MTUNER 3

BOOK

Module 13.1 – The Power of the Situation: Social Influences on Behaviour

- Abu Ghraib – Iraqis tortured here
    - Lack of supervision, threat from terrorists, private security companies, danger and stress or region, language and cultural barriers, frequent changes of official rules.
- **Social psychologists** study the interaction between the person and the situation.
- **Kurt Lewin** – founder of social psychology
    - B = f(P,E): Behaviour is a function of the Person and the Environment.
    - Challenged Freudian theories- person's behaviour guided by psychological dynamics that were rooted in the person's distant past
    - Challenged behaviourism – person's past history of conditioning
    - Social psychology focuses on present moment- situation person happens to be in at a particular time is a key influence on behaviour.
    - Person's behaviour was consequence of sets of forces operating on the person and once an analyst sufficiently understood the forces, them the person's behaviour could be predicted.
    - Theories of how to create change in organizations often incorporate Lewin's force-field logic.
- **Mimicry** – taking on for ourselves the behaviour, emotional displays and facial expressions of others.
    - This is because humans are social species, coordinating our behaviour with others is important to get along with each other. Sets foundation for observational learning.
    - Some occurs through explicit levels of consciousness, such as the decisions and intentional actions we take.
    - Most of our consciousness is determined through implicit, unconsciousness process. Built of many different aspects, implicit processes of attention, perception, emotions, and behaviour in social psychology, to the neural systems such as **mirror neurons** that enable people's brains to harmonize with each other.
    - Motor systems (cerebellum and procedural learning) ties together physical coordination with emotional functioning.
    - Involvement of body and nonverbal helps understand the implicit, unconscious level of awareness, of who we are, is constantly shaped and patterned by other people.
- **Chameleon effect** describes how people mimic other non-consciously, automatically copying others 'behaviours even without realizing it.
    - This helps in social settings, helping people to feel reassured and validated by each other, sending the unconsciously processed message to others that you are similar to them and thus they should like you and trust you. Our social nature as a species is programmed right into our automatic behaviour patterns.
    - People have more favourable views of people when they are trying to mimic them. But not too obviously. Mimicry occurs at unconscious level, reflecting genuine behavioural similarity, understanding and trustworthiness.

- Similar to mimicry, we often conform to the **social norms** are the (usually unwritten) guidelines for how to behave in social contexts.
    - People's behaviour often strongly affected by social norms
    - Social pressure very powerful and unnoticed by individuals in groups
- Groups can produce poorer outcomes due to **social loafing**, which occurs when an individual puts less effort into working on a task with others.
    - People loaf because they believe others in the group are also not doing their best
    - Factors that encourage loafing are
        - **Low efficacy beliefs** – tasks too difficult or complex. Overcome by giving feedbacks
        - **Believing one's contribution is not important to the group** – people can't see how their input matters. Overcome – understanding how different group members rely and effect one another
        - **Not caring about group's outcome**- person not personally identified with group.. Overcome make groups goals clear, and identifying will come with socializing.
        - **Feeling like others are not trying very hard** – people loaf if they feel others are loafing. Overcome by providing feedback on the progress of group members on their individual tasks.
- **Social facilitation** occurs when one's performance is affected by the presence of others. Competition might improve individuals' ability on tasks. However, presence of others is likely to interfere with our performance when our skills are poor or task is difficult.
    - Pressure of others is arousing and arousal tends to strengthen our dominant responses. When task is simple our dominant responses are the right ones, but when the task is very complex we need to be able to control our responses more carefully and then arousal decreases performance. Novices perform best when no one is watching, masters perform best with competition.
- Feeling evaluated limits one's full abilities, pressures that build within groups also limit creativity and shut down the ability for different perspectives to be heard.
- **Groupthink** refers to the stifling of diversity that occurs when individuals are not able to express their true perspectives, instead having to focus on agreeing with others maintaining harmony in the group.
    - When people concerned avoiding disagreements, three main problems occur in terms of the group's effectiveness
        - Group members may minimize or ignore potential problems and risks in the ideas they are considering
        - Apply social pressure to influence people who are not fully in support of an idea in an effort to get them to conform
        - Group becomes overconfident and fails to think carefully or critically about its conclusions and decisions
- When groupthink is involved, search for alternative solutions and creative ideas does not happen in the first place.
    - Groupthink occurs more often when there is a strong leader – specifically an individual who supresses dissenters and encourages the group to consider fewer alternative ideas.
    - Groupthink can occur easily without a strong leader simply because of conformity pressures that arise spontaneously in groups.

- Solomon Asch – participant seating with confederates – people who secretly working with experimenter. When asked to determine which line is longer and the confederates disagree, 75% participants gave the wrong answer.
    - Unconscious mimicking does not apply, because the behaviour is very consciously chosen.
    - Participants who chose the wrong answer were asked why they did it and they replied that maybe they did not understand the question or maybe there was an optical illusion.
    - Conformity can happen through
        - **Normative influence** a social pressure to adopt a group's perspective in order to be accepted, rather than rejected, by a group
            - Leads to public acceptance
        - **Informational influence** which occurs when people internalize the values and beliefs of the group, coming to believe the same things and feel the same ways themselves.
            - Leads more directly to the person privately accepting the group norm

Table 13.1 :: Personal and Situational Factors Contribute to Conformity

PEOPLE TEND TO BE LESS LIKELY TO CONFORM WHEN . . .	PEOPLE TEND TO BE MORE LIKELY TO CONFORM WHEN . . .
Only one other person is in the vicinity	There is a larger group in the vicinity
There are only male group members	There is a high proportion of female group members
There are only strangers in the room	There are friends, family, or acquaintances in the vicinity
There are extremely clear and simple tasks	The task is unclear or ambiguous
There is one other nonconformist in the room	Others conform first
Responses are made anonymously	Responses are made publicly

- When subjects conformed to the incorrect judgements of group they activated regions of the brain involved with visual perception. When refused to conform, activated areas of the amygdala that are associated with negative emotion and with processing social information. This suggests going against a group's judgement is difficult.
- Asch study showed
    - Relationship between conformity rates and size of group. Asch found low conformity rates if one or two people gave the wrong answer. But once there are 3 or more people conformity rates instantly reach their maximum level.
    - Even though groups can be powerful, individuals can be even more powerful. Groups are most powerful when they are unanimous, but a single person's courage can burst that bubble of unanimity and liberate the voices of others who may privately disagree with the group.
- **Bystander effect** counterintuitive finding that the presence of other people reduces the likelihood of helping behaviour.
- **Diffusion of responsibility** which occurs when the responsibility for taking action is spread across more than one person, thus making no single individual feel personally responsible.
    - The more people there are in a situation the more likely it is that any one person will assume 'someone else will do it.'
- Do not know how to interpret the situation and look around to see what other people are doing. This is **pluralistic ignorance** occurs when there is a disjunction between the private beliefs of individuals and the public behaviour they display to others. Ex – smoke-filled room study

- **Social roles** are more specific sets of expectations for how someone in a specific position should behave.
- Philip Zimbardo (Stanford Prison Study) – taught the power of social roles
- Obedience to Authority (The Milgram Experiment) – person increasing shock if answer wrong. When other person claims he is having a heart attack will people continue? Far more people listened to authority and kept shocking. 65% percent people will shock the other person to death.
    - Even when the person being shocked and the person shocking are in the same room looking at each other 30% people will still shock. The power of authority is strong.
    - When in a group of three and two person revolted the third person is 90% likely to revolt as well.
    - Eichmann factor – when one person read the words and another person shocked causing the work to be divided. 92.5% people shocked to the end since they felt less responsible.
- Heroic Imagination Project focused on understanding the factors that lead people to behave heroically.

Module 13.2 – Social Cognition

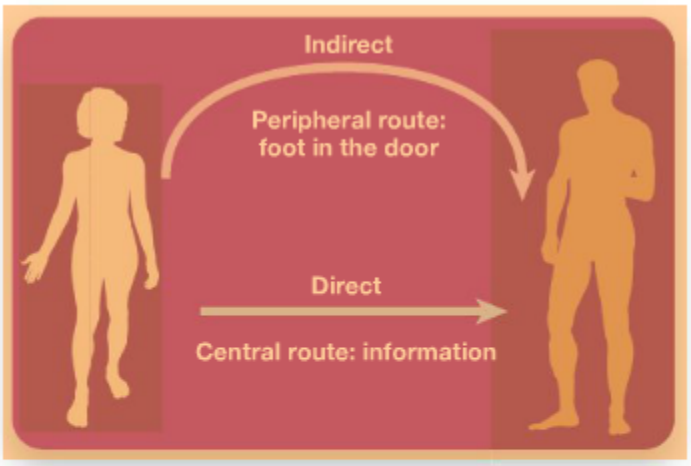
- **Social-cognitive** psychology is a fusion of social psychology's emphasis on social situations, with cognitive psychology's emphasis on cognitions. Researches study the cognitions that people have about social situations and how situations influence cognitive processes. Two processes -
    - **Explicit processes** – corresponds roughly to conscious thought, are deliberative, effortful, relatively slow and generally under our intentional control. This is our subjective inner awareness, our mind.
    - **Implicit processes** – comprise our unconscious thought; they are intuitive, automatic, effortless, very fast, and operate largely outside of our intentional control. Happen quickly and before we can think.
    - These two processes work together to regulate our bodies, update our perceptions, infuse emotional evaluations and effect how we think and self-reflect.
    - They are independent but can also influence one another.
    - Models of behaviour that account for both implicit and explicit processes are called **dual-process models** in social-cognitive psychology.
        - Implicit process happen so quickly they occur before we consciously can think and deliberate about something. That's problem with implicit processes they bias us in ways that often help us process information efficiently and function effectively.
- Implicit processes dramatically illustrated by **person perception**, the processes by which individuals categorize and form judgements about other people.
    - Begins instant we encounter another person. Guided by past knowledge and interpersonal knowledge. Rely on implicit processes. We rely on schemas. **Schemas** are organized clusters of knowledge, beliefs, and expectations about individuals and groups, which influence our attention and perceptual processes in many ways.
- Implicit processes can be very accurate and it is instantaneous. We make rapid implicit judgements of people based on **thin slices of behaviour,** very small samples of a person's behaviour.
    - Social judgements made this way – instantly with very little information
- Implicit judgements can influence our perceptions and behaviours, particularly in terms of **self-fulfilling prophecies**, which occur when a first impression (or an expectation) affects one's behaviour, and then that affects other people's behaviour, leading one to 'confirm' the initial impression or expectation. Beliefs affect actions, which affect other people's actions, which then reinforce beliefs. Ex – teachers told some students have higher IQ, those children ended scoring better
- We use stereotypes and ourselves to judge people. We look at the social world through the lens of our own self-concepts.
    - Tend to think the way we are is the way people should be and therefore people who are substantially different from us have something wrong with them
    - Split world into Us and Them. We see Us more positively than them.
- Self-concepts affects our social perceptions by us projecting our self-concepts onto the social world; meaning the quantities we see in ourselves and the attitudes and opinions that we hold, we tend to assume are similar for society at large.
    - This tendency to project the self-concept onto the social world is known as the **false consensus effect**. This is pretty sensible way to be much of the time.

- We also tend to assume that the way we see things is the way that they are, that our perceptions of reality are accurate. By extension people who are different from us are wrong. This tendency is called **naïve realism**.
    - Makes sense to assume most of the time that the way you see things is the way they are.
    - Naïve realism reflects a need for us to feel positively about ourselves, to have a positive sense of self-evaluation or self-esteem.
- We strive to maintain our positive self-feelings through a host of **self-serving biases** which are biased ways of processing self-relevant information to enhance our positive self-evaluation. Ex- we take credit for success but blame others for failures
    - We tend to assume that we are better than average; this is another way we keep our self-esteem intact. Ex – we tend to prefer letters in our name than others in the alphabet
    - Self-serving processes also influence types of attributions or explanations we make for our own and others behaviour. Attributions tend to start off as automatic, intuitive explanations.
- **Internal attribution** (aka dispositional attribution) whereby the observer explains the behaviour of the actor in terms of some innate quality of that person. Ex- intelligence, gender, ethnicity, personality
- **External attributions** (aka situational attributions) whereby the observer explains the actor's behaviour as the result of the situation. These are not what come to mind first, but takes a bit of time as we continue to think of the situation. Ex – time of day, surrounding environment, experiences with others
- Tendency to over-emphasize internal (dispositional) attributions and under-emphasize external (situational) factors, is known as the **fundamental attribution error (FAE)**. It is influenced by culture, predominantly individualistic cultures such as Canada or US and least in collectivist cultures like Japan.
    - When we tend to explain our own behaviour we tend to emphasize which ever kind of explanation paints us in the best light.
- Desire to feel good about ourselves seems functional and healthy, it often has negative side effects, because these self-serving processes reinforce tendency to be biased against others.
- Groups we feel positively towards and identify with are our **ingroups**. Ex – family, close friends
- **Outgroups** are those other groups that we don't identify with. We actively dis-identify with outgroups, which is one way we maintain high levels of self-esteem.
- As positive biases toward the self get extended to include one's ingroups, people become motivated to see their ingroups as superior to their outgroups – engaging in **ingroup bias**.
- We easily form social categories, Us vs Them, even using criteria that are meaningless this is called **minimal group paradigm**. Even meaningless ways of categorizing people into ingroups and outgroups are enough to drive prejudice and discrimination.
- Without false consensus effect and our tendency to project our self-concept onto others, we would be in a great deal of uncertainty about what people are like. Without naïve realism, we would be plagued by doubts as we constantly second guess our perception. Without positive sense of self-evaluation, easy to feel useless. Without ability to attach ourselves to desired ingroups and distance ourselves from undesired outgroups it would be hard to feel a sense of belonging.

- **Stereotype** is a cognitive structure, a set of beliefs about the characteristics that are held by members of a specific social group; these beliefs function as schemas, serving to guide how we process information about our social world.
- **Prejudice** is an affective, emotionally driven process, including negative attitudes towards and critical judgements of other groups. Prejudice itself is an emotional process, but it in turn is reinforced by negative stereotypes.
- **Discrimination** is behaviour that disfavours or disadvantages members of a certain social group in some way.
- Even if people prejudice at the explicit level of their awareness they may implicitly hold negative stereotypes and experience prejudiced emotional reactions.
- **Implicit Associations Test** (IAT) measures how fast people can respond to images or words flashed on a computer screen.
- People's implicit networks can be 'reprogrammed' through practice.
- **Contact hypothesis** which predicts that social contact between members of different groups is extremely important to overcoming prejudice.

Module 13.3 – Attitudes, Behaviour, and Effective Communication

- Four most common approaches taken to attempt to change the public's behaviour about climate on a large scale are technological, legal, economic and raising awareness.



{FIG. 13.5} **Central and Peripheral Routes to Persuasion** There are two ways that communications can persuade people. In the "central route" people are persuaded by the content of a message, while in the "peripheral route" they are influenced by the way the content is presented, the "style" over the "substance." **Click on this figure in your eText to see more details.**

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- **Elaboration likelihood model** predicts that when audiences are sufficiently motivated to pay attention to a message and they have the opportunity for careful processing they will be persuaded by the facts of the argument, the substance; when either of these two factors, motivation and opportunity, are missing, people will tend to be persuaded by other factors. According to this model of persuasion information can appeal to people through two general 'routes': central and peripheral
    - **Central route of persuasion** is about substance. Occurs when people pay close attention to the content of a message, evaluate the evidence presented, and examine the logic of the arguments; if the message is compelling they will be convinced. Attitudes tend to be strong and long lasting
        - Argument logical and facts on side. Audience pay attention, to do this: motivation and opportunity. If people have enough time to hear points this method better,
        - Make it personal: Make audience imagine them with product.
            - **Construal-level theory** which describes how information affects us differently depending on our psychological distance from the information.
            - Information that is specific, personal and has concrete details fells more personal.
            - Psychological distance depends on geography, temporal factors, social factors, abstractness of information and level of certainty one feels of the outcome.
        - Value appeals: audience are much more likely to listen to a message that is framed in such a way that it seems relevant to their values.

- Preaching or flip-flopping? One-sided vs. two-sided messages: **preach** – give one-sided appeal where only argue for your side or **flip-flop** giving two-sides acknowledging different perspectives. Best to give both side unless your audience is never going to hear the other side then it is better to give one side.
    - Two-sided messages make you seem trustworthy and make audience more resistant to opposing points in future. This is **attitude inoculation** which is a strategy for strengthening attitudes and making them more resistant to change by first exposing people to a weak counter-argument and then refuting that argument.
- Emotions in the central route: confusion is very damaging to an argument
    - Person experiences a subtle amount of negative emotion, which biases their information processing in a negative manner. Therefore they focus more on the weaknesses. Net result they less persuaded.
        - **Processing fluency** which is the ease with which information is processed, biases the person's processing of the information; thus insignificant aspects of communication can trigger negative effect
        - Complexity can also derail conversation

- **Peripheral route of persuasion** depends upon other features that are not directly related to the message itself, such as the attractiveness of the person delivering the message, or amount of information. Effectively when people not paying attention. Easier persuasion technique.
    - **Authority**: use of experts to deliver a message can often enhance the effect of the message. Good looking also helps
    - **Social Validation**: We use the behaviour of others as a guide to inform us what we should do.
    - **Reciprocity**: Strong social norms that obligates people to repay others what they have received.
        - **Door-in-the-face technique**: involves asking for something relatively big, then following with a request for something relatively small. Logic is once someone has scaled back their request, you are obliged to meet them part way.
    - **Consistency**: powerful influence techniques for long term behaviour change.
        - **Foot-in-the-door technique**: involves making a simple request followed by a more substantial request. Once you get person to agree to even a small request, it's harder for them to say no to subsequent request.
        - Commitments can be subtle yet powerful. Example verbal commitment makes people more likely to do the action they said they would.
- **Attitude-Behaviour Feedback Loop**: Festinger proposed **cognitive dissonance theory** describing that when we hold inconsistent beliefs, this creates a kind of aversive inner tension, or 'dissonance'; we are then motivated to reduce this tension in whatever way we can, often be simply changing the beliefs that created the dissonance in the first place.
    - Cognitive dissonance is created when we make difficult choices between attractive alternatives. To reduce dissonance, we may bias our perceptions, highlighting for ourselves all the good things about our chosen option, and all the bad things about

the rejected option, making the options seem farther apart afterwards than they were initially.
        - Collectivistic cultures experience less dissonance.
        - Attitudes influence behaviours and behaviours influence attitudes. They are connected in a circular fashion.
- Information about tragedies has much more impact if it focuses on specific concrete events and specific people's experiences than if it relies upon more abstract, statistical information to try to convey the tragedy. **Identifiable victim effect** describes how people are more powerfully moved to action by the story of a single suffering person, than by information about a whole group of people.
- Dual-process models of information processing, involving two systems in the brain that process information differently
    - **Experimental system** operates more implicitly, quickly, and intuitively and is predominantly emotional; experimental system responds to personal experiences, images making snap judgements on emotions.
    - **Analytic system** operates more at the explicit level of consciousness, is slower and more methodical, and uses logic and discursive thinking to try to understand reality.
    - Experimental system more about feeling with something; the analytic system is more about understand the other thing.
    - Analytic system effectively shuts down the experimental system.
    - Appeal to experimental people donate more. Appeal to analytic donate less. Analytic and experimental donate less.

Module 14.1 – Health, Stress and Coping

- Health psychologists study both the positive and negative effects that human behaviour and decisions have on their health, survival and well-being. Physical and mental well-being are connected to the health decisions that we make.
- Half of all deaths in Canada in 2009 were attributed to cancer, heart disease, stroke etc., before it was pneumonia, influenza etc.
- 21% of all deaths in Canada were smoking related. Smokers live on average 7 to 14 years less.
- One tactic to prevent smoking was cigarette packets have to have written text including images of the effect of smoking. They found just written text was ineffective.
- Freshman 15 is often exaggerated. In reality, people who gain weight gain on average 6 pounds.
- **Body mass index (BMI)** a statistic commonly used for estimating a healthy body weight given an individual's height. Calculated by dividing the person's weight by a square of the person's height.
- Obesity is associated with cardiovascular disease, diabetes, osteoarthritis, and some forms of cancer. 24% of Canadian adults are obese. 1 billion people around the world are overweight and 300 million are obese. Several factors like genetics, lifestyle and social variables account for the differences.
- Genes account for 50% to 90% variation in body weight. Genetic factors influence body type, metabolism and other physiological processes that contribute to body weight and height.
- Obesity causes -
    - Genes contribute to development of **set point** a hypothesized mechanism that serves to maintain body weight around a physiologically programmed level. It is not an exact number of pounds but a set a small range encompassing 10% to 20% of one's weight.
        - Initial set point controlled by genetic mechanisms, but actual weight is controlled by environmental factors. Example- what you eat.
        - According to the theory, if individual gains 10% if his body weight his set weight shifts upwards. Metabolism slows accordingly, such that the person needs additional energy expenditure to take the weight off.
    - Sedentary lifestyle also increases obesity. TV is the biggest culprit. However, computers did not affect obesity rates. This lifestyle can lead to poor diet and exercise habits.
    - Social factors obesity rates influenced by social factors such as family. Children generally eat what parents eat and eating habits are developed in childhood and carried into adulthood.
        - Sociocultural also influences what people eat as it is influenced by advertisements.
    - Psychology and weight loss – Thinking positively about oneself can promote weight loss.
        - Stress leads to an increase in calories consumed.
- Biopsychosocial perspectives(Obesity) – Genetics, social influences and lifestyle factors all play roles in obesity. Nutritious, non-processed food tend to be more expensive and therefore unhealthy food more prevalent in lower income people. Therefore, diet is influence by sociocultural factors.
- Psychosocial Influences on Health – where we live influence both our physical and mental state. Students living in cramped conditions had spread of diseases. Also less socially interactive with strangers, difficulty working in small groups, and gave up more easily in competitive game. They also felt more helplessness.

- Poverty and Discrimination – Health and wealth increase together. People who experience poverty, discrimination and other social factors may have depression, anxiety, and other mental health problems.
    - Health problems magnified by stress. Heart disease common in poor people.
    - Discrimination is another stressor. It is often uncontrollable and unpredictable. Leads to increase blood pressure, heart rate and secretions of stress hormones which experienced over long time can compromise physical health.
        - It also leads to unhealthy behaviours such as smoking.
        - Can put the body on sustained alert against threats.
- Family and Social Environment – interpersonal relationships have a major impact on health.
    - Chronic social isolation is a mortality risk as smoking.
    - Marriage is primary social relationship that have long-term health benefits. Tend to live longer and have better mental and physical health. Enjoy benefits of social support, combined resources and better eating habits.
        - Men enjoy more health benefits from marriage than women. Likely because woman has greater role in in recognizing and supporting healthy behaviours in others.
        - Marriage can also be considered source of stress
- Social Contagion – social group we belong to influence how we think and act.
    - Social scientists found unhealthy behaviours easily spreads throughout one's social groups. **Social contagion** – often subtle, unintentional spreading of a behaviour as a result of social interactions.

Module 14.2 – Stress and Illness

- Stressful thoughts readily occupy working memory space and cause the unfortunate experience of choking under pressure. Fact that physiological response of stress can be caused by a social situation and can then affect cognitive ability like working memory demonstrates importance of biopsychosocial model for understanding human behaviour.
- **Stress** is a psychological and physiological reaction that occurs when perceived demands exceed existing resources to meet those demands. Stress refers to both events (stressors) and experiences in response (stress response). Stressors can be
    - Acute events – giving speech
    - Chronic events – illness, marital problems
- People respond differently to stress.
- Richard Lazurus and Susan Folkman developed cognitive appraisal theory of stress. Appraisal refers to the cognitive act of assessing and evaluating the potential threat and demands of an event. Appraisals occur in two steps –
    - Perceives a potential threat and begins primary appraisal by thinking if it is a threat. Threats can be physical or psychosocial. If it is a threat will experience physiological stress reaction and emotions.
    - As events unfold second appraisal determines how to cope with threat/stressor. If the stressor is beyond person's ability to cope, the physiological and emotional reactions to stress will continue.
- Psychologists ranked stressful events according to their magnitude called Social Readjustment Rating Scale (SRRS). Highest stress events include death of spouse and divorce, while holidays and traffic tickets occupy the lower end of the spectrum. As point increases person's risks of becoming ill also increases.
- Some level of stress helpful because without it motivation to perform can decline. Stress has positive effects on performance when tasks simple. If task complex harms performance. This is because stress uses up many of the cognitive resources.
- Stress depends upon mental appraisal of a situation or event, the physiological response to stress occurs throughout most of the body.
- Walter Cannon noted that the physical response to stressors were somewhat general, despite nature of stressor. This general reaction is **fight-or-flight response**, as set of physiological changes that occur in response to psychological or physical threats. This led to modern day study of stress.
- Hans Selye saw larger pattern during stress beyond fight-or-flight response. Named pattern **general adaptation syndrome (GAS)** – theory of stress responses involving stages of alarm, resistance and exhaustion.
    - Stressful event first elicits an alarm reaction. Alarm consists of recognition of threat and the physiological reactions that accompany it including increases in blood pressure, muscle tension, heart rate and adrenaline release.
    - Second part of adaptive response known as resistance. It is individual's physical and mental resources to respond to the stressor in an appropriate way. However can't maintain this level of energy use forever.
    - Third and final stage of GAS is exhaustion occurs when stressful experience depletes physical and physiological stress response declines.

- Two key pathways happen during and after stress-
    - Autonomic nervous system (ANS) pathway
    - Hypothalamic-pituitary adrenal (HPA) axis
- Sweaty palms, increased heartrate part of stress. Result of activity in the autonomic pathway which originates in brain and extends to the body where you feel stress the most.
    - In stress, hypothalamus stimulates part of ANS known as sympathetic nervous system, causing adrenal glands release chemicals associated with fight-or-flight response.
- Another physiological system involved in stress response is the **hypothalamic-pituitary-adrenal (HPA) axis**, a neural and endocrine circuit that provides communication between the nervous system and endocrine system.
    - HPA is a series of steps leading to the body's stress response. In stress, hypothalamus releases corticotrophin-releasing factor, which stimulates pituitary gland to release adrenocorticotrophic hormone. This stimulates release of **cortisol**- hormone secreted by the adrenal cortex that prepares the body to respond to stressful circumstances.
    - Both sympathetic nervous system and HPA function to prepare us to respond to stress,
- Childhood stress has lasting effects on stress response system as well as some neurotransmitter systems.
- Glucocorticoids, part of HPA axis affect by social stressors. If individual experiences lot of stress during childhood, glucocorticoid receptors in the brain would start to become inactive. Since cannot control stress from outside, only option reduce the number of places that stress could have its effect.
- Females and males respond to stress and threat in different ways. There are some differences in the HPA axis between males and females. Sherry Taylor suggest men are likely to react to stress/threats with flight-or-fight response, women more likely to have a more social tend-and-befriend response.
    - In evolution women take care of child so advantage to seek help from others and provide comfort to offspring.
- Tend-and-befriend reaction promoted by release of **oxytocin** – a stress sensitive hormone that is typically associated with maternal bonding and social relationships. Oxytocin influences contraction of uterus in labour, romantic attachment, trust wound healing and orgasm. Plays huge role in stress. More oxytocin less stress response to physical and psychological stress.
    - Hugs release oxytocin.
- **Psychoneuroimmunology** is the study of the relationship between immune system and nervous system functioning. Lower immune responses during high stress period.
    - Acute stress activate immune system
    - Chronic stress causes suppression of immune system
    - Interactions between stress and immunity is influenced by social factors.
- Social relationships can be major source of positive and negative stress. Oxytocin and vasopressin are involved in social behaviour and bonding.
    - Oxytocin inhibit fear and threat responses. Also prevent hormones related to stress,
    - Vasopressin affects levels of stress hormones. High vasopressin levels better relationship with spouse.
    - Both these hormones interact with immune system to reduce inflammation.
- **Coronary heart disease** – condition in which plaques form in the blood vessels that supply the heart with blood and oxygen, resulting in restricted blood flow. Ongoing stress causes this.

    - Begins when injury and infection damage the arteries of the heart. Triggers inflammatory response by immune system
    - People are drawn towards sweet and fatty foods when they are stressed. This extends to other species as well. This is done because food influences the brain's dopamine reward system. Eating these foods provides body with extra calories in anticipation of the person having to use additional energy to deal with a stressor.
- Stress makes immune system weaker. Acquired immune deficiency syndrome (AIDS) is disease caused by infection with the human immunodeficiency virus (HIV). This disease saps the immune system's ability to fight of infections. HIV positive people need regular vaccination. Stress impedes body's ability to respond to vaccinations.
- Norepinephrine supports cancer cell growth. When someone experience stress, autonomic nervous system and HPA axis naturally respond, but compromise how well individual can fight the disease. Less stress can lead to slowing progression of cancer.
- How people deal with stress depends on their personality. Distressed children more prone to illness.
- **Type A personality** describes people who tend to be impatient and worry about time and are easily angered, competitive and highly motivated. **Type B personality** describes people who are more laid back and characterized by a patient, easygoing, and relaxed disposition. Type A more likely to have heart attacks than Type B. Type A personality also drink, smoke more and sleep less than Type B. Type A personality more successful. Type A personality more likely to get angry.
    - People more prone to hostility and anger are greater risk of developing coronary heart disease. Other personalities for developing heart disease are anxiety and depression.

Module 14.3 – Coping and Well-Being

- Writing about personal life in a good way of dealing with stress.
- The ability to cope with stress dictates whether happy or not. **Coping** refers to the process used to manage demands, stress and conflict. In many instances problem-focused coping and emotion-focused coping are used to deal with a stressor.
- **Positive psychology** uses scientific methods to study human strengths and potential. Most powerful tools for coming is: focusing on positive emotions. Negative mood narrows focus. Positive mood causes focus to expand, increases creativity, lowers time to recover
- **Optimism** the tendency to have a favourable, constructive view of situations and to expect positive outcomes. Sees positive elements in situations.
- **Pessimists** tend to have a negative perception of life expect negative outcomes. Have **pessimistic explanatory cycle** which is the tendency to interpret and explain negative events as internally based (i.e., as being due to that person rather than to an external situation) and as a constant, stable quality.
    - Optimism better health than pessimism.
- Big Five personality types and coping with stress
    - Neuroticism: have **negative affectivity**, tendency to respond to problems with a pattern of anxiety, hostility, anger, guilt or nervousness. This makes it harder for them to pick appropriate coping strategies for a given problem. Leads to physical complaints and illnesses.
    - Extraversion: seek out help from others, likely to listen to advice and reframe stress in a way that is more positive or constructive.
    - Agreeableness: Seek help from other. Does not relate to problem-related coping but plays a major role in how people experiencing stress interact with others. Avoid additional interpersonal stress.
    - Conscientiousness: disciplined and focused. When coping less likely to show emotions. Method of coping called distancing because people attempt to distance themselves from their own emotions.
    - Openness to experience: respond with empathy in stressful situations involved with people. Less likely to use emotional distancing as a method of coping with interpersonal stressors.
- **Resilience** the ability to effectively recover from illness or adversity. Have one or more factors stacked in their favour. Opportunities for rest, money contribute to being resilient. Personality and emotional characteristics are also important contributors.
- Viktor Frankl found that one of the most critical parts of surviving was finding meaning of life.
    - **Post-traumatic growth** the capacity to grow and experience long-term positive effects in response to negative events. Post-traumatic growth and post-traumatic stress occur together.
- **Biofeedback** is a therapeutic technique involving the use of physiological recording instruments to provide feedback that increases awareness of bodily responses. Psychologists believed that seeing or hearing a machine's representation of bodily processes, people could gain awareness of stress responses and bring them under voluntary control.
    - Simple relaxation techniques were just as useful.
- Meditation comes in two different varieties

    - Concentrative or focused attention meditation – focus on specific thoughts
    - Mindful-openness or open monitoring (OA) meditation – attend all thoughts without attempting to judge or control them
- Mindfulness-based stress reduction (MBSR) is a structured relaxation program based on elements of mindfulness meditation. Primary goal help people cope by increasing the link between body and mind. Identify emotion but let it go because it is not part of their identity.
- Integrated mind-body training (IMBT) form of meditation combining relaxation and posture correction and heightening awareness of body.
- Yoga is a form of relaxation leads to decrease in emotional arousal.
- People may also use religion as a coping mechanism.
- People engaged in intense exercising has increased levels of dopamine, epinephrine and **brain-derived neurotrophic factor (BDNF)** – a protein that promotes survival, growth and new synapses.
- Most stressful of circumstances are the ones that people have no control over.
    - **Learned helplessness** – an acquired suppression of avoidance or escape behaviour in response to unpleasant, uncontrollable circumstances. The degree to which a person perceives a stressor to be controllable will influence whether the stress response will be inhibited. Person learns that their actions cannot remove the stress in one situation and then generalize that helplessness to other situations.
- People cope with stressful life events through **compensatory control** – psychological strategies people use to preserve a sense of non-random order when personal control is compromised.

Lecture 12 – Self in Context

- We can't form self without contact with others. **Self** represents sum total of perceptions and feelings that an individual has of being distinct, unique person – a sense of who and what one is.
    - Personality is when we believe something of self.
    - Our concept of self, changes with respect to other people and environment.
- Components of Self
    - Physical self (tall/short etc)
    - Active self (good at)
    - Social self (nice/rude etc)
    - Psychological self (ideals)
- **Self Identity –** our perception about what kind of person we are. We gain information about self largely through language, symbols and interaction with others.
- **Rouge Test** (mirror test) – put mark on kid with the presence of mirror without telling them. Rouge test wants to see if the child realises that there is something on their face by realising the person in the mirror is them. This tests to see if there is consciousness if the person is self-aware.
    - Human infants get this ability at about a year and a half old.
- **Looking glass self (Cooley)** – do we have one personality and one self? Different people see a person differently depending on how each person perceives their personality. Ex – parents see me as angel while ex-gf thinks I am devil. It is derived from three step process
    - Imagine how personality and appearance look to other people
    - How people judge the appearance and personality we represent.
    - Develop self-concept.
- **Moral self** – how moral we think we are depending on how others react to us. Ex – in Halloween tell kid to take (1) any candy (2) 1 candy (3) mirror behind bowl of candy. (1) take more than one. (2) 30-35% take more than one. So most take the specified amount. (3) 90% only take one. Kid identifies as an individual, knows that is not a stealer and self-reflects and decides to take one instead of multiple. Anonymity does not play out well brings out things that is not conscientious.
- Divide self into two components (Mead).
    - 'I' – represents spontaneous and unique traits of each person.
    - 'Me' – is context based. How other members view ourselves and the demands placed on us.
- **Stanford Prison Experiment** (Philip Zimbardo) – both prisoners and guard rapidly fit into the roles. Guards became authorities and prisoners became rebellious. Personalities and behaviours shifted due to the label/roles put on them.
    - **Lucifer effect** what makes people evil.
- We all have multiple personalities in some way. Big Five is over simplification. Big genetic component in personality. Personality consistent over time. Formula that defines us depends on context. Most people have an average personality that vary depending on context.

Lecture 13 – Social Animal

- Social psychology- way that humans interact and how they effect one another.
    - Human very social creatures.
- **Conformity effect** – makes us feel like we belong with others. We all have desires to be different, even as we display our differences we tend to find others like us, ex – punk. They find each other and becomes similarly different. We have a way of doing what around us do called conformity effect.
    - People might conform even when they know something is wrong or they might be naturally inclined to think the wrong answer is right.
- **Confederate** – pretends is a participant but not really is a participant. Used in group psychology to see if the confederates answer can influence the actual participant
- **Ash's experiment** group influences person's answer of which line is larger
- **Milgram's study** – a confederate and participant show up. Participant is always teacher and confederate always learner. Teacher cannot see learner and when learner gets answer wrong learner gets shocked, teacher knows this. Every time shocked the shock intensity increases. Experimenter forces teacher to continue. 2/3 of participants went as far as experiments can go. This shows authority can influence people.
    - When teacher see person being shocked they stop shocking earlier. If not most tended to go all the way. **Depersonalization** – the more distant we are from someone the easier it is. That is why fighter pilots have less PTSD than foot soldiers.
- **Prejudice**
    - Ingroup – like 'us'. We tend to prefer people from our ingroup.
    - Outgroup – "them' .
    - Ingroup bias – tendency to favour one's group.
    - Scapegoating theory – usually exists with poor economy. Outlet for anger by providing someone to blame.
- Sherief (Robbers Cave Experiment) – separate children into two different group randomly. Ask each group to come up with name and flag. Make each member in each group know each other well. People will already start saying negative about the other group. And when group starts competing with one another prejudicial tendencies raise.
    - Ignorance and competition raises prejudice.
    - They made prejudice go away by making the groups work together to solve the same problem (common enemy). In the process of accomplishing task they get to know one another and prejudice decreases.
- Blue eyes vs Brown eyes. When told blue eyes better, they believed and hatred towards brown people. When told brown eyes better the prejudice reverses.

Lecture 14 – Attitude Formation

- **Attitude** – tendency to evaluate a person, object or idea with some degree of approval or disapproval. Three parts –
    - Affective component – emotional based
    - Behavioural Component – action based
    - Cognitive – knowledge based
- Attitudes can vary in tone, positive or negative, vary in strength as well.
- Attitudes can be ambivalent – have mixed emotions. Feel positive and negative emotions at the same time
- Attitudes can be learnt through-
    - Classical conditioning – past associations
    - Operant conditioning – trial and reinforcement
    - Cognitive leaning – information processing
        - Cognitive dissonance theory
        - Attribution theory
- Attitudes are learnt. They make be learnt from behaviour. They may precede behaviour.
- Attitudes have consistency. They are not permanent and can change.
- How attitudes affect behaviour depends on the situation in which the behaviour occurs.
- Functions of Attitudes –
    - Utilitarian function –favourable attitude to something when useful in past
    - Ego-defensive – purchase product to protect our self-image
    - Knowledge function – express values through the brands we purchase and own
    - Value-expressive function – consumers need to know and understand the people and things they come in contact with
- Forming Impressions of Others
    - **Central traits** – something that is important for attitude formation when organizing our impressions of others
    - **The primacy effect –** the order which we encounter traits matter. Earliest traits seem to have the most effect
        - Even when person changes overtime it is harder to change initial impression.
- We form attributions by disposition (internal) vs situation (external).
- We tend to believe when someone behaves in a way that is not to our liking it is dispositional. When we do it we believe it is situational.
- Attitude formation can happen form direct experience (near exposure effect). The more we see something the more we feel positive. Seeing if someone getting rewarded or punished can affect our reaction to that situation.
- Structural Models of Attitudes –
    - Tri-component Attitude Model
        - Cognitive Component- knowledge and perceptions acquired through direct experience and information from various sources
        - Affective Component – Emotions and feelings about the object
        - Conative or Behavioural Component – Action tendencies toward the object
    - Multi-attribute Attitude Model –attitudes towards selected product or beliefs

        - Theory of Reasoned Action – interrelationship among attitudes, intentions and behaviours. People behave in line with their attitudes if there is a social support for that behaviour.
    - Both assume rational model of human behaviour
- Cognitive Dissonance – When we experience discrepancy between attitudes and behaviour. A person can reduce dissonance by changing attitude –
    - Reducing importance of one of dissonant bits
    - Adding consonant elements or
    - Changing one of the dissonant elements
- Attribution Theory – people assign casualty to events and form or alter their attitudes as an outcome of assessing their own or other people's behaviour
- Self-Perception Theory – attitudes developed by reflecting on our own behaviour
- Dissonance and Perceived Value – if something costs more it is more valuable

Lecture 15 – Attraction

- Types of Attraction
    - Sexual Attraction
    - Romantic Attraction
    - Crush
    - Squishes
    - Sensual Attraction
    - Aesthetic Attraction
- Humans look for love and need to belong. Need to belong is motivation to bond with others in relationships that provide ongoing positive interactions.
    - If we don't feel like we belong disrupt our behaviour and feelings in multiple ways. Behaviours that are not rational.
    - Also become anxious as to why people exclude you from group activities.
    - Emotional pain. Emotional pain just as intensive as physical pain.
    - Some people become aggressive.
    - Under performance.
    - More conformity trying to fit in.
- Ash's experiment with lines. 33% conformed. 25% never conformed.
- Personal Relationships –
    - Intergroup Processes – processes between 2 or more groups
    - Intragroup Processes – that occur within group
    - Interpersonal Processes/Relationships – two people
- Determines Attraction
    - Proximity – the people who we are close to physically we tend to like more
        - This is because more time to interact, anticipation of interaction and familiarity.
    - Physical Attractiveness – The better looking the more attraction. It shows sign of genetic health (ex. healthy), signs of access to resources (ex. wealth). Also believe what is beautiful is good, we are more susceptible to think that pretty people are kinder etc.
        - Evolutionary perspectives – women look for cues men can protect and provide for offspring. Men look for cues women are fertile. Therefore men look for younger women and women look for older men.
        - Short term mean and women look for physical attractiveness.
        - Long term look at personality and resources.
        - Men think more about and are more willing to engage in casual sex.
    - Similarity – We like people who are similar to us. Similar attractiveness, attitudes, personality, behaviours and activities.
    - Reciprocity – we like people that like us back. This is why rumours hurt relationship.
- Reward Theory of Attraction – if relationship gives us more benefits that costs it is a good relationship
    - Direct Rewards – positive consequences that we experience as a result of the other person's presence
    - Indirect Rewards – Positive consequences that we experience in the other person's presence, but not as a result of that person's presence.

- Arousing activities showed greater increase in relationship quality over 10 weeks. If danger element present then that feeling is miss attributed to the partner with.
- Romantic love has a life span of 18-30 months.
- When relationships last it may be because of companionship rather than romantic love.
- In marriage 1st year and 8th year considered worst years.
    - Issues
        - Interdependence breeds conflict
        - External Pressures ex. job, children
- Problematic types of communication
    - General criticism
    - Lack of respect
    - Defensiveness – make excuses and not take complaints seriously
    - Stonewalling – run away from conversation

Lecture 16 – Health Psychology

- Behaviour can influence physical health.
- Health is defined in terms of absence of disease. Health is a complete state of physical, mental and social-well-being and not merely the absence of disease or infirmity.
- For optimum health – biomedical + biopsychosocial model
- Acute conditions = short lived, often curable, beyond individuals control
- Chronic conditions – long lasting conditions, treatable but not curable, partly influenced by behaviour
- Behaviour contributes 40% to health status. 20% genetics. 10% medical care. 30% other.
- Biomedical Model
    - Historic method
    - Illness is a function of aberrant somatic processes
    - Main focus= cure
- Biopsychosocial Model
    - Current method
    - All conditions of health and disease have mental and social components
    - Main focus = health (prevention not cure)
- Health is a function of biological, psychological and social factors in **continual** interaction
- 'factors approach'
    - Bio – viruses, bacteria
    - Psycho – behaviour, beliefs
    - Social – class
- Experiments – randomized clinical trials
- Correlation studies – comparing changes in variables
- Prospective Designs – Looking forward, longitudinal research
- Retrospective Research – looking backwards

Lecture 17 – Stress and Coping

- **Stress** circumstances that threaten one's well being and that thereby tax one's coping ability
- If there are multiple routine stressors it can trigger the same mechanisms as major stressors
    - Sympathetic nervous system rises – blood pressure, heart rate, sweat, adrenaline increases, appetite decreases
- Whether something is stressor is not depends how we think of it. Therefore what someone finds not stressful others might find stressful.
- Executor rat, subordinate rat, control rat. Executor, subordinate rat shocked and control not shocked. Expectation see that shocks effect health since it is a stressor. Executor rat controlled whether they got shocked, subordinate had no control.
    - Only subordinate rat had health problems.
- Major Types of Stress
    - Frustration – blocked goal
    - Conflict – incompatible motivations
        - Approach- approach
        - Approach-avoidance
        - Avoidance-avoidance
    - Change – having to adapt
        - Social Readjustment Rating Scale
        - Life Change Units
    - Pressure
        - Perform/conform
- Stress Process
    - Potential Stressful Event
        - Subjective cognitive appraisal – personal view of how big threat is
            - Emotional response
                - Inverted U hypothesis – the more aroused you are in simple tasks more likely to hit optimal levels of performance. Arousal should be medium when medium level task. When complex task being more emotional does not impact performance.
            - Physiological response – fight or flight response
                - Selye's General Adaptation Syndrome – alarm, resistance, exhaustion
            - Behavioural response
- Folkman And Lazarus (Two ways of Coping)
    - Problem-Focused coping
        - Remove or correct a problematic situation. We feel as though we have control on the stress
        - Special form pro-active coping is used to avoid future problem
    - Emotion-focused coping
        - Attempt to manage emotional aspects of stress
        - Special form avoidance-coping. Going out to drink. Good for short term.
- Stress Reducers

- Relaxation Training – sympathetic and parasympathetic cannot both be active same time.
- Real friends – social support also good to help cope
- Pets also reduce stress. Participants with pets remained significantly more stable. Particularly for individuals with less social support.
- Aerobic Exercise – reduces stress and anxiety
- Stress Inoculation Training
    - Conceptualization
        - Learn about stress and coping, better at appraising situations
    - Skills Acquisition and Rehearsal
        - Stress specific problem solving, emotion regulation, maladaptive responses and cues
    - Application and Follow Through
        - Imagery rehearsal over progressively more difficult situations, apply coping skills to unexpected
- Social Support – increased immune functioning
- Optimism – more adaptive coping
- Conscientiousness – better health habits
- Autonomic reactivity – cardiovascular reactivity to stress

Lecture 18 – Protecting your Mental Health

- What effects mental health – Transitions, expectations, not able to resolve conflict, not coping with mental illness
- At this age more mental illness become identifiable
- Values help to make biases. Values come from family, religion, culture, friends etc.
- Why people do not reach out for help
    - **Social stigma** is the extreme disapproval of a person or group on socially characteristic grounds that are perceived and serve to distinguish them, from other member of a society.
- 60% of people with mental illness will not seek help. Stigma main reason
- !!!!!!!!!!!!!!!!!!!!!!!!!TRIGGER WARNING!!!!!!!!!!!!!!!!!!!!!!!!!. THIS LECTURE IS SO TRIGGERING. I AM SO TRIGGERED RIGHT NOW. I NEED MY SAFE SPACE.
- How to identify you are not coping: Academic, Emotional, Behavioural, Social Indicators
- **Self-care** take time to take care of yourself.
    - **Take Notice** – enjoying what's around you
    - **Be active**
    - **Keep Learning**
    - **Give** – offering support to others
    - **Connect** – being with friends
- **Empathy** is the experience of understanding another person's condition from their perspective. Place yourself in another person's shoe.
- **Recognize, Respond and Refer.**
- FIPPA – Freedom of Information and Protection of Privacy Act
- PHIPPA – Personal Health Information Protection Act

MTUNER 4

BOOK

Module 15.1 – Defining and Classifying Psychological Disorders

- **Asylums** residential facilities for the mentally ill
- Philippe Pinel and Dorothea Dix led to reform which ushered new approach to mental health, **moral treatment** which led patients to be treated with kindness and decency.
- Chlorpromazine drug which enables person with schizophrenia and other disorders to function independently.
- **Medical Model** developed in middle ages, sees psychological conditions through the same lens as Western medicine tends to see physical conditions – as a set of symptoms, causes and outcomes, with treatments aimed at changing physiological processes in order to alleviate symptoms.
    - Too narrow. Is not very good
- **Biopsychosocial model** includes physiological processes within a more holistic view of the person as a set of multiple interacting systems.
- Key criterion used to decide whether a person has a disorder is whether the person's thoughts, feeling or behaviours are **maladaptive**, is determined by three key criteria whether it causes distress to oneself or others, impairs day-to-day functioning, or increases the risk of injury or harm to oneself or others.
- **Diagnostic and Statistical Manual of Mental Disorders (DSM)** a standardized manual to aid in the diagnosis of disorders.
    - DSM-5 describes three important pieces if information for each disorder:
        - Set of symptoms and the number of symptoms that must be met in order to have the disorder
        - The **etiology** (origin of causes) of symptoms
        - Prognosis or prediction of how these symptoms will persist or change over time
- Until DSM-5 clinicians guided by the DSM made their evaluations along five separate axes or dimensions of functioning. The five axes are as follows –
    - Axis 1: clinical disorders like depression, anxiety, substance abuse
    - Axis 2: personality disorder and mental retardation
    - Axis 3: general medical conditions
    - Axis 4: psychosocial and environmental problems like relationships or work problems
    - Axis 5: global assessment of functioning
- DSM-5 separate categories for different disorders that used to appear under different axes (especially 1 and 2). Also several disorders were reorganized or renamed. Ex – mental retardation replaced with intellectual disability
    - Critiques – Diagnosis of specific disorders is often not highly reliable, definitions not based on empirical evidence, and different disorders often share many symptoms. Also so many labels can lead to over diagnosis. There is a fine line between whether a person is considered to have a disorder or not. Judgements can be very subjective.
- 3% to 20% of the population has ADHD. 20% to 70% of children diagnosed with ADHD do not meet the criteria when they become an adult.
- **Sub-clinical** means that symptoms do not quite meet the criteria of the diagnosis.

- **Mental disorder defence** does not deny that the person committed the offence, but claims that the defendant was in such an extreme, abnormal state of mind when committing the crime that he or she could not discern that the actions were legally or morally wrong.
- !0% of Canadians have PTSD. People in different cultures experience PTSD differently. PTSD also treated differently. PTSD treatment involves psychological therapy combined with carefully prescribed doses of MDMA.

Module 15.2 – Personality and Dissociative Disorders

- People who commit harm to others have themselves suffered substantial harm from others; the abused person becomes the abuser.
- Distinct features of personality disorders are their stability.
- **Personality disorders**- particularly unusual patterns of behaviour (relative to one's cultural context) that are maladaptive, distressing to oneself or others, and resistant to change. Personality disorders represent extreme and persistent cases.
- DSM-5 identifies 10 distinct personality disorders, categorized into three different clusters based on shared features
    - Cluster A - odd or eccentric behaviour and include Paranoid Personality Disorder, Schizoid Personality Disorder and Schizotypal Personality Disorder.
    - Cluster B – indicated by dramatic, emotional and erratic behaviour and include Antisocial Personality Disorder, Borderline Personality Disorder, Histrionic Personality Disorder and Narcissistic Personality Disorder.
    - Cluster C – characterized by anxious, fearful and inhibited behaviour, include Avoidant Personality Disorder, Dependent Personality Disorder, and Obsessive-Personality Disorder.
    - DSM-5 also identifies Personality Disorder Not Otherwise Specified, which is diagnosis given to individuals who exhibit patterns of behaviour consistent with that of a personality disorder, but does not fit into the categories.
- **Borderline personality disorder (BPD)** is characterized by intense extremes between positive and negative emotions, an unstable sense of self, impulsivity and difficult social relationships.
    - Wide range of emotions, fall in love quickly but fearful of abandonment, manipulative in relationships. Impulsive, risky, substance abuse, indiscriminate sex, self-injury
    - Arises from people with deeply rooted insecurity and severe emotional disturbances
- **Narcissistic personality disorder (NPD)** characterized by an inflated sense of self-importance and an excessive need for attention and admiration, as well as intense self-doubt and fear of abandonment.
    - Little empathy for others, manipulative, putting themselves first. Strong sense of entitlement
- **Histrionic personality disorder (HPD)** characterized by excessive attention seeking and dramatic behaviour.
    - Vibrant and attractive in social situations, use sexuality to gain attention. Engage in risky behaviour, sensitive to criticism and manipulative.
        - Difference between histrionic and other disorders is the flamboyance and exhibitionistic tendencies in histrionic behaviour.
- **Antisocial personality disorder (APD)** have profound lack of empathy or emotional connection with others, a disregard for others' rights or preferences, and a tendency toward inserting their own desires, often violently, onto others regardless of the consequences for other people.
    - Physically and verbally abusive, destructive.
    - Symptoms typically appear during childhood
    - People with APD are often very successful, particularly in business.
- Difficult to identify causes of personality disorders because they seem to arise from multiple causes over a long period of time. Biopsychosocial model provides a comprehensive view, examining personality disorders from three different perspectives.

    - Psychological Factors – Attempt to cope with negative beliefs about oneself is a key part of APD. NPD and HPD tend to have deeply rooted negative beliefs bout oneself.
    - Sociocultural Factors – Troubled homes and communities can contribute to the development of psychopathy or antisocial personality disorder. Adults with BPD never learn to master the ability to control their emotions
    - Biological Factors – Number of genes seem to contribute to emotional instability through serotonin systems in the brain.
- **Comorbidity** is the presence of two disorders simultaneously. This interferes with persons functioning or treatment.
- APD and BPD are the most reliable to diagnose.
- People experience extreme dissociative experiences may be diagnosed with a **dissociative disorder**, a category of mental disorders characterized by a split between conscious awareness from feeling, cognition, memory and identity. Dissociate disorders include the following conditions:
    - Dissociative figure: autobiographical memory loss. May develop new identity in new location with no recollection of past
    - Depersonalization disorder: feeling one is not connected to one's body.
    - Dissociative amnesia: severe loss of memory, usually for a specific stressful event, when no biological cause of amnesia is present.
- **Dissociative identity disorder (DID** or referred as **multiple personality disorder)** – person experiences a split in identity such that they feel different aspects of themselves as though they were separated from each other. Can be severe enough that person constructs entirely separate personalities, only one of which will generally be in control at a time.
    - Caused by extreme stress. This disorder is their way to cope with trauma.
    - Affects 1% of psychiatric patients.

Module 15.3 – Anxiety, Depressive, and Obsessive-Compulsive Disorders

- Mental illness develop over time. However there have been documented cases of OCD appearing suddenly when children exposed to bacterial streptococcal infections. OCD is compulsive, recitative behaviours is a way of dealing with a lost sense of impulse control.
- **Anxiety disorders** category of disorders involving fear of nervousness that is excessive, irrational, and maladaptive. One of most frequently diagnosed disorders affecting 1 in 8 people. Occurs with other disorders, such as depressive disorders, substance abuse.
    - They limit their exposure to new things and try to keep life predictable.
    - Anxiety occurs as a natural part of flight-or-fight response, which is triggered by stress.
    - What separates anxiety disorders from other forms of anxiety is a combination of unjustifiable degree, duration and source of anxiety.
    - **Generalized anxiety disorder (GAD)** involves frequently elevated levels of anxiety, generally from the normal challenges and stresses of everyday life. Fears disaster around every corner, have difficulty breathing, sleeping and concentrating. Cannot identify specific reasons for them being anxious.
    - **Panic disorder** is an anxiety disorder marked by occasional episodes of sudden, very intense fear. Different from GAD as anxiety occurs in short segments, but much severe. They have **panic attacks** – brief moments of extreme anxiety that include rush of physical activity paired with frightening thoughts.
        - **Agoraphobia** (associated with panic disorder) results from intense fear of having a panic attack in public; as a result of this fear, the individual may begin to avoid public settings and increasingly isolate himself. Most extreme cases person stay home all the time.
    - **Social anxiety disorder** very strong fear of being judged by others or being embarrassed or humiliated in public.
        - They limit social interaction.
- People most afraid of natural environment, then situation, then animals, then blood or bodily injury, then other objects.
- **Phobia** is severe irrational fear of a very specific object or situation
    - Developed through unpleasant or frightening experiences.
- **Specific phobia** involves an intense fear of a specific object, activity or organism.
- Anxiety disorders seem to be self-perpetuating with anxiety leading to circumstances that provoke further anxiety. They tend to reinforce themselves.
    - Psychological therapy for anxiety disorders is **exposure** – the person is repeatedly and in stages exposed to the object of his fear so that he can work past his emotional reactions.
- **Obsessive-compulsive disorder (OCD)** individuals are plagued by unwanted, inappropriate and persistent thoughts (obsessions) and tend to engage in repetitive almost ritualistic behaviours (compulsions).
    - ODC develops overtime from childhood to early adulthood. But it can very rarely happen overnight.
- Mood disorders such as bipolar disorder and depression are particularly common, affecting 10% of adults in Canada and U.S. 2 times more likely in women and 3 times more likely in poor people

- **Major depression** is a disorder marked by prolonged periods of sadness, feeling of worthlessness and hopelessness, social withdrawal, and cognitive and physical sluggishness. Cognitive abilities and making decisions are affected. Individuals lethargic and sleepy. Loss of appetite.
- **Bipolar disorder** (maniac depression) characterized by extreme highs and lows in mood, motivation and energy. Bipolar disorder involves depression and mania (extremely energized, positive mood).
- Depression affects cognition as well as emotion. People become confused and have difficulty concentrating and making decisions. They develop pessimistic explanatory style – set of habitual ways of explaining events to oneself which tend to be dysfunctional. Three styles- personal/internal, stable, global attributions.
- Twin studies suggest underlying genetic risk for developing major depression. Primary regions of interest for depression: (1) limbic system- emotional responses (2) dorsal – thoughts and concentrating. Serotonin, dopamine and norepinephrine involved in depression. People who inherit short copies of a gene responsible for serotonin predisposed for depression. Short copies of 5-HTT gene more prone to attempt suicide.

- Mood disorders more prevalent in poor areas because more stress, unemployment, weak social ties.
- Suicide second leading cause of death behind transportation. Suicide 4 times more likely among males than females. 2 to 3 times more likely among Native Americans and Europeans. Highest suicide rates among elderly. People 65 and older 60% higher than rate of teens.

Module 15.4 – Schizophrenia

- Schizophrenia affects 4 to 8 out of every 1000 adults worldwide.
- **Schizophrenia** is a brain disease that causes the person to experience significant breaks from reality, a lack of integration of thoughts and emotions, and problems with attention and memory. Symptoms may occur gradually or happen very suddenly.
    - Schizophrenia is strongly affected by social factors. Symptoms fluctuate over time.
- In most cases of schizophrenia there are three distinct phases:
    - **Prodromal phase**: people become easily confused and have difficulty organizing their thoughts, they may lose interest and begin to withdraw from friends and family, and they may lose their normal motivations, withdraw from life, and spend increasing amounts of time alone, often deeply engrossed in their thoughts.
    - **Active phase**: people typically experience delusional thoughts, hallucinations, or disorganized patterns of thoughts, emotions and behaviour.
    - **Residual phase**: people's predominant symptoms have disappeared or lessened considerably, and they may simply be withdrawn, have trouble concentrating and generally lack motivation.
    - Some people only go through these cycles a couple times. Others go through them repeatedly with increasing residual phase and normal functioning decreases.
- Most characteristic symptoms of schizophrenia are tendency to experience hallucinations, delusions, and disorganized patterns of thinking, feeding and behaving. These are pronounced in active phase.
- **Hallucinations** are alterations in perception, such that a person hears, sees, smells, feels or tastes something that does not actually exist, except in that person's own mind.
- **Delusions** are beliefs that are not based on reality.
- **Disorganized behaviour** describes the considerable difficult people with schizophrenia may have completing the tasks of everyday life. Subtypes of schizophrenia-
    - **Paranoid schizophrenia** – symptoms include delusional beliefs that one is being followed, watched, or persecuted and may also include delusions of have some characteristic that makes one particularly special
    - **Disorganized schizophrenia** – symptoms include thoughts, speech, behaviour, and emotion that are poorly integrated and incoherent. People with diagnosed schizophrenia may also show inappropriate, unpredictable mannerisms
    - **Catatonic schizophrenia**: Symptoms include episodes in which a person remains mute and immobile-sometimes in bizarre positions-for extended periods. Individuals may also exhibit repetitive, purposeless movements
    - **Undifferentiated schizophrenia**: includes individuals who show a combination of symptoms from more than one type of schizophrenia.
    - **Residual schizophrenia**: category reflects individuals who show some symptoms of schizophrenia but are either in transition to a full-blown episode or in remission
- **Positive symptoms** presence of maladaptive behaviours, such as confused and paranoid thinking, and inappropriate emotional reactions.
- **Negative symptoms** involve absence of adaptive behaviour, such as absent or flat emotional reactions, lack of interacting with others in a social setting, and lack of motivation.

- Individuals with schizophrenia experience several problems with cognitive functioning. Prefrontal cortex shows significant neurological decline in individuals with schizophrenia. Thus lack of working memory and not being able to organize and remember thoughts.
    - Difficulty with social interaction. Inability to express or react to emotions.
    - People with schizophrenia rarely violent and on average have lower IQ than average population.
- Twin, adoption and family history has shown genetic links for schizophrenia. Identical twin 25% to 50% chance of developing if one twin has. Dizygotic (fraternal) twin 10% to 17%.
- People with schizophrenia have ventricular spaces that are 20% to 30# larger than people without schizophrenia. Thus loss of brain matter by about 2% in amygdala and hippocampus.
    - They have lower level of activity in their frontal lobes than those without schizophrenia. They have overactive dopamine receptors and produce excess dopamine.
- 1% of world's population has schizophrenia and 10% of the population at genetic risk.
- People with schizophrenia more likely born during winter months. Hypothesis – flu season.
- High emotional expressiveness (EE) families tend to be overly critical and controlling. Low EE families' supportive. People with schizophrenia from high EE families 3-4 times more likely to relapse within a first nine-month period. Likely reason is because they stress out the schizophrenic.
- **Neurodevelopmental hypothesis** adult manifestation of schizophrenia is the outgrowth of disrupted neurological development early in a person's life

Module 16.1 – Treating Psychological Disorders

- Each year in Canada 10% of population seeks treatment for mental health issues.
    - Women participate in therapy more than men and people aged 35-55 seek more help than other groups.
- People do not go to psychologists because disorders are ambiguous. Ex – no easily definable line between 'mentally healthy' and 'mentally ill.' Also people do not want themselves to be seen as mentally ill.
    - Stigma about mental illness
    - Gender roles
    - Logistical Barrier: Expense and availability
    - Involuntary treatment
- Type of treatment people receive depends on their age, type and severity of disorder, existence of any legal issues and concerns that coincide with the need for treatment.
- **Clinical psychologists** have received Ph.D. level of training and are able to formally diagnose and treat mental health issues ranging from the everyday and mild to chronic and severe.
- **Counselling psychologists** are mental health professionals who typically work with people needing help with more common problems such as stress, coping and mild forms of anxiety and depression, rather than severe mental disorders; Master's of Ph.D.
- **Psychiatrists** are medical doctors who specialize in mental health and who are allowed to diagnose and treat mental disorders through prescribing medications.
- Inpatient treatment and deinstitution alization
    - Philippe Pinel re-humanized institutionalized inmates. Gave permission to remove the chains from inmates.
    - Dorothea Dix improved conditions of institutionalized inmates.
    - **Deinstitutionalization** mental health patients were released back into their communities generally after having their symptoms alleviated through medication. This led to lot of people being cured and 85% decrease in the number of psychiatric patients.
    - **Residential treatment centres** are housing facilities in which residents receive psychological therapy and life skills training, with explicit goal of helping residents become re-integrated into society as well as they can.
- Outpatient treatment and prevention
    - **Community psychology** area of psychology that focuses on identifying how individuals' mental health is influenced by the neighbourhood, economics and community resources, social groups and other community-based variables.
- **Empirically supported treatments** are treatments that have been tested and evaluated.
- **Biblio-therapy** using self-help books**.** Can sometimes be helpful

Module 16.2 – Psychological Therapies

- **Insight therapies** – is a general term referring to therapy that involves dialogue between client and therapist for the purposes of gaining awareness and understanding of psychological problems and conflicts. Formal beginning of insight therapy came from psychoanalysis by Sigmund Freud and its evolution into **psychodynamic therapies**, forms of insight therapy that emphasize the need to discover and resolve unconscious conflicts.
    - Methods of Freud and associates –
        - **Free association** clients are encouraged to talk or write without censoring their thoughts in any way
        - **Dream analysis** a method for understanding the unconscious by examining the details of what happens during a dream (the manifest content) in order to gain insight into the true meaning of the dream, the emotional, unconscious material that is communicated symbolically (the latent content).
        - **Resistance** occurs as the treatment brings up unconscious material that the client wishes to avoid, and the client engages in strategies for keeping the information out of conscious awareness. Ex – humour
        - **Transference** is a psychoanalytic process whereby clients direct the emotional experiences that they are reliving toward the therapist, rather than the original person involved in the experiences.
    - **Object relations therapy**, a variation of psychodynamic therapy that focuses on how early childhood experiences and emotional attachments influence later psychological functioning.
    - Harry Stack Sullivan **interpersonal psychotherapy** the therapist assumes the role of the **participant observer**, through which the therapist interacts with and observes the client over time in order to understand any unrealistic expectations that the client may have toward their relationships.
- Insight therapies – a general term referring to therapy that involves dialogue between client and therapist for the purposes of gaining awareness and understanding of psychological problems and conflicts
    - Concluded that the effectiveness of insight therapies is depended on the condition that are being treated
- Psychodynamic therapies – forms of insight therapy that emphasize the need to discover and resolve unconscious conflicts
- Freud hypothesized that much of our consciousness occurs at the unconscious level, outside of our conscious awareness → our psychological issues, lie in the unconscious. There are several way of accessing the unconscious realm
    - Free association – clients are encouraged to talk or write without censoring their thoughts in any way
    - Dream analysis – a method for understanding the unconscious by examining the details of what happens during a dream in order to gain insight into the true meaning of dream, emotional, unconscious material that is communicated symbolically
    - Resistance – occurs as the treatment brings up unconscious materials that the client wishes to avoid and the client engages in strategies for keeping the information out of conscious awareness

    - Transference – a psychoanalytic process whereby clients direct the emotional experiences that they are reliving toward the therapist rather than the original person involved in the experiences
- Object relations therapy – a variation of psychodynamic therapy that focuses on how early childhood experiences and emotional attachments influence later psychological functioning
    - Does not centre on repressed sexual and aggressive conflicts, focus on the "object" which is the client
- Influenced interpersonal therapy (IPT) – treatment for depression that would work quickly, focusing on improving clients' social skills and guiding them through their interpersonal issues and life transitions
    - Effective for: depression, substance abuse and eating disorders
- Phenomenological approach – the therapist addresses the clients feelings and thoughts as they unfold in the present moment rather than looking for unconscious motives or dwelling in the past
- Client-centred therapy (person-centred therapy, by Carl Rogers, humanistic therapy) – which focuses on individuals abilities to solve their own problem and reach their full potential with the encouragement of the therapist
- Behavioural therapies – address problem behaviours and the environmental factors that triggers them, as directly as possible
- Systematic desensitization – gradual exposure to a feared stimulus or situation is coupled with relaxation training
- Virtual reality exposure – is a treatment that uses graphical display to create an experience which the client seems to be immersed in an actual environment
- Aversive conditioning – a behavioral technique that involve replacing a positive response to a stimulus with a negative response, typically by using punishment
    - Example: using drug Antabuse to reduce problem alcohol consumption
- Cognitive-behavioural therapy (CBT) – form of therapy that consists of procedures such as cognitive restructuring, stress inoculation training and exposing people to experiences they may have tendency to avoid
    - Avoiding thoughts and stressful situation tends to reinforce the negative feelings that would arise, helping clients to face negativity allows the opportunities to gain insight into their feeling to learn methods for coping when negativity arise
    - Effective treating depression, anxiety and eating disorder
    - Effective because help individuals restructure their maladaptive thoughts and beliefs
- Negative explanatory style – the tendency to make internal, stable and global attributions for negative events
    - Internal attribution – thoughts that say "it my fault"; blaming oneself excessively for negative things that happen
    - Stable attribution – thoughts like "I'm never going to change"; coming to see the situation as permanent and irreversible
    - Global event – thoughts like "my whole life is ruined"; blowing things out of proportion rather than seeing a negative event as simply that
- Decentring – which occurs when one is able to step back from one's normal consciousness and observe oneself more objectively as an observer

    - Help prevent any damaging and troubling consequences of thoughts
- Mindfulness-based cognitive therapy (MBCT) – involves combining mindfulness meditation with standard cognitive-behavioural therapy tools
    - Effective on people who have experienced a major depressive disorder
- System approach – an orientation that encourages therapists to see an individual's symptoms as being influenced by many different interacting symptoms
    - One important symptom is the family system, big role in the development and maintenance of psychological disorder
- Exposure therapy – involves a process in which client faces feared situation gradually and under controlled condition
- Key difference between mindfulness and cognitive behavioural therapy
    - CBT, client practise replacing their dysfunctional thoughts with more functional thoughts
    - Mindfulness practice, client simply watch their thoughts and accept them as they are

Module 16.3 - biomedical therapies

- Psych pharmacotherapy – the use of drugs to attempt to manage or reduce client's symptom
- Psychotropic drugs – medications designed to alter psychological functioning
- Blood-brain barrier – a network of tightly packed cells that only allow specific types of substance to move from the bloodstream to the brain in order to protect delicate brain cell against harmful infections and other substances
- Antidepressants and mood stabilizers
    - Antidepressant drugs – medications designed to elevate mood and reduce other symptom of depression
    - Monoamine oxidase inhibitors (MAOIs) – works by deactivating monoamine oxidase and enzyme that break down serotonin, dopamine, and norepinephrine at the synaptic clefts of nerve cells
    - Tricyclic antidepressants – appear to work by blocking the reuptake of serotonin and norepinephrine of the neurotransmitter serotonin
    - Selective serotonin reuptake inhibitors (SSRIs) – affect nervous system by blocking reuptake of serotonin in neurons
    - Mood stabilizer – drugs used to prevent or reduce the severity of mood swings experienced by people with bipolar disorder
    - Lithium – one of the first mood stabilizer to be prescribed regularly in psychiatry and form the 1950 to 1980, was the standard drug treatment for depression and bipolar disorder
- Antianxiety drug – affect the activity of gamma-aminobutyric acid, an inhibitory neurotransmitter that reduces neural activity
    - Prescribed to alleviate nervousness and tension and to prevent and reduce panic attack
- Antipsychotic drugs – are generally used to treat symptoms of psychosis including delusion, hallucination and severely disturbed or disorganized
    - Common treatment for schizophrenia and sometime for people with severe mood disorders
- Tardive dyskinesia – movement disorder involving involuntary movement and facial tics
- Atypical antipsychotics (2nd generation of antipsychotics) – makers of atypical antipsychotics claim that these drugs are less likely to produce extrapyramidal side effects including movement disorders that commonly occur when first generation antipsychotics are prescribed
    - Generally speaking they reduce dopamine and serotonin activity
    - Lower risk for tardive dyskinesia
- Technological and surgical methods
    - Frontal lobotomy – surgically removing regions of the cortex in hope for curing the psychological problems
    - Leucotomy – the surgical destruction of brain tissues in the prefrontal cortex
        - Drilling small holes into the skull, inset a small wire loop, a leucotomy, through the hole and into brain matter, damaging it and patient left to recover
- Focal lesions – which are small areas of brain tissue that surgically destroyed
    - Only used in some severe case, when all other treatment have not worked to satisfaction

- Electroconvulsive therapy (ECT) – involves passing an electrical current through the brain in order to induce a temporary seizure
- Transcranial magnetic stimulation (TMS) – a therapeutic technique in which a focal area of the brain is exposed to a powerful magnetic field
    - Good for schizophrenia
- Deep brain stimulation (DBS) – a technique that involves electrically stimulating specific regions of the brain
    - Involves inserting thin electrode-tipped wires into the brain and carefully routing them to the targeted brain regions

LECTURES

Lecture 19 – Clinical Diagnosis

- Study of mental disorders involve – Definition, classification, explanation and treatment
- **Abnormal** describes the behavioural, emotional, or cognitive dysfunctions that are unexpected in their cultural context and associated with personal distress or substantial impairment in functioning. The study of abnormal behaviours is describing, explaining, predicting and controlling.
- Myths about mental disorders – easily recognized, due to inheritance, incurable, weak willed, never contribute to society, always dangerous
- Jobs
    - Psychiatrist – focuses on medication, biological
    - Clinical Psychologists – focuses on behavioural therapies
    - Social workers
    - Psychoanalyst
    - Therapist
- People generally go to their family physicians for help.
- **Maladaptive** a person is abnormal in a way that causes social problems for them or others, problems that make it hard for them to adapt in society
- Abnormality associated with – inability to hold jobs, family dysfunction, problematic interactions with others
-

Psychological School/Perspective	Cause of the Disorder
Psychoanalytic/Psychodynamic	Internal, unconscious drives
Humanistic	Failure to strive to one's potential or being out of touch with one's feelings.
Behavioral	Reinforcement history, the environment.
Cognitive	Irrational, dysfunctional thoughts or ways of thinking.
Sociocultural	Dysfunctional Society
Biomedical/Neuroscience	Organic problems, biochemical imbalances, genetic predispositions.

- **Psychodynamic perspective** – when psychic conflict is too strong for defence mechanisms to deal with in healthy ways, may distort one's perception of reality.
- **Medical Perspective**

    - 18th and 19th centuries, people began to think about psychological disorders as reflecting biological causes.
    - Three aspects of this perspective are very powerful in our world
        - disorders reflect chemical imbalances
        - drugs can effectively be used to counter these
        - genetic links to mental diseases
- **Cognitive-Behavioural Perspective**
    - Assumes that many maladaptive behaviours are learned and can thus be best understood by focusing on potential relevant environmental factors and person's perception. Things can be learned and therefore unlearned.
- **Humanist perspective**
    - Assumes maladaptive behaviours arise when people place too much emphasis on gaining positive self-regard from others
- **Socio-cultural perspective**
    - Role that culture can play in terms of both the prevalence and the reaction to mental disorders.
- **Biopsychosocial perspective**
    - Interaction of biological, psychological and sociological factors in causing psychological disorders
        - This is the model
        - 'stress diathesis model'
    - Genetic predispositions
    - Environmental
    - Biological + social + psychological= psychological disorder
- Classifying psychological disorders
    - **Diagnostic Statistical Manual of Mental Disorders(DSM):** the book of disorders**.**
        - DSM will classify disorders and describe the symptoms.
        - DSM will NOT explain the causes or possible cures.
    - **DSM 5 current**
- Interrater reliable – if number of doctors classify patient having same illness then reliable. Otherwise not reliable

Lecture 20 – Mood and Anxiety Disorders

- **Three Major categories of Clinical Disorder**
    - Anxiety Disorders- Specific phobia, social phobia, agoraphobia, panic disorder with and without agoraphobia, generalized anxiety disorder, obsessive-compulsive disorder
    - Mood Disorders - Major depressive disorder, bipolar disorder
    - Schizophrenic Disorders - Schizophrenia (paranoid, disorganized, catatonic, undifferentiated, and residual subtypes)
- Causes of abnormal behaviours
        - Biological
        - Behavioural
        - Cognitive
        - Sociocultural
    - One perspective is not enough to explain disorder
    - **biopsychosocial approach** explains abnormality, examines interaction between biological, behavioral, cognitive, and social/cultural factors
- **Anxiety Disorders** – excessive anxiety leads to personal distress and atypical, maladaptive and irrational behavior. Ex – specific phobia, panic disorder
    - **Specific phobia** – marked and persistent fear of specific objects or situation that is excessive or unreasonable
        - **Causes**
            - **Classical conditioning** – conditioned little Albert to fear rats
            - **Biological predispositions** – associations like taste and sickness are easy to learn, while others like taste and electric shock are more difficult to learn.
    - **Social phobia** – persistent fear of social performance situations in which there is exposure to unfamiliar people or scrutiny by others. Ex- eating lunch with others
    - **Agoraphobia** – fear of being in places or situations from which escape might be difficult or embarrassing. Ex – crowds, standing in line
    - **Panic Disorder** – condition in which person experiences recurrent panic attacks (ie sudden onsets of intense fear)
        - One explanation for panic disorder is **fear-of-fear hypothesis**
            - Agoraphobia is fear of having panic attack in public; thus agoraphobia is classical conditioning
    - **Generalized Anxiety Disorder** – person has excessive, global anxiety and worry that they cannot control, for a period of at least 6 months. Not ties to any specific object
        - May be related to biochemical dysfunction in the brain, which involves GABA, a major inhibitory neurotransmitter. Problems with GABA allow more neurons to be excited
    - **Obsessive-Compulsive Disorder** – recurrent obsessions or compulsions that are perceived by the person as excessive or unreasonable and cause significant distress and disruption in the person's daily life
        - An **obsession** is a persistent intrusive thought, idea, impulse, or image that causes anxiety

        - A **compulsion** is a repetitive and rigid behavior that a person feels compelled to perform to reduce anxiety. It is very specific ex- washing hands exactly 10 times to kill germs
        - Two parts of brain involved **orbital region of the frontal cortex** and **caudate nucleus** have higher level of activity. These two areas help filter out irrelevant information and disengaging attention.
- **Mood disorders –** dramatic changes in person's emotional mood that are excessive and unwarranted
    - **Major Depressive Disorder** – person must have experienced one or more major depressive episodes
    - **Major depressive episode** is characterised by symptoms such as
        - Feelings of intense hopelessness, low self-esteem and worthlessness, and extreme fatigue
        - Dramatic changes in eating and sleeping behavior
        - Inability to concentrate
        - Greatly diminished interest in family, friends, and activities for a period of two weeks or more
        - Feelings of sadness and downward mood following stressful life events are normal
        - Women suffer major depressive disorder twice as often as men.
        - Occurs due to neurotransmitter imbalances, primarily inadequate serotonin and norepinephrine activity. Same medications do not work for everybody, therefore trial and error.
        - Biological predisposition – identical twins concordance rate is 50%. Fraternal twins and general population much lower.
    - **Bipolar disorder**- person's mood takes dramatic swings between depression and mania, with recurrent cycles of depressive and manic episodes
        - A **manic episode** is a period of at least a week of abnormally elevated mood in which the person experiences such symptoms as inflated self-esteem with grandiose delusions, a decreased need for sleep, constant talking, distractibility, restlessness, and poor judgment
        - Manic (feeling good) and depressive episodes. Sometimes people refuse to take drugs because it makes the manic state milder.
        - **bipolar I disorder,** the person has both major manic and depressive episodes
        - **bipolar II disorder,** the person has full-blown depressive episodes, but the manic episodes are milder
        - Concordance rate for bipolar is 70%, so biological causes are the most common explanation. Current research looking for genes.

Lecture 21 – Schizophrenia

- Schizophrenic disorders are a group of psychological disorders involving distortions of thought, perception and emotion; bizarre behaviour; and social withdrawal. Means split mind but does not involve multiple personalities. Age of onset and hospitalization is adolescence to young adulthood. Males predominantly 15-40.
- More people institutionalized for schizophrenia than any other mental disorder. Affects about 1% of population. Higher incidence in lower socioeconomic groups and for people who are single, separated or divorced
- Positive symptoms means these are new symptoms. Something new that was not there before.
- **Positive symptoms** are the more active symptoms that reflect an excess or distortion of normal thinking or behavior, including **hallucinations** (false sensory perceptions, typically auditory) and **delusions** (false beliefs) of persecution, control, grandeur- person beliefs they are savior
- **Negative symptoms** refer to things that have been removed. Deficits or losses in emotion, speech, energy level, social activity, and even basic drives such as hunger
- **Disorganized symptoms** include disorganized speech, disorganized behavior, and inappropriate emotion
- 5 types of schizophrenia –
    - Disorganized- Disorganized speech, disorganized behavior, or inappropriate emotion
    - Catatonic - Extreme movement symptoms ranging from excessive motor activity to posturing (immobility for long periods)
    - Paranoid - Organized cognition and emotion, but with hallucinations and delusions that are usually concerned with persecution. Most likely to hear in media
    - Undifferentiated - Mixed-bag category—symptoms fit the criteria of more than one of the above three types or none of them
    - Residual - There has been a past schizophrenic episode, but presently only some negative symptoms and no positive symptoms (hallucinations and delusions)
- According to the DSM-IV, **schizophrenia** is defined as the presence, most of the time during a one-month period, of at least two of the following symptoms
    - Hallucinations
    - Delusions
    - Disorganized speech
    - Disorganized or catatonic behavior
    - Any negative symptoms (such as loss of emotion)
- **Type I** schizophrenia is characterized by **positive symptoms**. It is acute, normal one day then disorder suddenly strikes as early as overnight. Good chance of recovery, alleviated with drugs.
- **Type II** schizophrenia is characterized by **negative symptoms**. Permanent abnormalities in brain.
- Concordance rate is about 50%, no genes identified.
- **Prenatal viral infections -** People are at increased risk if there was a flu epidemic during the middle of their fetal development. Therefore winter months more at risk January to April.
- If one twin diagnosed other twin 60% of schizophrenia. Fraternal twins 10%. Both parents then children 30-35% at risk. This shows there is some genetic link.
- **Neurotransmitters** - Schizophrenics have elevated levels of dopamine activities in certain areas of their brains

- **Brain abnormalities**, especially among those with Type II schizophrenia
    - Shrunken cerebral tissue and enlarged fluid filled areas
    - The thalamus seems to be smaller and the frontal lobes less active in many schizophrenic brains
- Schizophrenia and Brian
    - Auditory system – hear voices
    - Occipital lobe (perception) – unlikely. Problem with recognizing complex expressions in others faces
    - Hippocampus (learning) – some impairment
    - Limbic system (emotion) – Type 2 lack of emotion
    - Frontal Lobe (problem solving) – difficulty in planning or organized thoughts
    - Basal ganglia (motion integrating sensory info) – deficits or excessive catatonic motion.
        - When medication blocks dopamine can lead to motor side effects because of interaction with basal ganglia
- Popular bio-psycho-social explanation is the **vulnerability-stress-model** that contends that genetic, prenatal, and postnatal biological factors render a person vulnerable to schizophrenia, but environmental stress determines whether it develops
- Cognitive Domain Impaired
    - Severe Impairments - Serial learning, Executive functioning, Vigilance, Motor speed, Verbal Fluency
    - Moderate Impairment - Delayed recall, Distractibility, Immediate memory span, Visuomotor skills, Working memory
- Aspects of **Executive Function** - Focus attention, prioritize
    - Patients perform 2-3 standard deviations below mean
    - Examples: Trail Making Tests, Wisconsin Card Sort, Tower of London
- Cognitive Functions:
    - Mild Impairment - Perceptual Skills, Delayed recognition memory, Confrontation naming
    - No impairment - Word recognition, Long-term factual memory
- Treatment of Acute Schizophrenia – medications. Side effect – cannot control motor
    - Ineffective for negative symptoms and cognitive impairment. So not effective for Type 2
- Long-term treatment of schizophrenia – medications prevent psychotic behaviors, controls symptoms. Support from family, address impairments.
- Clinical Challenge – substance abuse. High rate of smoking for people diagnosed with schizophrenia. People refuse treatment. May not regularly show up to treatment.

Lecture 22 – Insight Therapies

- Clinical psychologist - provides therapy for people with mental disorders
- Counseling psychologist - counsels people with milder problems such as academic, job, and relationship problems
- Psychiatrist - provides therapy for people with mental disorders; only therapist who can prescribe drugs or other biomedical treatment
- Psychoanalyst - provides psychoanalytic therapy for psychological disorders
- Clinical social worker - helps with social problems
- Therapist –
- Insight therapy – generally 1 on 1
- Group therapy
- Drug therapy – things like anti-depressants
- Cognitive Behavioural Therapy – since it is not drug therapy they are treating the actual symptoms
- Two types of modern therapy –
    - **Biomedical Therapy** - Involves the use of biological interventions, such as drugs
    - **Psychotherapy** - Involves the use of psychological interventions
        - **Psychoanalysis** - **insight therapies** because they stress that a person achieve understanding of the causes of their behavior and thinking. See what actually caused the problem from childhood.
        - **Humanistic** - **insight therapies** because they stress that a person achieve understanding of the causes of their behavior and thinking See what actually caused the problem from childhood.
        - **Behavioral** - **actions therapies** because they stress that the actions of the person must change for therapy to be effective. Change way of thinking
        - **Cognitive** - **actions therapies** because they stress that the actions of the person must change for therapy to be effective. Change way of thinking
- Insight therapies assumes that people have learned maladaptive thought patterns and emotions, which are revealed in maladaptive behaviours.
    - Behaviours reflective of some deeper psychological issue and when patient understands the true cause (i.e., gains insight) the maladaptive behaviours will subside.
- Psychoanalysis - A style of psychotherapy originally developed by Sigmund Freud in which the therapist helps the person gain insight into the unconscious sources of their problems
    - **Free association** is a technique in which the patient spontaneously describes, without editing, all thoughts, feelings, or images that come to mind. Will provide clues from unconscious
    - A **resistance** is a patient's unwillingness to discuss particular topics. Also provides clue into unconscious
    - **Dream interpretation** also provides clues into unconscious conflicts. Two levels of meaning -
        - The **manifest content** is the surface, literally meaning of the dream. What person reports
        - The **latent content** is the underlying, true meaning of the dream and is of primary interest to the psychoanalyst

    - **Transference** occurs when the patient acts toward the therapist as she did or does toward important figures in her life, such as her parents
    - Problems – requires lots of time, may not be correct
- Influential humanistic therapy is Carl Rogers's **client-centered therapy**, also called person-centered therapy.
    - A style of psychotherapy in which the therapist uses unconditional positive regard, genuineness, and empathy to help the person to gain insight into their true self-concept
    - The therapist is **non-directive**
        - Listens and lets patient guide conversation. Keeps a positive environment.
        - Behave like a mirror. And let client come to conclusion
    - Gestalt Therapy – Emphasizes the unity of the body and mind, helping the client to get in touch with their feelings. Have patient talk to empty chair and make them imagine themselves in the chair and tell patient to talk to the chair
- Evaluation of Insight Therapies – client must spend lot of time, not many scientific studies assessing effectives, not as effective as cognitive therapies

Lecture 23 – Cognitive-Behaviour Therapies

- **Psychotherapy -** set of clinical techniques use to improve mental health. Counselling = psychotherapy
- **Behavior Therapy** (Behavior Modification Therapy) - changing somebody's behavior
- **Classical Conditioning** - creation of response to stimulus **(**Pavlov's dogs)
- **Operant Conditioning** - learning through positive and negative reinforcement
- **Cognitive Therapy** - psychotherapy aimed at changing way of thinking**.** Several approaches to cognitive-behavioral therapy
    - Rational Emotive Behavior Therapy
    - Rational behavior Therapy
    - Rational Living Therapy
    - Cognitive Therapy
    - Dialectic behavior Therapy
- **Characteristics of Cognitive-behavioral Therapies:**
    - Thoughts cause Feelings and behaviors.
    - Brief and Time-Limited. Average # of sessions = 16 VS psychoanalysis = several years
    - Emphasis placed on current behavior.
    - CBT is a collaborative effort between the therapist and the client.
        - **Client role** - define goals, express concerns, learn & implement learning
        - **Therapist role** - help client define goals, listen, teach, encourage.
    - Teaches the benefit of remaining calm or at least neutral when faced with difficult situations.
    - Based on "rational thought." **-** Fact not assumptions.
    - CBT is structured and directive. Based on notion that maladaptive behaviors are the result of skill deficits.
    - Based on assumption that most emotional and behavioral reactions are learned. The goal of therapy is to help clients *unlearn* their unwanted reactions and to learn a new way of reacting.
    - Homework is a central feature of CBT. Practice skill at home.
- **Behavioral Therapy**
    - A style of psychotherapy in which the therapist uses the principles of classical and operant conditioning to change a person's behavior from maladaptive to adaptive
    - The assumption is that maladaptive behaviors are learned and must be unlearned for therapy to be effective
    - Phobias developed by classical conditioning.
    - **Counterconditioning,** a maladaptive response is replaced by an incompatible adaptive response
    - **Systematic desensitization** is a counterconditioning procedure in which a fear response to an object or situation is replaced with a relaxation response in a series of progressively increasing fear-arousing steps
    -