones
- The test that has the strongest empirical foundation is the Mayer-Salovey-Caruso Emotional Intelligence Test
 - This test is a performance-based measure of the ability to deal effectively with emotions rather than a measure of personality or temperament
 - The scale has an ability to predict intelligent management of emotions in real world situations
 - Has been found to predict the quality of individuals' social interactions, leadership effectiveness, mental and physical health
- Pashang and Singh (2008) found that those high in emotional intelligence were more likely to use problem-solving strategies to deal with anxiety
 - Those with lower levels use more distraction and denial
- Low emotional intelligence has also been linked to increased worry and avoidance
- At work, low emotional intelligence is related to increased burnout
- One study found that positive emotional expression can lead to an increase in emotional intelligence

Analyze the adaptive value of expressing emotions.

- Research suggests that efforts to actively suppress emotions result in increased stress and autonomic arousal
- A meta-analysis found that coping by repressing negative feelings is related to an increase in cardiovascular diseases, especially hypertension
- Pennebaker has shown that emotional expression through writing about traumatic events can have beneficial effects
- Emotional disclosure or “opening up” is associated with improved mood, more positive self-perceptions, fewer visits to physicians, and enhanced immune functioning

Discuss the importance of managing hostility and forgiving others' transgressions.

- Hostility is related to increased risk for heart attacks and other types of illness
- A variety of strategies can be used to decrease hostility, including positive reinterpretation, distraction, and the kind of rational self-talk
- Efforts to increase empathy and tolerance can also contribute to hostility management, as can forgiveness
- People tend to experience hostility and other negative emotions when they feel “wronged”
 - When they believe that the actions of another person were harmful, immoral, or unjust

- People's natural inclination is either to seek revenge or avoid further contact with the offender
- Forgiveness: involves counteracting the natural tendencies to seek vengeance or avoid an offender, thereby releasing this person from further liability for his/her transgression
 - It is associated with better adjustment and well-being
 - It decreases psychological distress
 - It increases empathy and positive regard for the offending person
 - It is associated with better physical health
- Self-forgiveness is an emotion-focused coping strategy that involves reducing negative thoughts and emotions about oneself
 - It is associated with both better physical health and psychological well-being
 - It might allow individuals to continue wrongful behaviours

Understand how exercise can foster improved emotional functioning.

- Physical exercise is a healthy way to deal with overwhelming emotions related to stress
- Exercise provides multiple coping-related benefits
 - An outlet for frustration
 - Distraction from the stressor
 - Benefits to physical and psychological health
- Sapolosky (2004) asserts that to get maximal benefits from physical exercise, you should engage in aerobic exercise – most of the positive effects come from this type of exercise
- Regular exercise requires discipline and self-control

Summarize the evidence on the adaptive value of meditation, relaxation, and spirituality.

- Meditation: a family of mental exercises in which a conscious attempt is made to focus attention in a nonanalytical way
 - The most widely practiced approaches to meditation are associated with yoga, zen, transcendental meditation (TM), mindfulness
 - Relaxation is one of the benefits
- Studies find that a meditative state decreases heart rate, respiration rate, oxygen consumption, carbon dioxide elimination
- Meditation has been linked to improvements in blood pressure and other indicators of overall health
- Meditation can lead to a potentially beneficial physiological state characterized by relaxation and suppression of arousal
- Regular meditation is associated with lower levels of some stress hormones
- Meditative exercises can improve mental health by reducing anxiety and depression
- Meditation may have beneficial effects on self-control, mood, happiness, overall well-being
- Effects of meditation might be due in part to increase in positive emotions brought on by meditative techniques
- Garland (2011) suggest that meditation and positive reappraisal of negative events mutually support each other, creating an “upward spiral” of mental health
- Benson concluded that what makes meditation beneficial is the relaxation it induces

- Devised a simple procedure that could provide similar benefits called “relaxation response”
- Four factors are critical to effective practice of relaxation response
 - A quiet environment
 - A distraction free environment
 - A mental device
 - Focus on a constant stimulus
 - A passive attitude
 - Do not get upset when distracted
 - A comfortable position
- Approximately 90% of people around the globe identify with a religion or spiritual practice
- People generally report that religious beliefs bring a sense of comfort in times of stress
- Koenig argues that spirituality is a means of coping with stress
- Spirituality is often linked with adaptive coping techniques such as social support, reappraisals, forgiveness, and meditation
- Depending on the goal, spirituality can be viewed as appraisals, problem, or emotion focused
- Spiritual involvement is linked to better physical and mental health
- Spirituality has been linked to lowered suicide rates, reduced substance abuse, lowered anxiety, and greater optimism
- Spirituality is associated with enhanced immune functioning, lower blood pressure, reduced heart disease, and better general health behaviours
- Religiosity is related to self-control
- Religion can be counterproductive as a stress reducer in some instances
- Religion involvement that focuses on punishment or guilt tends to be detrimental to mental health
- Struggling with one’s spiritual beliefs can induce stress

Application: Using Time More Effectively

Explain five common causes of wasted time.

- Wasted time is time devoted to unnecessary, unimportant, or unenjoyable activities
- There are five reasons people waste time
 - Inability to set or stick to priorities
 - Inability to say no
 - Inability to delegate responsibility
 - Inability to throw things away
 - Inability to avoid interruptions
 - Inability to accept anything less than perfection

Identify the causes and consequences of procrastination.

- Procrastination: the tendency to delay tackling tasks until the last minute
 - More likely when people have to work on aversive tasks or when they are worried about their performance being evaluated

- It is associated with maladaptive coping and increased stress
- It is strongly related to low self-efficacy, low conscientiousness, lack of self-control, poor organization, low achievement motivation, high distractibility
- It is fostered by irrational thinking, strong fear of failure, and excessive perfectionism
- The following are three general principles related to academic procrastination
 - Desire to minimize time on a task
 - Desire to optimize efficiency
 - Close proximity to reward
- Studies show that procrastination tends to have negative impact on the quality of task performance and is negatively associated with academic performance
- Another consideration is that waiting until the last minute may make a task more successful
 - The release of built-up stress may be exciting – but performance often declines under conditions of high stress
- Procrastinators tend to experience elevated anxiety and increase health problems

Summarize the advice on managing time effectively.

- The key to better time management is increased effectiveness – learning to allocate time to the most important tasks
- The following are suggestions on how to use time more effectively
 - Monitor your use of time
 - Clarify your goals
 - Plan your activities using a schedule
 - Protect your prime time
 - Increase your efficiency
 - Handle paper once
 - Tackle one task at a time
 - Group similar tasks together
 - Make use of your downtime
 - Build in some time to relax

Chapter 5: Psychology and Physical Health (Objectives)

How does stress affect our physical health?

Evaluate the strength of the relationship between stress and illness.

- People's health is likely to be compromised by chronic diseases rather than by contagious diseases
- Lifestyle and stress play a much larger role in development of chronic diseases
- The three leading chronic diseases – heart disease, cancer, stroke – account for almost 60% of deaths in USA
- Psychological and social factors contribute to less serious maladies such as headaches, insomnia, backaches, skin disorders, asthma, ulcers
- Traditional view of illness has been thought of as a purely biological phenomenon produced by an infectious agent or some internal physical breakdown in the body
- **Biopsychosocial model:** physical illness is caused by a complex interaction of biological, psychological, and sociocultural factors
 - It asserts that biological factors operate in a psychosocial context that can also be highly influential
- **Health psychology:** concerned with how psychosocial factors relate to the promotion and maintenance of health and with the causation, prevention, and treatment of illness

Discuss the evidence linking stress to cancer, various diseases, and immune functioning.

- A person who is chronically grumpy, often hostile toward others, routinely more frustrated is more likely to develop an illness and perhaps even to die earlier
 - As compared to someone who is emotionally open, routinely warm and friendly to others
- **Coronary heart disease:** results from a reduction in blood flow through the coronary arteries, which supply the heart with blood
 - Causes about 90% of heart related deaths
- **Atherosclerosis:** gradual narrowing of the coronary arteries; usually caused by buildup of fatty deposits and other debris on the inner walls
 - Principle cause of coronary disease
 - Progresses slowly over many years
- Coronary arteries may eventually lead to situations in which the heart is temporarily deprived of adequate blood flow – causing myocardial ischemia
 - May be accompanied by angina – brief chest pain and shortness of breath
- If a coronary artery is blocked completely the abrupt interruption of blood flow can produce a full-fledged heart attack – myocardial infarction
- Risk factors for coronary disease include smoking, diabetes, high cholesterol levels, and high blood pressure
- There is a possibility that inflammation may contribute to atherosclerosis and elevated coronary risk
 - Swelling and reddening of arteries in the heart plays a key role in the initiation and progression of atherosclerosis – as well as acute complications that trigger heart attacks
 - Presence of stress, anxiety, and depression can also be related to inflammation

Describe the Type A personality and its link to hostility and heart disease.

- Type A personality involves self-imposed stress and intense reactions to stress
- Friedman and Rosenman divided people into two basic types
- Type A personality: includes three elements – a strong competitive orientation, impatience and time urgency, anger and hostility
 - Ambitious, hard driving perfectionists who are exceedingly time conscious
 - Routinely try to do several things at once
 - Fidget frantically over the briefest delays, are concerned with numbers, and often focused on acquisition of material objects
 - Easily aggravated and get angry quickly
- Type B personality – marked by relatively relaxed, patient, easygoing, amicable behaviour
 - Less hurried, less competitive, and less easily angered
 - Engage in more preventive and less risky behaviours when facing stress
- There is a modest correlation between Type A behaviour and increased coronary risk
 - More specifically to do with the anger and hostility associated with Type A
- Hostility: a persistent negative attitude marked by cynical, mistrusting thoughts, feelings of anger, and overtly aggressive actions
- A researcher argued that individuals who sued anger as a response for dealing with interpersonal problems were at an elevated risk for heart disease
- Other negative emotions such as fear or anxiety are also linked to cardiac events
- Anger is an unpleasant emotion that is accompanied by physiological arousal, whereas hostility involves a social component – a negative attitude and reactions toward others
 - People cannot avoid experiencing anger in their lives
 - Manner in which people deal with anger may be consequential
- Anger-prone individuals appear to exhibit greater physiological reactivity than those lower in hostility
 - Ups and downs in heart rate and blood pressure may create wear and tear in their cardiovascular systems
- Hostile people probably create additional stress for themselves
 - Subjects high in hostility report more hassles, more negative life events, more marital conflict, more work-related stress
- Hostile individuals tend to have less social support than others due to their antagonistic ways of relating to others
 - Hostile behaviour leads to reduced interaction with others
 - Lack of social support available to angry or hostile individuals takes a toll
- People high in anger and hostility seem to exhibit a higher prevalence of poor health habits that may contribute to the development of cardiovascular disease
 - Physical fitness mediates cardiac reactivity
- Hostility does not always lead to the development of cardiovascular problems
 - Hostility may be a decided risk factor for some people but not others

Summarize the evidence relating emotional reactions and depression to heart disease

- One line of research has supported the hypothesis that transient mental stress and the resulting emotions can tax the heart
 - Brief periods of mental stress can trigger acute symptoms of heart disease
- Keeping negative emotions to oneself is potentially more harmful than expressing anger toward others
- Rumination: engaging in repetitive negative thinking about some event
 - Going over the incident heightens negative feelings as well as depression
 - This becomes a negative coping strategy that increases people's risk for cardiac problems
- Learning to recognize one's impending emotional state but then expressing the emotion as calmly and rationally as possible
- Individuals who work through their anger in ways that attempt to resolve disputes or cope with interpersonal problems tend to have better cardiovascular health
- Depressive disorders: characterized by persistent feelings of sadness and despair
- Many studies have found elevated rates of depression among patients suffering from heart disease
 - Being diagnosed with heart disease makes people depressed
- Emotional dysfunction of depression may cause heart disease
- Depression roughly doubles one's chances of developing heart disease
- The relationship between depression and heart disease is bidirectional
 - Heart disease increases vulnerability to depression

Discuss the evidence linking stress to cancer, various diseases, and immune functioning.

- Cancer: malignant cell growth, which may occur in many organ systems in the body
 - It is a collection of more than 200 related diseases that vary in their characteristics and amenability to treatment
 - Cells begin to reproduce in a rapid, disorganized fashion – teeming new cells clump together to form tumors – spreading tumors cause tissue damage and begin to interfere with normal functioning in the affected organ systems
 - It is widely believed that stress and personality play major roles in the development for cancer
 - Research linking psychological factors to the onset of cancer is extremely weak
 - The strongest links are between negative emotionality and an inclination to repress rather than express emotions
 - Evidence has shown that stress and personality influence the course of the disease
 - Onset of cancer frequently sets off a chain reaction of stressful events
- Stress is characterized as one of the leading causes of headaches
- Stress is implicated in development of the common cold
 - People who are social and agreeable are at a lower risk of getting a cold after exposure to a virus
- Stress can undermine the body's immune functioning
- Immune response: body's defensive reaction to invasion by bacteria, viral agents, or other foreign substances
 - It works to protect the body from many forms of disease

- Studies by Kiecolt-Glaser (2009) have related stress to suppressed immune activity in humans
- Other research by Kiecolt-Glaser indicates that immune function can be compromised by particular stressors, including loneliness, depression, and marital problems
- People who see themselves as being lower on the social hierarchy experience frequent and high stress – predicative of poor health

Why do people pursue unhealthy lifestyles?

Identify some reasons that people develop health-impairing habits.

- Mokdad (2004) estimate that unhealthy behaviours are responsible for about half of all deaths each year
 - Mostly smoking, poor diet/physical inactivity
 - Others include alcohol consumption, unsafe driving, sexually transmitted diseases, illicit drug use
- Many health impairing habits creep up on people slowly
- Many health impairing habits involve activities that are quite pleasant at the time
- Risks associated with most health impairing habits are related to chronic diseases such as cancer
- It appears that people have a tendency to underestimate the risks associated with their own health impairing habits while viewing the risks associated with others' self-destructive behaviours more accurately
 - People are aware of the dangers associated with certain habits, but they often engage in denial when it is time to apply this information to themselves
 - Some people exhibit unrealistic optimism: they are aware that certain health-related behaviours are dangerous, but they erroneously view those dangers as risks for other rather than themselves
 - It may prevent people from taking appropriate precautions to protect their physical and mental well-being

Discuss smoking's health effects, the rise in popularity of e-cigarettes, and the challenges of quitting smoking. / Outline the prevalence of smoking in the U.S. and Canada, as well as its negative health consequences.

- Smoking is the preventable cause of mortality in the US
- Many smokers claim that cigarettes elevate their mood, suppress hunger pangs, enhance alertness and attention
- E-cigarettes: battery-run devices that transport nicotine through a vapour that is then inhaled
 - Little research on either the short-or-long-term health consequences
 - They might encourage students to engage in more risky behaviours, such as smoking actual cigarettes, using marijuana, or alcohol
- Smokers face a greater risk of premature death
- Tobacco smoke contains about 700 chemicals and at least 70 of the latter are known cancer-causing agents or carcinogens
- Lung cancer and heart disease kill the largest number of smokers

- Smokers also have an elevated risk of a wide variety of cancers throughout the body including: oral, bladder, and kidney cancer
- As well as cancers of the larynx, esophagus and pancreas
- Also atherosclerosis, hypertension, stroke, and other cardiovascular disease
- Additionally bronchitis, emphysema, other pulmonary diseases
- Health risks decline reasonably if people can give up smoking
- Five years after people stop smoking their health risk is noticeably lower than that of people who continue to smoke
- Health risks continue to decline until they reach a normal level after about 15 years
- People worry about giving up smoking because they do not want to give up a source of pleasure
 - They worry about craving, gaining weight, becoming anxious and irritable, feeling less able to cope with stress
- Long term success rates for efforts to quit smoking are in the vicinity of 25%
- Light smokers and older smokers are more successful than heavy smokers and young people
- Using nicotine substitutes might be helpful during the time the person is trying to give up cigarettes
 - Controlled studies have demonstrated that substitutes increase long-term rates of quitting
- Combining different methods of quitting appears to increase chances of quitting successfully

Summarize data patterns of alcohol use and the health risks and social costs of drinking.

- Effects of alcohol are influenced by user's experience, relative size and weight, gender, motivation, mood, presence of food in the stomach, beverage, rate of drinking
- Central effect of alcohol is euphoria that temporarily boosts self-esteem as one's problems and feelings of stress melt away
 - Negative emotions such as tension, worry, anxiety, and depression are dulled, and inhibitions are loosened
- Familial and friend groups often encourage alcohol use
- Drinking is a widely endorsed and encouraged social ritual through media and advertising
- Alcohol has a variety of side effects including regret, hangovers, headaches, dizziness, nausea, vomiting
- Alcohol has a negative effect on intellectual functioning and perceptual-motor coordination
- People with serious alcohol problems have more than twice the mortality risk
- Alcohol dependence: chronic, progressive disorder marked by a growing compulsion to drink and impaired control over drinking that eventually interferes with health and social behaviour
 - Signs include drinking in secret, experiencing blackouts, drinking to cope, neglecting responsibilities
- There is some evidence that moderate drinking may reduce one's risk for coronary disease and Type 2 diabetes
- Heavy drinking increases the risk for heart disease, hypertension, stroke

- Also correlated with elevated risk for various types of cancer, including oral, stomach, pancreatic, colon, rectal
- Serious drinking problems can lead to cirrhosis of the liver, malnutrition, pregnancy complications, brain damage, neurological disorders
- Alcohol can produce severe psychotic states, characterized by delirium, disorientation, hallucinations

Describe the rates and reasons for heavy episodic drinking among young adults.

Discuss obesity's origins and health risks, as well as effective weight-loss and exercise programs.

Describe AIDS, and summarize evidence on the transmission of the HIV virus.

- Acquired immune deficiency syndrome (AIDS): disorder in which the immune system is gradually weakened and eventually disabled by the human immunodeficiency virus (HIV)
 - AIDS is the final stage of the HIV infection process – typically manifested 7-10 years after the original infection
 - Advances in the treatment of AIDS with drug regimens – highly active antiretroviral therapy – are responsible for the decline in AIDS-related mortality
 - Many HIV strains have evolved and developed resistance to currently available antiretroviral drugs
- Regular exercise, healthy eating, sufficient rest are helping people with HIV/AIDS live longer
- Having a positive and optimistic attitude and seeking positive meaning is also linked with reduced AIDS mortality rates
- HIV is transmitted through person-to-person contact involving exchange of bodily fluids primarily semen and blood
 - Two principle modes of transmission in US are sexual contact and sharing of needles by IV drug users
 - Sexual transmission has been primarily among homosexual/bisexual men
- HIV can be found in tears and saliva of infected individuals – concentrations are low
- Children of HIV positive women can also acquire the virus during pregnancy, birthing process, breastfeeding

Why might it be difficult to follow medical/professional advice?

Summarize evidence on patterns of treatment-seeking behaviour including the appeal of the “sick role”.

The Decision to Seek Treatment

- Those who are relatively high in **anxiety and neuroticism** tend to report more symptoms of illness
- Those who are extremely attentive to bodily sensations and health concerns also report more symptoms
- **Women report more symptoms and higher distress than men when feeling ill**

- People are more likely to seek help when their symptoms are unfamiliar, appear to be serious, last longer than expected, or disrupt their work or social activities
- Higher socioeconomic groups report having fewer symptoms and better health
 - Members of these groups are more likely to seek medical care when sick
- Visibility of symptoms usually prompts people to seek medical care
- Medical consultations are more likely when friends and family view symptoms as serious and encourage the person to seek medical care
- **Young children and older adults** are more likely to utilize health services
- **Process of seeking medical treatment can be divided into three stages of active complex problem solving**
 - People have to decide that their physical sensations are symptoms
 - They have to decide that their apparent illness warrants medical attention
 - They have to go to the trouble to make actual arrangements for medical care

The Sick Role

- Up to **60%** of patients' visits to their primary care physicians appear to have little medical basis
- Many of the people quick to solicit medical assistance probably have learned that there are potential benefits to adopting the "sick role"
- **The sick role absolves people from responsibility** for their incapacity and can be used to exempt them from many of their normal duties and obligations
 - Illness can provide a convenient face-saving excuse for one's failures
 - Positive attention received at this time can be rewarding and encourage the maintenance of symptoms

Communicating with Health Providers

- If a physician communicates poorly, patients will be less likely to follow whatever advice is offered
- Large portion of people leave the doctors' offices not understanding what they have been told and what they are supposed to do
- **Female physicians** tend to be more patient centered, spend more time with patients, ask more questions, employ more emotionally focused language, make more of an effort to form a behavioural partnership with patients
- **Many barriers to effective provider-patient communication**
 - Economic realities dictate that visits usually be quite brief – allowing little discussion time
 - Illness and pain are subjective matters that may be difficult to describe
 - Providers use too much medical jargon and overestimate their patients' understanding of technical terms
 - Poses problems for patients whose instructions regarding diagnosis, treatment, and medication are complex

Adherence to Medical Advice

- **Noncompliance** with medical advice may occur **30%** of the time when **short-term** treatments are prescribed for acute conditions; **50%** of the time when **long-term** treatments are needed
- Patients may fail to begin a treatment regimen, may stop the regimen early, may reduce or increase the levels of treatment prescribed, may be inconsistent and unreliable in following procedures
- **High costs** of medication and other out-of-pocket can promote nonadherence among those with fixed incomes
- Nonadherence has been linked to **increased sickness, treatment failures, and higher mortality**
- **A meta-analysis suggests that adherence rates increase with age**
 - It declines based on more frequent dosing
 - Advancing age reduced the likelihood of following dosing schedules
- **There are other factors that influence likelihood of adherence**
 - It occurs because patients simply forget instructions or fail to understand instructions as given
 - Instructions to patients are more effective when they are given verbally as well as in written form
 - Another key factor is how aversive or difficult the treatments are
 - If a patient has a negative attitude toward a physician the probability of noncompliance will increase
 - Treatment adherence can be improved when physicians do follow ups

Tolerance: is a progressive decrease in a person's responsiveness to a drug with continued use.

Physical dependence: exists when a person must continue to take a drug to avoid withdrawal illness (which occurs when drug use is terminated)

Psychological dependence: exists when a person must continue to take a drug to satisfy intense mental and emotional craving for it.

Overdose: an excessive dose of a drug that can seriously threaten one's life.

Narcotics: drugs derived from **opium** that are capable of relieving pain

- Effects
 - Most significant problem is the use of heroin
 - The main effect is an overwhelming sense of euphoria
 - This "who cares" feeling makes a heroin high an attractive escape from reality
- Risks
 - **Both psychological and physical dependence**
 - Users tend to develop a drug centered lifestyle that revolves around the need to produce more heroin
 - **Overdose is a real danger**
 - Risk contracting infectious diseases because they often share needles (hepatitis, and AIDS)
 - Long term heroin abusers damage white matter (neural tissue) in the brain

Sedatives: are sleep inducing drugs that tend to **decrease central nervous system** and behavioral activity (depressant)

- Effects
 - Large doses produce a euphoric effect similar to that produced when drinking
 - Reduced motor coordination
 - Slurred speech
 - Staggered walking
 - Intellectual functioning becomes sluggish
 - Judgement is impaired
- Risks
 - **Both psychological and physical dependence**
 - Also among the **leading causes of overdoses** in the USA because of their additive interaction with other central nervous system depressants
 - Elevated risk for accidental injuries

Stimulants: are drugs that tend to **increase central nervous system** and behavioral activity

- Effects
 - *Cocaine* produces a very brief high (20-30 mins) unless more is taken, while a *speed* high can last many hours
 - Create a euphoria that is different from narcotics or sedatives
 - They produce a buoyant, elated, enthusiastic energy
 - “I can conquer the world feeling”
 - Increased blood pressure, muscle tension, sweating, restlessness
- Risks
 - **Can cause physical dependence**, but the physical distress caused by withdrawal is mild compared to that caused by narcotics or sedatives
 - **Psychological dependence** is a much more common problem
 - Can suppress appetite and disrupt sleep
 - Increased risk for heart attack, cardiovascular disease, respiratory problems
 - Amphetamine or cocaine psychosis (dominated by intense paranoia)
 - Cortical seizures = **overdose**

Hallucinogens: are a diverse group of drugs that have powerful effects on mental and emotional functioning, marked most prominently by distortions in sensory and perceptual experience

- Effects
 - Impair intellectual functioning
 - Produce feelings of euphoria
 - Can also produce nightmarish feelings of anxiety, fear and paranoia “bad trip”
- Risks
 - **No potential physical dependence and no deaths attributable to overdose**
 - **Psychological dependence** has been reported but is rare
 - Emotion is highly volatile, so acute panic can happen from a bad trip
 - In severe states of disorientation, accidents and **suicide** are possible
 - Hallucinogens may contribute to a small minority of **psychological disorders** (psychoses, depressive reactions, paranoid states)

Marijuana: Cannabis is the hemp plant from which marijuana are derived

- Effects
 - Has an immediate impact and can last several hours
 - Effects depend on the user's expectations, drugs potency and the amount smoked
 - Has subtle effects on emotion, perception and cognition
 - **Emotionally**: Creates a mild relaxed state of euphoria
 - **Perceptually**: enhances the impact of incoming stimulation, thus making music sound better and food taste better etc.
 - **Cognitively**: slight impairment in cognitive functioning and perceptual motor coordination while high
- Risks
 - Potential to produce **psychological dependence**
 - Cause transient problems with anxiety and depression
 - May help to precipitate schizophrenia
 - Has negative effects on driving
 - Increases chances for pulmonary diseases and probably lung cancer

Ecstasy (MDMA): a compound related to both **amphetamines and hallucinogens**, especially mescaline; it produces a high that typically lasts a few hours or more

- Effects
 - Feeling warm, euphoric, sensual, insightful, and empathetic, yet alert and energetic
 - Increased blood pressure, muscle tension, sweating, blurred vision, insomnia and transient anxiety
 - **Psychological dependence**
 - Chronic heavy use is associated with elevated anxiety and hostility
 - Users have **increased cortisol levels**

Chapter 14: Psychological Disorders

- **Medical model:** proposes that it is useful to think of abnormal behaviour as a disease
 - The rise of the medical model brought improvements in the treatment of those who exhibited abnormal behaviour
- Szasz (1993) asserted that disease can only affect the body, so there is no mental illness
 - Abnormal behaviour usually involves a deviation from social norms rather than an illness
 - Such deviations are problems in living rather than medical problems
 - Believed the medical model converts moral and social questions about what is acceptable behaviour into medical questions
- Those characterized as mentally ill are viewed as erratic, dangerous, incompetent, and inferior
- Stigma associated with psychological disorders prevents people from seeking the mental health care they need
- **Diagnosis:** distinguishing one mental illness from another
- **Etiology:** the apparent causation and development history of an illness
- **Prognosis:** forecast about the probable course of an illness

Identify the key criteria of abnormality and discuss the development of DSM-5.

- There is a variety of criteria in defining abnormality
 - **Deviance** – behaviour deviates from what society considers acceptable
 - **Maladaptive behaviour** – everyday adaptive behaviour is impaired
 - The maladaptive quality of behaviour makes it disordered
 - **Personal distress** – diagnosis is based on an individual's report of great personal distress
- People are often viewed as disordered **when only one criterion is met**
- Diagnoses of psychological disorders involve value judgements about what represents normal or abnormal behaviour
- Judgements about mental illness reflect prevailing cultural values, social trends, political forces, scientific knowledge
- People are judged to have psychological disorders when their behaviour becomes extremely deviant, maladaptive, or distressing
- Normality and abnormality exist on a continuum
- Classification of psychological disorders is outlined in the Diagnostic and Statistical Manual of Mental Disorders – currently DSM-5
 - Number of specific diagnoses has increased from 128 (first edition) to 541 (current edition)
 - Some new disorders encompass behavioural patterns that used to be regarded as mundane, everyday adjustment problems
 - DSM-5 includes diagnoses for caffeine intoxication, tobacco use disorder, disruptive mood dysregulation disorder, binge-eating disorder, gambling disorder
 - Some critics argue that medicalization of everyday problems casts stigma of pathology on normal self-control issues

- Worry that making everyday problems into mental disorders may trivialize concept of mental illness

What are the symptoms, etiology, and consequences of anxiety disorders and obsessive-compulsive disorder?

Describe four types of anxiety disorders and obsessive-compulsive disorder.

- Anxiety disorders: class of disorders marked by feelings of excessive apprehension and anxiety
- DSM-5 principle types of anxiety disorders are: **generalized anxiety disorders, specific phobia, panic disorder, agoraphobia**
- DSM-5 removed **obsessive-compulsive disorder from anxiety disorders and made it its own category**
- Generalized Anxiety Disorder
 - Marked by a chronic high level of anxiety that is not tied to any specific threat
 - Patients with this disorder worry constantly about minor matters related to family, finances, work, personal illness
 - Anxiety is frequently accompanied by physical symptoms such as muscle tension, diarrhea, dizziness, faintness, sweating, heart palpitations
 - Hope that worrying will prepare them for the worst – result is generating negative emotions and prolonged physiological arousal
 - Disorder can be very disabling and associated with an increased risk for variety of physical health problems
 - Has a gradual onset – lifetime prevalence of 5-6%
 - **More frequent in females**
- Specific Phobia
 - Marked by a persistent and irrational fear of an object or situation that presents no realistic danger
 - People are said to have a phobic disorder only when their fears seriously interfere with their everyday behaviour
 - Develop phobic responses to virtually anything
 - Common phobias are: acrophobia (heights), claustrophobia (enclosed places), brontophobia (storms), hydrophobia (water), various animal and insect phobias
 - Patients typically realize fears to be irrational, but still unable to calm themselves during encounter with phobic object
- Panic Disorder
 - Characterized by recurrent attacks of overwhelming anxiety that usually occur suddenly and unexpectedly
 - Attacks are accompanied by physical symptoms of anxiety – sometime misinterpreted as heart attacks
 - Patients often become apprehensive, wondering when their next attack will occur
 - **2/3 of patients diagnosed are women**
 - **Onset typically occurs during late adolescence or early adulthood**
- Agoraphobia
 - Fear of going out to public places

- People with panic disorders often become concerned about exhibiting panic in public to the point where they are afraid to leave home
- Tend to experience great discomfort in public places – they fear it may be difficult to escape or get help if they panic
- May or may not coexist with panic disorder – can coexist with a variety of disorders
- Obsessive-Compulsive Disorder
 - Marked by persistent, uncontrollable intrusions of unwanted thoughts (obsessions) and urges to engage in senseless rituals (compulsions)
 - Obsessions are thoughts that repeatedly intrude on one's consciousness in a distressing way
 - Center on fear of contamination, inflicting harm on others, personal failures, suicide, or sexual acts
 - Compulsions are actions that one feels forced to carry out
 - Usually involves rituals that temporarily relieve the anxiety produced by one's obsessions
 - Specific types of obsessions are associated with specific types of compulsions
 - People with OCD vary considerably in regard to how much insight they have into their disorder
 - Some are aware that their obsessions and compulsions are irrational
 - Others are convinced that their behaviour is rational
 - **Full-fledged OCD occurs in roughly 2-3% of the population**
 - Often associated with severe social and occupational impairments as well as elevations in suicide

Discuss how biological factors and conditioning contribute to the etiology of anxiety-related disorders.

- Recent studies suggest there may be a **weak-moderate genetic predisposition to anxiety**-related disorders – depending on the specific type
- Inherited differences in **temperament** might make some people more vulnerable than others to anxiety problems
- Kagan (1992) found that about 15-20% of infants display an inhibited temperament – characterized by shyness, timidity, wariness – appears to have a strong genetic basis
 - Research suggests that this temperament is a risk factor for the development of anxiety disorders
- Evidence suggests that a **link may exist between anxiety-dominated disturbances and neurochemical activity in the brain**
- **Neurotransmitters**: chemicals that carry signals from one neuron to another
- Therapeutic drugs that reduce excessive **anxiety** appear to alter activity at synapses for a neurotransmitter **GABA**
 - Evidence suggests that disturbances in neural circuits using GABA may play a role in some types of anxiety disorders
- Abnormalities in neural circuits using the transmitter **serotonin** have been implicated in **OCD**
- **Many anxiety responses may be acquired through classical conditioning and maintained through operant conditioning**

- Mowrer (1947) said that an originally neutral stimulus may be paired with a frightening event so that it becomes a conditioned stimulus eliciting anxiety
- Once a fear is acquired through classical conditioning, may start avoiding anxiety-producing stimulus
 - Avoidance is negatively reinforcing because it is followed by reduction in anxiety
 - This involves operant conditioning
- Separate conditioning processes may create and sustain specific anxiety responses
- **Seligman (1971) believes that classical conditioning creates more phobic responses**
 - However, people are biologically prepared by their evolutionary history to acquire some fears much more easily than others
 - His theory would explain why people would develop phobias of ancient sources (spiders, snakes, heights) of threat much more readily than modern sources of threat (outlets, hammers)
- Research has found that phobic stimuli associated with evolutionary threats tend to produce more rapid conditioning of fears and stronger fear responses than modern fear-relevant stimuli (guns, knives)

Explain how cognitive processes and stress play a role in anxiety-related disorders.

- Certain styles of thinking make some people particularly vulnerable to anxiety disorders
- Some people are prone to suffer from anxiety because they tend to:
 - Misinterpret harmless situations as threatening
 - Focus excessive attention on perceived threats
 - Selectively recall information that seems threatening
- Researchers have also linked OCD to deficits in what is called **executive function** – the basic cognitive processes that underlie self-regulation, planning, and decision making
- There is support that anxiety disorders are stress related
- **Faravelli and Pallanti (1989) found that patients with panic disorder had experienced increases in stress in the month prior to onset of their disorder**
- Other studies have found that stress levels are predicative of the severity of OCD symptoms
 - Reason to believe that high stress often helps precipitate the onset

What are the symptoms, etiology, and consequences of dissociative disorders?

Distinguish between dissociative amnesia, dissociative identity disorder, and dissociative fugue.

- **Dissociative disorders:** class of disorders in which people lose contact with portions of their consciousness or memory, resulting in disruptions in their sense of identity
- **Dissociative amnesia:** sudden loss of memory for important personal information that is too extensive to be due to normal forgetting
 - Memory losses may occur for single traumatic events or for extended period of time surrounding the event
 - In some cases these individuals wander from home having forgotten their name, family, where they live, where they work
 - They remember matters unrelated to their identity

- **Dissociative identity disorder (DID):** involves the coexistence in one person of two or more largely complete, and usually very different, personalities
 - These individuals fail to integrate incongruent aspects of their personality into a normal, coherent whole
 - These individuals feel that they have more than one identity
 - Each personality has its own name, memories, traits, and physical mannerisms
 - The various personalities generally report that they are unaware of each other
 - Alternate personalities commonly display traits that are quite foreign to the original personality
 - Transitions between personalities often occur suddenly
 - **Seen more in women than men**

Summarize what is known about the causes of dissociative disorders.

- Dissociative amnesia is usually attributed to **excessive stress**
- Many clinicians are convinced that DID is an authentic disorder
 - Argue that there is no incentive for patients or therapists to manufacture cases of multiple personalities
 - Maintain that most cases of DID are rooted in **severe emotional trauma that occurred during childhood**

What are symptoms, etiology, and consequences of depressive and bipolar disorder?

- People with major depressive disorder experience emotional extremes at just one end of the mood continuum as they experience periodic bouts of depression
- People with **bipolar disorders** experience emotional extremes at both ends of the mood continuum going through periods of both depression and mania (excitement and elation)
 - Small minority of people with bipolar disorder do not report depression
- **Major depressive disorder:** people who show persistent feelings of sadness and despair and a loss of interest in previous sources of pleasure
- A central feature of depression is **anhedonia** – diminished ability to experience pleasure
- **Depressed people lack the energy or motivation to tackle tasks of living to the point where they often have trouble getting out of bed**
 - Often give up things they used to find enjoyable such as hobbies, favourite foods, spending time with friends
 - Reduced appetite and insomnia are common
 - People with depression often lack energy – tend to move sluggishly and talk slowly
 - Anxiety, irritability and brooding are frequently reported
 - Self-esteem sinks and the person begins to feel worthless
- Onset of depression can occur at any point in the life span
 - **Substantial majority of cases emerge before age 40**
- Vast majority of people who suffer from MDD experience more than one episode over the course of their lifetime – **average number is 5-6** – average length being **5-7 months**
- Earlier age of onset is associated with more recurrences, more severe symptoms, worse prognosis
- Some people suffer from chronic major depression that may persist for many years

- Depression is associated with elevated risk for a variety of health problems and **increases mortality by about 50%**
- **Lifetime prevalence of depressive disorders is estimated to be 13-16%**
 - **Twice as high in women than in men**
 - Elevated vulnerability at certain points in reproductive life cycle
 - Nolen-Hoeksema (2001) argues that this is because women are far more likely to be victims of sexual abuse, more likely to endure poverty, harassments, role constraints – they experience greater stress and adversity; *also have a greater tendency to **ruminate** about setbacks and problems*
 - Tendency to dwell on one's difficulties elevates vulnerability to depression
- **Bipolar disorder**: marked by experience of both depressed and manic periods
- In manic episode's the person's mood becomes elevated to the point of euphoria
 - Self-esteem skyrockets as the person bubbles over with optimism, energy, and extravagant plans
 - Individuals become hyperactive and may go days without sleeping
 - Talk rapidly and shift topics while their mind races
 - Judgement is impaired
- Manic periods often have a paradoxical negative undertone of uneasiness and irritability
- Mild manic episodes often escalate to higher levels that become scary and disturbing
- Bipolar disorder affects about 1% of the population – **seen equally in males and females**
- Typical age of onset of bipolar disorder is **late teens or early 20s**
- **90% of people who commit suicide suffer from some type of psychological disorder**
- Bipolar disorder and depression are associated with dramatic elevations in suicide rates
 - **Account for 50-60% of suicide rates**
 - Likelihood for suicide increases as severity of depression increases

Explain how genetic, neurochemical, and neuroanatomical factors contribute to the development of depressive and bipolar disorder.

- **Concordance rate**: indicates the percentage of twin pairs or other relatives who exhibit the same disorder
- **Support for genetic hypothesis** – if relatives who share more genetic similarity show higher concordance rates than relatives who share less genetic overlap
- **Twin studies suggest that genetic factors are involved in depressive and bipolar disorders**
 - Concordance rates for identical twins = 65-72%
 - Concordance rates for fraternal twins = 14-19%
- Evidence suggests that heredity can create a predisposition to these disorders
- Heredity may create a predisposition toward certain types of neurochemical abnormalities
- Correlations have been found between these disorders and abnormal levels of two neurotransmitters – **norepinephrine and serotonin**
- Low levels of **serotonin** appear to be a factor underlying most forms of depression
- There is a relation between depression and **reduced hippocampal volume** (emotion, memory) – especially in the dentate gyrus of the hippocampus

- Human brain continues to generate new neurons (**neurogenesis**) in adulthood especially in the **hippocampus**
- Evidence suggests that depression occurs when major life stress causes neurochemical reactions that suppress this neurogenesis – **resulting in reduced hippocampal volume**
- **The suppression of neurogenesis is the central cause of depression – antidepressants are successful because they promote neurogenesis**
- Other research has implicated abnormally high reactivity in the **amygdala** as a factor in depression
 - **Amygdala** is a small structure in the brain that plays a role in the learning of fear responses and may contribute to regulation of other emotions
 - **Depressed subjects show heightened reactivity in the amygdala to negative emotional stimuli** – may contribute to vulnerability to depression

Discuss how cognitive processes, interpersonal factors, and stress contribute to the development of depressive and bipolar disorders.

- Seligman (1974) proposed that depression is caused by **learned helplessness** – passive giving up behaviour produced by exposure to unavoidable aversive events
 - Roots of depression lie in how people explain the setbacks and other negative events that they experience
- According to Seligman (1990) people who exhibit a **pessimistic explanatory style** are especially vulnerable to depression
 - Tend to attribute their setbacks to their personal flaws instead of to situational factors
 - Tend to draw global, far reaching conclusions about their personal inadequacies based on these setbacks
- Nolen-Hoeksema (1991) found that people who **ruminate** about their problems and setbacks have elevated rates of depression and tend to remain depressed longer than those who do not ruminate
 - Focus their attention on their depressing feelings, thinking constantly about how sad, lethargic, and unmotivated they are
 - Tends to foster and amplify episodes of depression by increasing negative thinking, impaired problem solving, and undermining social support
- **Cognitive models of depression maintain that negative thinking is what leads to depression in many people**
 - Problem is the difficulty in separating *cause from effect*
- Alloy (1999) found that a **negative explanatory style** was associated with increased occurrence of depression
- Some theorists suggest that **inadequate social skills** lead people to depression
 - Depression prone people lack the social finesse needed to acquire many important kinds of reinforcers
 - Paucity of reinforcement could lead to negative emotions and depression
- Another interpersonal factor is that depressed people are **depressing**
 - Individuals suffering from depression are often **irritable and pessimistic**
 - Complain a lot and aren't enjoyable
 - Alienate people by constantly asking for reassurance – ends up fostering rejection

- Complicated and difficult social relations can greatly increase the level of stress in one's life
- **Evidence suggests a moderately strong link between stress and onset of MDD and bipolar disorder**
 - Vulnerability to depression seems to increase as people go through more recurrences of depressive episodes

What are the symptoms, etiology, and consequences of schizophrenic disorders?

- Schizophrenia means “**split mind**”
- Schizophrenia: a disorder marked by delusions, hallucinations, disorganized thinking and speech, and deterioration of adaptive behaviour
- It is estimated that **1%** of the population may suffer from schizophrenic disorders
- It is an extremely **costly** disorder for society – it is severe, debilitating illness
 - Tends to have an early onset and requires lengthy hospital care
- Individuals suffering from schizophrenia show an increased risk for suicide and premature mortality from natural causes
- The following symptoms are commonly seen in schizophrenia
 - **Irrational thought**
 - Cognitive deficiencies and disturbed thought processes
 - **Delusions**: false beliefs that are maintained even though they are clearly out of touch with reality
 - Believe that their thoughts are being injected into their mind against their will or that their thoughts are being controlled by some external force
 - In delusions of grandeur people maintain that they are extremely famous or important
 - Train of thought deteriorates – thinking becomes chaotic
 - There is a loosening of associations as they shift from topics in disjointed ways
 - **Deterioration of adaptive behaviour**
 - Noticeable deterioration in the quality of the person's routine functioning in work, social relations, personal care
 - **Distorted perception**
 - Most common perceptual distortions being **auditory hallucinations**
 - Reported by 75% of patients
 - Hallucinations: sensory perceptions that occur in the absence of a real external stimulus or that represent gross distortions of perceptual input
 - Reports of hearing voices of the nonexistent or absent people
 - Voices provide a running commentary of behaviour
 - **Disturbed emotion**
 - Normal emotional tone can be disrupted
 - Show little emotional responsiveness – referred to as blunted or flat affect
 - May become emotionally volatile
- There are traditionally four subtypes of schizophrenic disorders were recognized

- **Paranoid** – dominated by delusions of persecution, along with delusions of grandeur
- **Catatonic** – marked by striking motor disturbances
 - Ranging from muscular rigidity seen in withdrawn state called catatonic stupor to random motor activity seen in state of catatonic excitement
- **Disorganized** – particularly severe, marked by frequent incoherence, deterioration in adaptive behaviour, virtually complete social withdrawal
- **Undifferentiated** – involved idiosyncratic mixtures of schizophrenic symptoms
- DSM-5 discarded the traditional four subtypes of schizophrenia
 - Researchers pointed out that there were not meaningful differences between the classic subtypes in etiology, prognosis, or response to treatment
- Andreasen (1990) advocated to distinguish between **positive symptoms** and **negative symptoms** of the disorder
 - Negative symptoms involve behavioural deficits – flattened emotions, social withdrawal, apathy, impaired attention, poor grooming, lack of persistence at work/school, poverty of speech
 - Positive (extra) symptoms involve behavioural excess or peculiarities – hallucinations, delusions, incoherent thought, agitation, bizarre behaviour, wild flights of ideas
 - Most patients exhibit both types of symptoms
 - Relative predominance of negative symptoms is associated with less effective social functioning and poorer overall treatment outcomes
- Schizophrenic disorders usually emerge during adolescence or early adulthood
 - **75% of cases manifesting by the age of 30**
 - Usually have a long history of peculiar behaviour and cognitive and social deficits
 - Emergence may be sudden but usually is insidious and gradual

Explain how genetic vulnerability, neurochemical factors, and structural abnormalities in the brain contribute to the development of schizophrenia.

- There is evidence that hereditary factors play a role in the development of schizophrenic disorders
- In twin studies concordance rates for schizophrenia
 - Identical twins = 48%
 - Fraternal twins = 17%
- Studies show that a child born to schizophrenic parents has about a 46% probability of developing it
- Evidence indicates that people inherit a genetically transmitted vulnerability to schizophrenia
 - **Genetic vulnerability** may be heightened when it is accompanied by relatively low general intelligence
- Schizophrenic disorders appear to be accompanied by changes in the activity of one or more neurotransmitters in the brain
- Excess dopamine activity is implicated as a likely cause of schizophrenia
 - Most of the drugs that are useful in treatment are known to dampen dopamine activity in the brain

- Increased dopamine synthesis and release in specific regions of the brain may be a factor that triggers schizophrenic illness in vulnerable individuals
- Studies have found that **marijuana** use during adolescence may help precipitate schizophrenia in young people who have a genetic vulnerability to the disorder
 - Emerging psychotic symptoms may prompt young people to turn to marijuana to self-medicate
- Individuals with schizophrenia exhibit a variety of deficits in attention, perception, information processing, short-term memory
- Cognitive deficits suggest schizophrenic disorders may be caused by neurological defects
- Most frequent finding is that there is an association between **enlarged brain ventricles and schizophrenic disturbance**
 - Enlarged ventricles are assumed to reflect the **degeneration of nearby brain tissue**
- In schizophrenic patients there is shrinkage in several crucial subcortical structures
 - **Found to have smaller hippocampus, thalamus, and amygdala**
- Structural deterioration could be a consequence of schizophrenia or a contributing cause

Summarize how neurodevelopmental insults to the brain, expressed emotion, and stress contribute to the development of schizophrenia.

- **Neurodevelopmental hypothesis** of schizophrenia asserts that it is caused in part by **various disruptions in the normal maturational processes of the brain before or at birth**
 - Insults to the brain during sensitive phases of prenatal development or during birth can cause subtle neurological damage that elevates individuals' vulnerability to schizophrenia in later years
 - Research is focused that these insults are mainly viral infections or malnutrition during **prenatal development** and **obstetrical complications** during birth process
- **Number of studies have found a link between exposure to influenza and other infections during prenatal development and increased prevalence of schizophrenia**
 - **Inflammation** thought to be the critical process that disturbs neural maturation
- Studies of expressed emotions have primarily focused on how the element of family dynamics influences the course of schizophrenic illness after the onset of the disorder
- **Expressed emotion (EE)** reflects the degree to which a relative of a schizophrenic patient displays highly critical or emotionally overinvolved attitudes toward the patient
- Studies show that a family's expressed emotion is a good predictor of the course of a patient's illness
 - After release patients who return to family high in expressed emotion show relapse rates two or three times those of patients who return to a family low in expressed emotion
 - **Families in high expressed emotion are probably sources of stress rather than social support**
- Many theories assume that **stress** plays a role in triggering schizophrenic disorders
 - Not clear whether long-term negative effects of childhood trauma are specific to schizophrenia

What are the symptoms, etiology, and consequences of autism spectrum disorder?

- **Autism/autism spectrum disorder (ASD):** characterized by profound impairment of social interaction and communication and severely restricted interests and activities
- This disorder was first described by Kanner in the 1940s
- Central feature of autism is the child's lack of interest in other people
 - Act as though people in nearby environment are no different than the inanimate objects
 - Tend to not make eye contact or to need physical contact
 - Make no effort to connect with people and fail to bond with parents or develop normal peer relationships
- Verbal communication can be very impaired – 1/3 of autistic children fail to develop speech
 - Those who develop speech are limited in ability to initiate and sustain conversation
 - Use of language tends to be marked by peculiarities such as **echolalia** – involves repetition of others' words
- Interests are restricted in that they tend to become preoccupied with objects or repetitive body movements
- Minor changes in their environment can trigger rages
- Some autistic children exhibit self-injurious behaviours such as banging their heads, pulling their hair, hitting themselves
- Half of autistic children exhibit subnormal IQ scores
- Parents of autistic children typically become concerned about their development by about 15-18 months of age – usually seek professional consultation by 24 months
 - Diagnosis is normally made before child reaches 3 years
- Autism turns out to be a lifelong affliction requiring extensive family and institutional support throughout adulthood
- With early and effective intervention around **15-20%** of autistic individuals are able to live independently in adulthood – another **20-30%** approach this level of functioning
 - Small minority may experience a full recovery in adulthood
- Since the mid-1990s there has been an increase in the diagnosis of autism – raising prevalence rates to 1% +
- Asperger's disorder is a milder form and is now included in the ASD
- Males account for 80% of autism diagnoses
 - Females tend to exhibit more severe impairments

Explain what is known about the causes of autism.

- It was originally blamed on cold, aloof parenting
- Many theorists now view autism as originating in biological dysfunctions
 - Twin and family studies have demonstrated that genetic factors make a contribution to ASD
- Many theorists believe autism must be due to some sort of brain abnormality
 - Most reliable finding is that autism is associated with **generalized brain enlargement – apparent by age 2**
 - Appear to have **67% more neurons** in prefrontal cortex than normal

- Overgrowth is may begin in prenatal development – probably produces disruptions in neural circuits
- One hypothesis is that autism may be caused by mercury used as a preservative in some childhood vaccines
 - This theory was discredited and attempts to replicate the data have failed

What are Personality Disorders?

- Personality disorders: class of disorders marked by extreme, inflexible personality traits that cause subjective distress or impaired social and occupational functioning
- Generally, become recognizable during adolescence or early adulthood
- Lifetime prevalence for personality disorders is around 12%
- DSM-5 lists ten personality disorders – grouped into three related clusters
 - **Anxious/fearful**
 - Avoidant personality disorder
 - Dependent personality disorder
 - Obsessive-compulsive personality disorder
 - **Odd/eccentric**
 - Schizoid personality disorder
 - Schizotypal personality disorder
 - Paranoid personality disorder
 - **Dramatic/impulsive**
 - Histrionic personality disorder
 - Narcissistic personality disorder
 - Borderline personality disorder
 - Antisocial personality disorders

Describe the symptoms of antisocial, borderline, and narcissistic personality disorders, and their etiology.

- Antisocial Personality Disorder
 - Antisocial in the sense that they choose to reject widely accepted social norms regarding moral principles
 - Chronically exploit others
 - Marked by impulsive, callous, manipulative, aggressive, and irresponsible behaviour
 - Rarely feel guilty about their transgressions
 - Lack an adequate conscious
 - **Occurs more frequently among men than women**
 - People with antisocial personalities get involved in illegal activities
 - Some keep their exploitive behaviour within the boundaries of the law
 - Concept of antisocial personality disorder can apply to business executives and scheming politicians, as well as con artists, drug dealers, thieves
 - Exhibit a variety of maladaptive traits
 - Rarely experience genuine affection for others
 - Sexually predatory and promiscuous – can tolerate little frustration and pursue immediate gratification

- Unreliable employees, unfaithful spouses, inattentive parents, undependable friends
- Borderline Personality Disorder
 - Marked by instability in social relationships, self-image, and emotional functioning
 - **More common in females than in males**
 - Tend to have turbulent interpersonal relationships marked by fears of abandonment
 - Switch back and forth between idealizing people and devaluing them
 - Tend to be intense with frequent anger issues and poor control of emotions
 - Tend to be moody, shifting between panic, despair, feelings of emptiness
 - Prone to impulsive behaviour
 - Often exhibit fragile, unstable self-concepts as their goals, values, opinions, and career plans shift suddenly
 - Associated with elevated risk for self-injurious behaviour and suicide
- Narcissistic Personality Disorder
 - Marked by grandiose sense of self-importance, a sense of entitlement, and an excessive need for attention and admiration
 - **More common in males**
 - Think they are unique and superior to others
 - Tend to be boastful and pretentious
 - Self-esteem is fragile – leading to fish for compliments and easily threatened by criticism
 - Sense of entitlement manifests into arrogant expectations
 - Complain that others do not appreciate their accomplishments or give them respect for what they deserve
- Etiology of Personality Disorders
 - Involve interactions between genetic predispositions and environmental factors, such as cognitive styles, coping patterns, and exposure to stress
 - Environment factors contributing to antisocial personality disorder include: dysfunctional family systems, erratic discipline, parental neglect, parental modeling of exploitive amoral behaviour
 - Environmental factors contributing to borderline personality disorder include: history of childhood trauma, including abuse

Application: Understanding Eating Disorders

- Eating disorders: severe disturbances in eating behaviour characterized by preoccupation with weight and unhealthy efforts to control weight
- The three syndromes are: anorexia nervosa, bulimia nervosa, and binge-eating disorder
- Anorexia Nervosa
 - Characterized by an intense fear of gaining weight, disturbed body image, refusal to maintain normal weight, and dangerous measures to lose weight
 - There is restricting type anorexia nervosa – people drastically reduce their intake of food, sometimes starving themselves

- There is **binge-eating/purging type anorexia nervosa** – people attempt to lose weight by forcing themselves to vomit after meals and by engaging in excessive exercise
- Suffer from disturbed body image – always insist that they are too fat
 - Morbid fear of obesity never allows them to be satisfied with their weight
- Do not appreciate their maladaptive quality of behaviour and rarely seek treatment
- Leads to multiple medical problems: amenorrhea, gastrointestinal problems, low blood pressure, osteoporosis, and metabolic disturbances that can lead to cardiac arrest or circulatory collapse
- **Associated with greatly elevated mortality rates**
- **Bulimia Nervosa**
 - Involves habitually engaging in out-of-control overeating followed by unhealthy **compensatory efforts**, such as self-induced vomiting, fasting, abuse of laxatives and diuretics, and excessive exercise
 - Usually carried out in secret and followed by guilt and concern about gaining weight
 - Medical problems associated include: cardiac arrhythmias, dental problems, metabolic deficiencies, gastrointestinal problems
 - Associated with elevated mortality rates
 - Morbid fear of becoming obese, preoccupation with food, rigid maladaptive approaches to controlling weight grounded in all-or-nothing thinking
 - **Much less life-threatening condition**
 - **Much more likely to recognize their eating behaviour is pathological and more prone to recognize their need for treatment**
- **Binge-Eating Disorder**
 - Involves distress-inducing eating binges that are not accompanied by the purging, fasting, and exercise seen in bulimia
 - Less severe than bulimia
 - Tend to be disgusted with their bodies and distraught about their overeating
 - Frequently overweight
 - Overeating is often triggered by stress
- **Prevalence of Eating Disorders**
 - Eating disorders are a product of modern affluent **Western culture** – where food is generally plentiful and desirability of becoming thin is widely endorsed
 - Eating disorders are now showing up in non-western countries too
 - Gender gap exists in likelihood of developing eating disorders
 - About 90-95% of individuals with anorexia nervosa and bulimia nervosa are female; 60% with binge-eating disorder are female
 - Result **of cultural pressures than biological factors**
 - Eating disorders mostly afflict young women
 - Typical age of onset for **anorexia is 14-18; for bulimia is 15-21**
 - In western societies: among females about 1% develop anorexia, 1.5% develop bulimia, 3.5% exhibit binge-eating
 - Evidence suggests 2-4% of people may struggle with serious eating problems that do not qualify for formal diagnosis

Explain how genetic factors, personality, culture, family dynamics, and disturbed thinking contribute to the development of eating disorders.

- Some people may inherit a genetic vulnerability to these problems
- There is evidence for a hereditary component in both anorexia and bulimia
 - **Stronger in anorexia**
- Victims of anorexia tend to be obsessive, rigid, neurotic, emotionally restrained
 - **Perfectionism is a risk factor**
- Victims of bulimia tend to be impulsive, overly sensitive, low in self-esteem
- In western society women are socialized to believe that they must be attractive – thin in order to be so
 - For a small portion the pressure to be thin in combination with genetic vulnerability, family pathology, and other factors lead to unhealthy efforts to control weight
- Family dynamics can contribute to anorexia and bulimia in young women
 - Some mothers contribute to eating disorders by endorsing the message that “you can never be too thin” and modeling unhealthy dieting behaviours of their own
 - This leads to daughters internalizing the idea that thinner = more attractive
- Peers can endorse beliefs and model behaviours that promote eating disorders
- There is also an association between childhood abuse and eating disorders
- Many theorists emphasize the role of **disturbed thinking** in the etiology of eating disorders
 - Patients display rigid, all-or-nothing thinking and many maladaptive beliefs
 - Additional research is needed to determine whether distorted thinking is the cause or a symptom of eating disorders

Chapter 13: Careers and Work

How do I know a chosen career is “right” for me?

Describe personal and family influences on job choice.

- **Industrial/organizational psychology**: study of human behaviour in the workplace
- A time commitment such as work implies that you should both enjoy and be proficient at what you do for a living
- The career you choose may determine whether you are employed or unemployed, financially secure or insecure, happy or unhappy
- **There are straightforward ways to choose a career**
 - Need a clear grasp of your personal characteristics
 - Need realistic information about potential careers
 - Select an occupation to match your personal characteristics
- Individuals who exhibit secure attachment and who have a **sense of self-efficacy** about career-relevant abilities find it easier to make career choices
- **Intelligence does not necessarily predict occupational success** – *it predicts the likelihood of entering particular occupations*
 - **Intelligence is related to academic success**
 - Professions such as **law, medicine, and engineering** are open to only to those who can meet increasingly selective criteria
 - Relationship between intelligence and occupational level generally holds well for men – **the ability-achievement gap exists for women**
- Pursuing a career that matches one’s intellectual abilities may be a wise decision
- In many occupations, special talents are more important than general intelligence
- Specific aptitudes that might make a person well suited for certain occupations includes creativity, artistic or musical talent, mechanical ability, clerical skills, mathematical ability, and persuasive talents
- **Social skills** are a crucial characteristic because teams and networking are increasingly important in organizations
 - Workers must be able to get along well with peers and to also counsel or supervise them
 - **Social-emotional** or **interpersonal intelligence** (ability to behave wisely in human relations and to accurately interpret emotions and intentions) is an important part of such social skills
- **Interests** should be considered in career planning because they underlie your motivation for work and your job satisfaction
- Perceiving work as **meaningful** has an impact because it can influence how self-directed you are in the workplace
- It is important to choose an occupation that is compatible with your personality
- Individuals’ career choices are strongly influenced by their family backgrounds and social class (jobs that appeal to people tend to be like those of their parents)
- **Family background influences career choice for several reasons**
 - **A key predictor of occupational status is the number of years of education an individual has completed**

- Parents and children often attain similar levels of education – likely to have similar jobs
- **Career attainment is related to socioeconomic status**
 - Parents and teachers can help boost children’s career aspirations and opportunities by encouraging them to do well in school
- **Parenting practices come into place**
 - Most children from middle class homes are encouraged to be **curious** and **independent** – essential for success in high-status occupations
 - Children from lower status homes are often taught to **conform** and **obey** – less opportunities to develop qualities demanded in high status jobs
- **Parents’ gender role expectations** also influence their children’s aspirations and sometimes interact with socioeconomic status and ethnicity

List helpful sources of career information and important aspects of potential occupations.

- **Occupational Outlook Handbook**: a government document, published every two years by the U.S. Bureau of Labor Statistics; a comprehensive guide to occupations
 - Includes job descriptions, education and training requirements, salaries, employment outlooks for more than 800 occupations
- There are some key issues when examining occupational literature and interviewing professionals
 - Nature of the work
 - Working conditions
 - Job entry requirements
 - Ongoing training or education
 - Chance to collaborate
 - Potential earnings
 - Potential status
 - Opportunities for advancement
 - Trust and respect
 - Intrinsic job satisfaction
 - Future outlook
 - Security
- Jobs that you can attain with a college degree typically yield higher pay than those requiring less education
- **Higher grade point averages** point to the ability to be trained which influences subsequent job performance and salary level
- **Ng and Feldman** (2009) found that employees with more education performed better at work, were good organizational citizens, were absent less frequently, much less likely to engage in on-the-job substance abuse than workers with less education

Clarify the role of occupational interest inventories in career decisions.

- **Occupational interest inventories**: measure one’s interests as they relate to various jobs or careers (help users identify vocational areas for choosing potential careers)
- Two widely used tests are the **Strong Interest Inventory** (SII) and the **Self-Directed Search** (SDS)

- **OII do not predict whether you would be successful** in various occupations based on your interests, skills, motivations, values, and other personal factors
 - **They focus more on potential job satisfaction than job success**
- After taking the inventory, you receive many scores indicating how similar your interests are to those of people in various occupations
 - Correspondence in interests *does not guarantee that you would enjoy the career, but it is a moderately good predictor of job satisfaction*
- There are several cautions
 - May score high on some occupations that you're sure you would hate or that simply do not interest you
 - Don't let a test make career decisions for you
 - You have to think things out for yourself and do research on the suggested options
 - "job shadow" a professional currently working in the field of interest
 - Be aware that most occupational interest inventories have a lingering **gender bias**
 - Critics assert that these inventories channel women into gender-typed careers
 - There is still gender bias and possibly ethnic bias as well

Outline important considerations in choosing an occupation.

- You have the potential for success in a variety of occupations
- Career success is apt to be linked to mobility
- Be cautious about choosing a career solely on the basis of salary
- There are limits on your career options
- Career choice is an ongoing developmental process
- Some career decisions are not easily undone
- Do you want a job, career, or a calling?

Summarize Holland's model of career choice and Super's stage model of career development.

- Career counselors used to ask people to share likes and dislikes, to identify individuals they admired, and to catalog their hobbies
- Now self-reports and interest tests are now used in place of counselors
- Psychologists are interested more in theoretically based approaches for understanding how individuals make career choices and how their careers evolve
- The most influential trait model of career choice was developed by John Holland (1997)
- According to Holland, **career choice is related to an individual's personality characteristics – assumed to be relatively stable over time**
 - People are classified into one of six personality types – personal orientations; which are classified into six ideal work environments (which can also be a social relationship)
 - Realistic – concrete, physical tasks with mechanical skills, persistence, physical movement
 - Machine operator, pilot, draftsman, engineer
 - Investigative – research laboratory, diagnostic medical case conference, work group of scientists

- Marine biologist, computer programmer, clinical psychologist, architect, dentist
 - Artistic - theater, concert hall, library, radio, Tv
 - Sculptor, actor, designer, musician, author, editor
 - Social – classrooms, psychiatrist’s office, religious meetings, mental institutions, recreational centers
 - Counselor, nurse, teacher, social worker, judge, minister, sociologist
 - Enterprising – courtroom, political rally, car sales room, real estate firm, advertising company
 - Realtor, politician, attorney, salesperson, manager
 - Conventional – bank, post office, file room, business office, internal revenue
 - Banker, accountant, timekeeper, financial counselor, typist, receptionist
- According to Holland, people search for environments that allow them to exercise their abilities and skills, share their attitudes and values, adopt agreeable problems and roles
 - **They flourish when their personality type is matched with a work environment that is congruent with their abilities, interests, and self-beliefs**
- Good match between one’s personality and work environment typically result in career satisfaction, achievement, and stability
 - Less likely to report job conflicts or to display aggression
- **Donald Super (1988)** outlined a highly influential developmental model of career choice
- **Super views occupational development as a process that begins in childhood, unfolds and gradually matures across most of the lifespan, and ends with retirement**
- Super asserts that the **person’s self-concept** is the critical factor in this process, so that decisions about work and career commitments reflect people’s attempts to express their changing views of themselves
- Super breaks the *occupational life cycle* into five major stages and various sub-stages
 - **Growth stage (0-14)** – period of general physical and mental growth
 - Prevocational sub-stage (0-3) – no interest or concern with vocations
 - Fantasy sub-stage (4-10) – fantasy is basis for vocational thinking
 - Interest sub-stage (11-12) – vocational thought is based on individual’s likes and dislikes
 - Capacity sub-stage (13-14) – ability becomes the basis for vocational thought
 - **Exploration stage (15-24)** – general exploration of work
 - Tentative sub-stage (15-17) – needs, interests, capacities, values, and opportunities become bases for tentative occupational decisions
 - Transition sub-stage (18-21) – reality increasingly becomes basis for vocational thought and action
 - Trial sub-stage (22-24) – first trial job is entered after the individual has made an initial vocational commitment
 - **Establishment stage (25-44)** – individual seeks to enter a permanent occupation
 - Trial sub-stage (25-30) – period of some occupational change due to unsatisfactory choices

- Stabilization sub-stage (31-44) – period of stable work in a given occupational field
- **Maintenance stage (45-65)** – continuation in one’s chosen occupation
- **Decline stage (65+)** – adaptation to leaving workforce
 - Deceleration sub-stage (65-70) – period of declining vocational activity
 - Retirement sub-stage (71+) – a cessation of vocational activity

Identify some differences between women’s and men’s career development.

- 57.2% of adult women are in the labour force – 69.7% of men
- **99.5 million women of working age are white, 18.7 million are Hispanic, 16.6 million are black, 7.1 million are Asian**
- Between 2012-2022 the number of women in the workforce will increase by 5.4%
 - But only represent 46.8% of the workforce
- **Men’s paths are continuous – women’s paths are discontinuous**
 - Men work continuously once they start working full time
 - Women interrupt to concentrate on children or family crises
 - Women without children follow a pattern of career advancement similar to men
- Women are paid less than men

How are contemporary trends affecting the way we work?

Identify seven work-related trends.

- Work: an activity that produces something of value for others
- **There are seven trends affecting work:**
 - **Technology** is changing the nature of work
 - **New work attitudes** are required
 - **Lifelong learning** is a necessity
 - **Independent workers** are increasing
 - **Boundaries between work and home** are disappearing
 - **Highest job growth** will occur in the professional and service occupations
 - **Job sharing** is becoming more common

Describe the relationship between education and salary.

- All but one of the fifty highest paying occupations require a college degree or higher **(the exception being air traffic controller)**
- *The more you learn, the more you earn*
- Having a college degree is associated with more career options, greater opportunities for professional advancement, and lower unemployment
- Men are paid approximately **\$7,000-30,000** more than women with the same educational credentials (80%)
 - Women are now earning 79% of what men earn
- **Underemployment:** settling for a job that does not fully utilize one’s skills, abilities, and training

- It poses social, psychological, and physical health challenges
- Higher paying jobs go to college graduates with college-level reading, writing, and quantitative skills

Summarize demographic changes transforming the workforce, highlighting challenges posed by diversity.

- **Labour force**: consists of all those who are employed, as well as those who are currently unemployed but are looking for work
- High school graduation rates for Asian Americans match those for European Americans, but exceed for college graduation rates (**more Asians go to college, they have the same graduation rates**)
- High school and college graduation rates of **Hispanics** and **African Americans** lag behind those of European Americans – improving in recent decades
 - Both groups at a disadvantage when it comes to competing for a better job
- Gays are often **“closeted”** for fear of discrimination
- Most gay workers do not have same legal protections against employment discrimination as heterosexuals (wage gaps can exist because of sexual orientation)
- **Job segregation** is a major obstacle for occupational success
 - Jobs are simultaneously typed by gender and race
- Most white women and minority workers tend to be concentrated in jobs where there is little opportunity for advancement or increase in salary
- Women and ethnic minorities still face discrimination because they are frequently passed over for promotion
- Discrimination toward women and ethnic minorities is now **more covert, subtle, and indirect**
 - May hold prejudices that leak out unconsciously in exchanges with members of diverse groups
- **Glass ceiling**: prevents most women and ethnic minorities from advancing to the highest levels of occupations
 - Women are underrepresented at the upper levels of corporate life
- There seems to be a sticky floor that causes women and minorities to get stuck in low paying occupations
- **Token: a symbol of all the members of that group**
 - Makes the person’s actions subject to intense scrutiny, stereotyping, and judgements
 - When a **token woman** or minority makes a mistake, it is seen as evidence that all members of that group are incompetent
 - Experience great deal of performance pressure
 - If perceived as successful they may be accused of trying to “show up” members of the dominant majority
- Diverse workforce presents challenges that can occur within the workplace as well as within the community where the workplace and workers reside
- Cultural differences exist in managing time and people, in identifying with work, in making decisions (these can contribute to conflict)

- Some individuals feel that they are personally paying for prejudice in the workplace – this causes resentment
- Some corporations offer diversity training programs for employees
- Critics of affirmative action programs argue that these promote “**reverse discrimination**” through the use of unfair hiring and promotion practices
 - This perception reflects a sense of **privilege** – an assumption that white males should be guaranteed a place in society and that others should compete for remaining jobs
 - Women and minority group members hold more positive views of affirmative action
 - Some argue that affirmative action undercuts the role of merit in employment decisions and sets up unprepared workers for failure

Advice for recognizing and coping with occupational stress?

Recognize some important sources of job stress.

- **More than 80%** of workers in US claim that something about their jobs is stressful
- **Younger people are troubled more by personal stressors; older adults are troubled more by work-related stressors**
- Common job stressors include: long hours, lack of privacy, high noise levels, unusual hours, pressure of deadlines, lack of control over one’s work, inadequate resources to do a job, perceived inequities at work
- **Environmental conditions**, such as workplace temperature, can affect physical, cognitive, and perceptual tasks
- **Other job stressors include**: fear of being downsized, concerns about health care benefits, worries about losing pension plans, office politics, conflicts with coworkers
- **Women** may experience workplace stressors such as sex discrimination and sexual harassment
- Ethnic minorities must cope with racism and other types of discrimination
 - Experience higher levels of stress than non-minorities
- Workers from lower socioeconomic groups typically work in more dangerous jobs than workers from higher socioeconomic status
- **There are many reasons why workers are so stressed out**
 - More workers are employed in service industries
 - The economy is unpredictable
 - Rapid changes in computer technology tax workers’ abilities to keep up
 - The workplace is becoming more diverse
 - Role overload
- Karasek contends two key factors in occupational stress are **psychological demands** made on the worker, and a worker’s amount of decision **control**
 - Stress is greatest in jobs characterized by high psychological demands and low decision control

Summarize the effects of job stress on physical and mental health.

- Job stress has been linked to an increased number of industrial accidents, heightened absenteeism, poor job performance, higher turnover rates

- Stress-related reductions in workers' productivity may cost American industry hundreds of billions of dollars per year
- When job stress is temporary workers usually only suffer minor brief effects of stress – such as sleeplessness or anxiety
- Prolonged high levels of stress are more problematic, more for people who work in people-oriented jobs
 - **Reason for the prevalence of burnout is the ongoing amount of “people work” – specifically performing emotional labour**
- Prolonged stress can lead to burnout – exhaustion, cynicism, poor job performance
- **There are three avenues of attack for dealing with occupational stress**
 - Intervene at the **individual level** by modifying worker's ways of coping with job stress
 - Intervene at the **organizational level** by redesigning the work environment itself
 - Intervene at the **individual-organizational** interface by improving the fit between workers and their companies
 - Ensure a proactive approach where a strong fit between work demands and worker strengths is made, work-family balance is sought, resources for coping are present in the workplace and home

Identify some causes and effects of unemployment.

- **Displaced workers**: individuals who are unemployed because their jobs have disappeared
- Unemployment can cause economic distress, health problems, psychological difficulties (loss of self-esteem, depression, anxiety)
- **Rate of attempted and completed suicides is higher among those who are unemployed**
 - Longer unemployment is a risk factor linked with higher rates of suicide
- **Those who are laid off in middle age seem to find the experience most difficult**
 - Typically, have more financial responsibilities
 - If other family members cannot provide healthcare, then health and welfare is jeopardized
 - Older workers typically remain out of work longer
 - They identify with and are involved with their work
- Mental health experts view job loss as a devastating life experience
- When hit with loss of income, people must deal with how to live on less
- Job loss strikes a key component of adult identity
- Victims of downsizing must deal with the anger and resentment that stems from the unfairness
- Job loss is associated with decreases in self-confidence, feelings of failure and rejection, increases in anxiety and depression
- **The following are suggestions for coping with job loss**
 - Apply for unemployment benefits as soon as possible

- Determine your income and expenses
- Lower your expenses and think of ways to bring in extra income
- Stay healthy
- Reach out for support
- Get organized and get going

Articulate current perspectives on **workaholism**.

- Workaholics devote nearly all their time and energy to their jobs – work is addictive
- They put in lots of overtime, take few vacations, regularly bring work home, sacrifice other roles in their lives, think about work constantly
- They are energetic, intense, ambitious – but **perfectionism** and **negative emotionality** predict workaholism
- Situational factors can promote workaholism
 - More common where organizational climates support imbalance between work and personal life
- Research finds a link between workaholism and aggression
- There is evidence that workaholics tend to be highly satisfied with their jobs and lives
 - **They work hard because work is the most meaningful activity they know**
- Other evidence suggests that workaholics may have poorer emotional and physical well-being
- There may be two types of workaholics
 - **Enthusiastic workaholic** – works for the pure joy of it
 - **Non-enthusiastic workaholic** – feels driven to work but reports low job enjoyment

Explain work-family conflict, and discuss the benefits of multiple roles.

- Dual-earner couples struggle to balance family life and work demands
- They juggle multiple roles – spouse/partner and employee
- **TICKS (two-income couples with kids)** add a third role – parent
- **Work-family conflict:** feeling of being pulled in multiple directions by competing demands from job and family
- **The more hours women work, the more their marital satisfaction tends to suffer**
 - Putting strain on family life as well – less hours devoted to family time
- Some decline in women's labour force participation rates is probably due to generational shifts in the views of the optimal balance of work and family roles

Define leisure and list several leisure activities.

- **Leisure:** unpaid activities people choose to engage in because the activities are personally meaningful
 - Participating in activities that are meaningful and fulfilling can contribute to one's well-being and quality of life
- Popular leisure activities include the following:
 - Hobbies, reading, surfing the internet, travel
 - Games and puzzles, sports, volunteer activities

Chapter 16: Positive Psychology

What is positive psychology?

Define positive psychology and explain why it is a counterweight to the historic and dominant negative focus in the discipline.

- **Positive psychology**: a social and intellectual movement within the discipline of psychology that focuses on human strengths and how people can flourish and be successful
- Emergence of positive psychology was a reaction to the predominantly negative focus found in most other areas of the discipline
- Psychology's language is rooted in the negative, with words like depression, anxiety, disorder
- Research in **positive psychology** does not deny the importance of negative states, experiences, feelings, emotions
 - Experiencing negative emotions can promote self-understanding and direct personal growth
- Advocates of positive psychology want to discover how to harness people's strengths, virtues, and other good qualities to help them enhance their lives
- A primary aim for positive psychology is to create tools and techniques for promoting and regulating well-being, emotions, and psychological health
 - Which have an impact on individuals, their connections with others, and physical health
- Positive psychology may have positive potential beneficial side effects including the opportunity to prevent mental illness, reduce discontent by cultivating human strengths (courage, hope, resilience, helping people)
- **Seligman (1999) developed positive psychology as a counterweight to the discipline's negatively oriented history**
 - An exchange with his daughter, Nikki, triggered a chain of events that led to this
 - Seligman began to think about how the psychology of the past generations should have been about much more than negative pathological states and human suffering
- **Clinical psychology was founded out of the need to deal with the rise of pathology and psychological maladies**
 - Emphasis is on repairing damage rather than preventing it or inoculating people in advance in psychological distress
- Positive psychology wants to change mental health by helping people **flourish** – have **high levels of well-being and low levels of mental illness**
 - People who are **struggling** have high levels of both well-being and mental illness
 - People who are **floundering** tend to have low levels of well-being but high levels of mental illness
 - People who are **languishing** tend to be low on well-being and mental illness
 - People who **flourish** display a combination of high emotional well-being, high psychological well-being, high social well-being

- To flourish is to be successful in important areas of your life, including: enjoying good relationships with others, having a favourable level of self-esteem, experiencing feelings of purpose and optimism

Explain why positive psychology provides a framework for new as well as older research on well-being.

- **Zeitgeist**: timely intellectual state of mind that many people contribute to and share
 - *Positive psychology seems to fit this description*
- Positive psychology movement is new but many questions being studied are not
- **Humanistic psychology** has long pursued questions that seem similar to those asked in positive psychology
- Some people argue that positive psychology is overlooking established scholarly work in humanistic psychology

Identify positive psychology's three lines of inquiry.

- **First, positive psychology is interested in positive subjective experiences**
 - Including good moods, positive emotions, happiness, love, other feelings of well-being
- **Second, positive individual traits that enable people to thrive**
 - Including traits of character strengths and virtues, such as hope, resilience, gratitude
- **Third, positive institutions**
 - Settings and organizations that promote civil discourse and enhance people's positive subjective experiences and positive personal traits collectively
 - Include close-knit families, quality schools, good work environments, safe and supportive neighbourhoods/communities

Do we need positive psychology? What are the insights from research on positive subjective experiences?

Distinguish between moods and emotions, and discuss how thought speed and the broaden-and-build model is linked to positive states.

- **Positive subjective experiences**: positive but private feelings and thoughts people have about themselves and the events in their lives
 - Frequency of this is linked to people's success in marriage, friendship, income, health
 - Such accomplishments lead to good feelings and make people more successful
- Subjective experiences **are present focused** – the most common state being **happiness**
- Sensual pleasures can trigger positive subjective states in people
- People can recall past experiences that conjure up feelings of contentment and satisfaction
- You can experience a change in mood from a neutral state to a more positive state
- **Emotions are stronger** subjective experiences, much more distinct than **moods**
- **Moods**: global responses to experience and tend to be more diffuse and pervasive, lasting much longer than **emotions**

- When people are in good moods, they anticipate that good things will happen – in turn they often make good things happen
- Being in a positive mood has several beneficial effects, including – making people more agreeable, more helpful, less aggressive, better at decision making
- Being in a positive mood can enhance people’s creativity
- One way to think about positive affects (feelings) is that it helps people see things in new, unconventional ways
- **Pronin and Jacobs (2008) argue that faster thinking generally leads to a more positive mood**
- When thoughts are too fast they are associated with feelings of mania
- **Slower thoughts** are often linked with negative moods
 - Very slow or sluggish thoughts can lead to depressive feelings
- **Thought speed** is a property of the concept **mental motion**
- **Mental motion** also involves **thought variability**
 - When one’s thought is varied, one’s mood is usually positive
 - At the extreme, people can experience mania, or a reverie or dreamlike state
 - Repetitive thoughts on the same topic are associated with negative effect
 - At the extreme, thoughts can become depressive or anxiety ridden
- People feel elated (overjoyed) when quick thoughts and varied thinking meet
 - People can experience dejection when thoughts are plodding and repetitive
- **Pronin and Jacobs (2008) argue that thought speed and variability operate independently of the content of thought**
 - Arguments for mental motion’s impact on mood do not require that thoughts have any particular content
- Findings suggest beneficial implications for developing **thought-speed-based intervention** for treating mood disorders
- Positive mood and speed of thoughts are usually quite low and slow for people who are experiencing depression
- **Emotions**: powerful, largely uncontrollable feelings, accompanied by physiological changes
 - Usually divide emotions into two categories: positive and negative
- **Positive emotions**: pleasant responses to events that promote connections with others, including subjective states of happiness, joy, euphoria, gratitude, contentment
 - When experienced, people feel good about themselves, other people, and often about whatever they are thinking or doing
 - Some people are more prone to positive emotions than others
- **Negative emotions**: unpleasant responses to potential threats or dangers, including subjective states like sadness, disgust, anger, guilt, and fear
 - Cause people to turn inward or lead them to be snippy or disagreeable with other
- **Negative emotions draw more attention than positive emotions**:
 - They have more evolutionary significance
 - They make people wary, narrowing their focus of attention
 - They are implicated in the “flight or fight response”

- Compel people to act through emotionally linked specific action tendencies or behavioural reactions with survival value
 - **They outnumber positive emotions by about three to one**
- Fredrickson asserts that positive emotions play particular roles in people's mental and physical lives
- **Fredrickson developed the broaden-and-build model of positive emotions to explain how they benefit human beings**
 - Positive emotions spawn nonspecific action tendencies that lead to adaptive responses
 - Positive emotions serve as beneficial counterweights to the dysphoric or fearful feelings associated with emotional dysfunction and psychopathology
 - Positive emotions open people up to a variety of new behavioural options that promote and maintain psychosocial well-being
 - Positive emotions also broaden people's cognitive responses by promoting new and beneficial thought-action tendencies – established ways of positive thinking are associated with particular acts or behaviours
- **The broaden-and-build model** proposes that positive emotions broaden people's outlooks and then they build on subsequent learning to develop future emotional and intellectual resources
 - Positive emotions create “bankable” social, cognitive, and affective resources that can be drawn on with emotional interest in the future
- Fredrickson argues that **broader thought-action repertoires** lead to increased well-being – triggers more positive emotions leading to happiness and upward spiral of health
 - The spirals promote both mental and physical health
- Fredrickson argued that physical activity (routine exercise) enhances emotional experiences, also appears to develop the aforementioned psychosocial resources
- **Undoing hypothesis**: posits that positive emotions aid the mind and the body by recovering a sense of balance and flexibility following an episode experiencing negative emotion
 - When people are stressed, the presence of positive emotions triggered by the shared experience undo the stressor's after effects more quickly
 - Resulting positive emotions re-establish flexible and open thinking after the narrowed perspective caused by the negative emotions felt during the tough test

Explain the flow experience and typical activities that trigger it.

- Csikszentmihalyi named the physiological response of being in the zone as **flow**
- **Flow**: state of being in which a person becomes fully involved and engaged in the present time by some interesting, challenging, and intrinsically rewarding activity
 - Refers to flow as the **optimal state**
 - Become less self-aware, lose all track of time, focus their energies and attention on doing some engaging activity where skill and challenge are in balance
 - Provides a sense of control – concentrate so deeply on the task that they become oblivious to their surroundings and people around them
 - **More control** promotes *order and well-being*
 - People experience this when they find a balanced meaningful place between **boredom and anxiety**

- Can be characterized as a **balance between a person's current skill level and a situation's challenges**
- Must find a challenging activity that matches skill level in order to find flow
- Gives people pleasure of stretching themselves and talents in new directions
- Feels good and becomes motivational; provides positive emotions, promotes goal commitment and achievement
- It is **negatively correlated with neuroticism** – anxiety and negative affect linked to this trait interferes with flow's emotional qualities
- It is **positively associated with conscientiousness**

Define mindfulness, and outline the advantaged of mindfulness over mindlessness.

- **Mindfulness**: a cultivated perspective in which people are sensitive to context and focused on the present
 - People in this state notice novel features and readily attend to them; draw novel distinctions in what they see
- To become more mindful, people need to:
 - Resist the impulse to reduce or control the uncertainty found in daily living
 - Become less prone to evaluate themselves, others, and the situations they encounter
 - Try to override their propensity to perform automatic behaviour
- **Mindfulness has found to promote or enhance well-being in a variety of situations**
 - Can improve student learning
 - People are less judgemental of others
 - Can reduce the negative feelings associated with experiencing discrimination as well as the depressive symptoms associated with prejudice
 - Can reduce the tendency to use aging stereotypes and promote well-being in older adults
- **Mindfulness** is also found to have implications on physical health
- **Mindlessness**: engaging in rote behaviour – performing familiar, scripted actions without much cognition, as if on autopilot
 - It can be adaptive – frees up conscious attention and awareness when a task is familiar
 - Sudden changes and novelties in the environment go overlooked
- One can treat facts as conditional – linked to one rather multiple situations – in order to become mindful
 - Becoming aware of novelty and creating new distinctions by using meditation or disciplined, continuous, focused contemplation of some subject or object
 - People learn to train and direct their attention in non-analytical and unemotional ways
- A simpler way to increase attention, reduce stress, improve subjective well-being is: **go outside and experience nature**
 - Spending a modest amount of time in nature has restorative effects that make people more cognitively attentive and function better emotionally
 - Natural environments are much less mentally taxing than urban settings

Describe the Spotlight on Research regarding awe and prosocial behaviour, and define savouring.

- **Awe**: an emotional response people feel when encountering something larger than themselves
- **Moments of awe are marked by two qualities**
 - Feeling of being diminished in the presence of the awesome event
 - The accompanying desire to be good or kind to others
- **Participants in the awe condition picked up more pencils compared to the control group**
 - The hypothesis being that awe-inspired participants would be more helpful toward an experimenter in a staged pratfall
- **Savouring**: the power to focus on, value, and even boost the enjoyment of almost any experience, whether great or small
- To savour is to enjoy subjective states related to some current experience, **one rooted in process not outcome**, is more important than the destination
- **Bryant and Veroff (2007) suggest the several factors affecting the intensity of savouring**
 - Duration
 - Stress reduction
 - Complexity
 - Balanced self-monitoring
 - Social connection
- Research suggests that **savouring may reduce depressive symptoms and negative emotions** – helps people to be happier and more relaxed

Explain the concept of positive individual traits.

- **Positive individual traits**: dispositional qualities that account for why people are happier and psychologically healthier than others
 - Sway the interpretations people use to find meaning in events, influence their choices, help them select goals, drive what they do behaviourally
- Trait: an individual difference that makes your friend stand out from your other acquaintances

Define hope, resilience, posttraumatic growth, and grit as beneficial qualities.

- **Positive traits** can also emerge as a response or reaction to life situations people experience
- **Hope: achieving future goals**
 - **Hope**: refers to people's expectations that their goals can be achieved in the future
 - People become more excited by goals they can actually achieve
 - **Hope is related to optimism**
 - **Snyder (2002) argued that goal-directed expectations have two components:**
 - **Agency**: involves a person's judgement that his/her goals can be achieved
 - Represents one's motivation to seek desire goals
 - Linked to life satisfaction
 - **Pathways**: represent the realistic road to achieving the goal
 - Serve as a way power to complement one's agency
 - Snyder developed the **Trait Hope Scale** to assess both *agency and pathways*

- Summary score of the agency and pathway items indicates a person's degree of hope
 - Hopeful people experience more positive emotions than those who have a more despairing outlook
 - They expect to be better off in the future
 - Hopeful people are likely to be flexible thinkers – lookout for alternative pathways to achieve goals
 - Likely to be buoyed up by positive social support they receive from those drawn to their encouraging upbeat natures
- **Resilience: reacting well to life's challenges**
 - Resilience: a person's ability to recover and often prosper following some consequential life event
 - Resilient people cope with threats, maintaining, recovering, or even improving mental and physical health in the process of doing so
 - Despite traumatic events, some people persevere and emerge psychologically resilient
 - **Resilient outlook can be cultivated in anyone because it is a way of coping, not a trait**
 - **Posttraumatic growth:** enhanced personal strength, realization of what is truly important in life, and increased appreciation for life, friends, and family following trauma
 - Implies that people can also psychologically exceed those original levels by displaying enhanced functioning and positive changes
- **Grit: harnessing effort over the long term**
 - Grit: possessing perseverance and passion for achieving long-term goals
 - Those with higher level of grit are apt to demonstrate serious effort and attention to accomplishing a goal – despite setbacks, adversity, slowdowns that impede their progress
 - Grit has been shown to be independent of self-control
 - **Grit has a positive correlation with GPAs**
 - Novice teachers with grit have been found to have greater success than peers
 - Grit has also been linked with higher retention rates in samples
 - Some evidence suggests that individual differences in grit may be due to differences in what activities make people happy

Clarify why gratitude is a character strength.

- **Gratitude: the power of being thankful**
 - Gratitude: recognizing and concentrating on the good things in one's life and being thankful for them
 - Often considered in the moral context – *being grateful for what you have*
 - Expressing ingratitude is considered to a vice
 - Expressing gratitude toward others in response to their helpful actions is a social norm
 - Experiencing and expressing gratitude are common ways to experience this beneficial positive emotion

- Other research indicates that **gratitude can be personality related** – some people are more likely to express and experience it than others
- Expressing gratitude enhances social connections with others – including fostering new relationships and promoting interpersonal warmth
- Expressing gratitude appears to extend the time people feel positive emotions linked to being thankful
 - Positive moods tend to be shorter when negative affect lingers
- Feelings of gratitude make one feel happy/joyful – it can be a source of contentment
- **Both the giver and recipient of gratitude benefit psychologically from the act**