INTRODUCTORY PSYCHOLOGY



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INTRODUCTION TO PSYCHOLOGY

HERITAGE UNIVERSITY

Book compiled by Dr. Amy Nusbaum

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Licensing

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CHAPTER OVERVIEW

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1.1.1: Why Science?

By Edward Diener

University of Utah, University of Virginia

Scientific research has been one of the great drivers of progress in human history, and the dramatic changes we have seen during the past century are due primarily to scientific findings—modern medicine, electronics, automobiles and jets, birth control, and a host of other helpful inventions. Psychologists believe that scientific methods can be used in the behavioral domain to understand and improve the world. Although psychology trails the biological and physical sciences in terms of progress, we are optimistic based on discoveries to date that scientific psychology will make many important discoveries that can benefit humanity. This module outlines the characteristics of the science, and the promises it holds for understanding behavior. The ethics that guide psychological research are briefly described. It concludes with the reasons you should learn about scientific psychology

learning objectives

- Describe how scientific research has changed the world.
- Describe the key characteristics of the scientific approach.
- Discuss a few of the benefits, as well as problems that have been created by science.
- Describe several ways that psychological science has improved the world.
- Describe a number of the ethical guidelines that psychologists follow.

Scientific Advances and World Progress

There are many people who have made positive contributions to humanity in modern times. Take a careful look at the names on the following list. Which of these individuals do you think has helped humanity the most?

1. Mother Teresa
2. Albert Schweitzer
3. Edward Jenner
4. Norman Borlaug
5. Fritz Haber

The usual response to this question is “Who on earth are Jenner, Borlaug, and Haber?” Many people know that Mother Teresa helped thousands of people living in the slums of Kolkata (Calcutta). Others recall that Albert Schweitzer opened his famous hospital in Africa and went on to earn the Nobel Peace Prize. The other three historical figures, on the other hand, are far less well known. Jenner, Borlaug, and Haber were scientists whose research discoveries saved millions, and even billions, of lives. Dr. Edward Jenner is often considered the “father of immunology” because he was among the first to conceive of and test vaccinations. His pioneering work led directly to the eradication of smallpox. Many other diseases have been greatly reduced because of vaccines discovered using science—measles, pertussis, diphtheria, tetanus, typhoid, cholera, polio, hepatitis—and all are the legacy of Jenner. Fritz Haber and Norman Borlaug saved more than a billion human lives. They created the “Green Revolution” by producing hybrid agricultural crops and synthetic fertilizer. Humanity can now produce food for the seven billion people on the planet, and the starvation that does occur is related to political and economic factors rather than our collective ability to produce food.



Due to the breakthrough work of Dr. Edward Jenner, millions of vaccinations are now administered around the world every year preventing the spread of many treatable diseases while saving the lives of people of all ages. [Image: CDC Global Health, https://goo.gl/hokiWz, CC BY 2.0, goo.gl/9uSnqN]

If you examine major social and technological changes over the past century most of them can be directly attributed to science. The world in 1914 was very different than the one we see today (Easterbrook, 2003). There were few cars and most people traveled by foot, horseback, or carriage. There were no radios, televisions, birth control pills, artificial hearts or antibiotics. Only a small portion of the world had telephones, refrigeration or electricity. These days we find that 80% of all households have television and 84% have electricity. It is estimated that three quarters of the world's population has access to a mobile phone! Life expectancy was 47 years in 1900 and 79 years in 2010. The percentage of hungry and malnourished people in the world has dropped substantially across the globe. Even average levels of I.Q. have risen dramatically over the past century due to better nutrition and schooling.

All of these medical advances and technological innovations are the direct result of scientific research and understanding. In the modern age it is easy to grow complacent about the advances of science but make no mistake about it—science has made fantastic discoveries, and continues to do so. These discoveries have completely changed our world.

What Is Science?

What is this process we call "science," which has so dramatically changed the world? Ancient people were more likely to believe in magical and supernatural explanations for natural phenomena such as solar eclipses or thunderstorms. By contrast, scientifically minded people try to figure out the natural world through testing and observation. Specifically, science is the use of **systematic observation** in order to acquire knowledge. For example, children in a science class might combine vinegar and baking soda to observe the bubbly chemical reaction. These **empirical methods** are wonderful ways to learn about the physical and biological world. Science is not magic—it will not solve all human problems, and might not answer all our questions about behavior. Nevertheless, it appears to be the most powerful method we have for acquiring knowledge about the observable world. The essential elements of science are as follows:

1. *Systematic observation is the core of science*. Scientists observe the world, in a very organized way. We often measure the phenomenon we are observing. We record our observations so that memory biases are less likely to enter in to our conclusions. We are systematic in that we try to observe under controlled conditions, and also systematically vary the conditions of our observations so that we can see variations in the phenomena and understand when they occur and do not occur.



Systematic observation is the core of science. [Image: Cvl Neuro, https://goo.gl/Avbju7, CC BY-SA 3.0, goo.gl/uhHola]

2. *Observation leads to hypotheses we can test*. When we develop **hypotheses** and **theories**, we state them in a way that can be tested. For example, you might make the claim that candles made of paraffin wax burn more slowly than do candles of the exact same size and shape made from bee's wax. This claim can be readily tested by timing the burning speed of candles made from these materials.
3. *Science is democratic*. People in ancient times may have been willing to accept the views of their kings or pharaohs as absolute truth. These days, however, people are more likely to want to be able to form their own opinions and debate conclusions. Scientists are skeptical and have open discussions about their observations and theories. These debates often occur as scientists publish competing findings with the idea that the best data will win the argument.
4. *Science is cumulative*. We can learn the important truths discovered by earlier scientists and build on them. Any physics student today knows more about physics than Sir Isaac Newton did even though Newton was possibly the most brilliant physicist of all time. A crucial aspect of scientific progress is that after we learn of earlier advances, we can build upon them and move farther along the path of knowledge.

Psychology as a Science

Even in modern times many people are skeptical that psychology is really a science. To some degree this doubt stems from the fact that many psychological phenomena such as depression, intelligence, and prejudice do not seem to be directly observable in the same way that we can observe the changes in ocean tides or the speed of light. Because thoughts and feelings are invisible many early psychological researchers chose to focus on behavior. You might have noticed that some people act in a friendly and outgoing way while others appear to be shy and withdrawn. If you have made these types of observations then you are acting just like early psychologists who used behavior to draw inferences about various types of personality. By using behavioral measures and rating scales it is possible to measure thoughts and feelings. This is similar to how other researchers explore "invisible" phenomena such as the way that educators measure academic performance or economists measure quality of life.

One important pioneering researcher was Francis Galton, a cousin of Charles Darwin who lived in England during the late 1800s. Galton used patches of color to test people's ability to distinguish between them. He also invented the self-report questionnaire, in

which people offered their own expressed judgments or opinions on various matters. Galton was able to use self-reports to examine —among other things—people's differing ability to accurately judge distances.



In 1875 Francis Galton did pioneering studies of twins to determine how much the similarities and differences in twins were affected by their life experiences. In the course of this work he coined the phrase "Nature versus Nurture". [Image: XT Inc., goo.gl/F1Wvu7, CC BY-NC-SA 2.0, goo.gl/Toc0ZF]

Although he lacked a modern understanding of genetics Galton also had the idea that scientists could look at the behaviors of identical and fraternal twins to estimate the degree to which genetic and social factors contribute to personality; a puzzling issue we currently refer to as the "nature-nurture question."

In modern times psychology has become more sophisticated. Researchers now use better measures, more sophisticated study designs and better statistical analyses to explore human nature. Simply take the example of studying the emotion of happiness. How would you go about studying happiness? One straightforward method is to simply ask people about their happiness and to have them use a numbered scale to indicate their feelings. There are, of course, several problems with this. People might lie about their happiness, might not be able to accurately report on their own happiness, or might not use the numerical scale in the same way. With these limitations in mind modern psychologists employ a wide range of methods to assess happiness. They use, for instance, "peer report measures" in which they ask close friends and family members about the happiness of a target individual. Researchers can then compare these ratings to the self-report ratings and check for discrepancies. Researchers also use memory measures, with the idea that dispositionally positive people have an easier time recalling pleasant events and negative people have an easier time recalling unpleasant events. Modern psychologists even use biological measures such as saliva cortisol samples (cortisol is a stress related hormone) or fMRI images of brain activation (the left pre-frontal cortex is one area of brain activity associated with good moods).

Despite our various methodological advances it is true that psychology is still a very young science. While physics and chemistry are hundreds of years old psychology is barely a hundred and fifty years old and most of our major findings have occurred only in the last 60 years. There are legitimate limits to psychological science but it is a science nonetheless.

Psychological Science is Useful

Psychological science is useful for creating interventions that help people live better lives. A growing body of research is concerned with determining which therapies are the most and least effective for the treatment of psychological disorders.



Cognitive Behavioral Therapy has shown to be effective in treating a variety of conditions, including depression. [Image: SalFalco, https://goo.gl/3knLoJ, CC BY-NC 2.0, goo.gl/HEXbAA]

For example, many studies have shown that cognitive behavioral therapy can help many people suffering from depression and anxiety disorders (Butler, Chapman, Forman, & Beck, 2006; Hoffman & Smits, 2008). In contrast, research reveals that some types of therapies actually might be harmful on average (Lilienfeld, 2007).

In organizational psychology, a number of psychological interventions have been found by researchers to produce greater productivity and satisfaction in the workplace (e.g., Guzzo, Jette, & Katzell, 1985). Human factor engineers have greatly increased the safety and utility of the products we use. For example, the human factors psychologist Alphonse Chapanis and other researchers redesigned the cockpit controls of aircraft to make them less confusing and easier to respond to, and this led to a decrease in pilot errors and crashes.

Forensic sciences have made courtroom decisions more valid. We all know of the famous cases of imprisoned persons who have been exonerated because of DNA evidence. Equally dramatic cases hinge on psychological findings. For instance, psychologist Elizabeth Loftus has conducted research demonstrating the limits and unreliability of eyewitness testimony and memory. Thus, psychological findings are having practical importance in the world outside the laboratory. Psychological science has experienced enough success to demonstrate that it works, but there remains a huge amount yet to be learned.

Ethics of Scientific Psychology

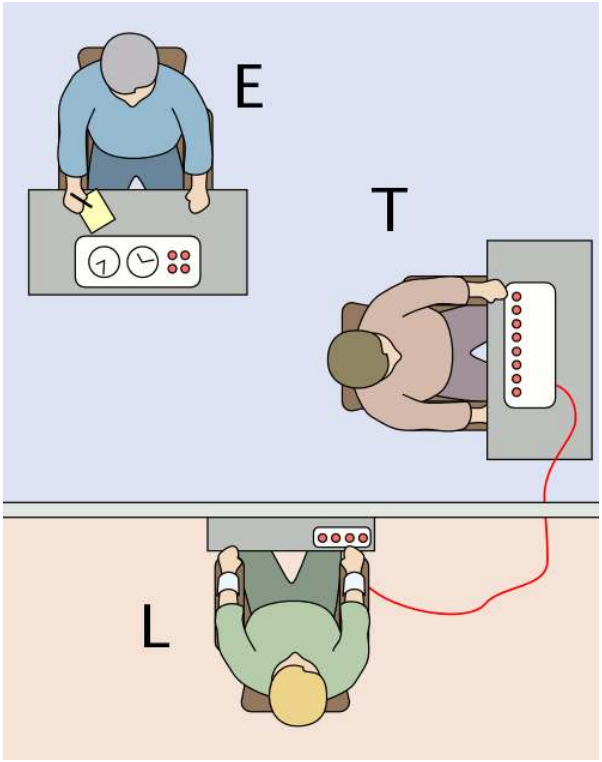


Diagram of the Milgram Experiment in which the "teacher" (T) was asked to deliver a (supposedly) painful electric shock to the "learner"(L). Would this experiment be approved by a review board today? [Image: Fred the Oyster, https://goo.gl/ZIbQz1, CC BY-SA 4.0, goo.gl/X3i0tq]

Psychology differs somewhat from the natural sciences such as chemistry in that researchers conduct studies with human research participants. Because of this there is a natural tendency to want to guard research participants against potential psychological harm. For example, it might be interesting to see how people handle ridicule but it might not be advisable to ridicule research participants.

Scientific psychologists follow a specific set of guidelines for research known as a code of **ethics**. There are extensive ethical guidelines for how human participants should be treated in psychological research (Diener & Crandall, 1978; Sales & Folkman, 2000). Following are a few highlights:

1. *Informed consent*. In general, people should know when they are involved in research, and understand what will happen to them during the study. They should then be given a free choice as to whether to participate.
2. *Confidentiality*. Information that researchers learn about individual participants should not be made public without the consent of the individual.
3. *Privacy*. Researchers should not make observations of people in private places such as their bedrooms without their knowledge and consent. Researchers should not seek confidential information from others, such as school authorities, without consent of the participant or his or her guardian.
4. *Benefits*. Researchers should consider the benefits of their proposed research and weigh these against potential risks to the participants. People who participate in psychological studies should be exposed to risk only if they fully understand these risks and only if the likely benefits clearly outweigh the risks.
5. *Deception*. Some researchers need to deceive participants in order to hide the true nature of the study. This is typically done to prevent participants from modifying their behavior in unnatural ways. Researchers are required to "debrief" their participants after they have completed the study. Debriefing is an opportunity to educate participants about the true nature of the study.

Why Learn About Scientific Psychology?

I once had a psychology professor who asked my class why we were taking a psychology course. Our responses give the range of reasons that people want to learn about psychology:

1. To understand ourselves
2. To understand other people and groups
3. To be better able to influence others, for example, in socializing children or motivating employees
4. To learn how to better help others and improve the world, for example, by doing effective psychotherapy
5. To learn a skill that will lead to a profession such as being a social worker or a professor
6. To learn how to evaluate the research claims you hear or read about
7. Because it is interesting, challenging, and fun! People want to learn about psychology because this is exciting in itself, regardless of other positive outcomes it might have. Why do we see movies? Because they are fun and exciting, and we need no other reason. Thus, one good reason to study psychology is that it can be rewarding in itself.

Conclusions

The science of psychology is an exciting adventure. Whether you will become a scientific psychologist, an applied psychologist, or an educated person who knows about psychological research, this field can influence your life and provide fun, rewards, and understanding. My hope is that you learn a lot from the modules in this e-text, and also that you enjoy the experience! I love learning about psychology and neuroscience, and hope you will too!

Outside Resources

Web: Science Heroes- A celebration of people who have made lifesaving discoveries.

http://www.scienceheroes.com/index.p...=258&Itemid=27

Discussion Questions

1. Some claim that science has done more harm than good. What do you think?
2. Humanity is faced with many challenges and problems. Which of these are due to human behavior, and which are external to human actions?
3. If you were a research psychologist, what phenomena or behaviors would most interest you?
4. Will psychological scientists be able to help with the current challenges humanity faces, such as global warming, war, inequality, and mental illness?
5. What can science study and what is outside the realm of science? What questions are impossible for scientists to study?

6. Some claim that science will replace religion by providing sound knowledge instead of myths to explain the world. They claim that science is a much more reliable source of solutions to problems such as disease than is religion. What do you think? Will science replace religion, and should it?
7. Are there human behaviors that should not be studied? Are some things so sacred or dangerous that we should not study them?

Vocabulary

Empirical methods

Approaches to inquiry that are tied to actual measurement and observation.

Ethics

Professional guidelines that offer researchers a template for making decisions that protect research participants from potential harm and that help steer scientists away from conflicts of interest or other situations that might compromise the integrity of their research.

Hypotheses

A logical idea that can be tested.

Systematic observation

The careful observation of the natural world with the aim of better understanding it. Observations provide the basic data that allow scientists to track, tally, or otherwise organize information about the natural world.

Theories

Groups of closely related phenomena or observations.

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1.2.1: Analyzing Findings

Learning Objectives

- Explain what a correlation coefficient tells us about the relationship between variables
- Recognize that correlation does not indicate a cause-and-effect relationship between variables
- Discuss our tendency to look for relationships between variables that do not really exist

Did you know that as sales in ice cream increase, so does the overall rate of crime? Is it possible that indulging in your favorite flavor of ice cream could send you on a crime spree? Or, after committing crime do you think you might decide to treat yourself to a cone? There is no question that a relationship exists between ice cream and crime (e.g., Harper, 2013), but it would be pretty foolish to decide that one thing actually caused the other to occur.

It is much more likely that both ice cream sales and crime rates are related to the temperature outside. When the temperature is warm, there are lots of people out of their houses, interacting with each other, getting annoyed with one another, and sometimes committing crimes. Also, when it is warm outside, we are more likely to seek a cool treat like ice cream. How do we determine if there is indeed a relationship between two things? And when there is a relationship, how can we discern whether it is attributable to coincidence or causation?

Correlational Research

Correlation means that there is a relationship between two or more variables (such as ice cream consumption and crime), but this relationship does not necessarily imply cause and effect. When two variables are correlated, it simply means that as one variable changes, so does the other. We can measure correlation by calculating a statistic known as a correlation coefficient. A correlation coefficient is a number from -1 to $+1$ that indicates the strength and direction of the relationship between variables. The correlation coefficient is usually represented by the letter *r*.

The number portion of the correlation coefficient indicates the strength of the relationship. The closer the number is to 1 (be it negative or positive), the more strongly related the variables are, and the more predictable changes in one variable will be as the other variable changes. The closer the number is to zero, the weaker the relationship, and the less predictable the relationships between the variables becomes. For instance, a correlation coefficient of 0.9 indicates a far stronger relationship than a correlation coefficient of 0.3. If the variables are not related to one another at all, the correlation coefficient is 0. The example above about ice cream and crime is an example of two variables that we might expect to have no relationship to each other.

The sign—positive or negative—of the correlation coefficient indicates the direction of the relationship. A **positive correlation** means that the variables move in the same direction. Put another way, it means that as one variable increases so does the other, and conversely, when one variable decreases so does the other. A **negative correlation** means that the variables move in opposite directions. If two variables are negatively correlated, a decrease in one variable is associated with an increase in the other and vice versa.

The example of ice cream and crime rates is a positive correlation because both variables increase when temperatures are warmer. Other examples of positive correlations are the relationship between an individual's height and weight or the relationship between a person's age and number of wrinkles. One might expect a negative correlation to exist between someone's tiredness during the day and the number of hours they slept the previous night: the amount of sleep decreases as the feelings of tiredness increase. In a real-world example of negative correlation, student researchers at the University of Minnesota found a weak negative correlation ($r = -0.29$) between the average number of days per week that students got fewer than 5 hours of sleep and their GPA (Lowry, Dean, & Manders, 2010). Keep in mind that a negative correlation is not the same as no correlation. For example, we would probably find no correlation between hours of sleep and shoe size.

As mentioned earlier, correlations have predictive value. Imagine that you are on the admissions committee of a major university. You are faced with a huge number of applications, but you are able to accommodate only a small percentage of the applicant pool. How might you decide who should be admitted? You might try to correlate your current students' college GPA with their scores on standardized tests like the SAT or ACT. By observing which correlations were strongest for your current students, you could use this information to predict relative success of those students who have applied for admission into the university.

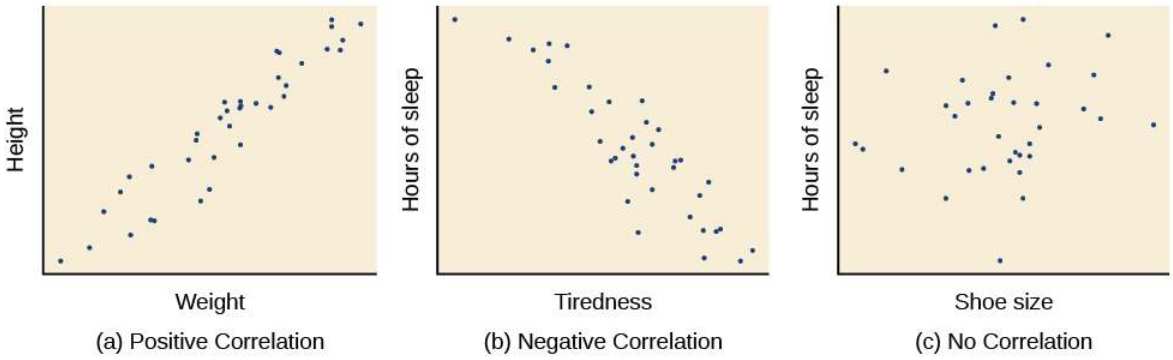


Figure 1.2.1.1: Scatterplots are a graphical view of the strength and direction of correlations. The stronger the correlation, the closer the data points are to a straight line. In these examples, we see that there is (a) a positive correlation between weight and height, (b) a negative correlation between tiredness and hours of sleep, and (c) no correlation between shoe size and hours of sleep.

Correlation Does Not Indicate Causation

Correlational research is useful because it allows us to discover the strength and direction of relationships that exist between two variables. However, correlation is limited because establishing the existence of a relationship tells us little about **cause and effect**. While variables are sometimes correlated because one does cause the other, it could also be that some other factor, a confounding variable, is actually causing the systematic movement in our variables of interest. In the ice cream/crime rate example mentioned earlier, temperature is a confounding variable that could account for the relationship between the two variables.

Even when we cannot point to clear confounding variables, we should not assume that a correlation between two variables implies that one variable causes changes in another. This can be frustrating when a cause-and-effect relationship seems clear and intuitive. Think back to our discussion of the research done by the American Cancer Society and how their research projects were some of the first demonstrations of the link between smoking and cancer. It seems reasonable to assume that smoking causes cancer, but if we were limited to **correlational research**, we would be overstepping our bounds by making this assumption.

Unfortunately, people mistakenly make claims of causation as a function of correlations all the time. Such claims are especially common in advertisements and news stories. For example, recent research found that people who eat cereal on a regular basis achieve healthier weights than those who rarely eat cereal (Frantzen, Treviño, Echon, Garcia-Dominic, & DiMarco, 2013; Barton et al., 2005). Guess how the cereal companies report this finding. Does eating cereal really cause an individual to maintain a healthy weight, or are there other possible explanations, such as, someone at a healthy weight is more likely to regularly eat a healthy breakfast than someone who is obese or someone who avoids meals in an attempt to diet? While correlational research is invaluable in identifying relationships among variables, a major limitation is the inability to establish causality. Psychologists want to make statements about cause and effect, but the only way to do that is to conduct an experiment to answer a research question. The next section describes how scientific experiments incorporate methods that eliminate, or control for, alternative explanations, which allow researchers to explore how changes in one variable cause changes in another variable.



Figure 1.2.1.2: Does eating cereal really cause someone to be a healthy weight? (credit: Tim Skillern)

Illusory Correlations

The temptation to make erroneous cause-and-effect statements based on correlational research is not the only way we tend to misinterpret data. We also tend to make the mistake of illusory correlations, especially with unsystematic observations. **Illusory correlations**, or false correlations, occur when people believe that relationships exist between two things when no such relationship exists. One well-known illusory correlation is the supposed effect that the moon's phases have on human behavior. Many people

passionately assert that human behavior is affected by the phase of the moon, and specifically, that people act strangely when the moon is full.



Figure 1.2.1.3: Many people believe that a full moon makes people behave oddly. (credit: Cory Zanker)

There is no denying that the moon exerts a powerful influence on our planet. The ebb and flow of the ocean's tides are tightly tied to the gravitational forces of the moon. Many people believe, therefore, that it is logical that we are affected by the moon as well. After all, our bodies are largely made up of water. A meta-analysis of nearly 40 studies consistently demonstrated, however, that the relationship between the moon and our behavior does not exist (Rotton & Kelly, 1985). While we may pay more attention to odd behavior during the full phase of the moon, the rates of odd behavior remain constant throughout the lunar cycle.

Why are we so apt to believe in illusory correlations like this? Often we read or hear about them and simply accept the information as valid. Or, we have a hunch about how something works and then look for evidence to support that hunch, ignoring evidence that would tell us our hunch is false; this is known as **confirmation bias**. Other times, we find illusory correlations based on the information that comes most easily to mind, even if that information is severely limited. And while we may feel confident that we can use these relationships to better understand and predict the world around us, illusory correlations can have significant drawbacks. For example, research suggests that illusory correlations—in which certain behaviors are inaccurately attributed to certain groups—are involved in the formation of prejudicial attitudes that can ultimately lead to discriminatory behavior (Fiedler, 2004).

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CHAPTER OVERVIEW

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2.1: Class Day 2.1

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2.1.1: Analyzing Findings

Learning Objectives

- Explain random sampling and assignment of participants into experimental and control groups
- Discuss how experimenter or participant bias could affect the results of an experiment
- Identify independent and dependent variables

Causality: Conducting Experiments and using the Data

As you've learned, the only way to establish that there is a cause-and-effect relationship between two variables is to conduct a scientific **experiment**. Experiment has a different meaning in the scientific context than in everyday life. In everyday conversation, we often use it to describe trying something for the first time, such as experimenting with a new hair style or a new food. However, in the scientific context, an experiment has precise requirements for design and implementation.

The Experimental Hypothesis

In order to conduct an experiment, a researcher must have a specific hypothesis to be tested. As you've learned, hypotheses can be formulated either through direct observation of the real world or after careful review of previous research. For example, if you think that children should not be allowed to watch violent programming on television because doing so would cause them to behave more violently, then you have basically formulated a hypothesis—namely, that watching violent television programs causes children to behave more violently. How might you have arrived at this particular hypothesis? You may have younger relatives who watch cartoons featuring characters using martial arts to save the world from evildoers, with an impressive array of punching, kicking, and defensive postures. You notice that after watching these programs for a while, your young relatives mimic the fighting behavior of the characters portrayed in the cartoon.



Figure 2.1.1.4: Seeing behavior like this right after a child watches violent television programming might lead you to hypothesize that viewing violent television programming leads to an increase in the display of violent behaviors. (credit: Emran Kassim)

These sorts of personal observations are what often lead us to formulate a specific hypothesis, but we cannot use limited personal observations and anecdotal evidence to rigorously test our hypothesis. Instead, to find out if real-world data supports our hypothesis, we have to conduct an experiment.

Designing an Experiment

The most basic experimental design involves two groups: the experimental group and the control group. The two groups are designed to be the same except for one difference— experimental manipulation. The **experimental group** gets the experimental manipulation—that is, the treatment or variable being tested (in this case, violent TV images)—and the **control group** does not. Since experimental manipulation is the only difference between the experimental and control groups, we can be sure that any differences between the two are due to experimental manipulation rather than chance.

In our example of how violent television programming might affect violent behavior in children, we have the experimental group view violent television programming for a specified time and then measure their violent behavior. We measure the violent behavior in our control group after they watch nonviolent television programming for the same amount of time. It is important for the control group to be treated similarly to the experimental group, with the exception that the control group does not receive the experimental manipulation. Therefore, we have the control group watch non-violent television programming for the same amount of time as the experimental group.

We also need to precisely define, or operationalize, what is considered violent and nonviolent. An **operational definition** is a description of how we will measure our variables, and it is important in allowing others understand exactly how and what a researcher measures in a particular experiment. In operationalizing violent behavior, we might choose to count only physical acts like kicking or punching as instances of this behavior, or we also may choose to include angry verbal exchanges. Whatever we determine, it is important that we operationalize violent behavior in such a way that anyone who hears about our study for the first time knows exactly what we mean by violence. This aids peoples' ability to interpret our data as well as their capacity to repeat our experiment should they choose to do so.

Once we have operationalized what is considered violent television programming and what is considered violent behavior from our experiment participants, we need to establish how we will run our experiment. In this case, we might have participants watch a 30-minute television program (either violent or nonviolent, depending on their group membership) before sending them out to a playground for an hour where their behavior is observed and the number and type of violent acts is recorded.

Ideally, the people who observe and record the children's behavior are unaware of who was assigned to the experimental or control group, in order to control for experimenter bias. **Experimenter bias** refers to the possibility that a researcher's expectations might skew the results of the study. Remember, conducting an experiment requires a lot of planning, and the people involved in the research project have a vested interest in supporting their hypotheses. If the observers knew which child was in which group, it might influence how much attention they paid to each child's behavior as well as how they interpreted that behavior. By being blind to which child is in which group, we protect against those biases. This situation is a **single-blind study**, meaning that one of the groups (participants) are unaware as to which group they are in (experiment or control group) while the researcher who developed the experiment knows which participants are in each group.

In a **double-blind study**, both the researchers and the participants are blind to group assignments. Why would a researcher want to run a study where no one knows who is in which group? Because by doing so, we can control for both experimenter and participant expectations. If you are familiar with the phrase **placebo effect**, you already have some idea as to why this is an important consideration. The placebo effect occurs when people's expectations or beliefs influence or determine their experience in a given situation. In other words, simply expecting something to happen can actually make it happen.

The placebo effect is commonly described in terms of testing the effectiveness of a new medication. Imagine that you work in a pharmaceutical company, and you think you have a new drug that is effective in treating depression. To demonstrate that your medication is effective, you run an experiment with two groups: The experimental group receives the medication, and the control group does not. But you don't want participants to know whether they received the drug or not.

Why is that? Imagine that you are a participant in this study, and you have just taken a pill that you think will improve your mood. Because you expect the pill to have an effect, you might feel better simply because you took the pill and not because of any drug actually contained in the pill—this is the placebo effect.

To make sure that any effects on mood are due to the drug and not due to expectations, the control group receives a placebo (in this case a sugar pill). Now everyone gets a pill, and once again neither the researcher nor the experimental participants know who got the drug and who got the sugar pill. Any differences in mood between the experimental and control groups can now be attributed to the drug itself rather than to experimenter bias or participant expectations.



Figure 2.1.1.5: Providing the control group with a placebo treatment protects against bias caused by expectancy. (credit: Elaine and Arthur Shapiro)

Independent and Dependent Variables

In a research experiment, we strive to study whether changes in one thing cause changes in another. To achieve this, we must pay attention to two important variables, or things that can be changed, in any experimental study: the independent variable and the dependent variable. An **independent variable** is manipulated or controlled by the experimenter. In a well-designed experimental study, the independent variable is the only important difference between the experimental and control groups. In our example of how violent television programs affect children's display of violent behavior, the independent variable is the type of program—violent or nonviolent—viewed by participants in the study. A **dependent variable** is what the researcher measures to see how much effect the independent variable had. In our example, the dependent variable is the number of violent acts displayed by the experimental participants.

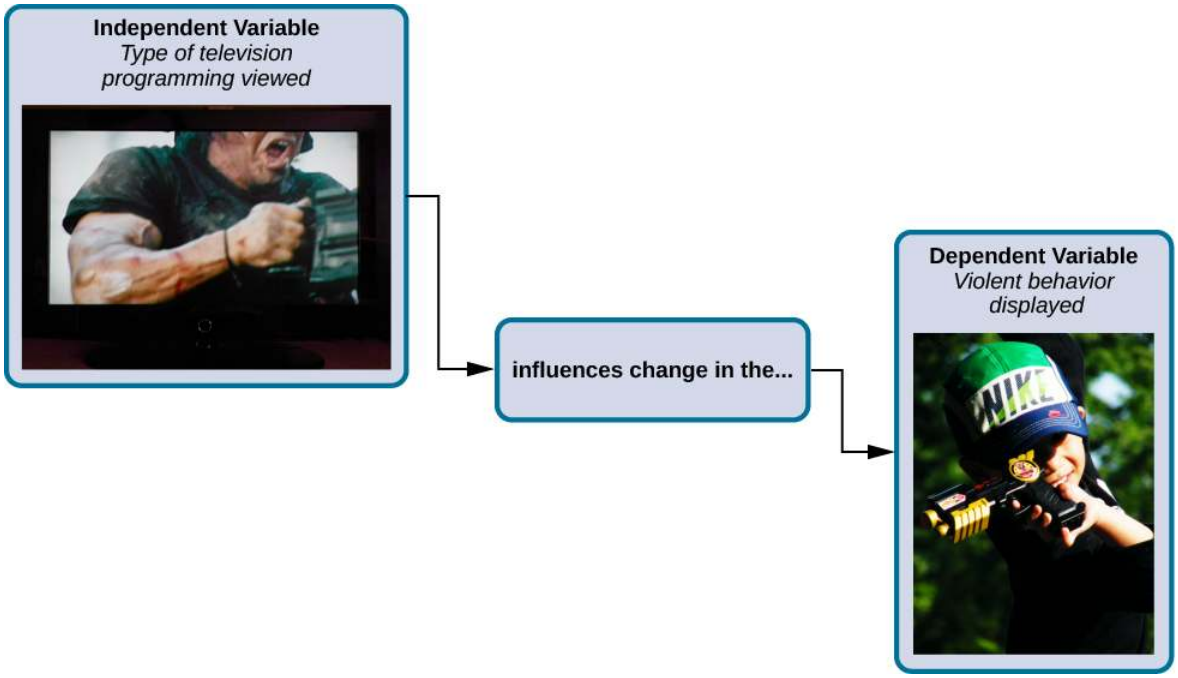


Figure 2.1.1.6: In an experiment, manipulations of the independent variable are expected to result in changes in the dependent variable. (credit "automatic weapon": modification of work by Daniel Oines; credit "toy gun": modification of work by Emran Kassim)

We expect that the dependent variable will change as a function of the independent variable. In other words, the dependent variable *depends* on the independent variable. A good way to think about the relationship between the independent and dependent variables is with this question: What effect does the independent variable have on the dependent variable? Returning to our example, what effect does watching a half hour of violent television programming or nonviolent television programming have on the number of incidents of physical aggression displayed on the playground?

Selecting and Assigning Experimental Participants

Now that our study is designed, we need to obtain a sample of individuals to include in our experiment. Our study involves human participants so we need to determine who to include. **Participants** are the subjects of psychological research, and as the name implies, individuals who are involved in psychological research actively participate in the process. Often, psychological research projects rely on college students to serve as participants. In fact, the vast majority of research in psychology subfields has historically involved students as research participants (Sears, 1986; Arnett, 2008). But are college students truly representative of the general population? College students tend to be younger, more educated, more liberal, and less diverse than the general population. Although using students as test subjects is an accepted practice, relying on such a limited pool of research participants can be problematic because it is difficult to generalize findings to the larger population.

Our hypothetical experiment involves children, and we must first generate a sample of child participants. Samples are used because populations are usually too large to reasonably involve every member in our particular experiment. If possible, we should use a random sample (there are other types of samples, but for the purposes of this chapter, we will focus on random samples). A **random sample** is a subset of a larger population in which every member of the population has an equal chance of being selected. Random samples are preferred because if the sample is large enough we can be reasonably sure that the participating individuals are representative of the larger population. This means that the percentages of characteristics in the sample—sex, ethnicity, socioeconomic level, and any other characteristics that might affect the results—are close to those percentages in the larger population.

In our example, let's say we decide our population of interest is fourth graders. But all fourth graders is a very large population, so we need to be more specific; instead we might say our population of interest is all fourth graders in a particular city. We should include students from various income brackets, family situations, races, ethnicities, religions, and geographic areas of town. With this more manageable population, we can work with the local schools in selecting a random sample of around 200 fourth graders who we want to participate in our experiment.

In summary, because we cannot test all of the fourth graders in a city, we want to find a group of about 200 that reflects the composition of that city. With a representative group, we can generalize our findings to the larger population without fear of our sample being biased in some way.



(a) (b)

Figure 2.1.1.7: Researchers may work with (a) a large population or (b) a sample group that is a subset of the larger population. (credit "crowd": modification of work by James Cridland; credit "students": modification of work by Laurie Sullivan)

Now that we have a sample, the next step of the experimental process is to split the participants into experimental and control groups through random assignment. With **random assignment**, all participants have an equal chance of being assigned to either group. There is statistical software that will randomly assign each of the fourth graders in the sample to either the experimental or the control group.

Random assignment is critical for sound **experimental design**. With sufficiently large samples, random assignment makes it unlikely that there are systematic differences between the groups. So, for instance, it would be very unlikely that we would get one group composed entirely of males, a given ethnic identity, or a given religious ideology. This is important because if the groups were systematically different before the experiment began, we would not know the origin of any differences we find between the groups: Were the differences preexisting, or were they caused by manipulation of the independent variable? Random assignment allows us to assume that any differences observed between experimental and control groups result from the manipulation of the independent variable.

Issues to Consider

While experiments allow scientists to make cause-and-effect claims, they are not without problems. True experiments require the experimenter to manipulate an independent variable, and that can complicate many questions that psychologists might want to address. For instance, imagine that you want to know what effect sex (the independent variable) has on spatial memory (the dependent variable). Although you can certainly look for differences between males and females on a task that taps into spatial memory, you cannot directly control a person's sex. We categorize this type of research approach as quasi-experimental and recognize that we cannot make cause-and-effect claims in these circumstances.

Experimenters are also limited by ethical constraints. For instance, you would not be able to conduct an experiment designed to determine if experiencing abuse as a child leads to lower levels of self-esteem among adults. To conduct such an experiment, you would need to randomly assign some experimental participants to a group that receives abuse, and that experiment would be unethical.

Interpreting Experimental Findings

Once data is collected from both the experimental and the control groups, a **statistical analysis** is conducted to find out if there are meaningful differences between the two groups. A statistical analysis determines how likely any difference found is due to chance (and thus not meaningful). In psychology, group differences are considered meaningful, or significant, if the odds that these differences occurred by chance alone are 5 percent or less. Stated another way, if we repeated this experiment 100 times, we would expect to find the same results at least 95 times out of 100.

The greatest strength of experiments is the ability to assert that any significant differences in the findings are caused by the independent variable. This occurs because random selection, random assignment, and a design that limits the effects of both experimenter bias and participant expectancy should create groups that are similar in composition and treatment. Therefore, any difference between the groups is attributable to the independent variable, and now we can finally make a causal statement. If we find that watching a violent television program results in more violent behavior than watching a nonviolent program, we can safely say that watching violent television programs causes an increase in the display of violent behavior.

Reporting Research

When psychologists complete a research project, they generally want to share their findings with other scientists. The American Psychological Association (APA) publishes a manual detailing how to write a paper for submission to scientific journals. Unlike an article that might be published in a magazine like *Psychology Today*, which targets a general audience with an interest in psychology, scientific journals generally publish **peer-reviewed journal articles** aimed at an audience of professionals and scholars who are actively involved in research themselves.

A peer-reviewed journal article is read by several other scientists (generally anonymously) with expertise in the subject matter. These peer reviewers provide feedback—to both the author and the journal editor—regarding the quality of the draft. Peer reviewers look for a strong rationale for the research being described, a clear description of how the research was conducted, and evidence that the research was conducted in an ethical manner. They also look for flaws in the study's design, methods, and statistical analyses. They check that the conclusions drawn by the authors seem reasonable given the observations made during the research. Peer reviewers also comment on how valuable the research is in advancing the discipline's knowledge. This helps prevent unnecessary duplication of research findings in the scientific literature and, to some extent, ensures that each research article provides new information. Ultimately, the journal editor will compile all of the peer reviewer feedback and determine whether the article will be published in its current state (a rare occurrence), published with revisions, or not accepted for publication.

Peer review provides some degree of quality control for psychological research. Poorly conceived or executed studies can be weeded out, and even well-designed research can be improved by the revisions suggested. Peer review also ensures that the research is described clearly enough to allow other scientists to **replicate** it, meaning they can repeat the experiment using different samples to determine reliability. Sometimes replications involve additional measures that expand on the original finding. In any case, each replication serves to provide more evidence to support the original research findings. Successful replications of published research make scientists more apt to adopt those findings, while repeated failures tend to cast doubt on the legitimacy of the original article and lead scientists to look elsewhere. For example, it would be a major advancement in the medical field if a published study indicated that taking a new drug helped individuals achieve a healthy weight without changing their diet. But if other scientists could not replicate the results, the original study's claims would be questioned.

DIG DEEPER: The Vaccine-Autism Myth and Retraction of Published Studies

Some scientists have claimed that routine childhood vaccines cause some children to develop autism, and, in fact, several peer-reviewed publications published research making these claims. Since the initial reports, large-scale epidemiological research has suggested that vaccinations are not responsible for causing autism and that it is much safer to have your child vaccinated than not. Furthermore, several of the original studies making this claim have since been retracted.

A published piece of work can be rescinded when data is called into question because of falsification, fabrication, or serious research design problems. Once rescinded, the scientific community is informed that there are serious problems with the original publication. Retractions can be initiated by the researcher who led the study, by research collaborators, by the institution that employed the researcher, or by the editorial board of the journal in which the article was originally published. In the vaccine-autism case, the retraction was made because of a significant conflict of interest in which the leading researcher had a financial interest in establishing a link between childhood vaccines and autism (Offit, 2008). Unfortunately, the initial studies received so much media attention that many parents around the world became hesitant to have their children vaccinated (Figure). For more information about how the vaccine/autism story unfolded, as well as the repercussions of this story, take a look at Paul Offit's book, *Autism's False Prophets: Bad Science, Risky Medicine, and the Search for a Cure.*



Figure 2.1.1.8: Some people still think vaccinations cause autism. (credit: modification of work by UNICEF Sverige)

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2.2: Class Day 2.2

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2.2.1: How to Manage Time

Questions to consider:

- How can I use time-on-task estimates to improve time management?
- What behaviors can help or hinder when it comes to managing time?

In this next section you will learn about managing time and prioritizing tasks. This is not only a valuable skill for pursuing an education, but it can become an ability that follows you through the rest of your life, especially if your career takes you into a leadership role.



Figure 2.2.1.7: An online calendar is a very useful tool for keeping track of classes, meetings, and other events. Most learning management systems contain these features, or you can use a calendar application.

ANALYSIS QUESTION

Read each statement in the brief self-evaluation tool below, and check the answer that best applies to you. There are no right or wrong answers.

Table 3.3

	Always	Usually	Sometimes	Rarely	Never
I like to be given strict deadlines for each task. It helps me stay organized and on track.					
I would rather be 15 minutes early than 1 minute late.					
I like to improvise instead of planning everything out ahead of time.					

	Always	Usually	Sometimes	Rarely	Never
I prefer to be able to manage when and how I do each task.					
I have a difficult time estimating how long a task will take.					
I have more motivation when there is an upcoming deadline. It helps me focus.					
I have difficulty keeping priorities in the most beneficial order.					

This exercise is intended to help you recognize some things about your own time management style. The important part is for you to identify any areas where you might be able to improve and to find solutions for them. This chapter will provide some solutions, but there are many others that can be found by researching time management strategies.

After you have decided your best response to each statement, think about what they may mean in regard to potential strengths and/or challenges for you when it comes to time management in college. If you are a person that likes strict deadlines, what would you do if you took a course that only had one large paper due at the end? Would you set yourself a series of mini deadlines that made you more comfortable and that kept things moving along for you? Or, if you have difficulty prioritizing tasks, would it help you to make a list of the tasks to do and order them, so you know which ones must be finished first?

How to Manage Time

The simplest way to manage your time is to accurately plan for how much time it will take to do each task, and then set aside that amount of time. How you divide the time is up to you. If it is going to take you five hours to study for a final exam, you can plan to spread it over five days, with an hour each night, or you can plan on two hours one night and three hours the next. What you would not want to do is plan on studying only a few hours the night before the exam and find that you fell very short on the time you estimated you would need. If that were to happen, you would have run out of time before finishing, with no way to go back and change your decision. In this kind of situation, you might even be tempted to “pull an all-nighter,” which is a phrase that has been used among college students for decades. In essence it means going without sleep for the entire night and using that time to finish an assignment. While this method of trying to make up for poor planning is common enough to have a name, rarely does it produce the best work.

Table 3.4 Sample Time Estimate Table

Activity	Estimated Time	Actual Time
Practice Quiz	5 minutes	15 minutes
Lab Conclusions	20 minutes	35 minutes
Food shopping	45 minutes	30 minutes
Drive to work	20 minutes	20 minutes
Physical Therapy	1 hour	50 minutes

Of all the parts of time management, accurately predicting how long a task will take is usually the most difficult—and the most elusive. Part of the problem comes from the fact that most of us are not very accurate timekeepers, especially when we are busy applying ourselves to a task. The other issue that makes it so difficult to accurately estimate time on task is that our estimations must also account for things like interruptions or unforeseen problems that cause delays.?

When it comes to academic activities, many tasks can be dependent upon the completion of other things first, or the time a task takes can vary from one instance to another, both of which add to the complexity and difficulty of estimating how much time and effort are required.

For example, if an instructor assigned three chapters of reading, you would not really have any idea how long each chapter might take to read until you looked at them. The first chapter might be 30 pages long while the second is 45. The third chapter could be only 20 pages but made up mostly of charts and graphs for you to compare. By page count, it might seem that the third chapter would take the least amount of time, but actually studying charts and graphs to gather information can take longer than regular reading.?

To make matters even more difficult, when it comes to estimating time on task for something as common as reading, not all reading takes the same amount of time. Fiction, for example, is usually a faster read than a technical manual. But something like the novel *Finnegan's Wake* by James Joyce is considered so difficult that most readers never finish it.

ACTIVITY

To better understand how much time different kinds of material can take to read, try this experiment. You will use two examples of famous texts that are very close to being the same number of words: *The Gettysburg Address* and the opening paragraphs from *A Christmas Carol*. Before you begin, estimate how long it will take you to read each, and predict which you think will take longer. When you do the reading, use a stopwatch function on a device such as a phone or some other timer to see how long it actually takes.

Make certain that you are reading for understanding, not just skimming over words. If you must reread a section to better comprehend what is being said, that is appropriate. The goal here is to compare reading of different texts, not to see how fast you can sight-read the words on a page.

After you have finished *The Gettysburg Address*, read and time *A Christmas Carol* and compare both of your times.

The Gettysburg Address
Abraham Lincoln
Gettysburg, Pennsylvania November 19, 1863
Word count: 278

Four score and seven years ago our fathers brought forth on this continent, a new nation, conceived in Liberty, and dedicated to the proposition that all men are created equal.

Now we are engaged in a great civil war, testing whether that nation, or any nation so conceived and so dedicated, can long endure. We are met on a great battle-field of that war. We have come to dedicate a portion of that field, as a final resting place for those who here gave their lives that that nation might live. It is altogether fitting and proper that we should do this.

But, in a larger sense, we can not dedicate -- we can not consecrate -- we can not hallow -- this ground. The brave men, living and dead, who struggled here, have consecrated it, far above our poor power to add or detract. The world will little note, nor long remember what we say here, but it can never forget what they did here. It is for us the living, rather, to be dedicated here to the unfinished work which they who fought here have thus far so nobly advanced. It is rather for us to be here dedicated to the great task remaining before us -- that from these honored dead we take increased devotion to that cause for which they gave the last full measure of devotion -- that we here highly resolve that these dead shall not have died in vain -- that this nation, under God, shall have a new birth of freedom -- and that government of the people, by the people, for the people, shall not perish from the earth.

A Christmas Carol
Charles Dickens
Chapman & Hall, 1843
Word count: 260

Marley was dead: to begin with. There is no doubt whatever about that. The register of his burial was signed by the clergyman, the clerk, the undertaker, and the chief mourner. Scrooge signed it: and Scrooge's name was good upon 'Change, for anything he chose to put his hand to. Old Marley was as dead as a door-nail.

Mind! I don't mean to say that I know, of my own knowledge, what there is particularly dead about a door-nail. I might have been inclined, myself, to regard a coffin-nail as the deadest piece of ironmongery in the trade. But the wisdom of our ancestors is in the simile; and my unhallowed hands shall not disturb it, or the Country's done for. You will therefore permit me to repeat, emphatically, that Marley was as dead as a door-nail.

Scrooge knew he was dead? Of course he did. How could it be otherwise? Scrooge and he were partners for I don't know how many years. Scrooge was his sole executor, his sole administrator, his sole assign, his sole residuary legatee, his sole friend, and sole mourner. And even Scrooge was not so dreadfully cut up by the sad event, but that he was an excellent man of business on the very day of the funeral, and solemnised it with an undoubted bargain.

The mention of Marley's funeral brings me back to the point I started from. There is no doubt that Marley was dead. This must be distinctly understood, or nothing wonderful can come of the story I am going to relate.

In comparing the two, was one or the other easier to understand or faster to read? Was it the piece you predicted you would read faster?

It is important to note that in this case both readings were only three paragraphs long. While there may have only been half a minute or so between the reading of each, that amount of time would multiply greatly over an entire chapter.

Knowing Yourself

While you can find all sorts of estimates online as to how long a certain task may take, it is important to know these are only averages. People read at different speeds, people write at different speeds, and those numbers even change for each individual depending on the environment.

If you are trying to read in surroundings that have distractions (e.g., conversations, phone calls, etc.), reading 10 pages can take you a lot longer than if you are reading in a quiet area. By the same token, you may be reading in a quiet environment (e.g., in bed after everyone in the house has gone to sleep), but if you are tired, your attention and retention may not be what it would be if you were refreshed.

In essence, the only way you are going to be able to manage your time accurately is to know yourself and to know how long it takes you to do each task. But where to begin?

Below, you will find a table of common college academic activities. This list has been compiled from a large number of different sources, including colleges, publishers, and professional educators, to help students estimate their own time on tasks. The purpose of this table is to both give you a place to begin in your estimates and to illustrate how different factors can impact the actual time spent.

You will notice that beside each task there is a column for the *unit*, followed by the average *time on task*, and a column for notes. The *unit* is whatever is being measured (e.g., pages read, pages written, etc.), and the *time on task* is an average time it takes students to do these tasks. It is important to pay attention to the notes column, because there you will find factors that influence the time on task. These factors can dramatically change the amount of time the activity takes.

Table 3.5 Time on task for common college activities.

Time on Task			
Activity	**Unit**	**Time on task**	**Notes**
General academic reading (textbook, professional journals)	1 page	5–7 minutes	Be aware that your personal reading speed may differ and may change over time.
Technical reading (math, charts and data)	1 page	10–15 minutes	Be aware that your personal reading speed may differ and may change over time.

Time on Task			
Simple Quiz or homework question: short answer—oriented toward recall or identification type answers	Per question	1–2 minutes	Complexity of question will greatly influence the time required.
Complex Quiz or homework question: short answer—oriented toward application, evaluation, or synthesis of knowledge	Per question	2–3 minutes	Complexity of question will greatly influence the time required.
Math problem sets, complex	Per question	15 minutes	For example, algebra, complex equations, financial calculations
Writing: short, no research	Per page	60 minutes	Short essays, single-topic writing assignments, summaries, freewriting assignments, journaling—includes drafting, writing, proofing, and finalizing
Writing: research paper	Per page	105 minutes	Includes research time, drafting, editing, proofing, and finalizing (built into per-page calculation)
Study for quiz	Per chapter	60 minutes	45–90 minutes per chapter, depending upon complexity of material
Study for exam	Per exam	90 minutes	1–2 hours, depending upon complexity of material

Again, these are averages, and it does not mean anything if your times are a little slower or a little faster. There is no "right amount of time," only the time that it takes you to do something so you can accurately plan and manage your time.

There is also another element to look for in the table. These are differentiations in the similar activities that will also affect the time you spend. A good example of this can be found in the first four rows. Each of these activities involves reading, but you can see that depending on the material being read and its complexity, the time spent can vary greatly. Not only do these differences in time account for the different types of materials you might read (as you found in the comparative reading exercise earlier in this chapter), but also they also take into consideration the time needed to think about what you are reading to truly understand and comprehend what it is saying.

GET CONNECTED

Which apps help you best prepare for success when managing your time?

Do you have trouble keeping track of multiple tasks over the course of a term?

Trello lets you organize all your obligations in helpful boards. You can share them with others (project collaborators), set alerts as reminders, and mark tasks off as you complete them.

Do you use a particular app to help you manage your time?

Sticky note apps are available for PC, Mac, and mobile devices. They let you post quick reminders, reorganize them as needed, and view them separately or as a full to-do list.

What do you wish you could improve about your time management skills?

> Toggl helps you keep track of how and where you are spending your time so you can budget better and make time management changes that free you up for the really important stuff.

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2.2.2: Communicating with Instructors

Learning Objectives

1. Describe additional benefits for interacting with your instructor beyond the value for that particular course.
2. List guidelines for successfully communicating individually with an instructor, such as doing so during office hours.
3. Write e-mail messages to instructors and others that are polite, professional, and effective.
4. Know how to graciously resolve a problem, such as a grade dispute, with an instructor.
5. Understand the value of having a mentor and how interactions with instructors, your academic advisor, and others may lead to a mentoring relationship.
6. Explain what is needed to succeed in an online course and how to interact with an online instructor.

So far we've been looking at class participation and general interaction with both instructors and other students in class. In addition to this, students gain very specific benefits from communicating directly with their instructors. Learn best practices for communicating with your instructors during office hours and through e-mail.

Additional Benefits of Talking with Your Instructors

College students are sometimes surprised to discover that instructors like students and enjoy getting to know them. After all, they want to feel they're doing something more meaningful than talking to an empty room. The human dimension of college really matters, and as a student you are an important part of your instructor's world. Most instructors are happy to see you during their office hours or to talk a few minutes after class.

This chapter has repeatedly emphasized how active participation in learning is a key to student success. In addition, talking with your instructors often leads to benefits beyond simply doing well in that class.

- Talking with instructors helps you feel more comfortable in college and more connected to the campus. Students who talk to their instructors are less likely to become disillusioned and drop out.
- Talking with instructors is a valuable way to learn about an academic field or a career. Don't know for sure what you want to major in, or what people with a degree in your chosen major actually *do* after college? Most instructors will share information and insights with you.
- You may need a reference or letter of recommendation for a job or internship application. Getting to know some of your instructors puts you in an ideal position to ask for a letter of recommendation or a reference in the future when you need one.
- Because instructors are often well connected within their field, they may know of a job, internship, or research possibility you otherwise may not learn about. An instructor who knows you is a valuable part of your network. Networking is very important for future job searches and other opportunities. In fact, most jobs are found through networking, not through classified ads or online job postings.
- Think about what it truly means to be "educated": how one thinks, understands society and the world, and responds to problems and new situations. Much of this learning occurs outside the classroom. Talking with your highly educated instructors can be among your most meaningful experiences in college.

Guidelines for Communicating with Instructors

Remember that a college education is a collaborative process that works best when students and instructors communicate freely in an exchange of ideas, information, and perspectives. So while you should respect your instructors, you shouldn't fear them. As you get to know them better, you'll learn their personalities and find appropriate ways to communicate. Here are some guidelines for getting along with and communicating with your instructors:

Figure 7.5



Your instructor can often help explain course topics.

NJLA : New Jersey Library Association – Tutoring @ Long Branch Library – CC BY-NC-ND 2.0.

- **Prepare before going to the instructor's office.** Go over your notes on readings and lectures and write down your specific questions. You'll feel more comfortable, and the instructor will appreciate your being organized.
- **Don't forget to introduce yourself.** Especially near the beginning of the term, don't assume your instructor has learned everyone's names yet and don't make him or her have to ask you. Unless the instructor has already asked you to address him or her as "Dr. ____," "Ms. _____" or Mr. _____," or something similar, it's appropriate to say "Professor _____."
- **Respect the instructor's time.** In addition to teaching, college instructors sit on committees, do research and other professional work, and have personal lives. Don't show up two minutes before the end of an office hour and expect the instructor to stay late to talk with you.
- **Realize that the instructor will recognize you from class—even in a large lecture hall.** If you spent a lecture class joking around with friends in the back row, don't think you can show up during office hours to find out what you missed while you weren't paying attention.
- **Don't try to fool an instructor.** Insincere praise or making excuses for not doing an assignment won't make it in college. Nor is it a good idea to show you're "too cool" to take all this seriously—another attitude sure to turn off an instructor. To earn your instructor's respect, come to class prepared, do the work, participate genuinely in class, and show respect—and the instructor will be happy to see you when you come to office hours or need some extra help.
- **Try to see things from the instructor's point of view.** Imagine that you spent a couple hours making PowerPoint slides and preparing a class lecture on something you find very stimulating and exciting. Standing in front of a full room, you are gratified to see faces smiling and heads nodding as people understand what you're saying—they really get it! And then a student after class asks, "Is this going to be on the test?" How would *you* feel?
- **Be professional when talking to an instructor.** You can be cordial and friendly, but keep it professional and on an adult level.

Part-Time and Returning Students

Students who are working and who have their own families and other responsibilities may have special issues interacting with instructors. Sometimes an older student feels a little out of place and may even feel "the system" is designed for younger students; this attitude can lead to a hesitation to participate in class or see an instructor during office hours.

But participation and communication with instructors is very important for all students—and may be even more important for "nontraditional" students. Getting to know your instructors is particularly crucial for feeling at home in college. Instructors enjoy talking with older and other nontraditional students—even when, as sometimes happens, a student is older than the instructor. Nontraditional students are often highly motivated and eager to learn. If you can't make the instructor's office hours because of your work schedule, ask for an appointment at a different time—your needs will be respected.

E-mail Best Practices

If your instructor gives you his or her e-mail addresses, use e-mail rather than the telephone for non-urgent matters. Using e-mail respects other people's time, allowing them to answer at a time of their choosing, rather than being interrupted by a telephone call.

But e-mail is a written form of communication that is different from telephone voice messages and text messages. Students who text with friends have often adopted shortcuts, such as not spelling out full words, ignoring capitalization and punctuation, and not bothering with grammar or full sentence constructions. This is inappropriate in an e-mail message to an instructor, who expects a more professional quality of writing. Most instructors expect your communications to be in full sentences with correctly spelled words and reasonable grammar. Follow these guidelines:

- Use a professional e-mail name. If you have a funny name you use with friends, create a different account with a professional name you use with instructors, work supervisors, and others.
- Use the subject line to label your message effectively at a glance. "May I make an appointment?" says something; "In your office?" doesn't.
- Address e-mail messages as you do a letter, beginning "Dear Professor ____." Include your full name if it's not easily recognizable in your e-mail account.
- Get to your point quickly and concisely. Don't make the reader scroll down a long e-mail to see what it is you want to say.
- Because e-mail is a written communication, it does not express emotion the way a voice message does. Don't attempt to be funny, ironic, or sarcastic, Write as you would in a paper for class. In a large lecture class or an online course, your e-mail voice may be the primary way your instructor knows you, and emotionally charged messages can be confusing or give a poor impression.
- Don't use capital letters to emphasize. All caps look like SHOUTING.
- Don't make demands or state expectations such as "I'll expect to hear from you soon" or "If I haven't heard by 4 p.m., I'll assume you'll accept my paper late."
- When you reply to a message, leave the original message within yours. Your reader may need to recall what they said in the original message.
- Be polite. End the message with a "Thank you" or something similar.
- Proofread your message before sending it.
- With any important message to a work supervisor or instructor, it's a good idea to wait and review the message later before sending it. You may have expressed an emotion or thought that you will think better about later. Many problems have resulted when people sent messages too quickly without thinking.

Resolving a Problem with an Instructor

The most common issue students feel with an instructor involves receiving a grade lower than they think they deserve—especially new students not yet used to the higher standards of college. It's depressing to get a low grade, but it's not the end of the world. Don't be too hard on yourself—or on the instructor. Take a good look at what happened on the test or paper and make sure you know what to do better next time. Review the earlier chapters on studying habits, time management, and taking tests.

If you genuinely believe you deserved a higher grade, you can talk with your instructor. *How* you communicate in that conversation, however, is very important. Instructors are used to hearing students complain about grades and patiently explaining their standards for grading. Most instructors seldom change grades. Yet it can still be worthwhile to talk with the instructor because of what you will learn from the experience.

Follow these guidelines to talk about a grade or resolve any other problem or disagreement with an instructor:

- First go over the requirements for the paper or test and the instructor's comments. Be sure you actually have a reason for discussing the grade—not just that you didn't do well. Be prepared with specific points you want to go over.
- Make an appointment with your instructor during office hours or another time. Don't try to talk about this before or after class or with e-mail or the telephone.
- Begin by politely explaining that you thought you did better on the assignment or test (not simply that you think you deserve a better grade) and that you'd like to go over it to better understand the result.
- Allow the instructor to explain his or her comments on the assignment or grading of the test. Don't complain or whine; instead, show your appreciation for the explanation. Raise any specific questions or make comments at this time. For example, you might say, "I really thought I was being clear here when I wrote.…"
- Use good listening skills.

- If there is no opportunity to improve on this specific project, ask the instructor for advice on what you might do on the next assignment or when preparing for the next test. You may be offered some individual help or receive good study advice, and your instructor will respect your willingness to make the effort as long as it's clear that you're more interested in learning than simply getting the grade.

Tips for Success: Talking with Instructors

- When you have a question, ask it sooner rather than later.
- Be prepared and plan your questions and comments in advance.
- Be respectful but personable and communicate professionally.
- Be open minded and ready to learn. Avoid whining and complaining.
- There is no such thing as a "stupid question."

Controlling Anger over Grades

If you're going to talk with an instructor about your grade or any other problem, control any anger you may be feeling. The GPS LifePlan project of the Minnesota State Colleges and Universities System offers some insights into this process:

- Being upset about a grade is good because it shows you care and that you have passion about your education. But anger prevents clear thinking, so rein it in first.
- Since anger involves bodily reactions, physical actions can help you control anger: try some deep breathing first.
- Try putting yourself in your instructor's shoes and seeing the situation from their point of view. Try to understand how grading is not a personal issue of "liking" you—that they are really doing something for your educational benefit.
- It's not your life that's being graded. Things outside your control can result in not doing well on a test or assignment, but the instructor can grade only on what you actually did on that test or assignment—not what you *could have done* or *are capable of doing*. Understanding this can help you accept what happened and not take a grade personally[1].

Finding a Mentor

A mentor is someone who is usually older and more experienced than you who becomes your trusted guide, advisor, and role model. A mentor is someone you may want to be like in your future career or profession—someone you look up to and whose advice and guidance you respect.

Finding a mentor can be one of the most fulfilling aspects of college. As a student, you think about many things and make many decisions, large and small, almost daily: What do you want to do in the future? How can you best balance your studies with your job? What should you major in? Should you take this course or that one? What should you do if you feel like you're failing a course? Where should you put your priorities as you prepare for a future career? How can you be a better student? The questions go on and on. We talk about things like this with our friends and often family members, but often they don't have the same experience or background to help us as a mentor can.

Most important, a mentor is someone who is willing to help you, to talk with you about decisions you face, to support you when things become difficult, and to guide you when you're feeling lost. A mentor can become a valuable part of your future network but also can help you in the here and now.

Many different people can become mentors: other students, family members, people you know through work, your boss. As a college student, however, your best mentor likely is someone involved in education: your advisor, a more experienced student, or an instructor. Finding a mentor is another reason to develop good relationships with your instructors, starting with class participation and communication outside of class.

A mentor is not like a good friend, exactly—you're not going to invite your instructor to a movie—but it does involve a form of friendship. Nor is a mentor a formal relationship: you don't ask an instructor to become your mentor. The mentor relationship is more informal and develops slowly, often without actively looking for a mentor. Here's an example of how one student "found" a mentor:

As a freshman taking several classes, Miguel particularly liked and admired one of his instructors, Professor Canton. Miguel spoke up more in Canton's class and talked with him sometimes during office hours. When it was time to register for the next term, Miguel saw that Canton was teaching another course he was interested in, so he asked him about that course one day during office

hours. Miguel was pleased when Professor Canton said he'd like to have him in his class next term.

By the end of his first year of college, Miguel seemed to know Canton better than any of his other instructors and felt very comfortable talking with him outside of class. One day after talking about a reading assignment, Miguel said he was enjoying this class so much that he was thinking about majoring in this subject and asked Professor Canton what he thought about it. Canton suggested that he take a few more classes before making a decision, and he invited Miguel to sit in on a seminar of upper-level students he was holding.

In his second year, Miguel's interests turned in another direction as he began to think about his future job possibilities, but by then he felt comfortable enough talking with Canton that he occasionally he stopped by the professor's office even though he was not taking a class with him. Sometimes he was surprised how much Professor Canton knew about other departments and other faculty, and Canton often shared insights about other courses he might be interested in that his advisor had not directed him to. When Miguel learned about a summer internship in his field and was considering applying, Canton not only volunteered to write him a letter of recommendation but even offered to help Miguel with the essay part of the application if he wanted.

Some colleges have more formal mentoring programs, and you should become involved in one if you have this opportunity, but often a mentoring relationship occurs informally as you get to know an instructor or another person over time. In your first year, you don't go searching frantically for a mentor, but you should begin interacting with your instructors and other students in ways that may lead, over time, to developing that kind of relationship.

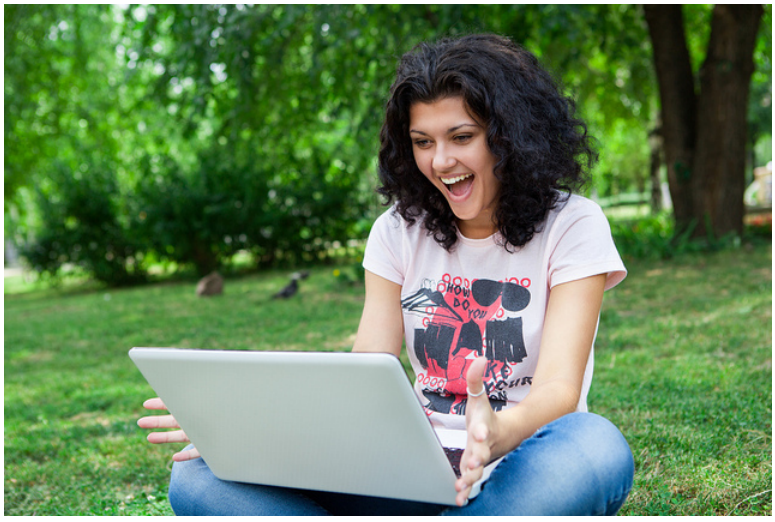
Similarly, your academic advisor or a college counselor might become a mentor for you if you share interests and you look up to that person as a role model and trusted guide. Your advisor is so important for your college success that if you feel you are not getting along well, you should ask the advising department to switch you to a different advisor. Take the time to build a good relationship with your advisor, the same as with instructors—following the same guidelines in this chapter for communication and interaction.

Relating to an Instructor of an Online Course

Online courses have grown tremendously in recent years, and most colleges now have at least some online courses. While online learning once focused on students at a distance from campus, now many students enrolled in regular classes also take some courses online. Online courses have a number of practical benefits but also pose special issues, primarily related to how students interact with other students and the instructor.

Some online courses do involve "face time" or live audio connections with the instructor and other students, via Webcasts or Webinars, but many are self-paced and asynchronous, meaning that you experience the course on your own time and communicate with others via messages back and forth rather than communicating in real time. All online courses include opportunities for interacting with the instructor, typically through e-mail or a bulletin board where you may see comments and questions from other students as well.

Figure 7.6



Online courses let you study when you want, where you want.

CollegeDegrees360 – Girl Using Laptop in park – CC BY-SA 2.0.

Many educators argue that online courses can involve *more* interaction between students and the instructor than in a large lecture class, not less. But two important differences affect how that interaction occurs and how successful it is for engaging students in learning. Most communication is written, with no or limited opportunity to ask questions face to face or during office hours, and students must take the initiative to interact beyond the requirements of online assignments.

Many students enjoy online courses, in part for the practical benefit of scheduling your own time. Some students who are reluctant to speak in class communicate more easily in writing. But other students may have less confidence in their writing skills or may never initiate interaction at all and end up feeling lost. Depending on your learning style, an online course may feel natural to you (if you learn well independently and through language skills) or more difficult (if you are a more visual or kinesthetic learner). Online courses have higher drop-out and failure rates due to some students feeling isolated and unmotivated.

Success in an online course requires commitment and motivation. Follow these guidelines:

- **Accept that you'll have to motivate yourself and take responsibility for your learning.** It's actually harder for some people to sit down at the computer on their own than to show up at a set time. Be sure you have enough time in your week for all course activities and try to schedule regular times online and for assignments. Evaluate the course requirements carefully before signing up.
- **Work on your writing skills.** If you are not comfortable writing, you may want to defer taking online courses until you have had more experience with college-level writing. When communicating with the instructor of an online course, follow the guidelines for effective e-mail outlined earlier.
- **Use critical thinking skills.** Most online courses involve assignments requiring problem solving and critical thinking. It's not as simple as watching video lectures and taking multiple-choice tests. You need to actively engage with the course material.
- **Take the initiative to ask questions and seek help.** Remember, your instructor can't see you to know if you're confused or feeling frustrated understanding a lecture or reading. You must take the first step to communicate your questions.
- **Be patient.** When you ask a question or seek help with an assignment, you have to wait for a reply from your instructor. You may need to continue with a reading or writing assignment before you receive a reply. If the instructor is online at scheduled times for direct contact, take advantage of those times for immediate feedback and answers.
- **Use any opportunity to interact with other students in the course.** If you can interact with other students online, do it. Ask questions of other students and monitor their communications. If you know another person taking the same course, try to synchronize your schedules so that you can study together and talk over assignments. Students who feel they are part of a learning community always do better than those who feel isolated and on their own.

Key Takeaways

- Additional benefits of getting to know and networking with instructors include receiving references and academic advice.
- Interacting with college instructors contributes to the growth and intellectual maturity that are part of what it means to be "educated."
- Prepare in advance before meeting with an instructor and communicate respectfully, honestly, and sincerely. Your efforts will be repaid.
- It is especially important for part-time and nontraditional students to make the effort to interact with instructors.
- Follow accepted guidelines for professional use of e-mail with instructors.
- It is worthwhile speaking with an instructor when you disagree about a grade because of what you will learn in this interaction.
- Finding a mentor can be one of the most fulfilling experiences in college. Getting to know your instructors may be the first step toward find a mentor.
- Online courses involve special issues for effective learning, but you must make the effort to interact with the instructor and other students in a way that encourages your success.

Checkpoint Exercises

1. Name three benefits you might gain from talking with an instructor weeks or months after the course has ended.

   _____

   _____

   _____

2. What should you do before going to see your instructor during office hours?

   _____

_____

3. For each of the following statements, circle T for true or F for false:

T	F	The instructor of a large lecture course will recognize you even if you sit in the back and try not to be noticed.
T	F	Instructors appreciate it when you talk to them in the kind of language you use with your best friends.
T	F	Whining and complaining is the best way to convince an instructor to change your grade.
T	F	It is acceptable to ask an instructor if you can rewrite a paper or do extra-credit work to help make up for a poor grade.

4. Write an appropriate opening for an e-mail to an instructor.

_____

5. Think for a few minutes about all the past instructors you have had. Would you like to get to know any one of them better, perhaps as a mentor? What personality traits does this person have that would make him or her your ideal mentor? (If no instructor you have met so far is your idea of a perfect mentor, write down the traits you hope to find in an instructor in the future.)

_____

_____

_____

[1]Adapted from "How to Communicate and Problem Solve with Your Instructor," http://www.gpslifeplan.org/generic/p...-professor.pdf (accessed December 27, 2009).

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2.2.3: Email Etiquette

Read this!

https://owl.purdue.edu/owl/general_writing/academic_writing/email_etiquette.html

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CHAPTER OVERVIEW

3: Week 3 - Ethics

3.1: Class Day 3.1

3.1.1: Moral Foundations of Ethical Research

3.1.2: From Moral Principles to Ethics Codes

3.2: Class Day 3.2

3.2.1: Participating in Class

3.2.2: Active Learning from Reading

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3.1: Class Day 3.1

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3.1.1: Moral Foundations of Ethical Research

Learning Objectives

1. Describe a simple framework for thinking about ethical issues in psychological research.
2. Give examples of several ethical issues that arise in psychological research—including ones that affect research participants, the scientific community, and society more generally.

Ethics is the branch of philosophy that is concerned with morality—what it means to behave morally and how people can achieve that goal. It can also refer to a set of principles and practices that provide moral guidance in a particular field. There is an ethics of business, medicine, teaching, and of course, scientific research. As the opening example illustrates, many kinds of ethical issues can arise in scientific research, especially when it involves human participants. For this reason, it is useful to begin with a general framework for thinking through these issues.

A Framework for Thinking About Research Ethics

Table 3.1.1.1 presents a framework for thinking through the ethical issues involved in psychological research. The rows of Table 3.1.1.1 represent four general moral principles that apply to scientific research: weighing risks against benefits, acting responsibly and with integrity, seeking justice, and respecting people's rights and dignity. (These principles are adapted from those in the American Psychological Association [APA] Ethics Code.) The columns of Table 3.1.1.1 represent three groups of people that are affected by scientific research: the research participants, the scientific community, and society more generally. The idea is that a thorough consideration of the ethics of any research project must take into account how each of the four moral principles applies to each of the three groups of people.

Table 3.1.1.1: A Framework for Thinking About Ethical Issues in Scientific Research

	Who is affected?		
Moral principle	**Research participants**	**Scientific community**	**Society**
Weighing risks against benefits			
Acting responsibly and with integrity			
Seeking justice			
Respecting people's rights and dignity			

Moral Principles

Let us look more closely at each of the moral principles and how they can be applied to each of the three groups.

Weighing Risks Against Benefits

Scientific research in psychology can be ethical only if its risks are outweighed by its benefits. Among the risks to research participants are that a treatment might fail to help or even be harmful, a procedure might result in physical or psychological harm, and their right to privacy might be violated. Among the potential benefits are receiving a helpful treatment, learning about psychology, experiencing the satisfaction of contributing to scientific knowledge, and receiving money or course credit for participating. Scientific research can have risks and benefits to the scientific community and to society too (Rosenthal, 1994).[1] A risk to science is that if a research question is uninteresting or a study is poorly designed, then the time, money, and effort spent on that research could have been spent on more productive research. A risk to society is that research results could be misunderstood or misapplied with harmful consequences. The research that mistakenly linked the measles, mumps, and rubella (MMR) vaccine to autism resulted in both of these kinds of harm. Of course, the benefits of scientific research to science and society are that it advances scientific knowledge and can contribute to the welfare of society.

It is not necessarily easy to weigh the risks of research against its benefits because the risks and benefits may not be directly comparable. For example, it is common for the risks of a study to be primarily to the research participants but the benefits primarily

for science or society. Consider, for example, Stanley Milgram's original study on obedience to authority (Milgram, 1963).[2] The participants were told that they were taking part in a study on the effects of punishment on learning and were instructed to give electric shocks to another participant each time that participant responded incorrectly on a learning task. With each incorrect response, the shock became stronger—eventually causing the other participant (who was in the next room) to protest, complain about his heart, scream in pain, and finally fall silent and stop responding. If the first participant hesitated or expressed concern, the researcher said that he must continue. In reality, the other participant was a **confederate** of the researcher—a helper who pretended to be a real participant—and the protests, complaints, and screams that the real participant heard were an audio recording that was activated when he flipped the switch to administer the "shocks." The surprising result of this study was that most of the real participants continued to administer the shocks right through the confederate's protests, complaints, and screams. Although this is considered one of the most important results in psychology—with implications for understanding events like the Holocaust or the mistreatment of prisoners by US soldiers at Abu Ghraib—it came at the cost of producing severe psychological stress in the research participants.

NWas It Worth It?

Much of the debate over the ethics of Milgram's obedience study concerns the question of whether the resulting scientific knowledge was worth the harm caused to the research participants. To get a better sense of the harm, consider Milgram's (1963) own description of it.

> In a large number of cases, the degree of tension reached extremes that are rarely seen in sociopsychological laboratory studies. Subjects were observed to sweat, tremble, stutter, bite their lips, groan, and dig their fingernails into their flesh.…Fourteen of the 40 subjects showed definite signs of nervous laughter and smiling. The laughter seemed entirely out of place, even bizarre. Full-blown uncontrollable seizures [of laughter] were observed for three subjects. On one occasion we observed a seizure so violently convulsive that it was necessary to call a halt to the experiment (p. 375).

Milgram also noted that another observer reported that within 20 minutes one participant "was reduced to a twitching, stuttering wreck, who was rapidly approaching the point of nervous collapse" (p. 377)

To Milgram's credit, he went to great lengths to debrief his participants—including returning their mental states to normal—and to show that most of them thought the research was valuable and they were glad to have participated.

Acting Responsibly and With Integrity

Researchers must act responsibly and with integrity. This means carrying out their research in a thorough and competent manner, meeting their professional obligations, and being truthful. Acting with integrity is important because it promotes trust, which is an essential element of all effective human relationships. Participants must be able to trust that researchers are being honest with them (e.g., about what the study involves), will keep their promises (e.g., to maintain confidentiality), and will carry out their research in ways that maximize benefits and minimize risk. An important issue here is the use of deception. Some research questions (such as Milgram's) are difficult or impossible to answer without deceiving research participants. Thus acting with integrity can conflict with doing research that advances scientific knowledge and benefits society. We will consider how psychologists generally deal with this conflict shortly.

The scientific community and society must also be able to trust that researchers have conducted their research thoroughly and competently and that they have reported on it honestly. Again, the example at the beginning of the chapter illustrates what can happen when this trust is violated. In this case, other researchers wasted resources on unnecessary follow-up research and people avoided the MMR vaccine, putting their children at increased risk of measles, mumps, and rubella. Indeed, many people, including children have died as a result of parents' misinformed decisions not to vaccinate their children.

Seeking Justice

Researchers must conduct their research in a just manner. They should treat their participants fairly, for example, by giving them adequate compensation for their participation and making sure that benefits and risks are distributed across all participants. For example, in a study of a new and potentially beneficial psychotherapy, some participants might receive the psychotherapy while others serve as a control group that receives no treatment. If the psychotherapy turns out to be effective, it would be fair to offer it to participants in the control group when the study ends.

At a broader societal level, members of some groups have historically faced more than their fair share of the risks of scientific research, including people who are institutionalized, are disabled, or belong to racial or ethnic minorities. A particularly tragic

example is the Tuskegee syphilis study conducted by the US Public Health Service from 1932 to 1972 (Reverby, 2009).[3] The participants in this study were poor African American men in the vicinity of Tuskegee, Alabama, who were told that they were being treated for "bad blood." Although they were given some free medical care, they were not treated for their syphilis. Instead, they were observed to see how the disease developed in untreated patients. Even after the use of penicillin became the standard treatment for syphilis in the 1940s, these men continued to be denied treatment without being given an opportunity to leave the study. The study was eventually discontinued only after details were made known to the general public by journalists and activists. It is now widely recognized that researchers need to consider issues of justice and fairness at the societal level.

"They Were Betrayed"

In 1997—65 years after the Tuskegee Syphilis Study began and 25 years after it ended—President Bill Clinton formally apologized on behalf of the US government to those who were affected. Here is an excerpt from the apology:

So today America does remember the hundreds of men used in research without their knowledge and consent. We remember them and their family members. Men who were poor and African American, without resources and with few alternatives, they believed they had found hope when they were offered free medical care by the United States Public Health Service. They were betrayed.

Read the full text of the apology at http://www.cdc.gov/tuskegee/clintonp.htm.

Respecting People's Rights and Dignity

Researchers must respect people's rights and dignity as human beings. One element of this is respecting their **autonomy**—their right to make their own choices and take their own actions free from coercion. Of fundamental importance here is the concept of **informed consent**. This means that researchers obtain and document people's agreement to participate in a study after having informed them of everything that might reasonably be expected to affect their decision. Consider the participants in the Tuskegee study. Although they agreed to participate in the study, they were not told that they had syphilis but would be denied treatment for it. Had they been told this basic fact about the study, it seems likely that they would not have agreed to participate. Likewise, had participants in Milgram's study been told that they might be "reduced to a twitching, stuttering wreck," it seems likely that many of them would not have agreed to participate. In neither of these studies did participants give true informed consent.

Another element of respecting people's rights and dignity is respecting their **privacy**—their right to decide what information about them is shared with others. This means that researchers must maintain **confidentiality**, which is essentially an agreement not to disclose participants' personal information without their consent or some appropriate legal authorization. Even more ideally participants can maintain **anonymity,** which is when their name and other personally identifiable information is not collected at all.

Unavoidable Ethical Conflict

It may already be clear that ethical conflict in psychological research is unavoidable. Because there is little, if any, psychological research that is completely risk-free, there will almost always be a conflict between risks and benefits. Research that is beneficial to one group (e.g., the scientific community) can be harmful to another (e.g., the research participants), creating especially difficult tradeoffs. We have also seen that being completely truthful with research participants can make it difficult or impossible to conduct scientifically valid studies on important questions.

Of course, many ethical conflicts are fairly easy to resolve. Nearly everyone would agree that deceiving research participants and then subjecting them to physical harm would not be justified by filling a small gap in the research literature. But many ethical conflicts are not easy to resolve, and competent and well-meaning researchers can disagree about how to resolve them. Consider, for example, an actual study on "personal space" conducted in a public men's room (Middlemist, Knowles, & Matter, 1976).[4] The researchers secretly observed their participants to see whether it took them longer to begin urinating when there was another man (a confederate of the researchers) at a nearby urinal. While some critics found this to be an unjustified assault on human dignity (Koocher, 1977),[5] the researchers had carefully considered the ethical conflicts, resolved them as best they could, and concluded that the benefits of the research outweighed the risks (Middlemist, Knowles, & Matter, 1977).[6] For example, they had interviewed some preliminary participants and found that none of them was bothered by the fact that they had been observed.

The point here is that although it may not be possible to eliminate ethical conflict completely, it is possible to deal with it in responsible and constructive ways. In general, this means thoroughly and carefully thinking through the ethical issues that are raised, minimizing the risks, and weighing the risks against the benefits. It also means being able to explain one's ethical decisions to others, seeking feedback on them, and ultimately taking responsibility for them.

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3.1.2: From Moral Principles to Ethics Codes

Learning Objectives

1. Describe the history of ethics codes for scientific research with human participants.
2. Summarize the American Psychological Association Ethics Code—especially as it relates to informed consent, deception, debriefing, research with nonhuman animals, and scholarly integrity.

The general moral principles of weighing risks against benefits, acting with integrity, seeking justice, and respecting people's rights and dignity provide a useful starting point for thinking about the ethics of psychological research because essentially everyone agrees on them. As we have seen, however, even people who agree on these general principles can disagree about specific ethical issues that arise in the course of conducting research. This is why there also exist more detailed and enforceable ethics codes that provide guidance on important issues that arise frequently. In this section, we begin with a brief historical overview of such ethics codes and then look closely at the one that is most relevant to psychological research—that of the American Psychological Association (APA).

Historical Overview

One of the earliest ethics codes was the **Nuremberg Code**—a set of 10 principles written in 1947 in conjunction with the trials of Nazi physicians accused of shockingly cruel research on concentration camp prisoners during World War II. It provided a standard against which to compare the behavior of the men on trial—many of whom were eventually convicted and either imprisoned or sentenced to death. The Nuremberg Code was particularly clear about the importance of carefully weighing risks against benefits and the need for informed consent. The **Declaration of Helsinki** is a similar ethics code that was created by the World Medical Council in 1964. Among the standards that it added to the Nuremberg Code was that research with human participants should be based on a written **protocol**—a detailed description of the research—that is reviewed by an independent committee. The Declaration of Helsinki has been revised several times, most recently in 2004.

In the United States, concerns about the Tuskegee study and others led to the publication in 1978 of a set of federal guidelines called the **Belmont Report**. The Belmont Report explicitly recognized the principle of seeking **justice**, including the importance of conducting research in a way that distributes risks and benefits fairly across different groups at the societal level. It also recognized the importance of **respect for persons,** which acknowledges individuals' autonomy and protection for those with diminished autonomy (e.g., prisoners, children), and translates to the need for informed consent. Finally, it recognized the principle of **beneficence,** which underscores the importance of maximizing the benefits of research while minimizing harms to participants and society. The Belmont Report became the basis of a set of laws—the **Federal Policy for the Protection of Human Subjects**—that apply to research conducted, supported, or regulated by the federal government. An extremely important part of these regulations is that universities, hospitals, and other institutions that receive support from the federal government must establish an **institutional review board (IRB)**—a committee that is responsible for reviewing research protocols for potential ethical problems. An IRB must consist of at least five people with varying backgrounds, including members of different professions, scientists and nonscientists, men and women, and at least one person not otherwise affiliated with the institution. The IRB helps to make sure that the risks of the proposed research are minimized, the benefits outweigh the risks, the research is carried out in a fair manner, and the informed consent procedure is adequate.

The federal regulations also distinguish research that poses three levels of risk. **Exempt research** is the lowest level or risk and includes research on the effectiveness of normal educational activities, the use of standard psychological measures and surveys of a nonsensitive nature that are administered in a way that maintains confidentiality, and research using existing data from public sources. It is called exempt because once approved, it is exempt from regular, continuous review. **Expedited research** poses a somewhat higher risk than exempt, but still exposes participants to risks that are no greater than minimal risk (those encountered by healthy people in daily life or during routine physical or psychological examinations). Expedited review is done by by one member of the IRB or by a separate committee under the authority of the IRB that can only approve minimal risk research (many departments of psychology have such separate committees). Finally, research that does not qualify for exempt or expedited review is **greater than minimal risk research** must be reviewed by the full board of IRB members.

Ethics Codes

The link that follows the list—from the Office of Human Subjects Research at the National Institutes of Health—allows you to read the ethics codes discussed in this section in their entirety. They are all highly recommended and, with the exception of the Federal Policy, short and easy to read.

- The Nuremberg Code
- The Declaration of Helsinki
- The Belmont Report
- Federal Policy for the Protection of Human Subjects

https://www.hhs.gov/ohrp/international/ethical-codes-and-research-standards/index.html

APA Ethics Code

The APA's *Ethical Principles of Psychologists and Code of Conduct* (also known as the **APA Ethics Code**) was first published in 1953 and has been revised several times since then, most recently in 2010. It includes about 150 specific ethical standards that psychologists and their students are expected to follow. Much of the APA Ethics Code concerns the clinical practice of psychology—advertising one's services, setting and collecting fees, having personal relationships with clients, and so on. For our purposes, the most relevant part is *Standard 8: Research and Publication*. Although *Standard 8* is reproduced here in its entirety, we will consider some of its most important aspects—informed consent, deception, debriefing, the use of nonhuman animal subjects, and scholarly integrity—in more detail.

APA Ethics Code Standard 8: Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

3. When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing With Informed Consent for Research; and 8.07, Deception in Research.)
4. Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

1. When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

2. When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

1. Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.
2. When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter With Clients/Patients.)

8.07 Deception in Research

1. Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.
2. Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.
3. Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

1. Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.
2. If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.
3. When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

1. Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.
2. Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.
3. Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)
4. Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.
5. Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.
6. Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.
7. When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

5. Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)
6. If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

8. Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)
9. Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.
10. Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

1. After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.
2. Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

Source: You can read the full APA Ethics Code at http://www.apa.org/ethics/code/index.aspx.

Informed Consent

Standards 8.02 to 8.05 are about informed consent. Again, informed consent means obtaining and documenting people's agreement to participate in a study, having informed them of everything that might reasonably be expected to affect their decision. This includes details of the procedure, the risks and benefits of the research, the fact that they have the right to decline to participate or to withdraw from the study, the consequences of doing so, and any legal limits to confidentiality. For example, some states require researchers who learn of child abuse or other crimes to report this information to authorities.

Although the process of obtaining informed consent often involves having participants read and sign a **consent form**, it is important to understand that this is not all it is. Although having participants read and sign a consent form might be enough when they are competent adults with the necessary ability and motivation, many participants do not actually read consent forms or read them but do not understand them. For example, participants often mistake consent forms for legal documents and mistakenly believe that by signing them they give up their right to sue the researcher (Mann, 1994).[1] Even with competent adults, therefore, it is good practice to tell participants about the risks and benefits, demonstrate the procedure, ask them if they have questions, and remind them of their right to withdraw at any time—in addition to having them read and sign a consent form.

Note also that there are situations in which informed consent is not necessary. These include situations in which the research is not expected to cause any harm and the procedure is straightforward or the study is conducted in the context of people's ordinary activities. For example, if you wanted to sit outside a public building and observe whether people hold the door open for people behind them, you would not need to obtain their informed consent. Similarly, if a college instructor wanted to compare two legitimate teaching methods across two sections of his research methods course, he would not need to obtain informed consent from his students.

Deception

Deception of participants in psychological research can take a variety of forms: misinforming participants about the purpose of a study, using confederates, using phony equipment like Milgram's shock generator, and presenting participants with false feedback about their performance (e.g., telling them they did poorly on a test when they actually did well). Deception also includes not informing participants of the full design or true purpose of the research even if they are not actively misinformed (Sieber, Iannuzzo, & Rodriguez, 1995).[2] For example, a study on incidental learning—learning without conscious effort—might involve having participants read through a list of words in preparation for a "memory test" later. Although participants are likely to assume that the memory test will require them to recall the words, it might instead require them to recall the contents of the room or the appearance of the research assistant.

Some researchers have argued that deception of research participants is rarely if ever ethically justified. Among their arguments are that it prevents participants from giving truly informed consent, fails to respect their dignity as human beings, has the potential to upset them, makes them distrustful and therefore less honest in their responding, and damages the reputation of researchers in the field (Baumrind, 1985).[3]

Note, however, that the APA Ethics Code takes a more moderate approach—allowing deception when the benefits of the study outweigh the risks, participants cannot reasonably be expected to be harmed, the research question cannot be answered without the use of deception, and participants are informed about the deception as soon as possible. This approach acknowledges that not all forms of deception are equally bad. Compare, for example, Milgram's study in which he deceived his participants in several significant ways that resulted in their experiencing severe psychological stress with an incidental learning study in which a "memory test" turns out to be slightly different from what participants were expecting. It also acknowledges that some scientifically and socially important research questions can be difficult or impossible to answer without deceiving participants. Knowing that a study concerns the extent to which they obey authority, act aggressively toward a peer, or help a stranger is likely to change the way people behave so that the results no longer generalize to the real world.

Debriefing

Standard 8.08 is about **debriefing**. This is the process of informing research participants as soon as possible of the purpose of the study, revealing any deception, and correcting any other misconceptions they might have as a result of participating. Debriefing also involves minimizing harm that might have occurred. For example, an experiment on the effects of being in a sad mood on memory might involve inducing a sad mood in participants by having them think sad thoughts, watch a sad video, and/or listen to sad music. Debriefing would be the time to return participants' moods to normal by having them think happy thoughts, watch a happy video, or listen to happy music.

Nonhuman Animal Subjects

Standard 8.09 is about the humane treatment and care of nonhuman animal subjects. Although most contemporary research in psychology does not involve nonhuman animal subjects, a significant minority of it does—especially in the study of learning and conditioning, behavioral neuroscience, and the development of drug and surgical therapies for psychological disorders.

The use of nonhuman animal subjects in psychological research is similar to the use of deception in that there are those who argue that it is rarely, if ever, ethically acceptable (Bowd & Shapiro, 1993).[4] Clearly, nonhuman animals are incapable of giving informed consent. Yet they can be subjected to numerous procedures that are likely to cause them suffering. They can be confined, deprived of food and water, subjected to pain, operated on, and ultimately euthanized. (Of course, they can also be observed benignly in natural or zoo-like settings.) Others point out that psychological research on nonhuman animals has resulted in many important benefits to humans, including the development of behavioral therapies for many disorders, more effective pain control methods, and antipsychotic drugs (Miller, 1985).[5] It has also resulted in benefits to nonhuman animals, including alternatives to shooting and poisoning as means of controlling them.

As with deception, the APA acknowledges that the benefits of research on nonhuman animals can outweigh the costs, in which case it is ethically acceptable. However, researchers must use alternative methods when they can. When they cannot, they must acquire and care for their subjects humanely and minimize the harm to them. For more information on the APA's position on nonhuman animal subjects, see the website of the APA's Committee on Animal Research and Ethics (http://www.apa.org/science/leadership/care/index.aspx).

Scholarly Integrity

Standards 8.10 to 8.15 are about scholarly integrity. These include the obvious points that researchers must not fabricate data or plagiarize. Plagiarism means using others' words or ideas without proper acknowledgment. Proper acknowledgment generally means indicating direct quotations with quotation marks *and* providing a citation to the source of any quotation or idea used. Self-plagiarism is also considered unethical and refers to publishing the same material more than once. In other words, researchers should not borrow prior phrasing from their other published works, just as students should not submit the same work to more than one class.

The remaining standards make some less obvious but equally important points. Researchers should not publish the same data a second time as though it were new, they should share their data with other researchers, and as peer reviewers, they should keep the unpublished research they review confidential. Note that the authors' names on published research—and the order in which those names appear—should reflect the importance of each person's contribution to the research. It would be unethical, for example, to include as an author someone who had made only minor contributions to the research (e.g., analyzing some of the data) or for a faculty member to make himself or herself the first author on research that was largely conducted by a student.

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3.2: Class Day 3.2

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3.2.1: Participating in Class

Learning Objectives

1. Understand how to set yourself up for successful participation in class.
2. List guidelines for effectively asking and answering questions in class.
3. Explain strategies for effective learning if your learning style is different from your instructor's teaching style.

We've already discussed the many benefits of participating in class as a form of actively engaging in learning. Not everyone naturally feels comfortable participating. Following some general guidelines makes it easier.

Guidelines for Participating in Classes

Smaller classes generally favor discussion, but often instructors in large lecture classes also make some room for participation.

A concern or fear about speaking in public is one of the most common fears. If you feel afraid to speak out in class, take comfort from the fact that many others do as well—and that anyone can learn how to speak in class without much difficulty. Class participation is actually an impromptu, informal type of public speaking, and the same principles will get you through both: preparing and communicating.

- Set yourself up for success by coming to class fully prepared. Complete reading assignments. Review your notes on the reading and previous class to get yourself in the right mind-set. If there is something you don't understand well, start formulating your question now.
- Sit in the front with a good view of the instructor, board or screen, and other visual aids. In a lecture hall, this will help you hear better, pay better attention, and make a good impression on the instructor. Don't sit with friends—socializing isn't what you're there for.
- Remember that your body language communicates as much as anything you say. Sit up and look alert, with a pleasant expression on your face, and make good eye contact with the instructor. Show some enthusiasm.
- Pay attention to the instructor's body language, which can communicate much more than just his or her words. How the instructor moves and gestures, and the looks on his or her face, will add meaning to the words—and will also cue you when it's a good time to ask a question or stay silent.
- Take good notes, but don't write obsessively—and never page through your textbook (or browse on a laptop). Don't eat or play with your cell phone. Except when writing brief notes, keep your eyes on the instructor.
- Follow class protocol for making comments and asking questions. In a small class, the instructor may encourage students to ask questions at any time, while in some large lecture classes the instructor may ask for questions at the end of the lecture. In this case, jot your questions in your notes so that you don't forget them later.
- Don't say or ask anything just to try to impress your instructor. Most instructors have been teaching long enough to immediately recognize insincere flattery—and the impression this makes is just the opposite of what you want.
- It's fine to disagree with your instructor when you ask or answer a question. Many instructors invite challenges. Before speaking up, however, be sure you can explain why you disagree and give supporting evidence or reasons. Be respectful.
- When your instructor asks a question to the class:
  - Raise your hand and make eye contact, but don't call out or wave your hand all around trying to catch his or her attention.
  - Before speaking, take a moment to gather your thoughts and take a deep breath. Don't just blurt it out—speak calmly and clearly.
- When your instructor asks you a question directly:
  - Be honest and admit it if you don't know the answer or are not sure. Don't try to fake it or make excuses. With a question that involves a reasoned opinion more than a fact, it's fine to explain why you haven't decided yet, such as when weighing two opposing ideas or actions; your comment may stimulate further discussion.
  - Organize your thoughts to give a sufficient answer. Instructors seldom want a yes or no answer. Give your answer and provide reasons or evidence in support.
- When you want to ask the instructor a question:
  - Don't ever feel a question is "stupid." If you have been paying attention in class and have done the reading and you still don't understand something, you have every right to ask.

- Ask at the appropriate time. Don’t interrupt the instructor or jump ahead and ask a question about something the instructor may be starting to explain. Wait for a natural pause and a good moment to ask. On the other hand, unless the instructor asks students to hold all question until the end of class, don’t let too much time go by, or you may forget the question or its relevance to the topic.
- Don’t ask just because you weren’t paying attention. If you drift off during the first half of class and then realize in the second half that you don’t really understand what the instructor is talking about now, don’t ask a question about something that was already covered.
- Don’t ask a question that is really a complaint. You may be thinking, “Why would so-and-so believe that? That’s just crazy!” Take a moment to think about what you might gain from asking the question. It’s better to say, “I’m having some difficulty understanding what so-and-so is saying here. What evidence did he use to argue for that position?”
- Avoid dominating a discussion. It may be appropriate in some cases to make a follow-up comment after the instructor answers your question, but don’t try to turn the class into a one-on-one conversation between you and the instructor.

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3.2.2: Active Learning from Reading

As with learning from lectures and discussions, the learning of information and skills presented in readings, texts, and written text from a Web site should be viewed as a process: preparation to take in the new information, the act of taking in the new information, and then reviewing the information so that it is later accessible (recalled from memory) to use for a project, paper, or test.



Students who simply start and finish a reading with no further actions taken are really wasting their time. Reading a text needs to be approached properly in order to ensure comprehension and retention of the information. Planning for an active reading session by engaging in the "before reading" activities facilitates an active mindset to the reading session and discourages "auto-pilot reading" that results in scanning of the words but no real careful thought about what is being said.

Preparing for class by reading assigned texts related to the lecture material is extremely important to optimize the lecture experience. If you have a professor who tends to lecture at a fast pace, you have the foundational information and only need to focus on writing down unfamiliar information. If your professor expects class participation in discussions or utilizes active classroom techniques, such as case studies, small group activities and discussions, simulations, or demonstrations, you will understand what is happening and be able to contribute to the learning experience. Marking or highlighting your text for main ideas while reading not only keeps your mind focused on the reading but also serves to prepare you for easier exam review.

Table 5-3. Effective Techniques for Reading

Before Reading	During Reading	After Reading
Preview the reading headings to get a "big picture" of the outline of the reading. Look at the pictures and figures. Check out the bold and italicized words.	As you are reading, seek out the answers to the questions that the reading or you generated rather than passively scanning the words.	Take reading notes from the highlighted material from the text. Utilize visual organizers and summaries to capture information. Revisit the informational box on "Note-Taking Methods: What Is Right for You?" and visit "Visualize Your information and "Cram Cards for Long-term Review."
Preview any questions that the chapter may offer so that you can actively seek answers to those questions.	Monitor your concentration and comprehension. After each paragraph, ask yourself, "What was the main point of that paragraph?" After each section, summarize what you have read.	Answer the questions that a the reading may have provided or that you developed. Reread sections in which you remember little information.
Turn text headings into questions so that you can actively seek answers to those questions. Jot those questions down in the margin of the text or in your notes if you plan to take reading notes.	Mark your text. Highlight the main idea of a paragraph or write down the main idea of a paragraph in your notes. If you cannot mark your text, take reading notes on the main ideas. Refer to the informational box called "In Search of Main Ideas" for more information	Integrate your reading notes and lecture/discussion notes into one location for easier review for an exam.
Plan for a high energy time of the day to read. Consider breaking up a long reading assignment into multiple, shorter reading sessions.	Look up the definitions to words that you do not understand to help build your vocabulary and facilitate understanding of the topic.	Discuss readings with classmates on a regular basis. Take turns explaining to each other sections of the reading. Ask and answer reading questions. Jot down questions that are unclear to the study group to ask the professor in class or during office hours.
Be sure you have your materials ready for reading: text, notebook paper, writing utensils, high-lighters, charged laptop, etc.		

Adapted from Dembo and Seli (2008) and Downing (2008).

In Search of Main Ideas

Some students do not actively take notes or mark their readings and texts because they determine it is a lot of extra work to write down so much information. However, the problem is that students are usually writing down too much information and not really cluing in to the main ideas. Here are some tips for identifying the main ideas when reading:

1. The Table of Contents and chapter outlines provide a broad view of the main points that will be covered in a reading. Flesh out the outlines that are already provided for you.
2. Oftentimes in a textbook, the main idea is the first or last sentence of a paragraph. If it is not the first or the last sentence, then look back at the entire paragraph to see what the overall issue seems to be. Look for the overall pat- terns of your textbooks.
3. Titles, headings, and subheadings announce the major subject. Make these headings into questions, and the answers to the questions will likely be the main ideas.
4. Bold and italic words point to a main idea or key concept that you need to understand.
5. Repetition of key words or phrases throughout the text point to a main idea.
6. Chapter questions at the end of the chapter are about the main ideas of the text. Answer those questions and you will identify your main ideas.
7. Summaries presented at the end of the chapter also tend to restate the main ideas briefly. Flesh these ideas out with some supporting ideas, and you would have a good view of the entire chapter.
8. Stop and look at the visuals—pictures, diagrams, tables, etc. Oftentimes, the message depicted in the graph or picture is typically a main idea.
9. Detailed statistics, several examples in a row, and other details often signal that a main idea is being clarified, proven, supported, etc. Track back or ahead to find the main idea they are trying to illustrate.
10. Text that includes bullet points, numbering, or sequences is often a main idea.
11. Look for organizational patterns in the reading that might highlight the main ideas. For instance, are two issues being compared or contrasted? What was the effect of a certain event? Are problems and various solutions being presented? Is there a timeline of events that is important?
12. Be intentional about searching for the main ideas. Ask yourself at the end of each section or paragraph, "What is the point?" or "What is it that the author wants me to know?"
13. If you are reading a narrative, ask yourself questions like, "Who are the main characters?" "Why is this character important to this story?" "Why did the author chose to tell this part of the story?"

Finally, taking the time to think critically about the reading you have done further solidifies that information in your memory and can serve to prepare you for exam review. Summarizing material using visual organizers (refer to informational box "Visualize Your Information" and Figure 5-1) moves your thinking from low levels of thinking to high levels of thinking on Bloom's Taxonomy. Integrating text and lecture notes and discussing readings with your classmates and professor promotes memory storage of that information and thinking at higher levels as well.

Visualize Your Information

Summarizing main ideas of the readings or lectures can be difficult without the right tools. Visual organizers can help students condense important information into visual diagrams that can be easily reviewed for exams or help organize a writing assignment. Muskingum College's Center for Advancement and Learning (n.d.) hosts a useful Web site that summarizes and provides examples of various visual organizers (a.k.a. Information Organization Strategies) at

muskingum.edu/~cal/database/g...anization.html (Web site wants username and password now.)

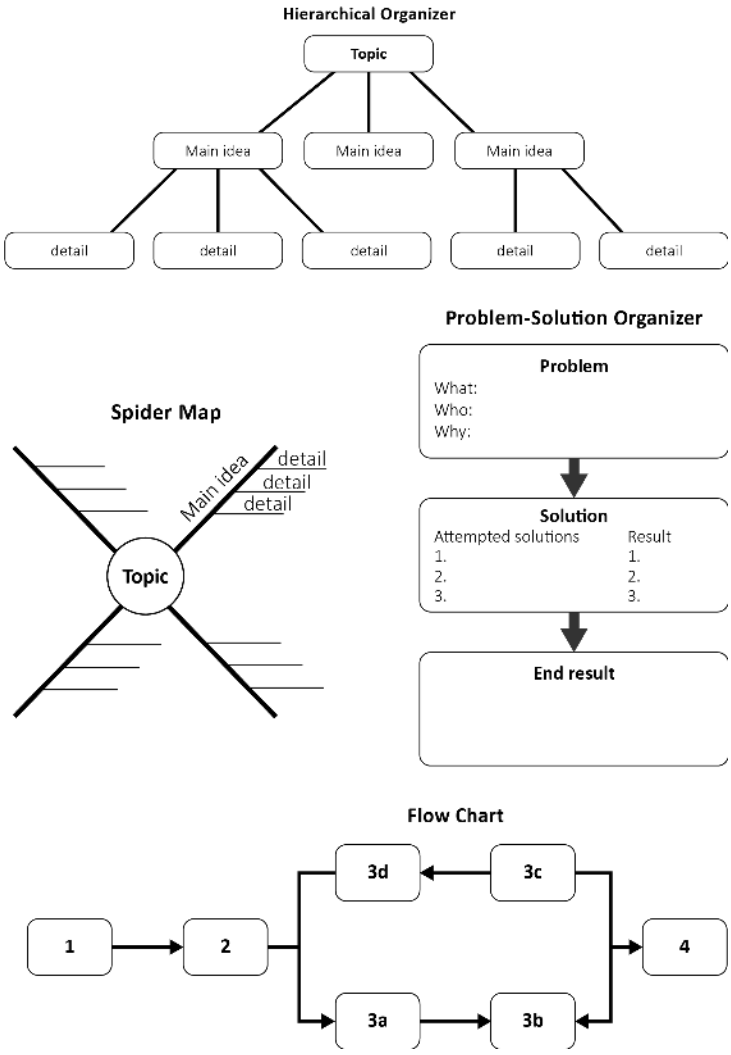
Consider how you might be able to apply several pages of text to a simple flowchart, hierarchical organizer, comparison-contrast organizer, spider map, etc. (See Figure 5-1.)

An additional benefit of using visual organizers is that you are thinking about the material at a deeper level as you identify the proper visual tool and apply the information. While at first it may take more time to determine the proper tool, it will get easier with practice and become second nature.

Activity 5-2

Utilizing what you have learned from the informational boxes "In Search of Main Ideas" and "Visualize Your Information," select a text chapter or a week of class notes and create some visual organizers that summarize the main ideas of that material. Ask a classmate to share in the same exercise and compare your work in a critical manner. What have you learned from this exercise and each other?

Figure 5-1. Examples of visual organizers



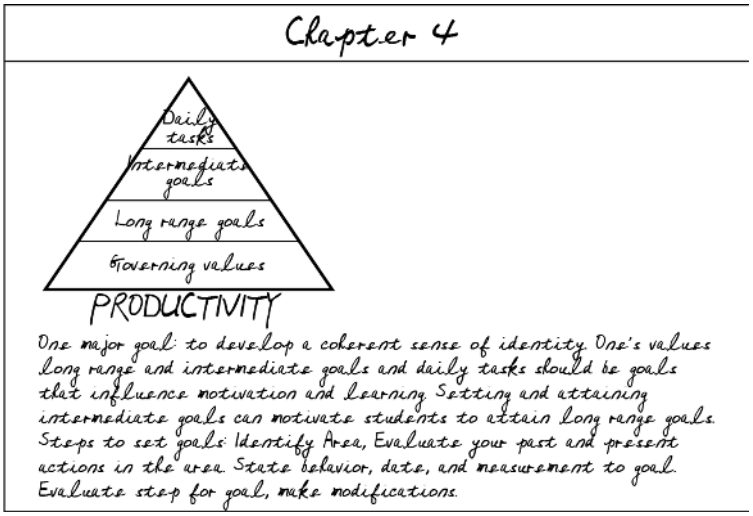
Source: Muskingum College's Center for Advancement and Learning (n.d)

Cram Cards for Long-term Review

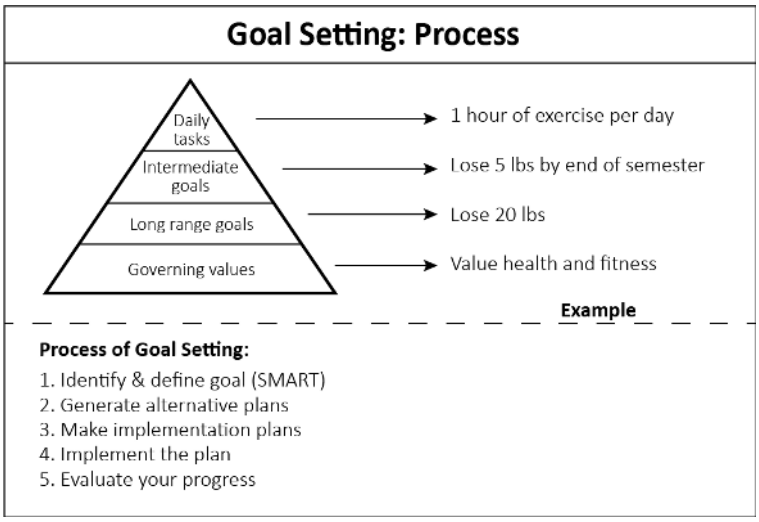
The use of "cram" in cram cards is deceiving. Cram cards are a study tool that promote the active learning of reading or lecture notes and allows for the easy and portable review of material over a longer period of time, therefore promoting later recall. It is a technique that will take some practice to hone your skills in selecting main ideas, but students who use cram cards indicate it is well worth their time.

Tips for Writing Cram Cards:

- Use 4 x 6 index cards (3 x 5 size tends to be too small)—some enthusiasts will even use the colored index cards for different sources of information (i.e., notes versus text reading) or topics (e.g., blue for English and green for Biology).
- Make one cram card per major concept or main idea.
- Do not simply take notes on the card; capture a summary of the main ideas maintaining the proper relationships of the concepts.
- Write the information in your own words.
- Include book examples or provide real-life examples for difficult concepts.
- Include key words.
- Be sure to write legibly.



Example of a Bad Cram Card



Example of a Good Cram Card

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CHAPTER OVERVIEW

4: Week 4 - Biological Psychology

4.1: Class Day 4.1

4.1.1: Cells of the Nervous System

4.1.2: Parts of the Nervous System

4.2: Class Day 4.2

4.2.1: Studying

4.2.2: Taking Notes

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4.1: Class Day 4.1

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4.1.1: Cells of the Nervous System

Learning Objectives

- Identify the basic parts of a neuron
- Describe how neurons communicate with each other
- Explain how drugs act as agonists or antagonists for a given neurotransmitter system

Psychologists striving to understand the human mind may study the nervous system. Learning how the cells and organs (like the brain) function, help us understand the biological basis behind human psychology. The nervous system is composed of two basic cell types: glial cells (also known as glia) and neurons. Glial cells, which outnumber neurons ten to one, are traditionally thought to play a supportive role to neurons, both physically and metabolically. **Glial cells** provide scaffolding on which the nervous system is built, help neurons line up closely with each other to allow neuronal communication, provide insulation to neurons, transport nutrients and waste products, and mediate immune responses. **Neurons**, on the other hand, serve as interconnected information processors that are essential for all of the tasks of the nervous system. This section briefly describes the structure and function of neurons.

Neuron Structure

Neurons are the central building blocks of the nervous system, 100 billion strong at birth. Like all cells, neurons consist of several different parts, each serving a specialized function. A neuron's outer surface is made up of a **semipermeable membrane**. This membrane allows smaller molecules and molecules without an electrical charge to pass through it, while stopping larger or highly charged molecules.

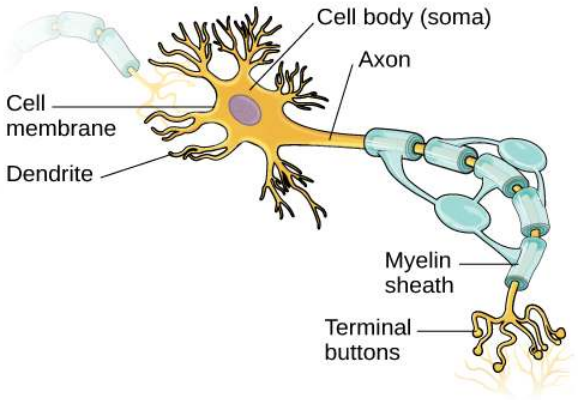


Figure 4.1.1.1: This illustration shows a prototypical neuron, which is being myelinated.

The nucleus of the neuron is located in the **soma**, or cell body. The soma has branching extensions known as **dendrites**. The neuron is a small information processor, and dendrites serve as input sites where signals are received from other neurons. These signals are transmitted electrically across the soma and down a major extension from the soma known as the **axon**, which ends at multiple **terminal buttons**. The terminal buttons contain **synaptic vesicles** that house **neurotransmitters**, the chemical messengers of the nervous system.

Axons range in length from a fraction of an inch to several feet. In some axons, glial cells form a fatty substance known as the **myelin sheath**, which coats the axon and acts as an insulator, increasing the speed at which the signal travels. The myelin sheath is crucial for the normal operation of the neurons within the nervous system: the loss of the insulation it provides can be detrimental to normal function. To understand how this works, let's consider an example. Multiple sclerosis (MS), an autoimmune disorder, involves a large-scale loss of the myelin sheath on axons throughout the nervous system. The resulting interference in the electrical signal prevents the quick transmittal of information by neurons and can lead to a number of symptoms, such as dizziness, fatigue, loss of motor control, and sexual dysfunction. While some treatments may help to modify the course of the disease and manage certain symptoms, there is currently no known cure for multiple sclerosis.

In healthy individuals, the neuronal signal moves rapidly down the axon to the terminal buttons, where synaptic vesicles release neurotransmitters into the synapse. The **synapse** is a very small space between two neurons and is an important site where communication between neurons occurs. Once neurotransmitters are released into the synapse, they travel across the small space

and bind with corresponding receptors on the dendrite of an adjacent neuron. **Receptors**, proteins on the cell surface where neurotransmitters attach, vary in shape, with different shapes "matching" different neurotransmitters.

How does a neurotransmitter "know" which receptor to bind to? The neurotransmitter and the receptor have what is referred to as a lock-and-key relationship—specific neurotransmitters fit specific receptors similar to how a key fits a lock. The neurotransmitter binds to any receptor that it fits.

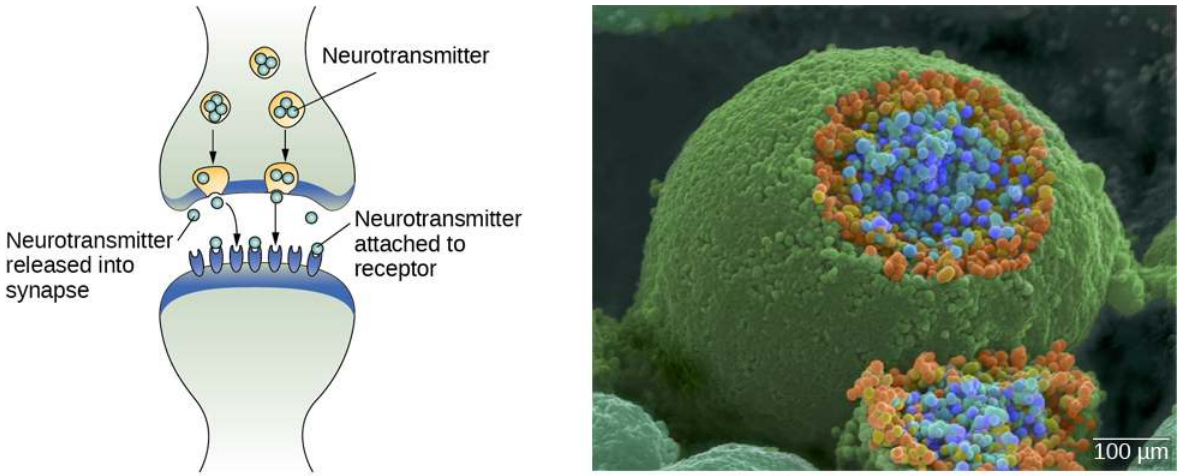


Figure 4.1.1.2: (a) The synapse is the space between the terminal button of one neuron and the dendrite of another neuron. (b) In this pseudo-colored image from a scanning electron microscope, a terminal button (green) has been opened to reveal the synaptic vesicles (orange and blue) inside. Each vesicle contains about 10,000 neurotransmitter molecules. (credit b: modification of work by Tina Carvalho, NIH-NIGMS; scale-bar data from Matt Russell)

Neuronal Communication

Now that we have learned about the basic structures of the neuron and the role that these structures play in neuronal communication, let's take a closer look at the signal itself—how it moves through the neuron and then jumps to the next neuron, where the process is repeated.

We begin at the neuronal membrane. The **neuron** exists in a fluid environment—it is surrounded by extracellular fluid and contains intracellular fluid (i.e., cytoplasm). The neuronal membrane keeps these two fluids separate—a critical role because the electrical signal that passes through the neuron depends on the intra- and extracellular fluids being electrically different. This difference in charge across the membrane, called the **membrane potential**, provides energy for the signal.

The electrical charge of the fluids is caused by charged molecules (ions) dissolved in the fluid. The semipermeable nature of the neuronal membrane somewhat restricts the movement of these charged molecules, and, as a result, some of the charged particles tend to become more concentrated either inside or outside the cell.

Between signals, the neuron membrane's potential is held in a state of readiness, called the **resting potential**. Like a rubber band stretched out and waiting to spring into action, ions line up on either side of the cell membrane, ready to rush across the membrane when the neuron goes active and the membrane opens its gates (i.e., a **sodium-potassium pump** that allows movement of ions across the membrane). Ions in high-concentration areas are ready to move to low-concentration areas, and positive ions are ready to move to areas with a negative charge.

In the resting state, sodium (Na^+) is at higher concentrations outside the cell, so it will tend to move into the cell. Potassium (K^+), on the other hand, is more concentrated inside the cell, and will tend to move out of the cell. In addition, the inside of the cell is slightly negatively charged compared to the outside. This provides an additional force on sodium, causing it to move into the cell.

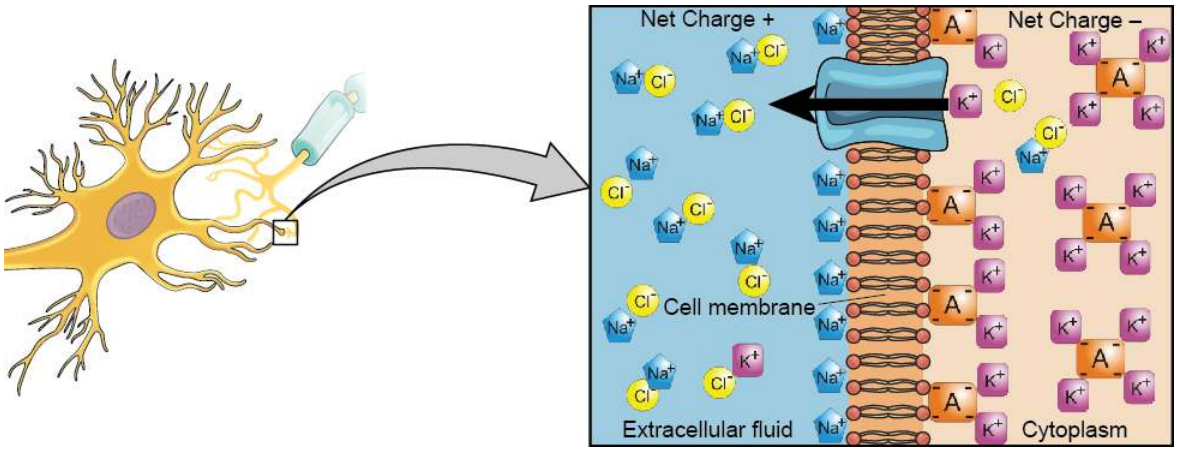


Figure 4.1.1.3: At resting potential, Na+ (blue pentagons) is more highly concentrated outside the cell in the extracellular fluid (shown in blue), whereas K+ (purple squares) is more highly concentrated near the membrane in the cytoplasm or intracellular fluid. Other molecules, such as chloride ions (yellow circles) and negatively charged proteins (brown squares), help contribute to a positive net charge in the extracellular fluid and a negative net charge in the intracellular fluid.

From this resting potential state, the neuron receives a signal and its state changes abruptly. When a neuron receives signals at the dendrites—due to neurotransmitters from an adjacent neuron binding to its receptors—small pores, or gates, open on the neuronal membrane, allowing Na^+ ions, propelled by both charge and concentration differences, to move into the cell. With this influx of positive ions, the internal charge of the cell becomes more positive. If that charge reaches a certain level, called the **threshold of excitation**, the neuron becomes active and the action potential begins.

Many additional pores open, causing a massive influx of Na^+ ions and a huge positive spike in the membrane potential, the peak action potential. At the peak of the spike, the sodium gates close and the potassium gates open. As positively charged potassium ions leave, the cell quickly begins repolarization. At first, it hyperpolarizes, becoming slightly more negative than the resting potential, and then it levels off, returning to the resting potential.

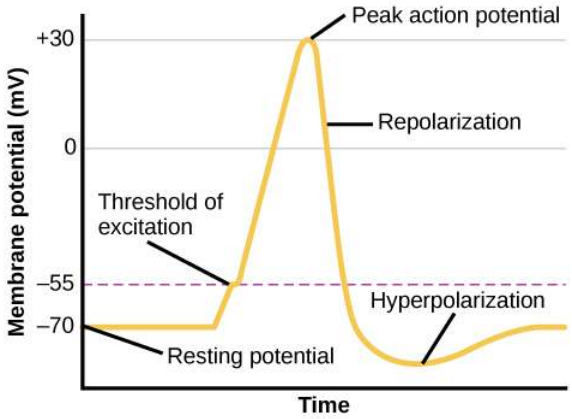


Figure 4.1.1.4: During the action potential, the electrical charge across the membrane changes dramatically.

This positive spike constitutes the **action potential**: the electrical signal that typically moves from the cell body down the axon to the axon terminals. The electrical signal moves down the axon like a wave; at each point, some of the sodium ions that enter the cell diffuse to the next section of the axon, raising the charge past the threshold of excitation and triggering a new influx of sodium ions. The action potential moves all the way down the axon to the terminal buttons.

The action potential is an **all-or-none** phenomenon. In simple terms, this means that an incoming signal from another neuron is either sufficient or insufficient to reach the threshold of excitation. There is no in-between, and there is no turning off an action potential once it starts. Think of it like sending an email or a text message. You can think about sending it all you want, but the message is not sent until you hit the send button. Furthermore, once you send the message, there is no stopping it.

Because it is all or none, the **action potential** is recreated, or propagated, at its full strength at every point along the axon. Much like the lit fuse of a firecracker, it does not fade away as it travels down the axon. It is this all-or-none property that explains the fact that your brain perceives an injury to a distant body part like your toe as equally painful as one to your nose.

As noted earlier, when the action potential arrives at the terminal button, the synaptic vesicles release their neurotransmitters into the synapse. The neurotransmitters travel across the synapse and bind to receptors on the dendrites of the adjacent neuron, and the process repeats itself in the new neuron (assuming the signal is sufficiently strong to trigger an action potential). Once the signal is delivered, excess neurotransmitters in the synapse drift away, are broken down into inactive fragments, or are reabsorbed in a process known as **reuptake**. Reuptake involves the neurotransmitter being pumped back into the neuron that released it, in order to clear the synapse. Clearing the synapse serves both to provide a clear "on" and "off" state between signals and to regulate the production of neurotransmitter (full synaptic vesicles provide signals that no additional neurotransmitters need to be produced).

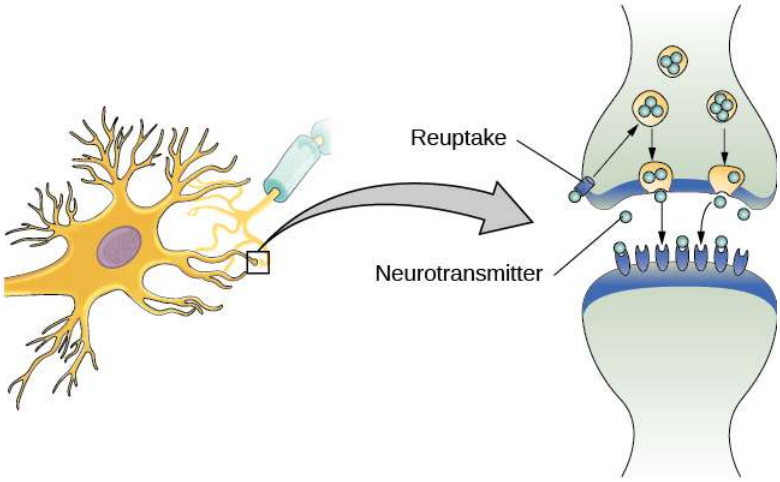


Figure 4.1.1.5: Reuptake involves moving a neurotransmitter from the synapse back into the axon terminal from which it was released.

Neuronal communication is often referred to as an electrochemical event. The movement of the action potential down the length of the axon is an electrical event, and movement of the neurotransmitter across the synaptic space represents the chemical portion of the process.

Neurotransmitters and Drugs

There are several different types of **neurotransmitters** released by different neurons, and we can speak in broad terms about the kinds of functions associated with different neurotransmitters (Table). Much of what psychologists know about the functions of neurotransmitters comes from research on the effects of drugs in psychological disorders. Psychologists who take a **biological perspective** and focus on the physiological causes of behavior assert that psychological disorders like depression and schizophrenia are associated with imbalances in one or more neurotransmitter systems. In this perspective, psychotropic medications can help improve the symptoms associated with these disorders. **Psychotropic medications** are drugs that treat psychiatric symptoms by restoring neurotransmitter balance.

Table 4.1.1.1: Major Neurotransmitters and How They Affect Behavior

Neurotransmitter	Involved in	Potential Effect on Behavior
Acetylcholine	Muscle action, memory	Increased arousal, enhanced cognition
Beta-endorphin	Pain, pleasure	Decreased anxiety, decreased tension
Dopamine	Mood, sleep, learning	Increased pleasure, suppressed appetite
Gamma-aminobutyric acid (GABA)	Brain function, sleep	Decreased anxiety, decreased tension
Glutamate	Memory, learning	Increased learning, enhanced memory
Norepinephrine	Heart, intestines, alertness	Increased arousal, suppressed appetite
Serotonin	Mood, sleep	Modulated mood, suppressed appetite

Psychoactive drugs can act as agonists or antagonists for a given neurotransmitter system. **Agonists** are chemicals that mimic a neurotransmitter at the receptor site and, thus, strengthen its effects. An **antagonist**, on the other hand, blocks or impedes the

normal activity of a neurotransmitter at the receptor. Agonist and antagonist drugs are prescribed to correct the specific neurotransmitter imbalances underlying a person's condition. For example, Parkinson's disease, a progressive nervous system disorder, is associated with low levels of dopamine. Therefore dopamine agonists, which mimic the effects of dopamine by binding to dopamine receptors, are one treatment strategy.

Certain symptoms of schizophrenia are associated with overactive dopamine neurotransmission. The antipsychotics used to treat these symptoms are antagonists for dopamine—they block dopamine's effects by binding its receptors without activating them. Thus, they prevent dopamine released by one neuron from signaling information to adjacent neurons.

In contrast to agonists and antagonists, which both operate by binding to receptor sites, reuptake inhibitors prevent unused neurotransmitters from being transported back to the neuron. This leaves more neurotransmitters in the synapse for a longer time, increasing its effects. Depression, which has been consistently linked with reduced serotonin levels, is commonly treated with selective serotonin reuptake inhibitors (SSRIs). By preventing reuptake, SSRIs strengthen the effect of serotonin, giving it more time to interact with serotonin receptors on dendrites. Common SSRIs on the market today include Prozac, Paxil, and Zoloft. The drug LSD is structurally very similar to serotonin, and it affects the same neurons and receptors as serotonin. Psychotropic drugs are not instant solutions for people suffering from psychological disorders. Often, an individual must take a drug for several weeks before seeing improvement, and many psychoactive drugs have significant negative side effects. Furthermore, individuals vary dramatically in how they respond to the drugs. To improve chances for success, it is not uncommon for people receiving pharmacotherapy to undergo psychological and/or behavioral therapies as well. Some research suggests that combining drug therapy with other forms of therapy tends to be more effective than any one treatment alone (for one such example, see March et al., 2007).

Summary

Glia and neurons are the two cell types that make up the nervous system. While glia generally play supporting roles, the communication between neurons is fundamental to all of the functions associated with the nervous system. Neuronal communication is made possible by the neuron's specialized structures. The soma contains the cell nucleus, and the dendrites extend from the soma in tree-like branches. The axon is another major extension of the cell body; axons are often covered by a myelin sheath, which increases the speed of transmission of neural impulses. At the end of the axon are terminal buttons that contain synaptic vesicles filled with neurotransmitters.

Neuronal communication is an electrochemical event. The dendrites contain receptors for neurotransmitters released by nearby neurons. If the signals received from other neurons are sufficiently strong, an action potential will travel down the length of the axon to the terminal buttons, resulting in the release of neurotransmitters into the synapse. Action potentials operate on the all-or-none principle and involve the movement of Na^+ and K^+ across the neuronal membrane.

Different neurotransmitters are associated with different functions. Often, psychological disorders involve imbalances in a given neurotransmitter system. Therefore, psychotropic drugs are prescribed in an attempt to bring the neurotransmitters back into balance. Drugs can act either as agonists or as antagonists for a given neurotransmitter system.

Glossary

action potential

electrical signal that moves down the neuron's axon

agonist

drug that mimics or strengthens the effects of a neurotransmitter

all-or-none

phenomenon that incoming signal from another neuron is either sufficient or insufficient to reach the threshold of excitation

antagonist

drug that blocks or impedes the normal activity of a given neurotransmitter

axon

major extension of the soma

biological perspective

view that psychological disorders like depression and schizophrenia are associated with imbalances in one or more neurotransmitter systems

dendrite

branch-like extension of the soma that receives incoming signals from other neurons

glial cell

nervous system cell that provides physical and metabolic support to neurons, including neuronal insulation and communication, and nutrient and waste transport

membrane potential

difference in charge across the neuronal membrane

myelin sheath

fatty substance that insulates axons

neuron

cells in the nervous system that act as interconnected information processors, which are essential for all of the tasks of the nervous system

neurotransmitter

chemical messenger of the nervous system

psychotropic medication

drugs that treat psychiatric symptoms by restoring neurotransmitter balance

receptor

protein on the cell surface where neurotransmitters attach

resting potential

the state of readiness of a neuron membrane's potential between signals

reuptake

neurotransmitter is pumped back into the neuron that released it

semipermeable membrane

cell membrane that allows smaller molecules or molecules without an electrical charge to pass through it, while stopping larger or highly charged molecules

soma

cell body

synapse

small gap between two neurons where communication occurs

synaptic vesicle

storage site for neurotransmitters

terminal button

axon terminal containing synaptic vesicles

threshold of excitation

level of charge in the membrane that causes the neuron to become active

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4.1.2: Parts of the Nervous System

Learning Objectives

- Describe the difference between the central and peripheral nervous systems
- Explain the difference between the somatic and autonomic nervous systems
- Differentiate between the sympathetic and parasympathetic divisions of the autonomic nervous system

The **nervous system** can be divided into two major subdivisions: the **central nervous system (CNS)** and the **peripheral nervous system (PNS)**, shown in the figure below. The CNS is comprised of the brain and spinal cord; the PNS connects the CNS to the rest of the body. In this section, we focus on the peripheral nervous system; later, we look at the brain and spinal cord.

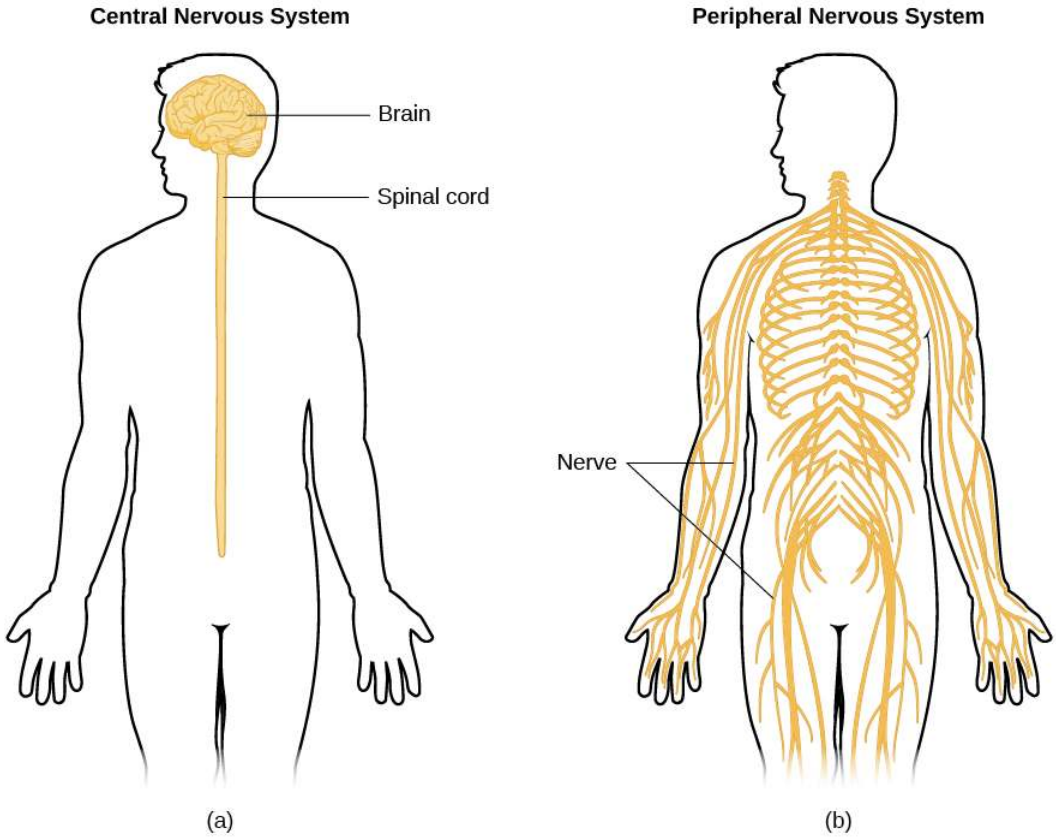


Figure 4.1.2.1:The nervous system is divided into two major parts: (a) the Central Nervous System and (b) the Peripheral Nervous System.

Peripheral Nervous System

The peripheral nervous system is made up of thick bundles of axons, called nerves, carrying messages back and forth between the CNS and the muscles, organs, and senses in the periphery of the body (i.e., everything outside the CNS). The PNS has two major subdivisions: the somatic nervous system and the autonomic nervous system.

The **somatic nervous system** is associated with activities traditionally thought of as conscious or voluntary. It is involved in the relay of sensory and motor information to and from the CNS; therefore, it consists of motor neurons and sensory neurons. Motor neurons, carrying instructions from the CNS to the muscles, are efferent fibers (efferent means “moving away from”). Sensory neurons, carrying sensory information to the CNS, are afferent fibers (afferent means “moving toward”). Each nerve is basically a two-way superhighway, containing thousands of axons, both efferent and afferent.

The **autonomic nervous system** controls our internal organs and glands and is generally considered to be outside the realm of voluntary control. It can be further subdivided into the sympathetic and parasympathetic divisions. The **sympathetic nervous system** is involved in preparing the body for stress-related activities; the **parasympathetic nervous system** is associated with

returning the body to routine, day-to-day operations. The two systems have complementary functions, operating in tandem to maintain the body's homeostasis. **Homeostasis** is a state of equilibrium, in which biological conditions (such as body temperature) are maintained at optimal levels.

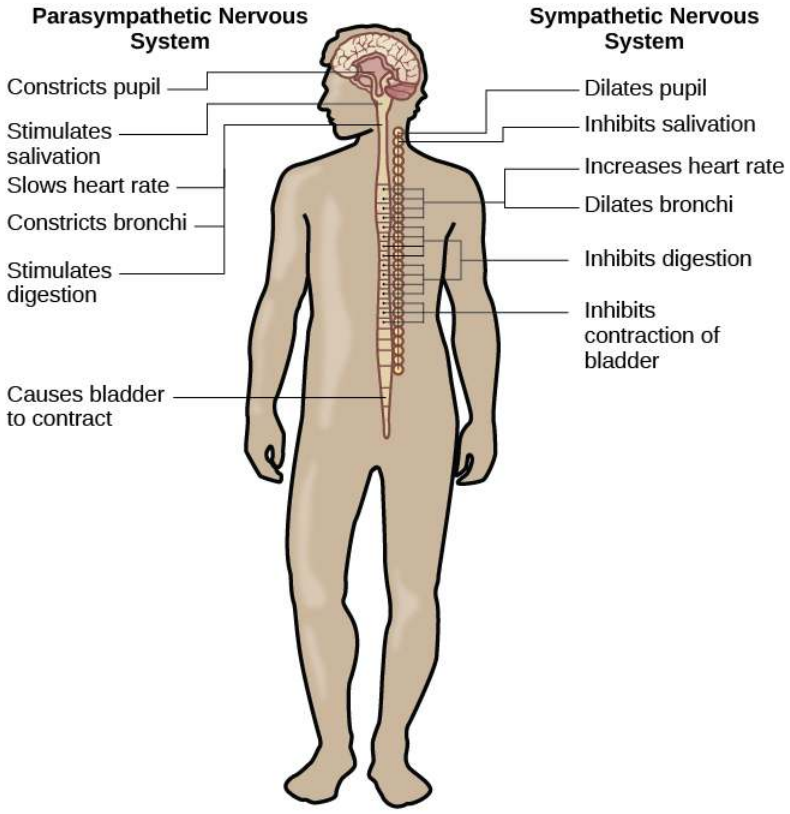


Figure 4.1.2.2: The sympathetic and parasympathetic divisions of the autonomic nervous system have the opposite effects on various systems.

The sympathetic nervous system is activated when we are faced with stressful or high-arousal situations. The activity of this system was adaptive for our ancestors, increasing their chances of survival. Imagine, for example, that one of our early ancestors, out hunting small game, suddenly disturbs a large bear with her cubs. At that moment, his body undergoes a series of changes—a direct function of sympathetic activation—preparing him to face the threat. His pupils dilate, his heart rate and blood pressure increase, his bladder relaxes, his liver releases glucose, and adrenaline surges into his bloodstream. This constellation of physiological changes, known as the **fight or flight response**, allows the body access to energy reserves and heightened sensory capacity so that it might fight off a threat or run away to safety.

While it is clear that such a response would be critical for survival for our ancestors, who lived in a world full of real physical threats, many of the high-arousal situations we face in the modern world are more psychological in nature. For example, think about how you feel when you have to stand up and give a presentation in front of a roomful of people, or right before taking a big test. You are in no real physical danger in those situations, and yet you have evolved to respond to any perceived threat with the **fight or flight** response. This kind of response is not nearly as adaptive in the modern world; in fact, we suffer negative health consequences when faced constantly with psychological threats that we can neither fight nor flee. Recent research suggests that an increase in susceptibility to heart disease (Chandola, Brunner, & Marmot, 2006) and impaired function of the immune system (Glaser & Kiecolt-Glaser, 2005) are among the many negative consequences of persistent and repeated exposure to stressful situations.

Once the threat has been resolved, the parasympathetic nervous system takes over and returns bodily functions to a relaxed state. Our hunter's heart rate and blood pressure return to normal, his pupils constrict, he regains control of his bladder, and the liver begins to store glucose in the form of glycogen for future use. These processes are associated with activation of the parasympathetic nervous system.

Summary

The brain and spinal cord make up the central nervous system. The peripheral nervous system is comprised of the somatic and autonomic nervous systems. The somatic nervous system transmits sensory and motor signals to and from the central nervous system. The autonomic nervous system controls the function of our organs and glands, and can be divided into the sympathetic and parasympathetic divisions. Sympathetic activation prepares us for fight or flight, while parasympathetic activation is associated with normal functioning under relaxed conditions.

Glossary

autonomic nervous system

controls our internal organs and glands

central nervous system (CNS)

brain and spinal cord

fight or flight response

activation of the sympathetic division of the autonomic nervous system, allowing access to energy reserves and heightened sensory capacity so that we might fight off a given threat or run away to safety

homeostasis

state of equilibrium—biological conditions, such as body temperature, are maintained at optimal levels

parasympathetic nervous system

associated with routine, day-to-day operations of the body

peripheral nervous system (PNS)

connects the brain and spinal cord to the muscles, organs and senses in the periphery of the body

somatic nervous system

relays sensory and motor information to and from the CNS

sympathetic nervous system

involved in stress-related activities and functions

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4.2.1: Studying

Questions to consider

- How do you prepare yourself and your environment for successful studying?
- What study strategies will be most beneficial to you?
- What are learning preferences and strategies, and how can you leverage those to your advantage?

Preparing to Study

Studying is hard work, but you can still learn some techniques to help you be a more effective learner. Two major and interrelated techniques involve avoiding distractions to the best of your ability and creating a study environment that works to help you concentrate.

Avoiding Distractions

We have always had distractions—video games, television shows, movies, music, friends—even housecleaning can distract us from doing something else we need to do, like study for an exam. That may seem extreme, but sometimes vacuuming is the preferred activity to buckling down and working through calculus problems! Cell phones, tablets, and portable computers that literally bring a world of possibilities to us anywhere have brought *distraction* to an entirely new level. When was the last time you were with a large group of people when you didn't see at least a few people on devices?



Figure 4.2.1.6: Video games are a common distraction, but we need to be aware that even tedious activities like cleaning can be a distraction from studying.

When you study, your biggest challenge may be to block out all the competing noise. And letting go of that connection to our friends and the larger world, even for a short amount of time, can be difficult. Perhaps the least stressful way to allow yourself a distraction-free environment is to make the study session a definite amount of time: long enough to get a significant amount of studying accomplished but short enough to hold your attention.

You can increase that attention time with practice and focus. Pretend it is a professional appointment or meeting during which you cannot check e-mail or texts or otherwise engage with your portable devices. We have all become very attached to the ability to check in—anonymously on social media or with family and friends via text, chat, and calls. If you set a specific amount of time to study without interruptions, you can convince your wandering mind that you will soon be able to return to your link to the outside world. Start small and set an alarm—a 30-minute period to review notes, then a brief break, then another 45-minute study session to quiz yourself on the material, and so on.

When you prepare for your optimal study session, remember to do these things:

- Put your phone out of sight—in another room or at least some place where you will not see or hear it vibrate or ring. Just flipping it over is not enough.
- Turn off the television or music (more on that in the next section).

- Unless you are deliberately working with a study group, study somewhere alone if possible or at least away from others enough to not hear them talking.

If you live with lots of other people or don't have access to much privacy, see if you can negotiate some space alone to study. Ask others to leave one part of the house or an area in one room as a quiet zone during certain hours. Ask politely for a specific block of time; most people will respect your educational goals and be willing to accommodate you. If you're trying to work out quiet zones with small children in the house, the bathtub with a pillow can make a fine study oasis.

Study Environment

You may not always be in the mood or inspired to study. And if you have a long deadline, maybe you can blow off a study session on occasion, but you shouldn't get into the habit of ignoring a strong study routine. Jane Austen once wrote in a letter, "I am not at all in a humor for writing; I must write on till I am." Sometimes just starting is the hard part; go ahead and begin. Don't wait around for your study muse; start working, and she'll show up.

Sometimes you just need to plop down and study whenever and wherever you can manage—in the car waiting for someone, on the bus, at the Little League field as you cheer on your shortstop. And that's OK if this is the exception. For long-term success in studying, though, you need a better study setting that will help you get the most out of your limited study time. Whatever your space limitations, carve out a place that you can dedicate to reading, writing, note taking, and reviewing. This doesn't need to be elaborate and expensive—all you truly need is a flat surface large enough to hold either your computer or writing paper, book or notes, pens/pencils/markers, and subject-specific materials you may need (e.g., stand-alone calculators, drawing tools, and notepads). Your space should be cool or warm enough for you to be comfortable as you study. What do you have now that you consider your study space? Is it set up for your optimal success?



Figure 4.2.1.7: Which is before, and which is after? (Credit: Ali West / Flickr / Attribution 2.0 Generic (CC-BY 2.0))

If it is at all possible, try to make this area exclusive to your study sessions and something you can leave set up all the time and a place out of the way of family or roommate traffic. For example, Martina thought setting up her study station on the dining room table was a good idea at first. The view was calming, and the table was big enough to spread out and could even hold all her materials to study architectural drawings, her favorite subject. But then she needed the table for a small family dinner party, so she had to find a cubbyhole to hide away her supplies with some needing to go into a closet in the next room. Now she was spread out over multiple study spaces. And the family TV was in an adjacent room, not visible from the table but certainly an auditory distraction. Martina ultimately decided to forgo her view and create a smaller station in an unused bedroom so she could leave her supplies out and have a quieter area. You may have to try out numerous places to determine what works best for you.

Wherever you study, try to make it a welcoming place you want to be in—not an uncomfortable environment that makes you want to just do the minimum you must complete and leave. You should include the basics: a good chair, a work surface, and whatever materials, books, notes, and other supplies you need for the subject you are studying. If you want to make it even more of a productive place, you can look in magazines for ideas or search the web to see how others have set up simple areas or more elaborate arrangements. Don't let decorating your workspace be an excuse to get out of studying!

You don't need an elaborate setting, but you may want to consider including a few effective additions if you have the space:

- small bulletin board for often-used formulas
- encouraging quotes or pictures of your goal
- whiteboard for brainstorming
- sticky notes for reminders in texts and notes
- file holder for most-used documents

- bookshelf for reference books

Activity

Describe every element in your ideal study environment and explain why it's there as well as how it will make more efficient use of your time, limit distractions, or in some other way strengthen your ability to study.

After you have described your ideal study environment, think about how you can adapt that environment if you cannot be in your favorite place to study. How do you *make your own space* in the library, a student lounge, or a dedicated space on campus for student studying?

Debunking Study Myths

MYTH #1: You can multitask while studying.

How many times do you eat in the car? Watch TV while you write out a grocery list? Listen to music while you cook dinner? What about type an e-mail while you're on the phone with someone else and jot down notes about the call? The common term for this attempt to do more than one thing at a time is multitasking, and almost everyone does it at some point. On some days, you simply cannot accomplish all that you want to get done, so you double up. The problem is, multitasking doesn't really work. Of course, it exists, and we do it. For instance, we walk and chew gum or drive and talk, but we are not really thinking about two or more distinct things or doing multiple processes simultaneously.

MYTH #2: Highlighting main points of a text is useful.

Another myth of studying that seems to have a firm hold is that the idea of highlighting text—in and of itself—is the best way to review study material. It is one way, and you can get some benefit from it, but don't trick yourself into spending too much time on this surface activity and consider your study session complete. Annotating texts or notes is a first-step type of study practice. If you allow it to take up all your time, you may want to think you are fully prepared for an exam because you put in the time. Actually, you need much more time reviewing and retrieving your lessons and ideas from the text or class lecture as well as quizzing yourself to accomplish your goal of learning so you can perform well on the exam. Highlighting is a task you can do rather easily, and it makes you feel good because you are actively engaging with your text, but true learning needs more steps.

MYTH #3: Studying effectively is effortless.

There is nothing effortless, or even pleasant at times, about studying. This is why so many students don't put in the time necessary to learn complex material: it takes time, effort, and, in some cases, a little drudgery. This is not to say that the outcome, learning—and maybe making an A—is not pleasant and rewarding. It is just that when done right, learning takes focus, deliberate strategies, and time. Think about a superstar athlete who puts in countless hours of drills and conditioning so that she makes her work on the field look easy. If you can also *enjoy* the studying, the skill development, and the knowledge building, then you will most likely be more motivated to do the work.

Analysis Question

When are you most liable to multitask? How could you be more aware of this practice and try to eliminate it, especially when it comes to studying? How can you make your initial text highlighting more time efficient so you can include other study practices?

Study Strategies

Everyone wishes they had a better memory or a stronger way to use memorization. You can make the most of the memory you have by making some conscious decisions about how you study and prepare for exams. Incorporate these ideas into your study sessions:

Practicing effective memorization is when you use a trick, technique, or strategy to recall something—for another class, an exam, or even to bring up an acquaintance's name in a social situation. Really whatever works for you to recall information is a good tool to have. You can create your own quizzes and tests to go over material from class. You can use mnemonics to jog your memory. You can work in groups to develop unique ways to remember complex information. Whatever methods you choose to enhance your memory, keep in mind that repetition is one of the most effective tools in any memory strategy. Do whatever you do over and over for the best results.

Using Mnemonics

Mnemonics (pronounced new-monics) are a way to remember things using reminders. Did you learn the points of the compass by remembering NEWS (north, east, west, and south)? Or the notes on the music staff as FACE or EGBDF (every good boy does fine)? These are mnemonics. When you're first learning something and you aren't familiar with the foundational concepts, these help you bring up the information quickly, especially for multistep processes or lists. After you've worked in that discipline for a while, you likely don't need the mnemonics, but you probably won't forget them either.

Here are some familiar mnemonics you may find useful:

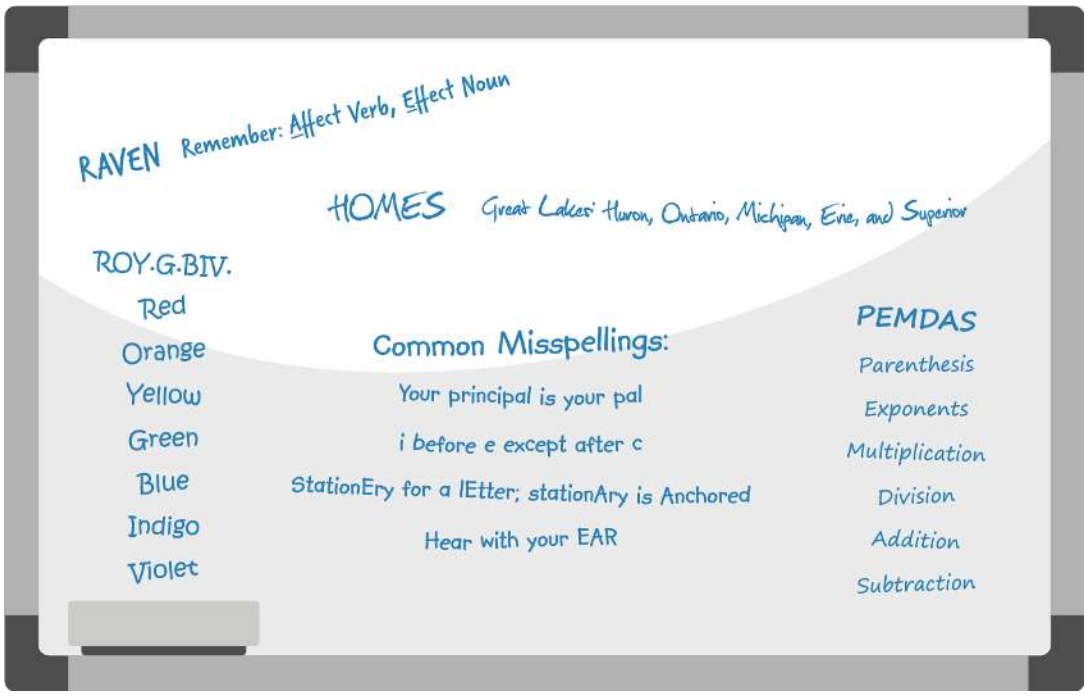


Figure 4.2.1.8

You can certainly make up your own mnemonics, but be careful that your reminder isn't so complex and convoluted that it is more difficult to remember than the information you were relating it to!

Analysis Question

Do you have other mnemonics that help you remember difficult material? What are they? How have they helped you with remembering important things?

Practicing Concept Association

When you study, you're going to make connections to other things—that's a good thing. It shows a highly intelligent ability to make sense of the world when you can associate like and even somewhat unlike components. If, for instance, you were reading Martin Luther King Jr.'s "Letter from a Birmingham Jail," and you read the line that he had been in Birmingham, you may remember a trip you took with your family last summer through Alabama and that you passed by and visited the civil rights museum in Birmingham. This may remind you of the different displays you saw and the discussions you had with your family about what had happened concerning civil rights in the 1950s,'60s, and '70s in the United States.

This is a good connection to make, but if your assignment is to critique the literary aspects of King's long epistle, you need to be able to come back to the actual words of the letter and see what trends you can see in his writing and why he may have used his actual words to convey the powerful message. The connection is fine, but you can't get lost in going down rabbit holes that may or may not be what you're supposed to be doing at the time. Make a folder for this assignment where you can put things such as a short summary of your trip to Alabama. You may eventually include notes from this summary in your analysis. You may include something from a website that shows you information about that time period. Additionally, you could include items about Martin Luther King Jr.'s life and death and his work for civil rights. All of these elements may help you understand the significance of this one letter, but you need to be cognizant of what you're doing at the time and remember it is not usually a good idea to just try to

keep it all in your head. The best idea is to have a way to access this information easily, either electronically or in hard copy, so that if you are able to use it, you can find it easily and quickly.

Generating Idea Clusters

Like mnemonics, idea clusters are nothing more than ways to help your brain come up with ways to recall specific information by connecting it to other knowledge you already have. For example, Andrea is an avid knitter and remembers how to create complicated stitches by associating them with nursery rhymes she read as a child. A delicate stitch that requires concentration because it makes the yarn look like part of it is hiding brings to mind Red Riding Hood, and connecting it to that character helps Andrea recall the exact order of steps necessary to execute the design. You can do the same thing with song lyrics, lines from movies, or favorite stories where you draw a connection to the well-known phrase or song and the task you need to complete.

Application

Choose one of the following, and create an idea cluster to group and organize:

- Example A: aviation jobs in North America
- Example B: the use of analytics in sports to determine team rosters
- Example C: how social media affects political campaigns

Start the idea cluster with the topic circled in the middle of the page. For Example A, you might make one cluster off the main circle for specific positions; you could add another cluster for salary ranges and another for geographic regions.

Three Effective Study Strategies

There are more than three study strategies, but focusing on the most effective strategies will make an enormous difference in how well you will be able to demonstrate learning (also known as “acing your tests”). Here is a brief overview of each of the three strategies:

- Spacing—This has to do with *when* you study. Hint: Don’t cram; study over a period of days, preferably with “breaks” in between.
- Interleaving—This has to do with *what* you study. Hint: Don’t study just one type of content, topic, chapter, or unit at a time; instead, mix up the content when you study.
- Practice testing—This has to do with *how* you study. Hint: Don’t just reread content. You must quiz or test your ability to retrieve the information from your brain.

Spacing

We all know that cramming is not an effective study strategy, but do we know why? Research on memory suggests that giving yourself time in between study sessions actually helps you forget the information. And forgetting, which sounds like it would be something you *don’t* want to do, is actually good for your ability to remember information long-term. That’s because every time you forget something, you need to relearn it, leading to gains in your overall understanding and “storage” of the material. The table below demonstrates how spacing works. Assume you are going to spend about four hours studying for a Sociology exam. Cramming would have you spending most of those four hours the night before the exam. With spacing, on the other hand, you would study a little bit each day.

Table 6.1

Spacing							
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Cramming				Study for 1 hour	Study for 3		
Spacing	Study for 1 hour		Study for 30 minutes	Study for 1 hour	Study for 90 minutes		

Interleaving

One particular studying technique is called interleaving, which calls for students to mix up the content that is being studied. This means not just spending the entire study session on one sort of problem and then moving on to a different sort of problem at a later

time.

If you take the schedule we used for the spacing example above, we can add the interleaving concepts to it. Notice that interleaving includes revisiting material from a previous chapter or unit or revisiting different types of problems or question sets. The benefit is that your brain is “mixing up” the information, which can sometimes lead to short-term forgetting but can lead to long-term memory and learning.

Table 6.2

Interleaving					
Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Reread Sociology, Chapter 1. Reorganize notes		Reread Sociology, Chapter 1 and 2 Take Ch 1 online quiz. Create Chapter 2 concept map	Reread Sociology, Chapters 1-3. Take online quizzes for chapters 2 and 3. Reorganize notes. Create practice test	Reread notes. Review items missed on online quizzes. Take practice test and review challenge areas.	**TEST in sociology, Chapters 1-3**

Practice Testing

You can do a practice “test” in two ways. One is to test yourself as you are reading or taking in information. This is a great way to add a little variety to your studying. You can ask yourself what a paragraph or text section means as you read. To do this, read a passage in a text, cover up the material, and ask yourself, “What was the main idea of this section?” Recite aloud or write down your answer, and then check it against the original information.

Another, more involved, way to practice test is to create flashcards or an actual test by writing a test. This takes more time, but there are online programs such as Quizlet that make it a little easier. Practice testing is an effective study strategy because it helps you practice *retrieving* information, which is what you want to be able to do when you are taking the real test.

One of the best ways to learn something is to teach it to someone else, so ask a friend or family member if you can explain something to them, and *teach* them the lesson. You may find you know more about the subject than you thought . . . or you may realize quickly that you need to do more studying. Why does teaching someone else rank as one of the most effective ways to learn something? It is a form of practice testing that requires you to demonstrate you know something in front of someone else! No one wants to look like they don’t know what they are talking about, even if it your audience is another classmate.

Recognizing Strengths/Weaknesses of Preferred Study Approaches

Most children don’t learn to ride a bicycle by reading a manual; they learn by watching other kids, listening to instructions, and getting up on the seat and learning to balance—sometimes with training wheels or a proud parent holding on, but ultimately without any other support. They may fall over and feel insecure, but usually, they learn to make the machine go. Most of us employ multiple methods of study all the time. You usually only run into trouble if you stubbornly rely on just one way to learn or study and the material you’re studying or the task you want to accomplish doesn’t lend itself to that preference. You can practice specific strategies to help you learn in your preferred learning approach. Can you think of a time when the way you usually study a situation didn’t work?

When deciding on a study approach, consider what you know about the material and the type of knowledge it involves. Is it a group of concepts related to problem-solving methods, such as those you’d find in a physics class? Or is it a literary analysis of a novel? Consider as many elements as possible about the material -- and the way the material will be assessed -- to help choose a study approach.

You should also consider your instructor’s preferred method of teaching and learning. Watching the way they teach lessons or convey necessary course information to the class. Do they almost always augment lessons with video clips to provide examples or create a memorable narrative? Do they like to show you how something works by demonstrating and working with their hands—for instance, assembling a piece of equipment by taking it apart and putting it back together again? Echoing their teaching approach may help your study. That doesn’t mean you have to change your entire learning approach to match your instructors’ methods. Many instructors understand that their students will have different ways of learning and try to present information in multiple ways.

Practicing Active Continuous Improvement for All Preferences

You can certainly learn through specific approaches or according to specific preferences, but you will also need to adapt to different situations, skills, and subject areas. Don't limit yourself to thinking you can *only* learn one way or another. That mindset induces anxiety when you encounter a learning situation that doesn't match your preference. What if your instructor *only* uses a spoken lecture to teach concepts in your chemistry class, and you consider yourself a visual learner? Or what if the only method presented to you for learning mathematical computations is to see videos of others working problems, and you're more hands-on? You may have to concentrate in a different way or devise other strategies to learn, but you can do it. In fact, you should sometimes work on the styles/preferences that you feel are your least favorite; it will actually strengthen your overall ability to learn and retain information.[10]

Dr. Stephen Covey, famous leadership coach and businessman, called this attention to knowing and honing all your skill sets, not just your favorites, *sharpening the saw.* He advised that people should be aware of their strengths but should always hone their weaknesses by saying, "We must never become too busy sawing to take time to sharpen the saw."[11] For instance, in the chemistry lecture example, you may need to take good notes from the spoken lecture and then review those notes as you sketch out any complex ideas or formulas. If the math videos are not enough for you to grasp difficult problems, you may ask for or find your own problems for additional practice covering that particular mathematical concept to solve on your own.

Footnotes

- Newton, Phillip M., & Miah, Mahallad. "Evidence-Based Higher Education—Is the Learning Style 'Myth' Important?" *Frontiers in Psychology* 8:444 (2017) DOI: 10. 3389/FPSYG. 2017.00444.
- Covey, Stephen. The 7 Habits of Highly Effective People ® www.franklincovey.com/the-7-habits.html

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4.2.2: Taking Notes

Questions to consider

- How can you prepare to take notes to maximize the effectiveness of the experience?
- What are some specific strategies you can employ for better notetaking?
- Why is annotating your notes after the notetaking session a critical step to follow?

Beyond providing a record of the information you are reading or hearing, notes help you organize the ideas and help you make meaning out of something about which you may not be familiar, so notetaking and reading are two compatible skill sets. Taking notes also helps you stay focused on the question at hand. Nanami often takes notes during presentations or class lectures so she can follow the speaker's main points and condense the material into a more readily usable format. Strong notes build on your prior knowledge of a subject, help you discuss trends or patterns present in the information, and direct you toward areas needing further research or reading.



Figure 4.2.2.9: Strong notes build on your prior knowledge of a subject, help you discuss trends or patterns present in the information, and direct you toward areas needing further research or reading.

It is not a good habit to transcribe every single word a speaker utters—even if you have an amazing ability to do that. Most of us don't have that court-reporter-esque skill level anyway, and if we try, we would end up missing valuable information. Learn to listen for main ideas and distinguish between these main ideas and details that typically support the ideas. Include examples that explain the main ideas, but do so using understandable abbreviations.

Think of all notes as potential study guides. In fact, if you only take notes without actively working on them after the initial notetaking session, the likelihood of the notes helping you is slim. Research on this topic concludes that without active engagement after taking notes, most students forget 60–75 percent of material over which they took the notes—within two days! That sort of defeats the purpose, don't you think? This information about memory loss was first brought to light by 19th-century German psychologist Hermann Ebbinghaus. Fortunately, you do have the power to thwart what is sometimes called the Ebbinghaus Forgetting Curve by reinforcing what you learned through review at intervals shortly after you take in the material and frequently thereafter.

If you are a musician, you'll understand this phenomenon well. When you first attempt a difficult piece of music, you may not remember the chords and notes well at all, but after frequent practice and review, you generate a certain muscle memory and cognitive recall that allows you to play the music more easily.

Notetaking may not be the most glamorous aspect of your higher-education journey, but it is a study practice you will carry throughout college and into your professional life. Setting yourself up for successful notetaking is almost as important as the actual taking of notes, and what you do after your notetaking session is equally significant. Well-written notes help you organize your thoughts, enhance your memory, and participate in class discussion, and they prepare you to respond successfully on exams. With all that riding on your notes, it would behoove you to learn how to take notes properly and continue to improve your notetaking skills.

Analysis Question

Do you currently have a preferred way to take notes? When did you start using it? Has it been effective? What other strategy might work for you?

Preparing to Take Notes

Preparing to take notes means more than just getting out your laptop or making sure you bring pen and paper to class. You'll do a much better job with your notes if you understand why we take notes, have a strong grasp on your preferred notetaking system, determine your specific priorities depending on your situation, and engage in some version of efficient shorthand.

Like handwriting and fingerprints, we all have unique and fiercely independent notetaking habits. These understandably and reasonably vary from one situation to the next, but you can only improve your skills by learning more about ways to take effective notes and trying different methods to find a good fit.

The very best notes are the ones you take in an organized manner that encourages frequent review and use as you progress through a topic or course of study. For this reason, you need to develop a way to organize all your notes for each class so they remain together and organized. As old-fashioned as it sounds, a clunky three-ring binder is an excellent organizational container for class notes. You can easily add to previous notes, insert handouts you may receive in class, and maintain a running collection of materials for each separate course. If the idea of carrying around a heavy binder has you rolling your eyes, then transfer that same structure into your computer files. If you don't organize your many documents into some semblance of order on your computer, you will waste significant time searching for improperly named or saved files.

You may be interested in relatively new research on what is the more effective notetaking strategy: handwriting versus typing directly into a computer. While individuals have strong personal opinions on this subject, most researchers agree that the format of student notes is less important than what students do with the notes they take afterwards. Both handwriting notes and using a computer for notetaking have pros and cons.

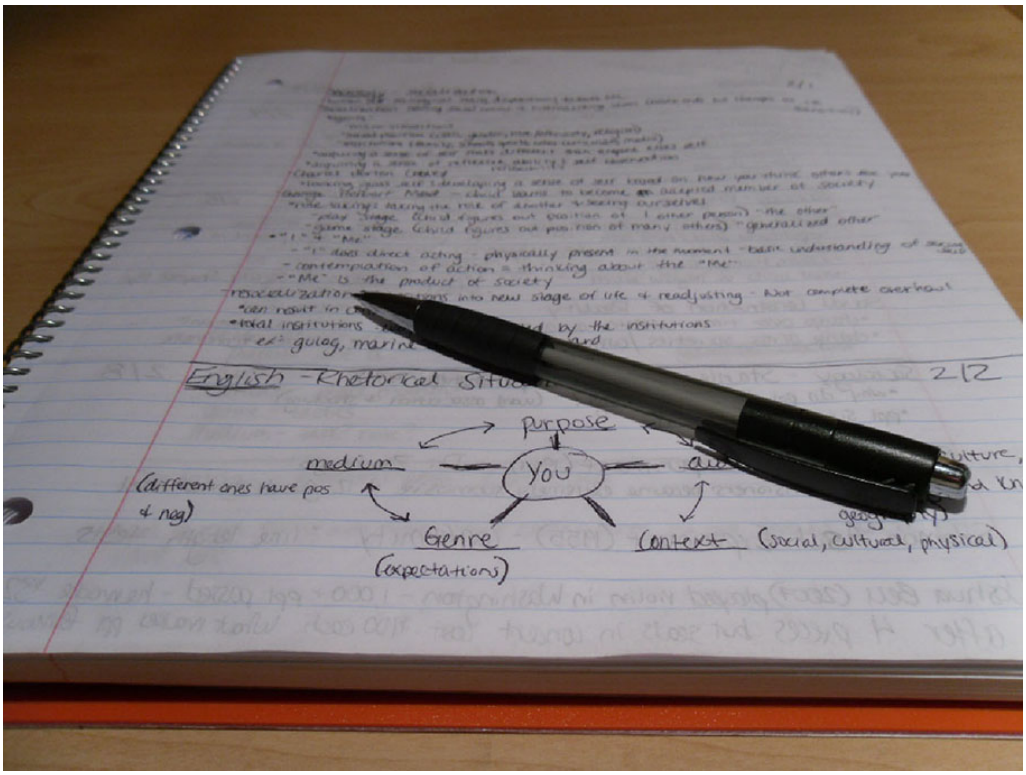


Figure 4.2.2.10: The best notes are the ones you take in an organized manner. Frequent review and further annotation are important to build a deep and useful understanding of the material. (Credit: English106 / Flickr / Attribution 2.0 Generic (CC-BY 2.0))

Managing Notetaking Systems (Computer, Paper/Pen, Note Cards, Textbook)

Whichever of the many notetaking systems you choose (and new ones seem to come out almost daily), the very best one is the one that you will use consistently. The skill and art of notetaking is not automatic for anyone; it takes a great deal of practice, patience, and continuous attention to detail. Add to that the fact that you may need to master multiple notetaking techniques for different classes, and you have some work to do. Unless you are specifically directed by your instructor, you are free to combine the best parts of different systems if you are most comfortable with that hybrid system.

Just to keep yourself organized, all your notes should start off with an identifier, including at the very least the date, the course name, the topic of the lecture/presentation, and any other information you think will help you when you return to use the notes for further study, test preparation, or assignment completion. Additional, optional information may be the number of notetaking sessions about this topic or reminders to cross-reference class handouts, textbook pages, or other course materials. It's also always a good idea to leave some blank space in your notes so you can insert additions and questions you may have as you review the material later.

Notetaking Strategies

You may have a standard way you take all your notes for all your classes. When you were in high school, this one-size-fits-all approach may have worked. Now that you're in college, reading and studying more advanced topics, your general method may still work some of the time, but you should have some different strategies in place if you find that your method isn't working as well with college content. You probably will need to adopt different notetaking strategies for different subjects. The strategies in this section represent various ways to take notes in such a way that you are able to study after the initial notetaking session.

Cornell Method

One of the most recognizable notetaking systems is called the *Cornell Method*, a relatively simple way to take effective notes devised by Cornell University education professor Dr. Walter Pauk in the 1940s. In this system, you take a standard piece of note paper and divide it into three sections by drawing a horizontal line across your paper about one to two inches from the bottom of the page (the summary area) and then drawing a vertical line to separate the rest of the page above this bottom area, making the left side about two inches (the recall column) and leaving the biggest area to the right of your vertical line (the notes column). You may want to make one page and then copy as many pages as you think you'll need for any particular class, but one advantage of this

system is that you can generate the sections quickly. Because you have divided up your page, you may end up using more paper than you would if you were writing on the entire page, but the point is not to keep your notes to as few pages as possible. The Cornell Method provides you with a well-organized set of notes that will help you study and review your notes as you move through the course. If you are taking notes on your computer, you can still use the Cornell Method in Word or Excel on your own or by using a template someone else created.

Topic/Objective:	Name:
	Class/Period:
	Date:
Essential Question:	
Questions:	Notes:
Summary:	

Figure 4.2.2.11: The Cornell Method provides a straightforward, organized, and flexible approach

Now that you have the notetaking format generated, the beauty of the Cornell Method is its organized simplicity. Just write on one side of the page (the right-hand notes column)—this will help later when you are reviewing and revising your notes. During your notetaking session, use the notes column to record information over the main points and concepts of the lecture; try to put the ideas into your own words, which will help you not transcribe the speaker's words verbatim. Skip lines between each idea in this column. Practice the shortcut abbreviations covered in the next section and avoid writing in complete sentences. Don't make your notes too cryptic, but you can use bullet points or phrases equally well to convey meaning—we do it all the time in conversation. If you know you will need to expand the notes you are taking in class but don't have time, you can put reminders directly in the notes by adding and underlining the word *expand* by the ideas you need to develop more fully.

As soon as possible after your notetaking session, preferably within eight hours but no more than twenty-four hours, read over your notes column and fill in any details you missed in class, including the places where you indicated you wanted to expand your notes. Then in the recall column, write any key ideas from the corresponding notes column—you can't stuff this smaller recall column as if you're explaining or defining key ideas. Just add the one- or two-word main ideas; these words in the recall column serve as cues to help you remember the detailed information you recorded in the notes column.

Once you are satisfied with your notes and recall columns, summarize this page of notes in two or three sentences using the summary area at the bottom of the sheet. This is an excellent time to get with another classmate or a group of students who all heard the same lecture to make sure you all understood the key points. Now, before you move onto something else, cover the large notes column, and quiz yourself over the key ideas you recorded in the recall column. Repeat this step often as you go along, not just immediately before an exam, and you will help your memory make the connections between your notes, your textbook reading, your in-class work, and assignments that you need to succeed on any quizzes and exams.

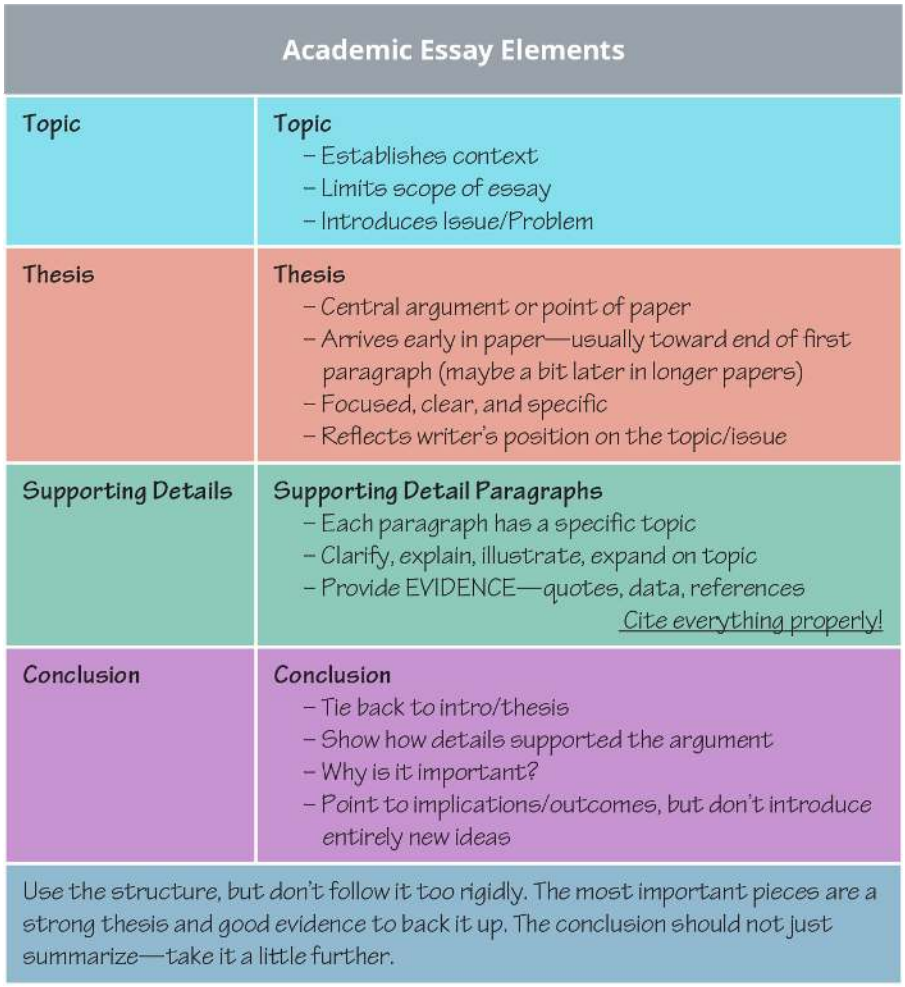


Figure 4.2.2.12: This sample set of notes in the Cornell Method is designed to make sense of a large amount of information. The process of organizing the notes can help you retain the information more effectively than less consistent methods.

The main advantage of the Cornell Method is that you are setting yourself up to have organized, workable notes. The neat format helps you move into study-mode without needing to re-copy less organized notes or making sense of a large mass of information you aren't sure how to process because you can't remember key ideas or what you meant. If you write notes in your classes without any sort of system and later come across something like "Napoleon—short" in the middle of a glob of notes, what can you do at this point? Is that important? Did it connect with something relevant from the lecture? How would you possibly know? You are your best advocate for setting yourself up for success in college.

Outlining

Other note organizing systems may help you in different disciplines. You can take notes in a formal outline if you prefer, using Roman numerals for each new topic, moving down a line to capital letters indented a few spaces to the right for concepts related to the previous topic, then adding details to support the concepts indented a few more spaces over and denoted by an Arabic numeral. You can continue to add to a formal outline by following these rules.

You don't absolutely have to use the formal numerals and letter, but you have to then be careful to indent so you can tell when you move from a higher level topic to the related concepts and then to the supporting information. The main benefit of an outline is how

organized it is. You have to be on your toes when you are taking notes in class to ensure you keep up the organizational format of the outline, which can be tricky if the lecture or presentation is moving quickly or covering many diverse topics.

The following formal outline example shows the basic pattern:

I. Dogs *(main topic–usually general)*
   A. German Shepherd *(concept related to main topic)*
      1. Protection *(supporting info about the concept)*
      2. Assertive
      3. Loyal
   B. Weimaraner *(concept related to main topic)*
      1. Family-friendly *(supporting info about the concept)*
      2. Active
      3. Healthy
II. Siamese

You would just continue on with this sort of numbering and indenting format to show the connections between main ideas, concepts, and supporting details. Whatever details you do not capture in your notetaking session, you can add after the lecture as you review your outline.

Chart or table

Similar to creating an outline, you can develop a chart to compare and contrast main ideas in a notetaking session. Divide your paper into four or five columns with headings that include either the main topics covered in the lecture or categories such as How?, What?, When used?, Advantages/Pros, Disadvantages/Cons, or other divisions of the information. You write your notes into the appropriate columns as that information comes to light in the presentation.

Example of a Chart to Organize Ideas and Categories

	Structure	Types	Functions in Body	Additional Notes
Carbohydrates				
Lipids				
Proteins				
Nucleic Acid				

This format helps you pull out the salient ideas and establishes an organized set of notes to study later. (If you haven't noticed that this *reviewing later* idea is a constant across all notetaking systems, you should…take note of that.) Notes by themselves that you never reference again are little more than scribblings. That would be a bit like compiling an extensive grocery list so you stay on budget when you shop, work all week on it, and then just throw it away before you get to the store. You may be able to recall a few items, but likely won't be as efficient as you could be if you had the notes to reference. Just as you cannot read all the many books, articles, and documents you need to peruse for your college classes, you cannot remember the most important ideas of all the notes you will take as part of your courses, so you must review.

Concept Mapping and Visual Notetaking

One final notetaking method that appeals to learners who prefer a visual representation of notes is called *mapping* or sometimes *mind mapping* or *concept mapping*, although each of these names can have slightly different uses. Variations of this method abound, so you may want to look for more versions online, but the basic principles are that you are making connections between main ideas through a graphic depiction; some can get rather elaborate with colors and shapes, but a simple version may be more useful at least to begin. Main ideas can be circled or placed in a box with supporting concepts radiating off these ideas shown with a connecting line and possibly details of the support further radiating off the concepts. You can present your main ideas vertically or horizontally, but turning your paper long-ways, or in landscape mode, may prove helpful as you add more main ideas.

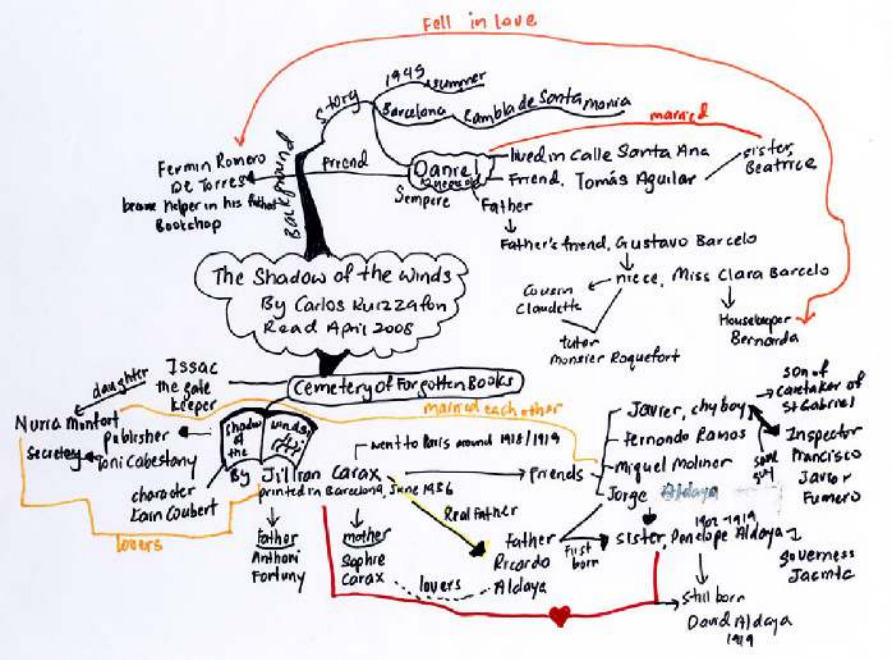


Figure 4.2.2.13: Concept mapping, sometimes referred to as mind mapping, can be an effective and very personalized approach to capturing information. (Credit: ArtistIvanChew / Flickr / Attribution 2.0 Generic (CC-BY 2.0))

You may be interested in trying visual notetaking or adding pictures to your notes for clarity. Sometimes when you can't come up with the exact wording to explain something or you're trying to add information for complex ideas in your notes, sketching a rough image of the idea can help you remember. According to educator Sherrill Knezel in an article entitled "The Power of Visual Notetaking," this strategy is effective because "When students use images and text in notetaking, it gives them two different ways to pull up the information, doubling their chances of recall." Don't shy away from this creative approach to notetaking just because you believe you aren't an artist; the images don't need to be perfect. You may want to watch Rachel Smith's TEDx Talk called "Drawing in Class" to learn more about visual notetaking.

You can play with different types of notetaking suggestions and find the method(s) you like best, but once you find what works for you, stick with it. You will become more efficient with the method the more you use it, and your notetaking, review, and test prep will become, if not easier, certainly more organized, which can delete decrease your anxiety.

Practicing Decipherable Shorthand

Most college students don't take a class in shorthand, once the domain of secretaries and executive assistants, but maybe they should. That almost-lost art in the age of computers could come in very handy during intense notetaking sessions. Elaborate shorthand systems do exist, but you would be better served in your college notetaking adventures to hone a more familiar, personalized form of shorthand to help you write more in a shorter amount of time. Seemingly insignificant shortcuts can add up to ease the stress notetaking can induce—especially if you ever encounter an "I'm not going to repeat this" kind of presenter! Become familiar with these useful abbreviations:

Shortcut symbol	Meaning
w/, w/o, w/in	with, without, within
&	and
#	number
b/c	because
X, √	incorrect, correct
Diff	different, difference
etc.	and so on

ASAP	as soon as possible
US, UK	United States, United Kingdom
info	information
Measurements: ft, in, k, m	foot, inch, thousand, million
¶	paragraph or new paragraph
Math symbols: =, +, >, <, ÷	equal, plus, greater, less, divided by
WWI, WWII	World Wars I and II
impt	important
?, !, **	denote something is very significant; don't over use

Do you have any other shortcuts or symbols that you use in your notes? Ask your parents if they remember any that you may be able to learn.

Annotating Notes After Initial Notetaking Session

Annotating notes after the initial notetaking session may be one of the most valuable study skills you can master. Whether you are highlighting, underlining, or adding additional notes, you are reinforcing the material in your mind and memory.

Admit it—who can resist highlighting markers? Gone are the days when yellow was the star of the show, and you had to be very careful not to press too firmly for fear of obliterating the words you were attempting to emphasize. Students now have a veritable rainbow of highlighting options and can color-code notes and text passages to their hearts' content. Technological advances may be important, but highlighter color choice is monumental! Maybe.

The only reason to highlight anything is to draw attention to it, so you can easily pick out that ever-so-important information later for further study or reflection. One problem many students have is not knowing when to stop. If what you need to recall from the passage is a particularly apt and succinct definition of the term important to your discipline, highlighting the entire paragraph is less effective than highlighting just the actual term. And if you don't rein in this tendency to color long passages (possibly in multiple colors) you can end up with a whole page of highlighted text. Ironically, that is no different from a page that is not highlighted at all, so you have wasted your time. Your mantra for highlighting text should be *less is more*. Always read your text selection first before you start highlighting anything. You need to know what the overall message is before you start placing emphasis in the text with highlighting.

Another way to annotate notes after initial notetaking is underlying significant words or passages. Albeit not quite as much fun as its colorful cousin highlighting, underlining provides precision to your emphasis.

Some people think of annotations as only using a colored highlighter to mark certain words or phrases for emphasis. Actually, annotations can refer to anything you do with a text to enhance it for your particular use (either a printed text, handwritten notes, or other sort of document you are using to learn concepts). The annotations may include highlighting passages or vocabulary, defining those unfamiliar terms once you look them up, writing questions in the margin of a book, underlining or circling key terms, or otherwise marking a text for future reference. You can also annotate some electronic texts.

Realistically, you may end up doing all of these types of annotations at different times. We know that repetition in studying and reviewing is critical to learning, so you may come back to the same passage and annotate it separately. These various markings can be invaluable to you as a study guide and as a way to see the evolution of your learning about a topic. If you regularly begin a reading session writing down any questions you may have about the topic of that chapter or section and also write out answers to those questions at the end of the reading selection, you will have a good start to what that chapter covered when you eventually need to study for an exam. At that point, you likely will not have time to reread the entire selection especially if it is a long reading selection, but with strong annotations in conjunction with your class notes, you won't need to do that. With experience in reading discipline-specific texts and writing essays or taking exams in that field, you will know better what sort of questions to ask in your annotations

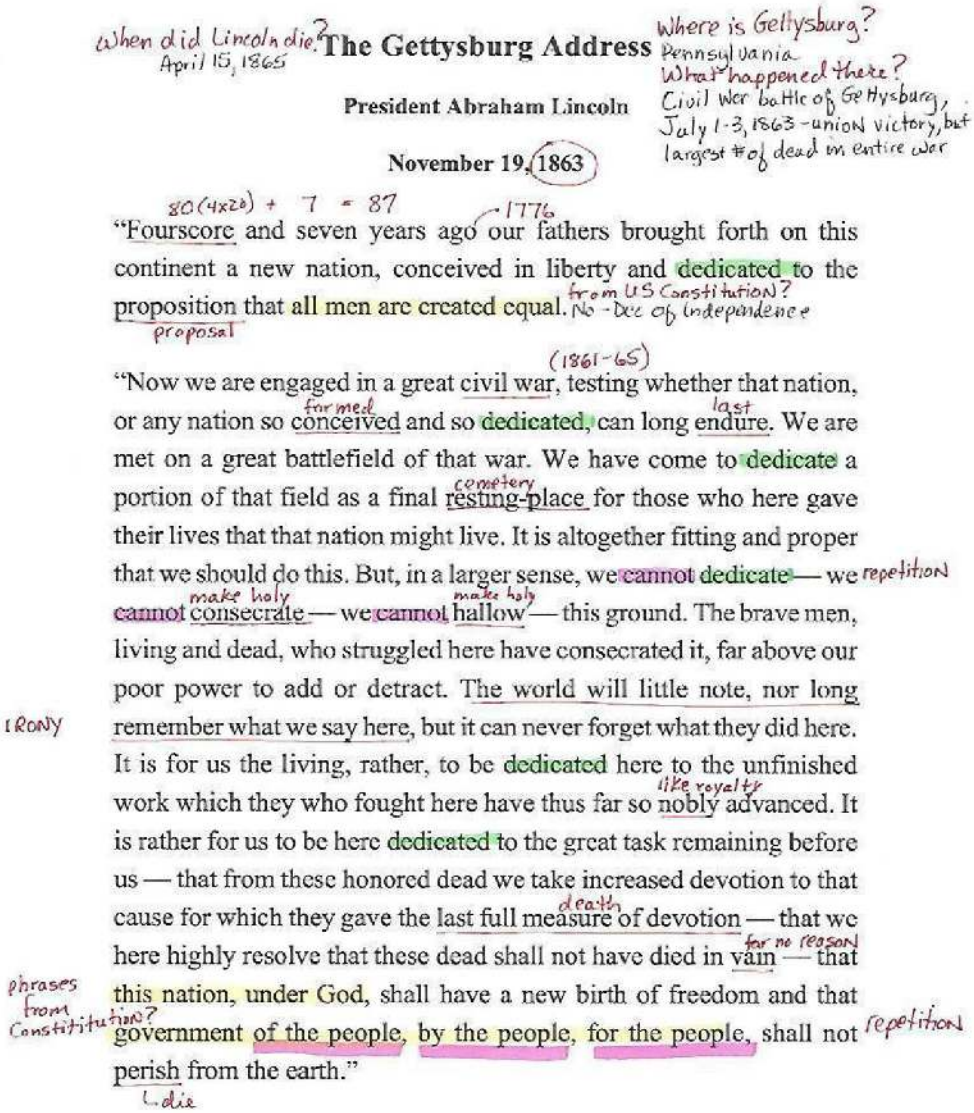


Figure 4.2.2.14: Annotations may include highlighting important topics, defining unfamiliar terms, writing questions in, underlining or circling key terms, or otherwise marking a text for future reference. Whichever approach you choose, try not to overdo it; neat, organized, and efficient notes are more effective than crowded or overdone notes.

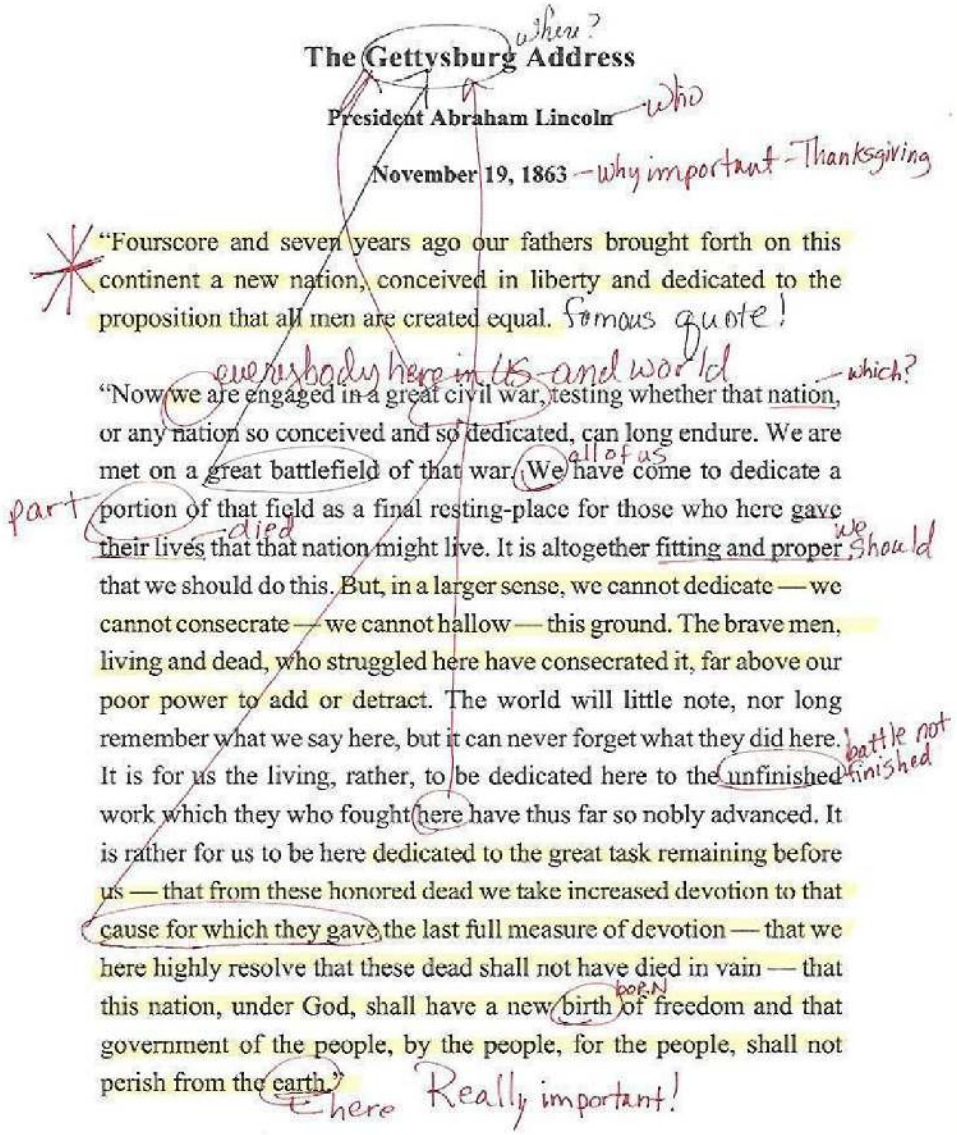


Figure 4.2.2.15: While these notes may be meaningful to the person who took them, they are neither organized nor consistent. For example, note that some of the more commonly used terms, like "we" and "unfinished," are defined, but less common ones -- "consecrate" and "hallow" -- are not.

What you have to keep in the front of your mind while you are annotating, especially if you are going to conduct multiple annotation sessions, is to not overdo whatever method you use. Be judicious about what you annotate and how you do it on the page, which means you must be neat about it. Otherwise, you end up with a mess of either color or symbols combined with some cryptic notes that probably took you quite a long time to create, but won't be worth as much to you as a study aid as they could be. This is simply a waste of time and effort.

You cannot eat up every smidgen of white space on the page writing out questions or summaries and still have a way to read the original text. If you are lucky enough to have a blank page next to the beginning of the chapter or section you are annotating, use this, but keep in mind that when you start writing notes, you aren't exactly sure how much space you'll need. Use a decipherable shorthand and write only what you need to convey the meaning in very small print. If you are annotating your own notes, you can make a habit of using only one side of the paper in class, so that if you need to add more notes later, you could use the other side. You can also add a blank page to your notes before beginning the next class date in your notebook so you'll end up with extra paper for annotations when you study.

Professional resources may come with annotations that can be helpful to you as you work through the various documentation requirements you'll encounter in college as well. Purdue University's Online Writing Lab (OWL) provides an annotated sample for

how to format a college paper according to guidelines in the Modern Language Association (MLA) manual that you can see, along with other annotations.

Adding Needed Additional Explanations to Notes

Marlon was totally organized and ready to take notes in a designated course notebook at the beginning of every philosophy class session. He always dated his page and indicated what the topic of discussion was. He had various colored highlighters ready to denote the different note purposes he had defined: vocabulary in pink, confusing concepts in green, and note sections that would need additional explanations later in yellow. He also used his own shorthand and an impressive array of symbols to indicate questions (red question mark), highly probable test material (he used a tiny bomb exploding here), additional reading suggestions, and specific topics he would ask his instructor before the next class. Doing everything so precisely, Marlon's methods seemed like a perfect example of how to take notes for success. Inevitably though, by the end of the hour-and-a-half class session, Marlon was frantically switching between writing tools, near to tears, and scouring his notes as waves of yellow teased him with uncertainty. What went wrong?

As with many of us who try diligently to do everything we know how to do for success or what we think we know because we read books and articles on success in between our course work, Marlon is suffering from trying to do too much simultaneously. It's an honest mistake we can make when we are trying to save a little time or think we can multitask and kill two birds with one stone.

Unfortunately, this particular error in judgement can add to your stress level exponentially if you don't step back and see it for what it is. Marlon attempted to take notes in class as well as annotate his notes to get them ready for his test preparation. It was too much to do at one time, but even if he could have done all those things during class, he's missing one critical point about notetaking.

As much as we may want to hurry and get it over with, notetaking in class is just the beginning. Your instructor likely gave you a pre-class assignment to read or complete before coming to that session. The intention of that preparatory lesson is for you to come in with some level of familiarity for the topic under consideration and questions of your own. Once you're in class, you may also need to participate in a group discussion, work with your classmates, or perform some other sort of lesson-directed activity that would necessarily take you away from taking notes. Does that mean you should ignore taking notes for that day? Most likely not. You may just need to indicate in your notes that you worked on a project or whatever other in-class event you experienced that date.

Very rarely in a college classroom will you engage in an activity that is not directly related to what you are studying in that course. Even if you enjoyed every minute of the class session and it was an unusual format for that course, you still need to take some notes. Maybe your first note could be to ask yourself why you think the instructor used that unique teaching strategy for the class that day. Was it effective? Was it worth using the whole class time? How will that experience enhance what you are learning in that course?

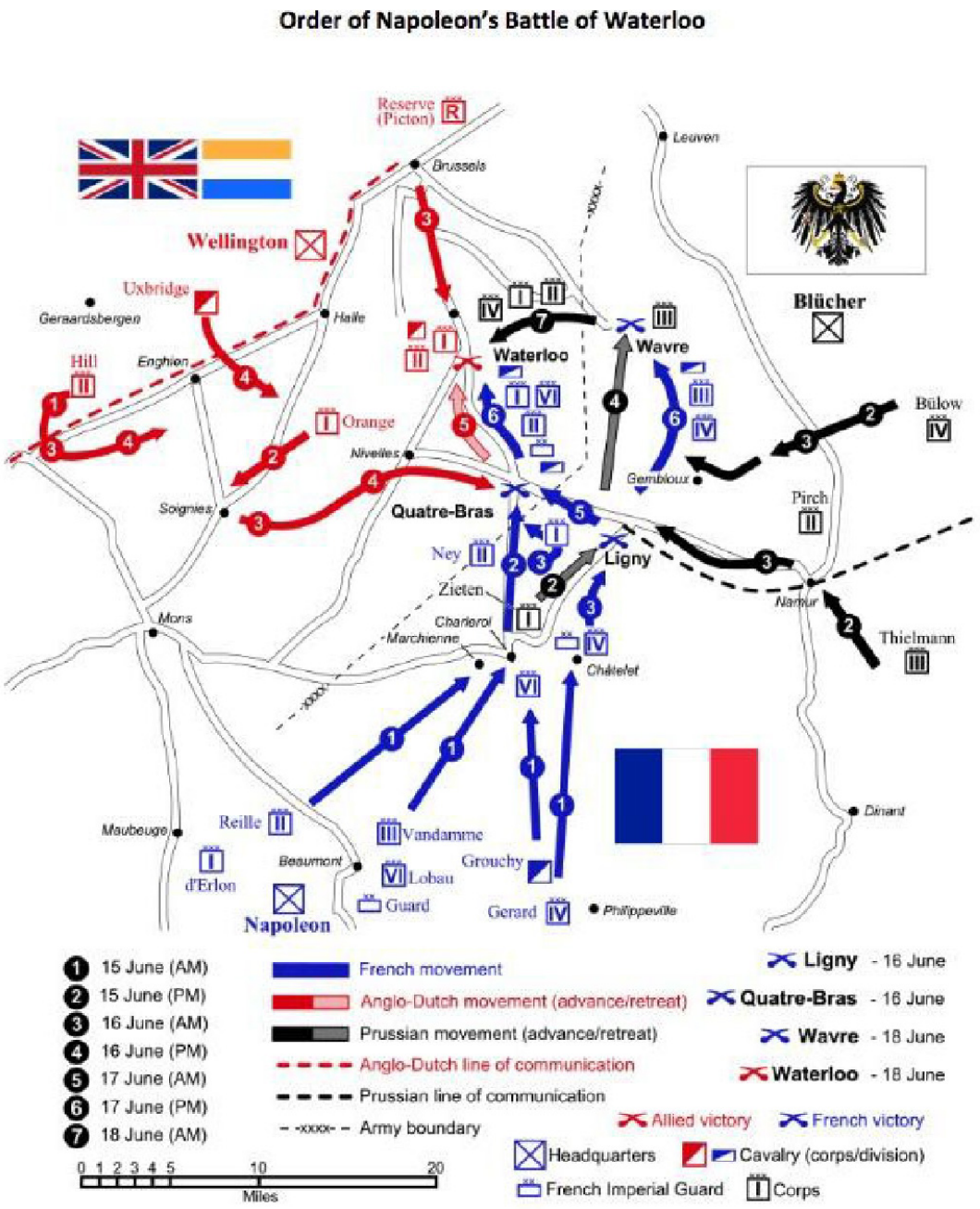
If you use an ereader or ebooks to read texts for class or read articles from the Internet on your laptop or tablet, you can still take effective notes. Depending on the features of your device, you have many choices. Almost all electronic reading platforms allow readers to highlight and underline text. Some devices allow you to add a written text in addition to marking a word or passage that you can collect at the end of your notetaking session. Look into the specific tools for your device and learn how to use the features that allow you to take notes electronically. You can also find apps on devices to help with taking notes, some of which you may automatically have installed when you buy the product. Microsoft's OneNote, Google Keep, and the Notes feature on phones are relatively easy to use, and you may already have free access to those.

Taking Notes on Non-Text Items (i.e., Tables, Maps, Figures, etc.)

You may also encounter situations as you study and read textbooks, primary sources, and other resources for your classes that are not actually texts. You can still take notes on maps, charts, graphs, images, and tables, and your approach to these non-text features is similar to when you prepare to take notes over a passage of text. For example, if you are looking at the following map, you may immediately come up with several questions. Or it may initially appear overwhelming. Start by asking yourself these questions:

What is the main point of this map?

- Who is the intended audience?
- Where is it?
- What time period does it depict?
- What does the map's legend (the explanation of symbols) include?
- What other information do I need to make sense of this map?



Source: Wikipedia Creative Commons, https://en.wikipedia.org/wiki/Order_of_battle_of_the_Waterloo_campaign

Figure 4.2.2.16: Graphics, charts, graphs, and other visual items are also important to annotate. Not only do they often convey important information, but they may appear on exams or in other situations where you'll need to use or demonstrate knowledge. Credit: "Lpankonin" / Wikipedia Commons / Attribution 3.0 Generic (CC BY 3.0)

You may want to make an extra copy of a graphic or table before you add annotations if you are dealing with a lot of information. Making sense of all the elements will take time, and you don't want to add to the confusion.

Returning to Your Notes

Later, as soon as possible after the class, you can go back to your notes and add in missing parts. Just as you may generate questions as you're reading new material, you may leave a class session or lecture or activities with many questions. Write those

down in a place where they won't get lost in all your other notes.

The exact timing of when you get back to the notes you take in class or while you are reading an assignment will vary depending on how many other classes you have or what other obligations you have in your daily schedule. A good starting place that is also easy to remember is to make every effort to review your notes within 24 hours of first taking them. Longer than that and you are likely to have forgotten some key features you need to include; must less time than that, and you may not think you need to review the information you so recently wrote down, and you may postpone the task too long.

Use your phone or computer to set reminders for all your note review sessions so that it becomes a habit and you keep on top of the schedule.

Your personal notes play a significant role in your test preparation. They should enhance how you understand the lessons, textbooks, lab sessions, and assignments. All the time and effort you put into first taking the notes and then annotating and organizing the notes will be for naught if you do not formulate an effective and efficient way to use them before sectional exams or comprehensive tests.

The whole cycle of reading, notetaking in class, reviewing and enhancing your notes, and preparing for exams is part of a continuum you ideally will carry into your professional life. Don't try to take short cuts; recognize each step in the cycle as a building block. Learning doesn't end, which shouldn't fill you with dread; it should help you recognize that all this work you're doing in the classroom and during your own study and review sessions is ongoing and cumulative. Practicing effective strategies now will help you be a stronger professional.

Activity

What resources can you find about reading and notetaking that will actually help you with these crucial skills? How do you go about deciding what resources are valuable for improving your reading and notetaking skills?

The selection and relative value of study guides and books about notetaking vary dramatically. Ask your instructors for recommendations and see what the library has available on this topic. The following list is not comprehensive, but will give you a starting point for books and articles on notetaking in college.

- *College Rules!: How to Study, Survive, and Succeed in College*, by Sherri Nist-Olejnik and Jodi Patrick Holschuh. More than just notetaking, this book covers many aspects of transitioning into the rigors of college life and studying.
- *Effective Notetaking*, by Fiona McPherson. This small volume has suggestions for using your limited time wisely before, during, and after notetaking sessions.
- *How to Study in College*, by Walter Pauk. This is the book that introduced Pauk's notetaking suggestions we now call the Cornell Method. It is a bit dated (from the 1940s), but still contains some valuable information.
- *Learn to Listen, Listen to Learn 2: Academic Listening and Note-taking*, by Roni S. Lebauer. The main point of this book is to help students get the most from college lectures by watching for clues to lecture organization and adapting this information into strong notes.
- *Study Skills: Do I Really Need this Stuff?*, by Steve Piscitelli. Written in a consistently down-to-earth manner, this book will help you with the foundations of strong study skills, including time management, effective notetaking, and seeing the big picture.
- "What Reading Does for the Mind," by Anne Cunningham and Keith Stanovich, 1998, https://www.aft.org/sites/default/files/periodicals/cunningham.pdf
- Adler, Mortimer J. and Charles Van Doren. *How to Read a Book: The Classic Guide to Intelligent Reading. NY: Simon & Schuster, 1940*.
- Berns, Gregory S., Kristina Blaine, Michael J. Prietula, and Brandon E. Pye. *Brain Connectivity.* Dec 2013.ahead of print http://doi.org/10.1089/brain.2013.0166

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CHAPTER OVERVIEW

5: Week 5 - Biological Psychology

5.1: Class Day 5.1

5.1.1: The Brain and Spinal Cord

5.1.2: Substance Use and Misuse vs. Substance Use Disorders

5.1.3: A Brief History of Substance Use and U.S. Policy Responses

5.2: Class Day 5.2

5.2.1: Using Credible Sources

5.2.2: Writing for Science

5.2.3: What Are Scientific Journals

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5.1: Class Day 5.1

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5.1.1: The Brain and Spinal Cord

Learning Objectives

- Explain the functions of the spinal cord
- Identify the hemispheres and lobes of the brain
- Describe the types of techniques available to clinicians and researchers to image or scan the brain

The brain is a remarkably complex organ comprised of billions of interconnected neurons and glia. It is a bilateral, or two-sided, structure that can be separated into distinct lobes. Each lobe is associated with certain types of functions, but, ultimately, all of the areas of the brain interact with one another to provide the foundation for our thoughts and behaviors. In this section, we discuss the overall organization of the brain and the functions associated with different brain areas, beginning with what can be seen as an extension of the brain, the spinal cord.

The Spinal Cord

It can be said that the **spinal cord** is what connects the brain to the outside world. Because of it, the brain can act. The spinal cord is like a relay station, but a very smart one. It not only routes messages to and from the brain, but it also has its own system of automatic processes, called reflexes.

The top of the spinal cord merges with the brain stem, where the basic processes of life are controlled, such as breathing and digestion. In the opposite direction, the spinal cord ends just below the ribs—contrary to what we might expect, it does not extend all the way to the base of the spine.

The spinal cord is functionally organized in 30 segments, corresponding with the vertebrae. Each segment is connected to a specific part of the body through the peripheral nervous system. Nerves branch out from the spine at each vertebra. Sensory nerves bring messages in; motor nerves send messages out to the muscles and organs. Messages travel to and from the brain through every segment.

Some sensory messages are immediately acted on by the spinal cord, without any input from the brain. Withdrawal from heat and knee jerk are two examples. When a sensory message meets certain parameters, the spinal cord initiates an automatic reflex. The signal passes from the sensory nerve to a simple processing center, which initiates a motor command. Seconds are saved, because messages don't have to go the brain, be processed, and get sent back. In matters of survival, the spinal reflexes allow the body to react extraordinarily fast.

The spinal cord is protected by bony vertebrae and cushioned in cerebrospinal fluid, but injuries still occur. When the spinal cord is damaged in a particular segment, all lower segments are cut off from the brain, causing paralysis. Therefore, the lower on the spine damage is, the fewer functions an injured individual loses.

The Two Hemispheres

The surface of the brain, known as the **cerebral cortex**, is very uneven, characterized by a distinctive pattern of folds or bumps, known as **gyri** (singular: gyrus), and grooves, known as **sulci** (singular: sulcus), shown in. These gyri and sulci form important landmarks that allow us to separate the brain into functional centers. The most prominent sulcus, known as the **longitudinal fissure**, is the deep groove that separates the brain into two halves or **hemispheres**: the left hemisphere and the right hemisphere.

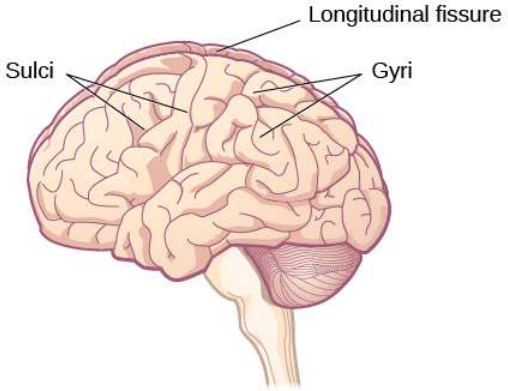


Figure 5.1.1.1: The surface of the brain is covered with gyri and sulci. A deep sulcus is called a fissure, such as the longitudinal fissure that divides the brain into left and right hemispheres. (credit: modification of work by Bruce Blaus)

There is evidence of some specialization of function—referred to as **lateralization**—in each hemisphere, mainly regarding differences in language ability. Beyond that, however, the differences that have been found have been minor. What we do know is that the left hemisphere controls the right half of the body, and the right hemisphere controls the left half of the body.

The two hemispheres are connected by a thick band of neural fibers known as the **corpus callosum**, consisting of about 200 million axons. The corpus callosum allows the two hemispheres to communicate with each other and allows for information being processed on one side of the brain to be shared with the other side.

Normally, we are not aware of the different roles that our two hemispheres play in day-to-day functions, but there are people who come to know the capabilities and functions of their two hemispheres quite well. In some cases of severe epilepsy, doctors elect to sever the corpus callosum as a means of controlling the spread of seizures (Figure 5.1.1.2). While this is an effective treatment option, it results in individuals who have split brains. After surgery, these split-brain patients show a variety of interesting behaviors. For instance, a split-brain patient is unable to name a picture that is shown in the patient's left visual field because the information is only available in the largely nonverbal right hemisphere. However, they are able to recreate the picture with their left hand, which is also controlled by the right hemisphere. When the more verbal left hemisphere sees the picture that the hand drew, the patient is able to name it (assuming the left hemisphere can interpret what was drawn by the left hand).

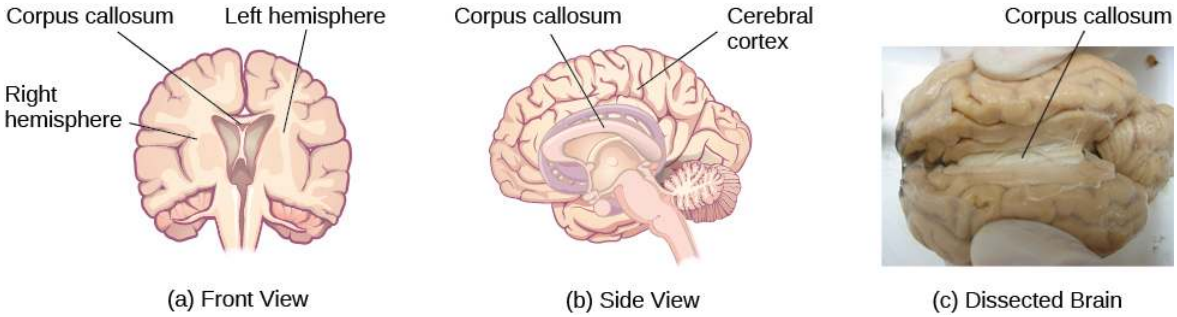


Figure 5.1.1.2: (a, b) The corpus callosum connects the left and right hemispheres of the brain. (c) A scientist spreads this dissected sheep brain apart to show the corpus callosum between the hemispheres. (credit c: modification of work by Aaron Bornstein)

Much of what we know about the functions of different areas of the brain comes from studying changes in the behavior and ability of individuals who have suffered damage to the brain. For example, researchers study the behavioral changes caused by strokes to learn about the functions of specific brain areas. A stroke, caused by an interruption of blood flow to a region in the brain, causes a loss of brain function in the affected region. The damage can be in a small area, and, if it is, this gives researchers the opportunity to link any resulting behavioral changes to a specific area. The types of deficits displayed after a stroke will be largely dependent on where in the brain the damage occurred.

Consider Theona, an intelligent, self-sufficient woman, who is 62 years old. Recently, she suffered a stroke in the front portion of her right hemisphere. As a result, she has great difficulty moving her left leg. (As you learned earlier, the right hemisphere controls the left side of the body; also, the brain's main motor centers are located at the front of the head, in the frontal lobe.) Theona has also experienced behavioral changes. For example, while in the produce section of the grocery store, she sometimes eats grapes, strawberries, and apples directly from their bins before paying for them. This behavior—which would have been very embarrassing

to her before the stroke—is consistent with damage in another region in the frontal lobe—the prefrontal cortex, which is associated with judgment, reasoning, and impulse control.

Forebrain Structures

The two hemispheres of the cerebral cortex are part of the **forebrain**, which is the largest part of the brain. The forebrain contains the cerebral cortex and a number of other structures that lie beneath the cortex (called subcortical structures): thalamus, hypothalamus, pituitary gland, and the limbic system (collection of structures). The cerebral cortex, which is the outer surface of the brain, is associated with higher level processes such as consciousness, thought, emotion, reasoning, language, and memory. Each cerebral hemisphere can be subdivided into four lobes, each associated with different functions.

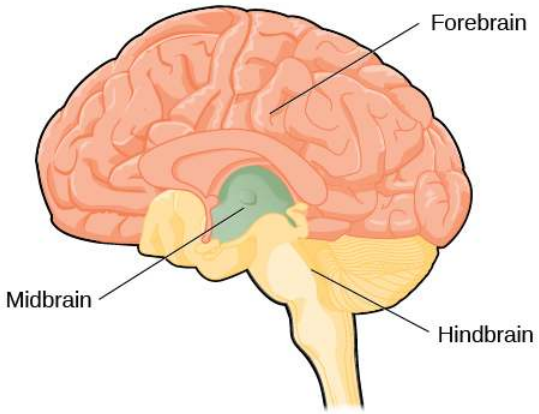


Figure 5.1.1.3: The brain and its parts can be divided into three main categories: the forebrain, midbrain, and hindbrain.

Lobes of the Brain

The four lobes of the brain are the frontal, parietal, temporal, and occipital lobes. The **frontal lobe** is located in the forward part of the brain, extending back to a fissure known as the central sulcus. The frontal lobe is involved in reasoning, motor control, emotion, and language. It contains the **motor cortex**, which is involved in planning and coordinating movement; the **prefrontal cortex**, which is responsible for higher-level cognitive functioning; and **Broca's area**, which is essential for language production.

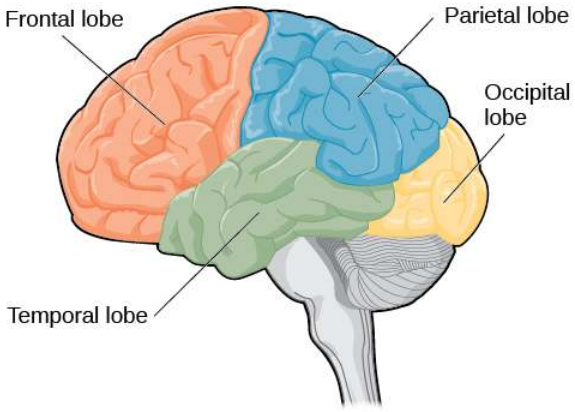


Figure 5.1.1.4: The lobes of the brain are shown.

People who suffer damage to Broca's area have great difficulty producing language of any form. For example, Padma was an electrical engineer who was socially active and a caring, involved mother. About twenty years ago, she was in a car accident and suffered damage to her Broca's area. She completely lost the ability to speak and form any kind of meaningful language. There is nothing wrong with her mouth or her vocal cords, but she is unable to produce words. She can follow directions but can't respond verbally, and she can read but no longer write. She can do routine tasks like running to the market to buy milk, but she could not communicate verbally if a situation called for it.

Probably the most famous case of frontal lobe damage is that of a man by the name of Phineas **Gage**. On September 13, 1848, Gage (age 25) was working as a railroad foreman in Vermont. He and his crew were using an iron rod to tamp explosives down into a blasting hole to remove rock along the railway's path. Unfortunately, the iron rod created a spark and caused the rod to explode

out of the blasting hole, into Gage's face, and through his skull. Although lying in a pool of his own blood with brain matter emerging from his head, Gage was conscious and able to get up, walk, and speak. But in the months following his accident, people noticed that his personality had changed. Many of his friends described him as no longer being himself. Before the accident, it was said that Gage was a well-mannered, soft-spoken man, but he began to behave in odd and inappropriate ways after the accident. Such changes in personality would be consistent with loss of impulse control—a frontal lobe function.

Beyond the damage to the frontal lobe itself, subsequent investigations into the rod's path also identified probable damage to pathways between the frontal lobe and other brain structures, including the limbic system. With connections between the planning functions of the frontal lobe and the emotional processes of the limbic system severed, Gage had difficulty controlling his emotional impulses.

However, there is some evidence suggesting that the dramatic changes in Gage's personality were exaggerated and embellished. Gage's case occurred in the midst of a 19th century debate over localization—regarding whether certain areas of the brain are associated with particular functions. On the basis of extremely limited information about Gage, the extent of his injury, and his life before and after the accident, scientists tended to find support for their own views, on whichever side of the debate they fell (Macmillan, 1999).



Figure 5.1.1.5: (a) Phineas Gage holds the iron rod that penetrated his skull in an 1848 railroad construction accident. (b) Gage's prefrontal cortex was severely damaged in the left hemisphere. The rod entered Gage's face on the left side, passed behind his eye, and exited through the top of his skull, before landing about 80 feet away. (credit a: modification of work by Jack and Beverly Wilgus)

The brain's **parietal lobe** is located immediately behind the frontal lobe, and is involved in processing information from the body's senses. It contains the **somatosensory cortex**, which is essential for processing sensory information from across the body, such as touch, temperature, and pain. The somatosensory cortex is organized topographically, which means that spatial relationships that exist in the body are maintained on the surface of the somatosensory cortex. For example, the portion of the cortex that processes sensory information from the hand is adjacent to the portion that processes information from the wrist.

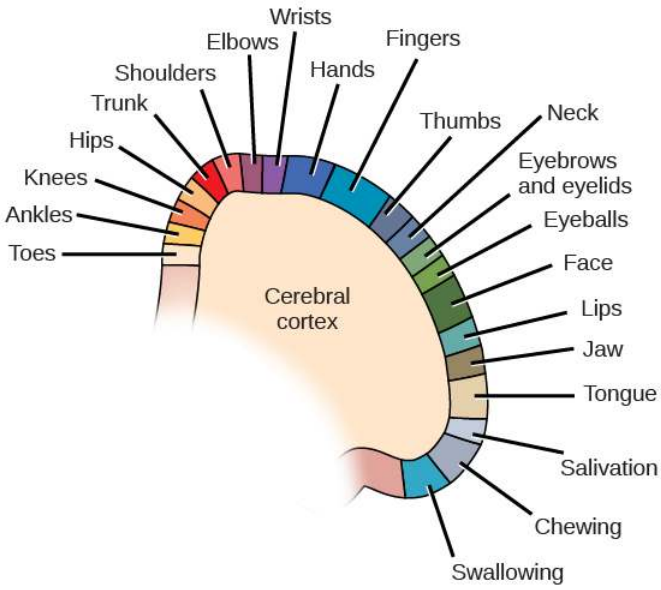


Figure 5.1.1.6: Spatial relationships in the body are mirrored in the organization of the somatosensory cortex.

The **temporal lobe** is located on the side of the head (temporal means “near the temples”), and is associated with hearing, memory, emotion, and some aspects of language. The **auditory cortex**, the main area responsible for processing auditory information, is located within the temporal lobe. **Wernicke’s area**, important for speech comprehension, is also located here. Whereas individuals with damage to Broca’s area have difficulty producing language, those with damage to Wernicke’s area can produce sensible language, but they are unable to understand it.

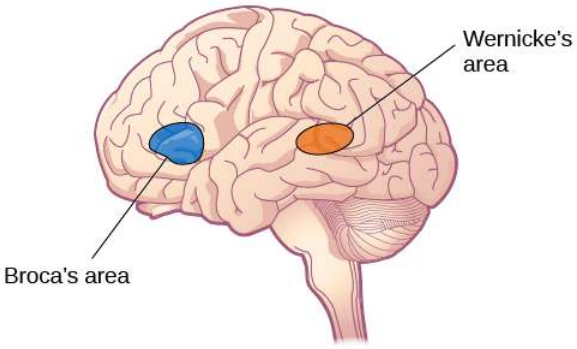


Figure 5.1.1.7: Damage to either Broca’s area or Wernicke’s area can result in language deficits. The types of deficits are very different, however, depending on which area is affected.

The **occipital lobe** is located at the very back of the brain, and contains the primary visual cortex, which is responsible for interpreting incoming visual information. The occipital cortex is organized retinotopically, which means there is a close relationship between the position of an object in a person’s visual field and the position of that object’s representation on the cortex. You will learn much more about how visual information is processed in the occipital lobe when you study sensation and perception.

.Other Areas of the Forebrain

Other areas of the **forebrain**, located beneath the cerebral cortex, include the thalamus and the limbic system. The **thalamus** is a sensory relay for the brain. All of our senses, with the exception of smell, are routed through the thalamus before being directed to other areas of the brain for processing.

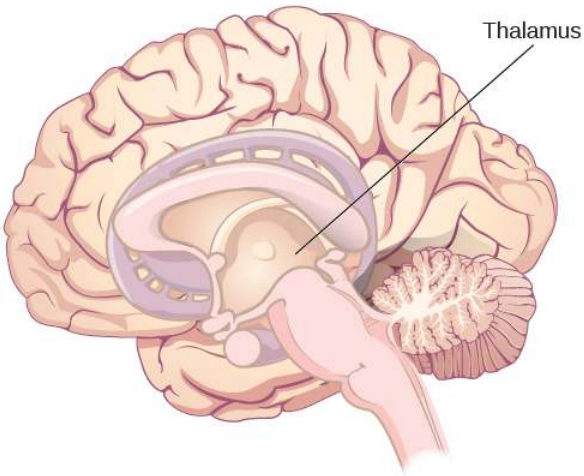


Figure 5.1.1.8: The thalamus serves as the relay center of the brain where most senses are routed for processing.

The **limbic system** is involved in processing both emotion and memory. Interestingly, the sense of smell projects directly to the limbic system; therefore, not surprisingly, smell can evoke emotional responses in ways that other sensory modalities cannot. The limbic system is made up of a number of different structures, but three of the most important are the hippocampus, the amygdala, and the hypothalamus. The **hippocampus** is an essential structure for learning and memory. The **amygdala** is involved in our experience of emotion and in tying emotional meaning to our memories. The **hypothalamus** regulates a number of homeostatic processes, including the regulation of body temperature, appetite, and blood pressure. The hypothalamus also serves as an interface between the nervous system and the endocrine system and in the regulation of sexual motivation and behavior.

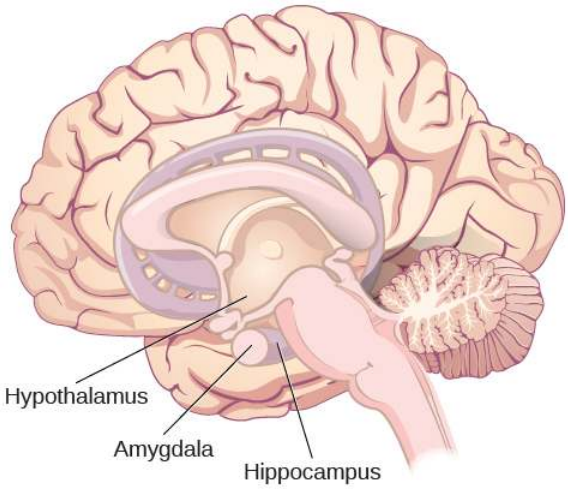


Figure 5.1.1.9: The limbic system is involved in mediating emotional response and memory

The Case of Henry Molaison (H.M.)

In 1953, Henry Gustav **Molaison** (H. M.) was a 27-year-old man who experienced severe seizures. In an attempt to control his seizures, H. M. underwent brain surgery to remove his hippocampus and amygdala. Following the surgery, H.M's seizures became much less severe, but he also suffered some unexpected—and devastating—consequences of the surgery: he lost his ability to form many types of new memories. For example, he was unable to learn new facts, such as who was president of the United States. He was able to learn new skills, but afterward he had no recollection of learning them. For example, while he might learn to use a computer, he would have no conscious memory of ever having used one. He could not remember new faces, and he was unable to remember events, even immediately after they occurred. Researchers were fascinated by his experience, and he is considered one of the most studied cases in medical and psychological history (Hardt, Einarsson, & Nader, 2010; Squire, 2009). Indeed, his case has provided tremendous insight into the role that the hippocampus plays in the consolidation of new learning into explicit memory.

Midbrain and Hindbrain Structures

The **midbrain** is comprised of structures located deep within the brain, between the forebrain and the hindbrain. The **reticular formation** is centered in the midbrain, but it actually extends up into the forebrain and down into the hindbrain. The reticular formation is important in regulating the sleep/wake cycle, arousal, alertness, and motor activity.

The **substantia nigra** (Latin for "black substance") and the **ventral tegmental area (VTA)** are also located in the midbrain. Both regions contain cell bodies that produce the neurotransmitter dopamine, and both are critical for movement. Degeneration of the substantia nigra and VTA is involved in Parkinson's disease. In addition, these structures are involved in mood, reward, and addiction (Berridge & Robinson, 1998; Gardner, 2011; George, Le Moal, & Koob, 2012).

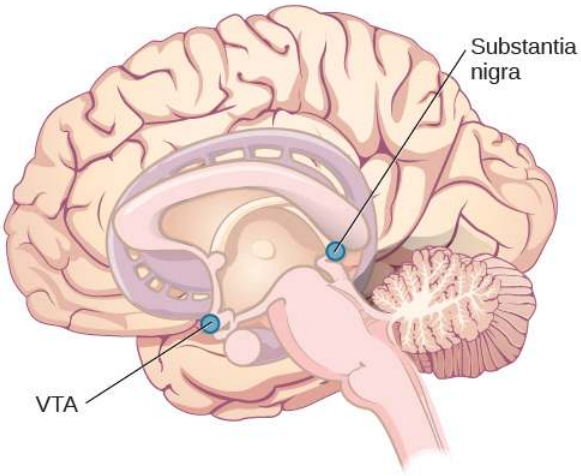


Figure 5.1.1.10: The substantia nigra and ventral tegmental area (VTA) are located in the midbrain.

The **hindbrain** is located at the back of the head and looks like an extension of the spinal cord. It contains the medulla, pons, and cerebellum. The **medulla** controls the automatic processes of the autonomic nervous system, such as breathing, blood pressure, and heart rate. The word pons literally means "bridge," and as the name suggests, the **pons** serves to connect the brain and spinal cord. It also is involved in regulating brain activity during sleep. The medulla, pons, and midbrain together are known as the brainstem.

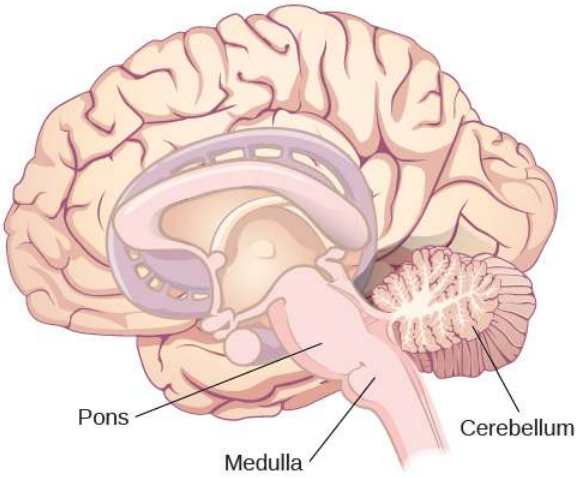


Figure 5.1.1.11: The pons, medulla, and cerebellum make up the hindbrain.

The **cerebellum** (Latin for "little brain") receives messages from muscles, tendons, joints, and structures in our ear to control balance, coordination, movement, and motor skills. The cerebellum is also thought to be an important area for processing some types of memories. In particular, procedural memory, or memory involved in learning and remembering how to perform tasks, is thought to be associated with the cerebellum. Recall that H. M. was unable to form new explicit memories, but he could learn new tasks. This is likely due to the fact that H. M.'s cerebellum remained intact.

WHAT DO YOU THINK: Brain Dead and on Life Support

What would you do if your spouse or loved one was declared brain dead but his or her body was being kept alive by medical equipment? Whose decision should it be to remove a feeding tube? Should medical care costs be a factor?

On February 25, 1990, a Florida woman named Terri **Schiavo** went into cardiac arrest, apparently triggered by a bulimic episode. She was eventually revived, but her brain had been deprived of oxygen for a long time. Brain scans indicated that there was no activity in her cerebral cortex, and she suffered from severe and permanent cerebral atrophy. Basically, Schiavo was in a vegetative state. Medical professionals determined that she would never again be able to move, talk, or respond in any way. To remain alive, she required a feeding tube, and there was no chance that her situation would ever improve.

On occasion, Schiavo's eyes would move, and sometimes she would groan. Despite the doctors' insistence to the contrary, her parents believed that these were signs that she was trying to communicate with them.

After 12 years, Schiavo's husband argued that his wife would not have wanted to be kept alive with no feelings, sensations, or brain activity. Her parents, however, were very much against removing her feeding tube. Eventually, the case made its way to the courts, both in the state of Florida and at the federal level. By 2005, the courts found in favor of Schiavo's husband, and the feeding tube was removed on March 18, 2005. Schiavo died 13 days later.

Why did Schiavo's eyes sometimes move, and why did she groan? Although the parts of her brain that control thought, voluntary movement, and feeling were completely damaged, her brainstem was still intact. Her medulla and pons maintained her breathing and caused involuntary movements of her eyes and the occasional groans. Over the 15-year period that she was on a feeding tube, Schiavo's medical costs may have topped $7 million (Arnst, 2003).

These questions were brought to popular conscience 25 years ago in the case of Terri Schiavo, and they persist today. In 2013, a 13-year-old girl who suffered complications after tonsil surgery was declared brain dead. There was a battle between her family, who wanted her to remain on life support, and the hospital's policies regarding persons declared brain dead. In another complicated 2013–14 case in Texas, a pregnant EMT professional declared brain dead was kept alive for weeks, despite her spouse's directives, which were based on her wishes should this situation arise. In this case, state laws designed to protect an unborn fetus came into consideration until doctors determined the fetus unviable.

Decisions surrounding the medical response to patients declared brain dead are complex. What do you think about these issues?

Brain Imaging

You have learned how brain injury can provide information about the functions of different parts of the brain. Increasingly, however, we are able to obtain that information using **brain imaging** techniques on individuals who have not suffered brain injury. In this section, we take a more in-depth look at some of the techniques that are available for imaging the brain, including techniques that rely on radiation, magnetic fields, or electrical activity within the brain.

Techniques Involving Radiation

A **computerized tomography (CT) scan** involves taking a number of x-rays of a particular section of a person's body or brain. The x-rays pass through tissues of different densities at different rates, allowing a computer to construct an overall image of the area of the body being scanned. A CT scan is often used to determine whether someone has a tumor, or significant brain atrophy.

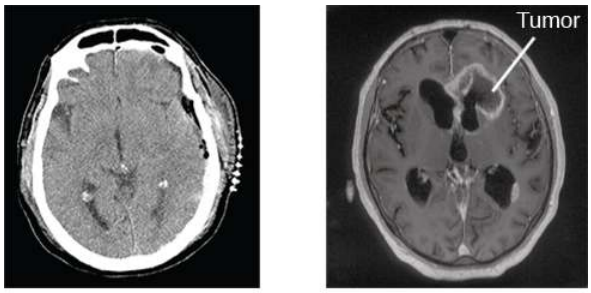


Figure 5.1.1.12: A CT scan can be used to show brain tumors. (a) The image on the left shows a healthy brain, whereas (b) the image on the right indicates a brain tumor in the left frontal lobe. (credit a: modification of work by "Aceofhearts1968"/Wikimedia Commons; credit b: modification of work by Roland Schmitt et al)

Positron emission tomography (PET) scans create pictures of the living, active brain. An individual receiving a PET scan drinks or is injected with a mildly radioactive substance, called a tracer. Once in the bloodstream, the amount of tracer in any given region of the brain can be monitored. As brain areas become more active, more blood flows to that area. A computer monitors the movement of the tracer and creates a rough map of active and inactive areas of the brain during a given behavior. PET scans show little detail, are unable to pinpoint events precisely in time, and require that the brain be exposed to radiation; therefore, this technique has been replaced by the fMRI as an alternative diagnostic tool. However, combined with CT, PET technology is still being used in certain contexts. For example, CT/PET scans allow better imaging of the activity of neurotransmitter receptors and open new avenues in schizophrenia research. In this hybrid CT/PET technology, CT contributes clear images of brain structures, while PET shows the brain's activity.

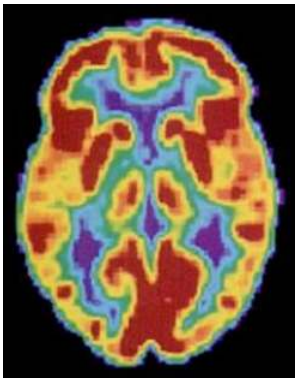


Figure 5.1.1.13: A PET scan is helpful for showing activity in different parts of the brain. (credit: Health and Human Services Department, National Institutes of Health)

Techniques Involving Magnetic Fields

In **magnetic resonance imaging (MRI)**, a person is placed inside a machine that generates a strong magnetic field. The magnetic field causes the hydrogen atoms in the body's cells to move. When the magnetic field is turned off, the hydrogen atoms emit electromagnetic signals as they return to their original positions. Tissues of different densities give off different signals, which a computer interprets and displays on a monitor. **Functional magnetic resonance imaging (fMRI)** operates on the same principles, but it shows changes in brain activity over time by tracking blood flow and oxygen levels. The fMRI provides more detailed images of the brain's structure, as well as better accuracy in time, than is possible in PET scans. With their high level of detail, MRI and fMRI are often used to compare the brains of healthy individuals to the brains of individuals diagnosed with psychological disorders. This comparison helps determine what structural and functional differences exist between these populations.

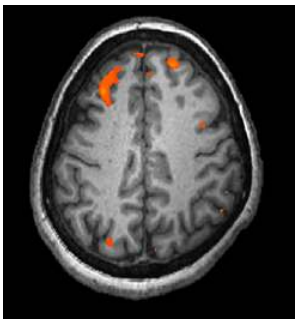


Figure 5.1.1.14: An fMRI shows activity in the brain over time. This image represents a single frame from an fMRI. (credit: modification of work by Kim J, Matthews NL, Park S.)

Techniques Involving Electrical Activity

In some situations, it is helpful to gain an understanding of the overall activity of a person's brain, without needing information on the actual location of the activity. **Electroencephalography (EEG)** serves this purpose by providing a measure of a brain's electrical activity. An array of electrodes is placed around a person's head. The signals received by the electrodes result in a printout of the electrical activity of his or her brain, or brainwaves, showing both the frequency (number of waves per second) and amplitude (height) of the recorded brainwaves, with an accuracy within milliseconds. Such information is especially helpful to researchers studying sleep patterns among individuals with sleep disorders.

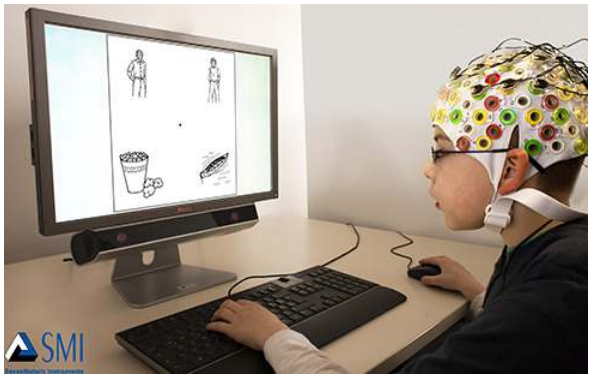


Figure 5.1.1.15: Using caps with electrodes, modern EEG research can study the precise timing of overall brain activities. (credit: SMI Eye Tracking)

Summary

The brain consists of two hemispheres, each controlling the opposite side of the body. Each hemisphere can be subdivided into different lobes: frontal, parietal, temporal, and occipital. In addition to the lobes of the cerebral cortex, the forebrain includes the thalamus (sensory relay) and limbic system (emotion and memory circuit). The midbrain contains the reticular formation, which is important for sleep and arousal, as well as the substantia nigra and ventral tegmental area. These structures are important for movement, reward, and addictive processes. The hindbrain contains the structures of the brainstem (medulla, pons, and midbrain), which control automatic functions like breathing and blood pressure. The hindbrain also contains the cerebellum, which helps coordinate movement and certain types of memories.

Individuals with brain damage have been studied extensively to provide information about the role of different areas of the brain, and recent advances in technology allow us to glean similar information by imaging brain structure and function. These techniques include CT, PET, MRI, fMRI, and EEG.

Glossary

amygdala

structure in the limbic system involved in our experience of emotion and tying emotional meaning to our memories

auditory cortex

strip of cortex in the temporal lobe that is responsible for processing auditory information

Broca's area

region in the left hemisphere that is essential for language production

cerebellum

hindbrain structure that controls our balance, coordination, movement, and motor skills, and it is thought to be important in processing some types of memory

cerebral cortex

surface of the brain that is associated with our highest mental capabilities

corpus callosum

thick band of neural fibers connecting the brain's two hemispheres

forebrain

largest part of the brain, containing the cerebral cortex, the thalamus, and the limbic system, among other structures

frontal lobe

part of the cerebral cortex involved in reasoning, motor control, emotion, and language; contains motor cortex

gyrus

(plural: gyri) bump or ridge on the cerebral cortex

hemisphere

left or right half of the brain

hindbrain

division of the brain containing the medulla, pons, and cerebellum

hippocampus

structure in the temporal lobe associated with learning and memory

hypothalamus

forebrain structure that regulates sexual motivation and behavior and a number of homeostatic processes; serves as an interface between the nervous system and the endocrine system

lateralization

concept that each hemisphere of the brain is associated with specialized functions

limbic system

collection of structures involved in processing emotion and memory

longitudinal fissure

deep groove in the brain's cortex

medulla

hindbrain structure that controls automated processes like breathing, blood pressure, and heart rate

midbrain

division of the brain located between the forebrain and the hindbrain; contains the reticular formation

motor cortex

strip of cortex involved in planning and coordinating movement

occipital lobe

part of the cerebral cortex associated with visual processing; contains the primary visual cortex

parietal lobe

part of the cerebral cortex involved in processing various sensory and perceptual information; contains the primary somatosensory cortex

pons

hindbrain structure that connects the brain and spinal cord; involved in regulating brain activity during sleep

prefrontal cortex

area in the frontal lobe responsible for higher-level cognitive functioning

reticular formation

midbrain structure important in regulating the sleep/wake cycle, arousal, alertness, and motor activity

somatosensory cortex

essential for processing sensory information from across the body, such as touch, temperature, and pain

substantia nigra

midbrain structure where dopamine is produced; involved in control of movement

sulcus

(plural: sulci) depressions or grooves in the cerebral cortex

temporal lobe

part of cerebral cortex associated with hearing, memory, emotion, and some aspects of language; contains primary auditory cortex

thalamus

sensory relay for the brain

ventral tegmental area (VTA)

midbrain structure where dopamine is produced: associated with mood, reward, and addiction

Wernicke's area

important for speech comprehension

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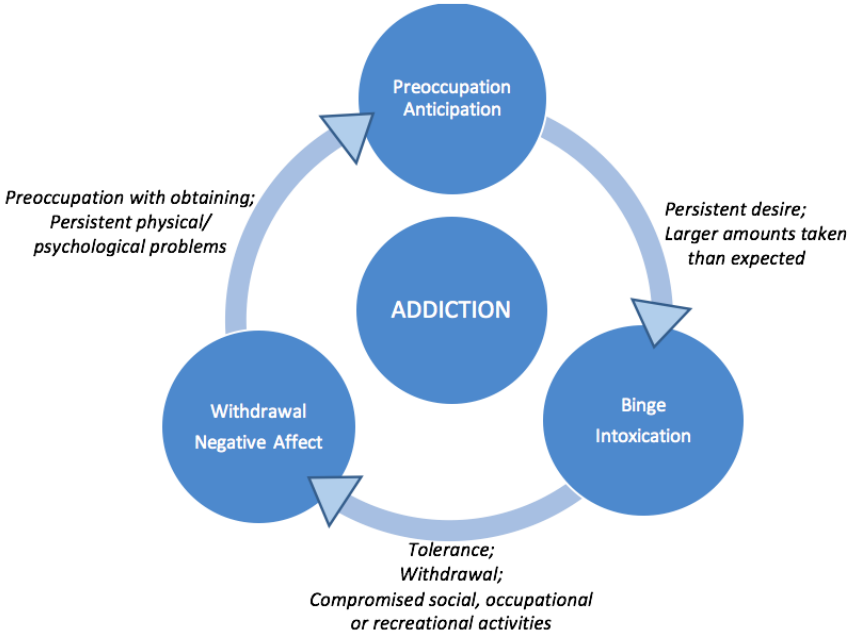
5.1.2: Substance Use and Misuse vs. Substance Use Disorders

Substance Use & Misuse versus Substance Use Disorders

There exist many different ways of defining and thinking about *substance use disorders (SUDs)*. *Alcohol use disorders (AUDs)* represent a special class of SUDs. From a public health perspective, substance use disorders (SUDs) have much in common with other chronic, relapsing diseases like diabetes or high blood pressure. Chronic diseases with a strong behavioral health component may require a lifelong, ongoing commitment to manage and control them. This is in contrast to diseases caused by cancer, bacteria, viruses, or other microbes for which a medical cure exists. Many professionals consider substance use disorders to be naturally progressive in nature. In other words, without treatment, these diseases often get worse over time.

Koob and Simon (2009) characterized addiction in terms of a disorder that escalates from occasional, limited, controlled use of a substance to compulsive use. In addition, their conceptual framework for understanding addiction includes the experience of negative emotional states (anxiety, irritability, and other negative feelings) when unable to access the substance to which a person is addicted. They described three stages in the process of addiction; Figure 1 depicts how these three stages described by Koob and Simon (2009) are interrelated and can become a repeating cycle of addiction over time with increasing levels and persistence of psychological and physical problems.

Figure 1. Diagram depicting the addiction cycle, using DSM-IV criteria (adapted from Koob & Simon, 2009)



This chronic disease perspective is the subject of some debate. For example, there exists plenty of evidence to show that a chronic, relapsing, progressive pattern is true for many individuals, usually those experiencing the most severe forms of addiction. However, this pattern does not hold true for everyone diagnosed with a substance use disorder. *Some* people can overcome the problem on their own, without formal treatment; many people with milder, earlier-stage substance use disorders do not relapse and their substance-related problems do not progress (Cunningham & McCambridge, 2012). On the other hand, some professionals argue that these individuals may not have been experiencing a true substance use disorder, despite their patterns of serious substance misuse. You can see the complexity of the issues involved. One implication for the high degree of individual variability in the trajectory of substance use disorders is that it seems unwise to rely on a uniform treatment approach for all individuals diagnosed with a substance use disorder.

One factor involved in distinguishing between substance use and *substance misuse* involves looking at the various ways in which a person's use of substances may become problematic use. For example, substance use *may*:

- present a legal problem;

- contribute to other problem behaviors, such as committing crimes to obtain substances, acts of aggression while under the influence, or engaging in risky activities (like driving a vehicle while under the influence or engaging in unsafe sex practices);
- have a negative impact on social relationships with friends, families, or coworkers;
- lead to failure in fulfilling important social roles or responsibilities, including parenting;
- have a negative impact on a person's cognitive performance (such as perception, thinking, learning, problem solving, memory, and reaction time);
- have a negative impact on a person's physical or mental health; and,
- lead to development of a diagnosable substance use disorder.



It is also important note when an individual's use of substances becomes a problem at the level of family, workplace, community, or even globally. An individual's decision to use substances has a ripple effect on the rest of the family system. This decision can affect many family roles and responsibilities, having major implications for relationships with all of a person's significant others: parents, brothers and sisters, children, partners, friends, and kin from the extended family. It also has implications for neighborhoods where the substances are distributed and used. For example, the threat of weapons, property crimes, and community violence often accompany the distribution of illegal substances—supported by illegal drug use. Illegal drug use and trade may fund organized crime, gangs, and terrorist networks in any of a number of countries, not just in the United States—the problem has global ramifications. There also is a significant ripple effect on health, mental health, and criminal justice systems when a person gets into trouble by using substances.

The substances used need not be illegal for there to be significant negative consequences. You can probably think of instances where negative consequences were associated with someone drinking alcohol. For example, someone who has had too much alcohol to drink might be more likely to get into fights, fail to do what was expected at work or at home, or make poor decisions about potentially risky behaviors (such as driving while impaired or engaging in unsafe sex). For some vulnerable individuals, taking substances may induce or make worse existing psychiatric problems, such as a psychotic, bipolar, depressive, anxiety, obsessive-compulsive, sleep, sexual, or neurocognitive disorder. At what point does alcohol or other substance use become problematic? Sometimes, it is when life problems result from substance use. Other times, alcohol or other substance use only becomes problematic when a person develops a substance use disorder. The next chapter outlines the features of substance use disorders, which is where the concept of addiction fits.

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5.1.3: A Brief History of Substance Use and U.S. Policy Responses

While many think of substance abuse as a contemporary social problem, the story of humans experiencing problems related to the use of psychoactive substances is at least 4,000-10,000 years old (Hanson, Venturelli, & Fleckenstein, 2015; Howard, Garland, & Whitt, 2013; Singer, 2012). United States history is peppered with documentation of problems associated with alcohol and other drugs. For example, the opiate drug known as morphine, widely used during the Civil War to manage wounded soldiers' pain, left many of them experiencing addiction as a result. Subsequently, heroin also became available and marketed as a "non-addicting opiate with greater analgesic potency than morphine" (Kornetsky, 2007, p. 96)! Prior to the Civil War, 60-75% of Americans who were addicted to opium or morphine were women, in large part because physicians often prescribed opiate drugs to deal with a wide variety of "female" complaints (Blumenthal, 1998). In addition, physicians of the time often prescribed alcohol as a treatment for opiate addiction, and many socially acceptable and widely accessible medicines contained very high alcohol or opium content (Plant, 1997; Straussner & Attia, 2002; van Wormer & Davis, 2013). See this historic advertisement.



Early U.S. Policy and Legislation Efforts. At around the end of the 19th century, awareness of potential harms associated with these substances spread. For this and other political reasons, the United States Congress was encouraged to enact legislation to control opiate drugs, and passed the Harrison Narcotic Act of 1914. An added public policy motivation: governments could now collect special taxes on the production and distribution of these drugs. Some public policies advocated institutionalization in psychiatric and criminal facilities, while others enforced sterilization as part of the negative eugenics movement (White, 1998). These strategies were viewed as acceptable solutions to the problem of alcohol or other drug addiction as attempts to prevent its spread in the community (Straussner & Attia, 2002).

Since the Harrison Narcotic Act, the United States has implemented other criminalizing policy responses to alcohol and other drug problems. One familiar to most of us was the 18th Amendment—commonly known as Prohibition. This amendment to the United States Constitution banned the manufacture, sale, or transportation of "intoxicating liquors," but not the drinking of alcoholic beverages.

Although the combination of the 18th Amendment to the United States Constitution and the Volstead Act (which clarified that beer and wine were included as alcoholic beverages) were implemented beginning in 1920, many states had already enacted their own more local prohibition laws (Hanson, Venturelli, & Fleckenstein, 2015; http://www.archives.gov/education/lessons/volstead-act/). The 21st Amendment repealed the federal alcohol prohibition laws in late 1933; some states and local jurisdictions were slower to change their own prohibition policies. Some states continue to have "dry" communities restricting the sale or distribution of alcohol, and some communities maintain "Sunday" or "blue" laws banning the sale of alcohol during certain hours. It was also during the 1920s and 1930s that many states developed prohibition-style policies about marijuana, and the federal government got involved in 1937 with passage of a Marijuana Tax Act and more severe criminalization policies during the 1950s.

You might find it interesting to pursue historical literature documenting the intersections of alcohol/drug policy with historical and sociological trends such as the temperance movement, women's suffrage, immigration, organized crime, classism and racism (see for example, Straussner & Attia, 2002; van Wormer & Davis, 2013). Many of these historical policy patterns have implications for today's politics and policy debates, as does the extensive economic impact of both local and international trade in substances such as alcohol, tobacco, coffee, tea, opium, cocaine, and others.

Evolution of Contemporary U.S. Drug Policy. During the 1960s, many programs and policies aimed at addressing both the supply and the demand sides of the drug trade were established. The term **"*War on Drugs*"** appeared in 1971, referring to stepped-up drug criminalization and law enforcement efforts (McNeece & DiNitto, 2012; Schori & Lawental, 2013). It is important to understand that while these programs focused on our internal drug problem, it is virtually impossible to separate our nation's drug war efforts from international policy, international relations, and global economics. One criticism of "America's Longest War" (the title of a 2013 award winning film) has great relevance to social work and disciplines concerned with social justice issues: the War on Drugs has contributed to extreme racial and gender inequities in the nation's incarceration rates (Bush-Baskette, 1999; Chesney-Lind, 1997). For example, by the early 1990s, 74% of individuals serving prison sentences for drug possession were black, despite their accounting for only 13% of people who used drugs (Kilty & Joseph, 1999). The War on Drugs also may explain the relative explosion of women in prison for non-violent, drug possession charges that occurred during the late 1980s to 1990s—leading to a declaration that the War on Drugs became a "War on Women" (Bloom, Chesney Lind, & Owen, 1994). Another criticism of the War on Drugs addresses its high economic costs: over $25 billion in fiscal year 2014 alone (ONDCP, 2014).

Pregnant Women and Substance Use. States differ in their policy responses to the use of alcohol or other drugs by women during pregnancy. For example, in some states a pregnant woman can be involuntarily committed to a treatment facility, jail, or relative's home for supervision to prevent her continued use of substances known to be harmful to a developing fetus. Many states have policies relating to the substantiation of child maltreatment allegations when a pregnant mother misuses alcohol or other drugs. While intended to help protect the unborn child from potentially harmful drug exposure, these policies are controversial, as they also may discourage women from seeking much-needed prenatal care for fear of discovery and becoming subject to consequences imposed through the courts and child welfare system.

Drinking Age Legislation. Drinking age legislation restricts drinking by persons under the age of 21 years to very specific circumstances. You may find it hypocritical that a person who is 18 years old and treated as an adult in all other domains may not be treated as an adult in this particular domain. Drinking establishments are certainly concerned about reduced revenue from not being allowed to legally serve alcohol to 18-20 year olds. On the other hand, there exists compelling evidence that higher drinking age minimums are associated with lower traffic fatality rates, for example. Another rationale involves an attempt to mitigate the potential risks associated with exposing the still-developing, emerging adult's brain to alcohol: major developmental changes in brain structure and function, beginning early in puberty, continue well into the period of adulthood (Spear, 2000). Furthermore, raising the legal age to be well over 18 eliminates confusion about enforcing alcohol-free zones in high schools which is one reason such a policy was supported by school administrators. Drinking age policy periodically becomes contested, tested, and retested in the United States. While this is policy determined at the state level, federal highway funding rules seem to govern the states' uniform decision to support a minimum legal drinking age of 21 years.

Decriminalization Efforts. Our nation has an opportunity to learn from the contemporary "natural experiment" in policy reform whereby several states have decriminalized the production, distribution, possession, and/or use of marijuana. Some hypothesize that ***decriminalization*** of substance possession or use might reduce the economic incentives for illegal production and distribution of drugs, and allow government entities to increase revenue through taxation (McNeece & DiNitto, 2012). Decriminalization is contested, however, as potentially contributing to increased rates of substance use disorders and other health risks associated with substance use: problems such as driving under the influence. Law enforcement professionals have expressed grave concerns regarding the potential for increased demands on police forces already stretched by the need to manage alcohol-related situations if marijuana is also legally used by the general public. Recent evidence suggests that the presence of legal (medical) marijuana dispensaries is associated with increased violent and property crime rates in adjacent areas (Freisthler, Ponicki, Gaidus, & Gruenwald, 2016). Addiction treatment providers have expressed concern about the potential impact of easier access on individuals already in recovery from substance use disorders, and the potential for further stressing an under-resourced treatment service system with an increase in demand for intervention to address problems with marijuana use. Prevention experts are concerned about the message that legalization/decriminalization might convey to young people considering initiating substance use. And, there continues to be controversy as to the potential (as yet, unknown) effects on the health care system resulting from an increase in disease or disability due to long-term use of marijuana products—along the lines of what we see with alcohol.

Drug courts: Traditional drug-control methods of the criminal justice system, such as mandatory incarceration and harsher penalties, along with court-mandated treatment following release from incarceration, have not proven to be sufficiently effective to curb the problems associated with illicit drug use (Broadus, 2009). In addition, these efforts wreak havoc on the court system by creating tremendous backlogs of cases considered to involve relatively minor, non-violent offenses, and push jail populations far over capacity at great public expense. In response, a movement emerged late in the 1980s to establish special courts for managing nonviolent, drug-related cases. The drug court mission was to engage individuals in court-monitored, structured, evidence-supported treatment and divert them from being incarcerated if they complied with the individually-tailored treatment plan. Each program involves an interdisciplinary team of criminal justice and mental health professionals responsible for creating an individualized comprehensive plan for each program participant, and for monitoring participant progress. Failure to comply with the plan results in the court levying the traditional sentences for the original offenses.

Harm Reduction Policies. Some strategies and policy approaches are based on the principal that has come to be known as ***harm reduction***. While the goal always remains reducing risk by ending high-risk behaviors (like misusing alcohol or other drugs), it is not always wisest to wait for risky behaviors to cease. Instead, it is often wiser to intervene in ways that reduce the potential risks, harms, and other negative consequences associated with the behaviors in the meantime. This harm reduction approach, derived from public health rather than criminal punishment motivations, aims to improve quality of life for individuals, families, and communities associated with the risky behaviors (Collins et al., 2012). Some examples include programs to prevent driving while under the influence of alcohol or other substances, while not necessarily stopping a person from drinking or using substances; clean needle and syringe exchange programs to reduce risk of exposure to blood-borne communicable diseases like HIV/AIDS and hepatitis; supportive housing for which abstinence is not an eligibility requirement. Another harm reduction strategy has recently emerged in many communities: programs for making available to first responders, friends, and family members an emergency pack for administering an opioid overdose reversal drug (naloxone or Narcan®) to save the lives of individuals who might otherwise die of an overdose before professional treatment is accessible. On one hand, harm reduction is viewed as being practical and humane. On the other, there are concerns that harm reduction is too “soft” on people who are breaking the law, that abstinence-only policies are necessary to motivate individuals to change their behavior, and that risk-reduction approaches do not do enough to stop substance use.

Access to Treatment. Improving access to treatment for substance use disorders represents another modern policy/advocacy front with great significance for social work and other human service professions. In Module 2 we will learn about the considerable gap that exists between the need for these services and the numbers of individuals (and families) able to receive them. The nation budgeted just over 10.1 billion dollars to prevention and treatment for fiscal year 2014, including Medicare and Medicaid funded treatment services, substance abuse treatment for veterans and current military service members (and families), and prisoner reentry initiatives (Office of National Drug Control Policy/ONDCP, 2014). Federal funding also currently assists health-focused centers and institutes in monitoring the nation’s substance use problems and in studying causal factors and potential solutions. These include the ***Centers for Disease Control and Prevention (CDC)***, SAMHSA, and several institutes of the ***National Institutes of Health (NIH)***, such as the ***National Institute on Drug Abuse (NIDA)***, the ***National Institute on Alcohol Abuse and Alcoholism (NIAAA)***, and the ***National Institute on Mental Health (NIMH)***.

A person’s ability to engage in formal, professional treatment for these problems often depends on an ability to pay with insurance or self-pay dollars. One potential advantage of the Affordable Care Act (ACA) first implemented in the United States during 2013-2014 was the possibility of increased access to mental health and substance use disorder treatment services for many individuals. With passage of the ACA, young people were allowed to remain on a parent’s Medicaid plan until the age of 26 years, subsidies helped more people afford health insurance, annual and lifetime benefit limits and limits on number of visits for behavioral health services were eliminate, and behavioral health care became more affordable by ensuring co-pays could not be greater than those for physical health services. The ACA also helped protect insurability for individuals who have a pre-existing condition in their medical records; having a history of a substance use disorder would be a pre-existing condition necessitating protections, no matter how long the person has been in recovery. The federal Mental Health Parity and Addiction Equity Act of 2008 also helped regulate the health plan/insurance industry with regard to benefits for individuals with substance use disorders in their medical histories. Despite excitement over expanded coverage and protections, concerns arose regarding the treatment system’s ability to meet the anticipated increase in demand: Do we have enough trained professionals to meet the experienced need?

At the end of 2016, the U.S. Congress passed two major pieces of legislation related to substance use and addiction. The first was the Comprehensive Addiction and Recovery Act (CARA) that provided legal status for many harm reduction strategies, such as increased access by non-physicians to naloxone for reversing an opioid overdose. However, CARA did not provide funding for these approaches. The second was the 21st Century Cures Act that provided federal funding to "accelerate the discovery, development, and delivery of 21st century cures" and other purposes (https://www.congress.gov/bill/114th-congress/house-bill/34/text). In addition to ensuring specific funding for the NIH and Federal Drug Administration, the act provided funding for states with relatively high prevalence of opioid use disorders to develop their responses for addressing the opioid abuse crisis. This included prescription drug monitoring programs, prevention activities, health care provider training about best practices, supporting access to treatment programs, and other public health-related activities to address the identified crisis. The impact of policy revisions regarding health care coverage since the 2017 change in national leadership remains to be seen. The White House created the President's Commission on Combating Drug Addiction and the Opioid Crisis (March, 2017) with the mission of studying "the scope and effectiveness of the Federal response to drug addiction and the opioid crisis…and make recommendations to the President for improving that response" (https://www.whitehouse.gov/the-press-office/2017/03/30/presidential-executive-order-establishing-presidents-commission). However, at the same time, the Office of National Drug Control Policy (ONDCP), a component of the President's Executive Office, is at risk of being significantly defunded by the year 2018.



Thinking About Policy Issues

For each of the following topics, consider what evidence supports your position, and what evidence might counter your position.

- **Drinking Age Legislation:** What do you think about the current minimum legal drinking age policies in the United States? What do you know about policies in your own community regarding being a minor in possession of alcohol, driving while under the influence as a minor, and the provision of alcohol to underage minors? How might these issues apply to cigarettes, e-cigarettes, and other tobacco products?
- **Drinking or Drug Use during Pregnancy:** What do you think should be the state's policy response to women who use alcohol or other substances during pregnancy, and why? What are the social justice issues involved? What are the likely "real world" implications of implementing (or not) such ideas in practice?
- **Prohibiting versus Decriminalizing Policies:** Thinking about the historical policy called Prohibition, what are the parallels and differences with regard to policies restricting distribution and use of other substances like marijuana or opioids/heroin? Consider the effectiveness or ineffectiveness of public education strategies that involve "scare tactics" and "Just Say No" policy responses to preventing substance use initiation by young people–what worked and what did not, and for whom were these approaches effective and for whom were they problematic? Why do you think the problems were or were not solved this way?
- **Naloxone access policies:** Naloxone is not a cure for addiction, but the immediate life-or-death health crisis may be resolved if delivered in time. The wholesale price for a 3-dose administration (necessary for many individuals who use heroin/fentanyl combinations) can cost over $4,200. Though the costs to an individual person or family member can be offset to between $0-$125 in some communities through donated doses, grants, and public funding, doses provided by first responders may or may not be offset. What do you think about policy allowing non-professionals in the community to obtain prescriptions for naloxone to use if they witness an opioid overdose? What about prescribing it to a person with a diagnosed opioid addiction, to carry for others to administer if needed? How do you feel about doing this for someone yourself (and perhaps conduct rescue breathing during the time it takes to work)? How do you feel about these costs affecting city/county/state budgets for first responders?

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5.2.1: Using Credible Sources

Learning Objectives

Course Objective for this section: Select, evaluate, and utilize discipline-specific information and literature to explore topics.

- Differentiate between questions that can and cannot be answered using science.
- Identify appropriate credible sources of information to research a topic.
- Evaluate sources of information for their strengths and weaknesses.

Science is a very specific way of learning, or knowing, about the world. Humans have used the process of science to learn a huge amount about the way the natural world works. Science is responsible for amazing innovations in medicine, hygiene, and technology. There are however, areas of knowledge and human experience that the methods of science cannot be applied to. These include such things as answering purely moral questions, aesthetic questions, or what can be generally categorized as spiritual questions. Science has cannot investigate these areas because they are outside the realm of material phenomena, the phenomena of matter and energy, and cannot be observed and measured.

Questions that can be answered using science	Questions that cannot be answered using science
• What is the optimum temperature for the growth of E. coli bacteria? • Do birds prefer bird feeders of a specific color? • What is the cause of this disease? • How effective is this drug in treating this disease?	• How tall is Santa Claus? • Do angels exist? • Which is better: classical music or rock and roll? • What are the ethical implications of human cloning?

Since this is a biology class, we will be focusing on questions that can be answered scientifically. Remember that in the scientific process, observations lead to questions. A scientific question is one that can be answered by using the process of science (testing hypotheses, making observations about the natural world, designing experiments).

Sometimes you will directly make observations yourself about the natural world that lead you to ask scientific questions, other times you might hear or read something that leads you to ask a question. Regardless of how you make your initial observation, you will want to do research about your topic before you start setting up an experiment. When you're learning about a topic, it's important to use credible sources of information.

Types of Sources

Whether conducting research in the social sciences, humanities (especially history), arts, or natural sciences, the ability to distinguish between **primary** and **secondary source material** is essential. Basically, this distinction illustrates the degree to which the author of a piece is removed from the actual event being described. This means whether the author is reporting information *first hand* (or is first to record these immediately following an event), or conveying the experiences and opinions of others—that is, *second hand*. In biology, the distinction would be between the person (or people) who conducted the research and someone who didn't actually do the research, but is merely reporting on it.

Primary sources

These are contemporary accounts of an event, written by someone who experienced or witnessed the event in question. In general, these original documents (i.e., they are not about another document or account) are often diaries, letters, memoirs, journals, speeches, manuscripts, interviews, photographs, audio or video recordings, or original literary or theatrical works.

In science, a "primary source" or the "primary literature" refers to the original publication of a scientist's new data, results, and conclusions. These articles are written for other experts in a specific scientific field.

You've probably done a writing assignment or other project during which you have participated in a **peer review** process. During this process, your project was critiqued and evaluated by people of similar competence to yourself (your peers). This gave you feedback on which to improve your work. Scientific articles typically go through a peer review process before they are published in an academic journal. In this case, the peers who are reviewing the article are other experts in the specific field about which the paper is written. This allows other scientists to critique experimental design, data, and conclusions before that information is

published in an academic journal. Often, the scientists who did the experiment and who are trying to publish it are required to do additional work or edit their paper before it is published. The goal of the scientific peer review process is to ensure that published primary articles contain the best possible science.

Secondary sources

The function of a secondary source is to interpret the **primary source.** A secondary source can be described as at least one step removed from the event or phenomenon under review. Secondary source materials interpret, assign value to, conjecture upon, and draw conclusions about the events reported in primary sources. These are usually in the form of published works such as magazine articles or books, but may include radio or television documentaries, or conference proceedings.

Popular vs. Scholarly Sources

POPULAR	SCHOLARLY
Broad range of topics, presented in shorter articles	Specific, narrowly focused topics in lengthy, in-depth articles
Articles offer overview of subject matter; interpretation, rather than original research; sometimes contain feature articles and reports on current social issues and public opinion	Articles often contain previously unpublished research and detail new developments in field
Intended to attract a general readership without any particular expertise or advanced education	Intended for specialist readership of researchers, academics, students and professionals
Written by staff (not always attributed) or freelance writers using general, popular language	Written by identified specialists and researchers in subject area, usually employing technical, subject-specific language and jargon
Edited and approved for publication in-house (not peer-reviewed)	Critically evaluated by peers (fellow scholars) in field for content, scholarly soundness, and academic value
Articles rarely contain references or footnotes and follow no specific format	Well-researched, documented articles nearly always follow standard format: abstract, introduction, literature review, methodology, results, conclusion, bibliography/references
Designed to attract eye of potential newsstand customers: usually filled with photographs or illustrations, printed on glossier paper	Sober design: mostly text with some tables or graphs accompanying articles; usually little or no photography; negligible, if any, advertising; rarely printed on high-gloss paper
Each issue begins with page number ‘1’	Page numbers of issues *within a volume (year)* are usually consecutive (i.e., first page of succeeding issue is number following last page number of previous issue)
Presented to entertain, promote point of view, and/or sell products	Intended to present researchers’ opinions and findings based on original research
Examples: *Newsweek*, *Rolling Stone*, *Vogue*	Examples: *Science*, Nature, *Journal of Microbial and Biochemical Technology*

In science, it is often extremely difficult to read and understand primary articles unless you are an expert in that specific scientific field. Secondary sources are typically easier to read and can give you the important information from a primary source, but only if the secondary source has interpreted the information correctly! It is always better to go to the primary source if possible because otherwise you are relying on someone else’s interpretation of the information. However, it is always better to use a source that you can read and understand rather than a source that you can’t. For this reason, it is very important to be able to identify credible secondary sources.

Evaluating Credibility

When you write a scientific paper (or any paper, really), you want to back up your statements with credible sources. You will need to identify credible sources to help you research scientific topics to help you develop interesting scientific questions. You will also

need sources to help you form a well-educated hypothesis that is not just based on your guess about what will happen. A credible source is one that is trustworthy from which the information can be believed. Credible sources are written by people who are experts in the field (or at least are very knowledgeable) about the subject that they are commenting on.

We will be using a variation of the CRAAP test to help you determine whether or not sources that you find are credible or not. The CRAAP Test was created by Sarah Blakeslee, of the University of California at Chico's Meriam Library. It is adapted below. When evaluating the credibility of sources using this method, if it's CRAAP, it's good!

You can use the table below to help you evaluate the credibility of your sources.

Credibility Table

Factors to consider	***Least reliable*** *(0 points)*	***Possibly reliable*** *(1 point)*	***Most reliable*** *(2 points)*
Currency	No date of publication or revision given	Outdated for this particular topic	Recently published or revised
Reliable source	Unreliable website, no additional info available	Possibly reliable	Official government or organization, institutional sites, academic journals
Author	No author is given / the author is not qualified to write about this topic	Author is educated on topic or is staff of an organization assumed to be knowledgeable on this specific topic	Specifically identified expert in this field with degrees / credentials in this subject
Accuracy	No review process and information is not supported by evidence from cited sources	The information may have been reviewed or edited by someone knowledgeable in the field. It mentions but does not directly cite other sources	The information has been peer reviewed and is supported by evidence from cited credible sources
Purpose	Obviously biased or trying to sell you something	Sponsored source; may present unbalanced information	Balanced, neutral, presents all sides of the issue fully

In general, do not use a source if it doesn't pass the CRAAP test! For our purposes, do not use any sources that score less than 6 points using the credibility table.

Several examples are given below for sources that you might come across if you were researching the topic of vaccine safety.

Example 1:

CDC (Centers for Disease Control and Prevention). Aug 28, 2015. Vaccine Safety [Internet]. [cited May 12, 2016]. Available from: http://www.cdc.gov/vaccinesafety/index.html

	Score	**Discussion – why did you give that score?**
Currency	2	Aug 28 2015 is recent and shows that this information is updated frequently.
Reliable source	2	I looked at the "about this organization" and learned that the CDC is a major government organization that works to protect Americans from health, safety, and security threats. They are a division of the US department of health and human services.

	Score	Discussion – why did you give that score?
Author	1	A specific author was not identified, but the page states that the content is from the CDC, which suggests that it was written by a knowledgeable staff member.
Accuracy	1.5	No information is given about the review process, but it was probably edited by staff at the CDC. There is a list of citations and links to primary scientific articles supporting the information.
Purpose	2	The point of view does not appear to be biased because it seems to be presenting factual information. Admittedly, it only presents the pro-vaccine side of the argument. There are no ads on the page or other information trying to change the reader's viewpoint.
Credibility Score	8.5/10	This seems like an excellent source to use for research. It's readable and I could look at the primary articles if I wanted to check them out.

Example 2:

Stop Mandatory Vaccination. N.d.. The Dangers of Vaccines and Vaccinations [Internet]. [cited May 12, 2016]. Available from: http://www.stopmandatoryvaccination.com/vaccine-dangers/

	Score	Discussion – why did you give that score?
Currency	1	The copyright is given as 2015, but there is no date for this specific article. It does reference something that took place in 2015, so it is likely written after that.
Reliable source	0	The "About" page states that the organization was started by Larry Cook using a GoFundMe platform
Author	0	Larry Cook has been devoted to the natural lifestyle for 25 years, but doesn't appear to have any degrees or specific expertise on this topic. Other contributing authors include Landee Martin, who has a Bachelor's of Science in Psychology (which isn't related to vaccine safety), and Brittney Kara, who is a mother who has studied holistic living for the last 17 years. None of the individuals specifically identified on the website appear to be experts in the field.

	Score	Discussion – why did you give that score?
Accuracy	0.5	It seems unlikely that there is any review process. There are links to several sources, but none of them appear to be primary scientific articles. Several are links to interviews.
Purpose	0	This source is extremely biased. Even the name of the website is biased. There is a link to donate to the webpage. There are at least 10 ads for anti-vaccine books and websites.
Credibility Score	1.5/10	I would not want to use this source to research this topic. It's extremely biased and doesn't seem to offer much evidence for its assertions.

Citing Your Sources

One of the goals for any class is to help students become better scholars. And, one of the important skills of scholarship is proper citation of resources used. Citations demonstrate your "credentials" as a scholar, and provide a resource to your readers of good reference material.

Why do you have to cite your sources?

No research paper is complete without a list of the sources that you used in your writing. Scholars are very careful to keep accurate records of the resources they've used, and of the ideas and concepts they've quoted or used from others. This record keeping is generally presented in the form of citations.

A citation is a description of a book, article, URL, etc. that provides enough information so that others can locate the source you used themselves. It allows you to credit the authors of the sources you use and clarify which ideas belong to you and which belong to other sources. And providing a citation or reference will allow others to find and use these sources as well. Most research papers have a list of citations or cited references and there are special formatting guidelines for different types of research.

However, there are many "proper" formats because each discipline has its own rules. In general we ask only that you use one of the "official" formats and that you use it consistently. To understand what we mean by "consistent", compare the citations in two scientific journals. You will notice that each journal has its own rules for whether an article title is in quotes, bold, underlined, etc., but within each journal the rule applies to all reference citations. Below is a condensed guide to the general format used in science (CSE). For more detailed information consult one of the online citation guides and generators.

Plagiarism

Plagiarism is presenting the words or ideas of someone else as your own without proper acknowledgment of the source. When you work on a research paper you will probably find supporting material for your paper from works by others. It's okay to quote people and use their ideas, but you do need to correctly credit them. Even when you summarize or paraphrase information found in books, articles, or Web pages, you must acknowledge the original author. To avoid plagiarism, include a reference to any material you use that provides a fact not commonly known, or whenever you use information from another author. In short, if you didn't collect the data or reach the conclusion on your own, cite it!

These are all examples of plagiarism:

- Buying or using a term paper written by someone else.
- Cutting and pasting passages from the Web, a book, or an article and inserting them into your paper without citing them. **Warning!** It is now easy for your instructors to search and identify passages that you have copied from the Web.
- Using the words or ideas of another person without citing them.
- Paraphrasing that person's words without citing them.

Tips for Avoiding Plagiarism:

- First, use your own ideas—it should be your paper and your ideas should be the focus.
- Use the ideas of others sparingly—only to support or reinforce your own argument.
- When taking notes, include complete citation information for each item you use.
- Use quotation marks when directly stating another person's words. Quotes are not frequently used in scientific writing unless you are directly quoting someone's spoken words.

Sources:

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5.2.2: Writing for Science

Whether scientific research is basic science or applied science, scientists must share their findings for other researchers to expand and build upon their discoveries. Communication and collaboration within and between sub disciplines of science are key to the advancement of knowledge in science. For this reason, an important aspect of a scientist's work is disseminating results and communicating with peers. Scientists can share results by presenting them at a scientific meeting or conference, but this approach can reach only the limited few who are present. Instead, most scientists present their results in peer-reviewed articles that are published in scientific journals. **Peer-reviewed articles** are scientific papers that are reviewed, usually anonymously by a scientist's colleagues, or peers. These colleagues are qualified individuals, often experts in the same research area, who judge whether or not the scientist's work is suitable for publication. The process of peer review helps to ensure that the research described in a scientific paper or grant proposal is original, significant, logical, and thorough. Grant proposals, which are requests for research funding, are also subject to peer review. Scientists publish their work so other scientists can reproduce their experiments under similar or different conditions to expand on the findings. The experimental results must be consistent with the findings of other scientists.

There are many journals and the popular press that do not use a peer-review system. A large number of online open-access journals, journals with articles available without cost, are now available many of which use rigorous peer-review systems, but some of which do not. Results of any studies published in these forums without peer review are not reliable and should not form the basis for other scientific work. In one exception, journals may allow a researcher to cite a personal communication from another researcher about unpublished results with the cited author's permission.

Scientific articles are not literary works. Instead, they are meant to transmit information effectively and concisely. The need for clarity and brevity is especially important for other forms of science communication such as posters where the audience must be able to understand the significance of your research in just a few minutes, but the need is there for all forms of scientific communication.

There is an explicit format that scientific papers follow, with relatively small variations in style among journals. Papers are broken down into the following sections: title, abstract, introduction, methods, results, and discussion. Every section, except the title, should be labeled as such. Generally the section name is centered and underlined (or bold-faced) over the text. Although posters follow the same format as a paper, each section is abbreviated (once again, clarity is critical).

Title

The title should give the reader a concise, informative description of the content and scope of the paper.

Abstract

The abstract is a concise summary of the major findings of the study. It should be no longer than 9-10 sentences. It should summarize every subsequent section of the paper. It should state the purposes of the study, and then briefly summarize the methods, results, and conclusions of the study. The abstract should be able to stand-alone. Do not refer to any figures or tables, or cite any references. Because the abstract is a distillation of the paper, it is often written last. It is typically the hardest part of the paper to write.

Introduction

In many journals, the introduction is also unlabeled, and simply starts after the abstract.

The introduction gives the rationale for the research. It answers the question "Why should anyone be interested in this work?" It usually includes background information, including the work of others, and a description of your objectives. If you are studying a particular species, give both the scientific (Latin) name and the common name the first time you mention your study animal. The scientific name is always underlined or italicized, and the genus name is capitalized while the species name is not. Cite only references pertinent to your study. Direct quotations are rarely used in scientific writing; instead state the findings of others in your own words. Furthermore, footnotes are rarely used in a scientific paper. Instead cite the author by last name, and the year that the source was published.

Smith (1987) found that male mice prefer the odor of non-pregnant female mice to that of pregnant female mice. Male mice prefer the odor of non-pregnant female mice to that of pregnant female mice (Smith, 1987).

When two people co-author a paper, both are cited:

For instance:

When more than two people co-author a paper, cite only the first author, and refer to the other authors with the Latin phrase, “et al.”, indicating “and others”:

Undergraduate students who came to lectures were more likely to receive a high grade on the exams (Thatcher, et al., 2000).

Harrett and Garrett (1999) found no differences between male and female elephants in their response to the tape of a female vocalization.

The full reference for each work must be given in the literature cited section at the end of the paper. For references, select work from the primary literature: that is, work that is published by the same people who did it. In general, citing an encyclopedia or textbook is not appropriate for a scientific paper.

When organizing your introduction, begin with a general description of the topic, and then become more specific. For example, in a study of the olfaction in the reproductive behavior of mice, the skeleton of the introduction might be:

> *For reproduction to be successful, animals must be able to correctly assess the reproductive condition of a potential partner. Many different signals have evolved in animals to facilitate such assessment. Olfactory signals seem to be particularly important in mammals.*
>
> *Mice are particularly suited for studying the role of olfaction in reproductive behavior. Odor cues are involved in several aspects of mouse reproductive behavior, including… The aim of this study was…*

Each of these sentences would be a good topic sentence of a different paragraph in the introduction. References should be cited where appropriate.

In sum, an introduction should convey your overall purpose in conducting the experiment as well as your specific objectives.

Methods

This section is also often called Materials and Methods. This section is a very concise summary of the subjects, equipment, and procedures used. This section should contain enough information so that someone else could replicate your work. It is NOT a list, but a narrative description. Because it is a narrative, it should not include a list of your materials. Rather, they should be described in the narrative as required. For example, you could say: “We measured 5mL of enzyme solution into a test tube and heated it on a hot plate until it boiled.” From this, it is obvious that you used some sort of tool to accurately measure 5mL of solution, as well as a test tube, and a hot plate.

Only include information that is relevant to your experiment: do not include information that any scientist should know to do or that won’t affect the results (label the tubes, clean up afterwards, make a graph). If you are following the methods of another paper or a lab manual, simply cite the source. Then, you can concentrate on describing any changes that you made to that procedure. **A common mistake is to let results creep into this section.**

Results

The results includes presentations of your data and the results of statistical analysis of your data. First, state the overall trend of the data. Did the majority of the data statistically support or contradict the null hypothesis?

Address each statistical test separately, often in separate paragraphs. For each type of data analyzed say whether your results are statistically significant, and in parentheses give the statistical test used, the value of the test statistic, and the probability level for that computed value. For example, “Male mice visited non-pregnant females significantly more often than pregnant females (chi square = 4.69; $p < 0.05$).”

Do not present your raw data. Instead, present data in an easy to read form. You will probably use a figure or a table to present your results. Refer to each table by a number (Table 1, Table 2, etc.) It should have a concise heading at the top. Graphs and diagrams are both called figures and are numbered consecutively (Fig. 1, Fig. 2, etc.) They have headings at the bottom. Axes on graphs should be clearly labeled. See the section on Presenting Your Data for more information.

You must refer to every table and figure at least once in the text. Often this can be done parenthetically: “Male mice visited non-pregnant females significantly more often than pregnant females (chi square = 4.69; p <0.05; Fig. 2).”

Do not use the word “significant” unless it can be supported by statistical evidence. **A common mistake is to discuss the implications of your findings.** Save that for the discussion section.

Discussion

Here you are to give a reader the “take home” message of the study. Begin by briefly summarizing the major findings of your study. Then discuss each finding one at a time (usually in separate paragraphs).

Interpret your results in light of the biology you are studying. Your discussion section should parallel your introduction: if you discussed the role of reproductive biology of the mouse at the beginning of your study, come back to it again here. The paper should come full circle.

Use references throughout your discussion to support your points. Compare your findings with those of similar studies.

Do not make statements that cannot be supported by the data, and be sure none of your conclusions are contradicted by the data. **Discuss unexpected results or possible errors in the experiment, but don’t focus on “what didn’t work”. We all know this was a classroom research project!**

Literature cited

Each academic discipline uses a different format to cite the references they use. These differences can be dramatic (English vs. Science, for example) or small (Psychology vs. Biology), but they are based on what information is seen as important. In this course, we follow the format of the most biology journals by using CSE format. See the section on Citing Your Sources for more specific information.

General hints

For stylistic hints, browse one of the many books in the library on scientific writing. Remember, being a good writer in English “121” doesn’t mean your skills will translate to science writing without work (though you have a great start!).

Outline your paper. Use **topic sentences** for every paragraph. You should be able to go back and underline each topic sentence after you are finished.

Keep your report as short as you can, consistent with clarity and completeness. Do not “pad” with a lot of irrelevant information just to show you know a lot.

A note on Plagiarism: Plagiarism is a serious academic offense. However, most instances of plagiarism are the result of a lack of care and effort, and not intentional misbehavior. Here is a general rule to follow: **Don’t Cut and Paste!** Accidental or not, any occurrence of academic dishonesty will be treated seriously. Ignorance is no defense.

Be sure to proofread for typographical errors, poor grammar, or unclear sentence structure.

Try to start paragraphs with a topic sentence or a summary statement. Then follow it with supporting statements. This technique makes your writing clearer and easier to follow. Ideally, someone could read the first sentence of each paragraph and still understand the gist of our paper.

PLEASE avoid dull scientific writing, particularly the use of the passive voice. As much as possible, use an active voice. Passive writing takes up more space and is dull, dull, dull. Look at the example here; see how this is more exciting and can lead to an interesting ecological observation about the importance of the predator – prey relationship involved?

BAD: Mussels are eaten by sea stars. GOOD: Sea stars eat mussels. BETTER STILL: Sea stars are voracious predators of mussels.

Make sure the object to which words such as “this” or “it” refer is clear.

Combine sentences with low information content into one sentence. This will make your writing more streamlined and less repetitive. But don’t write run-on sentences either!

Always refer to work people have done in the past in the past tense. Refer to species attributes or other ongoing, continuing states in the present tense.

The word “data” is plural. Say either “these data are…” or “this datum is…”

BAD: Wentworth (1985) studied vegetation in Arizona. He found that tree species distributions followed gradients. GOOD: In the Huachuca Mountains of Arizona, both elevation and the amount of light influenced tree species distributions (Wentworth 1985).

Scientific names of animals and plants are underlined or italicized (as are most Latin words), such as Homo sapiens or *Homo sapiens* (genera and all higher taxa are capitalized, species names are lowercase).

Do not anthropomorphize. A honeybee or a dandelion does not have the same consciousness or emotional life as your roommate. In extreme forms, this type of writing is appropriate for the tabloids in supermarket checkout lines…

Try varying the length of your sentences, and keep in mind that a sentence with 4 words is probably too short, and one with 20 too long.

BAD: Kudzu, an Asian super weed, intends to dominate and conquer the entire southeastern United States. GOOD: Kudzu is a noxious weed introduced from Asia that has quickly spread from its point of introduction throughout the southeastern United States.

Avoid using too many clauses in one sentence. If you see that you have a lot of commas, that is a clue that you’ve overdone the number of clauses in the sentence.

Try reading your work out loud. Anything that is written poorly will be difficult to read. This technique will alert you to problem areas in your writing.

BE PREPARED TO WRITE SEVERAL DRAFTS! Good, hard editing will turn you from a mediocre to a good writer. **And with good writing, you are able to show your GREAT thinking!**

Sources:

These instructions are adapted by Walter Shriner. Originally from ***Jakob, E.*** *1995. Laboratory manual for animal behavior. Bowling Green University and* ***Muller, K****. 1991. Ornithology laboratory. University of California, Davis.*

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OpenStax, Biology. OpenStax CNX. May 27, 2016 http://cnx.org/contents/s8Hh0oOc@9.10:RD6ERYiU@5/The-Process-of-Science.

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5.2.3: What Are Scientific Journals

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CHAPTER OVERVIEW

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6.1: Class Day 6.1

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6.1.1: Memory (Encoding, Storage, Retrieval)

By Kathleen B. McDermott and Henry L. Roediger III

Washington University in St. Louis

“Memory” is a single term that reflects a number of different abilities: holding information briefly while working with it (working memory), remembering episodes of one’s life (episodic memory), and our general knowledge of facts of the world (semantic memory), among other types. Remembering episodes involves three processes: encoding information (learning it, by perceiving it and relating it to past knowledge), storing it (maintaining it over time), and then retrieving it (accessing the information when needed). Failures can occur at any stage, leading to forgetting or to having false memories. The key to improving one’s memory is to improve processes of encoding and to use techniques that guarantee effective retrieval. Good encoding techniques include relating new information to what one already knows, forming mental images, and creating associations among information that needs to be remembered. The key to good retrieval is developing effective cues that will lead the rememberer back to the encoded information. Classic mnemonic systems, known since the time of the ancient Greeks and still used by some today, can greatly improve one’s memory abilities.

learning objectives

- Define and note differences between the following forms of memory: working memory, episodic memory, semantic memory, collective memory.
- Describe the three stages in the process of learning and remembering.
- Describe strategies that can be used to enhance the original learning or encoding of information.
- Describe strategies that can improve the process of retrieval.
- Describe why the classic mnemonic device, the method of loci, works so well.

Introduction

In 2013, Simon Reinhard sat in front of 60 people in a room at Washington University, where he memorized an increasingly long series of digits. On the first round, a computer generated 10 random digits—6 1 9 4 8 5 6 3 7 1—on a screen for 10 seconds. After the series disappeared, Simon typed them into his computer. His recollection was perfect. In the next phase, 20 digits appeared on the screen for 20 seconds. Again, Simon got them all correct. No one in the audience (mostly professors, graduate students, and undergraduate students) could recall the 20 digits perfectly. Then came 30 digits, studied for 30 seconds; once again, Simon didn’t misplace even a single digit. For a final trial, 50 digits appeared on the screen for 50 seconds, and again, Simon got them all right. In fact, Simon would have been happy to keep going. His record in this task—called “forward digit span”—is 240 digits!



In some ways memory is like file drawers where you store mental information. Memory is also a series of processes: how does that information get filed to begin with and how does it get retrieved when needed? [Image: M Cruz, https://goo.gl/DhOMgp, CC BY-SA 4.0, goo.gl/SWjq94]

When most of us witness a performance like that of Simon Reinhard, we think one of two things: First, maybe he's cheating somehow. (No, he is not.) Second, Simon must have abilities more advanced than the rest of humankind. After all, psychologists established many years ago that the normal memory span for adults is about 7 digits, with some of us able to recall a few more and others a few less (Miller, 1956). That is why the first phone numbers were limited to 7 digits—psychologists determined that many errors occurred (costing the phone company money) when the number was increased to even 8 digits. But in normal testing, no one gets 50 digits correct in a row, much less 240. So, does Simon Reinhard simply have a photographic memory? He does not. Instead, Simon has taught himself simple strategies for remembering that have greatly increased his capacity for remembering virtually any type of material—digits, words, faces and names, poetry, historical dates, and so on. Twelve years earlier, before he started training his memory abilities, he had a digit span of 7, just like most of us. Simon has been training his abilities for about 10 years as of this writing, and has risen to be in the top two of "memory athletes." In 2012, he came in second place in the World Memory Championships (composed of 11 tasks), held in London. He currently ranks second in the world, behind another German competitor, Johannes Mallow. In this module, we reveal what psychologists and others have learned about memory, and we also explain the general principles by which you can improve your own memory for factual material.

Varieties of Memory



To be a good chess player you have to learn to increase working memory so you can plan ahead for several offensive moves while simultaneously anticipating - through use of memory - how the other player could counter each of your planned moves. [Image: karpidis, https://goo.gl/EhzMKM, CC BY-SA 2.0, goo.gl/jSSrcO]

For most of us, remembering digits relies on *short-term memory*, or *working memory*—the ability to hold information in our minds for a brief time and work with it (e.g., multiplying 24 x 17 without using paper would rely on working memory). Another type of memory is **episodic memory**—the ability to remember the episodes of our lives. If you were given the task of recalling everything you did 2 days ago, that would be a test of episodic memory; you would be required to mentally travel through the day in your mind and note the main events. **Semantic memory** is our storehouse of more-or-less permanent knowledge, such as the meanings of words in a language (e.g., the meaning of "parasol") and the huge collection of facts about the world (e.g., there are 196 countries in the world, and 206 bones in your body). *Collective memory* refers to the kind of memory that people in a group share (whether family, community, schoolmates, or citizens of a state or a country). For example, residents of small towns often strongly identify with those towns, remembering the local customs and historical events in a unique way. That is, the community's collective memory passes stories and recollections between neighbors and to future generations, forming a memory system unto itself.

Psychologists continue to debate the classification of types of memory, as well as which types rely on others (Tulving, 2007), but for this module we will focus on episodic memory. Episodic memory is usually what people think of when they hear the word "memory." For example, when people say that an older relative is "losing her memory" due to Alzheimer's disease, the type of memory-loss they are referring to is the inability to recall events, or episodic memory. (Semantic memory is actually preserved in early-stage Alzheimer's disease.) Although remembering specific events that have happened over the course of one's entire life (e.g., your experiences in sixth grade) can be referred to as **autobiographical memory**, we will focus primarily on the episodic memories of more recent events.

Three Stages of the Learning/Memory Process

Psychologists distinguish between three necessary stages in the learning and memory process: **encoding**, **storage**, and **retrieval** (Melton, 1963). Encoding is defined as the initial learning of information; storage refers to maintaining information over time; retrieval is the ability to access information when you need it. If you meet someone for the first time at a party, you need to encode her name (Lyn Goff) while you associate her name with her face. Then you need to maintain the information over time. If you see her a week later, you need to recognize her face and have it serve as a cue to retrieve her name. Any successful act of remembering requires that all three stages be intact. However, two types of errors can also occur. Forgetting is one type: you see the person you

met at the party and you cannot recall her name. The other error is misremembering (false recall or false recognition): you see someone who looks like Lyn Goff and call the person by that name (false recognition of the face). Or, you might see the real Lyn Goff, recognize her face, but then call her by the name of another woman you met at the party (misrecall of her name).

Whenever forgetting or misremembering occurs, we can ask, at which stage in the learning/memory process was there a failure?—though it is often difficult to answer this question with precision. One reason for this inaccuracy is that the three stages are not as discrete as our description implies. Rather, all three stages depend on one another. How we encode information determines how it will be stored and what cues will be effective when we try to retrieve it. And too, the act of retrieval itself also changes the way information is subsequently remembered, usually aiding later recall of the retrieved information. The central point for now is that the three stages—encoding, storage, and retrieval—affect one another, and are inextricably bound together.

Encoding

Encoding refers to the initial experience of perceiving and learning information. Psychologists often study recall by having participants study a list of pictures or words. Encoding in these situations is fairly straightforward. However, "real life" encoding is much more challenging. When you walk across campus, for example, you encounter countless sights and sounds—friends passing by, people playing Frisbee, music in the air. The physical and mental environments are much too rich for you to encode all the happenings around you or the internal thoughts you have in response to them. So, an important first principle of encoding is that it is selective: we attend to some events in our environment and we ignore others. A second point about encoding is that it is prolific; we are always encoding the events of our lives—attending to the world, trying to understand it. Normally this presents no problem, as our days are filled with routine occurrences, so we don't need to pay attention to everything. But if something does happen that seems strange—during your daily walk across campus, you see a giraffe—then we pay close attention and try to understand why we are seeing what we are seeing.



A giraffe in the context of a zoo or its natural habitat may register as nothing more than ordinary, but put it in another setting - in the middle of a campus or a busy city - and its level of distinctiveness increases dramatically. Distinctiveness is a key attribute to remembering events. [Image: Colin J Babb, https://goo.gl/Cci2yl, CC BY-SA 2.0, goo.gl/jSSrcO]

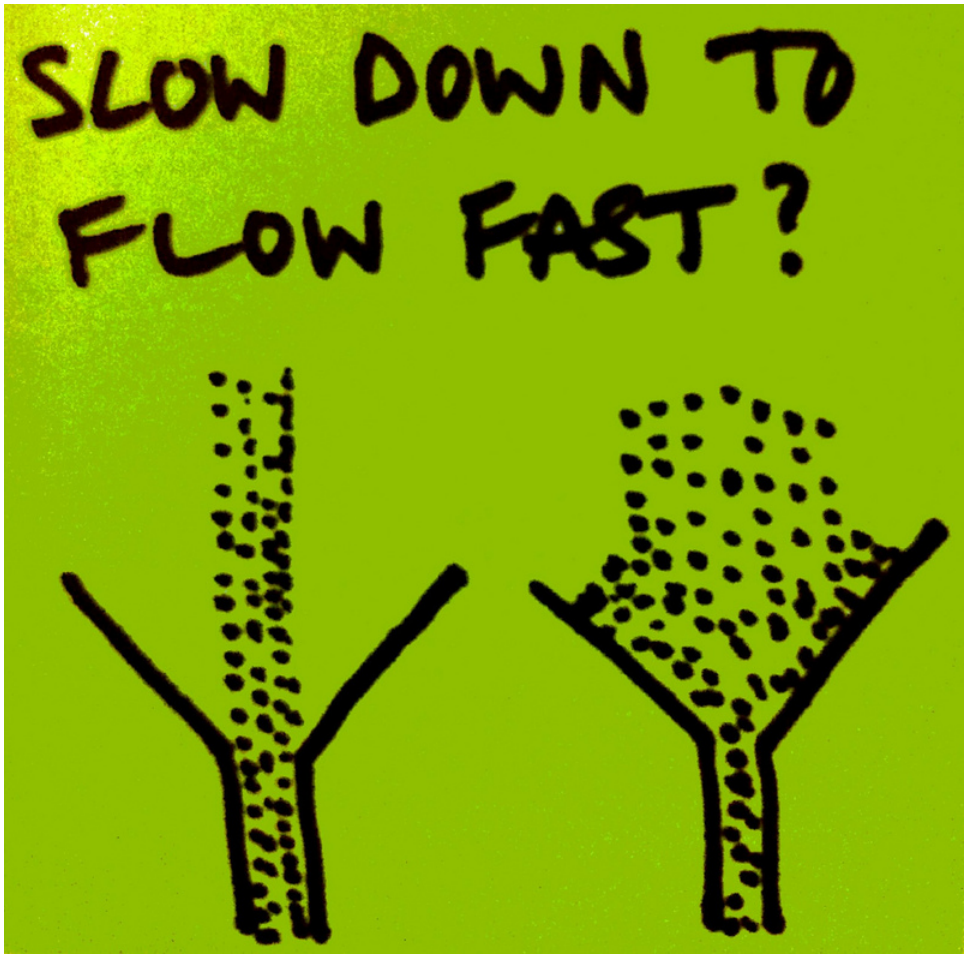
Right after your typical walk across campus (one without the appearance of a giraffe), you would be able to remember the events reasonably well if you were asked. You could say whom you bumped into, what song was playing from a radio, and so on. However, suppose someone asked you to recall the same walk a month later. You wouldn't stand a chance. You would likely be able to recount the basics of a typical walk across campus, but not the precise details of that particular walk. Yet, if you had seen a giraffe during that walk, the event would have been fixed in your mind for a long time, probably for the rest of your life. You would tell your friends about it, and, on later occasions when you saw a giraffe, you might be reminded of the day you saw one on campus. Psychologists have long pinpointed **distinctiveness**—having an event stand out as quite different from a background of similar events—as a key to remembering events (Hunt, 2003).

In addition, when vivid memories are tinged with strong emotional content, they often seem to leave a permanent mark on us. Public tragedies, such as terrorist attacks, often create vivid memories in those who witnessed them. But even those of us not directly involved in such events may have vivid memories of them, including memories of first hearing about them. For example, many people are able to recall their exact physical location when they first learned about the assassination or accidental death of a national figure. The term **flashbulb memory** was originally coined by Brown and Kulik (1977) to describe this sort of vivid

memory of finding out an important piece of news. The name refers to how some memories seem to be captured in the mind like a flash photograph; because of the distinctiveness and emotionality of the news, they seem to become permanently etched in the mind with exceptional clarity compared to other memories.

Take a moment and think back on your own life. Is there a particular memory that seems sharper than others? A memory where you can recall unusual details, like the colors of mundane things around you, or the exact positions of surrounding objects? Although people have great confidence in flashbulb memories like these, the truth is, our objective accuracy with them is far from perfect (Talarico & Rubin, 2003). That is, even though people may have great confidence in what they recall, their memories are not as accurate (e.g., what the actual colors were; where objects were truly placed) as they tend to imagine. Nonetheless, all other things being equal, distinctive and emotional events are well-remembered.

Details do not leap perfectly from the world into a person's mind. We might say that we went to a party and remember it, but what we remember is (at best) what we encoded. As noted above, the process of encoding is selective, and in complex situations, relatively few of many possible details are noticed and encoded. The process of encoding always involves **recoding**—that is, taking the information from the form it is delivered to us and then converting it in a way that we can make sense of it. For example, you might try to remember the colors of a rainbow by using the acronym ROY G BIV (red, orange, yellow, green, blue, indigo, violet). The process of recoding the colors into a name can help us to remember. However, recoding can also introduce errors—when we accidentally add information during encoding, then remember that *new* material as if it had been part of the actual experience (as discussed below).



Although it requires more effort, using images and associations can improve the process of recoding. [Image: psd, https://goo.gl/9xjcDe, CC BY 2.0, goo.gl/9uSnqN]

Psychologists have studied many recoding strategies that can be used during study to improve retention. First, research advises that, as we study, we should think of the meaning of the events (Craik & Lockhart, 1972), and we should try to relate new events to information we already know. This helps us form associations that we can use to retrieve information later. Second, imagining events also makes them more memorable; creating vivid images out of information (even verbal information) can greatly improve

later recall (Bower & Reitman, 1972). Creating imagery is part of the technique Simon Reinhard uses to remember huge numbers of digits, but we can all use images to encode information more effectively. The basic concept behind good encoding strategies is to form distinctive memories (ones that stand out), and to form links or associations among memories to help later retrieval (Hunt & McDaniel, 1993). Using study strategies such as the ones described here is challenging, but the effort is well worth the benefits of enhanced learning and retention.

We emphasized earlier that encoding is selective: people cannot encode all information they are exposed to. However, recoding can add information that was not even seen or heard during the initial encoding phase. Several of the recoding processes, like forming associations between memories, can happen without our awareness. This is one reason people can sometimes remember events that did not actually happen—because during the process of recoding, details got added. One common way of inducing false memories in the laboratory employs a word-list technique (Deese, 1959; Roediger & McDermott, 1995). Participants hear lists of 15 words, like *door, glass, pane, shade, ledge, sill, house, open, curtain, frame, view, breeze, sash, screen,* and *shutter.* Later, participants are given a test in which they are shown a list of words and asked to pick out the ones they'd heard earlier. This second list contains some words from the first list (e.g., *door, pane, frame*) and some words not from the list (e.g., *arm, phone, bottle*). In this example, one of the words on the test is *window*, which—importantly—does not appear in the first list, but which is related to other words in that list. When subjects were tested, they were reasonably accurate with the studied words (*door*, etc.), recognizing them 72% of the time. However, when *window* was on the test, they falsely recognized it as having been on the list 84% of the time (Stadler, Roediger, & McDermott, 1999). The same thing happened with many other lists the authors used. This phenomenon is referred to as the DRM (for Deese-Roediger-McDermott) effect. One explanation for such results is that, while students listened to items in the list, the words triggered the students to think about *window*, even though *window*was never presented. In this way, people seem to encode events that are not actually part of their experience.

Because humans are creative, we are always going beyond the information we are given: we automatically make associations and infer from them what is happening. But, as with the word association mix-up above, sometimes we make false memories from our inferences—remembering the inferences themselves as if they were actual experiences. To illustrate this, Brewer (1977) gave people sentences to remember that were designed to elicit *pragmatic inferences*. Inferences, in general, refer to instances when something is not explicitly stated, but we are still able to guess the undisclosed intention. For example, if your friend told you that she didn't want to go out to eat, you may infer that she doesn't have the money to go out, or that she's too tired. With *pragmatic* inferences, there is usually *one* particular inference you're likely to make. Consider the statement Brewer (1977) gave her participants: "The karate champion hit the cinder block." After hearing or seeing this sentence, participants who were given a memory test tended to remember the statement as having been, "The karate champion *broke* the cinder block." This remembered statement is not necessarily a *logical* inference (i.e., it is perfectly reasonable that a karate champion could hit a cinder block without breaking it). Nevertheless, the *pragmatic* conclusion from hearing such a sentence is that the block was likely broken. The participants remembered this inference they made while hearing the sentence in place of the actual words that were in the sentence (see also McDermott & Chan, 2006).

Encoding—the initial registration of information—is essential in the learning and memory process. Unless an event is encoded in some fashion, it will not be successfully remembered later. However, just because an event is encoded (even if it is encoded well), there's no guarantee that it will be remembered later.

Storage



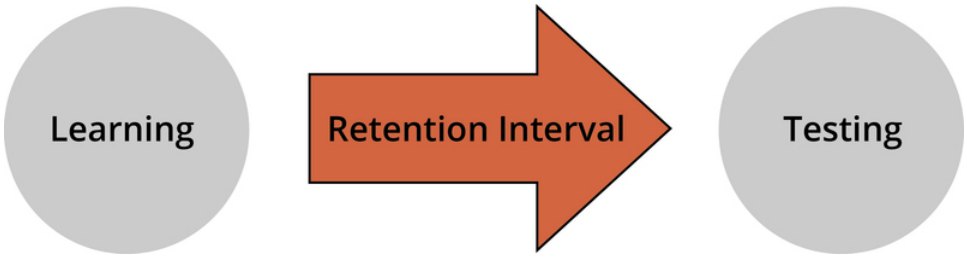
Memory traces, or engrams, are NOT perfectly preserved recordings of past experiences. The traces are combined with current knowledge to reconstruct what we think happened in the past. [Simon Bierdwald, https://goo.gl/JDhdCE, CC BY-NC-SA 2.0, goo.gl/jSSrcO]

Every experience we have changes our brains. That may seem like a bold, even strange, claim at first, but it's true. We encode each of our experiences within the structures of the nervous system, making new impressions in the process—and each of those impressions involves changes in the brain. Psychologists (and neurobiologists) say that experiences leave **memory traces**, or **engrams** (the two terms are synonyms). Memories have to be stored somewhere in the brain, so in order to do so, the brain biochemically alters itself and its neural tissue. Just like you might write yourself a note to remind you of something, the brain "writes" a memory trace, changing its own physical composition to do so. The basic idea is that events (occurrences in our environment) create engrams through a process of **consolidation**: the neural changes that occur after learning to create the memory trace of an experience. Although neurobiologists are concerned with exactly what neural processes change when memories are created, for psychologists, the term *memory trace* simply refers to the physical change in the nervous system (whatever that may be, exactly) that represents our experience.

Although the concept of engram or memory trace is extremely useful, we shouldn't take the term too literally. It is important to understand that memory traces are not perfect little packets of information that lie dormant in the brain, waiting to be called forward to give an accurate report of past experience. Memory traces are not like video or audio recordings, capturing experience with great accuracy; as discussed earlier, we often have errors in our memory, which would not exist if memory traces were perfect packets of information. Thus, it is wrong to think that remembering involves simply "reading out" a faithful record of past experience. Rather, when we remember past events, we reconstruct them with the aid of our memory traces—but also with our current belief of what happened. For example, if you were trying to recall for the police who started a fight at a bar, you may not have a memory trace of who pushed whom first. However, let's say you remember that one of the guys held the door open for you. When thinking back to the start of the fight, this knowledge (of how one guy was friendly to you) may unconsciously influence your memory of what happened in favor of the nice guy. Thus, memory is a construction of what you actually recall and what you believe happened. In a phrase, remembering is reconstructive (we reconstruct our past with the aid of memory traces) not reproductive (a perfect reproduction or recreation of the past).

Psychologists refer to the time between learning and testing as the retention interval. Memories can consolidate during that time, aiding retention. However, experiences can also occur that undermine the memory. For example, think of what you had for lunch yesterday—a pretty easy task. However, if you had to recall what you had for lunch 17 days ago, you may well fail (assuming you don't eat the same thing every day). The 16 lunches you've had since that one have created **retroactive interference**. Retroactive interference refers to new activities (i.e., the subsequent lunches) during the retention interval (i.e., the time between the lunch 17 days ago and now) that interfere with retrieving the specific, older memory (i.e., the lunch details from 17 days ago). But just as newer things can interfere with remembering older things, so can the opposite happen. *Proactive interference* is when past

memories interfere with the encoding of new ones. For example, if you have ever studied a second language, often times the grammar and vocabulary of your native language will pop into your head, impairing your fluency in the foreign language.



Retroactive interference is one of the main causes of forgetting (McGeoch, 1932). In the module *Eyewitness Testimony and Memory Biases* http://noba.to/uy49tm37 Elizabeth Loftus describes her fascinating work on eyewitness memory, in which she shows how memory for an event can be changed via misinformation supplied during the retention interval. For example, if you witnessed a car crash but subsequently heard people describing it from their own perspective, this new information may interfere with or disrupt your own personal recollection of the crash. In fact, you may even come to remember the event happening exactly as the others described it! This **misinformation effect** in eyewitness memory represents a type of retroactive interference that can occur during the retention interval (see Loftus [2005] for a review). Of course, if correct information is given during the retention interval, the witness's memory will usually be improved.

Although interference may arise between the occurrence of an event and the attempt to recall it, *the effect itself is always expressed when we retrieve memories*, the topic to which we turn next.

Retrieval

Endel Tulving argued that "the key process in memory is retrieval" (1991, p. 91). Why should retrieval be given more prominence than encoding or storage? For one thing, if information were encoded and stored but could not be retrieved, it would be useless. As discussed previously in this module, we encode and store thousands of events—conversations, sights and sounds—every day, creating memory traces. However, we later access only a tiny portion of what we've taken in. Most of our memories will never be used—in the sense of being brought back to mind, consciously. This fact seems so obvious that we rarely reflect on it. All those events that happened to you in the fourth grade that seemed so important then? Now, many years later, you would struggle to remember even a few. You may wonder if the traces of those memories still exist in some latent form. Unfortunately, with currently available methods, it is impossible to know.

Psychologists distinguish information that is available in memory from that which is accessible (Tulving & Pearlstone, 1966). *Available* information is the information that is stored in memory—but precisely how much and what types are stored cannot be known. That is, all we can know is what information we can retrieve—*accessible*information. The assumption is that accessible information represents only a tiny slice of the information available in our brains. Most of us have had the experience of trying to remember some fact or event, giving up, and then—all of a sudden!—it comes to us at a later time, even after we've stopped trying to remember it. Similarly, we all know the experience of failing to recall a fact, but then, if we are given several choices (as in a multiple-choice test), we are easily able to recognize it.



We can't know the entirety of what is in our memory, but only that portion we can actually retrieve. Something that cannot be retrieved now and which is seemingly gone from memory may, with different cues applied, reemerge. [Image: Ores2k, https://goo.gl/1du8Qe, CC BY-NC-SA 2.0, goo.gl/jSSrcO]

What factors determine what information can be retrieved from memory? One critical factor is the type of hints, or *cues*, in the environment. You may hear a song on the radio that suddenly evokes memories of an earlier time in your life, even if you were not trying to remember it when the song came on. Nevertheless, the song is closely associated with that time, so it brings the experience to mind.

The general principle that underlies the effectiveness of retrieval cues is the **encoding specificity principle** (Tulving & Thomson, 1973): when people encode information, they do so in specific ways. For example, take the song on the radio: perhaps you heard it while you were at a terrific party, having a great, philosophical conversation with a friend. Thus, the song became part of that whole complex experience. Years later, even though you haven't thought about that party in ages, when you hear the song on the radio, the whole experience rushes back to you. In general, the encoding specificity principle states that, to the extent a retrieval cue (the song) matches or overlaps the memory trace of an experience (the party, the conversation), it will be effective in evoking the memory. A classic experiment on the encoding specificity principle had participants memorize a set of words in a unique setting. Later, the participants were tested on the word sets, either in the same location they learned the words or a different one. As a result of encoding specificity, the students who took the test in the same place they learned the words were actually able to recall more words (Godden & Baddeley, 1975) than the students who took the test in a new setting. In this instance, the physical context itself provided cues for retrieval. This is why it's good to study for midterms and finals in the same room you'll be taking them in.

One caution with this principle, though, is that, for the cue to work, it can't match too many other experiences (Nairne, 2002; Watkins, 1975). Consider a lab experiment. Suppose you study 100 items; 99 are words, and one is a picture—of a penguin, item 50 in the list. Afterwards, the cue "recall the picture" would evoke "penguin" perfectly. No one would miss it. However, if the *word* "penguin" were placed in the same spot among the other 99 words, its memorability would be exceptionally worse. This outcome shows the power of distinctiveness that we discussed in the section on encoding: one picture is perfectly recalled from among 99 words because it stands out. Now consider what would happen if the experiment were repeated, but there were 25 pictures distributed within the 100-item list. Although the picture of the penguin would still be there, the probability that the cue "recall the picture" (at item 50) would be useful for the penguin would drop correspondingly. Watkins (1975) referred to this outcome as demonstrating the **cue overload principle**. That is, to be effective, a retrieval cue cannot be overloaded with too many memories. For the cue "recall the picture" to be effective, it should only match one item in the target set (as in the one-picture, 99-word case).

To sum up how memory cues function: for a retrieval cue to be effective, a match must exist between the cue and the desired target memory; furthermore, to produce the best retrieval, the cue-target relationship should be distinctive. Next, we will see how the encoding specificity principle can work in practice.

Psychologists measure memory performance by using production tests (involving recall) or recognition tests (involving the selection of correct from incorrect information, e.g., a multiple-choice test). For example, with our list of 100 words, one group of people might be asked to recall the list in any order (a free recall test), while a different group might be asked to circle the 100 studied words out of a mix with another 100, unstudied words (a recognition test). In this situation, the recognition test would likely produce better performance from participants than the recall test.

We usually think of recognition tests as being quite easy, because the cue for retrieval is a copy of the actual event that was presented for study. After all, what could be a better cue than the exact target (memory) the person is trying to access? In most cases, this line of reasoning is true; nevertheless, recognition tests do not provide perfect indexes of what is stored in memory. That is, you can fail to recognize a target staring you right in the face, yet be able to recall it later with a different set of cues (Watkins & Tulving, 1975). For example, suppose you had the task of recognizing the surnames of famous authors. At first, you might think that being given the actual last name would always be the best cue. However, research has shown this not necessarily to be true (Muter, 1984). When given names such as Tolstoy, Shaw, Shakespeare, and Lee, subjects might well say that Tolstoy and Shakespeare are famous authors, whereas Shaw and Lee are not. But, when given a cued recall test using first names, people often recall items (produce them) that they had failed to recognize before. For example, in this instance, a cue like *George Bernard* _____ often leads to a recall of "Shaw," even though people initially failed to recognize *Shaw* as a famous author's name. Yet, when given the cue "William," people may not come up with Shakespeare, because William is a common name that matches many people (the cue overload principle at work). This strange fact—that recall can sometimes lead to better performance than recognition—can be explained by the encoding specificity principle. As a cue, *George Bernard* _____ matches the way the famous writer is stored in memory better than does his surname, Shaw, does (even though it is the target). Further, the match is quite distinctive with *George Bernard* _____, but the cue *William* _____ is much more overloaded (Prince William, William Yeats, William Faulkner, will.i.am).

The phenomenon we have been describing is called the *recognition failure of recallable words*, which highlights the point that a cue will be most effective depending on how the information has been encoded (Tulving & Thomson, 1973). The point is, the cues that work best to evoke retrieval are those that recreate the event or name to be remembered, whereas sometimes even the target itself, such as *Shaw* in the above example, is not the best cue. Which cue will be most effective depends on how the information has been encoded.

Whenever we think about our past, we engage in the act of retrieval. We usually think that retrieval is an objective act because we tend to imagine that retrieving a memory is like pulling a book from a shelf, and after we are done with it, we return the book to the shelf just as it was. However, research shows this assumption to be false; far from being a static repository of data, the memory is constantly changing. In fact, every time we retrieve a memory, it is altered. For example, the act of retrieval itself (of a fact, concept, or event) makes the retrieved memory much more likely to be retrieved again, a phenomenon called the *testing effect* or the *retrieval practice effect* (Pyc & Rawson, 2009; Roediger & Karpicke, 2006). However, retrieving some information can actually cause us to forget other information related to it, a phenomenon called *retrieval-induced forgetting* (Anderson, Bjork, & Bjork, 1994). Thus the act of retrieval can be a double-edged sword—strengthening the memory just retrieved (usually by a large amount) but harming related information (though this effect is often relatively small).

As discussed earlier, retrieval of distant memories is reconstructive. We weave the concrete bits and pieces of events in with assumptions and preferences to form a coherent story (Bartlett, 1932). For example, if during your 10th birthday, your dog got to your cake before you did, you would likely tell that story for years afterward. Say, then, in later years you misremember where the dog actually found the cake, but repeat that error over and over during subsequent retellings of the story. Over time, that inaccuracy would become a basic fact of the event in your mind. Just as retrieval practice (repetition) enhances accurate memories, so will it strengthen errors or false memories (McDermott, 2006). Sometimes memories can even be manufactured just from hearing a vivid story. Consider the following episode, recounted by Jean Piaget, the famous developmental psychologist, from his childhood:

> *One of my first memories would date, if it were true, from my second year. I can still see, most clearly, the following scene, in which I believed until I was about 15. I was sitting in my pram . . . when a man tried to kidnap me. I was held in by the strap fastened round me while my nurse bravely tried to stand between me and*

> *the thief. She received various scratches, and I can still vaguely see those on her face. . . . When I was about 15, my parents received a letter from my former nurse saying that she had been converted to the Salvation Army. She wanted to confess her past faults, and in particular to return the watch she had been given as a reward on this occasion. She had made up the whole story, faking the scratches. I therefore must have heard, as a child, this story, which my parents believed, and projected it into the past in the form of a visual memory. . . . Many real memories are doubtless of the same order. (Norman & Schacter, 1997, pp. 187–188)*

Piaget's vivid account represents a case of a pure reconstructive memory. He heard the tale told repeatedly, and doubtless told it (and thought about it) himself. The repeated telling cemented the events as though they had really happened, just as we are all open to the possibility of having "many real memories ... of the same order." The fact that one can remember precise details (the location, the scratches) does not necessarily indicate that the memory is true, a point that has been confirmed in laboratory studies, too (e.g., Norman & Schacter, 1997).

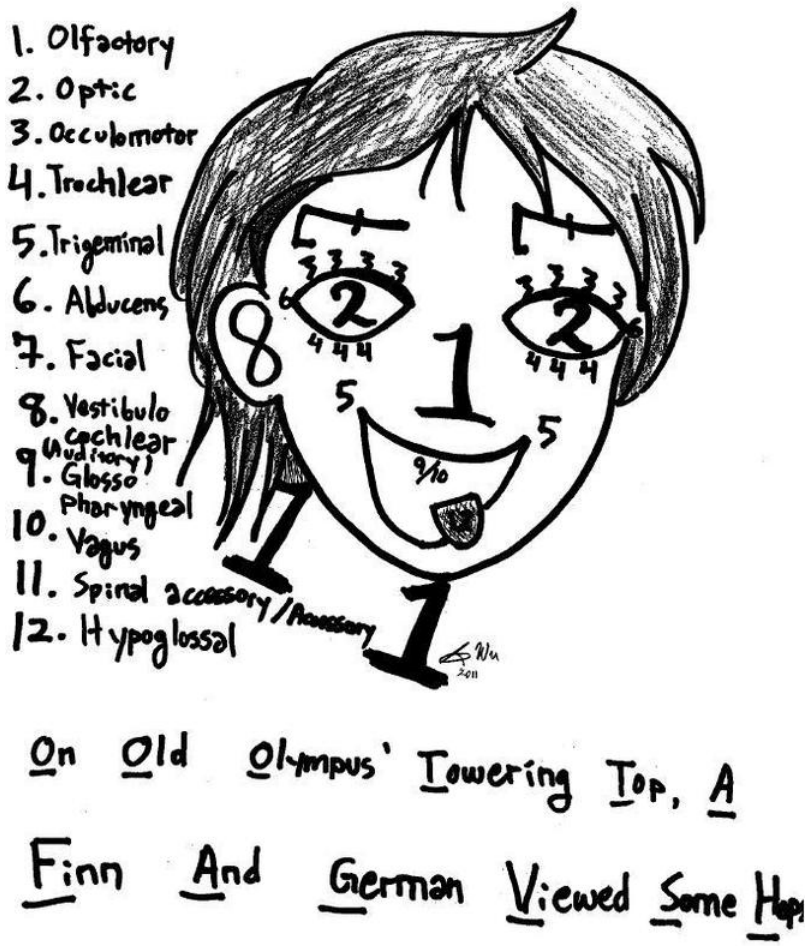
Putting It All Together: Improving Your Memory

A central theme of this module has been the importance of the encoding and retrieval processes, and their interaction. To recap: to improve learning and memory, we need to encode information in conjunction with excellent cues that will bring back the remembered events when we need them. But how do we do this? Keep in mind the two critical principles we have discussed: to maximize retrieval, we should construct *meaningful* cues that remind us of the original experience, and those cues should be *distinctive* and *not associated with other memories*. These two conditions are critical in maximizing cue effectiveness (Nairne, 2002).

So, how can these principles be adapted for use in many situations? Let's go back to how we started the module, with Simon Reinhard's ability to memorize huge numbers of digits. Although it was not obvious, he applied these same general memory principles, but in a more deliberate way. In fact, all **mnemonic devices**, or memory aids/tricks, rely on these fundamental principles. In a typical case, the person learns a set of cues and then applies these cues to learn and remember information. Consider the set of 20 items below that are easy to learn and remember (Bower & Reitman, 1972).

1. is a gun. 11 is penny-one, hot dog bun.
2. is a shoe. 12 is penny-two, airplane glue.
3. is a tree. 13 is penny-three, bumble bee.
4. is a door. 14 is penny-four, grocery store.
5. is knives. 15 is penny-five, big beehive.
6. is sticks. 16 is penny-six, magic tricks.
7. is oven. 17 is penny-seven, go to heaven.
8. is plate. 18 is penny-eight, golden gate.
9. is wine. 19 is penny-nine, ball of twine.
10. is hen. 20 is penny-ten, ballpoint pen.

It would probably take you less than 10 minutes to learn this list and practice recalling it several times (remember to use retrieval practice!). If you were to do so, you would have a set of peg words on which you could "hang" memories. In fact, this mnemonic device is called the *peg word technique*. If you then needed to remember some discrete items—say a grocery list, or points you wanted to make in a speech—this method would let you do so in a very precise yet flexible way. Suppose you had to remember bread, peanut butter, bananas, lettuce, and so on. The way to use the method is to form a vivid image of what you want to remember and imagine it interacting with your peg words (as many as you need). For example, for these items, you might imagine a large gun (the first peg word) shooting a loaf of bread, then a jar of peanut butter inside a shoe, then large bunches of bananas hanging from a tree, then a door slamming on a head of lettuce with leaves flying everywhere. The idea is to provide good, distinctive cues (the weirder the better!) for the information you need to remember while you are learning it. If you do this, then retrieving it later is relatively easy. You know your cues perfectly (one is gun, etc.), so you simply go through your cue word list and "look" in your mind's eye at the image stored there (bread, in this case).



Example of a mneumonic system created by a student to study cranial nerves. [Image: Kelidimari, goo.gl/kiA1kP, CC BY-SA 3.0, goo.gl/SCkRfm]

This peg word method may sound strange at first, but it works quite well, even with little training (Roediger, 1980). One word of warning, though, is that the items to be remembered need to be presented relatively slowly at first, until you have practice associating each with its cue word. People get faster with time. Another interesting aspect of this technique is that it's just as easy to recall the items in backwards order as forwards. This is because the peg words provide direct access to the memorized items, regardless of order.

How did Simon Reinhard remember those digits? Essentially he has a much more complex system based on these same principles. In his case, he uses "memory palaces" (elaborate scenes with discrete places) combined with huge sets of images for digits. For example, imagine mentally walking through the home where you grew up and identifying as many distinct areas and objects as possible. Simon has hundreds of such memory palaces that he uses. Next, for remembering digits, he has memorized a set of 10,000 images. Every four-digit number for him immediately brings forth a mental image. So, for example, 6187 might recall Michael Jackson. When Simon hears all the numbers coming at him, he places an image for every four digits into locations in his memory palace. He can do this at an incredibly rapid rate, faster than 4 digits per 4 seconds when they are flashed visually, as in the demonstration at the beginning of the module. As noted, his record is 240 digits, recalled in exact order. Simon also holds the world record in an event called "speed cards," which involves memorizing the precise order of a shuffled deck of cards. Simon was able to do this in 21.19 seconds! Again, he uses his memory palaces, and he encodes groups of cards as single images.

Many books exist on how to improve memory using mnemonic devices, but all involve forming distinctive encoding operations and then having an infallible set of memory cues. We should add that to develop and use these memory systems beyond the basic peg system outlined above takes a great amount of time and concentration. The World Memory Championships are held every year and the records keep improving. However, for most common purposes, just keep in mind that to remember well you need to encode information in a distinctive way and to have good cues for retrieval. You can adapt a system that will meet most any purpose.

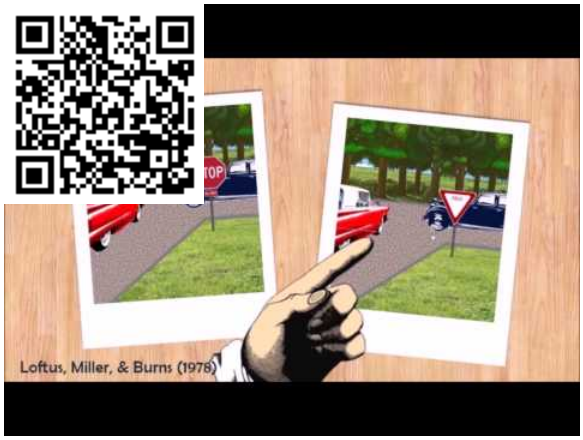
Outside Resources

Book: Brown, P.C., Roediger, H. L. & McDaniel, M. A. (2014). *Make it stick: The science of successful learning.*Cambridge, MA: Harvard University Press.

www.amazon.com/Make-Stick-Sc.../dp/0674729013

Student Video 1: Eureka Foong\\\\'s - The Misinformation Effect. This is a student-made video illustrating this phenomenon of altered memory. It was one of the winning entries in the 2014 Noba Student Video Award.





Student Video 2: Kara McCord\\\\'s - Flashbulb Memories. This is a student-made video illustrating this phenomenon of autobiographical memory. It was one of the winning entries in the 2014 Noba Student Video Award.

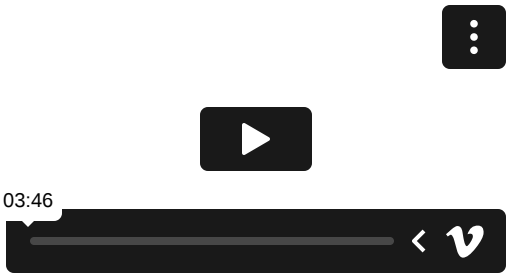


Stu Rui Xia & Ong Jun Hao\\\\'s - The Misinformation Effect. Another student-made video exploring the mis . Also an award winner from 2014.





Video: Simon Reinhard breaking the world record in speedcards.



Web: Retrieval Practice, a website with research, resources, and tips for both educators and learners around the memory-strengthening skill of retrieval practice.

http://www.retrievalpractice.org/

Discussion Questions

1. Mnemonists like Simon Reinhard develop mental "journeys," which enable them to use the method of loci. Develop your own journey, which contains 20 places, in order, that you know well. One example might be: the front walkway to your parents' apartment; their doorbell; the couch in their living room; etc. Be sure to use a set of places that you know well and that have a natural order to them (e.g., the walkway comes before the doorbell). Now you are more than halfway toward being able to memorize a set of 20 nouns, in order, rather quickly. As an optional second step, have a friend make a list of 20 such nouns and read them to you, slowly (e.g., one every 5 seconds). Use the method to attempt to remember the 20 items.
2. Recall a recent argument or misunderstanding you have had about memory (e.g., a debate over whether your girlfriend/boyfriend had agreed to something). In light of what you have just learned about memory, how do you think about it? Is it possible that the disagreement can be understood by one of you making a pragmatic inference?
3. Think about what you've learned in this module and about how you study for tests. On the basis of what you have learned, is there something you want to try that might help your study habits?

Vocabulary

Autobiographical memory
Memory for the events of one's life.

Consolidation
The process occurring after encoding that is believed to stabilize memory traces.

Cue overload principle
The principle stating that the more memories that are associated to a particular retrieval cue, the less effective the cue will be in prompting retrieval of any one memory.

Distinctiveness
The principle that unusual events (in a context of similar events) will be recalled and recognized better than uniform (nondistinctive) events.

Encoding
The initial experience of perceiving and learning events.

Encoding specificity principle
The hypothesis that a retrieval cue will be effective to the extent that information encoded from the cue overlaps or matches information in the engram or memory trace.

Engrams
A term indicating the change in the nervous system representing an event; also, memory trace.

Episodic memory
Memory for events in a particular time and place.

Flashbulb memory
Vivid personal memories of receiving the news of some momentous (and usually emotional) event.

Memory traces
A term indicating the change in the nervous system representing an event.

Misinformation effect
When erroneous information occurring after an event is remembered as having been part of the original event.

Mnemonic devices
A strategy for remembering large amounts of information, usually involving imaging events occurring on a journey or with some other set of memorized cues.

Recoding
The ubiquitous process during learning of taking information in one form and converting it to another form, usually one more easily remembered.

Retrieval
The process of accessing stored information.

Retroactive interference
The phenomenon whereby events that occur after some particular event of interest will usually cause forgetting of the original event.

Semantic memory
The more or less permanent store of knowledge that people have.

Storage
The stage in the learning/memory process that bridges encoding and retrieval; the persistence of memory over time.

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6.1.2: Problems with Memory

Learning Objectives

- Compare and contrast the two types of amnesia
- Discuss the unreliability of eyewitness testimony
- Discuss encoding failure
- Discuss the various memory errors
- Compare and contrast the two types of interference

You may pride yourself on your amazing ability to remember the birthdates and ages of all of your friends and family members, or you may be able recall vivid details of your 5th birthday party at Chuck E. Cheese's. However, all of us have at times felt frustrated, and even embarrassed, when our memories have failed us. There are several reasons why this happens.

Amnesia

Amnesia is the loss of long-term memory that occurs as the result of disease, physical trauma, or psychological trauma. Psychologist Tulving (2002) and his colleagues at the University of Toronto studied K. C. for years. K. C. suffered a traumatic head injury in a motorcycle accident and then had severe amnesia. Tulving writes,

> *"The outstanding fact about K.C.'s mental make-up is his utter inability to remember any events, circumstances, or situations from his own life. His episodic amnesia covers his whole life, from birth to the present. The only exception is the experiences that, at any time, he has had in the last minute or two." (Tulving, 2002, p. 14)*

Anterograde Amnesia

There are two common types of amnesia: anterograde amnesia and retrograde amnesia (Figure). Anterograde amnesia is commonly caused by brain trauma, such as a blow to the head. With **anterograde amnesia**, you cannot remember new information, although you can remember information and events that happened prior to your injury. The hippocampus is usually affected (McLeod, 2011). This suggests that damage to the brain has resulted in the inability to transfer information from short-term to long-term memory; that is, the inability to consolidate memories.

Many people with this form of amnesia are unable to form new episodic or semantic memories, but are still able to form new procedural memories (Bayley & Squire, 2002). This was true of H. M., which was discussed earlier. The brain damage caused by his surgery resulted in anterograde amnesia. H. M. would read the same magazine over and over, having no memory of ever reading it—it was always new to him. He also could not remember people he had met after his surgery. If you were introduced to H. M. and then you left the room for a few minutes, he would not know you upon your return and would introduce himself to you again. However, when presented the same puzzle several days in a row, although he did not remember having seen the puzzle before, his speed at solving it became faster each day (because of relearning) (Corkin, 1965, 1968).



Figure 6.1.2.1: This diagram illustrates the timeline of retrograde and anterograde amnesia. Memory problems that extend back in time before the injury and prevent retrieval of information previously stored in long-term memory are known as retrograde amnesia. Conversely, memory problems that extend forward in time from the point of injury and prevent the formation of new memories are called anterograde amnesia.

Retrograde Amnesia

Retrograde amnesia is loss of memory for events that occurred prior to the trauma. People with retrograde amnesia cannot remember some or even all of their past. They have difficulty remembering episodic memories. What if you woke up in the hospital one day and there were people surrounding your bed claiming to be your spouse, your children, and your parents? The trouble is you don't recognize any of them. You were in a car accident, suffered a head injury, and now have retrograde amnesia. You don't remember anything about your life prior to waking up in the hospital. This may sound like the stuff of Hollywood movies, and Hollywood has been fascinated with the amnesia plot for nearly a century, going all the way back to the film *Garden of Lies* from 1915 to more recent movies such as the Jason Bourne trilogy starring Matt Damon. However, for real-life sufferers of

retrograde amnesia, like former NFL football player Scott Bolzan, the story is not a Hollywood movie. Bolzan fell, hit his head, and deleted 46 years of his life in an instant. He is now living with one of the most extreme cases of retrograde amnesia on record.

Memory Construction and Reconstruction

The formulation of new memories is sometimes called **construction**, and the process of bringing up old memories is called **reconstruction**. Yet as we retrieve our memories, we also tend to alter and modify them. A memory pulled from long-term storage into short-term memory is flexible. New events can be added and we can change what we think we remember about past events, resulting in inaccuracies and distortions. People may not intend to distort facts, but it can happen in the process of retrieving old memories and combining them with new memories (Roediger and DeSoto, in press).

Suggestibility

When someone witnesses a crime, that person's memory of the details of the crime is very important in catching the suspect. Because memory is so fragile, witnesses can be easily (and often accidentally) misled due to the problem of suggestibility. **Suggestibility** describes the effects of misinformation from external sources that leads to the creation of false memories. In the fall of 2002, a sniper in the DC area shot people at a gas station, leaving Home Depot, and walking down the street. These attacks went on in a variety of places for over three weeks and resulted in the deaths of ten people. During this time, as you can imagine, people were terrified to leave their homes, go shopping, or even walk through their neighborhoods. Police officers and the FBI worked frantically to solve the crimes, and a tip hotline was set up. Law enforcement received over $140,000$ tips, which resulted in approximately $35,000$ possible suspects (Newseum, n.d.).

Most of the tips were dead ends, until a white van was spotted at the site of one of the shootings. The police chief went on national television with a picture of the white van. After the news conference, several other eyewitnesses called to say that they too had seen a white van fleeing from the scene of the shooting. At the time, there were more than 70,000 white vans in the area. Police officers, as well as the general public, focused almost exclusively on white vans because they believed the eyewitnesses. Other tips were ignored. When the suspects were finally caught, they were driving a blue sedan.

As illustrated by this example, we are vulnerable to the power of suggestion, simply based on something we see on the news. Or we can claim to remember something that in fact is only a suggestion someone made. It is the suggestion that is the cause of the false memory.

Eyewitness Misidentification

Even though memory and the process of reconstruction can be fragile, police officers, prosecutors, and the courts often rely on eyewitness identification and testimony in the prosecution of criminals. However, faulty eyewitness identification and testimony can lead to wrongful convictions. See figure below:

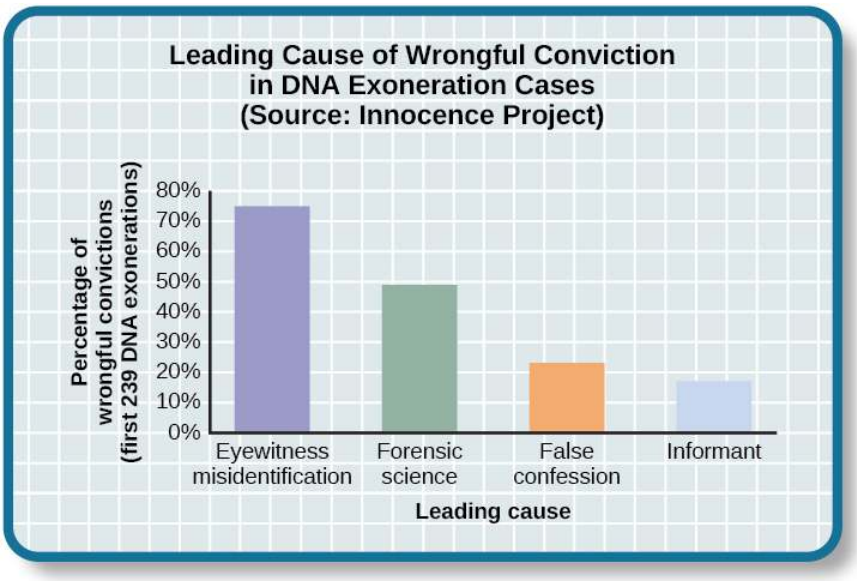


Figure 6.1.2.2: In studying cases where DNA evidence has exonerated people from crimes, the Innocence Project discovered that eyewitness misidentification is the leading cause of wrongful convictions (Benjamin N. Cardozo School of Law, Yeshiva University, 2009).

How does this happen? In 1984, Jennifer Thompson, then a 22-year-old college student in North Carolina, was brutally raped at knifepoint. As she was being raped, she tried to memorize every detail of her rapist's face and physical characteristics, vowing that if she survived, she would help get him convicted. After the police were contacted, a composite sketch was made of the suspect, and Jennifer was shown six photos. She chose two, one of which was of Ronald Cotton. After looking at the photos for $4-5$ minutes, she said, "Yeah. This is the one," and then she added, "I think this is the guy." When questioned about this by the detective who asked, "You're sure? Positive?" She said that it was him. Then she asked the detective if she did OK, and he reinforced her choice by telling her she did great. These kinds of unintended cues and suggestions by police officers can lead witnesses to identify the wrong suspect. The district attorney was concerned about her lack of certainty the first time, so she viewed a lineup of seven men. She said she was trying to decide between numbers 4 and 5, finally deciding that Cotton, number 5, "Looks most like him." He was 22 years old.

By the time the trial began, Jennifer Thompson had absolutely no doubt that she was raped by Ronald Cotton. She testified at the court hearing, and her testimony was compelling enough that it helped convict him. How did she go from, "I think it's the guy" and it "Looks most like him," to such certainty? Gary Wells and Deah Quinlivan (2009) assert it's suggestive police identification procedures, such as stacking lineups to make the defendant stand out, telling the witness which person to identify, and confirming witnesses choices by telling them "Good choice," or "You picked the guy."

After Cotton was convicted of the rape, he was sent to prison for life plus 50 years. After 4 years in prison, he was able to get a new trial. Jennifer Thompson once again testified against him. This time Ronald Cotton was given two life sentences. After serving 11 years in prison, DNA evidence finally demonstrated that Ronald Cotton did not commit the rape, was innocent, and had served over a decade in prison for a crime he did not commit.

Ronald Cotton's story, unfortunately, is not unique. There are also people who were convicted and placed on death row, who were later exonerated. The Innocence Project is a non-profit group that works to exonerate falsely convicted people, including those convicted by eyewitness testimony. To learn more, you can visit http://www.innocenceproject.org.

DIG DEEPER: Preserving Eyewitness Memory: The Elizabeth Smart Case

Contrast the Cotton case with what happened in the Elizabeth **Smart** case. When Elizabeth was 14 years old and fast asleep in her bed at home, she was abducted at knifepoint. Her nine-year-old sister, Mary Katherine, was sleeping in the same bed and watched, terrified, as her beloved older sister was abducted. Mary Katherine was the sole eyewitness to this crime and was very fearful. In the coming weeks, the Salt Lake City police and the FBI proceeded with caution with Mary Katherine. They did not want to implant any false memories or mislead her in any way. They did not show her police line-ups or push her to do a composite sketch of the abductor. They knew if they corrupted her memory, Elizabeth might never be found. For several months, there was little or no progress on the case. Then, about 4 months after the kidnapping, Mary Katherine first recalled

that she had heard the abductor's voice prior to that night (he had worked one time as a handyman at the family's home) and then she was able to name the person whose voice it was. The family contacted the press and others recognized him—after a total of nine months, the suspect was caught and Elizabeth Smart was returned to her family.

The Misinformation Effect

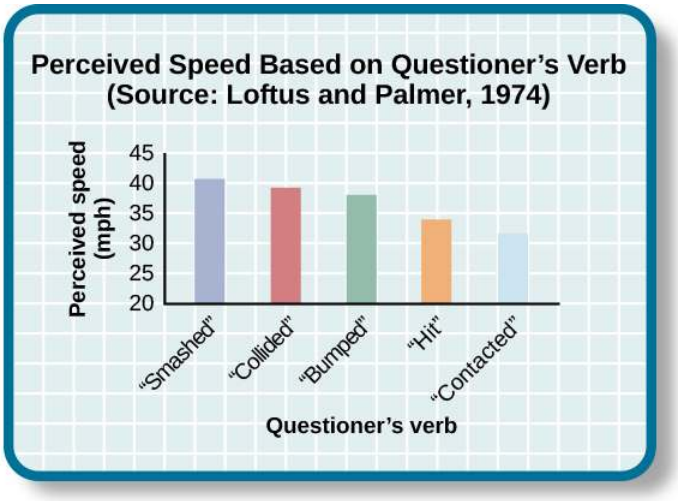
Cognitive psychologist Elizabeth Loftus has conducted extensive research on memory. She has studied false memories as well as recovered memories of childhood sexual abuse. Loftus also developed the **misinformation effect paradigm**, which holds that after exposure to incorrect information, a person may misremember the original event.

According to Loftus, an eyewitness's memory of an event is very flexible due to the misinformation effect. To test this theory, Loftus and John Palmer (1974) asked 45 U.S. college students to estimate the speed of cars using different forms of questions (See figure 6.1.2.3). The participants were shown films of car accidents and were asked to play the role of the eyewitness and describe what happened. They were asked, "About how fast were the cars going when they (smashed, collided, bumped, hit, contacted) each other?" The participants estimated the speed of the cars based on the verb used.

Participants who heard the word "smashed" estimated that the cars were traveling at a much higher speed than participants who heard the word "contacted." The implied information about speed, based on the verb they heard, had an effect on the participants' memory of the accident. In a follow-up one week later, participants were asked if they saw any broken glass (none was shown in the accident pictures). Participants who had been in the "smashed" group were more than twice as likely to indicate that they did remember seeing glass. Loftus and Palmer demonstrated that a leading question encouraged them to not only remember the cars were going faster, but to also falsely remember that they saw broken glass.



(a)



(b)

Figure 6.1.2.3: When people are asked leading questions about an event, their memory of the event may be altered. (credit a: modification of work by Rob Young)

Controversies over Repressed and Recovered Memories

Other researchers have described how whole events, not just words, can be falsely recalled, even when they did not happen. The idea that memories of traumatic events could be repressed has been a theme in the field of psychology, beginning with Sigmund Freud, and the controversy surrounding the idea continues today.

Recall of false autobiographical memories is called **false memory syndrome**. This syndrome has received a lot of publicity, particularly as it relates to memories of events that do not have independent witnesses—often the only witnesses to the abuse are the perpetrator and the victim (e.g., sexual abuse).

On one side of the debate are those who have recovered memories of childhood abuse years after it occurred. These researchers argue that some children's experiences have been so traumatizing and distressing that they must lock those memories away in order to lead some semblance of a normal life. They believe that repressed memories can be locked away for decades and later recalled intact through hypnosis and guided imagery techniques (Devilly, 2007).

Research suggests that having no memory of childhood sexual abuse is quite common in adults. For instance, one large-scale study conducted by John Briere and Jon Conte (1993) revealed that 59% of 450 men and women who were receiving treatment for sexual

abuse that had occurred before age 18 had forgotten their experiences. Ross Cheit (2007) suggested that repressing these memories created psychological distress in adulthood. The Recovered Memory Project was created so that victims of childhood sexual abuse can recall these memories and allow the healing process to begin (Cheit, 2007; Devilly, 2007).

On the other side, Loftus has challenged the idea that individuals can repress memories of traumatic events from childhood, including sexual abuse, and then recover those memories years later through therapeutic techniques such as hypnosis, guided visualization, and age regression.

Loftus is not saying that childhood sexual abuse doesn't happen, but she does question whether or not those memories are accurate, and she is skeptical of the questioning process used to access these memories, given that even the slightest suggestion from the therapist can lead to misinformation effects. For example, researchers Stephen Ceci and Maggie Brucks (1993, 1995) asked three-year-old children to use an anatomically correct doll to show where their pediatricians had touched them during an exam. Fifty-five percent of the children pointed to the genital/anal area on the dolls, even when they had not received any form of genital exam.

Ever since Loftus published her first studies on the suggestibility of eyewitness testimony in the 1970s, social scientists, police officers, therapists, and legal practitioners have been aware of the flaws in interview practices. Consequently, steps have been taken to decrease suggestibility of witnesses. One way is to modify how witnesses are questioned. When interviewers use neutral and less leading language, children more accurately recall what happened and who was involved (Goodman, 2006; Pipe, 1996; Pipe, Lamb, Orbach, & Esplin, 2004). Another change is in how police lineups are conducted. It's recommended that a blind photo lineup be used. This way the person administering the lineup doesn't know which photo belongs to the suspect, minimizing the possibility of giving leading cues. Additionally, judges in some states now inform jurors about the possibility of misidentification. Judges can also suppress eyewitness testimony if they deem it unreliable.

Forgetting

"*I've a grand memory for forgetting*," quipped Robert Louis Stevenson. **Forgetting** refers to loss of information from long-term memory. We all forget things, like a loved one's birthday, someone's name, or where we put our car keys. As you've come to see, memory is fragile, and forgetting can be frustrating and even embarrassing. But why do we forget? To answer this question, we will look at several perspectives on forgetting.

Encoding Failure

Sometimes memory loss happens before the actual memory process begins, which is encoding failure. We can't remember something if we never stored it in our memory in the first place. This would be like trying to find a book on your e-reader that you never actually purchased and downloaded. Often, in order to remember something, we must pay attention to the details and actively work to process the information (effortful encoding). Lots of times we don't do this. For instance, think of how many times in your life you've seen a penny. Can you accurately recall what the front of a U.S. penny looks like? When researchers Raymond Nickerson and Marilyn Adams (1979) asked this question, they found that most Americans don't know which one it is. The reason is most likely encoding failure. Most of us never encode the details of the penny. We only encode enough information to be able to distinguish it from other coins. If we don't encode the information, then it's not in our long-term memory, so we will not be able to remember it.



(a) (b) (c) (d)

Figure 6.1.2.4: Can you tell which coin, (a), (b), (c), or (d) is the accurate depiction of a US nickel? The correct answer is (c).

Memory Errors

Psychologist Daniel Schacter (2001), a well-known memory researcher, offers seven ways our memories fail us. He calls them the seven sins of memory and categorizes them into three groups: forgetting, distortion, and intrusion.

Table 6.1.2.1: Schacter's Seven Sins of Memory

Sin	Type	Description	Example
Transience	Forgetting	Accessibility of memory decreases over time	Forget events that occurred long ago
absentmindedness	Forgetting	Forgetting caused by lapses in attention	Forget where your phone is
Blocking	Forgetting	Accessibility of information is temporarily blocked	Tip of the tongue
Misattribution	Distortion	Source of memory is confused	Recalling a dream memory as a waking memory
Suggestibility	Distortion	False memories	Result from leading questions
Bias	Distortion	Memories distorted by current belief system	Align memories to current beliefs
Persistence	Intrusion	Inability to forget undesirable memories	Traumatic events

Let's look at the first sin of the forgetting errors: **transience**, which means that memories can fade over time. Here's an example of how this happens. Nathan's English teacher has assigned his students to read the novel *To Kill a Mockingbird*. Nathan comes home from school and tells his mom he has to read this book for class. "*Oh, I loved that book!*" she says. Nathan asks her what the book is about, and after some hesitation she says, "*Well . . . I know I read the book in high school, and I remember that one of the main characters is named Scout, and her father is an attorney, but I honestly don't remember anything else.*" Nathan wonders if his mother actually read the book, and his mother is surprised she can't recall the plot. What is going on here is storage decay: unused information tends to fade with the passage of time.

In 1885, German psychologist Hermann **Ebbinghaus** analyzed the process of memorization. First, he memorized lists of nonsense syllables. Then he measured how much he learned (retained) when he attempted to relearn each list. He tested himself over different periods of time from 20 minutes later to 30 days later. The result is his famous forgetting curve (See figure 6.1.2.5). Due to storage decay, an average person will lose 50% of the memorized information after 20 minutes and 70% of the information after 24 hours (Ebbinghaus, 1885/1964). Your memory for new information decays quickly and then eventually levels out.

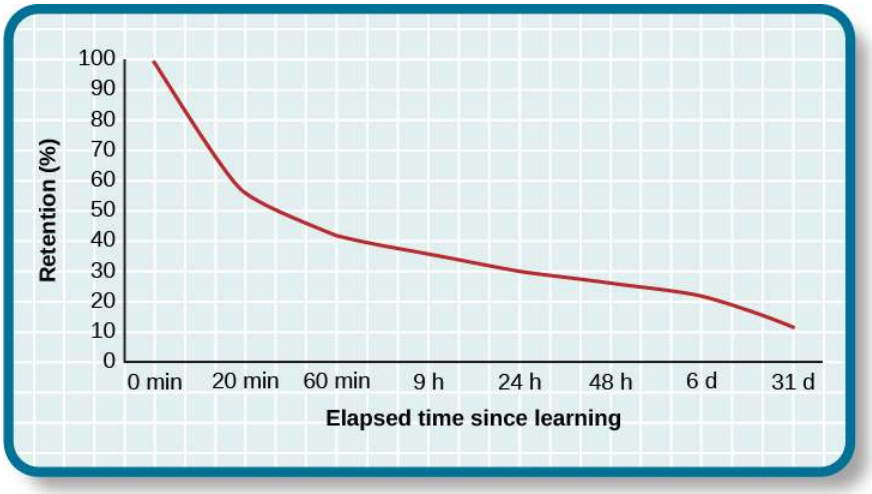


Figure 6.1.2.5: The Ebbinghaus forgetting curve shows how quickly memory for new information decays.

Are you constantly losing your cell phone? Have you ever driven back home to make sure you turned off the stove? Have you ever walked into a room for something, but forgotten what it was? You probably answered yes to at least one, if not all, of these examples—but don't worry, you are not alone. We are all prone to committing the memory error known as **absentmindedness**. These lapses in memory are caused by breaks in attention or our focus being somewhere else.

Cynthia, a psychologist, recalls a time when she recently committed the memory error of absentmindedness.

> *When I was completing court-ordered psychological evaluations, each time I went to the court, I was issued a temporary identification card with a magnetic strip which would open otherwise locked doors. As you can imagine, in a courtroom, this identification is valuable and important and no one wanted it to be lost or be picked up by a criminal. At the end of the day, I would hand in my temporary identification. One day, when I was almost done with an evaluation, my daughter's day care called and said she was sick and needed to be picked up. It was flu season, I didn't know how sick she was, and I was concerned. I finished up the evaluation in the next ten minutes, packed up my tools, and rushed to drive to my daughter's day care. After I picked up my daughter, I could not remember if I had handed back my identification or if I had left it sitting out on a table. I immediately called the court to check. It turned out that I had handed back my identification. Why could I not remember that? (personal communication, September 5, 2013)*

When have you experienced absentmindedness?

"*I just went and saw this movie called Oblivion, and it had that famous actor in it. Oh, what's his name? He's been in all of those movies, like The Shawshank Redemption and The Dark Knight trilogy. I think he's even won an Oscar. Oh gosh, I can picture his face in my mind, and hear his distinctive voice, but I just can't think of his name! This is going to bug me until I can remember it*!" This particular error can be so frustrating because you have the information right on the tip of your tongue. Have you ever experienced this? If so, you've committed the error known as **blocking**: you can't access stored information. See figure below:



Figure 6.1.2.6: Blocking is also known as tip-of-the-tongue (TOT) phenomenon. The memory is right there, but you can't seem to recall it, just like not being able to remember the name of that very famous actor, Morgan Freeman. (credit: modification of work by D. Miller)

Now let's take a look at the three errors of distortion: misattribution, suggestibility, and bias. **Misattribution** happens when you confuse the source of your information. Let's say Alejandro was dating Lucia and they saw the first Hobbit movie together. Then they broke up and Alejandro saw the second Hobbit movie with someone else. Later that year, Alejandro and Lucia get back together. One day, they are discussing how the Hobbit books and movies are different and Alejandro says to Lucia, "*I loved watching the second movie with you and seeing you jump out of your seat during that super scary part.*" When Lucia responded with a puzzled and then angry look, Alejandro realized he'd committed the error of misattribution.

What if someone is a victim of rape shortly after watching a television program? Is it possible that the victim could actually blame the rape on the person she saw on television because of misattribution? This is exactly what happened to Donald Thomson.

> *Australian eyewitness expert Donald Thomson appeared on a live TV discussion about the unreliability of eyewitness memory. He was later arrested, placed in a lineup and identified by a victim as the man who had raped her. The police charged Thomson although the rape had occurred at the time he was on TV. They dismissed his alibi that he was in plain view of a TV audience and in the company of the other discussants, including an assistant commissioner of police. . . .*

Eventually, the investigators discovered that the rapist had attacked the woman as she was watching TV—the very program on which Thomson had appeared. Authorities eventually cleared Thomson. The woman had confused the rapist's face with the face that she had seen on TV. (Baddeley, 2004, p. 133)

The second distortion error is suggestibility. Suggestibility is similar to misattribution, since it also involves false memories, but it's different. With misattribution you create the false memory entirely on your own, which is what the victim did in the Donald Thomson case above. With suggestibility, it comes from someone else, such as a therapist or police interviewer asking leading questions of a witness during an interview.

Memories can also be affected by **bias**, which is the final distortion error. Schacter (2001) says that your feelings and view of the world can actually distort your memory of past events. There are several types of bias:

- Stereotypical bias involves racial and gender biases. For example, when Asian American and European American research participants were presented with a list of names, they more frequently incorrectly remembered typical African American names such as Jamal and Tyrone to be associated with the occupation basketball player, and they more frequently incorrectly remembered typical White names such as Greg and Howard to be associated with the occupation of politician (Payne, Jacoby, & Lambert, 2004).
- Egocentric bias involves enhancing our memories of the past (Payne et al., 2004). Did you really score the winning goal in that big soccer match, or did you just assist?
- Hindsight bias happens when we think an outcome was inevitable after the fact. This is the "I knew it all along" phenomenon. The reconstructive nature of memory contributes to hindsight bias (Carli, 1999). We remember untrue events that seem to confirm that we knew the outcome all along.

Have you ever had a song play over and over in your head? How about a memory of a traumatic event, something you really do not want to think about? When you keep remembering something, to the point where you can't "get it out of your head" and it interferes with your ability to concentrate on other things, it is called **persistence**. It's Schacter's seventh and last memory error. It's actually a failure of our memory system because we involuntarily recall unwanted memories, particularly unpleasant ones (See figure 6.1.2.7). For instance, you witness a horrific car accident on the way to work one morning, and you can't concentrate on work because you keep remembering the scene.



Figure 6.1.2.7: Many veterans of military conflicts involuntarily recall unwanted, unpleasant memories. (credit: Department of Defense photo by U.S. Air Force Tech. Sgt. Michael R. Holzworth)

Interference

Sometimes information is stored in our memory, but for some reason it is inaccessible. This is known as interference, and there are two types: proactive interference and retroactive interference (See figure 6.1.2.8). Have you ever gotten a new phone number or moved to a new address, but right after you tell people the old (and wrong) phone number or address? When the new year starts, do you find you accidentally write the previous year? These are examples of **proactive interference**: when old information hinders the recall of newly learned information. **Retroactive interference** happens when information learned more recently hinders the recall of older information. For example, this week you are studying about Freud's Psychoanalytic Theory. Next week you study the humanistic perspective of Maslow and Rogers. Thereafter, you have trouble remembering Freud's Psychosexual Stages of Development because you can only remember Maslow's Hierarchy of Needs.

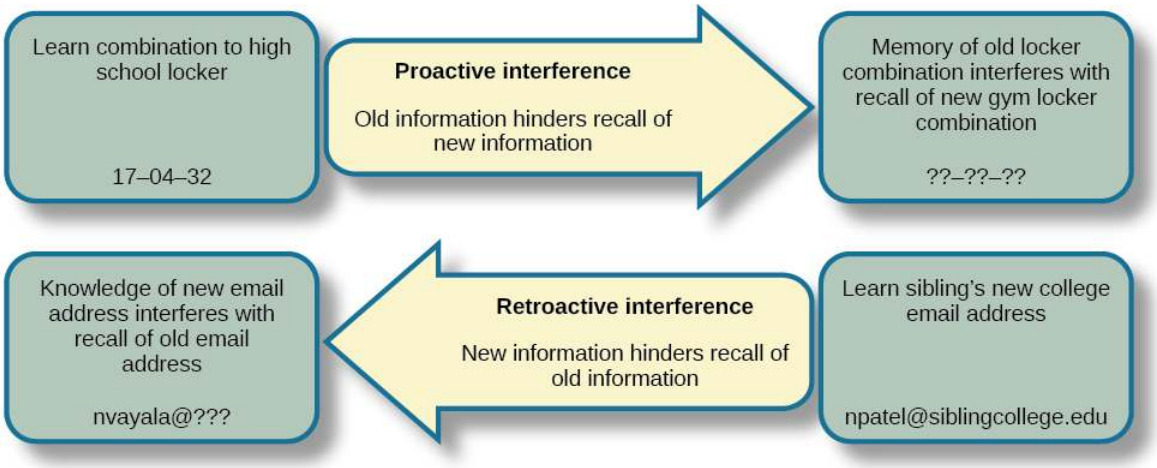


Figure 6.1.2.8: Sometimes forgetting is caused by a failure to retrieve information. This can be due to interference, either retroactive or proactive.

Summary

All of us at times have felt dismayed, frustrated, and even embarrassed when our memories have failed us. Our memory is flexible and prone to many errors, which is why eyewitness testimony has been found to be largely unreliable. There are several reasons why forgetting occurs. In cases of brain trauma or disease, forgetting may be due to amnesia. Another reason we forget is due to encoding failure. We can't remember something if we never stored it in our memory in the first place. Schacter presents seven memory errors that also contribute to forgetting. Sometimes, information is actually stored in our memory, but we cannot access it due to interference. Proactive interference happens when old information hinders the recall of newly learned information. Retroactive interference happens when information learned more recently hinders the recall of older information.

Glossary

absentmindedness
: lapses in memory that are caused by breaks in attention or our focus being somewhere else

amnesia
: loss of long-term memory that occurs as the result of disease, physical trauma, or psychological trauma

anterograde amnesia
: loss of memory for events that occur after the brain trauma

bias
: how feelings and view of the world distort memory of past events

blocking
: memory error in which you cannot access stored information

construction
: formulation of new memories

false memory syndrome
: recall of false autobiographical memories

forgetting
: loss of information from long-term memory

misattribution
: memory error in which you confuse the source of your information

misinformation effect paradigm
after exposure to incorrect information, a person may misremember the original event

persistence
failure of the memory system that involves the involuntary recall of unwanted memories, particularly unpleasant ones

proactive interference
old information hinders the recall of newly learned information

reconstruction
process of bringing up old memories that might be distorted by new information

retroactive interference
information learned more recently hinders the recall of older information

retrograde amnesia
loss of memory for events that occurred prior to brain trauma

suggestibility
effects of misinformation from external sources that leads to the creation of false memories

transience
memory error in which unused memories fade with the passage of time

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CHAPTER OVERVIEW

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7.1: Class Day 7.1

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7.1.1: Classical Conditioning

Learning Objectives

- Explain how classical conditioning occurs
- Summarize the processes of acquisition, extinction, spontaneous recovery, generalization, and discrimination

Does the name Ivan **Pavlov** ring a bell? Even if you are new to the study of psychology, chances are that you have heard of Pavlov and his famous dogs.

Pavlov (1849–1936), a Russian scientist, performed extensive research on dogs and is best known for his experiments in classical **conditioning**. As we discussed briefly in the previous section, **classical conditioning** is a process by which we learn to associate stimuli and, consequently, to anticipate events.

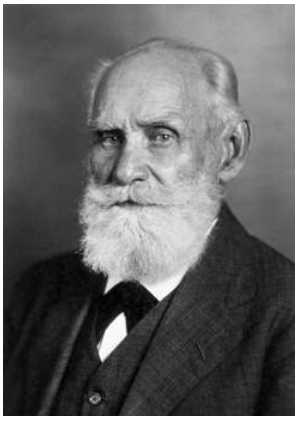


Figure 7.1.1.1: Ivan Pavlov's research on the digestive system of dogs unexpectedly led to his discovery of the learning process now known as classical conditioning.

Pavlov came to his conclusions about how learning occurs completely by accident. Pavlov was a physiologist, not a psychologist. Physiologists study the life processes of organisms, from the molecular level to the level of cells, organ systems, and entire organisms. Pavlov's area of interest was the digestive system (Hunt, 2007). In his studies with dogs, Pavlov surgically implanted tubes inside dogs' cheeks to collect saliva. He then measured the amount of saliva produced in response to various foods. Over time, Pavlov (1927) observed that the dogs began to salivate not only at the taste of food, but also at the sight of food, at the sight of an empty food bowl, and even at the sound of the laboratory assistants' footsteps. Salivating to food in the mouth is reflexive, so no learning is involved. However, dogs don't naturally salivate at the sight of an empty bowl or the sound of footsteps.

These unusual responses intrigued Pavlov, and he wondered what accounted for what he called the dogs' "psychic secretions" (Pavlov, 1927). To explore this phenomenon in an objective manner, Pavlov designed a series of carefully controlled experiments to see which stimuli would cause the dogs to salivate. He was able to train the dogs to salivate in response to stimuli that clearly had nothing to do with food, such as the sound of a bell, a light, and a touch on the leg. Through his experiments, Pavlov realized that an organism has two types of responses to its environment:

1. unconditioned (unlearned) responses, or reflexes, and
2. conditioned (learned) responses.

In Pavlov's experiments, the dogs salivated each time meat powder was presented to them. The meat powder in this situation was an **unconditioned stimulus (UCS)**: a stimulus that elicits a reflexive response in an organism. The dogs' salivation was an **unconditioned response (UCR)**: a natural (unlearned) reaction to a given stimulus. Before conditioning, think of the dogs' stimulus and response like this:

$$\text{Meat powder (UCS)} \rightarrow \text{Salivation (UCR))} \tag{7.1.1.1}$$

In classical conditioning, a neutral stimulus is presented immediately before an unconditioned stimulus. Pavlov would sound a tone (like ringing a bell) and then give the dogs the meat powder. The tone was the **neutral stimulus (NS)**, which is a stimulus that does not naturally elicit a response. Prior to conditioning, the dogs did not salivate when they just heard the tone because the tone had no association for the dogs. Quite simply this pairing means:

$$\text{Tone (NS)} + \text{Meat Powder (UCS)} \rightarrow \text{Salivation (UCR))} \tag{7.1.1.2}$$

When Pavlov paired the tone with the meat powder over and over again, the previously neutral stimulus (the tone) also began to elicit salivation from the dogs. Thus, the neutral stimulus became the **conditioned stimulus (CS)**, which is a stimulus that elicits a response after repeatedly being paired with an unconditioned stimulus. Eventually, the dogs began to salivate to the tone alone, just as they previously had salivated at the sound of the assistants' footsteps. The behavior caused by the conditioned stimulus is called the **conditioned response (CR)**. In the case of Pavlov's dogs, they had learned to associate the tone (CS) with being fed, and they began to salivate (CR) in anticipation of food.

$$\text{Tone (CS)} \rightarrow \text{Salivation (CR))} \tag{7.1.1.3}$$

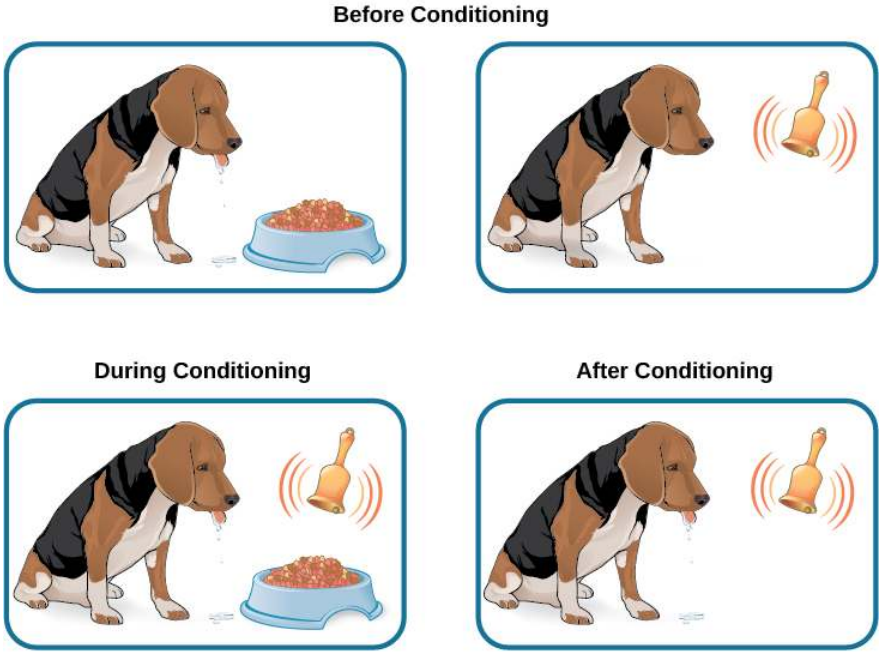


Figure 7.1.1.2: Before conditioning, an unconditioned stimulus (food) produces an unconditioned response (salivation), and a neutral stimulus (bell) does not produce a response. During conditioning, the unconditioned stimulus (food) is presented repeatedly just after the presentation of the neutral stimulus (bell). After conditioning, the neutral stimulus alone produces a conditioned response (salivation), thus becoming a conditioned stimulus.

Real World Application of Classical Conditioning

How does classical conditioning work in the real world? Let's say you have a cat named Tiger, who is quite spoiled. You keep her food in a separate cabinet, and you also have a special electric can opener that you use only to open cans of cat food. For every meal, Tiger hears the distinctive sound of the electric can opener ("zzhzhz") and then gets her food. Tiger quickly learns that when she hears "zzhzhz" she is about to get fed. What do you think Tiger does when she hears the electric can opener? She will likely get excited and run to where you are preparing her food. This is an example of classical conditioning. In this case, what are the UCS, CS, UCR, and CR?

What if the cabinet holding Tiger's food becomes squeaky? In that case, Tiger hears "squeak" (the cabinet), "zzhzhz" (the electric can opener), and then she gets her food. Tiger will learn to get excited when she hears the "squeak" of the cabinet. Pairing a new neutral stimulus ("squeak") with the conditioned stimulus ("zzhzhz") is called **higher-order conditioning**, or **second-order conditioning**. This means you are using the conditioned stimulus of the can opener to condition another stimulus: the squeaky cabinet. It is hard to achieve anything above second-order conditioning. For example, if you ring a bell, open the cabinet ("squeak"), use the can opener ("zzhzhz"), and then feed Tiger, Tiger will likely never get excited when hearing the bell alone.

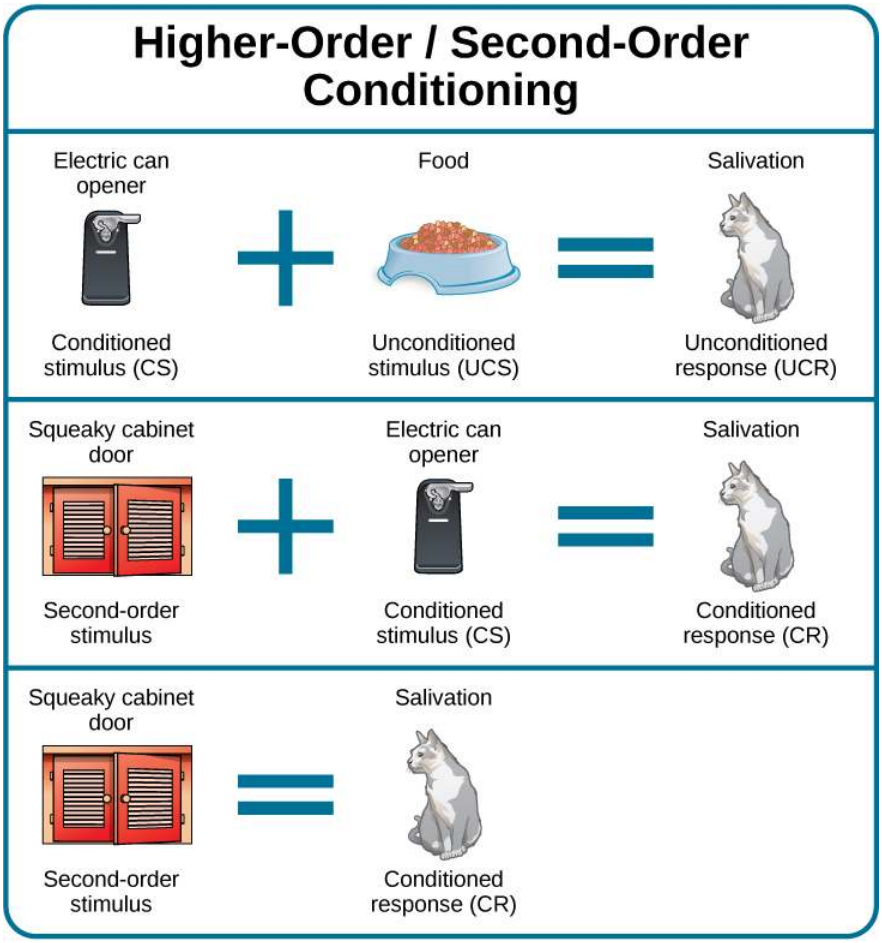


Figure 7.1.1.3: In higher-order conditioning, an established conditioned stimulus is paired with a new neutral stimulus (the second-order stimulus), so that eventually the new stimulus also elicits the conditioned response, without the initial conditioned stimulus being presented.

EVERYDAY CONNECTION: Classical Conditioning at Stingray City

Kate and her husband Scott recently vacationed in the Cayman Islands, and booked a boat tour to Stingray City, where they could feed and swim with the southern stingrays. The boat captain explained how the normally solitary stingrays have become accustomed to interacting with humans. About 40 years ago, fishermen began to clean fish and conch (unconditioned stimulus) at a particular sandbar near a barrier reef, and large numbers of stingrays would swim in to eat (unconditioned response) what the fishermen threw into the water; this continued for years. By the late 1980s, word of the large group of stingrays spread among scuba divers, who then started feeding them by hand. Over time, the southern stingrays in the area were classically conditioned much like Pavlov's dogs. When they hear the sound of a boat engine (neutral stimulus that becomes a conditioned stimulus), they know that they will get to eat (conditioned response).

As soon as Kate and Scott reached Stingray City, over two dozen stingrays surrounded their tour boat. The couple slipped into the water with bags of squid, the stingrays' favorite treat. The swarm of stingrays bumped and rubbed up against their legs like hungry cats. Kate and Scott were able to feed, pet, and even kiss (for luck) these amazing creatures. Then all the squid was gone, and so were the stingrays.



Figure 7.1.1.4: Kate holds a southern stingray at Stingray City in the Cayman Islands. These stingrays have been classically conditioned to associate the sound of a boat motor with food provided by tourists. (credit: Kathryn Dumper)

Classical conditioning also applies to humans, even babies. For example, Sara buys formula in blue canisters for her six-month-old daughter, Angelina. Whenever Sara takes out a formula container, Angelina gets excited, tries to reach toward the food, and most likely salivates. Why does Angelina get excited when she sees the formula canister? What are the UCS, CS, UCR, and CR here?

So far, all of the examples have involved food, but classical conditioning extends beyond the basic need to be fed. Consider our earlier example of a dog whose owners install an invisible electric dog fence. A small electrical shock (unconditioned stimulus) elicits discomfort (unconditioned response). When the unconditioned stimulus (shock) is paired with a neutral stimulus (the edge of a yard), the dog associates the discomfort (unconditioned response) with the edge of the yard (conditioned stimulus) and stays within the set boundaries. In this example, the edge of the yard elicits fear and anxiety in the dog. Fear and anxiety are the conditioned response.

General Processes in Classical Conditioning

Now that you know how classical conditioning works and have seen several examples, let's take a look at some of the general processes involved. In classical conditioning, the initial period of learning is known as **acquisition**, when an organism learns to connect a neutral stimulus and an unconditioned stimulus. During acquisition, the neutral stimulus begins to elicit the conditioned response, and eventually the neutral stimulus becomes a conditioned stimulus capable of eliciting the conditioned response by itself. Timing is important for conditioning to occur. Typically, there should only be a brief interval between presentation of the conditioned stimulus and the unconditioned stimulus. Depending on what is being conditioned, sometimes this interval is as little as five seconds (Chance, 2009). However, with other types of conditioning, the interval can be up to several hours.

Taste aversion is a type of conditioning in which an interval of several hours may pass between the conditioned stimulus (something ingested) and the unconditioned stimulus (nausea or illness). Here's how it works. Between classes, you and a friend grab a quick lunch from a food cart on campus. You share a dish of chicken curry and head off to your next class. A few hours later, you feel nauseous and become ill. Although your friend is fine and you determine that you have intestinal flu (the food is not the culprit), you've developed a taste aversion; the next time you are at a restaurant and someone orders curry, you immediately feel ill. While the chicken dish is not what made you sick, you are experiencing taste aversion: you've been conditioned to be averse to a food after a single, negative experience.

How does this occur—conditioning based on a single instance and involving an extended time lapse between the event and the negative stimulus? Research into taste aversion suggests that this response may be an evolutionary adaptation designed to help organisms quickly learn to avoid harmful foods (Garcia & Rusiniak, 1980; Garcia & Koelling, 1966). Not only may this contribute to species survival via natural selection, but it may also help us develop strategies for challenges such as helping cancer patients through the nausea induced by certain treatments (Holmes, 1993; Jacobsen et al., 1993; Hutton, Baracos, & Wismer, 2007; Skolin et al., 2006).

Once we have established the connection between the unconditioned stimulus and the conditioned stimulus, how do we break that connection and get the dog, cat, or child to stop responding? In Tiger's case, imagine what would happen if you stopped using the electric can opener for her food and began to use it only for human food. Now, Tiger would hear the can opener, but she would not get food. In classical conditioning terms, you would be giving the conditioned stimulus, but not the unconditioned stimulus. Pavlov explored this scenario in his experiments with dogs: sounding the tone without giving the dogs the meat powder. Soon the dogs stopped responding to the tone. **Extinction** is the decrease in the conditioned response when the unconditioned stimulus is no longer presented with the conditioned stimulus. When presented with the conditioned stimulus alone, the dog, cat, or other organism would show a weaker and weaker response, and finally no response. In classical conditioning terms, there is a gradual weakening and disappearance of the conditioned response.

What happens when learning is not used for a while—when what was learned lies dormant? As we just discussed, Pavlov found that when he repeatedly presented the bell (conditioned stimulus) without the meat powder (unconditioned stimulus), extinction occurred; the dogs stopped salivating to the bell. However, after a couple of hours of resting from this extinction training, the dogs again began to salivate when Pavlov rang the bell. What do you think would happen with Tiger's behavior if your electric can opener broke, and you did not use it for several months? When you finally got it fixed and started using it to open Tiger's food again, Tiger would remember the association between the can opener and her food—she would get excited and run to the kitchen when she heard the sound. The behavior of Pavlov's dogs and Tiger illustrates a concept Pavlov called **spontaneous recovery**: the return of a previously extinguished conditioned response following a rest period.

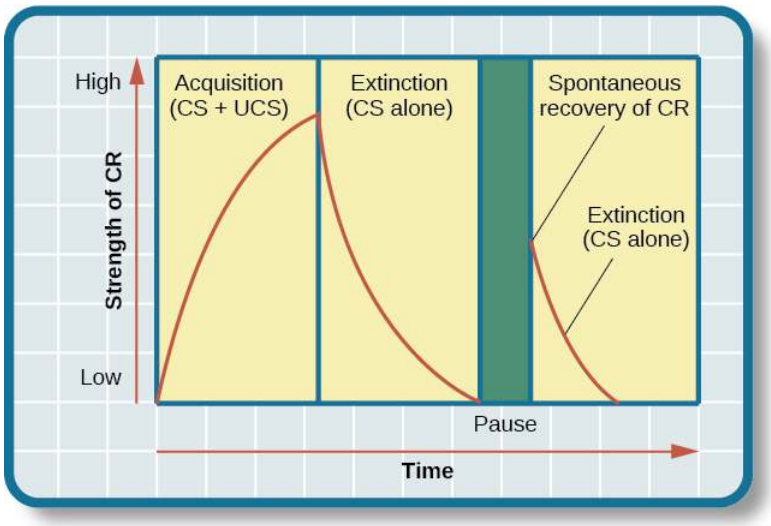


Figure 7.1.1.5**:** *This is the curve of acquisition, extinction, and spontaneous recovery. The rising curve shows the conditioned response quickly getting stronger through the repeated pairing of the conditioned stimulus and the unconditioned stimulus (acquisition). Then the curve decreases, which shows how the conditioned response weakens when only the conditioned stimulus is presented (extinction). After a break or pause from conditioning, the conditioned response reappears (spontaneous recovery).*

Of course, these processes also apply in humans. For example, let's say that every day when you walk to campus, an ice cream truck passes your route. Day after day, you hear the truck's music (neutral stimulus), so you finally stop and purchase a chocolate ice cream bar. You take a bite (unconditioned stimulus) and then your mouth waters (unconditioned response). This initial period of learning is known as acquisition, when you begin to connect the neutral stimulus (the sound of the truck) and the unconditioned stimulus (the taste of the chocolate ice cream in your mouth). During acquisition, the conditioned response gets stronger and stronger through repeated pairings of the conditioned stimulus and unconditioned stimulus. Several days (and ice cream bars) later, you notice that your mouth begins to water (conditioned response) as soon as you hear the truck's musical jingle—even before you bite into the ice cream bar. Then one day you head down the street. You hear the truck's music (conditioned stimulus), and your mouth waters (conditioned response). However, when you get to the truck, you discover that they are all out of ice cream. You leave disappointed. The next few days you pass by the truck and hear the music, but don't stop to get an ice cream bar because you're running late for class. You begin to salivate less and less when you hear the music, until by the end of the week, your mouth no longer waters when you hear the tune. This illustrates extinction. The conditioned response weakens when only the conditioned stimulus (the sound of the truck) is presented, without being followed by the unconditioned stimulus (chocolate ice cream in the mouth). Then the weekend comes. You don't have to go to class, so you don't pass the truck. Monday morning arrives and you take your usual route to campus. You round the corner and hear the truck again. What do you think happens? Your mouth begins to water again. Why? After a break from conditioning, the conditioned response reappears, which indicates spontaneous recovery.

Acquisition and extinction involve the strengthening and weakening, respectively, of a learned association. Two other learning processes—stimulus discrimination and stimulus generalization—are involved in distinguishing which stimuli will trigger the learned association. Animals (including humans) need to distinguish between stimuli—for example, between sounds that predict a threatening event and sounds that do not—so that they can respond appropriately (such as running away if the sound is threatening). When an organism learns to respond differently to various stimuli that are similar, it is called **stimulus discrimination**. In classical conditioning terms, the organism demonstrates the conditioned response only to the conditioned stimulus. Pavlov's dogs discriminated between the basic tone that sounded before they were fed and other tones (e.g., the doorbell), because the other sounds did not predict the arrival of food. Similarly, Tiger, the cat, discriminated between the sound of the can

opener and the sound of the electric mixer. When the electric mixer is going, Tiger is not about to be fed, so she does not come running to the kitchen looking for food.

On the other hand, when an organism demonstrates the conditioned response to stimuli that are similar to the condition stimulus, it is called **stimulus generalization**, the opposite of stimulus discrimination. The more similar a stimulus is to the condition stimulus, the more likely the organism is to give the conditioned response. For instance, if the electric mixer sounds very similar to the electric can opener, Tiger may come running after hearing its sound. But if you do not feed her following the electric mixer sound, and you continue to feed her consistently after the electric can opener sound, she will quickly learn to discriminate between the two sounds (provided they are sufficiently dissimilar that she can tell them apart).

Sometimes, classical conditioning can lead to habituation. **Habituation** occurs when we learn not to respond to a stimulus that is presented repeatedly without change. As the stimulus occurs over and over, we learn not to focus our attention on it. For example, imagine that your neighbor or roommate constantly has the television blaring. This background noise is distracting and makes it difficult for you to focus when you're studying. However, over time, you become accustomed to the stimulus of the television noise, and eventually you hardly notice it any longer.

Behaviorism

John B. **Watson**, shown in Figure 7.1.1.6, is considered the founder of *behaviorism*. Behaviorism is a school of thought that arose during the first part of the 20th century, which incorporates elements of Pavlov's classical conditioning (Hunt, 2007). In stark contrast with Freud, who considered the reasons for behavior to be hidden in the unconscious, Watson championed the idea that all behavior can be studied as a simple stimulus-response reaction, without regard for internal processes. Watson argued that in order for psychology to become a legitimate science, it must shift its concern away from internal mental processes because mental processes cannot be seen or measured. Instead, he asserted that psychology must focus on outward observable behavior that can be measured.



Figure 7.1.1.6: John B. Watson used the principles of classical conditioning in the study of human emotion.

Watson's ideas were influenced by Pavlov's work. According to Watson, human behavior, just like animal behavior, is primarily the result of conditioned responses. Whereas Pavlov's work with dogs involved the conditioning of reflexes, Watson believed the same principles could be extended to the conditioning of human emotions (Watson, 1919). Thus began Watson's work with his graduate student Rosalie Rayner and a baby called Little Albert. Through their experiments with Little Albert, Watson and Rayner (1920) demonstrated how fears can be conditioned.

In 1920, Watson was the chair of the psychology department at Johns Hopkins University. Through his position at the university he came to meet Little Albert's mother, Arvilla Merritte, who worked at a campus hospital (DeAngelis, 2010). Watson offered her a dollar to allow her son to be the subject of his experiments in classical conditioning. Through these experiments, Little Albert was exposed to and conditioned to fear certain things. Initially he was presented with various neutral stimuli, including a rabbit, a dog, a monkey, masks, cotton wool, and a white rat. He was not afraid of any of these things. Then Watson, with the help of Rayner, conditioned Little Albert to associate these stimuli with an emotion—fear. For example, Watson handed Little Albert the white rat, and Little Albert enjoyed playing with it. Then Watson made a loud sound, by striking a hammer against a metal bar hanging behind Little Albert's head, each time Little Albert touched the rat. Little Albert was frightened by the sound—demonstrating a reflexive fear of sudden loud noises—and began to cry. Watson repeatedly paired the loud sound with the white rat. Soon Little Albert became frightened by the white rat alone. In this case, what are the UCS, CS, UCR, and CR? Days later, Little Albert

demonstrated stimulus generalization—he became afraid of other furry things: a rabbit, a furry coat, and even a Santa Claus mask. Watson had succeeded in conditioning a fear response in Little Albert, thus demonstrating that emotions could become conditioned responses. It had been Watson's intention to produce a phobia—a persistent, excessive fear of a specific object or situation—through conditioning alone, thus countering Freud's view that phobias are caused by deep, hidden conflicts in the mind. However, there is no evidence that Little Albert experienced phobias in later years. Little Albert's mother moved away, ending the experiment, and Little Albert himself died a few years later of unrelated causes. While Watson's research provided new insight into conditioning, it would be considered unethical by today's standards.



Figure 7.1.1.7: Through stimulus generalization, Little Albert came to fear furry things, including Watson in a Santa Claus mask.

EVERYDAY CONNECTION: Advertising and Associative Learning

Advertising executives are pros at applying the principles of associative learning. Think about the car commercials you have seen on television. Many of them feature an attractive model. By associating the model with the car being advertised, you come to see the car as being desirable (Cialdini, 2008). You may be asking yourself, does this advertising technique actually work? According to Cialdini (2008), men who viewed a car commercial that included an attractive model later rated the car as being faster, more appealing, and better designed than did men who viewed an advertisement for the same car minus the model.

Have you ever noticed how quickly advertisers cancel contracts with a famous athlete following a scandal? As far as the advertiser is concerned, that athlete is no longer associated with positive feelings; therefore, the athlete cannot be used as an unconditioned stimulus to condition the public to associate positive feelings (the unconditioned response) with their product (the conditioned stimulus).

Now that you are aware of how associative learning works, see if you can find examples of these types of advertisements on television, in magazines, or on the Internet.

Summary

Pavlov's pioneering work with dogs contributed greatly to what we know about learning. His experiments explored the type of associative learning we now call classical conditioning. In classical conditioning, organisms learn to associate events that repeatedly happen together, and researchers study how a reflexive response to a stimulus can be mapped to a different stimulus—by training an association between the two stimuli. Pavlov's experiments show how stimulus-response bonds are formed. Watson, the founder of behaviorism, was greatly influenced by Pavlov's work. He tested humans by conditioning fear in an infant known as Little Albert. His findings suggest that classical conditioning can explain how some fears develop.

Glossary

acquisition

period of initial learning in classical conditioning in which a human or an animal begins to connect a neutral stimulus and an unconditioned stimulus so that the neutral stimulus will begin to elicit the conditioned response

classical conditioning

learning in which the stimulus or experience occurs before the behavior and then gets paired or associated with the behavior

conditioned response (CR)

response caused by the conditioned stimulus

conditioned stimulus (CS)

stimulus that elicits a response due to its being paired with an unconditioned stimulus

extinction

decrease in the conditioned response when the unconditioned stimulus is no longer paired with the conditioned stimulus

habituation

when we learn not to respond to a stimulus that is presented repeatedly without change

higher-order conditioning

(also, second-order conditioning) using a conditioned stimulus to condition a neutral stimulus

neutral stimulus (NS)

stimulus that does not initially elicit a response

spontaneous recovery

return of a previously extinguished conditioned response

stimulus discrimination

ability to respond differently to similar stimuli

stimulus generalization

demonstrating the conditioned response to stimuli that are similar to the conditioned stimulus

unconditioned response (UCR)

natural (unlearned) behavior to a given stimulus

unconditioned stimulus (UCS)

stimulus that elicits a reflexive response

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7.2.1: Analyzing Journal Articles

Learning Goals

By the end of this section, you will be able to:

- Understand the process of analyzing journal articles
- Analyze a published peer-reviewed journal article

One way to understand research is by "standing on the shoulders of those who came before" -- by understanding and building upon the research questions, data, and analysis generated by others in the discipline. A good starting point is knowing where to read and explore peer-reviewed scholarship in the discipline Every discipline, whether political science, anthropology, criminal justice, nursing, economics, biology, engineering, and so on, is based on knowledge debated, disseminated, and created in journal articles.

Journal articles are peer-reviewed publications that help scholars communicate ideas, theories, empirical analyses, and conclusions. Journal articles are contained in journals that are typically owned by publishing companies. For example, the University of Cambridge, located in the United Kingdom, owns and operates Cambridge University Press. This press partners with the American Political Science Association (APSA) to publish the following journals: American Political Science Review, Perspectives on Politics, and PS: Political Science and Politics. Additionally, APSA also partners with Taylor and Francis to publish the Journal of Political Science Education (JPSE). The key difference between the 4 journals is that one, JPSE, is published by Taylor and Francis, while the other 3 journals are published by Cambridge University Press.

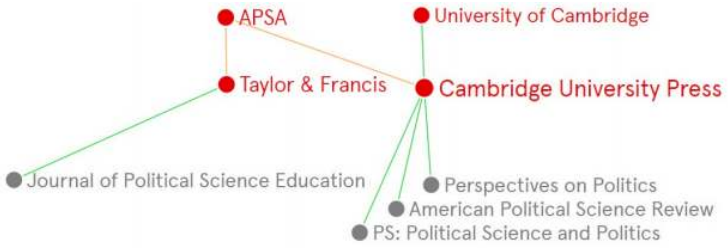


Figure 7.2.1.1: Visualization of network of APSA, publishers, and journals

The ability to critically read journal articles is a skill that is developed with practice. This skill is especially useful when you are a university student. If you are contemplating attending graduate school to earn a Masters, professional, or Doctoral degree, then analyzing journal articles is an essential skill.

Peer-review is the process by which a scholar submits a manuscript to a journal editor. The editor decides whether to forward the manuscript to 2-4 other scholars for their review or not. When an editor decides not to forward a manuscript, this is called a “desk rejection”. These 2-3 reviewers will read the manuscript, comment on it, and suggest whether the manuscript should be accepted for publication, revised and resubmitted for consideration, or rejected. Manuscripts that are accepted for publication in a peer-reviewed journal are Journal Articles.

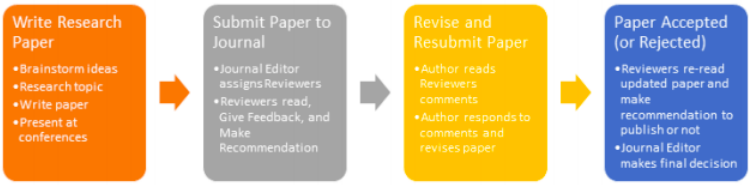


Figure 7.2.1.2: Visualization of the peer-review process

Journal Article Analysis consists of reading journal articles and analyzing them. You are responsible for identifying twelve parts of a journal article: title, main point, question, puzzle, debate, theory, hypotheses, research design, empirical analysis and methods, policy implications, and contribution to the discipline, and future research. Journal Articles vary in their organization and inclusion of these twelve parts. Increasingly, many articles explicitly describe all or most of these parts; however, other articles may not state a part, or may omit it entirely. There is a diversity of article authors, writing styles, and approaches to the discipline, this outline and subsequent elaboration is just one of a multiple of frameworks for analyzing political science research.

Journal Articles, especially in the field of political science, typically have twelve parts.

1. The Title of an article appears on the first page of the article. The Title is brief, typically no more than 5-10 words, and identifies for the reader the subject of the article.
2. The Main Point of an article is typically found in the Abstract. An Abstract is a summary of the article, which is located on the first page, after the Title. The main point may be in the Introduction of the article.
3. The Question of an article is typically found in the Abstract. The question may be in the Introduction of the article as well.
4. The Puzzle is a missing piece of knowledge that the article seeks to fulfill.
5. The Debate is how scholars currently argue the subject of the article. Debates have at least two sides, and the two sides we are most familiar with are “pro” and “con”. However, debates can be more complex.
6. The Theory is how the author thinks something works. For example, we may have a theory about how campaigns influence voters. Theories consists of constants, variables, and the relationships between variables.
7. The Hypotheses are derived from the Theory. A hypothesis is the expectation that one variable affects another variable in a specific way.
8. The Research Design is how the author compares the effect of the explanatory variable (X) on the outcome variable (O) in a group (G) or set of groups.
9. The Empirical Analysis is the use of quantitative or qualitative evidence to explore whether the hypothesized relationship between two variables does indeed occur in the world.
10. The Policy Implications are how the findings of the article should influence the behavior of individuals, groups, organizations, or governments.
11. The Contribution to the Discipline is how the article helps fill the missing Puzzle piece
12. Future Research offers suggestions for future research that build on the findings from the article.

With these twelve parts listed, let’s explore each of them in greater detail. The Title of an article appears on the first page of the article. The Title is brief, typically no more than 5-10 words, and identifies for the reader the subject of the article. Titles can be informative, as they may include the primary independent variable, primary dependent variable, or question of the article.

The Main Point of an article is typically found in the Abstract. An Abstract is a summary of the article, which is located on the first page, after the Title. The main point may be in the Introduction of the article. Main points, while presented at the beginning of an article, are largely derived after the political scientist has completed their research. So, keep in mind that political scientists don’t regularly start with main points, typically, but rather the main point is a result of their research process.

The Question of an article is typically found in the Abstract. The question may be in the Introduction of the article, as well. An article can have more than one question. So, do not be surprised if you find more than one question. Keeping a list of questions is a useful way to eventually identify the primary question of the article, while also recognizing related secondary questions.

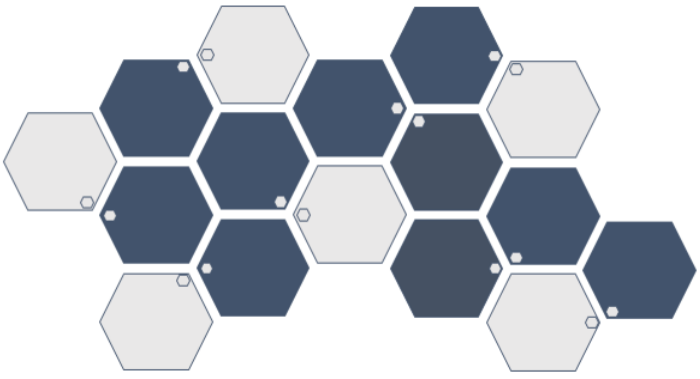


Figure 7.2.1.3: Visualization of puzzle

The Puzzle is a missing piece of knowledge that the article seeks to fulfill. Puzzles are what political scientists try to solve. To solve a puzzle, a political scientist needs to have a sense of what the whole puzzle looks like. In other words, when you see the puzzle box and the image you are trying to recreate, that’s a sense of the whole puzzle. Second, a political scientist needs to know how the current pieces fit together. Imagine that the puzzle was partially complete, so we would closely examine how the pieces that make up the partial puzzle are put together. Lastly, a political scientist decides which pieces they want to add to the partially complete portion of the puzzle. In other words, they need to decide which pieces they want to pick up and then try to place them.

The Debate is how scholars currently argue the subject of the article. Debates have at least two sides, and the two sides we are most familiar with are “pro” and “con”. However, debates can be more complex. Debates in political science can be normative or

positive debates. Normative debates focus on “what should be” while positive debates focus on “what is.” Normative debates are typical in the practice of politics. For example, in the U.S. House of Representatives, members will debate policy issues using a range of philosophical and logical arguments. On the other hand, most debates in political science are positive.

Positive debates can exist on a conceptual, operational, or measurement level. Conceptual debates are were political scientists argue about a broad concept, like democracy or representation or power. Operational debates focus on taking broad concepts, like democracy, and arguing how they are represented in the real world. For example, many scholars would agree that the United States is conceptually a democracy. However, some scholars would argue and operationalize the United States as a representative democracy. Finally, measurement debates focus on how an operationalized concept is measured. For example, how do we measure a representative democracy? Are individuals elected to serve in national legislatures through winner-take-all a representative democracy? Or are individuals elected to serve in national legislatures through proportional representation a representative democracy?

The Theory is how the author thinks something works. For example, we may have a theory about how campaigns influence voters. Theories consists of constants, variables, and the relationships between variables. Theory is used by political scientists to clearly explain their logic of the constants, variables, and relationships between variables. Constants are objects that do not change. A reason for stating constants is that the world is complex, therefore it is important to simplify it by “holding things constant.” In other words, stating constants lets us focus on the variables and their relationship.

Variables are objects that do change. Variables are typically classified into three categories: independent variable, mediating variable, and dependent variable. Independent variables are the objects that “cause” something to happen. Mediating variables are objects that “help cause” something to happen. And dependent variables are objects that are the “effect” of the “cause” and/or “helping cause.” For example, your interpretation of a political actor, such as the President, may be caused by an action the President took. But your view of the action is mediated by your partisan affiliation.

The Hypotheses are derived from the Theory. A hypothesis is the expectation that one variable effect another variable in a specific way. Above, I described a theory about how the action of a political actors effects your interpretation of the political actors, given your partisan affiliation. Now, we could generate several hypotheses from this theory. Hypothesis 1 is that if the President takes no action, then you will have no interpretation of the President. Hypothesis 2 is that if the President acts, then you will have a positive view of the President if you have the same partisan affiliation as the President. Hypothesis 3 is that if the President acts, then you will have a negative view of the President if you have a different partisan affiliation as the President.

The Research Design is how the author compares the effect of the explanatory variable (X) on the outcome variable (O) in a group (G) or set of groups. Some political scientists use notation to denote research design. Below are 4 common examples, and 2 complex examples:

- Example 1: G O. This is a single group, observation only.
- Example 2: G X O. This is a single group, treatment then observation.
- Example 3: G O X O. This is a single group, observation before treatment, the treatment, then observation after treatment
- Example 4: G X O and G _ O. This is a two-group design. Group 1 receives them treatment, then is observed. Group 2 does not receive the treatment, then observed.
- Example 5: G O X O and G O _ O. This a two-group design. Group 1 and Group 2 are observed, then Group 1 receives the treatment while Group 2 does not receive the treatment. Finally, both Groups are observed again.
- Example 6: G O X O _ O and G O _ O X O. This is a two-group design, known as a switching replications design. Group 1 and Group 2 are observed, then Group 1 receives the treatment, while Group 2 does not receive the treatment. Then both Groups are observed. Next, Group 1 does not re-receive the treatment, and Group 2 receives the treatment for the first time. Then both groups are observed again.

The Empirical Analysis is the use of quantitative or qualitative evidence to explore whether the hypothesized relationship between two variables does indeed occur in the world. Empirical analysis can feature quantitative, qualitative, or both types of evidence. Quantitative data is numerical and often, but not always, organized via tools such as spreadsheets. Political scientists using quantitative evidence conduct statistical analysis using statistical models to examine the data contained in their spreadsheet. Qualitative evidence is typically individual or collection of text, images, and audio in a paper or electronic document. Political scientists using qualitative evidence conduct content analysis or interpretation using theoretical or non-theoretical framework. Qualitative and quantitative evidence can be analyzed in the context of a theoretical framework but also to uncover descriptive trends. For example, quantitative evidence can be visualized into a scatter plot to help the researcher observe trends in the data.

Likewise, qualitative evidence, such as Congressional Record Statements, can be organized into categories by researcher to see if there is a noticeable pattern.

The Policy Implications are how the findings of the article should influence the behavior of individuals, groups, organizations, or governments. Policy implications are typically stated by the political scientist towards the end of an article. What the researcher is doing is predicting how their article, and its findings, would influence the behavior of individuals, groups, organizations, or governments.

The Contribution to the Discipline is how the article helps fill the missing Puzzle piece. Contribution to the Discipline is a statement of how the political scientists' research helps add a puzzle piece that was missing from our current world of knowledge.

Finally, Future Research is how the article offer suggestions for future research that build on the findings from the article. Future research are suggestions for what another political scientist can do to help build on this new knowledge that has been uncovered.

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7.2.2: How to Read a Scientific Paper

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CHAPTER OVERVIEW

8: Week 8 - Learning

8.1: Class Day 8.1

8.1.1: Operant Conditioning

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8.1: Class Day 8.1

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8.1.1: Operant Conditioning

Learning Objectives

- Define operant conditioning
- Explain the difference between reinforcement and punishment
- Distinguish between reinforcement schedules

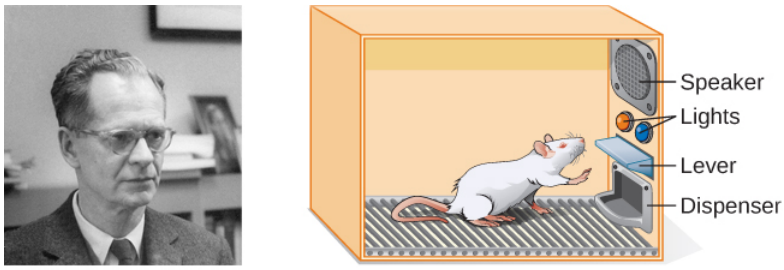
The previous section of this chapter focused on the type of associative learning known as classical conditioning. Remember that in classical conditioning, something in the environment triggers a reflex automatically, and researchers train the organism to react to a different stimulus. Now we turn to the second type of associative learning, **operant conditioning**. In operant conditioning, organisms learn to associate a behavior and its consequence (See table below). A pleasant consequence makes that behavior more likely to be repeated in the future. For example, Spirit, a dolphin at the National Aquarium in Baltimore, does a flip in the air when her trainer blows a whistle. The consequence is that she gets a fish.

Table 8.1.1.1**:** Classical and Operant Conditioning Compared

	Classical Conditioning	Operant Conditioning
Conditioning approach	An unconditioned stimulus (such as food) is paired with a neutral stimulus (such as a bell). The neutral stimulus eventually becomes the conditioned stimulus, which brings about the conditioned response (salivation).	The target behavior is followed by reinforcement or punishment to either strengthen or weaken it, so that the learner is more likely to exhibit the desired behavior in the future.
Stimulus timing	The stimulus occurs immediately before the response.	The stimulus (either reinforcement or punishment) occurs soon after the response.

Psychologist B. F. **Skinner** saw that classical conditioning is limited to existing behaviors that are reflexively elicited, and it doesn't account for new behaviors such as riding a bike. He proposed a theory about how such behaviors come about. Skinner believed that behavior is motivated by the consequences we receive for the behavior: the reinforcements and punishments. His idea that learning is the result of consequences is based on the law of effect, which was first proposed by psychologist Edward **Thorndike**. According to the **law of effect**, behaviors that are followed by consequences that are satisfying to the organism are more likely to be repeated, and behaviors that are followed by unpleasant consequences are less likely to be repeated (Thorndike, 1911). Essentially, if an organism does something that brings about a desired result, the organism is more likely to do it again. If an organism does something that does not bring about a desired result, the organism is less likely to do it again. An example of the law of effect is in employment. One of the reasons (and often the main reason) we show up for work is because we get paid to do so. If we stop getting paid, we will likely stop showing up—even if we love our job.

Working with Thorndike's law of effect as his foundation, Skinner began conducting scientific experiments on animals (mainly rats and pigeons) to determine how organisms learn through operant conditioning (Skinner, 1938). He placed these animals inside an operant conditioning chamber, which has come to be known as a "Skinner box". A Skinner box contains a lever (for rats) or disk (for pigeons) that the animal can press or peck for a food reward via the dispenser. Speakers and lights can be associated with certain behaviors. A recorder counts the number of responses made by the animal.



(a) (b)

Figure 8.1.1.1: (a) B. F. Skinner developed operant conditioning for systematic study of how behaviors are strengthened or weakened according to their consequences. (b) In a Skinner box, a rat presses a lever in an operant conditioning chamber to receive a food reward. (credit a: modification of work by "Silly rabbit"/Wikimedia Commons)

In discussing operant conditioning, we use several everyday words—positive, negative, reinforcement, and punishment—in a specialized manner. In operant conditioning, positive and negative do not mean good and bad. Instead, *positive* means you are adding something, and *negative* means you are taking something away. *Reinforcement* means you are increasing a behavior, and *punishment* means you are decreasing a behavior. Reinforcement can be positive or negative, and punishment can also be positive or negative. All reinforcers (positive or negative) *increase* the likelihood of a behavioral response. All punishers (positive or negative) *decrease* the likelihood of a behavioral response. Now let's combine these four terms: positive reinforcement, negative reinforcement, positive punishment, and negative punishment. (See table below.)

Table 8.1.1.2**:** Positive and Negative Reinforcement and Punishment

	Reinforcement	Punishment
Positive	Something is *added* to *increase* the likelihood of a behavior.	Something is *added* to *decrease* the likelihood of a behavior.
Negative	Something is *removed* to *increase* the likelihood of a behavior.	Something is *removed* to *decrease* the likelihood of a behavior.

Reinforcement

The most effective way to teach a person or animal a new behavior is with positive reinforcement. In **positive reinforcement**, a desirable stimulus is added to increase a behavior.

For example, you tell your five-year-old son, Jerome, that if he cleans his room, he will get a toy. Jerome quickly cleans his room because he wants a new art set. Let's pause for a moment. Some people might say, "Why should I reward my child for doing what is expected?" But in fact we are constantly and consistently rewarded in our lives. Our paychecks are rewards, as are high grades and acceptance into our preferred school. Being praised for doing a good job and for passing a driver's test is also a reward. Positive reinforcement as a learning tool is extremely effective. It has been found that one of the most effective ways to increase achievement in school districts with below-average reading scores was to pay the children to read. Specifically, second-grade students in Dallas were paid $2 each time they read a book and passed a short quiz about the book. The result was a significant increase in reading comprehension (Fryer, 2010). What do you think about this program? If Skinner were alive today, he would probably think this was a great idea. He was a strong proponent of using operant conditioning principles to influence students' behavior at school. In fact, in addition to the Skinner box, he also invented what he called a teaching machine that was designed to reward small steps in learning (Skinner, 1961)—an early forerunner of computer-assisted learning. His teaching machine tested students' knowledge as they worked through various school subjects. If students answered questions correctly, they received immediate positive reinforcement and could continue; if they answered incorrectly, they did not receive any reinforcement. The idea was that students would spend additional time studying the material to increase their chance of being reinforced the next time (Skinner, 1961).

In **negative reinforcement**, an undesirable stimulus is removed to increase a behavior. For example, car manufacturers use the principles of negative reinforcement in their seatbelt systems, which go "beep, beep, beep" until you fasten your seatbelt. The annoying sound stops when you exhibit the desired behavior, increasing the likelihood that you will buckle up in the future. Negative reinforcement is also used frequently in horse training. Riders apply pressure—by pulling the reins or squeezing their legs

—and then remove the pressure when the horse performs the desired behavior, such as turning or speeding up. The pressure is the negative stimulus that the horse wants to remove.

Punishment

Many people confuse negative reinforcement with punishment in operant conditioning, but they are two very different mechanisms. Remember that reinforcement, even when it is negative, always increases a behavior. In contrast, **punishment** always decreases a behavior. In **positive punishment**, you add an undesirable stimulus to decrease a behavior. An example of positive punishment is scolding a student to get the student to stop texting in class. In this case, a stimulus (the reprimand) is added in order to decrease the behavior (texting in class). In **negative punishment**, you remove an aversive stimulus to decrease behavior. For example, when a child misbehaves, a parent can take away a favorite toy. In this case, a stimulus (the toy) is removed in order to decrease the behavior.

Punishment, especially when it is immediate, is one way to decrease undesirable behavior. For example, imagine your four-year-old son, Brandon, hit his younger brother. You have Brandon write 100 times “I will not hit my brother" (positive punishment). Chances are he won’t repeat this behavior. While strategies like this are common today, in the past children were often subject to physical punishment, such as spanking. It’s important to be aware of some of the drawbacks in using physical punishment on children. First, punishment may teach fear. Brandon may become fearful of the street, but he also may become fearful of the person who delivered the punishment—you, his parent. Similarly, children who are punished by teachers may come to fear the teacher and try to avoid school (Gershoff et al., 2010). Consequently, most schools in the United States have banned corporal punishment. Second, punishment may cause children to become more aggressive and prone to antisocial behavior and delinquency (Gershoff, 2002). They see their parents resort to spanking when they become angry and frustrated, so, in turn, they may act out this same behavior when they become angry and frustrated. For example, because you spank Brenda when you are angry with her for her misbehavior, she might start hitting her friends when they won’t share their toys.

While positive punishment can be effective in some cases, Skinner suggested that the use of punishment should be weighed against the possible negative effects. Today’s psychologists and parenting experts favor reinforcement over punishment—they recommend that you catch your child doing something good and reward her for it.

Shaping

In his operant conditioning experiments, Skinner often used an approach called shaping. Instead of rewarding only the target behavior, in **shaping**, we reward successive approximations of a target behavior. Why is shaping needed? Remember that in order for reinforcement to work, the organism must first display the behavior. Shaping is needed because it is extremely unlikely that an organism will display anything but the simplest of behaviors spontaneously. In shaping, behaviors are broken down into many small, achievable steps. The specific steps used in the process are the following:

1. Reinforce any response that resembles the desired behavior.
2. Then reinforce the response that more closely resembles the desired behavior. You will no longer reinforce the previously reinforced response.
3. Next, begin to reinforce the response that even more closely resembles the desired behavior.
4. Continue to reinforce closer and closer approximations of the desired behavior.
5. Finally, only reinforce the desired behavior.

Shaping is often used in teaching a complex behavior or chain of behaviors. Skinner used shaping to teach pigeons not only such relatively simple behaviors as pecking a disk in a Skinner box, but also many unusual and entertaining behaviors, such as turning in circles, walking in figure eights, and even playing ping pong; the technique is commonly used by animal trainers today. An important part of shaping is stimulus discrimination. Recall Pavlov’s dogs—he trained them to respond to the tone of a bell, and not to similar tones or sounds. This discrimination is also important in operant conditioning and in shaping behavior.

It’s easy to see how shaping is effective in teaching behaviors to animals, but how does shaping work with humans? Let’s consider parents whose goal is to have their child learn to clean his room. They use shaping to help him master steps toward the goal. Instead of performing the entire task, they set up these steps and reinforce each step. First, he cleans up one toy. Second, he cleans up five toys. Third, he chooses whether to pick up ten toys or put his books and clothes away. Fourth, he cleans up everything except two toys. Finally, he cleans his entire room.

Primary and Secondary Reinforcers

Rewards such as stickers, praise, money, toys, and more can be used to reinforce learning. Let's go back to Skinner's rats again. How did the rats learn to press the lever in the Skinner box? They were rewarded with food each time they pressed the lever. For animals, food would be an obvious reinforcer.

What would be a good reinforce for humans? For your daughter Sydney, it was the promise of a toy if she cleaned her room. How about Joaquin, the soccer player? If you gave Joaquin a piece of candy every time he made a goal, you would be using a **primary reinforcer**. Primary reinforcers are reinforcers that have innate reinforcing qualities. These kinds of reinforcers are not learned. Water, food, sleep, shelter, sex, and touch, among others, are primary reinforcers. Pleasure is also a primary reinforcer. Organisms do not lose their drive for these things. For most people, jumping in a cool lake on a very hot day would be reinforcing and the cool lake would be innately reinforcing—the water would cool the person off (a physical need), as well as provide pleasure.

A **secondary reinforcer** has no inherent value and only has reinforcing qualities when linked with a primary reinforcer. Praise, linked to affection, is one example of a secondary reinforcer, as when you called out "Great shot!" every time Joaquin made a goal. Another example, money, is only worth something when you can use it to buy other things—either things that satisfy basic needs (food, water, shelter—all primary reinforcers) or other secondary reinforcers. If you were on a remote island in the middle of the Pacific Ocean and you had stacks of money, the money would not be useful if you could not spend it. What about the stickers on the behavior chart? They also are secondary reinforcers.

Sometimes, instead of stickers on a sticker chart, a token is used. Tokens, which are also secondary reinforcers, can then be traded in for rewards and prizes. Entire behavior management systems, known as token economies, are built around the use of these kinds of token reinforcers. Token economies have been found to be very effective at modifying behavior in a variety of settings such as schools, prisons, and mental hospitals. For example, a study by Cangi and Daly (2013) found that use of a token economy increased appropriate social behaviors and reduced inappropriate behaviors in a group of autistic school children. Autistic children tend to exhibit disruptive behaviors such as pinching and hitting. When the children in the study exhibited appropriate behavior (not hitting or pinching), they received a "quiet hands" token. When they hit or pinched, they lost a token. The children could then exchange specified amounts of tokens for minutes of playtime.

EVERYDAY CONNECTION: Behavior Modification in Children

Parents and teachers often use behavior modification to change a child's behavior. Behavior modification uses the principles of operant conditioning to accomplish behavior change so that undesirable behaviors are switched for more socially acceptable ones. Some teachers and parents create a sticker chart, in which several behaviors are listed (Figure 8.1.1.2). Sticker charts are a form of token economies, as described in the text. Each time children perform the behavior, they get a sticker, and after a certain number of stickers, they get a prize, or reinforcer. The goal is to increase acceptable behaviors and decrease misbehavior. Remember, it is best to reinforce desired behaviors, rather than to use punishment. In the classroom, the teacher can reinforce a wide range of behaviors, from students raising their hands, to walking quietly in the hall, to turning in their homework. At home, parents might create a behavior chart that rewards children for things such as putting away toys, brushing their teeth, and helping with dinner. In order for behavior modification to be effective, the reinforcement needs to be connected with the behavior; the reinforcement must matter to the child and be done consistently.



***Figure** 8.1.1.2**:** Sticker charts are a form of positive reinforcement and a tool for behavior modification. Once this little girl earns a certain number of stickers for demonstrating a desired behavior, she will be rewarded with a trip to the ice cream*

parlor. (credit: Abigail Batchelder)

Reinforcement Schedules

Remember, the best way to teach a person or animal a behavior is to use positive reinforcement. For example, Skinner used positive reinforcement to teach rats to press a lever in a Skinner box. At first, the rat might randomly hit the lever while exploring the box, and out would come a pellet of food. After eating the pellet, what do you think the hungry rat did next? It hit the lever again, and received another pellet of food. Each time the rat hit the lever, a pellet of food came out. When an organism receives a reinforcer each time it displays a behavior, it is called **continuous reinforcement**. This reinforcement schedule is the quickest way to teach someone a behavior, and it is especially effective in training a new behavior. Let's look back at the dog that was learning to sit earlier in the chapter. Now, each time he sits, you give him a treat. Timing is important here: you will be most successful if you present the reinforcer immediately after he sits, so that he can make an association between the target behavior (sitting) and the consequence (getting a treat).

Once a behavior is trained, researchers and trainers often turn to another type of reinforcement schedule—partial reinforcement. In **partial reinforcement**, also referred to as intermittent reinforcement, the person or animal does not get reinforced every time they perform the desired behavior. There are several different types of partial reinforcement schedules (See table below). These schedules are described as either fixed or variable, and as either interval or ratio. *Fixed* refers to the number of responses between reinforcements, or the amount of time between reinforcements, which is set and unchanging. *Variable* refers to the number of responses or amount of time between reinforcements, which varies or changes. *Interval* means the schedule is based on the time between reinforcements, and *ratio* means the schedule is based on the number of responses between reinforcements.

Table 8.1.1.3**:** Reinforcement Schedules

Reinforcement Schedule	Description	Result	Example
Fixed interval	Reinforcement is delivered at predictable time intervals (e.g., after 5, 10, 15, and 20 minutes).	Moderate response rate with significant pauses after reinforcement	Hospital patient uses patient-controlled, doctor-timed pain relief
Variable interval	Reinforcement is delivered at unpredictable time intervals (e.g., after 5, 7, 10, and 20 minutes).	Moderate yet steady response rate	Checking Facebook
Fixed ratio	Reinforcement is delivered after a predictable number of responses (e.g., after 2, 4, 6, and 8 responses).	High response rate with pauses after reinforcement	Piecework—factory worker getting paid for every x number of items manufactured
Variable ratio	Reinforcement is delivered after an unpredictable number of responses (e.g., after 1, 4, 5, and 9 responses).	High and steady response rate	Gambling

Now let's combine these four terms. A **fixed interval reinforcement schedule** is when behavior is rewarded after a set amount of time. For example, June undergoes major surgery in a hospital. During recovery, she is expected to experience pain and will require prescription medications for pain relief. June is given an IV drip with a patient-controlled painkiller. Her doctor sets a limit: one dose per hour. June pushes a button when pain becomes difficult, and she receives a dose of medication. Since the reward (pain relief) only occurs on a fixed interval, there is no point in exhibiting the behavior when it will not be rewarded.

With a **variable interval reinforcement schedule**, the person or animal gets the reinforcement based on varying amounts of time, which are unpredictable. Say that Manuel is the manager at a fast-food restaurant. Every once in a while someone from the quality control division comes to Manuel's restaurant. If the restaurant is clean and the service is fast, everyone on that shift earns a $20 bonus. Manuel never knows when the quality control person will show up, so he always tries to keep the restaurant clean and ensures that his employees provide prompt and courteous service. His productivity regarding prompt service and keeping a clean restaurant are steady because he wants his crew to earn the bonus.

With a **fixed ratio reinforcement schedule**, there are a set number of responses that must occur before the behavior is rewarded. Carla sells glasses at an eyeglass store, and she earns a commission every time she sells a pair of glasses. She always tries to sell people more pairs of glasses, including prescription sunglasses or a backup pair, so she can increase her commission. She does not care if the person really needs the prescription sunglasses, Carla just wants her bonus. The quality of what Carla sells does not matter because her commission is not based on quality; it's only based on the number of pairs sold. This distinction in the quality of performance can help determine which reinforcement method is most appropriate for a particular situation. Fixed ratios are better suited to optimize the quantity of output, whereas a fixed interval, in which the reward is not quantity based, can lead to a higher quality of output.

In a **variable ratio reinforcement schedule**, the number of responses needed for a reward varies. This is the most powerful partial reinforcement schedule. An example of the variable ratio reinforcement schedule is gambling. Imagine that Sarah—generally a smart, thrifty woman—visits Las Vegas for the first time. She is not a gambler, but out of curiosity she puts a quarter into the slot machine, and then another, and another. Nothing happens. Two dollars in quarters later, her curiosity is fading, and she is just about to quit. But then, the machine lights up, bells go off, and Sarah gets 50 quarters back. That's more like it! Sarah gets back to inserting quarters with renewed interest, and a few minutes later she has used up all her gains and is $10 in the hole. Now might be a sensible time to quit. And yet, she keeps putting money into the slot machine because she never knows when the next reinforcement is coming. She keeps thinking that with the next quarter she could win $50, or $100, or even more. Because the reinforcement schedule in most types of gambling has a variable ratio schedule, people keep trying and hoping that the next time they will win big. This is one of the reasons that gambling is so addictive—and so resistant to extinction.

In operant conditioning, extinction of a reinforced behavior occurs at some point after reinforcement stops, and the speed at which this happens depends on the reinforcement schedule. In a variable ratio schedule, the point of extinction comes very slowly, as described above. But in the other reinforcement schedules, extinction may come quickly. For example, if June presses the button for the pain relief medication before the allotted time her doctor has approved, no medication is administered. She is on a fixed interval reinforcement schedule (dosed hourly), so extinction occurs quickly when reinforcement doesn't come at the expected time. Among the reinforcement schedules, variable ratio is the most productive and the most resistant to extinction. Fixed interval is the least productive and the easiest to extinguish. See figure below.

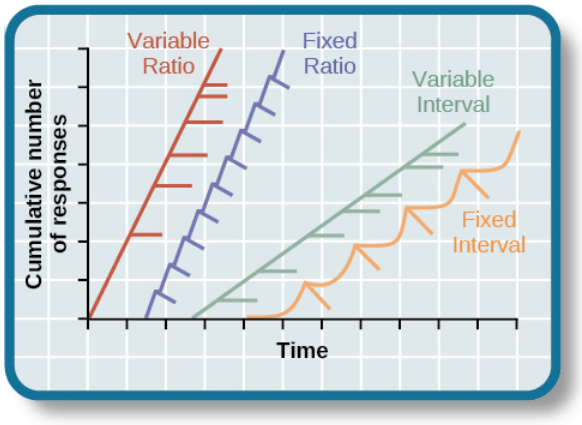


Figure 8.1.1.4: The four reinforcement schedules yield different response patterns. The variable ratio schedule is unpredictable and yields high and steady response rates, with little if any pause after reinforcement (e.g., gambler). A fixed ratio schedule is predictable and produces a high response rate, with a short pause after reinforcement (e.g., eyeglass saleswoman). The variable interval schedule is unpredictable and produces a moderate, steady response rate (e.g., restaurant manager). The fixed interval schedule yields a scallop-shaped response pattern, reflecting a significant pause after reinforcement (e.g., surgery patient).

CONNECT THE CONCEPTS: Gambling and the Brain

Skinner (1953) stated, "If the gambling establishment cannot persuade a patron to turn over money with no return, it may achieve the same effect by returning part of the patron's money on a variable-ratio schedule" (p. 397).

Skinner uses gambling as an example of the power and effectiveness of conditioning behavior based on a variable ratio reinforcement schedule. In fact, Skinner was so confident in his knowledge of gambling addiction that he even claimed he could turn a pigeon into a pathological gambler ("Skinner's Utopia," 1971). Beyond the power of variable ratio reinforcement, gambling seems to work on the brain in the same way as some addictive drugs. The Illinois Institute for Addiction Recovery (n.d.) reports evidence suggesting that pathological gambling is an addiction similar to a chemical addiction (See figure

below). Specifically, gambling may activate the reward centers of the brain, much like cocaine does. Research has shown that some pathological gamblers have lower levels of the neurotransmitter (brain chemical) known as norepinephrine than do normal gamblers (Roy, et al., 1988). According to a study conducted by Alec Roy and colleagues, norepinephrine is secreted when a person feels stress, arousal, or thrill; pathological gamblers use gambling to increase their levels of this neurotransmitter. Another researcher, neuroscientist Hans Breiter, has done extensive research on gambling and its effects on the brain. Breiter (as cited in Franzen, 2001) reports that "Monetary reward in a gambling-like experiment produces brain activation very similar to that observed in a cocaine addict receiving an infusion of cocaine" (para. 1). Deficiencies in serotonin (another neurotransmitter) might also contribute to compulsive behavior, including a gambling addiction.

It may be that pathological gamblers' brains are different than those of other people, and perhaps this difference may somehow have led to their gambling addiction, as these studies seem to suggest. However, it is very difficult to ascertain the cause because it is impossible to conduct a true experiment (it would be unethical to try to turn randomly assigned participants into problem gamblers). Therefore, it may be that causation actually moves in the opposite direction—perhaps the act of gambling somehow changes neurotransmitter levels in some gamblers' brains. It also is possible that some overlooked factor, or confounding variable, played a role in both the gambling addiction and the differences in brain chemistry.



Figure 8.1.1.5: Some research suggests that pathological gamblers use gambling to compensate for abnormally low levels of the hormone norepinephrine, which is associated with stress and is secreted in moments of arousal and thrill. (credit: Ted Murphy)

Summary

Operant conditioning is based on the work of B. F. Skinner. Operant conditioning is a form of learning in which the motivation for a behavior happens *after* the behavior is demonstrated. An animal or a human receives a consequence after performing a specific behavior. The consequence is either a reinforcer or a punisher. All reinforcement (positive or negative) *increases* the likelihood of a behavioral response. All punishment (positive or negative) *decreases* the likelihood of a behavioral response. Several types of reinforcement schedules are used to reward behavior depending on either a set or variable period of time.

Glossary

continuous reinforcement

rewarding a behavior every time it occurs

fixed interval reinforcement schedule

behavior is rewarded after a set amount of time

fixed ratio reinforcement schedule

set number of responses must occur before a behavior is rewarded

law of effect

behavior that is followed by consequences satisfying to the organism will be repeated and behaviors that are followed by unpleasant consequences will be discouraged

negative punishment

taking away a pleasant stimulus to decrease or stop a behavior

negative reinforcement

taking away an undesirable stimulus to increase a behavior

operant conditioning

form of learning in which the stimulus/experience happens after the behavior is demonstrated

partial reinforcement

rewarding behavior only some of the time

positive punishment

adding an undesirable stimulus to stop or decrease a behavior

positive reinforcement

adding a desirable stimulus to increase a behavior

primary reinforcer

has innate reinforcing qualities (e.g., food, water, shelter, sex)

punishment

implementation of a consequence in order to decrease a behavior

reinforcement

implementation of a consequence in order to increase a behavior

secondary reinforcer

has no inherent value unto itself and only has reinforcing qualities when linked with something else (e.g., money, gold stars, poker chips)

shaping

rewarding successive approximations toward a target behavior

variable interval reinforcement schedule

behavior is rewarded after unpredictable amounts of time have passed

variable ratio reinforcement schedule

number of responses differ before a behavior is rewarded

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CHAPTER OVERVIEW

9: Week 9 - Stress and Health

9.1: Class Day 9.1

9.1.1: What Is Stress?

9.1.2: Regulation of Stress

9.1.3: Discrimination and the Stress Response

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9.1.1: What Is Stress?

Learning Objectives

- Differentiate between stimulus-based and response-based definitions of stress
- Define stress as a process
- Differentiate between good stress and bad stress
- Understand the physiological basis of stress and describe the general adaptation syndrome

The term **stress** as it relates to the human condition first emerged in scientific literature in the 1930s, but it did not enter the popular vernacular until the 1970s (Lyon, 2012). Today, we often use the term loosely in describing a variety of unpleasant feeling states; for example, we often say we are stressed out when we feel frustrated, angry, conflicted, overwhelmed, or fatigued. Despite the widespread use of the term, stress is a fairly vague concept that is difficult to define with precision.

Researchers have had a difficult time agreeing on an acceptable definition of stress. Some have conceptualized stress as a demanding or threatening event or situation (e.g., a high-stress job, overcrowding, and long commutes to work). Such conceptualizations are known as stimulus-based definitions because they characterize stress as a stimulus that causes certain reactions. Stimulus-based definitions of stress are problematic, however, because they fail to recognize that people differ in how they view and react to challenging life events and situations. For example, a conscientious student who has studied diligently all semester would likely experience less stress during final exams week than would a less responsible, unprepared student.

Others have conceptualized stress in ways that emphasize the physiological responses that occur when faced with demanding or threatening situations (e.g., increased arousal). These conceptualizations are referred to as response-based definitions because they describe stress as a response to environmental conditions. For example, the endocrinologist Hans **Selye**, a famous stress researcher, once defined stress as the "response of the body to any demand, whether it is caused by, or results in, pleasant or unpleasant conditions" (Selye, 1976, p. 74). Selye's definition of stress is response-based in that it conceptualizes stress chiefly in terms of the body's physiological reaction to any demand that is placed on it. Neither stimulus-based nor response-based definitions provide a complete definition of stress. Many of the physiological reactions that occur when faced with demanding situations (e.g., accelerated heart rate) can also occur in response to things that most people would not consider to be genuinely stressful, such as receiving unanticipated good news: an unexpected promotion or raise.

A useful way to conceptualize **stress** is to view it as a process whereby an individual perceives and responds to events that he appraises as overwhelming or threatening to his well-being (Lazarus & Folkman, 1984). A critical element of this definition is that it emphasizes the importance of how we appraise—that is, judge—demanding or threatening events (often referred to as **stressors**); these appraisals, in turn, influence our reactions to such events. Two kinds of appraisals of a stressor are especially important in this regard: primary and secondary appraisals. A **primary appraisal** involves judgment about the degree of potential harm or threat to well-being that a stressor might entail. A stressor would likely be appraised as a threat if one anticipates that it could lead to some kind of harm, loss, or other negative consequence; conversely, a stressor would likely be appraised as a challenge if one believes that it carries the potential for gain or personal growth. For example, an employee who is promoted to a leadership position would likely perceive the promotion as a much greater threat if she believed the promotion would lead to excessive work demands than if she viewed it as an opportunity to gain new skills and grow professionally. Similarly, a college student on the cusp of graduation may face the change as a threat or a challenge (See figure 9.1.1.1 below).



Figure 9.1.1.1: Graduating from college and entering the workforce can be viewed as either a threat (loss of financial support) or a challenge (opportunity for independence and growth). (credit: Timothy Zanker)

The perception of a threat triggers a **secondary appraisal**: judgment of the options available to cope with a stressor, as well as perceptions of how effective such options will be (Lyon, 2012) (See figure 9.1.1.2). As you may recall from what you learned about self-efficacy, an individual's belief in his ability to complete a task is important (Bandura, 1994). A threat tends to be viewed as less catastrophic if one believes something can be done about it (Lazarus & Folkman, 1984). Imagine that two middle-aged women, Robin and Maria, perform breast self-examinations one morning and each woman notices a lump on the lower region of her left breast. Although both women view the breast lump as a potential threat (primary appraisal), their secondary appraisals differ considerably. In considering the breast lump, some of the thoughts racing through Robin's mind are, "Oh my God, I could have breast cancer! What if the cancer has spread to the rest of my body and I cannot recover? What if I have to go through chemotherapy? I've heard that experience is awful! What if I have to quit my job? My husband and I won't have enough money to pay the mortgage. Oh, this is just horrible…I can't deal with it!" On the other hand, Maria thinks, "Hmm, this may not be good. Although most times these things turn out to be benign, I need to have it checked out. If it turns out to be breast cancer, there are doctors who can take care of it because the medical technology today is quite advanced. I'll have a lot of different options, and I'll be just fine." Clearly, Robin and Maria have different outlooks on what might turn out to be a very serious situation: Robin seems to think that little could be done about it, whereas Maria believes that, worst case scenario, a number of options that are likely to be effective would be available. As such, Robin would clearly experience greater stress than would Maria.

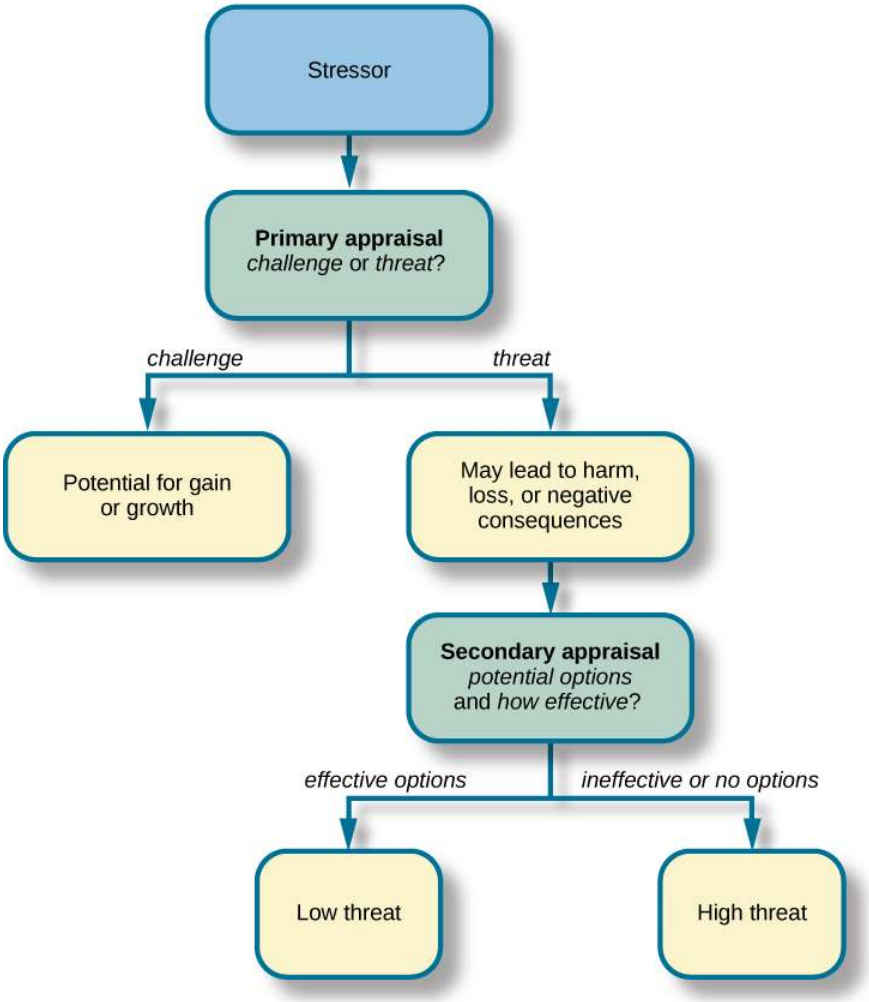


Figure 9.1.1.2: When encountering a stressor, a person judges its potential threat (primary appraisal) and then determines if effective options are available to manage the situation. Stress is likely to result if a stressor is perceived as extremely threatening or threatening with few or no effective coping options available.

To be sure, some stressors are inherently more stressful than others in that they are more threatening and leave less potential for variation in cognitive appraisals (e.g., objective threats to one's health or safety). Nevertheless, appraisal will still play a role in augmenting or diminishing our reactions to such events (Everly & Lating, 2002).

If a person appraises an event as harmful and believes that the demands imposed by the event exceed the available resources to manage or adapt to it, the person will subjectively experience a state of stress. In contrast, if one does not appraise the same event as harmful or threatening, she is unlikely to experience stress. According to this definition, environmental events trigger stress reactions by the way they are interpreted and the meanings they are assigned. In short, stress is largely in the eye of the beholder: it's not so much what happens to you as it is how you respond (Selye, 1976).

Good Stress?

Although stress carries a negative connotation, at times it may be of some benefit. Stress can motivate us to do things in our best interests, such as study for exams, visit the doctor regularly, exercise, and perform to the best of our ability at work. Indeed, Selye (1974) pointed out that not all stress is harmful. He argued that stress can sometimes be a positive, motivating force that can improve the quality of our lives. This kind of stress, which Selye called **eustress** (from the Greek *eu* = "good"), is a good kind of stress associated with positive feelings, optimal health, and performance. A moderate amount of stress can be beneficial in challenging situations. For example, athletes may be motivated and energized by pregame stress, and students may experience similar beneficial stress before a major exam. Indeed, research shows that moderate stress can enhance both immediate and delayed recall of educational material. Male participants in one study who memorized a scientific text passage showed improved memory of the passage immediately after exposure to a mild stressor as well as one day following exposure to the stressor (Hupbach & Fieman, 2012).

Increasing one's level of stress will cause performance to change in a predictable way. As shown in figure 9.1.1.3, as stress increases, so do performance and general well-being (eustress); when stress levels reach an optimal level (the highest point of the curve), performance reaches its peak. A person at this stress level is colloquially at the top of his game, meaning he feels fully energized, focused, and can work with minimal effort and maximum efficiency. But when stress exceeds this optimal level, it is no longer a positive force—it becomes excessive and debilitating, or what Selye termed **distress** (from the Latin *dis* = "bad"). People who reach this level of stress feel burned out; they are fatigued, exhausted, and their performance begins to decline. If the stress remains excessive, health may begin to erode as well (Everly & Lating, 2002).

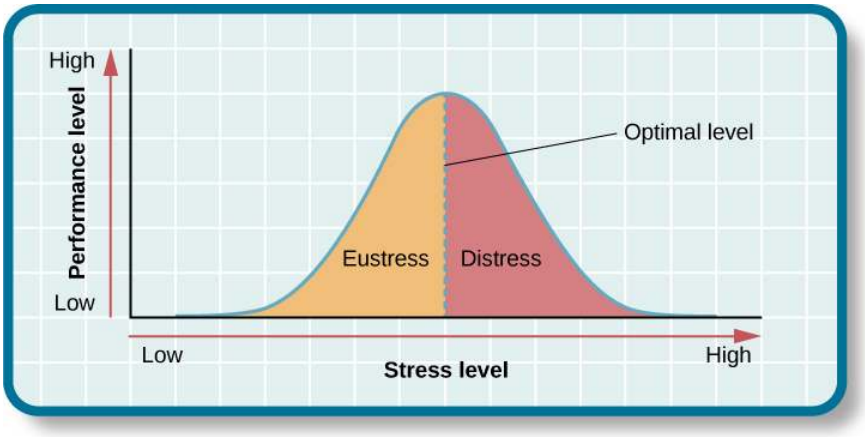


Figure 9.1.1.3: As the stress level increases from low to moderate, so does performance (eustress). At the optimal level (the peak of the curve), performance has reached its peak. If stress exceeds the optimal level, it will reach the distress region, where it will become excessive and debilitating, and performance will decline (Everly & Lating, 2002).

The Prevalence of Stress

Stress is everywhere and, as shown in figure 9.1.1.4, it has been on the rise over the last several years. Each of us is acquainted with stress—some are more familiar than others. In many ways, stress feels like a load you just can't carry—a feeling you experience when, for example, you have to drive somewhere in a crippling blizzard, when you wake up late the morning of an important job interview, when you run out of money before the next pay period, and before taking an important exam for which you realize you are not fully prepared.

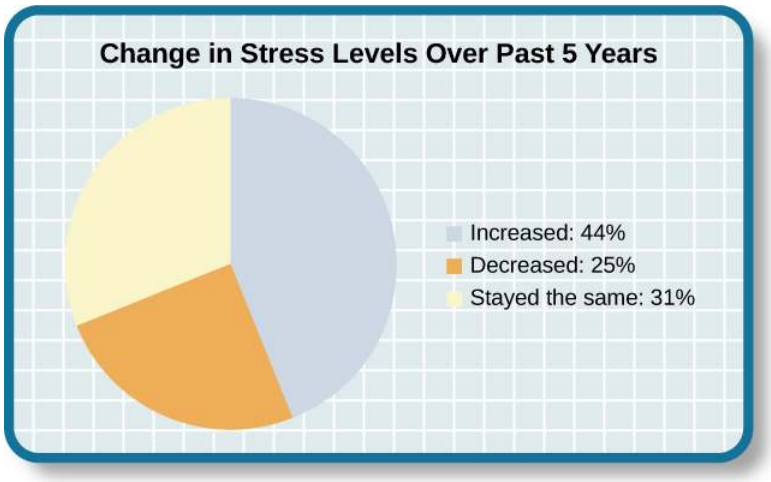


Figure 9.1.1.4: Nearly half of U.S. adults indicated that their stress levels have increased over the last five years (Neelakantan, 2013).

Stress is an experience that evokes a variety of responses, including those that are physiological (e.g., accelerated heart rate, headaches, or gastrointestinal problems), cognitive (e.g., difficulty concentrating or making decisions), and behavioral (e.g., drinking alcohol, smoking, or taking actions directed at eliminating the cause of the stress). Although stress can be positive at times, it can have deleterious health implications, contributing to the onset and progression of a variety of physical illnesses and diseases (Cohen & Herbert, 1996).

The scientific study of how stress and other psychological factors impact health falls within the realm of **health psychology**, a subfield of psychology devoted to understanding the importance of psychological influences on health, illness, and how people respond when they become ill (Taylor, 1999). Health psychology emerged as a discipline in the 1970s, a time during which there was increasing awareness of the role behavioral and lifestyle factors play in the development of illnesses and diseases (Straub, 2007). In addition to studying the connection between stress and illness, health psychologists investigate issues such as why people make certain lifestyle choices (e.g., smoking or eating unhealthy food despite knowing the potential adverse health implications of such behaviors). Health psychologists also design and investigate the effectiveness of interventions aimed at changing unhealthy behaviors. Perhaps one of the more fundamental tasks of health psychologists is to identify which groups of people are especially at risk for negative health outcomes, based on psychological or behavioral factors. For example, measuring differences in stress levels among demographic groups and how these levels change over time can help identify populations who may have an increased risk for illness or disease.

Figure 9.1.1.5 depicts the results of three national surveys in which several thousand individuals from different demographic groups completed a brief stress questionnaire; the surveys were administered in 1983, 2006, and 2009 (Cohen & Janicki-Deverts, 2012). All three surveys demonstrated higher stress in women than in men. Unemployed individuals reported high levels of stress in all three surveys, as did those with less education and income; retired persons reported the lowest stress levels. However, from 2006 to 2009 the greatest increase in stress levels occurred among men, Whites, people aged $45-64$, college graduates, and those with full-time employment. One interpretation of these findings is that concerns surrounding the 2008–2009 economic downturn (e.g., threat of or actual job loss and substantial loss of retirement savings) may have been especially stressful to White, college-educated, employed men with limited time remaining in their working careers.

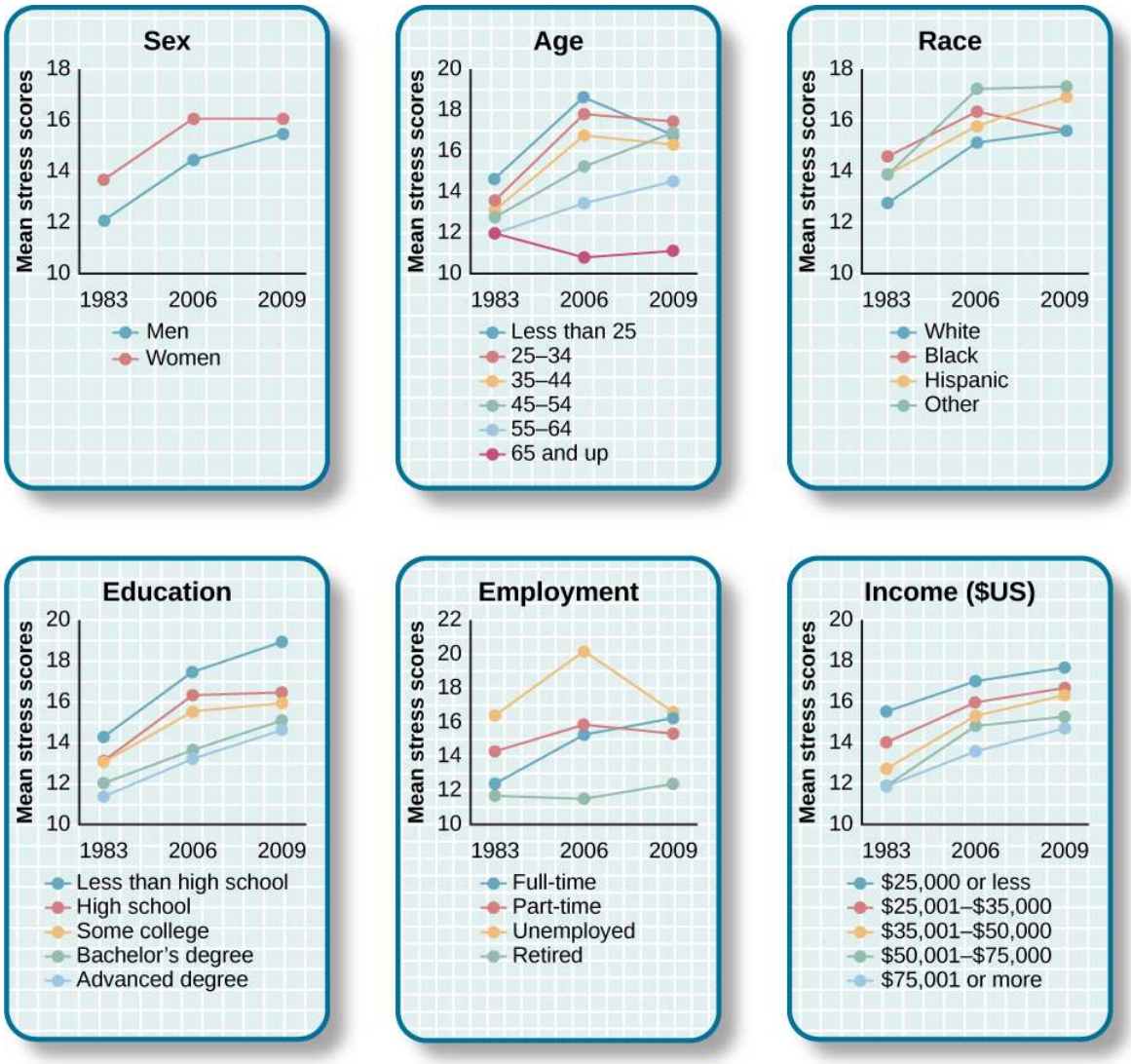


Figure 9.1.1.5: The charts above, adapted from Cohen & Janicki-Deverts (2012), depict the mean stress level scores among different demographic groups during the years 1983, 2006, and 2009. Across categories of sex, age, race, education level, employment status, and income, stress levels generally show a marked increase over this quarter-century time span.

The Physiological Basis of Stress

What goes on inside our bodies when we experience stress? The physiological mechanisms of stress are extremely complex, but they generally involve the work of two systems—the **sympathetic nervous system** and the **hypothalamic-pituitary-adrenal (HPA) axis**. When a person first perceives something as stressful (Selye's alarm reaction), the sympathetic nervous system triggers arousal via the release of adrenaline from the adrenal glands. Release of these hormones activates the fight-or-flight responses to stress, such as accelerated heart rate and respiration. At the same time, the HPA axis, which is primarily endocrine in nature, becomes especially active, although it works much more slowly than the sympathetic nervous system. In response to stress, the hypothalamus (one of the limbic structures in the brain) releases corticotrophin-releasing factor, a hormone that causes the pituitary gland to release adrenocorticotropic hormone (ACTH) (See figure 9.1.1.10). The ACTH then activates the adrenal glands to secrete a number of hormones into the bloodstream; an important one is cortisol, which can affect virtually every organ within the body. **Cortisol** is commonly known as a stress hormone and helps provide that boost of energy when we first encounter a stressor, preparing us to run away or fight. However, sustained elevated levels of cortisol weaken the immune system.

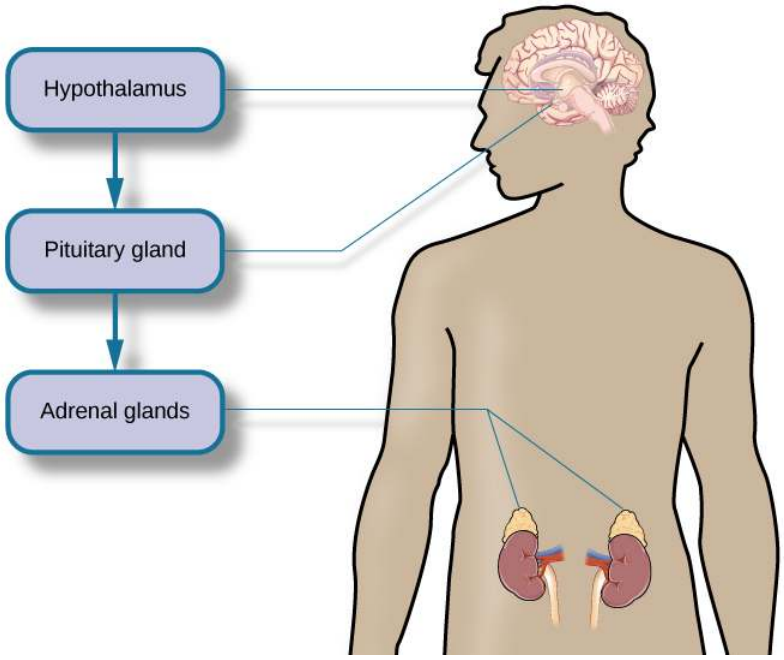


Figure 9.1.1.10: This diagram shows the functioning of the hypothalamic-pituitary-adrenal (HPA) axis. The hypothalamus activates the pituitary gland, which in turn activates the adrenal glands, increasing their secretion of cortisol.

In short bursts, this process can have some favorable effects, such as providing extra energy, improving **immune system** functioning temporarily, and decreasing pain sensitivity. However, extended release of cortisol—as would happen with prolonged or chronic stress—often comes at a high price. High levels of cortisol have been shown to produce a number of harmful effects. For example, increases in cortisol can significantly weaken our immune system (Glaser & Kiecolt-Glaser, 2005), and high levels are frequently observed among depressed individuals (Geoffroy, Hertzman, Li, & Power, 2013). In summary, a stressful event causes a variety of physiological reactions that activate the adrenal glands, which in turn release epinephrine, norepinephrine, and cortisol. These hormones affect a number of bodily processes in ways that prepare the stressed person to take direct action, but also in ways that may heighten the potential for illness.

When stress is extreme or chronic, it can have profoundly negative consequences. For example, stress often contributes to the development of certain psychological disorders, including post-traumatic stress disorder, major depressive disorder, and other serious psychiatric conditions. Additionally, we noted earlier that stress is linked to the development and progression of a variety of physical illnesses and diseases. For example, researchers in one study found that people injured during the September 11, 2001, World Trade Center disaster or who developed post-traumatic stress symptoms afterward later suffered significantly elevated rates of heart disease (Jordan, Miller-Archie, Cone, Morabia, & Stellman, 2011). Another investigation yielded that self-reported stress symptoms among aging and retired Finnish food industry workers were associated with morbidity 11 years later. This study also predicted the onset of musculoskeletal, nervous system, and endocrine and metabolic disorders (Salonen, Arola, Nygård, & Huhtala, 2008). Another study reported that male South Korean manufacturing employees who reported high levels of work-related stress were more likely to catch the common cold over the next several months than were those employees who reported lower work-related stress levels (Park et al., 2011). Later, you will explore the mechanisms through which stress can produce physical illness and disease.

Summary

Stress is a process whereby an individual perceives and responds to events appraised as overwhelming or threatening to one's well-being. The scientific study of how stress and emotional factors impact health and well-being is called health psychology, a field devoted to studying the general impact of psychological factors on health. The body's primary physiological response during stress, the fight-or-flight response, was first identified in the early 20th century by Walter Cannon. The fight-or-flight response involves the coordinated activity of both the sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis. Hans Selye, a noted endocrinologist, referred to these physiological reactions to stress as part of general adaptation syndrome, which occurs in three stages: alarm reaction (fight-or-flight reactions begin), resistance (the body begins to adapt to continuing stress), and exhaustion (adaptive energy is depleted, and stress begins to take a physical toll).

Glossary

alarm reaction
first stage of the general adaptation syndrome; characterized as the body's immediate physiological reaction to a threatening situation or some other emergency; analogous to the fight-or-flight response

cortisol
stress hormone released by the adrenal glands when encountering a stressor; helps to provide a boost of energy, thereby preparing the individual to take action

distress
bad form of stress; usually high in intensity; often leads to exhaustion, fatigue, feeling burned out; associated with erosions in performance and health

eustress
good form of stress; low to moderate in intensity; associated with positive feelings, as well as optimal health and performance

fight-or-flight response
set of physiological reactions (increases in blood pressure, heart rate, respiration rate, and sweat) that occur when an individual encounters a perceived threat; these reactions are produced by activation of the sympathetic nervous system and the endocrine system

general adaptation syndrome
Hans Selye's three-stage model of the body's physiological reactions to stress and the process of stress adaptation: alarm reaction, stage of resistance, and stage of exhaustion

health psychology
subfield of psychology devoted to studying psychological influences on health, illness, and how people respond when they become ill

hypothalamic-pituitary-adrenal (HPA) axis
set of structures found in both the limbic system (hypothalamus) and the endocrine system (pituitary gland and adrenal glands) that regulate many of the body's physiological reactions to stress through the release of hormones

primary appraisal
judgment about the degree of potential harm or threat to well-being that a stressor might entail

secondary appraisal
judgment of options available to cope with a stressor and their potential effectiveness

stage of exhaustion
third stage of the general adaptation syndrome; the body's ability to resist stress becomes depleted; illness, disease, and even death may occur

stage of resistance
second stage of the general adaptation syndrome; the body adapts to a stressor for a period of time

stress
process whereby an individual perceives and responds to events that one appraises as overwhelming or threatening to one's well-being

stressors
environmental events that may be judged as threatening or demanding; stimuli that initiate the stress process

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9.1.2: Regulation of Stress

Learning Objectives

- Define coping and differentiate between problem-focused and emotion-focused coping
- Describe the importance of perceived control in our reactions to stress
- Explain how social support is vital in health and longevity

As we learned in the previous section, **stress**—especially if it is chronic—takes a toll on our bodies and can have enormously negative health implications. When we experience events in our lives that we appraise as stressful, it is essential that we use effective coping strategies to manage our stress. **Coping** refers to mental and behavioral efforts that we use to deal with problems relating to stress, including its presumed cause and the unpleasant feelings and emotions it produces.

Coping Styles

Lazarus and Folkman (1984) distinguished two fundamental kinds of coping: problem-focused coping and emotion-focused coping. In problem-focused coping, one attempts to manage or alter the problem that is causing one to experience stress (i.e., the stressor). Problem-focused coping strategies are similar to strategies used in everyday problem-solving: they typically involve identifying the problem, considering possible solutions, weighing the costs and benefits of these solutions, and then selecting an alternative (Lazarus & Folkman, 1984). As an example, suppose Bradford receives a midterm notice that he is failing statistics class. If Bradford adopts a **problem-focused coping** approach to managing his stress, he would be proactive in trying to alleviate the source of the stress. He might contact his professor to discuss what must be done to raise his grade, he might also decide to set aside two hours daily to study statistics assignments, and he may seek tutoring assistance. A problem-focused approach to managing stress means we actively try to do things to address the problem.

Emotion-focused coping, in contrast, consists of efforts to change or reduce the negative emotions associated with stress. These efforts may include avoiding, minimizing, or distancing oneself from the problem, or positive comparisons with others ("I'm not as bad off as she is"), or seeking something positive in a negative event ("Now that I've been fired, I can sleep in for a few days"). In some cases, **emotion-focused coping** strategies involve reappraisal, whereby the stressor is construed differently (and somewhat self-deceptively) without changing its objective level of threat (Lazarus & Folkman, 1984). For example, a person sentenced to federal prison who thinks, "This will give me a great chance to network with others," is using reappraisal. If Bradford adopted an emotion-focused approach to managing his midterm deficiency stress, he might watch a comedy movie, play video games, or spend hours on Twitter to take his mind off the situation. In a certain sense, emotion-focused coping can be thought of as treating the symptoms rather than the actual cause.

While many stressors elicit both kinds of coping strategies, problem-focused coping is more likely to occur when encountering stressors we perceive as controllable, while emotion-focused coping is more likely to predominate when faced with stressors that we believe we are powerless to change (Folkman & Lazarus, 1980). Clearly, emotion-focused coping is more effective in dealing with uncontrollable stressors. For example, if at midnight you are stressing over a 40-page paper due in the morning that you have not yet started, you are probably better off recognizing the hopelessness of the situation and doing something to take your mind off it; taking a problem-focused approach by trying to accomplish this task would only lead to frustration, anxiety, and even more stress.

Fortunately, most stressors we encounter can be modified and are, to varying degrees, controllable. A person who cannot stand her job can quit and look for work elsewhere; a middle-aged divorcee can find another potential partner; the freshman who fails an exam can study harder next time, and a breast lump does not necessarily mean that one is fated to die of breast cancer.

Control and Stress

The desire and ability to predict events, make decisions, and affect outcomes—that is, to enact control in our lives—is a basic tenet of human behavior (Everly & Lating, 2002). Albert Bandura (1997) stated that "the intensity and chronicity of human stress is governed largely by perceived control over the demands of one's life" (p. 262). As cogently described in his statement, our reaction to potential stressors depends to a large extent on how much control we feel we have over such things. **Perceived control** is our beliefs about our personal capacity to exert influence over and shape outcomes, and it has major implications for our health and happiness (Infurna & Gerstorf, 2014). Extensive research has demonstrated that perceptions of personal control are associated with a variety of favorable outcomes, such as better physical and mental health and greater psychological well-being (Diehl & Hay,

2010). Greater personal control is also associated with lower reactivity to stressors in daily life. For example, researchers in one investigation found that higher levels of perceived control at one point in time were later associated with lower emotional and physical reactivity to interpersonal stressors (Neupert, Almeida, & Charles, 2007). Further, a daily diary study with 34 older widows found that their stress and anxiety levels were significantly reduced on days during which the widows felt greater perceived control (Ong, Bergeman, & Bisconti, 2005).

DIG DEEPER: Learned Helplessness

When we lack a sense of control over the events in our lives, particularly when those events are threatening, harmful, or noxious, the psychological consequences can be profound. In one of the better illustrations of this concept, psychologist Martin Seligman conducted a series of classic experiments in the 1960s (Seligman & Maier, 1967) in which dogs were placed in a chamber where they received electric shocks from which they could not escape. Later, when these dogs were given the opportunity to escape the shocks by jumping across a partition, most failed to even try; they seemed to just give up and passively accept any shocks the experimenters chose to administer. In comparison, dogs who were previously allowed to escape the shocks tended to jump the partition and escape the pain (See figure 9.1.2.1 below).



***Figure** 9.1.2.1**:** Seligman's learned helplessness experiments with dogs used an apparatus that measured when the animals would move from a floor delivering shocks to one without.*

Seligman believed that the dogs who failed to try to escape the later shocks were demonstrating **learned helplessness**: They had acquired a belief that they were powerless to do anything about the noxious stimulation they were receiving. Seligman also believed that the passivity and lack of initiative these dogs demonstrated was similar to that observed in human depression. Therefore, Seligman speculated that acquiring a sense of learned helplessness might be an important cause of depression in humans: Humans who experience negative life events that they believe they are unable to control may become helpless. As a result, they give up trying to control or change the situation and some may become depressed and show lack of initiative in future situations in which they can control the outcomes (Seligman, Maier, & Geer, 1968).

People who report higher levels of perceived control view their health as controllable, thereby making it more likely that they will better manage their health and engage in behaviors conducive to good health (Bandura, 2004). Not surprisingly, greater perceived control has been linked to lower risk of physical health problems, including declines in physical functioning (Infurna, Gerstorf, Ram, Schupp, & Wagner, 2011), heart attacks (Rosengren et al., 2004), and both cardiovascular disease incidence (Stürmer, Hasselbach, & Amelang, 2006) and mortality from cardiac disease (Surtees et al., 2010). In addition, longitudinal studies of British civil servants have found that those in low-status jobs (e.g., clerical and office support staff) in which the degree of control over the job is minimal are considerably more likely to develop heart disease than those with high-status jobs or considerable control over their jobs (Marmot, Bosma, Hemingway, & Stansfeld, 1997).

The link between perceived control and health may provide an explanation for the frequently observed relationship between social class and health outcomes (Kraus, Piff, Mendoza-Denton, Rheinschmidt, & Keltner, 2012). In general, research has found that more affluent individuals experience better health mainly because they tend to believe that they can personally control and manage their reactions to life's stressors (Johnson & Krueger, 2006). Perhaps buoyed by the perceived level of control, individuals of higher social class may be prone to overestimating the degree of influence they have over particular outcomes. For example, those of higher social class tend to believe that their votes have greater sway on election outcomes than do those of lower social class, which may explain higher rates of voting in more affluent communities (Krosnick, 1990). Other research has found that a sense of perceived control can protect less affluent individuals from poorer health, depression, and reduced life-satisfaction—all of which tend to accompany lower social standing (Lachman & Weaver, 1998).

Taken together, findings from these and many other studies clearly suggest that perceptions of control and coping abilities are important in managing and coping with the stressors we encounter throughout life.

Social Support

The need to form and maintain strong, stable relationships with others is a powerful, pervasive, and fundamental human motive (Baumeister & Leary, 1995). Building strong interpersonal relationships with others helps us establish a network of close, caring individuals who can provide social support in times of distress, sorrow, and fear. **Social support** can be thought of as the soothing impact of friends, family, and acquaintances (Baron & Kerr, 2003). Social support can take many forms, including advice, guidance, encouragement, acceptance, emotional comfort, and tangible assistance (such as financial help). Thus, other people can be very comforting to us when we are faced with a wide range of life stressors, and they can be extremely helpful in our efforts to manage these challenges. Even in nonhuman animals, species mates can offer social support during times of stress. For example, elephants seem to be able to sense when other elephants are stressed and will often comfort them with physical contact—such as a trunk touch—or an empathetic vocal response (Krumboltz, 2014).

Scientific interest in the importance of social support first emerged in the 1970s when health researchers developed an interest in the health consequences of being socially integrated (Stroebe & Stroebe, 1996). Interest was further fueled by longitudinal studies showing that social connectedness reduced mortality. In one classic study, nearly $7,000$ Alameda County, California, residents were followed over 9 years. Those who had previously indicated that they lacked social and community ties were more likely to die during the follow-up period than those with more extensive social networks. Compared to those with the most social contacts, isolated men and women were, respectively, 2.3 and 2.8 times more likely to die. These trends persisted even after controlling for a variety of health-related variables, such as smoking, alcohol consumption, self-reported health at the beginning of the study, and physical activity (Berkman & Syme, 1979).

Since the time of that study, social support has emerged as one of the well-documented psychosocial factors affecting health outcomes (Uchino, 2009). A statistical review of 148 studies conducted between 1982 and 2007 involving over $300,000$ participants concluded that individuals with stronger social relationships have a 50% greater likelihood of survival compared to those with weak or insufficient social relationships (Holt-Lunstad, Smith, & Layton, 2010). According to the researchers, the magnitude of the effect of social support observed in this study is comparable with quitting smoking and exceeded many well-known risk factors for mortality, such as obesity and physical inactivity (See figure $9.1.2.2$).



(a) (b)

Figure $9.1.2.2$: Close relationships with others, whether (a) a group of friends or (b) a family circle, provide more than happiness and fulfillment—they can help foster good health. (credit a: modification of work by Nattachai Noogure; credit b: modification of work by Christian Haugen)

A number of large-scale studies have found that individuals with low levels of social support are at greater risk of mortality, especially from cardiovascular disorders (Brummett et al., 2001). Further, higher levels of social supported have been linked to better survival rates following breast cancer (Falagas et al., 2007) and infectious diseases, especially HIV infection (Lee &

Rotheram-Borus, 2001). In fact, a person with high levels of social support is less likely to contract a common cold. In one study, 334 participants completed questionnaires assessing their sociability; these individuals were subsequently exposed to a virus that causes a common cold and monitored for several weeks to see who became ill. Results showed that increased sociability was linearly associated with a decreased probability of developing a cold (Cohen, Doyle, Turner, Alper, & Skoner, 2003).

For many of us, friends are a vital source of social support. But what if you found yourself in a situation in which you lacked friends or companions? For example, suppose a popular high school student attends a far-away college, does not know anyone, and has trouble making friends and meaningful connections with others during the first semester. What can be done? If real life social support is lacking, access to distant friends via social media may help compensate. In a study of college freshmen, those with few face-to-face friends on campus but who communicated electronically with distant friends were less distressed that those who did not (Raney & Troop-Gordon, 2012). Also, for some people, our families—especially our parents—are a major source of social support.

Social support appears to work by boosting the immune system, especially among people who are experiencing stress (Uchino, Vaughn, Carlisle, & Birmingham, 2012). In a pioneering study, spouses of cancer patients who reported high levels of social support showed indications of better immune functioning on two out of three immune functioning measures, compared to spouses who were below the median on reported social support (Baron, Cutrona, Hicklin, Russell, & Lubaroff, 1990). Studies of other populations have produced similar results, including those of spousal caregivers of dementia sufferers, medical students, elderly adults, and cancer patients (Cohen & Herbert, 1996; Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002).

In addition, social support has been shown to reduce blood pressure for people performing stressful tasks, such as giving a speech or performing mental arithmetic (Lepore, 1998). In these kinds of studies, participants are usually asked to perform a stressful task either alone, with a stranger present (who may be either supportive or unsupportive), or with a friend present. Those tested with a friend present generally exhibit lower blood pressure than those tested alone or with a stranger (Fontana, Diegnan, Villeneuve, & Lepore, 1999). In one study, 112 female participants who performed stressful mental arithmetic exhibited lower blood pressure when they received support from a friend rather than a stranger, but only if the friend was a male (Phillips, Gallagher, & Carroll, 2009). Although these findings are somewhat difficult to interpret, the authors mention that it is possible that females feel less supported and more evaluated by other females, particularly females whose opinions they value.

Taken together, the findings above suggest one of the reasons social support is connected to favorable health outcomes is because it has several beneficial physiological effects in stressful situations. However, it is also important to consider the possibility that social support may lead to better health behaviors, such as a healthy diet, exercising, smoking cessation, and cooperation with medical regimens (Uchino, 2009).

DIG DEEPER: Coping with Prejudice and Discrimination

While having social support is quite beneficial, being the recipient of prejudicial attitudes and discriminatory behaviors is associated with a number of negative outcomes. In their literature review, Brondolo, Brady, Pencille, Beatty, and Contrada (2009) describe how racial **prejudice** and **discrimination** serve as unique, significant stressors for those who are the targets of such attitudes and behavior. Being the target of racism is associated with increased rates of depression, lowered self-esteem, hypertension, and cardiovascular disease.

Given the complex and pervasive nature of racism as a stressor, Brondolo et al. (2009) point out the importance of coping with this specific stressor. Their review is aimed at determining which coping strategies are most effective at offsetting negative health outcomes associated with racism-related stress. The authors examine the effectiveness of three coping strategies: focusing on racial identity to handle race-related stress, **anger** expression/suppression, and seeking social support. You've learned a bit about social support, so we'll focus the remainder of this discussion on the potential coping strategies of focusing on racial identity and anger expression/suppression.

Focusing on racial identity refers to the process by which a person comes to feel as if he belongs to a given racial group; this may increase a sense of pride associated with group membership. Brondolo et al. (2009) suggest that a strong sense of racial identity might help an individual who is the target of racism differentiate between prejudicial attitudes/behaviors that are directed toward his group as a whole rather than at him as a person. Furthermore, the sense of belonging to his group might alleviate the distress of being ostracized by others. However, the research literature on the effectiveness of this technique has produced mixed results.

Anger expression/suppression refers to the options available as a function of the anger evoked by racial prejudice and discrimination. Put simply, a target of racist attitudes and behaviors can act upon her anger or suppress her anger. As discussed by Brondolo et al. (2009), there has been very little research on the effectiveness of either approach; the results are quite mixed with some showing anger expression and others showing anger suppression as the healthier option.

In the end, racism-related stress is a complex issue and each of the coping strategies discussed here has strengths and weaknesses. Brondolo et al. (2009) argue that it is imperative that additional research be conducted to ascertain the most effective strategies for coping with the negative outcomes that are experienced by the targets of racism.

Summary

When faced with stress, people must attempt to manage or cope with it. In general, there are two basic forms of coping: problem-focused coping and emotion-focused coping. Those who use problem-focused coping strategies tend to cope better with stress because these strategies address the source of stress rather than the resulting symptoms. To a large extent, perceived control greatly impacts reaction to stressors and is associated with greater physical and mental well-being. Social support has been demonstrated to be a highly effective buffer against the adverse effects of stress. Extensive research has shown that social support has beneficial physiological effects for people, and it seems to influence immune functioning. However, the beneficial effects of social support may be related to its influence on promoting healthy behaviors.

Glossary

biofeedback
: stress-reduction technique using electronic equipment to measure a person's involuntary (neuromuscular and autonomic) activity and provide feedback to help the person gain a level of voluntary control over these processes

coping
: mental or behavioral efforts used to manage problems relating to stress, including its cause and the unpleasant feelings and emotions it produces

perceived control
: peoples' beliefs concerning their capacity to influence and shape outcomes in their lives

relaxation response technique
: stress reduction technique combining elements of relaxation and meditation

social support
: soothing and often beneficial support of others; can take different forms, such as advice, guidance, encouragement, acceptance, emotional comfort, and tangible assistance

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9.1.3: Discrimination and the Stress Response

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CHAPTER OVERVIEW

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10.1: Class Day 10.1

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10.1.1: What Are Psychological Disorders?

Learning Objectives

- Understand the problems inherent in defining the concept of psychological disorder
- Describe what is meant by harmful dysfunction
- Identify the formal criteria that thoughts, feelings, and behaviors must meet to be considered abnormal and, thus, symptomatic of a psychological disorder

A **psychological disorder** is a condition characterized by abnormal thoughts, feelings, and behaviors. **Psychopathology** is the study of psychological disorders, including their symptoms, **etiology** (i.e., their causes), and treatment. The term *psychopathology* can also refer to the manifestation of a psychological disorder. Although consensus can be difficult, it is extremely important for mental health professionals to agree on what kinds of thoughts, feelings, and behaviors are truly abnormal in the sense that they genuinely indicate the presence of psychopathology. Certain patterns of behavior and inner experience can easily be labeled as abnormal and clearly signify some kind of psychological disturbance. The person who washes his hands 40 times per day and the person who claims to hear the voices of demons exhibit behaviors and inner experiences that most would regard as abnormal: beliefs and behaviors that suggest the existence of a psychological disorder. But, consider the nervousness a young man feels when talking to attractive women or the loneliness and longing for home a freshman experiences during her first semester of college—these feelings may not be regularly present, but they fall in the range of normal. So, what kinds of thoughts, feelings, and behaviors represent a true psychological disorder? Psychologists work to distinguish psychological disorders from inner experiences and behaviors that are merely situational, idiosyncratic, or unconventional.

Definition of a Psychological Disorder

Perhaps the simplest approach to conceptualizing psychological disorders is to label behaviors, thoughts, and inner experiences that are atypical, distressful, dysfunctional, and sometimes even dangerous, as signs of a disorder. For example, if you ask a classmate for a date and you are rejected, you probably would feel a little dejected. Such feelings would be normal. If you felt extremely depressed—so much so that you lost interest in activities, had difficulty eating or sleeping, felt utterly worthless, and contemplated suicide—your feelings would be **atypical**, would deviate from the norm, and could signify the presence of a psychological disorder. Just because something is atypical, however, does not necessarily mean it is disordered.

For example, only about 4% of people in the United States have red hair, so red hair is considered an atypical characteristic (See figure 10.1.1.1), but it is not considered disordered, it's just unusual. And it is less unusual in Scotland, where approximately 13% of the population has red hair ("DNA Project Aims," 2012). As you will learn, some disorders, although not exactly typical, are far from atypical, and the rates in which they appear in the population are surprisingly high.



Figure 10.1.1.1: Red hair is considered unusual, but not abnormal. (a) Isla Fischer, (b) Prince Harry, and (c) Marcia Cross are three natural redheads. (credit a: modification of work by Richard Goldschmidt; credit b: modification of work by Glyn Lowe; credit c: modification of work by Kirk Weaver)

If we can agree that merely being atypical is an insufficient criterion for a having a psychological disorder, is it reasonable to consider behavior or inner experiences that differ from widely expected cultural values or expectations as disordered? Using this criterion, a woman who walks around a subway platform wearing a heavy winter coat in July while screaming obscenities at strangers may be considered as exhibiting symptoms of a psychological disorder. Her actions and clothes violate socially accepted rules governing appropriate dress and behavior; these characteristics are atypical.

Cultural Expectations

Violating cultural expectations is not, in and of itself, a satisfactory means of identifying the presence of a psychological disorder. Since behavior varies from one **culture** to another, what may be expected and considered appropriate in one culture may not be viewed as such in other cultures. For example, returning a stranger's smile is expected in the United States because a pervasive social norm dictates that we reciprocate friendly gestures. A person who refuses to acknowledge such gestures might be considered socially awkward—perhaps even disordered—for violating this expectation. However, such expectations are not universally shared. Cultural expectations in Japan involve showing reserve, restraint, and a concern for maintaining privacy around strangers. Japanese people are generally unresponsive to smiles from strangers (Patterson et al., 2007). Eye contact provides another example. In the United States and Europe, eye contact with others typically signifies honesty and attention. However, most Latin-American, Asian, and African cultures interpret direct eye contact as rude, confrontational, and aggressive (Pazain, 2010). Thus, someone who makes eye contact with you could be considered appropriate and respectful or brazen and offensive, depending on your culture (See figure 10.1.1.2 below).



Figure 10.1.1.2: Eye contact is one of many social gestures that vary from culture to culture. (credit: Joi Ito)

Hallucinations (seeing or hearing things that are not physically present) in Western societies is a violation of cultural expectations, and a person who reports such inner experiences is readily labeled as psychologically disordered. In other cultures, visions that, for example, pertain to future events may be regarded as normal experiences that are positively valued (Bourguignon, 1970). Finally, it is important to recognize that cultural norms change over time: what might be considered typical in a society at one time may no longer be viewed this way later, similar to how fashion trends from one era may elicit quizzical looks decades later—imagine how a headband, legwarmers, and the big hair of the 1980s would go over on your campus today.

DIG DEEPER: The Myth of Mental Illness

In the 1950s and 1960s, the concept of mental illness was widely criticized. One of the major criticisms focused on the notion that mental illness was a "myth that justifies psychiatric intervention in socially disapproved behavior" (Wakefield, 1992). Thomas Szasz (1960), a noted psychiatrist, was perhaps the biggest proponent of this view. Szasz argued that the notion of mental illness was invented by society (and the mental health establishment) to stigmatize and subjugate people whose behavior violates accepted social and legal norms. Indeed, Szasz suggested that what appear to be symptoms of mental illness are more appropriately characterized as "problems in living" (Szasz, 1960).

In his 1961 book, *The Myth of Mental Illness: Foundations of a Theory of Personal Conduct*, Szasz expressed his disdain for the concept of mental illness and for the field of psychiatry in general (Oliver, 2006). The basis for Szasz's attack was his contention that detectable abnormalities in bodily structures and functions (e.g., infections and organ damage or dysfunction) represent the defining features of genuine illness or disease, and because symptoms of purported mental illness are not accompanied by such detectable abnormalities, so-called psychological disorders are not disorders at all. Szasz (1961/2010) proclaimed that "disease or illness can only affect the body; hence, there can be no mental illness" (p. 267).

Today, we recognize the extreme level of psychological suffering experienced by people with psychological disorders: the painful thoughts and feelings they experience, the disordered behavior they demonstrate, and the levels of distress and impairment they exhibit. This makes it very difficult to deny the reality of mental illness.

However controversial Szasz's views and those of his supporters might have been, they have influenced the mental health community and society in several ways. First, lay people, politicians, and professionals now often refer to mental illness as

mental health “problems,” implicitly acknowledging the “problems in living” perspective Szasz described (Buchanan-Barker & Barker, 2009). Also influential was Szasz’s view of homosexuality. Szasz was perhaps the first psychiatrist to openly challenge the idea that homosexuality represented a form of mental illness or disease (Szasz, 1965). By challenging the idea that homosexuality represented a form a mental illness, Szasz helped pave the way for the social and civil rights that gay and lesbian people now have (Barker, 2010). His work also inspired legal changes that protect the rights of people in psychiatric institutions and allow such individuals a greater degree of influence and responsibility over their lives (Buchanan-Barker & Barker, 2009).

Harmful Dysfunction

If none of the criteria discussed so far is adequate by itself to define the presence of a psychological disorder, how can a disorder be conceptualized? Many efforts have been made to identify the specific dimensions of psychological disorders, yet none is entirely satisfactory. No universal definition of psychological disorder exists that can apply to all situations in which a disorder is thought to be present (Zachar & Kendler, 2007). However, one of the more influential conceptualizations was proposed by Wakefield (1992), who defined psychological disorder as a **harmful dysfunction**. Wakefield argued that natural internal mechanisms—that is, psychological processes honed by evolution, such as cognition, perception, and learning—have important functions, such as enabling us to experience the world the way others do and to engage in rational thought, problem solving, and communication. For example, learning allows us to associate a fear with a potential danger in such a way that the intensity of fear is roughly equal to the degree of actual danger. Dysfunction occurs when an internal mechanism breaks down and can no longer perform its normal function. But, the presence of a dysfunction by itself does not determine a disorder. The dysfunction must be harmful in that it leads to negative consequences for the individual or for others, as judged by the standards of the individual’s culture. The harm may include significant internal anguish (e.g., high levels of anxiety or depression) or problems in day-to-day living (e.g., in one’s social or work life).

To illustrate, Janet has an extreme fear of spiders. Janet’s fear might be considered a dysfunction in that it signals that the internal mechanism of learning is not working correctly (i.e., a faulty process prevents Janet from appropriately associating the magnitude of her fear with the actual threat posed by spiders). Janet’s fear of spiders has a significant negative influence on her life: she avoids all situations in which she suspects spiders to be present (e.g., the basement or a friend’s home), and she quit her job last month because she saw a spider in the restroom at work and is now unemployed. According to the harmful dysfunction model, Janet’s condition would signify a disorder because:

a. there is a dysfunction in an internal mechanism and
b. the dysfunction has resulted in harmful consequences.

Similar to how the symptoms of physical illness reflect dysfunctions in biological processes, the symptoms of psychological disorders presumably reflect dysfunctions in mental processes. The internal mechanism component of this model is especially appealing because it implies that disorders may occur through a breakdown of biological functions that govern various psychological processes, thus supporting contemporary neurobiological models of psychological disorders (Fabrega, 2007).

The American Psychiatric Association (APA) Definition

Many of the features of the harmful dysfunction model are incorporated in a formal definition of psychological disorder developed by the **American Psychiatric Association** (APA). According to the APA (2013), a psychological disorder is a condition that is said to consist of the following:

- **There are significant disturbances in thoughts, feelings, and behaviors**. A person must experience inner states (e.g., thoughts and/or feelings) and exhibit behaviors that are clearly disturbed—that is, unusual, but in a negative, self-defeating way. Often, such disturbances are troubling to those around the individual who experiences them. For example, an individual who is uncontrollably preoccupied by thoughts of germs spends hours each day bathing, has inner experiences, and displays behaviors that most would consider atypical and negative (disturbed) and that would likely be troubling to family members.
- **The disturbances reflect some kind of biological, psychological, or developmental dysfunction**. Disturbed patterns of inner experiences and behaviors should reflect some flaw (dysfunction) in the internal biological, psychological, and developmental mechanisms that lead to normal, healthy psychological functioning. For example, the hallucinations observed in schizophrenia could be a sign of brain abnormalities.
- **The disturbances lead to significant distress or disability in one’s life**. A person’s inner experiences and behaviors are considered to reflect a psychological disorder if they cause the person considerable distress, or greatly impair his ability to

function as a normal individual (often referred to as functional impairment, or occupational and social impairment). As an illustration, a person's fear of social situations might be so distressing that it causes the person to avoid all social situations (e.g., preventing that person from being able to attend class or apply for a job).

- **The disturbances do not reflect expected or culturally approved responses to certain events**. Disturbances in thoughts, feelings, and behaviors must be socially unacceptable responses to certain events that often happen in life. For example, it is perfectly natural (and expected) that a person would experience great sadness and might wish to be left alone following the death of a close family member. Because such reactions are in some ways culturally expected, the individual would not be assumed to signify a mental disorder.

Some believe that there is no essential criterion or set of criteria that can definitively distinguish all cases of disorder from nondisorder (Lilienfeld & Marino, 1999). In truth, no single approach to defining a psychological disorder is adequate by itself, nor is there universal agreement on where the boundary is between disordered and not disordered. From time to time we all experience anxiety, unwanted thoughts, and moments of sadness; our behavior at other times may not make much sense to ourselves or to others. These inner experiences and behaviors can vary in their intensity, but are only considered disordered when they are highly disturbing to us and/or others, suggest a dysfunction in normal mental functioning, and are associated with significant distress or disability in social or occupational activities.

Summary

Psychological disorders are conditions characterized by abnormal thoughts, feelings, and behaviors. Although challenging, it is essential for psychologists and mental health professionals to agree on what kinds of inner experiences and behaviors constitute the presence of a psychological disorder. Inner experiences and behaviors that are atypical or violate social norms could signify the presence of a disorder; however, each of these criteria alone is inadequate. Harmful dysfunction describes the view that psychological disorders result from the inability of an internal mechanism to perform its natural function. Many of the features of harmful dysfunction conceptualization have been incorporated in the APA's formal definition of psychological disorders. According to this definition, the presence of a psychological disorder is signaled by significant disturbances in thoughts, feelings, and behaviors; these disturbances must reflect some kind of dysfunction (biological, psychological, or developmental), must cause significant impairment in one's life, and must not reflect culturally expected reactions to certain life events.

Glossary

atypical
describes behaviors or feelings that deviate from the norm

etiology
cause or causes of a psychological disorder

harmful dysfunction
model of psychological disorders resulting from the inability of an internal mechanism to perform its natural function

psychological disorder
condition characterized by abnormal thoughts, feelings, and behaviors

psychopathology
study of psychological disorders, including their symptoms, causes, and treatment; manifestation of a psychological disorder

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10.1.2: Anxiety Disorders

Learning Objectives

- Distinguish normal anxiety from pathological anxiety
- List and describe the major anxiety disorders, including their main features and prevalence
- Describe basic psychological and biological factors that are suspected to be important in the etiology of anxiety disorder

Everybody experiences anxiety from time to time. Although anxiety is closely related to fear, the two states possess important differences. Fear involves an instantaneous reaction to an imminent threat, whereas anxiety involves apprehension, avoidance, and cautiousness regarding a potential threat, danger, or other negative event (Craske, 1999). While anxiety is unpleasant to most people, it is important to our health, safety, and well-being. Anxiety motivates us to take actions—such as preparing for exams, watching our weight, showing up to work on time—that enable us to avert potential future problems. Anxiety also motivates us to avoid certain things—such as running up debts and engaging in illegal activities—that could lead to future trouble. Most individuals' level and duration of anxiety approximates the magnitude of the potential threat they face. For example, suppose a single woman in her late $30s$ who wishes to marry is concerned about the possibility of having to settle for a spouse who is less attractive and educated than desired. This woman likely would experience anxiety of greater intensity and duration than would a 21-year-old college junior who is having trouble finding a date for the annual social. Some people, however, experience anxiety that is excessive, persistent, and greatly out of proportion to the actual threat; if one's anxiety has a disruptive influence on one's live, this is a strong indicator that the individual is experiencing an anxiety disorder.

Anxiety disorders are characterized by excessive and persistent fear and anxiety, and by related disturbances in behavior (APA, 2013). Although anxiety is universally experienced, anxiety disorders cause considerable distress. As a group, anxiety disorders are common: approximately $25\% - 30\%$ of the U.S. population meets the criteria for at least one anxiety disorder during their lifetime (Kessler et al., 2005). Also, these disorders appear to be much more common in women than they are in men; within a 12-month period, around 23% of women and 14% of men will experience at least one anxiety disorder (National Comorbidity Survey, 2007). Anxiety disorders are the most frequently occurring class of mental disorders and are often comorbid with each other and with other mental disorders (Kessler, Ruscio, Shear, & Wittchen, 2009).

Specific Phobia

Phobia is a Greek word that means fear. A person diagnosed with a **specific phobia** (formerly known as simple **phobia**) experiences excessive, distressing, and persistent fear or anxiety about a specific object or situation (such as animals, enclosed spaces, elevators, or flying) (APA, 2013). Even though people realize their level of fear and anxiety in relation to the phobic stimulus is irrational, some people with a specific phobia may go to great lengths to avoid the phobic stimulus (the object or situation that triggers the fear and anxiety). Typically, the fear and anxiety a phobic stimulus elicits is disruptive to the person's life. For example, a man with a phobia of flying might refuse to accept a job that requires frequent air travel, thus negatively affecting his career. Clinicians who have worked with people who have specific phobias have encountered many kinds of phobias, some of which are shown in Table $10.1.2.1$.

Table $10.1.2.1$: Specific Phobias

Phobia	Feared Object or Situation
Acrophobia	heights
Aerophobia	flying
Arachnophobia	spiders
Claustrophobia	enclosed spaces
Cynophobia	dogs
Hematophobia	blood
Ophidiophobia	snakes
Taphophobia	being buried alive

Phobia	Feared Object or Situation
Trypanophobia	injections
Xenophobia	strangers

Specific phobias are common; in the United States, around 12.5% of the population will meet the criteria for a specific phobia at some point in their lifetime (Kessler et al., 2005). One type of phobia, **agoraphobia**, is listed in the DSM-5 as a separate anxiety disorder. Agoraphobia, which literally means "fear of the marketplace," is characterized by intense fear, anxiety, and avoidance of situations in which it might be difficult to escape or receive help if one experiences symptoms of a panic attack (a state of extreme anxiety that we will discuss shortly). These situations include public transportation, open spaces (parking lots), enclosed spaces (stores), crowds, or being outside the home alone (APA, 2013). About 1.4% of Americans experience agoraphobia during their lifetime (Kessler et al., 2005).

Acquisition of Phobias through Learning

Many theories suggest that phobias develop through learning. Rachman (1977) proposed that phobias can be acquired through three major learning pathways. The first pathway is through **classical conditioning**. As you may recall, classical conditioning is a form of learning in which a previously neutral stimulus is paired with an unconditioned stimulus (UCS) that reflexively elicits an unconditioned response (UCR), eliciting the same response through its association with the unconditioned stimulus. The response is called a conditioned response (CR). For example, a child who has been bitten by a dog may come to fear dogs because of her past association with pain. In this case, the dog bite is the UCS and the fear it elicits is the UCR. Because a dog was associated with the bite, any dog may come to serve as a conditioned stimulus, thereby eliciting fear; the fear the child experiences around dogs, then, becomes a CR.

The second pathway of phobia acquisition is through vicarious learning, such as **modeling**. For example, a child who observes his cousin react fearfully to spiders may later express the same fears, even though spiders have never presented any danger to him. This phenomenon has been observed in both humans and nonhuman primates (Olsson & Phelps, 2007). A study of laboratory-reared monkeys readily acquired a fear of snakes after observing wild-reared monkeys react fearfully to snakes (Mineka & Cook, 1993).

The third pathway is through verbal transmission or information. For example, a child whose parents, siblings, friends, and classmates constantly tell her how disgusting and dangerous snakes are may come to acquire a fear of snakes.

Interestingly, people are more likely to develop phobias of things that do not represent much actual danger to themselves, such as animals and heights, and are less likely to develop phobias toward things that present legitimate danger in contemporary society, such as motorcycles and weapons (Öhman & Mineka, 2001). Why might this be so? One theory suggests that the human brain is evolutionarily predisposed to more readily associate certain objects or situations with fear (Seligman, 1971). This theory argues that throughout our evolutionary history, our ancestors associated certain stimuli (e.g., snakes, spiders, heights, and thunder) with potential danger. As time progressed, the mind has become adapted to more readily develop fears of these things than of others. Experimental evidence has consistently demonstrated that conditioned fears develop more readily to fear-relevant stimuli (images of snakes and spiders) than to fear-irrelevant stimuli (images of flowers and berries) (Öhman & Mineka, 2001). Such prepared learning has also been shown to occur in monkeys. In one study (Cook & Mineka, 1989), monkeys watched videotapes of model monkeys reacting fearfully to either fear-relevant stimuli (toy snakes or a toy crocodile) or fear-irrelevant stimuli (flowers or a toy rabbit). The observer monkeys developed fears of the fear-relevant stimuli but not the fear-irrelevant stimuli.

Social Anxiety Disorder

Social anxiety disorder (formerly called social phobia) is characterized by extreme and persistent fear or anxiety and avoidance of social situations in which the person could potentially be evaluated negatively by others (APA, 2013). As with specific phobias, social anxiety disorder is common in the United States; a little over 12% of all Americans experience social anxiety disorder during their lifetime (Kessler et al., 2005).

The heart of the fear and anxiety in social anxiety disorder is the person's concern that he may act in a humiliating or embarrassing way, such as appearing foolish, showing symptoms of anxiety (blushing), or doing or saying something that might lead to rejection (such as offending others). The kinds of social situations in which individuals with social anxiety disorder usually have problems include public speaking, having a conversation, meeting strangers, eating in restaurants, and, in some cases, using public restrooms.

Although many people become anxious in social situations like public speaking, the fear, anxiety, and avoidance experienced in social anxiety disorder are highly distressing and lead to serious impairments in life. Adults with this disorder are more likely to experience lower educational attainment and lower earnings (Katzelnick et al., 2001), perform more poorly at work and are more likely to be unemployed (Moitra, Beard, Weisberg, & Keller, 2011), and report greater dissatisfaction with their family lives, friends, leisure activities, and income (Stein & Kean, 2000).

When people with social anxiety disorder are unable to avoid situations that provoke anxiety, they typically perform **safety behaviors**: mental or behavioral acts that reduce anxiety in social situations by reducing the chance of negative social outcomes. Safety behaviors include avoiding eye contact, rehearsing sentences before speaking, talking only briefly, and not talking about oneself (Alden & Bieling, 1998). Other examples of safety behaviors include the following (Marker, 2013):

- assuming roles in social situations that minimize interaction with others (e.g., taking pictures, setting up equipment, or helping prepare food)
- asking people many questions to keep the focus off of oneself
- selecting a position to avoid scrutiny or contact with others (sitting in the back of the room)
- wearing bland, neutral clothes to avoid drawing attention to oneself
- avoiding substances or activities that might cause anxiety symptoms (such as caffeine, warm clothing, and physical exercise)

Although these behaviors are intended to prevent the person with social anxiety disorder from doing something awkward that might draw criticism, these actions usually exacerbate the problem because they do not allow the individual to disconfirm his negative beliefs, often eliciting rejection and other negative reactions from others (Alden & Bieling, 1998).

People with social anxiety disorder may resort to self-medication, such as drinking alcohol, as a means to avert the anxiety symptoms they experience in social situations (Battista & Kocovski, 2010). The use of alcohol when faced with such situations may become negatively reinforcing: encouraging individuals with social anxiety disorder to turn to the substance whenever they experience anxiety symptoms. The tendency to use alcohol as a coping mechanism for social anxiety, however, can come with a hefty price tag: a number of large scale studies have reported a high rate of comorbidity between social anxiety disorder and alcohol use disorder (Morris, Stewart, & Ham, 2005).

As with specific phobias, it is highly probable that the fears inherent to social anxiety disorder can develop through conditioning experiences. For example, a child who is subjected to early unpleasant social experiences (e.g., bullying at school) may develop negative social images of herself that become activated later in anxiety-provoking situations (Hackmann, Clark, & McManus, 2000). Indeed, one study reported that 92% of a sample of adults with social anxiety disorder reported a history of severe teasing in childhood, compared to only 35% of a sample of adults with panic disorder (McCabe, Antony, Summerfeldt, Liss, & Swinson, 2003).

One of the most well-established risk factors for developing social anxiety disorder is behavioral inhibition (Clauss & Blackford, 2012). Behavioral inhibition is thought to be an inherited trait, and it is characterized by a consistent tendency to show fear and restraint when presented with unfamiliar people or situations (Kagan, Reznick, & Snidman, 1988). Behavioral inhibition is displayed very early in life; behaviorally inhibited toddlers and children respond with great caution and restraint in unfamiliar situations, and they are often timid, fearful, and shy around unfamiliar people (Fox, Henderson, Marshall, Nichols, & Ghera, 2005). A recent statistical review of studies demonstrated that behavioral inhibition was associated with more than a sevenfold increase in the risk of development of social anxiety disorder, demonstrating that behavioral inhibition is a major risk factor for the disorder (Clauss & Blackford, 2012).

Panic Disorder

Imagine that you are at the mall one day with your friends and—suddenly and inexplicably—you begin sweating and trembling, your heart starts pounding, you have trouble breathing, and you start to feel dizzy and nauseous. This episode lasts for 10 minutes and is terrifying because you start to think that you are going to die. When you visit your doctor the following morning and describe what happened, she tells you that you have experienced a panic attack (See figure 10.1.2.1). If you experience another one of these episodes two weeks later and worry for a month or more that similar episodes will occur in the future, it is likely that you have developed panic disorder.

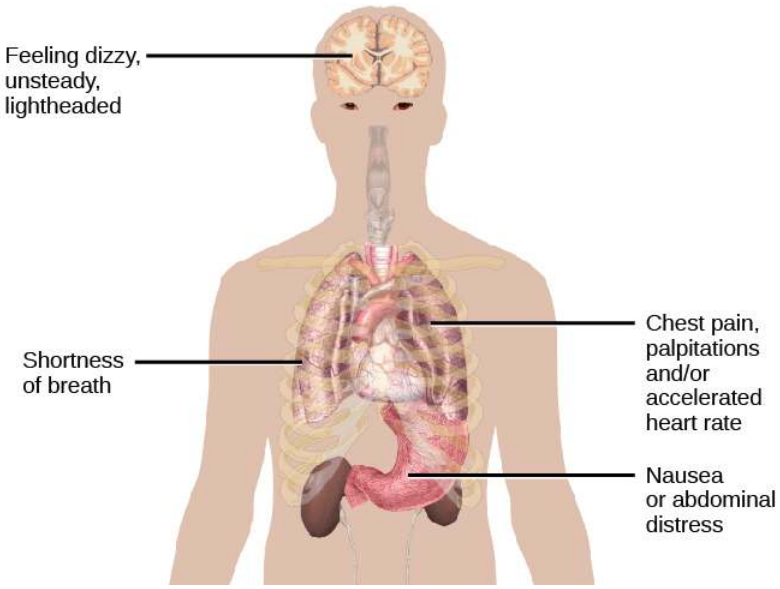


Figure 10.1.2.1: Some of the physical manifestations of a panic attack are shown. People may also experience sweating, trembling, feelings of faintness, or a fear of losing control, among other symptoms.

People with **panic disorder** experience recurrent (more than one) and unexpected panic attacks, along with at least one month of persistent concern about additional panic attacks, worry over the consequences of the attacks, or self-defeating changes in behavior related to the attacks (e.g., avoidance of exercise or unfamiliar situations) (APA, 2013). As is the case with other anxiety disorders, the panic attacks cannot result from the physiological effects of drugs and other substances, a medical condition, or another mental disorder. A **panic attack** is defined as a period of extreme fear or discomfort that develops abruptly and reaches a peak within 10 minutes. Its symptoms include accelerated heart rate, sweating, trembling, choking sensations, hot flashes or chills, dizziness or lightheadedness, fears of losing control or going crazy, and fears of dying (APA, 2013). Sometimes panic attacks are expected, occurring in response to specific environmental triggers (such as being in a tunnel); other times, these episodes are unexpected and emerge randomly (such as when relaxing). According to the DSM-5, the person must experience unexpected panic attacks to qualify for a diagnosis of panic disorder.

Experiencing a panic attack is often terrifying. Rather than recognizing the symptoms of a panic attack merely as signs of intense anxiety, individuals with panic disorder often misinterpret them as a sign that something is intensely wrong internally (thinking, for example, that the pounding heart represents an impending heart attack). Panic attacks can occasionally precipitate trips to the emergency room because several symptoms of panic attacks are, in fact, similar to those associated with heart problems (e.g., palpitations, racing pulse, and a pounding sensation in the chest) (Root, 2000). Unsurprisingly, those with panic disorder fear future attacks and may become preoccupied with modifying their behavior in an effort to avoid future panic attacks. For this reason, panic disorder is often characterized as fear of fear (Goldstein & Chambless, 1978).

Panic attacks themselves are not mental disorders. Indeed, around 23% of Americans experience isolated panic attacks in their lives without meeting the criteria for panic disorder (Kessler et al., 2006), indicating that panic attacks are fairly common. Panic disorder is, of course, much less common, afflicting 4.7% of Americans during their lifetime (Kessler et al., 2005). Many people with panic disorder develop agoraphobia, which is marked by fear and avoidance of situations in which escape might be difficult or help might not be available if one were to develop symptoms of a panic attack. People with panic disorder often experience a comorbid disorder, such as other anxiety disorders or major depressive disorder (APA, 2013).

Researchers are not entirely sure what causes panic disorder. Children are at a higher risk of developing panic disorder if their parents have the disorder (Biederman et al., 2001), and family and twins studies indicate that the heritability of panic disorder is around 43% (Hettema, Neale, & Kendler, 2001). The exact genes and gene functions involved in this disorder, however, are not well-understood (APA, 2013). Neurobiological theories of panic disorder suggest that a region of the brain called the **locus coeruleus** may play a role in this disorder. Located in the brainstem, the locus coeruleus is the brain's major source of norepinephrine, a neurotransmitter that triggers the body's fight-or-flight response. Activation of the locus coeruleus is associated with anxiety and fear, and research with nonhuman primates has shown that stimulating the locus coeruleus either electrically or through drugs produces panic-like symptoms (Charney et al., 1990). Such findings have led to the theory that panic disorder may be caused by abnormal norepinephrine activity in the locus coeruleus (Bremner, Krystal, Southwick, & Charney, 1996).

Conditioning theories of panic disorder propose that panic attacks are **classical conditioning** responses to subtle bodily sensations resembling those normally occurring when one is anxious or frightened (Bouton, Mineka, & Barlow, 2001). For example, consider a child who has asthma. An acute asthma attack produces sensations, such as shortness of breath, coughing, and chest tightness, that typically elicit fear and anxiety. Later, when the child experiences subtle symptoms that resemble the frightening symptoms of earlier asthma attacks (such as shortness of breath after climbing stairs), he may become anxious, fearful, and then experience a panic attack. In this situation, the subtle symptoms would represent a conditioned stimulus, and the panic attack would be a conditioned response. The finding that panic disorder is nearly three times as frequent among people with asthma as it is among people without asthma (Weiser, 2007) supports the possibility that panic disorder has the potential to develop through classical conditioning.

Cognitive factors may play an integral part in panic disorder. Generally, cognitive theories (Clark, 1996) argue that those with panic disorder are prone to interpret ordinary bodily sensations catastrophically, and these fearful interpretations set the stage for panic attacks. For example, a person might detect bodily changes that are routinely triggered by innocuous events such getting up from a seated position (dizziness), exercising (increased heart rate, shortness of breath), or drinking a large cup of coffee (increased heart rate, trembling). The individual interprets these subtle bodily changes catastrophically ("Maybe I'm having a heart attack!"). Such interpretations create fear and anxiety, which trigger additional physical symptoms; subsequently, the person experiences a panic attack. Support of this contention rests with findings that people with more severe catastrophic thoughts about sensations have more frequent and severe panic attacks, and among those with panic disorder, reducing catastrophic cognitions about their sensations is as effective as medication in reducing panic attacks (Good & Hinton, 2009).

Generalized Anxiety Disorder

Alex was always worried about many things. He worried that his children would drown when they played at the beach. Each time he left the house, he worried that an electrical short circuit would start a fire in his home. He worried that his wife would lose her job at the prestigious law firm. He worried that his daughter's minor staph infection could turn into a massive life-threatening condition. These and other worries constantly weighed heavily on Alex's mind, so much so that they made it difficult for him to make decisions and often left him feeling tense, irritable, and worn out. One night, Alex's wife was to drive their son home from a soccer game. However, his wife stayed after the game and talked with some of the other parents, resulting in her arriving home 45 minutes late. Alex had tried to call his cell phone three or four times, but he could not get through because the soccer field did not have a signal. Extremely worried, Alex eventually called the police, convinced that his wife and son had not arrived home because they had been in a terrible car accident.

Alex suffers from **generalized anxiety disorder**: a relatively continuous state of excessive, uncontrollable, and pointless worry and apprehension. People with generalized anxiety disorder often worry about routine, everyday things, even though their concerns are unjustified (See figure 10.1.2.2). For example, an individual may worry about her health and finances, the health of family members, the safety of her children, or minor matters (e.g., being late for an appointment) without having any legitimate reason for doing so (APA, 2013). A diagnosis of generalized anxiety disorder requires that the diffuse worrying and apprehension characteristic of this disorder—what Sigmund **Freud** referred to as free-floating anxiety—is not part of another disorder, occurs more days than not for at least six months, and is accompanied by any three of the following symptoms: restlessness, difficulty concentrating, being easily fatigued, muscle tension, irritability, and sleep difficulties.



Figure 10.1.2.2: Worry is a defining feature of generalized anxiety disorder. (credit: Freddie Peña)

About 5.7% of the U.S. population will develop symptoms of generalized anxiety disorder during their lifetime (Kessler et al., 2005), and females are 2 times as likely as males to experience the disorder (APA, 2013). Generalized anxiety disorder is highly comorbid with mood disorders and other anxiety disorders (Noyes, 2001), and it tends to be chronic. Also, generalized anxiety disorder appears to increase the risk for heart attacks and strokes, especially in people with preexisting heart conditions (Martens et al., 2010).

Although there have been few investigations aimed at determining the heritability of generalized anxiety disorder, a summary of available family and twin studies suggests that genetic factors play a modest role in the disorder (Hettema et al., 2001). Cognitive theories of generalized anxiety disorder suggest that worry represents a mental strategy to avoid more powerful negative emotions (Aikins & Craske, 2001), perhaps stemming from earlier unpleasant or traumatic experiences. Indeed, one longitudinal study found that childhood maltreatment was strongly related to the development of this disorder during adulthood (Moffitt et al., 2007); worrying might distract people from remembering painful childhood experiences.

Summary

Anxiety disorders are a group of disorders in which a person experiences excessive, persistent, and distressing fear and anxiety that interferes with normal functioning. Anxiety disorders include specific phobia: a specific unrealistic fear; social anxiety disorder: extreme fear and avoidance of social situations; panic disorder: suddenly overwhelmed by panic even though there is no apparent reason to be frightened; agoraphobia: an intense fear and avoidance of situations in which it might be difficult to escape; and generalized anxiety disorder: a relatively continuous state of tension, apprehension, and dread.

Glossary

agoraphobia
: anxiety disorder characterized by intense fear, anxiety, and avoidance of situations in which it might be difficult to escape if one experiences symptoms of a panic attack

anxiety disorder
: characterized by excessive and persistent fear and anxiety, and by related disturbances in behavior

generalized anxiety disorder
: characterized by a continuous state of excessive, uncontrollable, and pointless worry and apprehension

locus coeruleus
: area of the brainstem that contains norepinephrine, a neurotransmitter that triggers the body's fight-or-flight response; has been implicated in panic disorder

panic attack
: period of extreme fear or discomfort that develops abruptly; symptoms of panic attacks are both physiological and psychological

panic disorder
: anxiety disorder characterized by unexpected panic attacks, along with at least one month of worry about panic attacks or self-defeating behavior related to the attacks

safety behavior
: mental and behavior acts designed to reduce anxiety in social situations by reducing the chance of negative social outcomes; common in social anxiety disorder

social anxiety disorder
: characterized by extreme and persistent fear or anxiety and avoidance of social situations in which one could potentially be evaluated negatively by others

specific phobia
: anxiety disorder characterized by excessive, distressing, and persistent fear or anxiety about a specific object or situation

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10.1.3: Mood Disorders

All of us experience fluctuations in our moods and emotional states, and often these fluctuations are caused by events in our lives. We become elated if our favorite team wins the World Series and dejected if a romantic relationship ends or if we lose our job. At times, we feel fantastic or miserable for no clear reason. People with mood disorders also experience mood fluctuations, but their fluctuations are extreme, distort their outlook on life, and impair their ability to function.

Learning Objectives

- Distinguish normal states of sadness and euphoria from states of depression and mania
- Describe the symptoms of major depressive disorder and bipolar disorder
- Understand the differences between major depressive disorder and persistent depressive disorder, and identify two subtypes of depression
- Define the criteria for a manic episode
- Understand genetic, biological, and psychological explanations of major depressive disorder
- Discuss the relationship between mood disorders and suicidal ideation, as well as factors associated with suicide

Blake cries all day and feeling that he is worthless and his life is hopeless, he cannot get out of bed. Crystal stays up all night, talks very rapidly, and went on a shopping spree in which she spent $3,000 on furniture, although she cannot afford it. Maria recently had a baby, and she feels overwhelmed, teary, anxious, and panicked, and believes she is a terrible mother—practically every day since the baby was born. All these individuals demonstrate symptoms of a potential mood disorder.

Mood disorders (See figure 10.1.3.1) are characterized by severe disturbances in mood and emotions—most often depression, but also mania and elation (Rothschild, 1999). All of us experience fluctuations in our moods and emotional states, and often these fluctuations are caused by events in our lives. We become elated if our favorite team wins the World Series and dejected if a romantic relationship ends or if we lose our job. At times, we feel fantastic or miserable for no clear reason. People with mood disorders also experience mood fluctuations, but their fluctuations are extreme, distort their outlook on life, and impair their ability to function.



Figure 10.1.3.1: Mood disorders are characterized by massive disruptions in mood. Symptoms can range from the extreme sadness and hopelessness of depression to the extreme elation and irritability of mania. (credit: Kiran Foster)

The DSM-5 lists two general categories of mood disorders. **Depressive disorders** are a group of disorders in which **depression** is the main feature. Depression is a vague term that, in everyday language, refers to an intense and persistent sadness. Depression is a heterogeneous mood state—it consists of a broad spectrum of symptoms that range in severity. Depressed people feel sad, discouraged, and hopeless. These individuals lose interest in activities once enjoyed, often experience a decrease in drives such as hunger and sex, and frequently doubt personal worth. Depressive disorders vary by degree, but this chapter highlights the most well-known: major depressive disorder (sometimes called unipolar depression).

Bipolar and related disorders are a group of disorders in which mania is the defining feature. **Mania** is a state of extreme elation and agitation. When people experience mania, they may become extremely talkative, behave recklessly, or attempt to take on many

tasks simultaneously. The most recognized of these disorders is bipolar disorder.

Major Depressive Disorder

According to the DSM-5, the defining symptoms of **major depressive disorder** include "depressed mood most of the day, nearly every day" (feeling sad, empty, hopeless, or appearing tearful to others), and loss of interest and pleasure in usual activities (APA, 2013). In addition to feeling overwhelmingly sad most of each day, people with depression will no longer show interest or enjoyment in activities that previously were gratifying, such as hobbies, sports, sex, social events, time spent with family, and so on. Friends and family members may notice that the person has completely abandoned previously enjoyed hobbies; for example, an avid tennis player who develops major depressive disorder no longer plays tennis (Rothschild, 1999).

To receive a diagnosis of major depressive disorder, one must experience a total of five symptoms for at least a two-week period; these symptoms must cause significant distress or impair normal functioning, and they must not be caused by substances or a medical condition. At least one of the two symptoms mentioned above must be present, plus any combination of the following symptoms (APA, 2013):

- significant weight loss (when not dieting) or weight gain and/or significant decrease or increase in appetite;
- difficulty falling asleep or sleeping too much;
- psychomotor agitation (the person is noticeably fidgety and jittery, demonstrated by behaviors like the inability to sit, pacing, hand-wringing, pulling or rubbing of the skin, clothing, or other objects) or psychomotor retardation (the person talks and moves slowly, for example, talking softly, very little, or in a monotone);
- fatigue or loss of energy;
- feelings of worthlessness or guilt;
- difficulty concentrating and indecisiveness; and
- **suicidal ideation**: thoughts of death (not just fear of dying), thinking about or planning suicide, or making an actual suicide attempt.

Major depressive disorder is considered episodic: its symptoms are typically present at their full magnitude for a certain period of time and then gradually abate. Approximately $50\% - 60\%$ of people who experience an episode of major depressive disorder will have a second episode at some point in the future; those who have had two episodes have a 70% chance of having a third episode, and those who have had three episodes have a 90% chance of having a fourth episode (Rothschild, 1999). Although the episodes can last for months, a majority a people diagnosed with this condition (around 70%) recover within a year. However, a substantial number do not recover; around 12% show serious signs of impairment associated with major depressive disorder after 5 years (Boland & Keller, 2009). In the long-term, many who do recover will still show minor symptoms that fluctuate in their severity (Judd, 2012).

Results of Major Depressive Disorder

Major depressive disorder is a serious and incapacitating condition that can have a devastating effect on the quality of one's life. The person suffering from this disorder lives a profoundly miserable existence that often results in unavailability for work or education, abandonment of promising careers, and lost wages; occasionally, the condition requires hospitalization. The majority of those with major depressive disorder report having faced some kind of discrimination, and many report that having received such treatment has stopped them from initiating close relationships, applying for jobs for which they are qualified, and applying for education or training (Lasalvia et al., 2013). Major depressive disorder also takes a toll on health. Depression is a risk factor for the development of heart disease in healthy patients, as well as adverse cardiovascular outcomes in patients with preexisting heart disease (Whooley, 2006).

Risk Factors for Major Depressive Disorder

Major depressive disorder is often referred to as the common cold of psychiatric disorders. Around 6.6% of the U.S. population experiences major depressive disorder each year; 16.9% will experience the disorder during their lifetime (Kessler & Wang, 2009). It is more common among women than among men, affecting approximately 20% of women and 13% of men at some point in their life (National Comorbidity Survey, 2007). The greater risk among women is not accounted for by a tendency to report symptoms or to seek help more readily, suggesting that gender differences in the rates of major depressive disorder may reflect biological and gender-related environmental experiences (Kessler, 2003).

Lifetime rates of major depressive disorder tend to be highest in North and South America, Europe, and Australia; they are considerably lower in Asian countries (Hasin, Fenton, & Weissman, 2011). The rates of major depressive disorder are higher

among younger age cohorts than among older cohorts, perhaps because people in younger age cohorts are more willing to admit depression (Kessler & Wang, 2009).

A number of risk factors are associated with major depressive disorder: unemployment (including homemakers); earning less than $\$20,000$ per year; living in urban areas; or being separated, divorced, or widowed (Hasin et al., 2011). Comorbid disorders include anxiety disorders and substance abuse disorders (Kessler & Wang, 2009).

Subtypes of Depression

The DSM-5 lists several different subtypes of depression. These subtypes—what the DSM-5 refer to as specifiers—are not specific disorders; rather, they are labels used to indicate specific patterns of symptoms or to specify certain periods of time in which the symptoms may be present. One subtype, **seasonal pattern**, applies to situations in which a person experiences the symptoms of major depressive disorder only during a particular time of year (e.g., fall or winter). In everyday language, people often refer to this subtype as the winter blues.

Another subtype, **peripartum onset** (commonly referred to as **postpartum depression**), applies to women who experience major depression during pregnancy or in the four weeks following the birth of their child (APA, 2013). These women often feel very anxious and may even have panic attacks. They may feel guilty, agitated, and be weepy. They may not want to hold or care for their newborn, even in cases in which the pregnancy was desired and intended. In extreme cases, the mother may have feelings of wanting to harm her child or herself. In a horrific illustration, a woman named Andrea Yates, who suffered from extreme peripartum-onset depression (as well as other mental illnesses), drowned her five children in a bathtub (Roche, 2002). Most women with peripartum-onset depression do not physically harm their children, but most do have difficulty being adequate caregivers (Fields, 2010). A surprisingly high number of women experience symptoms of peripartum-onset depression. A study of $10,000$ women who had recently given birth found that 14% screened positive for peripartum-onset depression, and that nearly 20% reported having thoughts of wanting to harm themselves (Wisner et al., 2013).

People with **persistent depressive disorder** (previously known as dysthymia) experience depressed moods most of the day nearly every day for at least two years, as well as at least two of the other symptoms of major depressive disorder. People with persistent depressive disorder are chronically sad and melancholy, but do not meet all the criteria for major depression. However, episodes of full-blown major depressive disorder can occur during persistent depressive disorder (APA, 2013).

Bipolar Disorder

A person with **bipolar disorder** (commonly known as **manic depression**) often experiences mood states that vacillate between depression and mania; that is, the person's mood is said to alternate from one emotional extreme to the other (in contrast to unipolar, which indicates a persistently sad mood).

To be diagnosed with bipolar disorder, a person must have experienced a manic episode at least once in his life; although major depressive episodes are common in bipolar disorder, they are not required for a diagnosis (APA, 2013). According to the DSM-5, a **manic episode** is characterized as a "distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy lasting at least one week," that lasts most of the time each day (APA, 2013, p. 124). During a manic episode, some experience a mood that is almost euphoric and become excessively talkative, sometimes spontaneously starting conversations with strangers; others become excessively irritable and complain or make hostile comments. The person may talk loudly and rapidly, exhibiting **flight of ideas**, abruptly switching from one topic to another. These individuals are easily distracted, which can make a conversation very difficult. They may exhibit grandiosity, in which they experience inflated but unjustified self-esteem and self-confidence. For example, they might quit a job in order to "strike it rich" in the stock market, despite lacking the knowledge, experience, and capital for such an endeavor. They may take on several tasks at the same time (e.g., several time-consuming projects at work) and yet show little, if any, need for sleep; some may go for days without sleep. Patients may also recklessly engage in pleasurable activities that could have harmful consequences, including spending sprees, reckless driving, making foolish investments, excessive gambling, or engaging in sexual encounters with strangers (APA, 2013).

During a manic episode, individuals usually feel as though they are not ill and do not need treatment. However, the reckless behaviors that often accompany these episodes—which can be antisocial, illegal, or physically threatening to others—may require involuntary hospitalization (APA, 2013). Some patients with bipolar disorder will experience a rapid-cycling subtype, which is characterized by at least four manic episodes (or some combination of at least four manic and major depressive episodes) within one year.

Risk Factors for Bipolar Disorder

Bipolar disorder is considerably less frequent than major depressive disorder. In the United States, 1 out of every 167 people meets the criteria for bipolar disorder each year, and 1 out of 100 meet the criteria within their lifetime (Merikangas et al., 2011). The rates are higher in men than in women, and about half of those with this disorder report onset before the age of 25 (Merikangas et al., 2011). Around 90% of those with bipolar disorder have a comorbid disorder, most often an anxiety disorder or a substance abuse problem. Unfortunately, close to half of the people suffering from bipolar disorder do not receive treatment (Merikangas & Tohen, 2011). Suicide rates are extremely high among those with bipolar disorder: around 36% of individuals with this disorder attempt suicide at least once in their lifetime (Novick, Swartz, & Frank, 2010), and between $15\% - 19\%$ complete suicide (Newman, 2004).

The Biological Basis of Mood Disorders

Mood disorders have been shown to have a strong genetic and biological basis. Relatives of those with major depressive disorder have double the risk of developing major depressive disorder, whereas relatives of patients with bipolar disorder have over nine times the risk (Merikangas et al., 2011). The rate of concordance for major depressive disorder is higher among identical twins than fraternal twins (50% vs. 38%, respectively), as is that of bipolar disorder (67% vs. 16%, respectively), suggesting that genetic factors play a stronger role in bipolar disorder than in major depressive disorder (Merikangas et al. 2011).

People with mood disorders often have imbalances in certain neurotransmitters, particularly norepinephrine and serotonin (Thase, 2009). These neurotransmitters are important regulators of the bodily functions that are disrupted in mood disorders, including appetite, sex drive, sleep, arousal, and mood. Medications that are used to treat major depressive disorder typically boost serotonin and norepinephrine activity, whereas lithium—used in the treatment of bipolar disorder—blocks norepinephrine activity at the synapses (See figure 10.1.3.2 below).

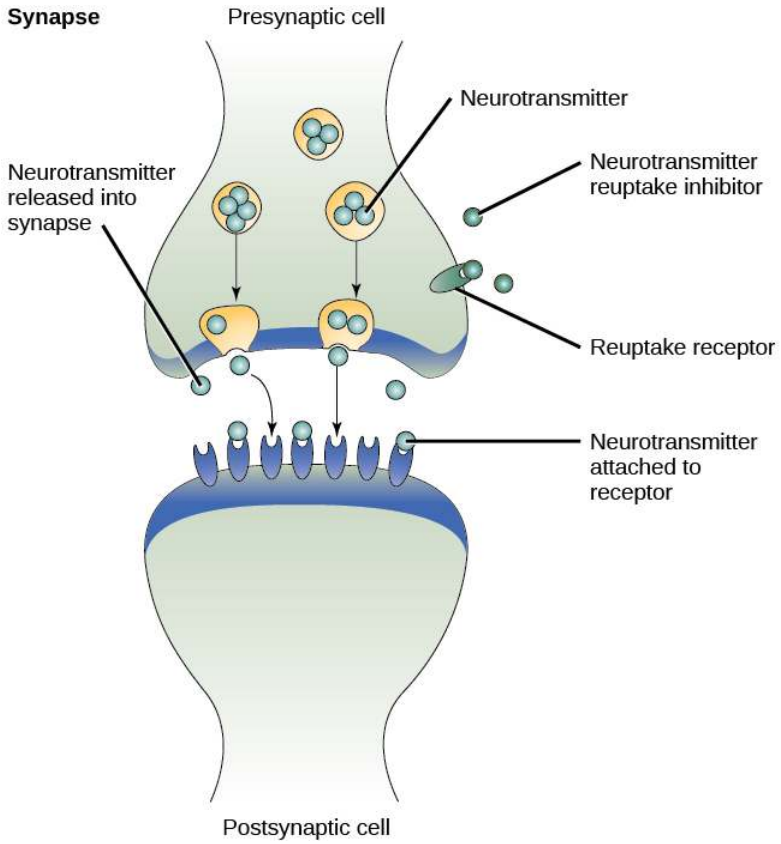


Figure 10.1.3.2: Many medications designed to treat mood disorders work by altering neurotransmitter activity in the neural synapse.

Depression is linked to abnormal activity in several regions of the brain (Fitzgerald, Laird, Maller, & Daskalakis, 2008) including those important in assessing the emotional significance of stimuli and experiencing emotions (amygdala), and in regulating and controlling emotions (like the prefrontal cortex, or PFC) (LeMoult, Castonguay, Joormann, & McAleavey, 2013). Depressed individuals show elevated amygdala activity (Drevets, Bogers, & Raichle, 2002), especially when presented with negative

emotional stimuli, such as photos of sad faces (See figure 10.1.3.3) (Surguladze et al., 2005). Interestingly, heightened amygdala activation to negative emotional stimuli among depressed persons occurs even when stimuli are presented outside of conscious awareness (Victor, Furey, Fromm, Öhman, & Drevets, 2010), and it persists even after the negative emotional stimuli are no longer present (Siegle, Thompson, Carter, Steinhauer, & Thase, 2007). Additionally, depressed individuals exhibit less activation in the prefrontal, particularly on the left side (Davidson, Pizzagalli, & Nitschke, 2009). Because the PFC can dampen amygdala activation, thereby enabling one to suppress negative emotions (Phan et al., 2005), decreased activation in certain regions of the PFC may inhibit its ability to override negative emotions that might then lead to more negative mood states (Davidson et al., 2009). These findings suggest that depressed persons are more prone to react to emotionally negative stimuli, yet have greater difficulty controlling these reactions.



Figure 10.1.3.3: Depressed individuals react to negative emotional stimuli, such as sad faces, with greater amygdala activation than do non-depressed individuals. (credit: Ian Munroe)

Since the 1950s, researchers have noted that depressed individuals have abnormal levels of cortisol, a stress hormone released into the blood by the neuroendocrine system during times of stress (Mackin & Young, 2004). When cortisol is released, the body initiates a fight-or-flight response in reaction to a threat or danger. Many people with depression show elevated cortisol levels (Holsboer & Ising, 2010), especially those reporting a history of early life trauma such as the loss of a parent or abuse during childhood (Baes, Tofoli, Martins, & Juruena, 2012). Such findings raise the question of whether high cortisol levels are a cause or a consequence of depression. High levels of cortisol are a risk factor for future depression (Halligan, Herbert, Goodyer, & Murray, 2007), and cortisol activates activity in the amygdala while deactivating activity in the PFC (McEwen, 2005)—both brain disturbances are connected to depression. Thus, high cortisol levels may have a causal effect on depression, as well as on its brain function abnormalities (van Praag, 2005). Also, because stress results in increased cortisol release (Michaud, Matheson, Kelly, Anisman, 2008), it is equally reasonable to assume that stress may precipitate depression.

A Diathesis-Stress Model and Major Depressive Disorders

Indeed, it has long been believed that stressful life events can trigger depression, and research has consistently supported this conclusion (Mazure, 1998). Stressful life events include significant losses, such as death of a loved one, divorce or separation, and serious health and money problems; life events such as these often precede the onset of depressive episodes (Brown & Harris, 1989). In particular, exit events—instances in which an important person departs (e.g., a death, divorce or separation, or a family member leaving home)—often occur prior to an episode (Paykel, 2003). Exit events are especially likely to trigger depression if these happenings occur in a way that humiliates or devalues the individual. For example, people who experience the breakup of a relationship initiated by the other person develop major depressive disorder at a rate more than 2 times that of people who experience the death of a loved one (Kendler, Hettema, Butera, Gardner, & Prescott, 2003).

Likewise, individuals who are exposed to traumatic stress during childhood—such as separation from a parent, family turmoil, and maltreatment (physical or sexual abuse)—are at a heightened risk of developing depression at any point in their lives (Kessler, 1997). A recent review of 16 studies involving over 23,000 subjects concluded that those who experience childhood maltreatment are more than 2 times as likely to develop recurring and persistent depression (Nanni, Uher, & Danese, 2012).

Of course, not everyone who experiences stressful life events or childhood adversities succumbs to depression—indeed, most do not. Clearly, a diathesis-stress interpretation of major depressive disorder, in which certain predispositions or vulnerability factors influence one's reaction to stress, would seem logical. If so, what might such predispositions be? A study by Caspi and others (2003) suggests that an alteration in a specific gene that regulates **serotonin** (the 5-HTTLPR gene) might be one culprit. These investigators found that people who experienced several stressful life events were significantly more likely to experience episodes of major depression if they carried one or two short versions of this gene than if they carried two long versions. Those who carried one or two short versions of the 5-HTTLPR gene were unlikely to experience an episode, however, if they had experienced few or no stressful life events. Numerous studies have replicated these findings, including studies of people who experienced maltreatment during childhood (Goodman & Brand, 2009). In a recent investigation conducted in the United Kingdom (Brown & Harris, 2013),

researchers found that childhood maltreatment before age 9 elevated the risk of chronic adult depression (a depression episode lasting for at least 12 months) among those individuals having one (LS) or two (SS) short versions of the 5-HTTLPR gene (See figure 10.1.3.4). Childhood maltreatment did not increase the risk for chronic depression for those have two long (LL) versions of this gene. Thus, genetic vulnerability may be one mechanism through which stress potentially leads to depression.

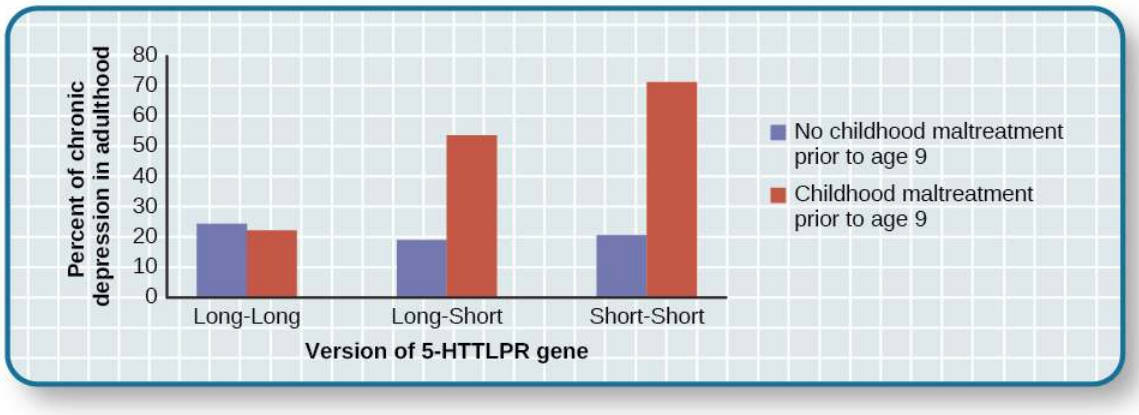


Figure 10.1.3.4: A study on gene-environment interaction in people experiencing chronic depression in adulthood suggests a much higher incidence in individuals with a short version of the gene in combination with childhood maltreatment (Brown & Harris, 2013).

Cognitive Theories of Depression

Cognitive theories of depression take the view that depression is triggered by negative thoughts, interpretations, self-evaluations, and expectations (Joormann, 2009). These **diathesis-stress models** propose that depression is triggered by a "cognitive vulnerability" (negative and maladaptive thinking) and by precipitating stressful life events (Gotlib & Joormann, 2010). Perhaps the most well-known cognitive theory of depression was developed in the 1960s by psychiatrist Aaron Beck, based on clinical observations and supported by research (Beck, 2008). Beck theorized that depression-prone people possess depressive schemas, or mental predispositions to think about most things in a negative way (Beck, 1976). Depressive schemas contain themes of loss, failure, rejection, worthlessness, and inadequacy, and may develop early in childhood in response to adverse experiences, then remain dormant until they are activated by stressful or negative life events. Depressive schemas prompt dysfunctional and pessimistic thoughts about the self, the world, and the future. Beck believed that this dysfunctional style of thinking is maintained by cognitive biases, or errors in how we process information about ourselves, which lead us to focus on negative aspects of experiences, interpret things negatively, and block positive memories (Beck, 2008). A person whose depressive schema consists of a theme of rejection might be overly attentive to social cues of rejection (more likely to notice another's frown), and he might interpret this cue as a sign of rejection and automatically remember past incidents of rejection. Longitudinal studies have supported Beck's theory, in showing that a preexisting tendency to engage in this negative, self-defeating style of thinking—when combined with life stress—over time predicts the onset of depression (Dozois & Beck, 2008). Cognitive therapies for depression, aimed at changing a depressed person's negative thinking, were developed as an expansion of this theory (Beck, 1976).

Another cognitive theory of depression, **hopelessness theory**, postulates that a particular style of negative thinking leads to a sense of hopelessness, which then leads to depression (Abramson, Metalsky, & Alloy, 1989). According to this theory, hopelessness is an expectation that unpleasant outcomes will occur or that desired outcomes will not occur, and there is nothing one can do to prevent such outcomes. A key assumption of this theory is that hopelessness stems from a tendency to perceive negative life events as having stable ("It's never going to change") and global ("It's going to affect my whole life") causes, in contrast to unstable ("It's fixable") and specific ("It applies only to this particular situation") causes, especially if these negative life events occur in important life realms, such as relationships, academic achievement, and the like. Suppose a student who wishes to go to law school does poorly on an admissions test. If the student infers negative life events as having stable and global causes, she may believe that her poor performance has a stable and global cause ("I lack intelligence, and it's going to prevent me from ever finding a meaningful career"), as opposed to an unstable and specific cause ("I was sick the day of the exam, so my low score was a fluke"). Hopelessness theory predicts that people who exhibit this cognitive style in response to undesirable life events will view such events as having negative implications for their future and self-worth, thereby increasing the likelihood of hopelessness—the primary cause of depression (Abramson et al., 1989). One study testing hopelessness theory measured the tendency to make negative inferences for bad life effects in participants who were experiencing uncontrollable stressors. Over the ensuing six

months, those with scores reflecting high cognitive vulnerability were 7 times more likely to develop depression compared to those with lower scores (Kleim, Gonzalo, & Ehlers, 2011).

A third cognitive theory of depression focuses on how people's thoughts about their distressed moods—depressed symptoms in particular—can increase the risk and duration of depression. This theory, which focuses on rumination in the development of depression, was first described in the late 1980s to explain the higher rates of depression in women than in men (Nolen-Hoeksema, 1987). **Rumination** is the repetitive and passive focus on the fact that one is depressed and dwelling on depressed symptoms, rather that distracting one's self from the symptoms or attempting to address them in an active, problem-solving manner (Nolen-Hoeksema, 1991). When people ruminate, they have thoughts such as "Why am I so unmotivated? I just can't get going. I'm never going to get my work done feeling this way" (Nolen-Hoeksema & Hilt, 2009, p. 393). Women are more likely than men to ruminate when they are sad or depressed (Butler & Nolen-Hoeksema, 1994), and the tendency to ruminate is associated with increases in depression symptoms (Nolen-Hoeksema, Larson, & Grayson, 1999), heightened risk of major depressive episodes (Abela & Hankin, 2011), and chronicity of such episodes (Robinson & Alloy, 2003)

Suicide

For some people with mood disorders, the extreme emotional pain they experience becomes unendurable. Overwhelmed by hopelessness, devastated by incapacitating feelings of worthlessness, and burdened with the inability to adequately cope with such feelings, they may consider suicide to be a reasonable way out. **Suicide**, defined by the CDC as "death caused by self-directed injurious behavior with any intent to die as the result of the behavior" (CDC, 2013a), in a sense represents an outcome of several things going wrong all at the same time Crosby, Ortega, & Melanson, 2011). Not only must the person be biologically or psychologically vulnerable, but he must also have the means to perform the suicidal act, and he must lack the necessary protective factors (e.g., social support from friends and family, religion, coping skills, and problem-solving skills) that provide comfort and enable one to cope during times of crisis or great psychological pain (Berman, 2009).

Suicide is not listed as a disorder in the DSM-5; however, suffering from a mental disorder—especially a mood disorder—poses the greatest risk for suicide. Around 90% of those who complete suicides have a diagnosis of at least one mental disorder, with mood disorders being the most frequent (Fleischman, Bertolote, Belfer, & Beautrais, 2005). In fact, the association between major depressive disorder and suicide is so strong that one of the criteria for the disorder is thoughts of suicide, as discussed above (APA, 2013).

Suicide rates can be difficult to interpret because some deaths that appear to be accidental may in fact be acts of suicide (e.g., automobile crash). Nevertheless, investigations into U.S. suicide rates have uncovered these facts:

- Suicide was the 10th leading cause of death for all ages in 2010 (Centers for Disease Control and Prevention [CDC], 2012).
- There were $38,364$ suicides in 2010 in the United States—an average of 105 each day (CDC, 2012).
- Suicide among males is 4 times higher than among females and accounts for 79% of all suicides; firearms are the most commonly used method of suicide for males, whereas poisoning is the most commonly used method for females (CDC, 2012).
- From 1991 to 2003, suicide rates were consistently higher among those 65 years and older. Since 2001, however, suicide rates among those ages $25-64$ have risen consistently, and, since 2006, suicide rates have been greater for those ages 65 and older (CDC, 2013b). This increase in suicide rates among middle-aged Americans has prompted concern in some quarters that baby boomers (individuals born between 1946–1964) who face economic worry and easy access to prescription medication may be particularly vulnerable to suicide (Parker-Pope, 2013).
- The highest rates of suicide within the United States are among American Indians/Alaskan natives and Non-Hispanic Whites (CDC, 2013b).
- Suicide rates vary across the United States, with the highest rates consistently found in the mountain states of the west (Alaska, Montana, Nevada, Wyoming, Colorado, and Idaho) (Berman, 2009).

Contrary to popular belief, suicide rates peak during the springtime (April and May), not during the holiday season or winter. In fact, suicide rates are generally lowest during the winter months (Postolache et al., 2010).

Risk Factors for Suicide

Suicidal risk is especially high among people with substance abuse problems. Individuals with alcohol dependence are at 10 times greater risk for suicide than the general population (Wilcox, Conner, & Caine, 2004). The risk of suicidal behavior is especially high among those who have made a prior suicide attempt. Among those who attempt suicide, 16% make another attempt within a year and over 21% make another attempt within four years (Owens, Horrocks, & House, 2002). Suicidal individuals may be at high

risk for terminating their life if they have a lethal means in which to act, such as a firearm in the home (Brent & Bridge, 2003). Withdrawal from social relationships, feeling as though one is a burden to others, and engaging in reckless and risk-taking behaviors may be precursors to suicidal behavior (Berman, 2009). A sense of entrapment or feeling unable to escape one's miserable feelings or external circumstances (e.g., an abusive relationship with no perceived way out) predicts suicidal behavior (O'Connor, Smyth, Ferguson, Ryan, & Williams, 2013). Tragically, reports of suicides among adolescents following instances of cyberbullying have emerged in recent years. In one widely-publicized case a few years ago, Phoebe Prince, a 15-year-old Massachusetts high school student, committed suicide following incessant harassment and taunting from her classmates via texting and Facebook (McCabe, 2010).

Suicides can have a contagious effect on people. For example, another's suicide, especially that of a family member, heightens one's risk of suicide (Agerbo, Nordentoft, & Mortensen, 2002). Additionally, widely-publicized suicides tend to trigger copycat suicides in some individuals. One study examining suicide statistics in the United States from 1947–1967 found that the rates of suicide skyrocketed for the first month after a suicide story was printed on the front page of the *New York Times* (Phillips, 1974). Austrian researchers found a significant increase in the number of suicides by firearms in the three weeks following extensive reports in Austria's largest newspaper of a celebrity suicide by gun (Etzersdorfer, Voracek, & Sonneck, 2004). A review of 42 studies concluded that media coverage of celebrity suicides is more than 14 times more likely to trigger copycat suicides than is coverage of non-celebrity suicides (Stack, 2000). This review also demonstrated that the medium of coverage is important: televised stories are considerably less likely to prompt a surge in suicides than are newspaper stories. Research suggests that a trend appears to be emerging whereby people use online social media to leave suicide notes, although it is not clear to what extent suicide notes on such media might induce copycat suicides (Ruder, Hatch, Ampanozi, Thali, & Fischer, 2011). Nevertheless, it is reasonable to conjecture that suicide notes left by individuals on social media may influence the decisions of other vulnerable people who encounter them (Luxton, June, & Fairall, 2012).

One possible contributing factor in suicide is brain chemistry. Contemporary neurological research shows that disturbances in the functioning of **serotonin** are linked to suicidal behavior (Pompili et al., 2010). Low levels of serotonin predict future suicide attempts and suicide completions, and low levels have been observed post-mortem among suicide victims (Mann, 2003). Serotonin dysfunction, as noted earlier, is also known to play an important role in depression; low levels of serotonin have also been linked to aggression and impulsivity (Stanley et al., 2000). The combination of these three characteristics constitutes a potential formula for suicide—especially violent suicide. A classic study conducted during the 1970s found that patients with major depressive disorder who had very low levels of serotonin attempted suicide more frequently and more violently than did patients with higher levels (Asberg, Thorén, Träskman, Bertilsson, & Ringberger, 1976; Mann, 2003).

Suicidal thoughts, plans, and even off-hand remarks ("I might kill myself this afternoon") should always be taken extremely seriously. People who contemplate terminating their life need immediate help. Below are links to two excellent websites that contain resources (including hotlines) for people who are struggling with suicidal ideation, have loved ones who may be suicidal, or who have lost loved ones to suicide: http://www.afsp.org and http://suicidology.org.

Summary

Mood disorders are those in which the person experiences severe disturbances in mood and emotion. They include depressive disorders and bipolar and related disorders. Depressive disorders include major depressive disorder, which is characterized by episodes of profound sadness and loss of interest or pleasure in usual activities and other associated features, and persistent depressive disorder, which marked by a chronic state of sadness. Bipolar disorder is characterized by mood states that vacillate between sadness and euphoria; a diagnosis of bipolar disorder requires experiencing at least one manic episode, which is defined as a period of extreme euphoria, irritability, and increased activity. Mood disorders appear to have a genetic component, with genetic factors playing a more prominent role in bipolar disorder than in depression. Both biological and psychological factors are important in the development of depression. People who suffer from mental health problems, especially mood disorders, are at heightened risk for suicide.

Glossary

bipolar and related disorders

group of mood disorders in which mania is the defining feature

bipolar disorder

mood disorder characterized by mood states that vacillate between depression and mania

depressive disorder
one of a group of mood disorders in which depression is the defining feature

flight of ideas
symptom of mania that involves an abruptly switching in conversation from one topic to another

hopelessness theory
cognitive theory of depression proposing that a style of thinking that perceives negative life events as having stable and global causes leads to a sense of hopelessness and then to depression

major depressive disorder
commonly referred to as “depression” or “major depression,” characterized by sadness or loss of pleasure in usual activities, as well other symptoms

mania
state of extreme elation and agitation

manic episode
period in which an individual experiences mania, characterized by extremely cheerful and euphoric mood, excessive talkativeness, irritability, increased activity levels, and other symptoms

mood disorder
one of a group of disorders characterized by severe disturbances in mood and emotions; the categories of mood disorders listed in the DSM-5 are bipolar and related disorders and depressive disorders

peripartum onset
subtype of depression that applies to women who experience an episode of major depression either during pregnancy or in the four weeks following childbirth

persistent depressive disorder
depressive disorder characterized by a chronically sad and melancholy mood

rumination
in depression, tendency to repetitively and passively dwell on one’s depressed symptoms, their meanings, and their consequences

seasonal pattern
subtype of depression in which a person experiences the symptoms of major depressive disorder only during a particular time of year

suicidal ideation
thoughts of death by suicide, thinking about or planning suicide, or making a suicide attempt

suicide
death caused by intentional, self-directed injurious behavior

Contributors and Attributions

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10.2: Class Day 10.2

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10.2.1: American Psychological Association (APA) Style

Learning Objectives

1. Define APA style and list several of its most important characteristics.
2. Identify three levels of APA style and give examples of each.
3. Identify multiple sources of information about APA style.

What Is APA Style?

APA style is a set of guidelines for writing in psychology and related fields. These guidelines are set down in the **Publication Manual of the American Psychological Association** (APA, 2010)[1]. The *Publication Manual* originated in 1929 as a short journal article that provided basic standards for preparing manuscripts to be submitted for publication (Bentley et al., 1929)[2]. It was later expanded and published as a book by the association and is now in its sixth edition. The primary purpose of APA style is to facilitate scientific communication by promoting clarity of expression and by standardizing the organization and content of research articles and book chapters. It is easier to write about research when you know what information to present, the order in which to present it, and even the style in which to present it. Likewise, it is easier to read about research when it is presented in familiar and expected ways.

APA style is best thought of as a "genre" of writing that is appropriate for presenting the results of psychological research—especially in academic and professional contexts. It is not synonymous with "good writing" in general. You would not write a literary analysis for an English class, even if it were based on psychoanalytic concepts, in APA style. You would write it in Modern Language Association (MLA) style instead. And you would not write a newspaper article, even if it were about a new breakthrough in behavioral neuroscience, in APA style. You would write it in Associated Press (AP) style instead. At the same time, you would not write an empirical research report in MLA style, in AP style, or in the style of a romance novel, an email to a friend, or a shopping list. You would write it in APA style. Part of being a good writer in general is adopting a style that is appropriate to the writing task at hand, and for writing about psychological research, this is APA style.

The Levels of APA Style

Because APA style consists of a large number and variety of guidelines—the *Publication Manual* is nearly 300 pages long—it can be useful to think about it in terms of three basic levels. The first is the overall organization of an article (which is covered in Chapter 2 "Manuscript Structure and Content" of the *Publication Manual*). Empirical research reports, in particular, have several distinct sections that always appear in the same order:

- **Title page.** Presents the article title and author names and affiliations.
- **Abstract.** Summarizes the research.
- **Introduction.** Describes previous research and the rationale for the current study.
- **Method.** Describes how the study was conducted.
- **Results.** Describes the results of the study.
- **Discussion.** Summarizes the study and discusses its implications.
- **References.** Lists the references cited throughout the article.

The second level of APA style can be referred to as **high-level style** (covered in Chapter 3 "Writing Clearly and Concisely" of the *Publication Manual*), which includes guidelines for the clear expression of ideas. There are two important themes here. One is that APA-style writing is formal rather than informal. It adopts a tone that is appropriate for communicating with professional colleagues—other researchers and practitioners—who share an interest in the topic. Beyond this shared interest, however, these colleagues are not necessarily similar to the writer or to each other. A graduate student in British Columbia might be writing an article that will be read by a young psychotherapist in Toronto and a respected professor of psychology in Tokyo. Thus formal writing avoids slang, contractions, pop culture references, humor, and other elements that would be acceptable in talking with a friend or in writing informally.

The second theme of high-level APA style is that it is straightforward. This means that it communicates ideas as simply and clearly as possible, putting the focus on the ideas themselves and not on how they are communicated. Thus APA-style writing minimizes literary devices such as metaphor, imagery, irony, suspense, and so on. Again, humor is kept to a minimum. Sentences are short and direct. Technical terms must be used, but they are used to improve communication, not simply to make the writing sound more

"scientific." For example, if participants immersed their hands in a bucket of ice water, it is better just to write this than to write that they "were subjected to a pain-inducement apparatus." At the same time, however, there is no better way to communicate that a between-subjects design was used than to use the term "between-subjects design."

APA Style and the Values of Psychology

Robert Madigan and his colleagues have argued that APA style has a purpose that often goes unrecognized (Madigan, Johnson, & Linton, 1995)[3]. Specifically, it promotes psychologists' scientific values and assumptions. From this perspective, many features of APA style that at first seem arbitrary actually make good sense. Following are several features of APA-style writing and the scientific values or assumptions they reflect.

APA style feature	Scientific value or assumption
There are very few direct quotations of other researchers.	The phenomena and theories of psychology are objective and do not depend on the specific words a particular researcher used to describe them.
Criticisms are directed at other researchers' work but not at them personally.	The focus of scientific research is on drawing general conclusions about the world, not on the personalities of particular researchers.
There are many references and reference citations.	Scientific research is a large-scale collaboration among many researchers.
Empirical research reports are organized with specific sections in a fixed order.	There is an ideal approach to conducting empirical research in psychology (even if this ideal is not always achieved in actual research).
Researchers tend to "hedge" their conclusions, e.g., "The results *suggest* that…"	Scientific knowledge is tentative and always subject to revision based on new empirical results.

Another important element of high-level APA style is the avoidance of language that is biased against particular groups. This is not only to avoid offending people—why would you want to offend people who are interested in your work?—but also for the sake of scientific objectivity and accuracy. For example, the term *sexual orientation* should be used instead of *sexual preference* because people do not generally experience their orientation as a "preference," nor is it as easily changeable as this term suggests (APA Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy With Lesbian, Gay, and Bisexual Clients, 2000)[4].

The general principles for avoiding biased language are fairly simple. First, be sensitive to labels by avoiding terms that are offensive or have negative connotations. This includes avoiding terms that identify people with a disorder or other problem they happen to have. Instead, refer to the individual, what the APA *Publication Manual* refers to as putting the "person first." For example, *people diagnosed with schizophrenia* is better than *schizophrenics*. Second, use more specific terms rather than more general ones. For example, *Chinese Americans* is better than *Asian Americans* if everyone in the group is, in fact, Chinese American. Third, avoid objectifying research participants. Instead, acknowledge their active contribution to the research. For example, "The *students completed* the questionnaire" is better than "The *subjects were administered* the questionnaire." Note that this principle also makes for clearer, more engaging writing. Table 10.2.1.1 shows several more examples that follow these general principles.

Table 10.2.1.1: Examples of Avoiding Biased Language

Instead of…	Use…
man, men	men and women, people
firemen	firefighters
homosexuals, gays, bisexuals	lesbians, gay men, bisexual men, bisexual women
minority	specific group label (e.g., African American)

Instead of…	Use…
neurotics	people scoring high in neuroticism
special children	children with learning disabilities

The previous edition of the *Publication Manual* strongly discouraged the use of the term *subjects* (except for nonhumans) and strongly encouraged the use of *participants* instead. The current edition, however, acknowledges that *subjects* can still be appropriate in referring to human participants in areas in which it has traditionally been used (e.g., basic memory research). But it also encourages the use of more specific terms when possible: *university students*, *children*, *respondents*, and so on.

The third level of APA style can be referred to as **low-level style** (which is covered in Chapter 4 "The Mechanics of Style" through Chapter 7 "Reference Examples" of the *Publication Manual*). Low-level style includes all the specific guidelines pertaining to spelling, grammar, references and reference citations, numbers and statistics, figures and tables, and so on. There are so many low-level guidelines that even experienced professionals need to consult the *Publication Manual* from time to time. Table 10.2.1.2 contains some of the most common types of APA style errors based on an analysis of manuscripts submitted to one professional journal over a 6-year period (Onwuegbuzie, Combs, Slate, & Frels, 2010)[5]. These errors were committed by professional researchers but are probably similar to those that students commit the most too. See also Note 11.8 "Online APA Style Resources" in this section and, of course, the *Publication Manual* itself.

Table 10.2.1.2: Top 10 APA Style Errors

Error type	Example
1. Use of numbers	Failing to use numerals for 10 and above
2. Hyphenation	Failing to hyphenate compound adjectives that precede a noun (e.g., "role playing technique" should be "role-playing technique")
3. Use of *et al.*	Failing to use it after a reference is cited for the first time
4. Headings	Not capitalizing headings correctly
5. Use of *since*	Using *since* to mean *because*
6. Tables and figures	Not formatting them in APA style; repeating information that is already given in the text
7. Use of commas	Failing to use a comma before *and* or *or* in a series of three or more elements
8. Use of abbreviations	Failing to spell out a term completely before introducing an abbreviation for it
9. Spacing	Not consistently double-spacing between lines
10. Use of "&" in references	Using & in the text or *and* in parentheses

Online APA Style Resources

The best source of information on APA style is the *Publication Manual* itself. However, there are also many good websites on APA style, which do an excellent job of presenting the basics for beginning researchers. Here are a few of them.

APA Style

http://www.apastyle.org

Purdue Online Writing Lab

http://owl.english.purdue.edu/owl/resource/560/01

Douglas Degelman's APA Style Essentials

http://www.vanguard.edu/psychology/faculty/douglas-degelman/apa-style/

> *Doc Scribe's APA Style Lite*
>
> http://people.cs.ksu.edu/~huichen/APA%20Lite%20Writing%20Guidelines.pdf

APA-Style References and Citations

Because science is a large-scale collaboration among researchers, references to the work of other researchers are extremely important. Their importance is reflected in the extensive and detailed set of rules for formatting and using them.

References

At the end of an APA-style article or book chapter is a list that contains **references** to all the works cited in the text (and *only* the works cited in the text). The reference list begins on its own page, with the heading "References," centered in upper and lower case. The references themselves are then listed alphabetically according to the last names of the first named author for each citation. (As in the rest of an APA-style manuscript, *everything* is double-spaced.) Many different kinds of works might be cited in APA-style articles and book chapters, including magazine articles, websites, government documents, and even television shows. Of course, you should consult the *Publication Manual* or Online APA Style Resources for details on how to format them. Here we will focus on formatting references for the three most common kinds of works cited in APA style: journal articles, books, and book chapters.

Journal Articles

For journal articles, the generic format for a reference is as follows:

Author, A. A., Author, B. B., & Author, C. C. (year). Title of article. *Title of Journal*, *volume*(issue), pp–pp. doi:xx.xxxxxxxxxx

Here is a concrete example:

Adair, J. G., & Vohra, N. (2003). The explosion of knowledge, references, and citations: Psychology's unique response to a crisis. *American Psychologist*, *58*(1), 15–23. doi: 10.1037/0003-066X.58.1.15

There are several things to notice here. The reference includes a hanging indent. That is, the first line of the reference is not indented but all subsequent lines are. The authors' names appear in the same order as on the article, which reflects the authors' relative contributions to the research. Only the authors' last names and initials appear, and the names are separated by commas with an ampersand (&) between the last two. This is true even when there are only two authors. Only the first word of the article title is capitalized. The only exceptions are for words that are proper nouns or adjectives (e.g., "Freudian") or if there is a subtitle, in which case the first word of the subtitle is also capitalized. In the journal title, however, all the important words are capitalized. The journal title and volume number are italicized; however, the issue number (listed within parentheses) is not. At the very end of the reference is the digital object identifier (DOI), which provides a permanent link to the location of the article on the Internet. Include this if it is available. It can generally be found in the record for the item on an electronic database (e.g., PsycINFO) and is usually displayed on the first page of the published article.

Books

For a book, the generic format and a concrete example are as follows:

- Author, A. A. (year). *Title of book*. Location: Publisher.
- Kashdan, T., & Biswas-Diener, R. (2014). *The upside of your dark side*. New York, NY: Hudson Street Press.

Book Chapters

For a chapter in an edited book, the generic format and a concrete example are as follows:

- Author, A. A., Author, B. B., & Author, C. C. (year). Title of chapter. In A. A. Editor, B. B. Editor, & C. C. Editor (Eds.), *Title of book* (pp. xxx–xxx). Location: Publisher.
- Lilienfeld, S. O., & Lynn, S. J. (2003). Dissociative identity disorder: Multiple personalities, multiple controversies. In S. O. Lilienfeld, S. J. Lynn, & J. M. Lohr (Eds.), *Science and pseudoscience in clinical psychology* (pp. 109–142). New York, NY: Guilford Press.

Notice that references for books and book chapters are similar to those for journal articles, but there are several differences too. For an edited book, the names of the editors appear with their first and middle initials followed by their last names (not the other way around)—with the abbreviation "Eds." (or "Ed.," if there is only one) appearing in parentheses immediately after the final editor's name. Only the first word of a book title is capitalized (with the exceptions noted for article titles), and the entire title is italicized.

For a chapter in an edited book, the page numbers of the chapter appear in parentheses after the book title with the abbreviation "pp." Finally, both formats end with the location of publication and the publisher, separated by a colon.

Reference Citations

When you refer to another researcher's idea, you must include a **reference citation** (in the text) to the work in which that idea originally appeared and a full reference to that work in the reference list. What counts as an idea that must be cited? In general, this includes phenomena discovered by other researchers, theories they have developed, hypotheses they have derived, and specific methods they have used (e.g., specific questionnaires or stimulus materials). Citations should also appear for factual information that is not common knowledge so that other researchers can check that information for themselves. For example, in an article on the effect of cell phone usage on driving ability, the writer might cite official statistics on the number of cell phone–related accidents that occur each year. Among the ideas that do not need citations are widely shared methodological and statistical concepts (e.g., between-subjects design, *t* test) and statements that are so broad that they would be difficult for anyone to argue with (e.g., "Working memory plays a role in many daily activities."). Be careful, though, because "common knowledge" about human behavior is often incorrect. Therefore, when in doubt, find an appropriate reference to cite or remove the questionable assertion.

When you cite a work in the text of your manuscript, there are two ways to do it. Both include only the last names of the authors and the year of publication. The first method is to use the authors' last names in the sentence (with no first names or initials) followed immediately by the year of publication in parentheses. Here are some examples:

Burger (2008) conducted a replication of Milgram's (1963) original obedience study.

Although many people believe that women are more talkative than men, Mehl, Vazire, Ramirez-Esparza, Slatcher, and Pennebaker (2007) found essentially no difference in the number of words spoken by male and female college students.

Notice several things. First, the authors' names are treated grammatically as names of people, not as things. It is better to write "a replication of Milgram's (1963) study" than "a replication of Milgram (1963)." Second, when there are two authors the names are not separated by commas, but when there are three or more authors they are. Third, the word *and* (rather than an ampersand) is used to join the authors' names. Fourth, the year follows immediately after the final author's name. An additional point, which is not illustrated in these examples but is illustrated in the sample paper in Section 11.2 "Writing a Research Report in American Psychological Association (APA) Style", is that the year only needs to be included the first time a particular work is cited in the same paragraph.

The second way to cite an article or a book chapter is parenthetically—including the authors' last names and the year of publication in parentheses following the idea that is being credited. Here are some examples:

- People can be surprisingly obedient to authority figures (Burger, 2008; Milgram, 1963).
- Recent evidence suggests that men and women are similarly talkative (Mehl, Vazire, Ramirez-Esparza, Slatcher, & Pennebaker, 2007).

One thing to notice about such parenthetical citations is that they are often placed at the end of the sentence, which minimizes their disruption to the flow of that sentence. In contrast to the first way of citing a work, this way always includes the year—even when the citation is given multiple times in the same paragraph. Notice also that when there are multiple citations in the same set of parentheses, they are organized alphabetically by the name of the first author and separated by semicolons.

There are no strict rules for deciding which of the two citation styles to use. Most articles and book chapters contain a mixture of the two. In general, however, the first approach works well when you want to emphasize the person who conducted the research—for example, if you were comparing the theories of two prominent researchers. It also works well when you are describing a particular study in detail. The second approach works well when you are discussing a general idea and especially when you want to include multiple citations for the same idea.

The third most common error in Table 10.2.1.2 has to do with the use of *et al.* This is an abbreviation for the Latin term *et alia*, which means "and others." In APA style, if an article or a book chapter has *more than two authors but fewer than six*, you should include all their names when you first cite that work. After that, however, you should use the first author's name followed by "et al." If the article has only two authors then both should be included in every citation. If an article has six or more authors then you should only list the name of the first author followed by et al. each and every time you cite that work (even the first time). Here are some examples:

Recall that Mehl et al. (2007) found that women and men spoke about the same number of words per day on average.

There is a strong positive correlation between the number of daily hassles and the number of symptoms people experience (Kanner et al., 1981).

Notice that there is no comma between the first author's name and "et al." Notice also that there is no period after "et" but there is one after "al." This is because "et" is a complete word and "al." is an abbreviation for the word *alia*.

References

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CHAPTER OVERVIEW

11: Week 11 - Treatment

11.1: Class Day 11.1

11.1.1: Mental Health Treatment - Past and Present

11.1.2: Types of Treatment

11.1.3: Reducing Disorder Biologically- Drug and Brain Therapy

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11.1: Class Day 11.1

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11.1.1: Mental Health Treatment - Past and Present

Learning Objectives

- Explain how people with psychological disorders have been treated throughout the ages
- Discuss deinstitutionalization
- Discuss the ways in which mental health services are delivered today
- Distinguish between voluntary and involuntary treatment

Before we explore the various approaches to therapy used today, let's begin our study of therapy by looking at how many people experience mental illness and how many receive treatment. According to the U.S. Department of Health and Human Services (2013), 19% of U.S. adults experienced mental illness in 2012. For teens (ages $13 - 18$), the rate is similar to that of adults, and for children ages $8 - 15$, current estimates suggest that 13% experience mental illness in a given year (National Institute of Mental Health [NIMH], n.d.-a)

With many different treatment options available, approximately how many people receive mental health treatment per year? According to the Substance Abuse and Mental Health Services Administration (SAMHSA), in 2008, 13.4% of adults received treatment for a mental health issue (NIMH, n.d.-b). These percentages, shown in figure 11.1.1.1, reflect the number of adults who received care in inpatient and outpatient settings and/or used prescription medication for psychological disorders.

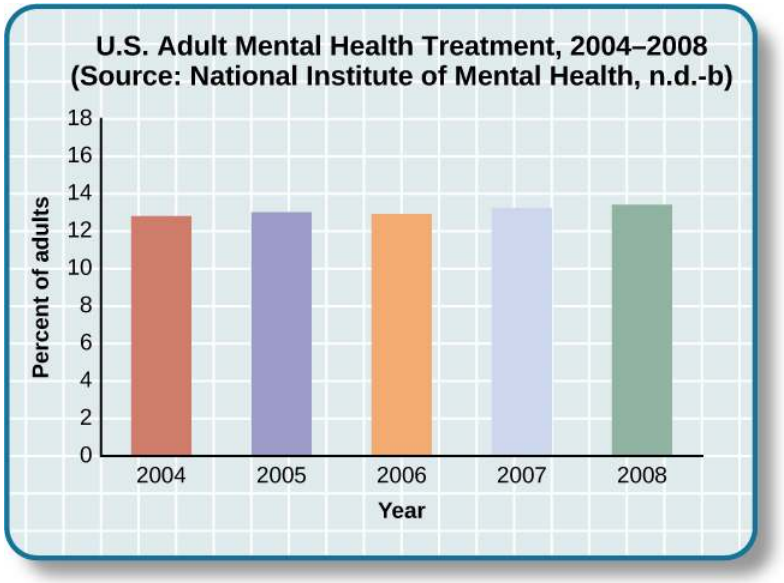


Figure 11.1.1.1: The percentage of adults who received mental health treatment in 2004–2008 is shown. Adults seeking treatment increased slightly from 2004 to 2008.

Children and adolescents also receive mental health services. The Centers for Disease Control and Prevention's National Health and Nutrition Examination Survey (NHANES) found that approximately half (50.6%) of children with mental disorders had received treatment for their disorder within the past year (NIMH, n.d.-c). However, there were some differences between treatment rates by category of disorder (See figure 11.1.1.2). For example, children with anxiety disorders were least likely to have received treatment in the past year, while children with ADHD or a conduct disorder were more likely to receive treatment. Can you think of some possible reasons for these differences in receiving treatment?

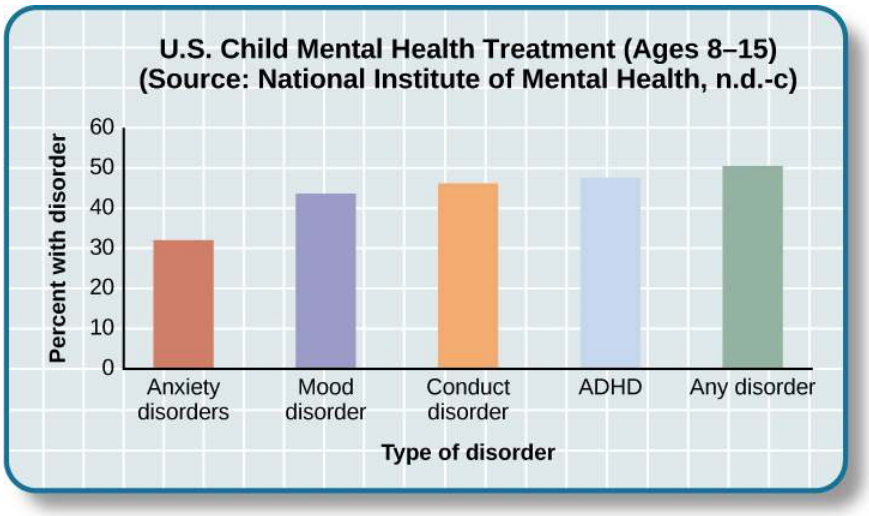


Figure 11.1.1.2: About one-third to one-half of U.S. adolescents (ages 8–15) with mental disorders receive treatment, with behavior-related disorders more likely to be treated.

Considering the many forms of treatment for mental health disorders available today, how did these forms of treatment emerge? Let's take a look at the history of mental health treatment from the past (with some questionable approaches in light of modern understanding of mental illness) to where we are today.

Treatment in the Past

For much of history, the mentally ill have been treated very poorly. It was believed that mental illness was caused by demonic possession, witchcraft, or an angry god (Szasz, 1960). For example, in medieval times, abnormal behaviors were viewed as a sign that a person was possessed by demons. If someone was considered to be possessed, there were several forms of treatment to release spirits from the individual. The most common treatment was exorcism, often conducted by priests or other religious figures: Incantations and prayers were said over the person's body, and she may have been given some medicinal drinks. Another form of treatment for extreme cases of mental illness was trephining: A small hole was made in the afflicted individual's skull to release spirits from the body. Most people treated in this manner died. In addition to exorcism and trephining, other practices involved execution or imprisonment of people with psychological disorders. Still others were left to be homeless beggars. Generally speaking, most people who exhibited strange behaviors were greatly misunderstood and treated cruelly. The prevailing theory of psychopathology in earlier history was the idea that mental illness was the result of demonic possession by either an evil spirit or an evil god because early beliefs incorrectly attributed all unexplainable phenomena to deities deemed either good or evil.

From the late 1400s to the late 1600s, a common belief perpetuated by some religious organizations was that some people made pacts with the devil and committed horrible acts, such as eating babies (Blumberg, 2007). These people were considered to be witches and were tried and condemned by courts—they were often burned at the stake. Worldwide, it is estimated that tens of thousands of mentally ill people were killed after being accused of being witches or under the influence of witchcraft (Hemphill, 1966)

By the 18th century, people who were considered odd and unusual were placed in asylums (See figure 11.1.1.3). **Asylums** were the first institutions created for the specific purpose of housing people with psychological disorders, but the focus was ostracizing them from society rather than treating their disorders. Often these people were kept in windowless dungeons, beaten, chained to their beds, and had little to no contact with caregivers.



Figure 11.1.1.3: This painting by Francisco Goya, called The Madhouse, depicts a mental asylum and its inhabitants in the early 1800s. It portrays those with psychological disorders as victims.

In the late 1700s, a French physician, Philippe **Pinel**, argued for more humane treatment of the mentally ill. He suggested that they be unchained and talked to, and that's just what he did for patients at La Salpêtrière in Paris in 1795 (See figure 11.1.1.4). Patients benefited from this more humane treatment, and many were able to leave the hospital.



Figure 11.1.1.4: This painting by Tony Robert-Fleury depicts Dr. Philippe Pinel ordering the removal of chains from patients at the Salpêtrière asylum in Paris.

In the 19th century, Dorothea **Dix** led reform efforts for mental health care in the United States (See figure 11.1.1.5). She investigated how those who are mentally ill and poor were cared for, and she discovered an underfunded and unregulated system that perpetuated abuse of this population (Tiffany, 1891). Horrified by her findings, Dix began lobbying various state legislatures and the U.S. Congress for change (Tiffany, 1891). Her efforts led to the creation of the first mental asylums in the United States.



Figure 11.1.1.5: Dorothea Dix was a social reformer who became an advocate for the indigent insane and was instrumental in creating the first American mental asylum. She did this by relentlessly lobbying state legislatures and Congress to set up and fund such institutions.

Despite reformers' efforts, however, a typical asylum was filthy, offered very little treatment, and often kept people for decades. At Willard Psychiatric Center in upstate New York, for example, one treatment was to submerge patients in cold baths for long periods of time. Electroshock treatment was also used, and the way the treatment was administered often broke patients' backs; in 1943, doctors at Willard administered $1,443$ shock treatments (Willard Psychiatric Center, 2009). (Electroshock is now called electroconvulsive treatment, and the therapy is still used, but with safeguards and under anesthesia. A brief application of electric stimulus is used to produce a generalized seizure. Controversy continues over its effectiveness versus the side effects.) Many of the wards and rooms were so cold that a glass of water would be frozen by morning (Willard Psychiatric Center, 2009). Willard's doors were not closed until 1995. Conditions like these remained commonplace until well into the 20th century.

Starting in 1954 and gaining popularity in the 1960s, antipsychotic medications were introduced. These proved a tremendous help in controlling the symptoms of certain psychological disorders, such as psychosis. Psychosis was a common diagnosis of individuals in mental hospitals, and it was often evidenced by symptoms like hallucinations and delusions, indicating a loss of contact with reality. Then in 1963, Congress passed and John F. Kennedy signed the Mental Retardation Facilities and Community Mental Health Centers Construction Act, which provided federal support and funding for community mental health centers (National Institutes of Health, 2013). This legislation changed how mental health services were delivered in the United States. It started the process of **deinstitutionalization**, the closing of large asylums, by providing for people to stay in their communities and be treated locally. In 1955, there were 558,239 severely mentally ill patients institutionalized at public hospitals (Torrey, 1997). By 1994, by percentage of the population, there were 92% fewer hospitalized individuals (Torrey, 1997).

Mental Health Treatment Today

Today, there are community mental health centers across the nation. They are located in neighborhoods near the homes of clients, and they provide large numbers of people with mental health services of various kinds and for many kinds of problems. Unfortunately, part of what occurred with deinstitutionalization was that those released from institutions were supposed to go to newly created centers, but the system was not set up effectively. Centers were underfunded, staff was not trained to handle severe illnesses such as schizophrenia, there was high staff burnout, and no provision was made for the other services people needed, such as housing, food, and job training. Without these supports, those people released under deinstitutionalization often ended up homeless. Even today, a large portion of the homeless population is considered to be mentally ill (See figure $11.1.1.6$). Statistics show that 26% of homeless adults living in shelters experience mental illness (U.S. Department of Housing and Urban Development [HUD], 2011).



(a) (b)

Figure $11.1.1.6$: (a) Of the homeless individuals in U.S. shelters, about one-quarter have a severe mental illness (HUD, 2011). (b) Correctional institutions also report a high number of individuals living with mental illness. (credit a: modification of work by C.G.P. Grey; credit b: modification of work by Bart Everson)

Another group of the mentally ill population is involved in the corrections system. According to a 2006 special report by the Bureau of Justice Statistics (BJS), approximately $705,600$ mentally ill adults were incarcerated in the state prison system, and another $78,800$ were incarcerated in the federal prison system. A further $479,000$ were in local jails. According to the study, "people with mental illnesses are overrepresented in probation and parole populations at estimated rates ranging from two to four times the general population" (Prins & Draper, 2009, p. 23). The Treatment Advocacy Center reported that the growing number of mentally ill inmates has placed a burden on the correctional system (Torrey et al., 2014).

Today, instead of asylums, there are psychiatric hospitals run by state governments and local community hospitals focused on short-term care. In all types of hospitals, the emphasis is on short-term stays, with the average length of stay being less than two weeks and often only several days. This is partly due to the very high cost of psychiatric hospitalization, which can be about $\$800$ to

$1000 per night (Stensland, Watson, & Grazier, 2012). Therefore, insurance coverage often limits the length of time a person can be hospitalized for treatment. Usually individuals are hospitalized only if they are an imminent threat to themselves or others.

Most people suffering from mental illnesses are not hospitalized. If someone is feeling very depressed, complains of hearing voices, or feels anxious all the time, he or she might seek psychological treatment. A friend, spouse, or parent might refer someone for treatment. The individual might go see his primary care physician first and then be referred to a mental health practitioner.

Some people seek treatment because they are involved with the state's child protective services—that is, their children have been removed from their care due to abuse or neglect. The parents might be referred to psychiatric or substance abuse facilities and the children would likely receive treatment for trauma. If the parents are interested in and capable of becoming better parents, the goal of treatment might be family reunification. For other children whose parents are unable to change—for example, the parent or parents who are heavily addicted to drugs and refuse to enter treatment—the goal of therapy might be to help the children adjust to foster care and/or adoption (See figure 11.1.1.7 below).



Figure 11.1.1.7: Therapy with children may involve play. (credit: "LizMarie_AK"/Flick4)

Some people seek therapy because the criminal justice system referred them or required them to go. For some individuals, for example, attending weekly counseling sessions might be a condition of parole. If an individual is mandated to attend therapy, she is seeking services involuntarily. **Involuntary treatment** refers to therapy that is not the individual's choice. Other individuals might voluntarily seek treatment. **Voluntary treatment** means the person chooses to attend therapy to obtain relief from symptoms.

Psychological treatment can occur in a variety of places. An individual might go to a community mental health center or a practitioner in private or community practice. A child might see a school counselor, school psychologist, or school social worker. An incarcerated person might receive group therapy in prison. There are many different types of treatment providers, and licensing requirements vary from state to state. Besides psychologists and psychiatrists, there are clinical social workers, marriage and family therapists, and trained religious personnel who also perform counseling and therapy.

A range of funding sources pay for mental health treatment: health insurance, government, and private pay. In the past, even when people had health insurance, the coverage would not always pay for mental health services. This changed with the Mental Health Parity and Addiction Equity Act of 2008, which requires group health plans and insurers to make sure there is parity of mental health services (U.S. Department of Labor, n.d.). This means that co-pays, total number of visits, and deductibles for mental health and substance abuse treatment need to be equal to and cannot be more restrictive or harsher than those for physical illnesses and medical/surgical problems.

Finding treatment sources is also not always easy: there may be limited options, especially in rural areas and low-income urban areas; waiting lists; poor quality of care available for indigent patients; and financial obstacles such as co-pays, deductibles, and time off from work. Over 85% of the $l,669$ federally designated mental health professional shortage areas are rural; often primary care physicians and law enforcement are the first-line mental health providers (Ivey, Scheffler, & Zazzali, 1998), although they do not have the specialized training of a mental health professional, who often would be better equipped to provide care. Availability, accessibility, and acceptability (the stigma attached to mental illness) are all problems in rural areas. Approximately two-thirds of those with symptoms receive no care at all (U.S. Department of Health and Human Services, 2005; Wagenfeld, Murray, Mohatt, & DeBruiynb, 1994). At the end of 2013, the U.S. Department of Agriculture announced an investment of $50 million to help improve access and treatment for mental health problems as part of the Obama administration's effort to strengthen rural communities.

Summary

It was once believed that people with psychological disorders, or those exhibiting strange behavior, were possessed by demons. These people were forced to take part in exorcisms, were imprisoned, or executed. Later, asylums were built to house the mentally ill, but the patients received little to no treatment, and many of the methods used were cruel. Philippe Pinel and Dorothea Dix argued for more humane treatment of people with psychological disorders. In the mid-1960s, the deinstitutionalization movement

gained support and asylums were closed, enabling people with mental illness to return home and receive treatment in their own communities. Some did go to their family homes, but many became homeless due to a lack of resources and support mechanisms.

Today, instead of asylums, there are psychiatric hospitals run by state governments and local community hospitals, with the emphasis on short-term stays. However, most people suffering from mental illness are not hospitalized. A person suffering symptoms could speak with a primary care physician, who most likely would refer him to someone who specializes in therapy. The person can receive outpatient mental health services from a variety of sources, including psychologists, psychiatrists, marriage and family therapists, school counselors, clinical social workers, and religious personnel. These therapy sessions would be covered through insurance, government funds, or private (self) pay.

Glossary

asylum
: institution created for the specific purpose of housing people with psychological disorders

deinstitutionalization
: process of closing large asylums and integrating people back into the community where they can be treated locally

involuntary treatment
: therapy that is mandated by the courts or other systems

voluntary treatment
: therapy that a person chooses to attend in order to obtain relief from her symptoms

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11.1.2: Types of Treatment

Learning Objectives

- Distinguish between psychotherapy and biomedical therapy
- Recognize various orientations to psychotherapy
- Discuss psychotropic medications and recognize which medications are used to treat specific psychological disorders

One of the goals of therapy is to help a person stop repeating and reenacting destructive patterns and to start looking for better solutions to difficult situations. This goal is reflected in the following poem:

Autobiography in Five Short Chapters by Portia Nelson (1993)

Chapter One

I walk down the street.

There is a deep hole in the sidewalk.

I fall in.

I am lost. . . . I am helpless.

It isn't my fault.

It takes forever to find a way out.

Chapter Two

I walk down the same street.

There is a deep hole in the sidewalk.

I pretend I don't see it.

I fall in again.

I can't believe I am in this same place.

But, it isn't my fault.

It still takes a long time to get out.

Chapter Three

I walk down the same street.

There is a deep hole in the sidewalk.

I *see* it is there.

I still fall in . . . it's a habit . . . but,

my eyes are open.

I know where I am.

It is *my* fault.

I get out immediately.

Chapter Four

I walk down the same street.

There is a deep hole in the sidewalk.

I walk around it.

Chapter Five

I walk down another street.

Two types of therapy are psychotherapy and biomedical therapy. Both types of treatment help people with psychological disorders, such as depression, anxiety, and schizophrenia. **Psychotherapy** is a psychological treatment that employs various methods to help someone overcome personal problems, or to attain personal growth. In modern practice, it has evolved ino what is known as psychodynamic therapy, which will be discussed later. **Biomedical therapy** involves medication and/or medical procedures to treat psychological disorders. First, we will explore the various psychotherapeutic orientations outlined in the Table 11.1.2.1 below (many of these orientations were discussed in the Introduction chapter).

Table 11.1.2.1**:** Various Psychotherapy Techniques

Type	Description	Example
Psychodynamic psychotherapy	Talk therapy based on belief that the unconscious and childhood conflicts impact behavior	Patient talks about his past
Play therapy	Psychoanalytical therapy wherein interaction with toys is used instead of talk; used in child therapy	Patient (child) acts out family scenes with dolls
Behavior therapy	Principles of learning applied to change undesirable behaviors	Patient learns to overcome fear of elevators through several stages of relaxation techniques
Cognitive therapy	Awareness of cognitive process helps patients eliminate thought patterns that lead to distress	Patient learns not to overgeneralize failure based on single failure
Cognitive-behavioral therapy	Work to change cognitive distortions and self-defeating behaviors	Patient learns to identify self-defeating behaviors to overcome an eating disorder
Humanistic therapy	Increase self-awareness and acceptance through focus on conscious thoughts	Patient learns to articulate thoughts that keep her from achieving her goals

Psychotherapy Techniques: Psychoanalysis

Psychoanalysis was developed by Sigmund **Freud** and was the first form of psychotherapy. It was the dominant therapeutic technique in the early 20th century, but it has since waned significantly in popularity. Freud believed most of our psychological problems are the result of repressed impulses and trauma experienced in childhood, and he believed psychoanalysis would help uncover long-buried feelings. In a psychoanalyst's office, you might see a patient lying on a couch speaking of dreams or childhood memories, and the therapist using various Freudian methods such as free association and dream analysis (See figure 11.1.2.1). In **free association**, the patient relaxes and then says whatever comes to mind at the moment. However, Freud felt that the ego would at times try to block, or repress, unacceptable urges or painful conflicts during free association. Consequently, a patient would demonstrate resistance to recalling these thoughts or situations. In **dream analysis**, a therapist interprets the underlying meaning of dreams.

Psychoanalysis is a therapy approach that typically takes years. Over the course of time, the patient reveals a great deal about himself to the therapist. Freud suggested that during this patient-therapist relationship, the patient comes to develop strong feelings for the therapist—maybe positive feelings, maybe negative feelings. Freud called this **transference**: the patient transfers all the positive or negative emotions associated with the patient's other relationships to the psychoanalyst. For example, Crystal is seeing a psychoanalyst. During the years of therapy, she comes to see her therapist as a father figure. She transfers her feelings about her father onto her therapist, perhaps in an effort to gain the love and attention she did not receive from her own father.



Figure 11.1.2.1: This is the famous couch in Freud's consulting room. Patients were instructed to lie comfortably on the couch and to face away from Freud in order to feel less inhibited and to help them focus. Today, a psychotherapy patient is not likely to lie on a couch; instead he is more likely to sit facing the therapist (Prochaska & Norcross, 2010). (credit: Robert Huffstutter)

Today, Freud's psychoanalytical perspective has been expanded upon by the developments of subsequent theories and methodologies: the **psychodynamic** perspective. This approach to therapy remains centered on the role of people's internal drives and forces, but treatment is less intensive than Freud's original model.

Psychotherapy: Play Therapy

Play therapy is often used with children since they are not likely to sit on a couch and recall their dreams or engage in traditional talk therapy. This technique uses a therapeutic process of play to "help clients prevent or resolve psychosocial difficulties and achieve optimal growth" (O'Connor, 2000, p. 7). The idea is that children play out their hopes, fantasies, and traumas while using dolls, stuffed animals, and sandbox figurines (See figure 11.1.2.2). Play therapy can also be used to help a therapist make a diagnosis. The therapist observes how the child interacts with toys (e.g., dolls, animals, and home settings) in an effort to understand the roots of the child's disturbed behavior. Play therapy can be nondirective or directive. In nondirective play therapy, children are encouraged to work through their problems by playing freely while the therapist observes (LeBlanc & Ritchie, 2001). In directive play therapy, the therapist provides more structure and guidance in the play session by suggesting topics, asking questions, and even playing with the child (Harter, 1977).



Figure 11.1.2.2: This type of play therapy is known as sandplay or sandtray therapy. Children can set up a three-dimensional world using various figures and objects that correspond to their inner state (Kalff, 1991). (credit: Kristina Walter)

Psychotherapy: Behavior Therapy

In **psychoanalysis**, therapists help their patients look into their past to uncover repressed feelings. In **behavior therapy**, a therapist employs principles of learning to help clients change undesirable behaviors—rather than digging deeply into one's unconscious. Therapists with this orientation believe that dysfunctional behaviors, like phobias and bedwetting, can be changed by teaching clients new, more constructive behaviors. Behavior therapy employs both classical and operant conditioning techniques to change behavior.

One type of behavior therapy utilizes classical conditioning techniques. Therapists using these techniques believe that dysfunctional behaviors are conditioned responses. Applying the conditioning principles developed by Ivan Pavlov, these therapists seek to recondition their clients and thus change their behavior. Emmie is eight years old, and frequently wets her bed at night. She's been invited to several sleepovers, but she won't go because of her problem. Using a type of conditioning therapy, Emmie begins to sleep on a liquid-sensitive bed pad that is hooked to an alarm. When moisture touches the pad, it sets off the alarm, waking up Emmie. When this process is repeated enough times, Emmie develops an association between urinary relaxation and waking up, and this stops the bedwetting. Emmie has now gone three weeks without wetting her bed and is looking forward to her first sleepover this weekend.

One commonly used classical conditioning therapeutic technique is **counterconditioning**: a client learns a new response to a stimulus that has previously elicited an undesirable behavior. Two counterconditioning techniques are aversive conditioning and exposure therapy. **Aversive conditioning** uses an unpleasant stimulus to stop an undesirable behavior. Therapists apply this technique to eliminate addictive behaviors, such as smoking, nail biting, and drinking. In aversion therapy, clients will typically engage in a specific behavior (such as nail biting) and at the same time are exposed to something unpleasant, such as a mild electric shock or a bad taste. After repeated associations between the unpleasant stimulus and the behavior, the client can learn to stop the unwanted behavior.

Aversion therapy has been used effectively for years in the treatment of alcoholism (Davidson, 1974; Elkins, 1991; Streeton & Whelan, 2001). One common way this occurs is through a chemically based substance known as Antabuse. When a person takes Antabuse and then consumes alcohol, uncomfortable side effects result including nausea, vomiting, increased heart rate, heart palpitations, severe headache, and shortness of breath. Antabuse is repeatedly paired with alcohol until the client associates alcohol with unpleasant feelings, which decreases the client's desire to consume alcohol. Antabuse creates a conditioned aversion to alcohol because it replaces the original pleasure response with an unpleasant one.

In **exposure therapy**, a therapist seeks to treat clients' fears or anxiety by presenting them with the object or situation that causes their problem, with the idea that they will eventually get used to it. This can be done via reality, imagination, or virtual reality. Exposure therapy was first reported in 1924 by Mary Cover Jones, who is considered the mother of behavior therapy. Jones worked with a boy named Peter who was afraid of rabbits. Her goal was to replace Peter's fear of rabbits with a conditioned response of relaxation, which is a response that is incompatible with fear (See figure 11.1.2.3). How did she do it? Jones began by placing a caged rabbit on the other side of a room with Peter while he ate his afternoon snack. Over the course of several days, Jones moved the rabbit closer and closer to where Peter was seated with his snack. After two months of being exposed to the rabbit while relaxing with his snack, Peter was able to hold the rabbit and pet it while eating (Jones, 1924).

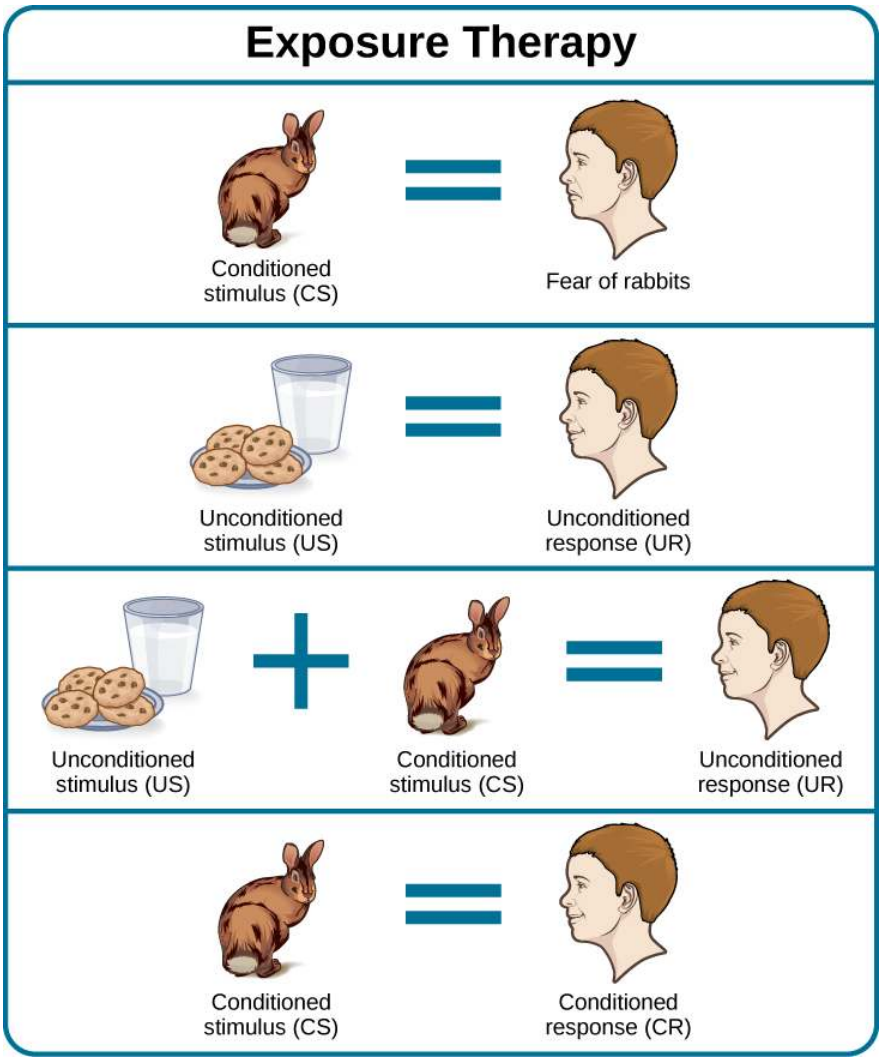


Figure 11.1.2.3: Exposure therapy seeks to change the response to a conditioned stimulus (CS). An unconditioned stimulus is presented over and over just after the presentation of the conditioned stimulus. This figure shows conditioning as conducted in Mary Cover Jones' 1924 study.

Thirty years later, Joseph Wolpe (1958) refined Jones's techniques, giving us the behavior therapy technique of exposure therapy that is used today. A popular form of exposure therapy is **systematic desensitization**, wherein a calm and pleasant state is gradually associated with increasing levels of anxiety-inducing stimuli. The idea is that you can't be nervous and relaxed at the same time. Therefore, if you can learn to relax when you are facing environmental stimuli that make you nervous or fearful, you can eventually eliminate your unwanted fear response (Wolpe, 1958) (See figure 11.1.2.4 below).



Figure 11.1.2.4: This person suffers from arachnophobia (fear of spiders). Through exposure therapy he is learning how to face his fear in a controlled, therapeutic setting. (credit: "GollyGforce – Living My Worst Nightmare"/Flickr)

How does exposure therapy work? Jayden is terrified of elevators. Nothing bad has ever happened to him on an elevator, but he's so afraid of elevators that he will always take the stairs. That wasn't a problem when Jayden worked on the second floor of an office building, but now he has a new job—on the 29th floor of a skyscraper in downtown Los Angeles. Jayden knows he can't

climb 29 flights of stairs in order to get to work each day, so he decided to see a behavior therapist for help. The therapist asks Jayden to first construct a hierarchy of elevator-related situations that elicit fear and anxiety. They range from situations of mild anxiety such as being nervous around the other people in the elevator, to the fear of getting an arm caught in the door, to panic-provoking situations such as getting trapped or the cable snapping. Next, the therapist uses progressive relaxation. She teaches Jayden how to relax each of his muscle groups so that he achieves a drowsy, relaxed, and comfortable state of mind. Once he's in this state, she asks Jayden to imagine a mildly anxiety-provoking situation. Jayden is standing in front of the elevator thinking about pressing the call button.

If this scenario causes Jayden anxiety, he lifts his finger. The therapist would then tell Jayden to forget the scene and return to his relaxed state. She repeats this scenario over and over until Jayden can imagine himself pressing the call button without anxiety. Over time the therapist and Jayden use progressive relaxation and imagination to proceed through all of the situations on Jayden's hierarchy until he becomes desensitized to each one. After this, Jayden and the therapist begin to practice what he only previously envisioned in therapy, gradually going from pressing the button to actually riding an elevator. The goal is that Jayden will soon be able to take the elevator all the way up to the 29th floor of his office without feeling any anxiety.

Sometimes, it's too impractical, expensive, or embarrassing to re-create anxiety- producing situations, so a therapist might employ **virtual reality exposure therapy** by using a simulation to help conquer fears. Virtual reality exposure therapy has been used effectively to treat numerous anxiety disorders such as the fear of public speaking, claustrophobia (fear of enclosed spaces), aviophobia (fear of flying), and post-traumatic stress disorder (PTSD), a trauma and stressor-related disorder (Gerardi, Cukor, Difede, Rizzo, & Rothbaum, 2010).

Some behavior therapies employ operant conditioning. Recall what you learned about operant conditioning: We have a tendency to repeat behaviors that are reinforced. What happens to behaviors that are not reinforced? They become extinguished. These principles can be applied to help people with a wide range of psychological problems. For instance, operant conditioning techniques designed to reinforce positive behaviors and punish unwanted behaviors have been an effective tool to help children with autism (Lovaas, 1987, 2003; Sallows & Graupner, 2005; Wolf & Risley, 1967). This technique is called Applied Behavior Analysis (ABA). In this treatment, child-specific reinforcers (e.g., stickers, praise, candy, bubbles, and extra play time) are used to reward and motivate autistic children when they demonstrate desired behaviors such as sitting on a chair when requested, verbalizing a greeting, or making eye contact. Punishment such as a timeout or a sharp "No!" from the therapist or parent might be used to discourage undesirable behaviors such as pinching, scratching, and pulling hair.

One popular operant conditioning intervention is called the **token economy**. This involves a controlled setting where individuals are reinforced for desirable behaviors with tokens, such as a poker chip, that can be exchanged for items or privileges. Token economies are often used in psychiatric hospitals to increase patient cooperation and activity levels. Patients are rewarded with tokens when they engage in positive behaviors (e.g., making their beds, brushing their teeth, coming to the cafeteria on time, and socializing with other patients). They can later exchange the tokens for extra TV time, private rooms, visits to the canteen, and so on (Dickerson, Tenhula, & Green-Paden, 2005).

Psychotherapy: Cognitive Therapy

Cognitive therapy is a form of psychotherapy that focuses on how a person's thoughts lead to feelings of distress. The idea behind cognitive therapy is that how you think determines how you feel and act. Cognitive therapists help their clients change dysfunctional thoughts in order to relieve distress. They help a client see how they misinterpret a situation (cognitive distortion). For example, a client may overgeneralize. Because Ray failed one test in his Psychology 101 course, he feels he is stupid and worthless. These thoughts then cause his mood to worsen. Therapists also help clients recognize when they blow things out of proportion. Because Ray failed his Psychology 101 test, he has concluded that he's going to fail the entire course and probably flunk out of college altogether. These errors in thinking have contributed to Ray's feelings of distress. His therapist will help him challenge these irrational beliefs, focus on their illogical basis, and correct them with more logical and rational thoughts and beliefs.

Cognitive therapy was developed by psychiatrist Aaron **Beck** in the 1960s. His initial focus was on depression and how a client's self-defeating attitude served to maintain a depression despite positive factors in her life (Beck, Rush, Shaw, & Emery, 1979) (See figure 11.1.2.5). Through questioning, a cognitive therapist can help a client recognize dysfunctional ideas, challenge catastrophizing thoughts about themselves and their situations, and find a more positive way to view things (Beck, 2011).

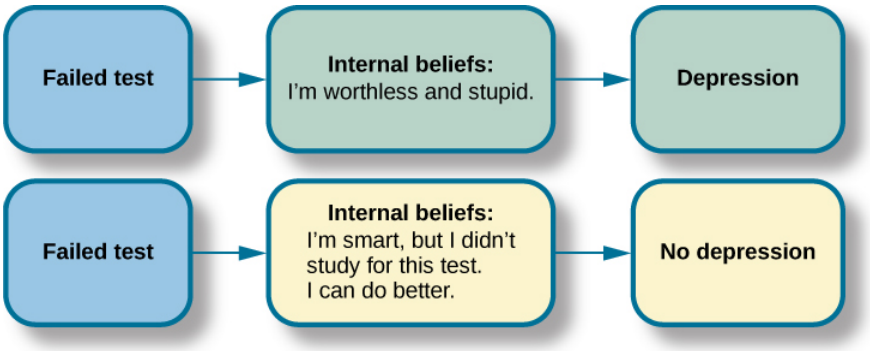


Figure 11.1.2.5: Your emotional reactions are the result of your thoughts about the situation rather than the situation itself. For instance, if you consistently interpret events and emotions around the themes of loss and defeat, then you are likely to be depressed. Through therapy, you can learn more logical ways to interpret situations.

Psychotherapy: Cognitive-Behavioral Therapy

Cognitive-behavioral therapists focus much more on present issues than on a patient's childhood or past, as in other forms of psychotherapy. One of the first forms of cognitive-behavioral therapy was **rational emotive therapy (RET)**, which was founded by Albert Ellis and grew out of his dislike of Freudian psychoanalysis (Daniel, n.d.). Behaviorists such as Joseph Wolpe also influenced Ellis's therapeutic approach (National Association of Cognitive-Behavioral Therapists, 2009).

Cognitive-behavioral therapy (CBT) helps clients examine how their thoughts affect their behavior. It aims to change cognitive distortions and self-defeating behaviors. In essence, this approach is designed to change the way people think as well as how they act. It is similar to cognitive therapy in that CBT attempts to make individuals aware of their irrational and negative thoughts and helps people replace them with new, more positive ways of thinking. It is also similar to behavior therapies in that CBT teaches people how to practice and engage in more positive and healthy approaches to daily situations. In total, hundreds of studies have shown the effectiveness of cognitive-behavioral therapy in the treatment of numerous psychological disorders such as depression, PTSD, anxiety disorders, eating disorders, bipolar disorder, and substance abuse (Beck Institute for Cognitive Behavior Therapy, n.d.). For example, CBT has been found to be effective in decreasing levels of hopelessness and suicidal thoughts in previously suicidal teenagers (Alavi, Sharifi, Ghanizadeh, & Dehbozorgi, 2013). Cognitive-behavioral therapy has also been effective in reducing PTSD in specific populations, such as transit workers (Lowinger & Rombom, 2012).

Cognitive-behavioral therapy aims to change cognitive distortions and self-defeating behaviors using techniques like the ABC model. With this model, there is an **A**ction (sometimes called an activating event), the **B**elief about the event, and the **C**onsequences of this belief. Let's say, Jon and Joe both go to a party. Jon and Joe each have met a young woman at the party: Jon is talking with Megan most of the party, and Joe is talking with Amanda. At the end of the party, Jon asks Megan for her phone number and Joe asks Amanda. Megan tells Jon she would rather not give him her number, and Amanda tells Joe the same thing. Both Jon and Joe are surprised, as they thought things were going well. What can Jon and Joe tell themselves about why the women were not interested? Let's say Jon tells himself he is a loser, or is ugly, or "has no game." Jon then gets depressed and decides not to go to another party, which starts a cycle that keeps him depressed. Joe tells himself that he had bad breath, goes out and buys a new toothbrush, goes to another party, and meets someone new.

Jon's belief about what happened results in a consequence of further depression, whereas Joe's belief does not. Jon is internalizing the attribution or reason for the rebuffs, which triggers his depression. On the other hand, Joe is externalizing the cause, so his thinking does not contribute to feelings of depression. Cognitive-behavioral therapy examines specific maladaptive and automatic thoughts and cognitive distortions. Some examples of cognitive distortions are all-or-nothing thinking, overgeneralization, and jumping to conclusions. In overgeneralization, someone takes a small situation and makes it huge—for example, instead of saying, "This particular woman was not interested in me," the man says, "I am ugly, a loser, and no one is ever going to be interested in me."

All or nothing thinking, which is a common type of cognitive distortion for people suffering from depression, reflects extremes. In other words, everything is black or white. After being turned down for a date, Jon begins to think, "No woman will ever go out with me. I'm going to be alone forever." He begins to feel anxious and sad as he contemplates his future.

The third kind of distortion involves jumping to conclusions—assuming that people are thinking negatively about you or reacting negatively to you, even though there is no evidence. Consider the example of Savannah and Hillaire, who recently met at a party.

They have a lot in common, and Savannah thinks they could become friends. She calls Hillaire to invite her for coffee. Since Hillaire doesn't answer, Savannah leaves her a message. Several days go by and Savannah never hears back from her potential new friend. Maybe Hillaire never received the message because she lost her phone or she is too busy to return the phone call. But if Savannah believes that Hillaire didn't like Savannah or didn't want to be her friend, she is demonstrating the cognitive distortion of jumping to conclusions.

How effective is CBT? One client said this about his cognitive-behavioral therapy:

> *"I have had many painful episodes of depression in my life, and this has had a negative effect on my career and has put considerable strain on my friends and family. The treatments I have received, such as taking antidepressants and psychodynamic counseling, have helped [me] to cope with the symptoms and to get some insights into the roots of my problems. CBT has been by far the most useful approach I have found in tackling these mood problems. It has raised my awareness of how my thoughts impact on my moods. How the way I think about myself, about others and about the world can lead me into depression. It is a practical approach, which does not dwell so much on childhood experiences, whilst acknowledging that it was then that these patterns were learned. It looks at what is happening now, and gives tools to manage these moods on a daily basis." (Martin, 2007, n.p.)*

Psychotherapy: Humanistic Therapy

Humanistic psychology focuses on helping people achieve their potential. So it makes sense that the goal of **humanistic therapy** is to help people become more self-aware and accepting of themselves. In contrast to psychoanalysis, humanistic therapists focus on conscious rather than unconscious thoughts. They also emphasize the patient's present and future, as opposed to exploring the patient's past.

Psychologist Carl **Rogers** developed a therapeutic orientation known as **Rogerian**, or **client-centered therapy**. Note the change from *patients* to *clients*. Rogers (1951) felt that the term patient suggested the person seeking help was sick and looking for a cure. Since this is a form of **nondirective therapy**, a therapeutic approach in which the therapist does not give advice or provide interpretations but helps the person to identify conflicts and understand feelings, Rogers (1951) emphasized the importance of the person taking control of his own life to overcome life's challenges.

In client-centered therapy, the therapist uses the technique of active listening. In active listening, the therapist acknowledges, restates, and clarifies what the client expresses. Therapists also practice what Rogers called **unconditional positive regard**, which involves not judging clients and simply accepting them for who they are. Rogers (1951) also felt that therapists should demonstrate genuineness, empathy, and acceptance toward their clients because this helps people become more accepting of themselves, which results in personal growth.

Evaluating Various Forms of Psychotherapy

How can we assess the effectiveness of psychotherapy? Is one technique more effective than another? For anyone considering therapy, these are important questions. According to the American Psychological Association, three factors work together to produce successful treatment. The first is the use of evidence-based treatment that is deemed appropriate for your particular issue. The second important factor is the clinical expertise of the psychologist or therapist. The third factor is your own characteristics, values, preferences, and culture. Many people begin psychotherapy feeling like their problem will never be resolved; however, psychotherapy helps people see that they can do things to make their situation better. Psychotherapy can help reduce a person's anxiety, depression, and maladaptive behaviors. Through psychotherapy, individuals can learn to engage in healthy behaviors designed to help them better express emotions, improve relationships, think more positively, and perform more effectively at work or school.

Many studies have explored the effectiveness of psychotherapy. For example, one large-scale study that examined 16 meta-analyses of CBT reported that it was equally effective or more effective than other therapies in treating PTSD, generalized anxiety disorder, depression, and social phobia (Butlera, Chapmanb, Formanc, & Becka, 2006). Another study found that CBT was as effective at treating depression (43% success rate) as prescription medication (50% success rate) compared to the placebo rate of 25% (DeRubeis et al., 2005). Another meta-analysis found that psychodynamic therapy was also as effective at treating these types of psychological issues as CBT (Shedler, 2010). However, no studies have found one psychotherapeutic approach more effective than another (Abbass, Kisely, & Kroenke, 2006; Chorpita et al., 2011), nor have they shown any relationship between a client's treatment outcome and the level of the clinician's training or experience (Wampold, 2007). Regardless of which type of psychotherapy an

individual chooses, one critical factor that determines the success of treatment is the person's relationship with the psychologist or therapist.

Biomedical Therapies

Individuals can be prescribed biologically based treatments or psychotropic medications that are used to treat mental disorders. While these are often used in combination with psychotherapy, they also are taken by individuals not in therapy. This is known as **biomedical therapy**. Medications used to treat psychological disorders are called psychotropic medications and are prescribed by medical doctors, including psychiatrists. In Louisiana and New Mexico, psychologists are able to prescribe some types of these medications (American Psychological Association, 2014).

Different types and classes of medications are prescribed for different disorders. A depressed person might be given an antidepressant, a bipolar individual might be given a mood stabilizer, and a schizophrenic individual might be given an antipsychotic. These medications treat the symptoms of a psychological disorder. They can help people feel better so that they can function on a daily basis, but they do not cure the disorder. Some people may only need to take a psychotropic medication for a short period of time. Others with severe disorders like bipolar disorder or schizophrenia may need to take psychotropic medication for a long time. The Table 11.1.2.2 below shows the types of medication and how they are used.

Table 11.1.2.2**:** Commonly Prescribed Psychotropic Medications

Type of Medication	Used to Treat	Brand Names of Commonly Prescribed Medications	How They Work	Side Effects
Antipsychotics (developed in the 1950s)	Schizophrenia and other types of severe thought disorders	Haldol, Mellaril, Prolixin, Thorazine	Treat positive psychotic symptoms such as auditory and visual hallucinations, delusions, and paranoia by blocking the neurotransmitter dopamine	Long-term use can lead to tardive dyskinesia, involuntary movements of the arms, legs, tongue and facial muscles, resulting in Parkinson's-like tremors
Atypical Antipsychotics (developed in the late 1980s)	Schizophrenia and other types of severe thought disorders	Abilify, Risperdal, Clozaril	Treat the negative symptoms of schizophrenia, such as withdrawal and apathy, by targeting both dopamine and serotonin receptors; newer medications may treat both positive and negative symptoms	Can increase the risk of obesity and diabetes as well as elevate cholesterol levels; constipation, dry mouth, blurred vision, drowsiness, and dizziness
Anti-depressants	Depression and increasingly for anxiety	Paxil, Prozac, Zoloft (selective serotonin reuptake inhibitors, [SSRIs]); Tofranil and Elavil (tricyclics)	Alter levels of neurotransmitters such as serotonin and norepinephrine	SSRIs: headache, nausea, weight gain, drowsiness, reduced sex drive Tricyclics: dry mouth, constipation, blurred vision, drowsiness, reduced sex drive, increased risk of suicide
Anti-anxiety agents	Anxiety and agitation that occur in OCD, PTSD, panic disorder, and social phobia	Xanax, Valium, Ativan	Depress central nervous system activity	Drowsiness, dizziness, headache, fatigue, lightheadedness

Type of Medication	Used to Treat	Brand Names of Commonly Prescribed Medications	How They Work	Side Effects
Mood Stabilizers	Bipolar disorder	Lithium, Depakote, Lamictal, Tegretol	Treat episodes of mania as well as depression	Excessive thirst, irregular heartbeat, itching/rash, swelling (face, mouth, and extremities), nausea, loss of appetite
Stimulants	ADHD	Adderall, Ritalin	Improve ability to focus on a task and maintain attention	Decreased appetite, difficulty sleeping, stomachache, headache

Another biologically based treatment that continues to be used, although infrequently, is **electroconvulsive therapy (ECT)** (formerly known by its unscientific name as electroshock therapy). It involves using an electrical current to induce seizures to help alleviate the effects of severe depression. The exact mechanism is unknown, although it does help alleviate symptoms for people with severe depression who have not responded to traditional drug therapy (Pagnin, de Queiroz, Pini, & Cassano, 2004). About 85% of people treated with ECT improve (Reti, n.d.). However, the memory loss associated with repeated administrations has led to it being implemented as a last resort (Donahue, 2000; Prudic, Peyser, & Sackeim, 2000). A more recent alternative is transcranial magnetic stimulation (TMS), a procedure approved by the FDA in 2008 that uses magnetic fields to stimulate nerve cells in the brain to improve depression symptoms; it is used when other treatments have not worked (Mayo Clinic, 2012).

DIG DEEPER: Evidence-based Practice

A buzzword in therapy today is evidence-based practice. However, it's not a novel concept but one that has been used in medicine for at least two decades. Evidence-based practice is used to reduce errors in treatment selection by making clinical decisions based on research (Sackett & Rosenberg, 1995). In any case, evidence-based treatment is on the rise in the field of psychology. So what is it, and why does it matter? In an effort to determine which treatment methodologies are evidenced-based, professional organizations such as the American Psychological Association (APA) have recommended that specific psychological treatments be used to treat certain psychological disorders (Chambless & Ollendick, 2001). According to the APA (2005), "Evidence-based practice in psychology (EBPP) is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences" (p. 1).

The foundational idea behind evidence based treatment is that best practices are determined by research evidence that has been compiled by comparing various forms of treatment (Charman & Barkham, 2005). These treatments are then operationalized and placed in treatment manuals—trained therapists follow these manuals. The benefits are that evidence-based treatment can reduce variability between therapists to ensure that a specific approach is delivered with integrity (Charman & Barkham, 2005). Therefore, clients have a higher chance of receiving therapeutic interventions that are effective at treating their specific disorder. While EBPP is based on randomized control trials, critics of EBPP reject it stating that the results of trials cannot be applied to individuals and instead determinations regarding treatment should be based on a therapist's judgment (Mullen & Streiner, 2004).

Summary

Psychoanalysis was developed by Sigmund Freud. Freud's theory is that a person's psychological problems are the result of repressed impulses or childhood trauma. The goal of the therapist is to help a person uncover buried feelings by using techniques such as free association and dream analysis.

Play therapy is a psychodynamic therapy technique often used with children. The idea is that children play out their hopes, fantasies, and traumas, using dolls, stuffed animals, and sandbox figurines.

In behavior therapy, a therapist employs principles of learning from classical and operant conditioning to help clients change undesirable behaviors. Counterconditioning is a commonly used therapeutic technique in which a client learns a new response to a stimulus that has previously elicited an undesirable behavior via classical conditioning. Principles of operant conditioning can be

applied to help people deal with a wide range of psychological problems. Token economy is an example of a popular operant conditioning technique.

Cognitive therapy is a technique that focuses on how thoughts lead to feelings of distress. The idea behind cognitive therapy is that how you think determines how you feel and act. Cognitive therapists help clients change dysfunctional thoughts in order to relieve distress. Cognitive-behavioral therapy explores how our thoughts affect our behavior. Cognitive-behavioral therapy aims to change cognitive distortions and self-defeating behaviors.

Humanistic therapy focuses on helping people achieve their potential. One form of humanistic therapy developed by Carl Rogers is known as client-centered or Rogerian therapy. Client-centered therapists use the techniques of active listening, unconditional positive regard, genuineness, and empathy to help clients become more accepting of themselves.

Often in combination with psychotherapy, people can be prescribed biologically based treatments such as psychotropic medications and/or other medical procedures such as electro-convulsive therapy.

Glossary

aversive conditioning
counterconditioning technique that pairs an unpleasant stimulant with an undesirable behavior

behavior therapy
therapeutic orientation that employs principles of learning to help clients change undesirable behaviors

biomedical therapy
treatment that involves medication and/or medical procedures to treat psychological disorders

cognitive-behavioral therapy
form of psychotherapy that aims to change cognitive distortions and self-defeating behaviors

cognitive therapy
form of psychotherapy that focuses on how a person's thoughts lead to feelings of distress, with the aim of helping them change these irrational thoughts

counterconditioning
classical conditioning therapeutic technique in which a client learns a new response to a stimulus that has previously elicited an undesirable behavior

dream analysis
technique in psychoanalysis in which patients recall their dreams and the psychoanalyst interprets them to reveal unconscious desires or struggles

electroconvulsive therapy (ECT)
type of biomedical therapy that involves using an electrical current to induce seizures in a person to help alleviate the effects of severe depression

exposure therapy
counterconditioning technique in which a therapist seeks to treat a client's fear or anxiety by presenting the feared object or situation with the idea that the person will eventually get used to it

free association
technique in psychoanalysis in which the patient says whatever comes to mind at the moment

humanistic therapy
therapeutic orientation aimed at helping people become more self-aware and accepting of themselves

nondirective therapy

therapeutic approach in which the therapist does not give advice or provide interpretations but helps the person identify conflicts and understand feelings

play therapy
therapeutic process, often used with children, that employs toys to help them resolve psychological problems

psychoanalysis
therapeutic orientation developed by Sigmund Freud that employs free association, dream analysis, and transference to uncover repressed feelings

psychotherapy
(also, psychodynamic psychotherapy) psychological treatment that employs various methods to help someone overcome personal problems, or to attain personal growth

rational emotive therapy (RET)
form of cognitive-behavioral therapy

Rogerian (client-centered therapy)
non-directive form of humanistic psychotherapy developed by Carl Rogers that emphasizes unconditional positive regard and self-acceptance

systematic desensitization
form of exposure therapy used to treat phobias and anxiety disorders by exposing a person to the feared object or situation through a stimulus hierarchy

token economy
controlled setting where individuals are reinforced for desirable behaviors with tokens (e.g., poker chip) that be exchanged for items or privileges

transference
process in psychoanalysis in which the patient transfers all of the positive or negative emotions associated with the patient's other relationships to the psychoanalyst

unconditional positive regard
fundamental acceptance of a person regardless of what they say or do; term associated with humanistic psychology

virtual reality exposure therapy
uses a simulation rather than the actual feared object or situation to help people conquer their fears

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11.1.3: Reducing Disorder Biologically- Drug and Brain Therapy

Learning Objectives

1. Classify the different types of drugs used in the treatment of mental disorders and explain how they each work to reduce disorder.
2. Critically evaluate direct brain intervention methods that may be used by doctors to treat patients who do not respond to drug or other therapy.

Like other medical problems, psychological disorders may in some cases be treated biologically. Biomedical therapies are *treatments designed to reduce psychological disorder by influencing the action of the central nervous system*. These therapies primarily involve the use of medications but also include direct methods of brain intervention, including *electroconvulsive therapy (ECT)*, *transcranial magnetic stimulation (TMS)*, and *psychosurgery*.

Drug Therapies

Psychologists understand that an appropriate balance of neurotransmitters in the brain is necessary for mental health. If there is a proper balance of chemicals, then the person's mental health will be acceptable, but psychological disorder will result if there is a chemical imbalance. The most frequently used biological treatments provide the patient with medication that influences the production and reuptake of neurotransmitters in the central nervous system (CNS). The use of these drugs is rapidly increasing, and drug therapy is now the most common approach to treatment of most psychological disorders.

Unlike some medical therapies that can be targeted toward specific symptoms, current psychological drug therapies are not so specific; they don't change particular behaviors or thought processes, and they don't really solve psychological disorders. However, although they cannot "cure" disorder, drug therapies are nevertheless useful therapeutic approaches, particularly when combined with psychological therapy, in treating a variety of psychological disorders. The best drug combination for the individual patient is usually found through trial and error (Biedermann & Fleischhacker, 2009). The major classes and brand names of drugs used to treat psychological disorders are shown in Table 11.1.3.2.

Table 11.1.3.2 Common Medications Used to Treat Psychological Disorders

Class	Type	Brand names	Disorder	Notes
Psychostimulants		Ritalin, Adderall, Dexedrine	Attention-deficit/hyperactivity disorder (ADHD)	Very effective in most cases, at least in the short term, at reducing hyperactivity and inattention
Antidepressants	Tricyclics	Elavil, Tofranil	Depression and anxiety disorders	Less frequently prescribed today than are the serotonin reuptake inhibitors (SSRIs)
	Monamine oxidase inhibitors (MAOIs)	Ensam, Nardil, Parnate, Marpaln	Depression and anxiety disorders	Less frequently prescribed today than are the SSRIs
	SSRIs	Prozac, Paxil, Zoloft	Depression and anxiety disorders	The most frequently prescribed antidepressant medications; work by blocking the reuptake of serotonin

Class	Type	Brand names	Disorder	Notes
	Other reuptake inhibitors	Effexor, Celexa, Wellbutrin	Depression and anxiety disorders	Prescribed in some cases; work by blocking the reuptake of serotonin, norepinephrine, and dopamine
Mood stabilizers		Eskalith, Lithobid, Depakene	Bipolar disorder	Effective in reducing the mood swings associated with bipolar disorder
Antianxiety drugs	Tranquilizers (benzodiazepines)	Valium, Xanax	Anxiety, panic, and mood disorders	Work by increasing the action of the neurotransmitter GABA (gamma-aminobutyric acid)
Antipsychotics (Neuroleptics)		Thorazine, Haldol, Clozaril, Risperdal, Zyprexa	Schizophrenia	Treat the positive and, to some extent, the negative symptoms of schizophrenia by reducing the transmission of dopamine and increasing the transmission of serotonin

Using Stimulants to Treat ADHD

Attention-deficit/hyperactivity disorder (ADHD) is frequently treated with biomedical therapy, usually along with cognitive-behavior therapy (CBT). The most commonly prescribed drugs for ADHD are psychostimulants, including Ritalin, Adderall, and Dexedrine. Short-acting forms of the drugs are taken as pills and last between 4 and 12 hours, but some of the drugs are also available in long-acting forms (skin patches) that can be worn on the hip and last up to 12 hours. The patch is placed on the child early in the morning and worn all day.

Stimulants improve the major symptoms of ADHD, including inattention, impulsivity, and hyperactivity, often dramatically, in about 75% of the children who take them (Greenhill, Halperin, & Abikof, 1999). But the effects of the drugs wear off quickly. Additionally, the best drug and best dosage varies from child to child, so it may take some time to find the correct combination.

It may seem surprising to you that a disorder that involves hyperactivity is treated with a psychostimulant, a drug that normally increases activity. The answer lies in the dosage. When large doses of stimulants are taken, they increase activity, but in smaller doses the same stimulants improve attention and decrease motor activity (Zahn, Rapoport, & Thompson, 1980).

The most common side effects of psychostimulants in children include decreased appetite, weight loss, sleeping problems, and irritability as the effect of the medication tapers off. Stimulant medications may also be associated with a slightly reduced growth rate in children, although in most cases growth isn't permanently affected (Spencer, Biederman, Harding, & O'Donnell, 1996).

Antidepressant Medications

Antidepressant medications are *drugs designed to improve moods*. Although they are used primarily in the treatment of depression, they are also effective for patients who suffer from anxiety, phobias, and obsessive-compulsive disorders. Antidepressants work by influencing the production and reuptake of neurotransmitters that relate to emotion, including serotonin, norepinephrine, and dopamine. Although exactly why they work is not yet known, as the amount of the neurotransmitters in the CNS is increased through the action of the drugs, the person often experiences less depression.

The original antidepressants were the *tricyclic antidepressants*, with the brand names of Tofranil and Elavil, and the *monamine oxidase inhibitors (MAOIs)*. These medications work by increasing the amount of serotonin, norepinephrine, and dopamine at the

synapses, but they also have severe side effects including potential increases in blood pressure and the need to follow particular diets.

The antidepressants most prescribed today are the *selective serotonin reuptake inhibitors* (*SSRIs*), including Prozac, Paxil, and Zoloft, which are designed to selectively block the reuptake of serotonin at the synapse, thereby leaving more serotonin available in the CNS. SSRIs are safer and have fewer side effects than the tricyclics or the MAOIs (Fraser, 2000; Hollon, Thase, & Markowitz, 2002). SSRIs are effective, but patients taking them often suffer a variety of sometimes unpleasant side effects, including dry mouth, constipation, blurred vision, headache, agitation, drowsiness, as well as a reduction in sexual enjoyment.

Recently, there has been concern that SSRIs may increase the risk of suicide among teens and young adults, probably because when the medications begin working they give patients more energy, which may lead them to commit the suicide that they had been planning but lacked the energy to go through with. This concern has led the FDA to put a warning label on SSRI medications and has led doctors to be more selective about prescribing antidepressants to this age group (Healy & Whitaker, 2003; Simon, 2006; Simon, Savarino, Operskalski, & Wang, 2006).

Because the effects of antidepressants may take weeks or even months to develop, doctors usually work with each patient to determine which medications are most effective, and may frequently change medications over the course of therapy. In some cases other types of antidepressants may be used instead of or in addition to the SSRIs. These medications also work by blocking the reuptake of neurotransmitters, including serotonin, norepinephrine, and dopamine. Brand names of these medications include Effexor and Wellbutrin.

Patients who are suffering from bipolar disorder are not helped by the SSRIs or other antidepressants because their disorder also involves the experience of overly positive moods. Treatment is more complicated for these patients, often involving a combination of antipsychotics and antidepressants along with *mood stabilizing medications* (McElroy & Keck, 2000). The most well-known mood stabilizer, lithium carbonate (or “lithium”), was approved by the FDA in the 1970s for treating both manic and depressive episodes, and it has proven very effective. Anticonvulsant medications can also be used as mood stabilizers. Another drug, Depakote, has also proven very effective, and some bipolar patients may do better with it than with lithium (Kowatch et al., 2000).

People who take lithium must have regular blood tests to be sure that the levels of the drug are in the appropriate range. Potential negative side effects of lithium are loss of coordination, slurred speech, frequent urination, and excessive thirst. Though side effects often cause patients to stop taking their medication, it is important that treatment be continuous, rather than intermittent. There is no cure for bipolar disorder, but drug therapy does help many people.

Antianxiety Medications

Antianxiety medications are *drugs that help relieve fear or anxiety*. They work by increasing the action of the neurotransmitter GABA. The increased level of GABA helps inhibit the action of the sympathetic division of the autonomic nervous system, creating a calming experience.

The most common class of antianxiety medications is the *tranquilizers*, known as *benzodiazepines*. These drugs, which are prescribed millions of times a year, include Ativan, Valium, and Xanax. The benzodiazepines act within a few minutes to treat mild anxiety disorders but also have major side effects. They are addictive, frequently leading to tolerance, and they can cause drowsiness, dizziness, and unpleasant withdrawal symptoms including relapses into increased anxiety (Otto et al., 1993). Furthermore, because the effects of the benzodiazepines are very similar to those of alcohol, they are very dangerous when combined with it.

Antipsychotic Medications

Until the middle of the 20th century, schizophrenia was inevitably accompanied by the presence of positive symptoms, including bizarre, disruptive, and potentially dangerous behavior. As a result, schizophrenics were locked in asylums to protect them from themselves and to protect society from them. In the 1950s, a drug called chlorpromazine (Thorazine) was discovered that could reduce many of the positive symptoms of schizophrenia. Chlorpromazine was the first of many *antipsychotic drugs*.

Antipsychotic drugs (neuroleptics) are *drugs that treat the symptoms of schizophrenia and related psychotic disorders*. Today there are many antipsychotics, including Thorazine, Haldol, Clozaril, Risperdal, and Zyprexa. Some of these drugs treat the positive symptoms of schizophrenia, and some treat both the positive, negative, and cognitive symptoms.

The discovery of chlorpromazine and its use in clinics has been described as the single greatest advance in psychiatric care, because it has dramatically improved the prognosis of patients in psychiatric hospitals worldwide. Using antipsychotic medications

has allowed hundreds of thousands of people to move out of asylums into individual households or community mental health centers, and in many cases to live near-normal lives.

Antipsychotics reduce the positive symptoms of schizophrenia by reducing the transmission of dopamine at the synapses in the limbic system, and they improve negative symptoms by influencing levels of serotonin (Marangell, Silver, Goff, & Yudofsky, 2003). Despite their effectiveness, antipsychotics have some negative side effects, including restlessness, muscle spasms, dizziness, and blurred vision. In addition, their long-term use can cause permanent neurological damage, a condition called *tardive dyskinesia* that causes uncontrollable muscle movements, usually in the mouth area (National Institute of Mental Health, 2008)[1]. Newer antipsychotics treat more symptoms with fewer side effects than older medications do (Casey, 1996).

Direct Brain Intervention Therapies

In cases of severe disorder it may be desirable to directly influence brain activity through electrical activation of the brain or through brain surgery. Electroconvulsive therapy (ECT) is *a medical procedure designed to alleviate psychological disorder in which electric currents are passed through the brain, deliberately triggering a brief seizure* (Figure 11.1.3.7). ECT has been used since the 1930s to treat severe depression.

When it was first developed, the procedure involved strapping the patient to a table before the electricity was administered. The patient was knocked out by the shock, went into severe convulsions, and awoke later, usually without any memory of what had happened. Today ECT is used only in the most severe cases when all other treatments have failed, and the practice is more humane. The patient is first given muscle relaxants and a general anesthesia, and precisely calculated electrical currents are used to achieve the most benefit with the fewest possible risks.

ECT is very effective; about 80% of people who undergo three sessions of ECT report dramatic relief from their depression. ECT reduces suicidal thoughts and is assumed to have prevented many suicides (Kellner et al., 2005). On the other hand, the positive effects of ECT do not always last; over one-half of patients who undergo ECT experience relapse within one year, although antidepressant medication can help reduce this outcome (Sackheim et al., 2001). ECT may also cause short-term memory loss or cognitive impairment (Abrams, 1997; Sackheim et al., 2007).

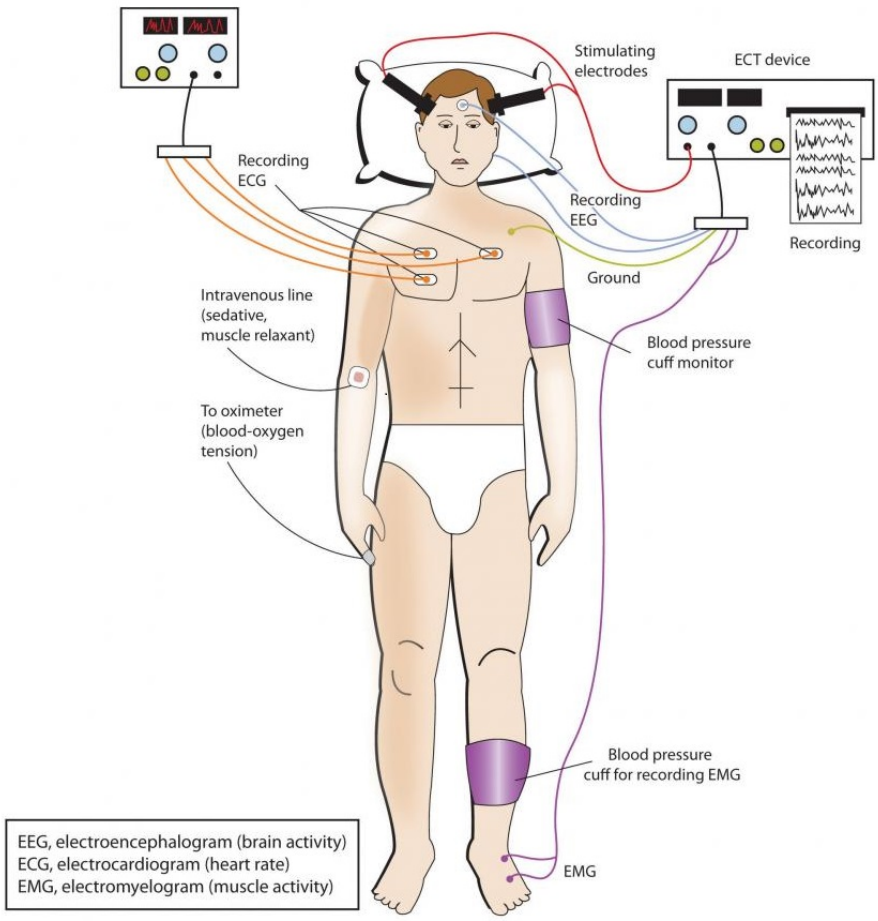


Figure 11.1.3.7: Electroconvulsive Therapy (ECT). Today's ECT uses precisely calculated electrical currents to achieve the most benefit with the fewest possible risks.

Although ECT continues to be used, newer approaches to treating chronic depression are also being developed. A newer and gentler method of brain stimulation is transcranial magnetic stimulation (TMS), *a medical procedure designed to reduce psychological disorder that uses a pulsing magnetic coil to electrically stimulate the brain* (Figure 11.1.3.8). TMS seems to work by activating neural circuits in the prefrontal cortex, which is less active in people with depression, causing an elevation of mood. TMS can be performed without sedation, does not cause seizures or memory loss, and may be as effective as ECT (Loo, Schweitzer, & Pratt, 2006; Rado, Dowd, & Janicak, 2008). TMS has also been used in the treatment of Parkinson's disease and schizophrenia.

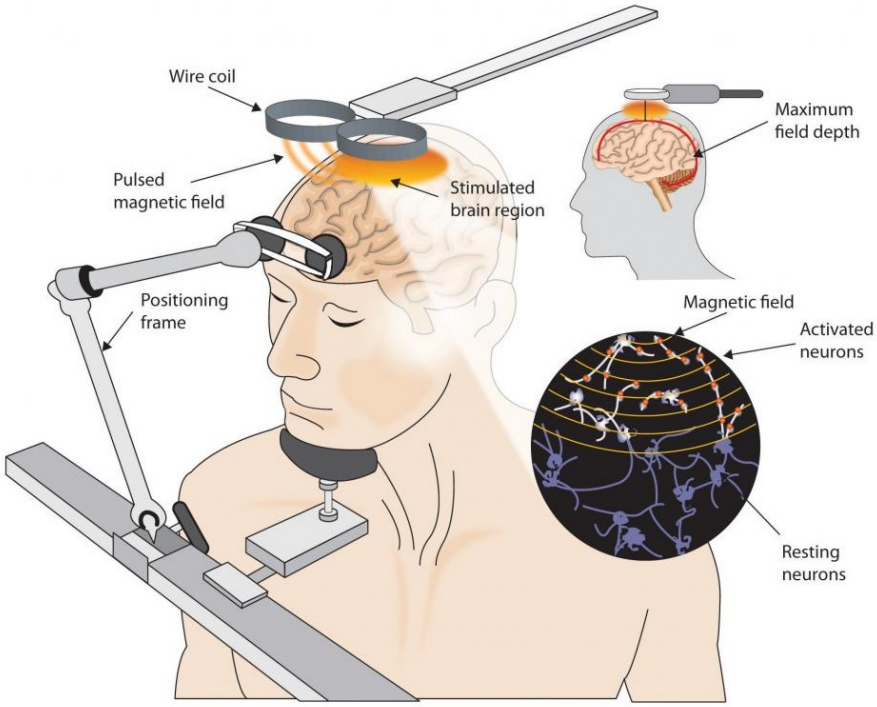


Figure 11.1.3.8: Transcranial Magnetic Stimulation (TMS). TMS is a noninvasive procedure that uses a pulsing magnetic coil to electrically stimulate the brain. Recently, TMS has been used in the treatment of Parkinson's disease.

Still other biomedical therapies are being developed for people with severe depression that persists over years. One approach involves implanting a device in the chest that stimulates the vagus nerve, a major nerve that descends from the brain stem toward the heart (Corcoran, Thomas, Phillips, & O'Keane, 2006; Nemeroff et al., 2006). When the vagus nerve is stimulated by the device, it activates brain structures that are less active in severely depressed people.

Psychosurgery, that is, *surgery that removes or destroys brain tissue in the hope of improving disorder*, is reserved for the most severe cases. The most well-known psychosurgery is the *prefrontal lobotomy*. Developed in 1935 by Nobel Prize winner Egas Moniz to treat severe phobias and anxiety, the procedure destroys the connections between the prefrontal cortex and the rest of the brain. Lobotomies were performed on thousands of patients. The procedure—which was never validated scientifically—left many patients in worse condition than before, subjecting the already suffering patients and their families to further heartbreak (Valenstein, 1986). Perhaps the most notable failure was the lobotomy performed on Rosemary Kennedy, the sister of President John F. Kennedy, which left her severely incapacitated.

There are very few centers that still conduct psychosurgery today, and when such surgeries are performed they are much more limited in nature and called *cingulotomy* (Dougherty et al., 2002). The ability to more accurately image and localize brain structures using modern neuroimaging techniques suggests that new, more accurate, and more beneficial developments in psychosurgery may soon be available (Sachdev & Chen, 2009).

Key Takeaways

- Psychostimulants are commonly prescribed to reduce the symptoms of ADHD.
- Antipsychotic drugs play a crucial role in the treatment of schizophrenia. They do not cure schizophrenia, but they help reduce the positive, negative, and cognitive symptoms, making it easier to live with the disease.
- Antidepressant drugs are used in the treatment of depression, anxiety, phobias, and obsessive-compulsive disorder. They gradually elevate mood by working to balance neurotransmitters in the CNS. The most commonly prescribed antidepressants are the SSRIs.
- Antianxiety drugs (tranquilizers) relieve apprehension, tension, and nervousness and are prescribed for people with diagnoses of generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), and panic disorder. The drugs are effective but have severe side effects including dependence and withdrawal symptoms.
- Electroconvulsive therapy (ECT) is a controversial procedure used to treat severe depression, in which electric currents are passed through the brain, deliberately triggering a brief seizure.

- A newer method of brain stimulation is transcranial magnetic stimulation (TMS), a noninvasive procedure that employs a pulsing magnetic coil to electrically stimulate the brain.

Exercises and Critical Thinking

1. What are your opinions about taking drugs to improve psychological disorders? Would you take an antidepressant or antianxiety medication if you were feeling depressed or anxious? Do you think children with ADHD should be given stimulants? Why or why not?
2. Based on what you have just read, would you be willing to undergo ECT or TMS if you were chronically depressed and drug therapy had failed? Why or why not?

[1]National Institute of Mental Health. (2008). *Mental health medications* (NIH Publication No. 08-3929). Retrieved from http://www.nimh.nih.gov/health/publications/mental-health-medications/complete-index.shtml#pub4

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CHAPTER OVERVIEW

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12.2.1: Creative Techniques to Communicate Science

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12.1: Class Day 12.1

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12.1.1: What Is Social Psychology?

Learning Objectives

- Define social psychology
- Describe situational versus dispositional influences on behavior
- Describe the fundamental attribution error

Social psychology examines how people affect one another, and it looks at the power of the situation. Social psychologists assert that an individual's thoughts, feelings, and behaviors are very much influenced by social situations. Essentially, people will change their behavior to align with the social situation at hand. If we are in a new situation or are unsure how to behave, we will take our cues from other individuals.

The field of social psychology studies topics at both the intra- and interpersonal levels. **Intrapersonal** topics (those that pertain to the individual) include emotions and attitudes, the self, and social cognition (the ways in which we think about ourselves and others). **Interpersonal** topics (those that pertain to dyads and groups) include helping behavior (See figure 12.1.1.1), aggression, prejudice and discrimination, attraction and close relationships, and group processes and intergroup relationships.



Figure 12.1.1.1: Social psychology deals with all kinds of interactions between people, spanning a wide range of how we connect: from moments of confrontation to moments of working together and helping others, as shown here. (credit: Sgt. Derec Pierson, U.S. Army)

Social psychologists focus on how people construe or interpret situations and how these interpretations influence their thoughts, feelings, and behaviors (Ross & Nisbett, 1991). Thus, social psychology studies individuals in a social context and how situational variables interact to influence behavior. In this chapter, we discuss the intrapersonal processes of self-presentation, cognitive dissonance and attitude change, and the interpersonal processes of conformity and obedience, aggression and altruism, and, finally, love and attraction.

Situational and Dispositional Influences on Behavior

Behavior is a product of both the situation (e.g., cultural influences, social roles, and the presence of bystanders) and of the person (e.g., personality characteristics). Subfields of psychology tend to focus on one influence or behavior over others. **Situationism** is the view that our behavior and actions are determined by our immediate environment and surroundings. In contrast, **dispositionism** holds that our behavior is determined by internal factors (Heider, 1958). An **internal factor** is an attribute of a person and includes personality traits and temperament. Social psychologists have tended to take the situationist perspective, whereas personality psychologists have promoted the dispositionist perspective. Modern approaches to social psychology, however, take both the situation and the individual into account when studying human behavior (Fiske, Gilbert, & Lindzey, 2010). In fact, the field of social-personality psychology has emerged to study the complex interaction of internal and situational factors that affect human behavior (Mischel, 1977; Richard, Bond, & Stokes-Zoota, 2003).

Fundamental Attribution Error

In the United States, the predominant culture tends to favor a dispositional approach in explaining human behavior. Why do you think this is? We tend to think that people are in control of their own behaviors, and, therefore, any behavior change must be due to something internal, such as their personality, habits, or temperament. According to some social psychologists, people tend to

overemphasize internal factors as explanations—or attributions—for the behavior of other people. They tend to assume that the behavior of another person is a *trait* of that person, and to underestimate the power of the situation on the behavior of others. They tend to fail to recognize when the behavior of another is due to situational variables, and thus to the person's *state*. This erroneous assumption is called the **fundamental attribution error** (Ross, 1977; Riggio & Garcia, 2009). To better understand, imagine this scenario: Greg returns home from work, and upon opening the front door his wife happily greets him and inquires about his day. Instead of greeting his wife, Greg yells at her, "Leave me alone!" Why did Greg yell at his wife? How would someone committing the fundamental attribution error explain Greg's behavior? The most common response is that Greg is a mean, angry, or unfriendly person (his traits). This is an internal or dispositional explanation. However, imagine that Greg was just laid off from his job due to company downsizing. Would your explanation for Greg's behavior change? Your revised explanation might be that Greg was frustrated and disappointed for losing his job; therefore, he was in a bad mood (his state). This is now an external or situational explanation for Greg's behavior.

The fundamental attribution error is so powerful that people often overlook obvious situational influences on behavior. A classic example was demonstrated in a series of experiments known as the quizmaster study (Ross, Amabile, & Steinmetz, 1977). Student participants were randomly assigned to play the role of a questioner (the quizmaster) or a contestant in a quiz game. Questioners developed difficult questions to which they knew the answers, and they presented these questions to the contestants. The contestants answered the questions correctly only 4 out of 10 times (See fig. 12.1.1.2). After the task, the questioners and contestants were asked to rate their own general knowledge compared to the average student. Questioners did not rate their general knowledge higher than the contestants, but the contestants rated the questioners' intelligence higher than their own. In a second study, observers of the interaction also rated the questioner as having more general knowledge than the contestant. The obvious influence on performance is the situation. The questioners wrote the questions, so of course they had an advantage. Both the contestants and observers made an internal attribution for the performance. They concluded that the questioners must be more intelligent than the contestants.



Figure 12.1.1.2: In the quizmaster study, people tended to disregard the influence of the situation and wrongly concluded that a questioner's knowledge was greater than their own. (credit: Steve Jurvetson)

As demonstrated in the example above, the fundamental attribution error is considered a powerful influence in how we explain the behaviors of others. However, it should be noted that some researchers have suggested that the fundamental attribution error may not be as powerful as it is often portrayed. In fact, a recent review of more than 173 published studies suggests that several factors (e.g., high levels of idiosyncrasy of the character and how well hypothetical events are explained) play a role in determining just how influential the fundamental attribution error is (Malle, 2006).

Is the Fundamental Attribution Error a Universal Phenomenon?

You may be able to think of examples of the fundamental attribution error in your life. Do people in all cultures commit the fundamental attribution error? Research suggests that they do not. People from an **individualistic culture**, that is, a culture that focuses on individual achievement and autonomy, have the greatest tendency to commit the fundamental attribution error. Individualistic cultures, which tend to be found in western countries such as the United States, Canada, and the United Kingdom, promote a focus on the individual. Therefore, a person's disposition is thought to be the primary explanation for her behavior. In contrast, people from a **collectivistic culture**, that is, a culture that focuses on communal relationships with others, such as family, friends, and community (See fig. 12.1.1.3), are less likely to commit the fundamental attribution error (Markus & Kitayama, 1991; Triandis, 2001).


(a)


(b)


(c)

Figure 12.1.1.3: People from collectivistic cultures, such as some Asian cultures, are more likely to emphasize relationships with others than to focus primarily on the individual. Activities such as (a) preparing a meal, (b) hanging out, and (c) playing a game engage people in a group. (credit a: modification of work by Arian Zwegers; credit b: modification of work by "conbon33"/Flickr; credit c: modification of work by Anja Disseldorp)

Why do you think this is the case? Collectivistic cultures, which tend to be found in east Asian countries and in Latin American and African countries, focus on the group more than on the individual (Nisbett, Peng, Choi, & Norenzayan, 2001). This focus on others provides a broader perspective that takes into account both situational and cultural influences on behavior; thus, a more nuanced explanation of the causes of others' behavior becomes more likely. The Table 12.1.1.1 below summarizes compares individualistic and collectivist cultures.

Table 12.1.1.1: Characteristics of Individualistic and Collectivistic Cultures

Individualistic Culture	Collectivistic Culture
Achievement oriented	Relationship oriented
Focus on autonomy	Focus on group autonomy
Dispositional perspective	Situational perspective
Independent	Interdependent
Analytic thinking style	Holistic thinking style

Actor-Observer Bias

Returning to our earlier example, Greg knew that he lost his job, but an observer would not know. So a naïve observer would tend to attribute Greg's hostile behavior to Greg's disposition rather than to the true, situational cause. Why do you think we underestimate the influence of the situation on the behaviors of others? One reason is that we often don't have all the information we need to make a situational explanation for another person's behavior. The only information we might have is what is observable. Due to this lack of information we have a tendency to assume the behavior is due to a dispositional, or internal, factor. When it comes to explaining our own behaviors, however, we have much more information available to us. If you came home from school or work angry and yelled at your dog or a loved one, what would your explanation be? You might say you were very tired or feeling unwell and needed quiet time—a situational explanation. The **actor-observer bias** is the phenomenon of attributing other people's behavior to internal factors (fundamental attribution error) while attributing our own behavior to situational forces (Jones & Nisbett, 1971; Nisbett, Caputo, Legant, & Marecek, 1973; Choi & Nisbett, 1998). As actors of behavior, we have more information available to explain our own behavior. However as observers, we have less information available; therefore, we tend to default to a dispositionist perspective.

One study on the actor-observer bias investigated reasons male participants gave for why they liked their girlfriend (Nisbett et al., 1973). When asked why participants liked their own girlfriend, participants focused on internal, dispositional qualities of their girlfriends (for example, her pleasant personality). The participants' explanations rarely included causes internal to themselves, such as dispositional traits (for example, "I need companionship."). In contrast, when speculating why a male friend likes his girlfriend, participants were equally likely to give dispositional and external explanations. This supports the idea that actors tend to provide few internal explanations but many situational explanations for their own behavior. In contrast, observers tend to provide more dispositional explanations for a friend's behavior (See figure 12.1.1.4 below).

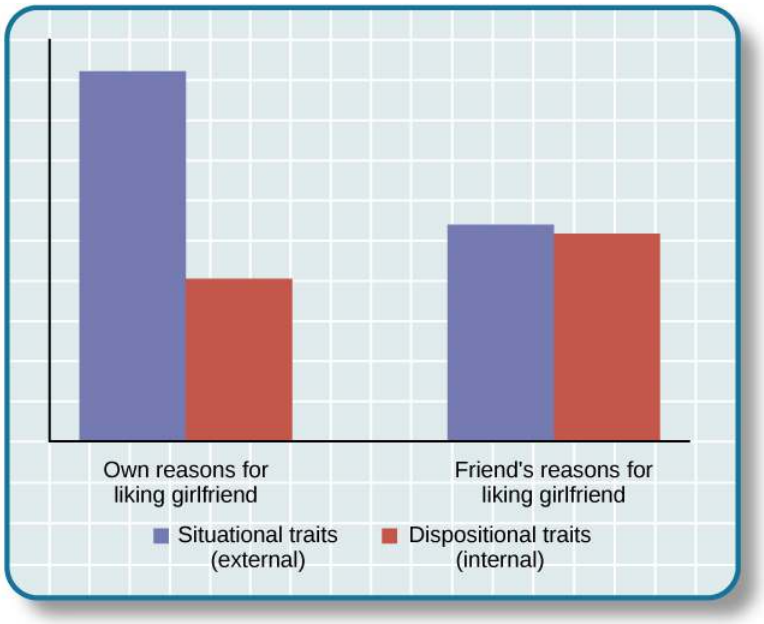


Figure 12.1.1.4: Actor-observer bias is evident when subjects explain their own reasons for liking a girlfriend versus their impressions of others' reasons for liking a girlfriend.

Self-Serving Bias

Following an outcome, self-serving bias are those attributions that enable us to see ourselves in favorable light (for example, making internal attributions for success and external attributions for failures). When you do well at a task, for example acing an exam, it is in your best interest to make a dispositional attribution for your behavior ("I'm smart,") instead of a situational one ("The exam was easy,"). The tendency of an individual to take credit by making dispositional or internal attributions for positive outcomes but situational or external attributions for negative outcomes is known as the **self-serving bias** (Miller & Ross, 1975). This bias serves to protect self-esteem. You can imagine that if people always made situational attributions for their behavior, they would never be able to take credit and feel good about their accomplishments.

We can understand self-serving bias by digging more deeply into **attribution**, a belief about the cause of a result. One model of attribution proposes three main dimensions: locus of control (internal versus external), stability (stable versus unstable), and controllability (controllable versus uncontrollable). In this context, stability refers the extent to which the circumstances that result in a given outcome are changeable. The circumstances are considered stable if they are unlikely to change. Controllability refers to the extent to which the circumstances that are associated with a given outcome can be controlled. Obviously, those things that we have the power to control would be labeled controllable (Weiner, 1979).

Consider the example of how we explain our favorite sports team's wins. Research shows that we make internal, stable, and controllable attributions for our team's victory (See figure 12.1.1.5) (Grove, Hanrahan, & McInman, 1991). For example, we might tell ourselves that our team is talented (internal), consistently works hard (stable), and uses effective strategies (controllable). In contrast, we are more likely to make external, unstable, and uncontrollable attributions when our favorite team loses. For example, we might tell ourselves that the other team has more experienced players or that the referees were unfair (external), the other team played at home (unstable), and the cold weather affected our team's performance (uncontrollable).



Figure 12.1.1.5: We tend to believe that our team wins because it's better, but loses for reasons it cannot control (Roesch & Amirkham, 1997). (credit: "TheAHL"/Flickr)

Just-World Hypothesis

One consequence of westerners' tendency to provide dispositional explanations for behavior is victim blame (Jost & Major, 2001). When people experience bad fortune, others tend to assume that they somehow are responsible for their own fate. A common ideology, or worldview, in the United States is the just-world hypothesis. The **just-world hypothesis** is the belief that people get the outcomes they deserve (Lerner & Miller, 1978). In order to maintain the belief that the world is a fair place, people tend to think that good people experience positive outcomes, and bad people experience negative outcomes (Jost, Banaji, & Nosek, 2004; Jost & Major, 2001). The ability to think of the world as a fair place, where people get what they deserve, allows us to feel that the world is predictable and that we have some control over our life outcomes (Jost et al., 2004; Jost & Major, 2001). For example, if you want to experience positive outcomes, you just need to work hard to get ahead in life.

Can you think of a negative consequence of the just-world hypothesis? One negative consequence is people's tendency to blame poor individuals for their plight. What common explanations are given for why people live in poverty? Have you heard statements such as, "The poor are lazy and just don't want to work" or "Poor people just want to live off the government"? What types of explanations are these, dispositional or situational? These dispositional explanations are clear examples of the fundamental attribution error. Blaming poor people for their poverty ignores situational factors that impact them, such as high unemployment rates, recession, poor educational opportunities, and the familial cycle of poverty (See figure 12.1.1.6). Other research shows that people who hold just-world beliefs have negative attitudes toward people who are unemployed and people living with AIDS (Sutton & Douglas, 2005). In the United States and other countries, victims of sexual assault may find themselves blamed for their abuse. Victim advocacy groups, such as Domestic Violence Ended (DOVE), attend court in support of victims to ensure that blame is directed at the perpetrators of sexual violence, not the victims.



Figure 12.1.1.6: People who hold just-world beliefs tend to blame the people in poverty for their circumstances, ignoring situational and cultural causes of poverty. (credit: Adrian Miles)

Summary

Social psychology is the subfield of psychology that studies the power of the situation to influence individuals' thoughts, feelings, and behaviors. Psychologists categorize the causes of human behavior as those due to internal factors, such as personality, or those due to external factors, such as cultural and other social influences. Behavior is better explained, however, by using both approaches. Lay people tend to over-rely on dispositional explanations for behavior and ignore the power of situational influences, a perspective called the fundamental attribution error. People from individualistic cultures are more likely to display this bias versus people from collectivistic cultures. Our explanations for our own and others behaviors can be biased due to not having enough information about others' motivations for behaviors and by providing explanations that bolster our self-esteem.

Glossary

actor-observer bias
phenomenon of explaining other people's behaviors are due to internal factors and our own behaviors are due to situational forces

attribution
explanation for the behavior of other people

collectivist culture
culture that focuses on communal relationships with others such as family, friends, and community

dispositionism
describes a perspective common to personality psychologists, which asserts that our behavior is determined by internal factors, such as personality traits and temperament

fundamental attribution error
tendency to overemphasize internal factors as attributions for behavior and underestimate the power of the situation

individualistic culture
culture that focuses on individual achievement and autonomy

internal factor
internal attribute of a person, such as personality traits or temperament

just-world hypothesis
ideology common in the United States that people get the outcomes they deserve

self-serving bias
tendency for individuals to take credit by making dispositional or internal attributions for positive outcomes and situational or external attributions for negative outcomes

situationism
describes a perspective that behavior and actions are determined by the immediate environment and surroundings; a view promoted by social psychologists

social psychology
field of psychology that examines how people impact or affect each other, with particular focus on the power of the situation

Contributors and Attributions

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12.1.2: Conformity and Obedience

By Jerry M. Burger

Santa Clara University

We often change our attitudes and behaviors to match the attitudes and behaviors of the people around us. One reason for this conformity is a concern about what other people think of us. This process was demonstrated in a classic study in which college students deliberately gave wrong answers to a simple visual judgment task rather than go against the group. Another reason we conform to the norm is because other people often have information we do not, and relying on norms can be a reasonable strategy when we are uncertain about how we are supposed to act. Unfortunately, we frequently misperceive how the typical person acts, which can contribute to problems such as the excessive binge drinking often seen in college students. Obeying orders from an authority figure can sometimes lead to disturbing behavior. This danger was illustrated in a famous study in which participants were instructed to administer painful electric shocks to another person in what they believed to be a learning experiment. Despite vehement protests from the person receiving the shocks, most participants continued the procedure when instructed to do so by the experimenter. The findings raise questions about the power of blind obedience in deplorable situations such as atrocities and genocide. They also raise concerns about the ethical treatment of participants in psychology experiments.

learning objectives

- Become aware of how widespread conformity is in our lives and some of the ways each of us changes our attitudes and behavior to match the norm.
- Understand the two primary reasons why people often conform to perceived norms.
- Appreciate how obedience to authority has been examined in laboratory studies and some of the implications of the findings from these investigations.
- Consider some of the remaining issues and sources of controversy surrounding Milgram's obedience studies.

Introduction

When he was a teenager, my son often enjoyed looking at photographs of me and my wife taken when we were in high school. He laughed at the hairstyles, the clothing, and the kind of glasses people wore "back then." And when he was through with his ridiculing, we would point out that no one is immune to fashions and fads and that someday his children will probably be equally amused by his high school photographs and the trends he found so normal at the time.

Everyday observation confirms that we often adopt the actions and attitudes of the people around us. Trends in clothing, music, foods, and entertainment are obvious. But our views on political issues, religious questions, and lifestyles also reflect to some degree the attitudes of the people we interact with. Similarly, decisions about behaviors such as smoking and drinking are influenced by whether the people we spend time with engage in these activities. Psychologists refer to this widespread tendency to act and think like the people around us as **conformity**.



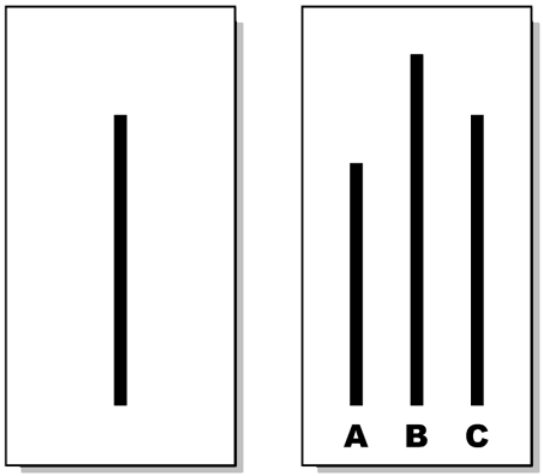
Fashion trends serve as good, and sometimes embarrassing, examples of our own susceptibility to conformity. [Image: bianca francesca, goo.gl/0roq35, CC BY-NC-SA 2.0, goo.gl/Toc0ZF]

Conformity

What causes all this conformity? To start, humans may possess an inherent tendency to imitate the actions of others. Although we usually are not aware of it, we often mimic the gestures, body posture, language, talking speed, and many other behaviors of the people we interact with. Researchers find that this mimicking increases the connection between people and allows our interactions to flow more smoothly (Chartrand & Bargh, 1999).

Beyond this automatic tendency to imitate others, psychologists have identified two primary reasons for conformity. The first of these is **normative influence**. When normative influence is operating, people go along with the crowd because they are concerned about what others think of them. We don't want to look out of step or become the target of criticism just because we like different kinds of music or dress differently than everyone else. Fitting in also brings rewards such as camaraderie and compliments.

How powerful is normative influence? Consider a classic study conducted many years ago by Solomon Asch (1956). The participants were male college students who were asked to engage in a seemingly simple task. An experimenter standing several feet away held up a card that depicted one line on the left side and three lines on the right side. The participant's job was to say aloud which of the three lines on the right was the same length as the line on the left. Sixteen cards were presented one at a time, and the correct answer on each was so obvious as to make the task a little boring. Except for one thing. The participant was not alone. In fact, there were six other people in the room who also gave their answers to the line-judgment task aloud. Moreover, although they pretended to be fellow participants, these other individuals were, in fact, confederates working with the experimenter. The real participant was seated so that he always gave his answer after hearing what five other "participants" said. Everything went smoothly until the third trial, when inexplicably the first "participant" gave an obviously incorrect answer. The mistake might have been amusing, except the second participant gave the same answer. As did the third, the fourth, and the fifth participant. Suddenly the real participant was in a difficult situation. His eyes told him one thing, but five out of five people apparently saw something else.



Examples of the cards used in the Asch experiment. How powerful is the normative influence? Would you be tempted to give a clearly incorrect answer, like many participants in the Asch experiment did, to better match the thoughts of a group of peers? [Image: Fred the Oyster, https://goo.gl/Gi5mtu, CC BY-SA 4.0, goo.gl/zVGXn8]

It's one thing to wear your hair a certain way or like certain foods because everyone around you does. But, would participants intentionally give a wrong answer just to conform with the other participants? The confederates uniformly gave incorrect answers on 12 of the 16 trials, and 76 percent of the participants went along with the norm at least once and also gave the wrong answer. In total, they conformed with the group on one-third of the 12 test trials. Although we might be impressed that the majority of the time participants answered honestly, most psychologists find it remarkable that so many college students caved in to the pressure of the group rather than do the job they had volunteered to do. In almost all cases, the participants knew they were giving an incorrect answer, but their concern for what these other people might be thinking about them overpowered their desire to do the right thing.

Variations of Asch's procedures have been conducted numerous times (Bond, 2005; Bond & Smith, 1996). We now know that the findings are easily replicated, that there is an increase in conformity with more confederates (up to about five), that teenagers are more prone to conforming than are adults, and that people conform significantly less often when they believe the confederates will not hear their responses (Berndt, 1979; Bond, 2005; Crutchfield, 1955; Deutsch & Gerard, 1955). This last finding is consistent with the notion that participants change their answers because they are concerned about what others think of them. Finally, although we see the effect in virtually every culture that has been studied, more conformity is found in collectivist countries such as Japan and China than in individualistic countries such as the United States (Bond & Smith, 1996). Compared with individualistic cultures, people who live in collectivist cultures place a higher value on the goals of the group than on individual preferences. They also are more motivated to maintain harmony in their interpersonal relations.

The other reason we sometimes go along with the crowd is that people are often a source of information. Psychologists refer to this process as **informational influence**. Most of us, most of the time, are motivated to do the right thing. If society deems that we put litter in a proper container, speak softly in libraries, and tip our waiter, then that's what most of us will do. But sometimes it's not clear what society expects of us. In these situations, we often rely on **descriptive norms** (Cialdini, Reno, & Kallgren, 1990). That is, we act the way most people—or most people like us—act. This is not an unreasonable strategy. Other people often have information that we do not, especially when we find ourselves in new situations. If you have ever been part of a conversation that went something like this,

> *"Do you think we should?"*
> *"Sure. Everyone else is doing it.",*

you have experienced the power of informational influence.



Efforts to influence people to engage in healthier or more sustainable behaviors have benefitted from the informational influence. For example, hotels have been able to significantly increase the numbers of people who re-use bath towels (reducing water and energy use) by informing them on signs in their rooms that re-using towels is a typical behavior of other hotel guests. [Image: Infrogmation of New Orleans, https://goo.gl/5P5F0v, CC BY 2.0, goo.gl/BRvSA7]

However, it's not always easy to obtain good descriptive norm information, which means we sometimes rely on a flawed notion of the norm when deciding how we should behave. A good example of how misperceived norms can lead to problems is found in research on binge drinking among college students. Excessive drinking is a serious problem on many campuses (Mita, 2009). There are many reasons why students binge drink, but one of the most important is their perception of the descriptive norm. How much students drink is highly correlated with how much they believe the average student drinks (Neighbors, Lee, Lewis, Fossos, & Larimer, 2007). Unfortunately, students aren't very good at making this assessment. They notice the boisterous heavy drinker at the party but fail to consider all the students not attending the party. As a result, students typically overestimate the descriptive norm for college student drinking (Borsari & Carey, 2003; Perkins, Haines, & Rice, 2005). Most students believe they consume significantly less alcohol than the norm, a miscalculation that creates a dangerous push toward more and more excessive alcohol consumption. On the positive side, providing students with accurate information about drinking norms has been found to reduce overindulgent drinking (Burger, LaSalvia, Hendricks, Mehdipour, & Neudeck, 2011; Neighbors, Lee, Lewis, Fossos, & Walter, 2009).

Researchers have demonstrated the power of descriptive norms in a number of areas. Homeowners reduced the amount of energy they used when they learned that they were consuming more energy than their neighbors (Schultz, Nolan, Cialdini, Goldstein, & Griskevicius, 2007). Undergraduates selected the healthy food option when led to believe that other students had made this choice (Burger et al., 2010). Hotel guests were more likely to reuse their towels when a hanger in the bathroom told them that this is what most guests did (Goldstein, Cialdini, & Griskevicius, 2008). And more people began using the stairs instead of the elevator when informed that the vast majority of people took the stairs to go up one or two floors (Burger & Shelton, 2011).

Obedience

Although we may be influenced by the people around us more than we recognize, whether we conform to the norm is up to us. But sometimes decisions about how to act are not so easy. Sometimes we are directed by a more powerful person to do things we may not want to do. Researchers who study **obedience** are interested in how people react when given an order or command from someone in a position of authority. In many situations, obedience is a good thing. We are taught at an early age to obey parents, teachers, and police officers. It's also important to follow instructions from judges, firefighters, and lifeguards. And a military would fail to function if soldiers stopped obeying orders from superiors. But, there is also a dark side to obedience. In the name of "following orders" or "just doing my job," people can violate ethical principles and break laws. More disturbingly, obedience often is at the heart of some of the worst of human behavior—massacres, atrocities, and even genocide.



Photographs of victims of Cambodian dictator Pol Pot. From 1975-79 the Khmer Rouge army obediently carried out orders to execute tens of thousands of civilians. [Image: ...your local connection, https://goo.gl/ut9fvk, CC BY-NC-SA 2.0, goo.gl/Toc0ZF]

It was this unsettling side of obedience that led to some of the most famous and most controversial research in the history of psychology. Milgram (1963, 1965, 1974) wanted to know why so many otherwise decent German citizens went along with the brutality of the Nazi leaders during the Holocaust. "These inhumane policies may have originated in the mind of a single person," Milgram (1963, p. 371) wrote, "but they could only be carried out on a massive scale if a very large number of persons obeyed orders."

To understand this obedience, Milgram conducted a series of laboratory investigations. In all but one variation of the basic procedure, participants were men recruited from the community surrounding Yale University, where the research was carried out. These citizens signed up for what they believed to be an experiment on learning and memory. In particular, they were told the research concerned the effects of punishment on learning. Three people were involved in each session. One was the participant. Another was the experimenter. The third was a confederate who pretended to be another participant.

The experimenter explained that the study consisted of a memory test and that one of the men would be the teacher and the other the learner. Through a rigged drawing, the real participant was always assigned the teacher's role and the confederate was always the learner. The teacher watched as the learner was strapped into a chair and had electrodes attached to his wrist. The teacher then moved to the room next door where he was seated in front of a large metal box the experimenter identified as a "shock generator." The front of the box displayed gauges and lights and, most noteworthy, a series of 30 levers across the bottom. Each lever was labeled with a voltage figure, starting with 15 volts and moving up in 15-volt increments to 450 volts. Labels also indicated the strength of the shocks, starting with "Slight Shock" and moving up to "Danger: Severe Shock" toward the end. The last two levers were simply labeled "XXX" in red.

Through a microphone, the teacher administered a memory test to the learner in the next room. The learner responded to the multiple-choice items by pressing one of four buttons that were barely within reach of his strapped-down hand. If the teacher saw the correct answer light up on his side of the wall, he simply moved on to the next item. But if the learner got the item wrong, the teacher pressed one of the shock levers and, thereby, delivered the learner's punishment. The teacher was instructed to start with the 15-volt lever and move up to the next highest shock for each successive wrong answer.

In reality, the learner received no shocks. But he did make a lot of mistakes on the test, which forced the teacher to administer what he believed to be increasingly strong shocks. The purpose of the study was to see how far the teacher would go before refusing to continue. The teacher's first hint that something was amiss came after pressing the 75-volt lever and hearing through the wall the learner say "Ugh!" The learner's reactions became stronger and louder with each lever press. At 150 volts, the learner yelled out, "Experimenter! That's all. Get me out of here. I told you I had heart trouble. My heart's starting to bother me now. Get me out of here, please. My heart's starting to bother me. I refuse to go on. Let me out."

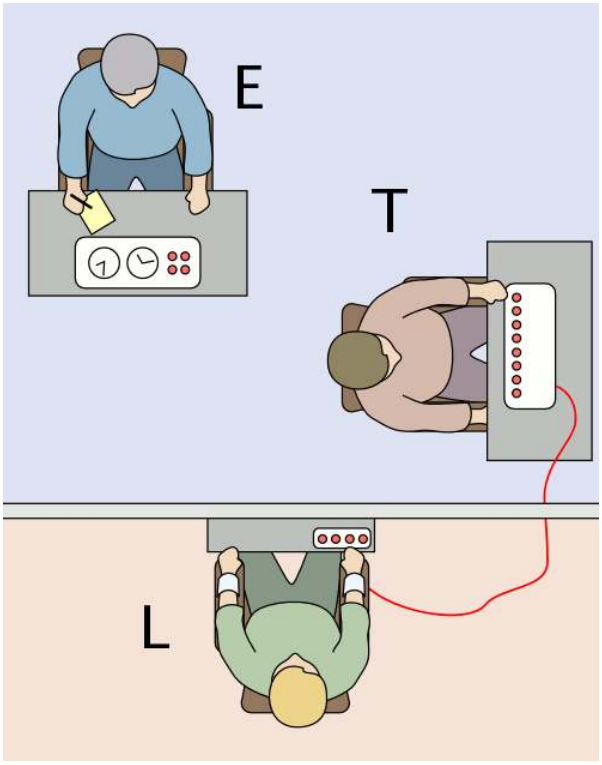


Diagram of the Milgram Experiment in which the "teacher" (T) was asked to deliver a (supposedly) painful electric shock to the "learner"(L). Would this experiment be approved by a review board today? [Image: Fred the Oyster, goo.gl/ZIbQz1, CC BY-SA 4.0, goo.gl/X3i0tq]

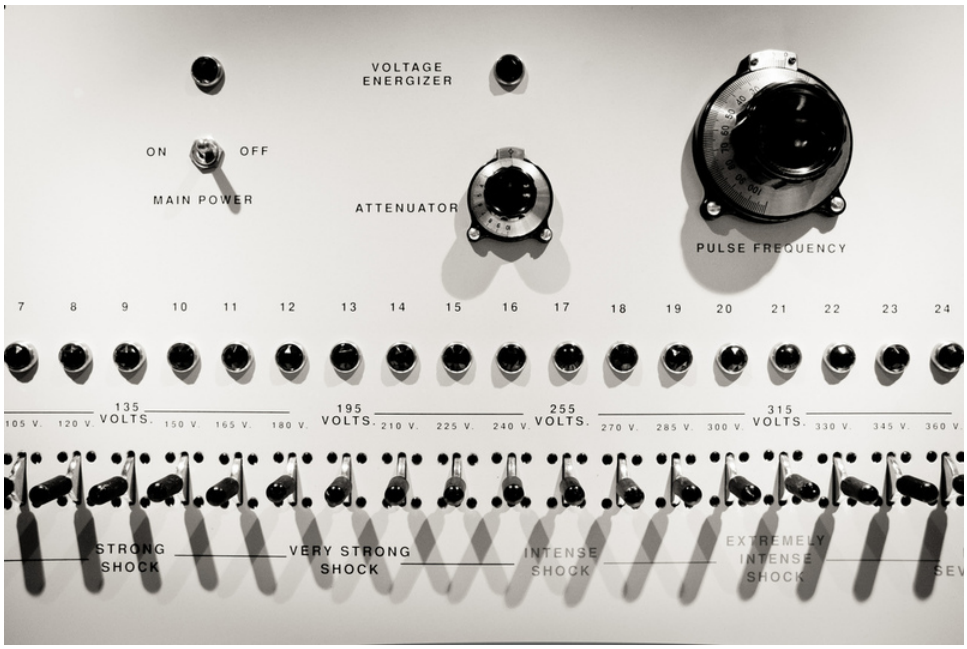
The experimenter's role was to encourage the participant to continue. If at any time the teacher asked to end the session, the experimenter responded with phrases such as, "The experiment requires that you continue," and "You have no other choice, you must go on." The experimenter ended the session only after the teacher stated four successive times that he did not want to continue. All the while, the learner's protests became more intense with each shock. After 300 volts, the learner refused to answer any more questions, which led the experimenter to say that no answer should be considered a wrong answer. After 330 volts, despite vehement protests from the learner following previous shocks, the teacher heard only silence, suggesting that the learner was now physically unable to respond. If the teacher reached 450 volts—the end of the generator—the experimenter told him to

continue pressing the 450 volt lever for each wrong answer. It was only after the teacher pressed the 450-volt lever three times that the experimenter announced that the study was over.

If you had been a participant in this research, what would you have done? Virtually everyone says he or she would have stopped early in the process. And most people predict that very few if any participants would keep pressing all the way to 450 volts. Yet in the basic procedure described here, 65 percent of the participants continued to administer shocks to the very end of the session. These were not brutal, sadistic men. They were ordinary citizens who nonetheless followed the experimenter's instructions to administer what they believed to be excruciating if not dangerous electric shocks to an innocent person. The disturbing implication from the findings is that, under the right circumstances, each of us may be capable of acting in some very uncharacteristic and perhaps some very unsettling ways.

Milgram conducted many variations of this basic procedure to explore some of the factors that affect obedience. He found that obedience rates decreased when the learner was in the same room as the experimenter and declined even further when the teacher had to physically touch the learner to administer the punishment. Participants also were less willing to continue the procedure after seeing other teachers refuse to press the shock levers, and they were significantly less obedient when the instructions to continue came from a person they believed to be another participant rather than from the experimenter. Finally, Milgram found that women participants followed the experimenter's instructions at exactly the same rate the men had.

Milgram's obedience research has been the subject of much controversy and discussion. Psychologists continue to debate the extent to which Milgram's studies tell us something about atrocities in general and about the behavior of German citizens during the Holocaust in particular (Miller, 2004). Certainly, there are important features of that time and place that cannot be recreated in a laboratory, such as a pervasive climate of prejudice and dehumanization. Another issue concerns the relevance of the findings. Some people have argued that today we are more aware of the dangers of blind obedience than we were when the research was conducted back in the 1960s. However, findings from partial and modified replications of Milgram's procedures conducted in recent years suggest that people respond to the situation today much like they did a half a century ago (Burger, 2009).



If you had been "a teacher" in the Milgram experiment, would you have behaved differently than the majority who delivered what they thought were massive 450-volt shocks? [Image: Sharon Drummond, https://goo.gl/uQZGtZ, CC BY-NC-SA 2.0, goo.gl/Toc0ZF]

Another point of controversy concerns the ethical treatment of research participants. Researchers have an obligation to look out for the welfare of their participants. Yet, there is little doubt that many of Milgram's participants experienced intense levels of stress as they went through the procedure. In his defense, Milgram was not unconcerned about the effects of the experience on his participants. And in follow-up questionnaires, the vast majority of his participants said they were pleased they had been part of the research and thought similar experiments should be conducted in the future. Nonetheless, in part because of Milgram's studies, guidelines and procedures were developed to protect research participants from these kinds of experiences. Although Milgram's

intriguing findings left us with many unanswered questions, conducting a full replication of his experiment remains out of bounds by today's standards.

Social psychologists are fond of saying that we are all influenced by the people around us more than we recognize. Of course, each person is unique, and ultimately each of us makes choices about how we will and will not act. But decades of research on conformity and obedience make it clear that we live in a social world and that—for better or worse—much of what we do is a reflection of the people we encounter.

Outside Resources

Student Video: Christine N. Winston and Hemali Maher's 'The Milgram Experiment' gives an excellent 3-minute overview of one of the most famous experiments in the history of psychology. It was one of the winning entries in the 2015 Noba Student Video Award.





Video: An example of information influence in a field setting



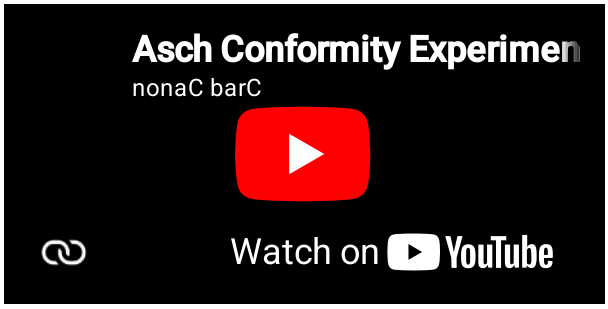


Video: Scenes from a recent partial replication of Milgram's obedience studies





Video: Scenes from a recent replication of Asch's conformity experiment





Web: Website devoted to scholarship and research related to Milgram's obedience studies

http://www.stanleymilgram.com

Discussion Questions

1. In what ways do you see normative influence operating among you and your peers? How difficult would it be to go against the norm? What would it take for you to not do something just because all your friends were doing it?
2. What are some examples of how informational influence helps us do the right thing? How can we use descriptive norm information to change problem behaviors?
3. Is conformity more likely or less likely to occur when interacting with other people through social media as compared to face-to-face encounters?
4. When is obedience to authority a good thing and when is it bad? What can be done to prevent people from obeying commands to engage in truly deplorable behavior such as atrocities and massacres?
5. In what ways do Milgram's experimental procedures fall outside the guidelines for research with human participants? Are there ways to conduct relevant research on obedience to authority without violating these guidelines?

Vocabulary

Conformity

Changing one's attitude or behavior to match a perceived social norm.

Descriptive norm

The perception of what most people do in a given situation.

Informational influence

Conformity that results from a concern to act in a socially approved manner as determined by how others act.

Normative influence

Conformity that results from a concern for what other people think of us.

Obedience

Responding to an order or command from a person in a position of authority.

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12.1.3: Attitudes and Persuasion

Learning Objectives

- Define attitude
- Describe how people's attitudes are internally changed through cognitive dissonance
- Explain how people's attitudes are externally changed through persuasion
- Describe the peripheral and central routes to persuasion

Social psychologists have documented how the power of the situation can influence our behaviors. Now we turn to how the power of the situation can influence our attitudes and beliefs. **Attitude** is our evaluation of a person, an idea, or an object. We have attitudes for many things ranging from products that we might pick up in the supermarket to people around the world to political policies. Typically, attitudes are favorable or unfavorable: positive or negative (Eagly & Chaiken, 1993). And, they have three components: an affective component (feelings), a behavioral component (the effect of the attitude on behavior), and a cognitive component (belief and knowledge) (Rosenberg & Hovland, 1960).

For example, you may hold a positive attitude toward recycling. This attitude should result in positive feelings toward recycling (such as "It makes me feel good to recycle" or "I enjoy knowing that I make a small difference in reducing the amount of waste that ends up in landfills"). Certainly, this attitude should be reflected in our behavior: You actually recycle as often as you can. Finally, this attitude will be reflected in favorable thoughts (for example, "Recycling is good for the environment" or "Recycling is the responsible thing to do").

Our attitudes and beliefs are not only influenced by external forces, but also by internal influences that we control. Like our behavior, our attitudes and thoughts are not always changed by situational pressures, but they can be consciously changed by our own free will. In this section we discuss the conditions under which we would want to change our own attitudes and beliefs.

What is Cognitive Dissonance?

Social psychologists have documented that feeling good about ourselves and maintaining positive self-esteem is a powerful motivator of human behavior (Tavris & Aronson, 2008). In the United States, members of the predominant culture typically think very highly of themselves and view themselves as good people who are above average on many desirable traits (Ehrlinger, Gilovich, & Ross, 2005). Often, our behavior, attitudes, and beliefs are affected when we experience a threat to our self-esteem or positive self-image. Psychologist Leon Festinger (1957) defined **cognitive dissonance** as psychological discomfort arising from holding two or more inconsistent attitudes, behaviors, or cognitions (thoughts, beliefs, or opinions). Festinger's theory of cognitive dissonance states that when we experience a conflict in our behaviors, attitudes, or beliefs that runs counter to our positive self-perceptions, we experience psychological discomfort (dissonance). For example, if you believe smoking is bad for your health but you continue to smoke, you experience conflict between your belief and behavior (See figure 12.1.3.1 below).

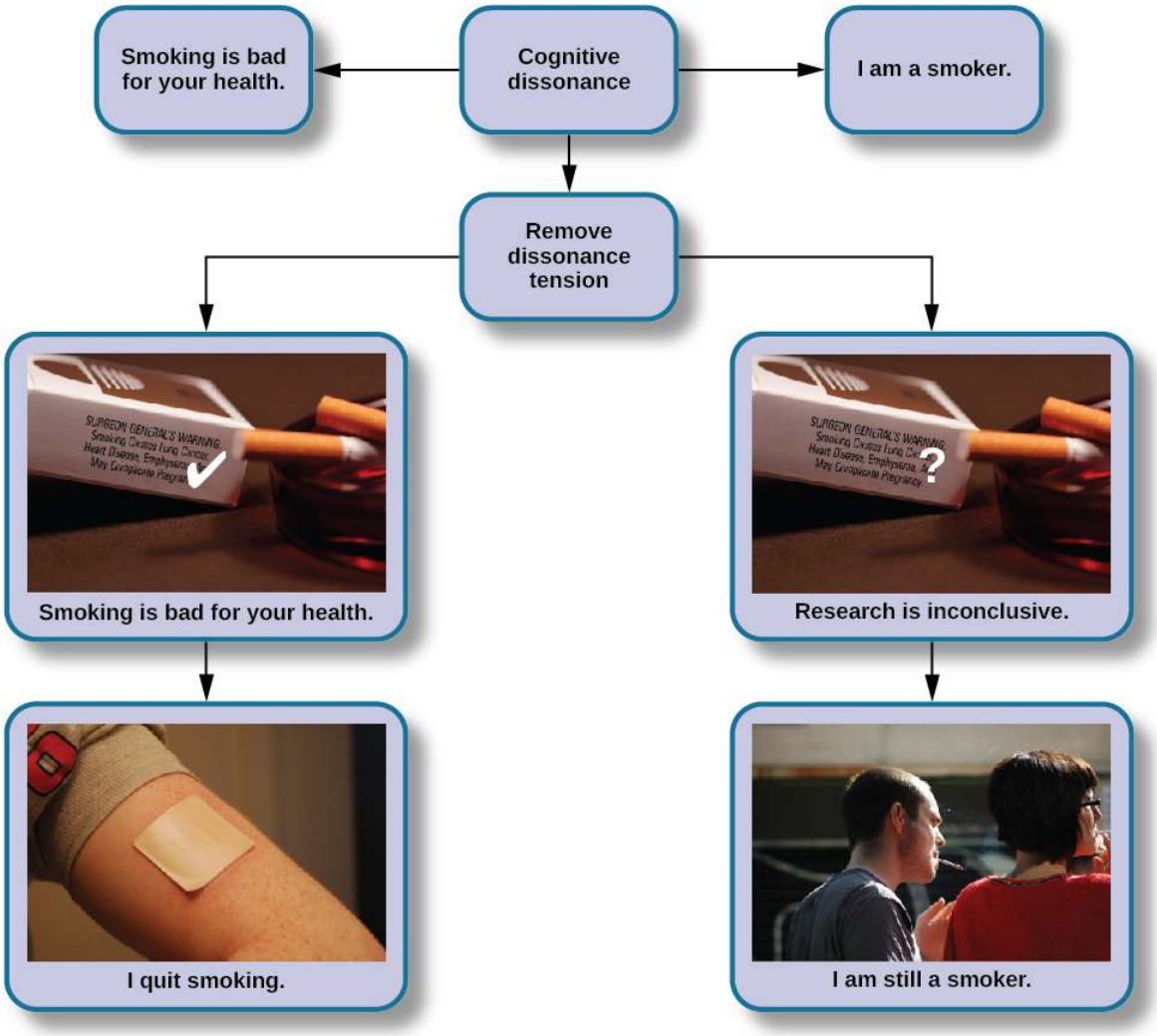


Figure 12.1.3.1: Cognitive dissonance is aroused by inconsistent beliefs and behaviors. Believing cigarettes are bad for your health, but smoking cigarettes anyway, can cause cognitive dissonance. To reduce cognitive dissonance, individuals can change their behavior, as in quitting smoking, or change their belief, such as discounting the evidence that smoking is harmful. (credit "cigarettes": modification of work by CDC/Debora Cartagena; "patch": modification of "RegBarc"/Wikimedia Commons; "smoking": modification of work by Tim Parkinson)

Later research documented that only conflicting cognitions that threaten individuals' positive self-image cause dissonance (Greenwald & Ronis, 1978). Additional research found that dissonance is not only psychologically uncomfortable but also can cause physiological arousal (Croyle & Cooper, 1983) and activate regions of the brain important in emotions and cognitive functioning (van Veen, Krug, Schooler, & Carter, 2009). When we experience cognitive dissonance, we are motivated to decrease it because it is psychologically, physically, and mentally uncomfortable. We can reduce **cognitive dissonance** by bringing our cognitions, attitudes, and behaviors in line—that is, making them harmonious. This can be done in different ways, such as:

- changing our discrepant behavior (e.g., stop smoking),
- changing our cognitions through rationalization or denial (e.g., telling ourselves that health risks can be reduced by smoking filtered cigarettes),
- adding a new cognition (e.g., "Smoking suppresses my appetite so I don't become overweight, which is good for my health.").

A classic example of cognitive dissonance is John, a 20-year-old who enlists in the military. During boot camp he is awakened at 5:00 a.m., is chronically sleep deprived, yelled at, covered in sand flea bites, physically bruised and battered, and mentally exhausted (See figure 12.1.3.2). It gets worse. Recruits that make it to week 11 of boot camp have to do 54 hours of continuous training.



Figure 12.1.3.2: A person who has chosen a difficult path must deal with cognitive dissonance in addition to many other discomforts. (credit: Tyler J. Bolken)

Not surprisingly, John is miserable. No one likes to be miserable. In this type of situation, people can change their beliefs, their attitudes, or their behaviors. The last option, a change of behaviors, is not available to John. He has signed on to the military for four years, and he cannot legally leave.

If John keeps thinking about how miserable he is, it is going to be a very long four years. He will be in a constant state of cognitive dissonance. As an alternative to this misery, John can change his beliefs or attitudes. He can tell himself, "I am becoming stronger, healthier, and sharper. I am learning discipline and how to defend myself and my country. What I am doing is really important." If this is his belief, he will realize that he is becoming stronger through his challenges. He then will feel better and not experience cognitive dissonance, which is an uncomfortable state.

The Effect of Initiation

The military example demonstrates the observation that a difficult **initiation** into a group influences us to like the group *more*, due to the justification of effort. We do not want to have wasted time and effort to join a group that we eventually leave. A classic experiment by Aronson and Mills (1959) demonstrated this justification of effort effect. College students volunteered to join a campus group that would meet regularly to discuss the psychology of sex. Participants were randomly assigned to one of three conditions: no initiation, an easy initiation, and a difficult initiation into the group. After participating in the first discussion, which was deliberately made very boring, participants rated how much they liked the group. Participants who underwent a difficult initiation process to join the group rated the group more favorably than did participants with an easy initiation or no initiation (See figure 12.1.3.3).

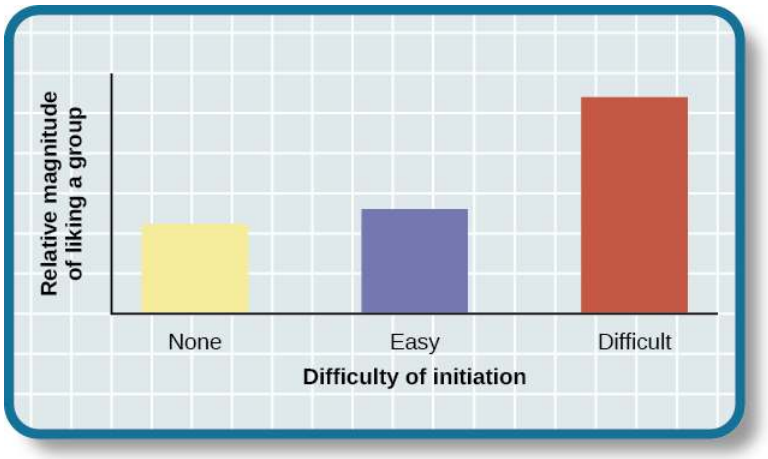


Figure 12.1.3.3: Justification of effort has a distinct effect on a person liking a group. Students in the difficult initiation condition liked the group more than students in other conditions due to the justification of effort.

Similar effects can be seen in a more recent study of how student effort affects course evaluations. Heckert, Latier, Ringwald-Burton, and Drazen (2006) surveyed 463 undergraduates enrolled in courses at a midwestern university about the amount of effort that their courses required of them. In addition, the students were also asked to evaluate various aspects of the course. Given what you've just read, it will come as no surprise that those courses that were associated with the highest level of effort were evaluated

as being more valuable than those that did not. Furthermore, students indicated that they learned more in courses that required more effort, regardless of the grades that they received in those courses (Heckert et al., 2006).

Besides the classic military example and group initiation, can you think of other examples of **cognitive dissonance**? Here is one: Marco and Maria live in Fairfield County, Connecticut, which is one of the wealthiest areas in the United States and has a very high cost of living. Marco telecommutes from home and Maria does not work outside of the home. They rent a very small house for more than $3000 a month. Maria shops at consignment stores for clothes and economizes where she can. They complain that they never have any money and that they cannot buy anything new. When asked why they do not move to a less expensive location, since Marco telecommutes, they respond that Fairfield County is beautiful, they love the beaches, and they feel comfortable there. How does the theory of cognitive dissonance apply to Marco and Maria's choices?

Persuasion

In the previous section we discussed that the motivation to reduce cognitive dissonance leads us to change our attitudes, behaviors, and/or cognitions to make them consonant. **Persuasion** is the process of changing our attitude toward something based on some kind of communication. Much of the persuasion we experience comes from outside forces. How do people convince others to change their attitudes, beliefs, and behaviors (See figure 12.1.3.4)? What communications do you receive that attempt to persuade you to change your attitudes, beliefs, and behaviors?



Figure 12.1.3.4: We encounter attempts at persuasion attempts everywhere. Persuasion is not limited to formal advertising; we are confronted with it throughout our everyday world. (credit: Robert Couse-Baker)

A subfield of social psychology studies persuasion and social influence, providing us with a plethora of information on how humans can be persuaded by others.

Yale Attitude Change Approach

The topic of persuasion has been one of the most extensively researched areas in social psychology (Fiske et al., 2010). During the Second World War, Carl **Hovland** extensively researched persuasion for the U.S. Army. After the war, Hovland continued his exploration of persuasion at Yale University. Out of this work came a model called the **Yale attitude change approach**, which describes the conditions under which people tend to change their attitudes. Hovland demonstrated that certain features of the source of a persuasive message, the content of the message, and the characteristics of the audience will influence the persuasiveness of a message (Hovland, Janis, & Kelley, 1953).

Features of the source of the persuasive message include the credibility of the speaker (Hovland & Weiss, 1951) and the physical attractiveness of the speaker (Eagly & Chaiken, 1975; Petty, Wegener, & Fabrigar, 1997). Thus, speakers who are credible, or have expertise on the topic, and who are deemed as trustworthy are more persuasive than less credible speakers. Similarly, more attractive speakers are more persuasive than less attractive speakers. The use of famous actors and athletes to advertise products on television and in print relies on this principle. The immediate and long term impact of the persuasion also depends, however, on the credibility of the messenger (Kumkale & Albarracín, 2004).

Features of the message itself that affect persuasion include subtlety (the quality of being important, but not obvious) (Petty & Cacioppo, 1986; Walster & Festinger, 1962); sidedness (that is, having more than one side) (Crowley & Hoyer, 1994; Igou & Bless, 2003; Lumsdaine & Janis, 1953); timing (Haugtvedt & Wegener, 1994; Miller & Campbell, 1959), and whether both sides are presented. Messages that are more subtle are more persuasive than direct messages. Arguments that occur first, such as in a debate,

are more influential if messages are given back-to-back. However, if there is a delay after the first message, and before the audience needs to make a decision, the last message presented will tend to be more persuasive (Miller & Campbell, 1959).

Features of the audience that affect persuasion are attention (Albarracín & Wyer, 2001; Festinger & Maccoby, 1964), intelligence, self-esteem (Rhodes & Wood, 1992), and age (Krosnick & Alwin, 1989). In order to be persuaded, audience members must be paying attention. People with lower intelligence are more easily persuaded than people with higher intelligence; whereas people with moderate self-esteem are more easily persuaded than people with higher or lower self-esteem (Rhodes & Wood, 1992). Finally, younger adults aged 18–25 are more persuadable than older adults.

Elaboration Likelihood Model

An especially popular model that describes the dynamics of persuasion is the elaboration likelihood model of persuasion (Petty & Cacioppo, 1986). The **elaboration likelihood model** considers the variables of the attitude change approach—that is, features of the source of the persuasive message, contents of the message, and characteristics of the audience are used to determine when attitude change will occur. According to the elaboration likelihood model of persuasion, there are two main routes that play a role in delivering a persuasive message: central and peripheral (See figure 12.1.3.5).

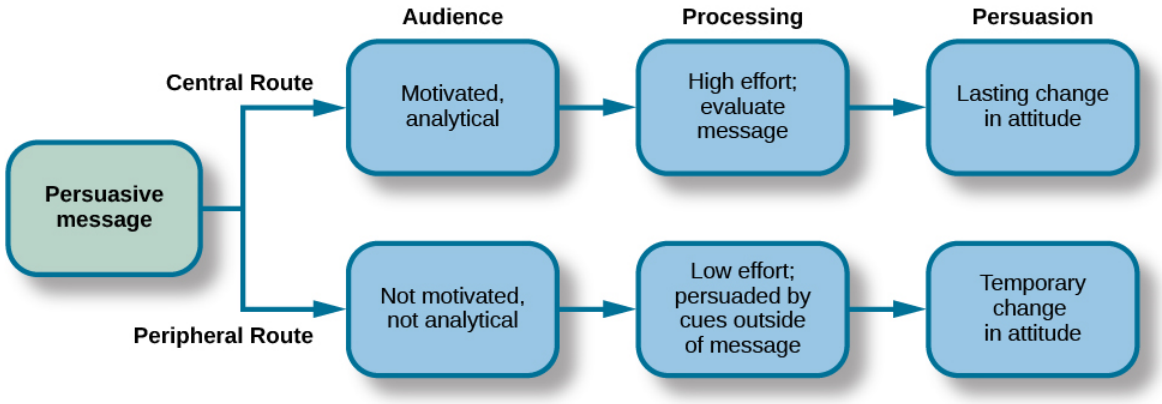


Figure 12.1.3.5: Persuasion can take one of two paths, and the durability of the end result depends on the path.

The **central route** is logic driven and uses data and facts to convince people of an argument's worthiness. For example, a car company seeking to persuade you to purchase their model will emphasize the car's safety features and fuel economy. This is a direct route to persuasion that focuses on the quality of the information. In order for the central route of persuasion to be effective in changing attitudes, thoughts, and behaviors, the argument must be strong and, if successful, will result in lasting attitude change.

The central route to persuasion works best when the target of persuasion, or the audience, is analytical and willing to engage in processing of the information. From an advertiser's perspective, what products would be best sold using the central route to persuasion? What audience would most likely be influenced to buy the product? One example is buying a computer. It is likely, for example, that small business owners might be especially influenced by the focus on the computer's quality and features such as processing speed and memory capacity.

The **peripheral route** is an indirect route that uses peripheral cues to associate positivity with the message (Petty & Cacioppo, 1986). Instead of focusing on the facts and a product's quality, the peripheral route relies on association with positive characteristics such as positive emotions and celebrity endorsement. For example, having a popular athlete advertise athletic shoes is a common method used to encourage young adults to purchase the shoes. This route to attitude change does not require much effort or information processing. This method of persuasion may promote positivity toward the message or product, but it typically results in less permanent attitude or behavior change. The audience does not need to be analytical or motivated to process the message. In fact, a peripheral route to persuasion may not even be noticed by the audience, for example in the strategy of product placement. Product placement refers to putting a product with a clear brand name or brand identity in a TV show or movie to promote the product (Gupta & Lord, 1998). For example, one season of the reality series *American Idol* prominently showed the panel of judges drinking out of cups that displayed the Coca-Cola logo. What other products would be best sold using the peripheral route to persuasion? Another example is clothing: A retailer may focus on celebrities that are wearing the same style of clothing.

Foot-in-the-door Technique

Researchers have tested many persuasion strategies that are effective in selling products and changing people's attitude, ideas, and behaviors. One effective strategy is the foot-in-the-door technique (Cialdini, 2001; Pliner, Hart, Kohl, & Saari, 1974). Using the **foot-in-the-door technique**, the persuader gets a person to agree to bestow a small favor or to buy a small item, only to later request a larger favor or purchase of a bigger item. The foot-in-the-door technique was demonstrated in a study by Freedman and Fraser (1966) in which participants who agreed to post small sign in their yard or sign a petition were more likely to agree to put a large sign in their yard than people who declined the first request (See figure 12.1.3.6). Research on this technique also illustrates the principle of consistency (Cialdini, 2001): Our past behavior often directs our future behavior, and we have a desire to maintain consistency once we have a committed to a behavior.



(a) (b)

Figure 12.1.3.6: With the foot-in-the-door technique, a small request such as (a) wearing a campaign button can turn into a large request, such as (b) putting campaigns signs in your yard. (credit a: modification of work by Joe Crawford; credit b: modification of work by "shutterblog"/Flickr)

A common application of foot-in-the-door is when teens ask their parents for a small permission (for example, extending curfew by a half hour) and then asking them for something larger. Having granted the smaller request increases the likelihood that parents will acquiesce with the later, larger request.

How would a store owner use the foot-in-the-door technique to sell you an expensive product? For example, say that you are buying the latest model smartphone, and the salesperson suggests you purchase the best data plan. You agree to this. The salesperson then suggests a bigger purchase—the three-year extended warranty. After agreeing to the smaller request, you are more likely to also agree to the larger request. You may have encountered this if you have bought a car. When salespeople realize that a buyer intends to purchase a certain model, they might try to get the customer to pay for many or most available options on the car.

Summary

Attitudes are our evaluations or feelings toward a person, idea, or object and typically are positive or negative. Our attitudes and beliefs are influenced not only by external forces, but also by internal influences that we control. An internal form of attitude change is cognitive dissonance or the tension we experience when our thoughts, feelings, and behaviors are in conflict. In order to reduce dissonance, individuals can change their behavior, attitudes, or cognitions, or add a new cognition. External forces of persuasion include advertising; the features of advertising that influence our behaviors include the source, message, and audience. There are two primary routes to persuasion. The central route to persuasion uses facts and information to persuade potential consumers. The peripheral route uses positive association with cues such as beauty, fame, and positive emotions.

Glossary

attitude
: evaluations of or feelings toward a person, idea, or object that are typically positive or negative

central route persuasion
: logic-driven arguments using data and facts to convince people of an argument's worthiness

cognitive dissonance
: psychological discomfort that arises from a conflict in a person's behaviors, attitudes, or beliefs that runs counter to one's positive self-perception

foot-in-the-door technique

persuasion of one person by another person, encouraging a person to agree to a small favor, or to buy a small item, only to later request a larger favor or purchase of a larger item

peripheral route persuasion

one person persuades another person; an indirect route that relies on association of peripheral cues (such as positive emotions and celebrity endorsement) to associate positivity with a message

persuasion

process of changing our attitude toward something based on some form of communication

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CHAPTER OVERVIEW

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13.1.3: Symbols of Pride or Prejudice?

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13.2.1: Infographics

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13.1.1: Prejudice and Discrimination

Learning Objectives

- Define and distinguish among prejudice, stereotypes, and discrimination
- Provide examples of prejudice, stereotypes, and discrimination
- Explain why prejudice and discrimination exist

Human conflict can result in crime, war, and mass murder, such as genocide. Prejudice and discrimination often are root causes of human conflict, which explains how strangers come to hate one another to the extreme of causing others harm. Prejudice and discrimination affect everyone. In this section we will examine the definitions of prejudice and discrimination, examples of these concepts, and causes of these biases.



(a) (b) (c)

Figure 13.1.1.1: Prejudice and discrimination occur across the globe. (a) A 1939 sign in German-occupied Poland warns "No Entrance for Poles!" (b) An African-American male drinks from a designated "colored" water fountain in Oklahoma in 1939 during the era of racial segregation as a practice of discrimination. (c) A member of the Westboro Baptist Church, widely identified as a hate group, engages in discrimination based on religion and sexual orientation. (credit b: modification of work by United States Farm Security Administration; credit c: modification of work by "JCWilmore"/Wikimedia Commons)

Understanding Prejudice and Discrimination

As we discussed in the opening story of Trayvon Martin, humans are very diverse and although we share many similarities, we also have many differences. The social groups we belong to help form our identities (Tajfel, 1974). These differences may be difficult for some people to reconcile, which may lead to prejudice toward people who are different. **Prejudice** is a negative attitude and feeling toward an individual based solely on one's membership in a particular social group (Allport, 1954; Brown, 2010). Prejudice is common against people who are members of an unfamiliar cultural group. Thus, certain types of education, contact, interactions, and building relationships with members of different cultural groups can reduce the tendency toward prejudice. In fact, simply imagining interacting with members of different cultural groups might affect prejudice. Indeed, when experimental participants were asked to imagine themselves positively interacting with someone from a different group, this led to an increased positive attitude toward the other group and an increase in positive traits associated with the other group. Furthermore, imagined social interaction can reduce anxiety associated with inter-group interactions (Crisp & Turner, 2009). What are some examples of social groups that you belong to that contribute to your identity? Social groups can include gender, race, ethnicity, nationality, social class, religion, sexual orientation, profession, and many more. And, as is true for social roles, you can simultaneously be a member of more than one social group. An example of prejudice is having a negative attitude toward people who are not born in the United States. Although people holding this prejudiced attitude do not know all people who were not born in the United States, they dislike them due to their status as foreigners.

Can you think of a prejudiced attitude you have held toward a group of people? How did your prejudice develop? Prejudice often begins in the form of a **stereotype**—that is, a specific belief or assumption about individuals based solely on their membership in a group, regardless of their individual characteristics. Stereotypes become overgeneralized and applied to all members of a group. For example, someone holding prejudiced attitudes toward older adults, may believe that older adults are slow and incompetent (Cuddy, Norton, & Fiske, 2005; Nelson, 2004). We cannot possibly know each individual person of advanced age to know that all older adults are slow and incompetent. Therefore, this negative belief is overgeneralized to all members of the group, even though many of the individual group members may in fact be spry and intelligent.

Another example of a well-known stereotype involves beliefs about racial differences among athletes. As Hodge, Burden, Robinson, and Bennett (2008) point out, Black male athletes are often believed to be more athletic, yet less intelligent, than their White male counterparts. These beliefs persist despite a number of high profile examples to the contrary. Sadly, such beliefs often

influence how these athletes are treated by others and how they view themselves and their own capabilities. Whether or not you agree with a stereotype, stereotypes are generally well-known within in a given culture (Devine, 1989).

Sometimes people will act on their prejudiced attitudes toward a group of people, and this behavior is known as discrimination. **Discrimination** is negative action toward an individual as a result of one's membership in a particular group (Allport, 1954; Dovidio & Gaertner, 2004). As a result of holding negative beliefs (stereotypes) and negative attitudes (prejudice) about a particular group, people often treat the target of prejudice poorly, such as excluding older adults from their circle of friends. The Table 13.1.1.1 below summarizes the characteristics of stereotypes, prejudice, and discrimination. Have you ever been the target of discrimination? If so, how did this negative treatment make you feel?

Table 13.1.1.1**:** Connecting Stereotypes, Prejudice, and Discrimination

Item	Function	Connection	Example
Stereotype	Cognitive; thoughts about people	Overgeneralized beliefs about people may lead to prejudice.	"Yankees fans are arrogant and obnoxious."
Prejudice	Affective; feelings about people, both positive and negative	Feelings may influence treatment of others, leading to discrimination.	"I hate Yankees fans; they make me angry."
Discrimination	Behavior; positive or negative treatment of others	Holding stereotypes and harboring prejudice may lead to excluding, avoiding, and biased treatment of group members.	"I would never hire nor become friends with a person if I knew he or she were a Yankees fan."

So far, we've discussed stereotypes, prejudice, and discrimination as negative thoughts, feelings, and behaviors because these are typically the most problematic. However, it is important to also point out that people can hold positive thoughts, feelings, and behaviors toward individuals based on group membership; for example, they would show preferential treatment for people who are like themselves—that is, who share the same gender, race, or favorite sports team.

Types of Prejudice and Discrimination

When we meet strangers we automatically process three pieces of information about them: their race, gender, and age (Ito & Urland, 2003). Why are these aspects of an unfamiliar person so important? Why don't we instead notice whether their eyes are friendly, whether they are smiling, their height, the type of clothes they are wearing? Although these secondary characteristics are important in forming a first impression of a stranger, the social categories of race, gender, and age provide a wealth of information about an individual. This information, however, often is based on stereotypes. We may have different expectations of strangers depending on their race, gender, and age. What stereotypes and prejudices do you hold about people who are from a race, gender, and age group different from your own?

Racism

Racism is **prejudice** and **discrimination** against an individual based solely on one's membership in a specific racial group (such as toward African Americans, Asian Americans, Latinos, Native Americans, European Americans). What are some stereotypes of various racial or ethnic groups? Research suggests cultural stereotypes for Asian Americans include cold, sly, and intelligent; for Latinos, cold and unintelligent; for European Americans, cold and intelligent; and for African Americans, aggressive, athletic, and more likely to be law breakers (Devine & Elliot, 1995; Fiske, Cuddy, Glick, & Xu, 2002; Sommers & Ellsworth, 2000; Dixon & Linz, 2000).

Racism exists for many racial and ethnic groups. For example, Blacks are significantly more likely to have their vehicles searched during traffic stops than Whites, particularly when Blacks are driving in predominately White neighborhoods, (a phenomenon often termed "DWB," or "driving while Black.") (Rojek, Rosenfeld, & Decker, 2012)

Mexican Americans and other Latino groups also are targets of racism from the police and other members of the community. For example, when purchasing items with a personal check, Latino shoppers are more likely than White shoppers to be asked to show formal identification (Dovidio et al., 2010).

In one case of alleged harassment by the police, several East Haven, Connecticut, police officers were arrested on federal charges due to reportedly continued harassment and brutalization of Latinos. When the accusations came out, the mayor of East Haven was

asked, “What are you doing for the Latino community today?” The Mayor responded, “I might have tacos when I go home, I’m not quite sure yet” (“East Haven Mayor,” 2012) This statement undermines the important issue of racial profiling and police harassment of Latinos, while belittling Latino culture by emphasizing an interest in a food product stereotypically associated with Latinos.

Racism is prevalent toward many other groups in the United States including Native Americans, Arab Americans, Jewish Americans, and Asian Americans. Have you witnessed racism toward any of these racial or ethnic groups? Are you aware of racism in your community?

One reason modern forms of racism, and prejudice in general, are hard to detect is related to the dual attitudes model (Wilson, Lindsey, & Schooler, 2000). Humans have two forms of attitudes: explicit attitudes, which are conscious and controllable, and implicit attitudes, which are unconscious and uncontrollable (Devine, 1989; Olson & Fazio, 2003). Because holding egalitarian views is socially desirable (Plant & Devine, 1998), most people do not show extreme racial bias or other prejudices on measures of their explicit attitudes. However, measures of implicit attitudes often show evidence of mild to strong racial bias or other prejudices (Greenwald, McGee, & Schwartz, 1998; Olson & Fazio, 2003).

Sexism

Sexism is **prejudice** and **discrimination** toward individuals based on their sex. Typically, sexism takes the form of men holding biases against women, but either sex can show sexism toward their own or their opposite sex. Like racism, sexism may be subtle and difficult to detect. Common forms of sexism in modern society include gender role expectations, such as expecting women to be the caretakers of the household. Sexism also includes people’s expectations for how members of a gender group should behave. For example, women are expected to be friendly, passive, and nurturing, and when women behave in an unfriendly, assertive, or neglectful manner they often are disliked for violating their gender role (Rudman, 1998). Research by Laurie Rudman (1998) finds that when female job applicants self-promote, they are likely to be viewed as competent, but they may be disliked and are less likely to be hired because they violated gender expectations for modesty. Sexism can exist on a societal level such as in hiring, employment opportunities, and education. Women are less likely to be hired or promoted in male-dominated professions such as engineering, aviation, and construction (See figure 13.1.1.2) (Blau, Ferber, & Winkler, 2010; Ceci & Williams, 2011). Have you ever experienced or witnessed sexism? Think about your family members’ jobs or careers. Why do you think there are differences in the jobs women and men have, such as more women nurses but more male surgeons (Betz, 2008)?



Figure 13.1.1.2: Women now have many jobs previously closed to them, though they still face challenges in male-dominated occupations. (credit: "Alex"/Flickr)

Ageism

People often form judgments and hold expectations about people based on their age. These judgments and expectations can lead to **ageism**, or **prejudice** and **discrimination** toward individuals based solely on their age. Typically, ageism occurs against older adults, but ageism also can occur toward younger adults. Think of expectations you hold for older adults. How could someone’s expectations influence the feelings they hold toward individuals from older age groups? Ageism is widespread in U.S. culture (Nosek, 2005), and a common ageist attitude toward older adults is that they are incompetent, physically weak, and slow (Greenberg, Schimel, & Martens, 2002) and some people consider older adults less attractive. Some cultures, however, including some Asian, Latino, and African American cultures, both outside and within the United States afford older adults respect and honor.

Ageism can also occur toward younger adults. What expectations do you hold toward younger people? Does society expect younger adults to be immature and irresponsible? How might these two forms of ageism affect a younger and older adult who are applying for a sales clerk position?

Homophobia

Another form of prejudice is **homophobia**: **prejudice** and **discrimination** of individuals based solely on their sexual orientation. Like ageism, **homophobia** is a widespread prejudice in U.S. society that is tolerated by many people (Herek & McLemore, 2013; Nosek, 2005). Negative feelings often result in discrimination, such as the exclusion of lesbian, gay, bisexual, and transgender (LGBT) people from social groups and the avoidance of LGBT neighbors and co-workers. This discrimination also extends to employers deliberately declining to hire qualified LGBT job applicants. Have you experienced or witnessed homophobia? If so, what stereotypes, prejudiced attitudes, and discrimination were evident?

DIG DEEPER: Research into Homophobia

Some people are quite passionate in their hatred for nonheterosexuals in our society. In some cases, people have been tortured and/or murdered simply because they were not heterosexual. This passionate response has led some researchers to question what motives might exist for homophobic people. Adams, Wright, & Lohr (1996) conducted a study investigating this issue and their results were quite an eye-opener.

In this experiment, male college students were given a scale that assessed how homophobic they were; those with extreme scores were recruited to participate in the experiment. In the end, 64 men agreed to participate and were split into 2 groups: homophobic men and nonhomophobic men. Both groups of men were fitted with a penile plethysmograph, an instrument that measures changes in blood flow to the penis and serves as an objective measurement of sexual arousal.

All men were shown segments of sexually explicit videos. One of these videos involved a sexual interaction between a man and a woman (heterosexual clip). One video displayed two females engaged in a sexual interaction (homosexual female clip), and the final video displayed two men engaged in a sexual interaction (homosexual male clip). Changes in penile tumescence were recorded during all three clips, and a subjective measurement of sexual arousal was also obtained. While both groups of men became sexually aroused to the heterosexual and female homosexual video clips, only those men who were identified as homophobic showed sexual arousal to the homosexual male video clip. While all men reported that their erections indicated arousal for the heterosexual and female homosexual clips, the homophobic men indicated that they were not sexually aroused (despite their erections) to the male homosexual clips. Adams et al. (1996) suggest that these findings may indicate that homophobia is related to homosexual arousal that the homophobic individuals either deny or are unaware.

Why do Prejudice and Discrimination Exist?

Prejudice and **discrimination** persist in society due to social learning and conformity to social norms. Children learn prejudiced attitudes and beliefs from society: their parents, teachers, friends, the media, and other sources of socialization, such as Facebook (O'Keeffe & Clarke-Pearson, 2011). If certain types of prejudice and discrimination are acceptable in a society, there may be normative pressures to conform and share those prejudiced beliefs, attitudes, and behaviors. For example, public and private schools are still somewhat segregated by social class. Historically, only children from wealthy families could afford to attend private schools, whereas children from middle- and low-income families typically attended public schools. If a child from a low-income family received a merit scholarship to attend a private school, how might the child be treated by classmates? Can you recall a time when you held prejudiced attitudes or beliefs or acted in a discriminatory manner because your group of friends expected you to?

Stereotypes and Self-Fulfilling Prophecy

When we hold a **stereotype** about a person, we have expectations that he or she will fulfill that stereotype. A **self-fulfilling prophecy** is an expectation held by a person that alters his or her behavior in a way that tends to make it true. When we hold stereotypes about a person, we tend to treat the person according to our expectations. This treatment can influence the person to act according to our stereotypic expectations, thus confirming our stereotypic beliefs. Research by Rosenthal and Jacobson (1968) found that disadvantaged students whose teachers expected them to perform well had higher grades than disadvantaged students whose teachers expected them to do poorly.

Consider this example of cause and effect in a self-fulfilling prophecy: If an employer expects an openly gay male job applicant to be incompetent, the potential employer might treat the applicant negatively during the interview by engaging in less conversation, making little eye contact, and generally behaving coldly toward the applicant (Hebl, Foster, Mannix, & Dovidio, 2002). In turn, the job applicant will perceive that the potential employer dislikes him, and he will respond by giving shorter responses to interview questions, making less eye contact, and generally disengaging from the interview. After the interview, the employer will reflect on

the applicant's behavior, which seemed cold and distant, and the employer will conclude, based on the applicant's poor performance during the interview, that the applicant was in fact incompetent. Thus, the employer's stereotype—gay men are incompetent and do not make good employees—is reinforced. Do you think this job applicant is likely to be hired? Treating individuals according to stereotypic beliefs can lead to prejudice and discrimination.

Another dynamic that can reinforce stereotypes is confirmation bias. When interacting with the target of our prejudice, we tend to pay attention to information that is consistent with our stereotypic expectations and ignore information that is inconsistent with our expectations. In this process, known as **confirmation bias**, we seek out information that supports our stereotypes and ignore information that is inconsistent with our stereotypes (Wason & Johnson-Laird, 1972). In the job interview example, the employer may not have noticed that the job applicant was friendly and engaging, and that he provided competent responses to the interview questions in the beginning of the interview. Instead, the employer focused on the job applicant's performance in the later part of the interview, after the applicant changed his demeanor and behavior to match the interviewer's negative treatment.

Have you ever fallen prey to the self-fulfilling prophecy or confirmation bias, either as the source or target of such bias? How might we stop the cycle of the self-fulfilling prophecy? Social class stereotypes of individuals tend to arise when information about the individual is ambiguous. If information is unambiguous, stereotypes do not tend to arise (Baron et al., 1995).

IN-Groups and OUT-Groups

As discussed previously in this section, we all belong to a gender, race, age, and social economic group. These groups provide a powerful source of our identity and self-esteem (Tajfel & Turner, 1979). These groups serve as our in-groups. An **in-group** is a group that we identify with or see ourselves as belonging to. A group that we don't belong to, or an **out-group**, is a group that we view as fundamentally different from us. For example, if you are female, your gender in-group includes all females, and your gender out-group includes all males (See figure 13.1.1.3). People often view gender groups as being fundamentally different from each other in personality traits, characteristics, social roles, and interests. Because we often feel a strong sense of belonging and emotional connection to our in-groups, we develop in-group bias: a preference for our own group over other groups. This **in-group bias** can result in prejudice and discrimination because the out-group is perceived as different and is less preferred than our in-group.



Figure 13.1.1.3: These children are very young, but they are already aware of their gender in-group and out-group. (credit: modification of work by Simone Ramella)

Despite the group dynamics that seem only to push groups toward conflict, there are forces that promote reconciliation between groups: the expression of empathy, of acknowledgment of past suffering on both sides, and the halt of destructive behaviors.

One function of prejudice is to help us feel good about ourselves and maintain a positive self-concept. This need to feel good about ourselves extends to our in-groups: We want to feel good and protect our in-groups. We seek to resolve threats individually and at the in-group level. This often happens by blaming an out-group for the problem. **Scapegoating** is the act of blaming an out-group when the in-group experiences frustration or is blocked from obtaining a goal (Allport, 1954).

Summary

As diverse individuals, humans can experience conflict when interacting with people who are different from each other. Prejudice, or negative feelings and evaluations, is common when people are from a different social group (i.e., out-group). Negative attitudes toward out-groups can lead to discrimination. Prejudice and discrimination against others can be based on gender, race, ethnicity, social class, sexual orientation, or a variety of other social identities. In-group's who feel threatened may blame the out-groups for their plight, thus using the out-group as a scapegoat for their frustration.

Glossary

ageism
prejudice and discrimination toward individuals based solely on their age

confirmation bias
seeking out information that supports our stereotypes while ignoring information that is inconsistent with our stereotypes

discrimination
negative actions toward individuals as a result of their membership in a particular group

homophobia
prejudice and discrimination against individuals based solely on their sexual orientation

in-group
group that we identify with or see ourselves as belonging to

in-group bias
preference for our own group over other groups

out-group
group that we don’t belong to—one that we view as fundamentally different from us

prejudice
negative attitudes and feelings toward individuals based solely on their membership in a particular group

racism
prejudice and discrimination toward individuals based solely on their race

scapegoating
act of blaming an out-group when the in-group experiences frustration or is blocked from obtaining a goal

self-fulfilling prophecy
treating stereotyped group members according to our biased expectations only to have this treatment influence the individual to act according to our stereotypic expectations, thus confirming our stereotypic beliefs

sexism
prejudice and discrimination toward individuals based on their sex

stereotype
specific beliefs or assumptions about individuals based solely on their membership in a group, regardless of their individual characteristics

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13.1.2: Class

Socio-economic class differences are particularly hidden in the US context. Part of this can be explained by the ideology of the American Dream. According to a popular belief in **meritocracy**, anyone who works hard enough will succeed, and those who do not succeed must not have worked hard enough. There is a logical error in this form of reasoning, which does not explain the following two scenarios: What about people who do not work very hard at all and still succeed? What about those who work exceptionally hard and never succeed? Part of this, of course, is about how we define success. Succeeding at the American Dream means something akin to having a great job, making a lot of money, and owning a car, a house, and all the most-recent gadgets. These are markers of material, that is, economic, wealth. Wealth is not only captured in personal income, but other assets as well (house, car, stocks, inheritances), not all of which are necessarily earned by hard work alone, but can come from inheritance, marriage, or luck.

Though rich/poor may be the binary associated with class, most people in the US context (no matter how much wealth they have) consider themselves "middle-class." (Pew Research Center, 2010). The label "middle-class" represents more than what people have in their bank accounts—it reflects a political ideology. When politicians run for election or argue over legislation they often employ the term "middle-class" to stand in for "average," "tax-paying," "morally upstanding" constituents and argue for their collective voice and prosperity. Rhetorically, the "middle class" is not compared to the super rich (since, in the US, you can never be too rich or too thin), but rather the poor. So, when people talk about the middle class they are also often implying that they are NOT those "deviant," "tax-swindling," "immoral," poor people. This may seem harsh, but this is truly how the poor are represented in news media (Mantsios, 2007). If this still seems far-fetched, just replace with phrase "the poor" with "welfare recipients." Welfare recipients are often faceless but framed as undeserving of assistance since they are assumed to be cheating the system, addicted to alcohol or drugs, and have only themselves to blame for their poverty (Mantsios, 2007). Welfare recipients are the implied counterparts to the middle-class everymen that populate political speeches and radio rants. Thus, in the United States, socioeconomic class has been constructed as a binary between the middle-class and the poor.

Furthermore, these class-based categories also carry racial and sexual meanings, as the "welfare queen" stereotype conjures images of poor, black, sexually-promiscuous women, contrary to the fact that white women as a group are the largest recipients of welfare. Fred Block and colleagues (2006) discuss how these stereotypes about the poor are written into American poverty policies. For instance, in 1996, President Bill Clinton passed the Personal Responsibility/Work Opportunities Reconciliation Act (PRWORA), which fundamentally rewrote prior US welfare policy. This act limits lifetime receipt of welfare to a maximum of 60 months, or 5 years, and requires that able-bodied recipients work or job-train for low-skill jobs while receiving checks. Under PRWORA, recent immigrants cannot receive welfare for their first five years of legal residence, and undocumented immigrants can never receive welfare benefits (Block et al. 2006). These restrictions are based on the assumption that welfare recipients are ultimately cheating the American taxpayer and looking for a free ride. In spite of these changes, most people still believe that being on government assistance means a lifetime of free money. Media contempt for welfare recipients is accomplished by not humanizing the experience of poverty. People experiencing poverty can face tough choices; for instance, working more hours or getting a slightly better paying job can cause one to fail the "means test" (an income level above which people are ineligible for welfare benefits) for food stamps or Medicaid. The poor are increasingly forced to decide between paying for rent versus food and other bills, as the cost of living has risen dramatically in the past few decades while working-class wages have not risen comparably.

The SPENT game captures and humanizes this process of making tough decisions on a tight budget. Try it out and see how you fare: http://playspent.org/.

However, class issues are not only about income differences. **Cultural capital** is a term coined by the late sociologist Pierre Bourdieu (1984) to address non-monetary class differences such as tastes in food and music or knowledge of high culture. Bourdieu explained that even when a formerly poor individual experiences economic mobility and becomes middle-class, there are still markers of her former status in the way she carries herself and the things she knows. We see many examples of this in popular films. When someone goes from rags to riches, they often use the wrong utensils at a dinner party, call something by the wrong name, cannot tell the difference between a Chardonnay and a Merlot (wines), or spend their money in a showy way. Thus, someone can have high cultural capital and not be wealthy, or have low cultural capital and be a millionaire. For instance, in the popular (and very campy) movie *Showgirls* (Verhoeven, 1995), the main character, Nomi Malone, goes from homeless and unemployed to a well paid Las Vegas showgirl at record speed. Along the way, she buys an expensive Versace dress and brags about it. Unfortunately, she reveals her lack of cultural capital, and thus her former status as poor, by mispronouncing the brand (saying 'Verse-ACE' instead of 'Vers-a-Chee') and is humiliated by some rather mean bystanders. In sum, the concept of cultural capital highlights the ways in which social class is not just about wealth and income, but that social classes develop class cultures.



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13.1.3: Symbols of Pride or Prejudice?

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14.1.3: What Are Gender Roles and Stereotypes?

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