

PERSONAL PSYCHOLOGY (C-ID PSY 115 PSYCHOLOGY OF PERSONAL AND SOCIAL ADJUSTMENT)



Unknown

Personal Psychology

*(Psychology of Personal & Social Adjustment C-
ID PSY 115)*

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1: THEORETICAL HISTORY OF PERSONALITY DEVELOPMENT

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1.2: Freud and the Psychodynamic Perspective

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1.1: Introduction to Theoretical History of Personality Development

1.1: Introduction to Theoretical History of Personality Development



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Learning Objectives

1. Become familiar with various perspectives of personality across history.
2. Explain the differences between theoretical perspectives of personality development.
3. Identify cultural differences that affect personality development.

Food for Thought...

Three months before William Jefferson Blythe III was born, his father died in a car accident. He was raised by his mother, Virginia Dell, and grandparents, in Hope, Arkansas. When he turned 4, his mother married Roger Clinton, Jr., an alcoholic who was physically abusive to William's mother. Six years later, Virginia gave birth to another son, Roger. William, who later took the last name Clinton from his stepfather, became the 42nd president of the United States. While Bill Clinton was making his political ascendance, his half-brother, Roger Clinton, was arrested numerous times for drug charges, including possession, conspiracy to distribute cocaine, and driving under the influence, serving time in jail. Two brothers, raised by the same people, took radically different paths in their lives. Why did they make the choices they did? What internal forces shaped their decisions? Personality psychology can help us answer these questions and more.

Personality refers to the long-standing traits and patterns that propel individuals to consistently think, feel, and behave in specific ways. Our personality is what makes us unique individuals. Each person has an idiosyncratic pattern of enduring, long-term characteristics and a manner in which they interact with other individuals and the world around them. Our personalities are thought to be long term, stable, and not easily changed. The word *personality* comes from the Latin word *persona*. In the ancient world, a persona was a mask worn by an actor. While we tend to think of a mask as being worn to conceal one's identity, the theatrical mask was originally used to either represent or project a specific personality trait of a character ([Figure 11.2](#)).



Figure Happy, sad, impatient, shy, fearful, curious, helpful. What characteristics describe your personality?

Historical Perspectives

The concept of personality has been studied for at least 2,000 years, beginning with Hippocrates in 370 BCE (Fazeli, 2012). Hippocrates theorized that personality traits and human behaviors are based on four separate temperaments associated with four fluids (“humors”) of the body: choleric temperament (yellow bile from the liver), melancholic temperament (black bile from the kidneys), sanguine temperament (red blood from the heart), and phlegmatic temperament (white phlegm from the lungs) (Clark & Watson, 2008; Eysenck & Eysenck, 1985; Lecci & Magnavita, 2013; Noga, 2007). Centuries later, the influential Greek physician and philosopher Galen built on Hippocrates’s theory, suggesting that both diseases and personality differences could be explained by imbalances in the humors and that each person exhibits one of the four temperaments. For example, the choleric person is passionate, ambitious, and bold; the melancholic person is reserved, anxious, and unhappy; the sanguine person is joyful, eager, and optimistic; and the phlegmatic person is calm, reliable, and thoughtful (Clark & Watson, 2008; Stelmack & Stalikas, 1991). Galen’s theory was prevalent for over 1,000 years and continued to be popular through the Middle Ages.

In 1780, Franz Gall, a German physician, proposed that the distances between bumps on the skull reveal a person’s personality traits, character, and mental abilities (Figure 11.3). According to Gall, measuring these distances revealed the sizes of the brain areas underneath, providing information that could be used to determine whether a person was friendly, prideful, murderous, kind, good with languages, and so on. Initially, phrenology was very popular; however, it was soon discredited for lack of empirical support and has long been relegated to the status of pseudoscience (Fancher, 1979).



Figure The pseudoscience of measuring the areas of a person’s skull is known as phrenology. (a) Gall developed a chart that depicted which areas of the skull corresponded to particular personality traits or characteristics (Hothersall, 1995). (b) An 1825 lithograph depicts Gall examining the skull of a young woman. (credit b: modification of work by Wellcome Library, London)

In the centuries after Galen, other researchers contributed to the development of his four primary temperament types, most prominently Immanuel Kant (in the 18th century) and psychologist Wilhelm Wundt (in the 19th century) (Eysenck, 2009; Stelmack & Stalikas, 1991; Wundt, 1874/1886) (Figure 11.4). Kant agreed with Galen that everyone could be sorted into one of the four temperaments and that there was no overlap between the four categories (Eysenck, 2009). He developed a list of traits that could be used to describe the personality of a person from each of the four temperaments. However, Wundt suggested that a better description of personality could be achieved using two major axes: emotional/nonemotional and changeable/unchangeable. The first axis separated strong from weak emotions (the melancholic and choleric temperaments from the phlegmatic and sanguine). The second axis divided the changeable temperaments (choleric and sanguine) from the unchangeable ones (melancholic and phlegmatic) (Eysenck, 2009).

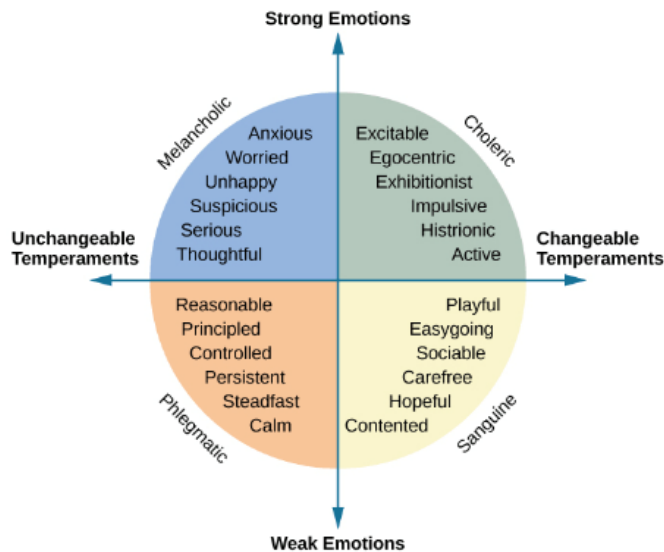


Figure Developed from Galen's theory of the four temperaments, Kant proposed trait words to describe each temperament. Wundt later suggested the arrangement of the traits on two major axes.

Sigmund Freud's psychodynamic perspective of personality was the first comprehensive theory of personality, explaining a wide variety of both normal and abnormal behaviors. According to Freud, unconscious drives influenced by sex and aggression, along with childhood sexuality, are the forces that influence our personality. Freud attracted many followers who modified his ideas to create new theories about personality. These theorists, referred to as neo-Freudians, generally agreed with Freud that childhood experiences matter, but they reduced the emphasis on sex and focused more on the social environment and effects of culture on personality. The perspective of personality proposed by Freud and his followers was the dominant theory of personality for the first half of the 20th century.

Other major theories then emerged, including the learning, humanistic, biological, evolutionary, trait, and cultural perspectives. In this chapter, we will explore these various perspectives on personality in depth.

LINK TO LEARNING

https://youtu.be/X3CaKQWWe_U

View this video of an overview of some of the psychological perspectives on personality to learn more.

YouTube Video

This interactive element is not available in this format. Visit the link or scan the QR code to access it online.

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1.2: Freud and the Psychodynamic Perspective

1.2: Freud and the Psychodynamic Perspective



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Sigmund Freud (1856–1939) is probably the most controversial and misunderstood psychological theorist. When reading Freud's theories, it is important to remember that he was a medical doctor, not a psychologist. There was no such thing as a degree in psychology at the time that he received his education, which can help us understand some of the controversy over his theories today. However, Freud was the first to systematically study and theorize the workings of the unconscious mind in the manner that we associate with modern psychology.

In the early years of his career, Freud worked with Josef Breuer, a Viennese physician. During this time, Freud became intrigued by the story of one of Breuer's patients, Bertha Pappenheim, who was referred to by the pseudonym Anna O. (Launer, 2005). Anna O. had been caring for her dying father when she began to experience symptoms such as partial paralysis, headaches, blurred vision, amnesia, and hallucinations (Launer, 2005). In Freud's day, these symptoms were commonly referred to as hysteria. Anna O. turned to Breuer for help. He spent 2 years (1880–1882) treating Anna O. and discovered that allowing her to talk about her experiences seemed to bring some relief of her symptoms. Anna O. called his treatment the "talking cure" (Launer, 2005). Despite the fact that Freud never met Anna O., her story served as the basis for the 1895 book, *Studies on Hysteria*, which he co-authored with Breuer. Based on Breuer's description of Anna O.'s treatment, Freud concluded that hysteria was the result of sexual abuse in childhood and that these traumatic experiences had been hidden from consciousness. Breuer disagreed with Freud, which soon ended their work together. However, Freud continued to work to refine talk therapy and build his theory on personality.

Levels of Consciousness

To explain the concept of conscious versus unconscious experience, Freud compared the mind to an iceberg ([Figure 11.5](#)). He said that only about one-tenth of our mind is conscious, and the rest of our mind is unconscious. Our unconscious refers to that mental activity of which we are unaware and are unable to access (Freud, 1923). According to Freud, unacceptable urges and desires are kept in our unconscious through a process called repression. For example, we sometimes say things that we don't intend to say by unintentionally substituting another word for the one we meant. You've probably heard of a Freudian slip, the term used to describe this. Freud suggested that slips of the tongue are actually sexual or aggressive urges, accidentally slipping out of our unconscious. Speech errors such as this are quite common. Seeing them as a reflection of unconscious desires, linguists today have found that slips of the tongue tend to occur when we are tired, nervous, or not at our optimal level of cognitive functioning (Motley, 2002).

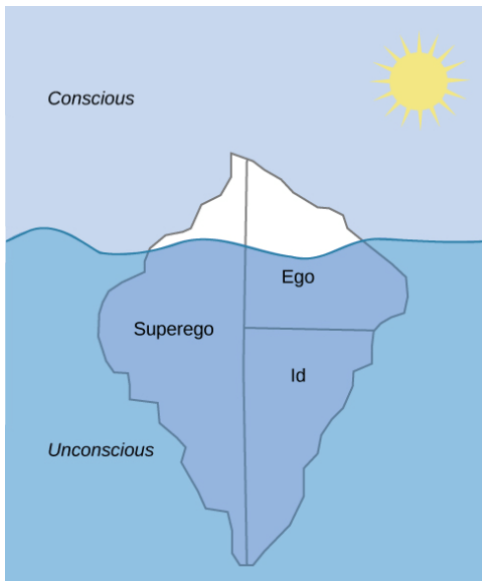


Figure Freud believed that we are only aware of a small amount of our mind's activities and that most of it remains hidden from us in our unconscious. The information in our unconscious affects our behavior, although we are unaware of it.

According to Freud, our personality develops from a conflict between two forces: our biological aggressive and pleasure-seeking drives versus our internal (socialized) control over these drives. Our personality is the result of our efforts to balance these two competing forces. Freud suggested that we can understand this by imagining three interacting systems within our minds. He called them the id, ego, and superego ([Figure 11.6](#)).

defense mechanisms listed with examples

Figure The job of the ego, or self, is to balance the aggressive/pleasure-seeking drives of the id with the moral control of the superego.

The unconscious id contains our most primitive drives or urges, and is present from birth. It directs impulses for hunger, thirst, and sex. Freud believed that the id operates on what he called the “pleasure principle,” in which the id seeks immediate gratification. Through social interactions with parents and others in a child’s environment, the ego and superego develop to help control the id. The superego develops as a child interacts with others, learning the social rules for right and wrong. The superego acts as our conscience; it is our moral compass that tells us how we should behave. It strives for perfection and judges our behavior, leading to feelings of pride or—when we fall short of the ideal—feelings of guilt. In contrast to the instinctual id and the rule-based superego, the ego is the rational part of our personality. It’s what Freud considered to be the self, and it is the part of our personality that is seen by others. Its job is to balance the demands of the id and superego in the context of reality; thus, it operates on what Freud called the “reality principle.” The ego helps the id satisfy its desires in a realistic way.

The id and superego are in constant conflict, because the id wants instant gratification regardless of the consequences, but the superego tells us that we must behave in socially acceptable ways. Thus, the ego’s job is to find the middle ground. It helps satisfy the id’s desires in a rational way that will not lead us to feelings of guilt. According to Freud, a person who has a strong ego, which can balance the demands of the id and the superego, has a healthy personality. Freud maintained that imbalances in the system can lead to neurosis (a tendency to experience negative emotions), anxiety disorders, or unhealthy behaviors. For example, a person who is dominated by their id might be narcissistic and impulsive. A person with a dominant superego might be controlled by feelings of guilt and deny themselves even socially acceptable pleasures; conversely, if the superego is weak or absent, a person might become a psychopath. An overly dominant superego might be seen in an over-controlled individual whose rational grasp on reality is so strong that they are unaware of their emotional needs, or, in a neurotic who is overly defensive (overusing ego defense mechanisms).

Defense Mechanisms

Freud believed that feelings of anxiety result from the ego’s inability to mediate the conflict between the id and superego. When this happens, Freud believed that the ego seeks to restore balance through various protective measures known as defense

mechanisms (Figure 11.7). When certain events, feelings, or yearnings cause an individual anxiety, the individual wishes to reduce that anxiety. To do that, the individual's unconscious mind uses ego defense mechanisms, unconscious protective behaviors that aim to reduce anxiety. The ego, usually conscious, resorts to unconscious strivings to protect the ego from being overwhelmed by anxiety. When we use defense mechanisms, we are unaware that we are using them. Further, they operate in various ways that distort reality. According to Freud, we all use ego defense mechanisms.

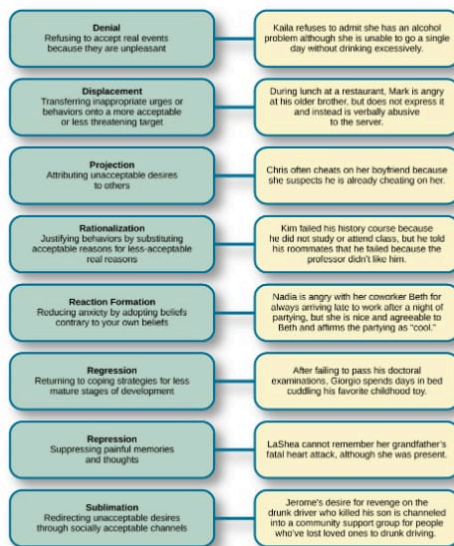


Figure 11.7 Defense mechanisms are unconscious protective behaviors that work to reduce anxiety.

work to reduce anxiety.

While everyone uses defense mechanisms, Freud believed that overuse of them may be problematic. For example, let's say Joe is a high school football player. Deep down, Joe feels sexually attracted to males. His conscious belief is that being gay is immoral and that if he were gay, his family would disown him and he would be ostracized by his peers. Therefore, there is a conflict between his conscious beliefs (being gay is wrong and will result in being ostracized) and his unconscious urges (attraction to males). The idea that he might be gay causes Joe to have feelings of anxiety. How can he decrease his anxiety? Joe may find himself acting very "macho," making gay jokes, and picking on a school peer who is gay. This way, Joe's unconscious impulses are further submerged.

There are several different types of defense mechanisms. For instance, in repression, anxiety-causing memories from consciousness are blocked. As an analogy, let's say your car is making a strange noise, but because you do not have the money to get it fixed, you just turn up the radio so that you no longer hear the strange noise. Eventually you forget about it. Similarly, in the human psyche, if a memory is too overwhelming to deal with, it might be repressed and thus removed from conscious awareness (Freud, 1920). This repressed memory might cause symptoms in other areas.

Another defense mechanism is reaction formation, in which someone expresses feelings, thoughts, and behaviors opposite to their inclinations. In the above example, Joe made fun of a gay peer while himself being attracted to males. In regression, an individual acts much younger than their age. For example, a four-year-old child who resents the arrival of a newborn sibling may act like a baby and revert to drinking out of a bottle. In projection, a person refuses to acknowledge her own unconscious feelings and instead sees those feelings in someone else. Other defense mechanisms include rationalization, displacement, and sublimation.

LINK TO LEARNING

<https://youtu.be/zWpZS0WqMWS>

Watch this video of Freud's defense mechanisms to review.

Stages of Psychosexual Development



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Freud believed that personality develops during early childhood: Childhood experiences shape our personalities as well as our behavior as adults. He asserted that we develop via a series of stages during childhood. Each of us must pass through these childhood stages, and if we do not have the proper nurturing and parenting during a stage, we will be stuck, or fixated, in that stage, even as adults.

In each psychosexual stage of development, the child's pleasure-seeking urges, coming from the id, are focused on a different area of the body, called an erogenous zone. The stages are oral, anal, phallic, latency, and genital ([Table 11.1](#)).

Freud's psychosexual development theory is quite controversial. To understand the origins of the theory, it is helpful to be familiar with the political, social, and cultural influences of Freud's day in Vienna at the turn of the 20th century. During this era, a climate of sexual repression, combined with limited understanding and education surrounding human sexuality, heavily influenced Freud's perspective. Given that sex was a taboo topic, Freud assumed that negative emotional states (neuroses) stemmed from suppression of unconscious sexual and aggressive urges. For Freud, his own recollections and interpretations of patients' experiences and dreams were sufficient proof that psychosexual stages were universal events in early childhood.

Freud's Stages of Psychosexual Development

Stage	Age (years)	Erogenous Zone	Major Conflict	Adult Fixation Example
Oral	0-1	Mouth	Weaning off breast or bottle	Smoking, overeating
Anal	1-3	Anus	Toilet training	Neatness, messiness
Phallic	3-6	Genitals	Oedipus/Electra complex	Vanity, overambition
Latency	6-12	None	None	None
Genital	12+	Genitals	None	None

Table 11.1

Oral Stage

In the oral stage (birth to 1 year), pleasure is focused on the mouth. Eating and the pleasure derived from sucking (nipples, pacifiers, and thumbs) play a large part in a baby's first year of life. At around 1 year of age, babies are weaned from the bottle or breast, and this process can create conflict if not handled properly by caregivers. According to Freud, an adult who smokes, drinks, overeats, or bites her nails is fixated in the oral stage of her psychosexual development; she may have been weaned too early or too late, resulting in these fixation tendencies, all of which seek to ease anxiety.

Anal Stage

After passing through the oral stage, children enter what Freud termed the anal stage (1–3 years). In this stage, children experience pleasure in their bowel and bladder movements, so it makes sense that the conflict in this stage is over toilet training. During this stage of development, children work to master control of themselves. Freud suggested that success at the anal stage depended on how parents handled toilet training. Parents who offer praise and rewards encourage positive results and can help children feel competent. Parents who are harsh in toilet training can cause a child to become so fearful of soiling that they over-control and become fixated at the anal stage, leading to the development of an anal-retentive personality. The anal-retentive personality is stingy and stubborn, has a compulsive need for order and neatness, and might be considered a perfectionist. If parents are too lenient in toilet training, the child may fail to develop sufficient self-control, become fixated at this stage, and develop an anal-expulsive personality. The anal-expulsive personality is messy, careless, disorganized, and prone to emotional outbursts.

Phallic Stage



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Freud's third stage of psychosexual development is the phallic stage (3–6 years), corresponding to the age when children become aware of their bodies and recognize the differences between boys and girls. The erogenous zone in this stage is the genitals. Conflict arises when the child feels a desire for the opposite-sex parent, and jealousy and hatred toward the same-sex parent. For boys, this is called the Oedipus complex, involving a boy's desire for his mother and his urge to replace his father who is seen as a rival for the mother's attention. The Oedipus complex is named for the Greek myth of Oedipus, who unwittingly kills his biological father and marries his biological mother. According to Freud, the boy is afraid his father will punish him for his feelings, so he experiences *castration anxiety*. The Oedipus complex is successfully resolved when the boy begins to identify with his father as an indirect way to have the mother. Failure to resolve the Oedipus complex may result in fixation and development of a personality that might be described as vain and overly ambitious.

Freud described *penis envy*, which he alleged girls experience because they do not have a penis. Girls also experience the Electra complex. The Electra complex, while often attributed to Freud, was actually proposed by Freud's protégé, Carl Jung (Jung &

Kerenyi, 1963). A girl desires the attention of her father and wishes to take her mother's place. While Freud initially embraced the Electra complex as a parallel to the Oedipus complex, he later rejected it, yet it remains as a cornerstone of Freudian theory, thanks in part to academics in the field (Freud, 1931/1968; Scott, 2005).

Latency Period

Following the phallic stage of psychosexual development is a period known as the latency period (6 years to puberty). This period is not considered a stage, because sexual feelings are dormant as children focus on other pursuits, such as school, friendships, hobbies, and sports. Children generally engage in activities with peers of the same sex, which serves to consolidate a child's gender-role identity.

Genital Stage

The final stage is the genital stage (from puberty on). In this stage, there is a sexual reawakening as the incestuous urges resurface. The young person redirects these urges to other, more socially acceptable partners (who often resemble the other-sex parent). People in this stage have mature sexual interests, which for Freud meant a strong desire for the opposite sex. Individuals who successfully completed the previous stages, reaching the genital stage with no fixations, are said to be well-balanced, healthy adults.

While most of Freud's ideas have not found support in modern research, and several contemporary researchers rejected his premises, we cannot discount the contributions that Freud has made to the field of psychology. It was Freud who pointed out that a large part of our mental life is influenced by the experiences of early childhood and takes place outside of our conscious awareness; his theories paved the way for others.

While Freud's focus on biological drives led him to emphasize the impact of sociocultural factors on personality development, his followers quickly realized that biology alone could not account for the diversity they encountered as the practice of psychoanalysis spread during the time of the Nazi Holocaust. The antisemitism which was prevalent during this period of time may have led mainstream psychoanalysts to focus primarily on the universality of the psychological structures of the mind.

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1.3: Neo-Freudians- Adler, Erikson, Jung and Horney

1.3: Neo-Freudians: Adler, Erikson, Jung, and Horney

Freud attracted many followers who modified his ideas to create new theories about personality. These theorists, referred to as neo-Freudians, generally agreed with Freud that childhood experiences matter, but deemphasized sex, focusing more on the social environment and effects of culture on personality. Four notable neo-Freudians include Alfred Adler, Erik Erikson, Carl Jung (pronounced “Yoong”), and Karen Horney (pronounced “HORN-eye”).

Alfred Adler

Alfred Adler, a colleague of Freud’s and the first president of the Vienna Psychoanalytical Society (Freud’s inner circle of colleagues), was the first major theorist to break away from Freud ([Figure 11.8](#)). He subsequently founded a school of psychology called individual psychology, which focuses on our drive to compensate for feelings of inferiority. Adler (1937, 1956) proposed the concept of the inferiority complex. An inferiority complex refers to a person’s feelings that they lack worth and don’t measure up to the standards of others or of society. Adler’s ideas about inferiority represent a major difference between his thinking and Freud’s. Freud believed that we are motivated by sexual and aggressive urges, but Adler (1930, 1961) believed that feelings of inferiority in childhood are what drive people to attempt to gain superiority and that this striving is the force behind all of our thoughts, emotions, and behaviors.



Figure 11.8 Alfred Adler proposed the concept of the inferiority complex.

Adler also believed in the importance of social connections, seeing childhood development emerging through social development rather than the sexual stages Freud outlined. Adler noted the inter-relatedness of humanity and the need to work together for the betterment of all. He said, “The happiness of mankind lies in working together, in living as if each individual had set himself the task of contributing to the common welfare” (Adler, 1964, p. 255) with the main goal of psychology being “to recognize the equal rights and equality of others” (Adler, 1961, p. 691).

With these ideas, Adler identified three fundamental social tasks that all of us must experience: occupational tasks (careers), societal tasks (friendship), and love tasks (finding an intimate partner for a long-term relationship). Rather than focus on sexual or aggressive motives for behavior as Freud did, Adler focused on social motives. He also emphasized conscious rather than unconscious motivation, since he believed that the three fundamental social tasks are explicitly known and pursued. That is not to say that Adler did not also believe in unconscious processes—he did—but he felt that conscious processes were more important.

One of Adler's major contributions to personality psychology was the idea that our birth order shapes our personality. He proposed that older siblings, who start out as the focus of their parents' attention but must share that attention once a new child joins the family, compensate by becoming overachievers. The youngest children, according to Adler, may be spoiled, leaving the middle child with the opportunity to minimize the negative dynamics of the youngest and oldest children. Despite popular attention, research has not conclusively confirmed Adler's hypotheses about birth order.

LINK TO LEARNING

One of Adler's major contributions to personality psychology was the idea that our birth order shapes our personality. View this [summary of birth order theory](#) to learn more.

Erik Erikson



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As an art school dropout with an uncertain future, young Erik Erikson met Freud's daughter, Anna Freud, while he was tutoring the children of an American couple undergoing psychoanalysis in Vienna. It was Anna Freud who encouraged Erikson to study psychoanalysis. Erikson received his diploma from the Vienna Psychoanalytic Institute in 1933, and as Nazism spread across Europe, he fled the country and immigrated to the United States that same year. As you learned when you studied lifespan development, Erikson later proposed a psychosocial theory of development, suggesting that an individual's personality develops throughout the lifespan—a departure from Freud's view that personality is fixed in early life. In his theory, Erikson emphasized the social relationships that are important at each stage of personality development, in contrast to Freud's emphasis on sex. Erikson identified eight stages, each of which represents a conflict or developmental task ([Table 11.2](#)). The development of a healthy personality and a sense of competence depend on the successful completion of each task.

Erikson's Psychosocial Stages of Development			
Stage	Age (years)	Developmental Task	Description
1	0-1	Trust vs. mistrust	Trust (or mistrust) that basic needs, such as nourishment and affection, will be met
2	1-3	Autonomy vs. shame/doubt	Sense of independence in many tasks develops
3	3-6	Initiative vs. guilt	Take initiative on some activities, may develop guilt when success not met or boundaries overstepped
4	7-11	Industry vs. inferiority	Develop self-confidence in abilities when competent or sense of inferiority when not
5	12-18	Identity vs. confusion	Experiment with and develop identity and roles
6	19-29	Intimacy vs. isolation	Establish intimacy and relationships with others
7	30-64	Generativity vs. stagnation	Contribute to society and be part of a family
8	65-	Integrity vs. despair	Assess and make sense of life and meaning of contributions

Table 11.2

Carl Jung

Carl Jung ([Figure 11.9](#)) was a Swiss psychiatrist and protégé of Freud, who later split off from Freud and developed his own theory, which he called analytical psychology. The focus of analytical psychology is on working to balance opposing forces of conscious and unconscious thought and experience within one's personality. According to Jung, this work is a continuous learning process—mainly occurring in the second half of life—of becoming aware of unconscious elements and integrating them into consciousness.



Figure 11.9 Carl Jung was interested in exploring the collective unconscious.

Jung's split from Freud was based on two major disagreements. First, Jung, like Adler and Erikson, did not accept that sexual drive was the primary motivator in a person's mental life. Second, although Jung agreed with Freud's concept of a personal unconscious, he thought it to be incomplete. In addition to the personal unconscious, Jung focused on the collective unconscious.

The collective unconscious is a universal version of the personal unconscious, holding mental patterns, or memory traces, which are common to all of us (Jung, 1928). These ancestral memories, which Jung called archetypes, are represented by universal themes in various cultures, as expressed through literature, art, and dreams (Jung). Jung said that these themes reflect common experiences of people the world over, such as facing death, becoming independent, and striving for mastery. Jung (1964) believed

that through biology, each person is handed down the same themes and that the same types of symbols—such as the hero, the maiden, the sage, and the trickster—are present in the folklore and fairy tales of every culture. In Jung's view, the task of integrating these unconscious archetypal aspects of the self is part of the self-realization process in the second half of life. With this orientation toward self-realization, Jung parted ways with Freud's belief that personality is determined solely by past events and anticipated the humanistic movement with its emphasis on self-actualization and orientation toward the future.

Jung also proposed two attitudes or approaches toward life: extroversion and introversion (Jung, 1923) ([Table 11.3](#)). These ideas are considered Jung's most important contributions to the field of personality psychology, as almost all models of personality now include these concepts. If you are an extrovert, then you are a person who is energized by being outgoing and socially oriented: You derive your energy from being around others. If you are an introvert, then you are a person who may be quiet and reserved, or you may be social, but your energy is derived from your inner psychic activity. Jung believed a balance between extroversion and introversion best served the goal of self-realization.

Introverts and Extroverts	
Introvert	Extrovert
Energized by being alone	Energized by being with others
Avoids attention	Seeks attention
Speaks slowly and softly	Speaks quickly and loudly
Thinks before speaking	Thinks out loud
Stays on one topic	Jumps from topic to topic
Prefers written communication	Prefers verbal communication
Pays attention easily	Distractible
Cautious	Acts first, thinks later

Table 11.3

Another concept proposed by Jung was the persona, which he referred to as a mask that we adopt. According to Jung, we consciously create this persona; however, it is derived from both our conscious experiences and our collective unconscious. What is the purpose of the persona? Jung believed that it is a compromise between who we really are (our true self) and what society expects us to be. We hide those parts of ourselves that are not aligned with society's expectations.

LINK TO LEARNING

Jung's view of extroverted and introverted types serves as a basis of the Myers-Briggs Type Indicator (MBTI). This questionnaire describes a person's degree of introversion versus extroversion, thinking versus feeling, intuition versus sensation, and judging versus perceiving. Take this [modified questionnaire based on the MBTI](#) to learn more.

CONNECT THE CONCEPTS

Are Archetypes Genetically Based?

Jung proposed that human responses to archetypes are similar to instinctual responses in animals. One criticism of Jung is that there is no evidence that archetypes are biologically based or similar to animal instincts (Roesler, 2012). Jung formulated his ideas about 100 years ago, and great advances have been made in the field of genetics since that time. We've found that human babies are born with certain capacities, including the ability to acquire language. However, we've also found that symbolic information (such as archetypes) is not encoded on the genome and that babies cannot decode symbolism, refuting the idea of a biological basis to archetypes. Rather than being seen as purely biological, more recent research suggests that archetypes emerge directly from our experiences and are reflections of linguistic or cultural characteristics (Young-Eisendrath, 1995). Today, most Jungian scholars believe that the collective unconscious and archetypes are based on both innate and environmental influences, with the differences being in the role and degree of each (Sotirova-Kohli et al., 2013).

Karen Horney



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Karen Horney was one of the first women trained as a Freudian psychoanalyst. During the Great Depression, Horney moved from Germany to the United States, and subsequently moved away from Freud's teachings. Like Jung, Horney believed that each individual has the potential for self-realization and that the goal of psychoanalysis should be moving toward a healthy self rather than exploring early childhood patterns of dysfunction. Horney also disagreed with the Freudian idea that girls have penis envy and are jealous of male biological features. According to Horney, any jealousy is most likely culturally based, due to the greater privileges that men often have, meaning that the differences between men's and women's personalities are culturally based, not biologically based. She further suggested that men have womb envy, because they cannot give birth.

Horney's theories focused on the role of unconscious anxiety. She suggested that normal growth can be blocked by basic anxiety stemming from needs not being met, such as childhood experiences of loneliness and/or isolation. How do children learn to handle this anxiety? Horney suggested three styles of coping ([Table 11.4](#)). The first coping style, *moving toward people*, relies on affiliation and dependence. These children become dependent on their parents and other caregivers in an effort to receive attention and affection, which provides relief from anxiety (Burger, 2008). When these children grow up, they tend to use this same coping strategy to deal with relationships, expressing an intense need for love and acceptance (Burger, 2008). The second coping style, *moving against people*, relies on aggression and assertiveness. Children with this coping style find that fighting is the best way to deal with an unhappy home situation, and they deal with their feelings of insecurity by bullying other children (Burger, 2008). As adults, people with this coping style tend to lash out with hurtful comments and exploit others (Burger, 2008). The third coping style, *moving away from people*, centers on detachment and isolation. These children handle their anxiety by withdrawing from the world. They need privacy and tend to be self-sufficient. When these children are adults, they continue to avoid such things as love and friendship, and they also tend to gravitate toward careers that require little interaction with others (Burger, 2008).

Horney's Coping Styles

Coping Style	Description	Example
Moving toward people	Affiliation and dependence	Child seeking positive attention and affection from parent; adult needing love
Moving against people	Aggression and manipulation	Child fighting or bullying other children; adult who is abrasive and verbally hurtful, or who exploits others
Moving away from people	Detachment and isolation	Child withdrawn from the world and isolated; adult loner

Table 11.4

Horney believed these three styles are ways in which people typically cope with day-to-day problems; however, the three coping styles can become neurotic strategies if they are used rigidly and compulsively, leading a person to become alienated from others.³

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1.4: Learning Approaches

1.4: Learning Approaches

In contrast to the psychodynamic approaches of Freud and the neo-Freudians, which relate personality to inner (and hidden) processes, the learning approaches focus only on observable behavior. This illustrates one significant advantage of the learning approaches over psychodynamics: Because learning approaches involve observable, measurable phenomena, they can be scientifically tested.

The Behavioral Perspective

Behaviorists do not believe in biological determinism: They do not see personality traits as inborn. Instead, they view personality as significantly shaped by the reinforcements and consequences outside of the organism. In other words, people behave in a consistent manner based on prior learning. B. F. Skinner, a strict behaviorist, believed that environment was solely responsible for all behavior, including the enduring, consistent behavior patterns studied by personality theorists.

As you may recall from your study on the psychology of learning, Skinner proposed that we demonstrate consistent behavior patterns because we have developed certain response tendencies (Skinner, 1953). In other words, we *learn* to behave in particular ways. We increase the behaviors that lead to positive consequences, and we decrease the behaviors that lead to negative consequences. Skinner disagreed with Freud's idea that personality is fixed in childhood. He argued that personality develops over our entire life, not only in the first few years. Our responses can change as we come across new situations; therefore, we can expect more variability over time in personality than Freud would anticipate. For example, consider a young woman, Greta, a risk taker. She drives fast and participates in dangerous sports such as hang gliding and kiteboarding. But after she gets married and has children, the system of reinforcements and punishments in her environment changes. Speeding and extreme sports are no longer reinforced, so she no longer engages in those behaviors. In fact, Greta now describes herself as a cautious person.



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The Social-Cognitive Perspective

Albert Bandura agreed with Skinner that personality develops through learning. He disagreed, however, with Skinner's strict behaviorist approach to personality development, because he felt that thinking and reasoning are important components of learning. He presented a social-cognitive theory of personality that emphasizes both learning and cognition as sources of

individual differences in personality. In social-cognitive theory, the concepts of reciprocal determinism, observational learning, and self-efficacy all play a part in personality development.

Reciprocal Determinism

In contrast to Skinner's idea that the environment alone determines behavior, Bandura (1990) proposed the concept of reciprocal determinism, in which cognitive processes, behavior, and context all interact, each factor influencing and being influenced by the others simultaneously ([Figure 11.10](#)). *Cognitive processes* refer to all characteristics previously learned, including beliefs, expectations, and personality characteristics. *Behavior* refers to anything that we do that may be rewarded or punished. Finally, the *context* in which the behavior occurs refers to the environment or situation, which includes rewarding/punishing stimuli.

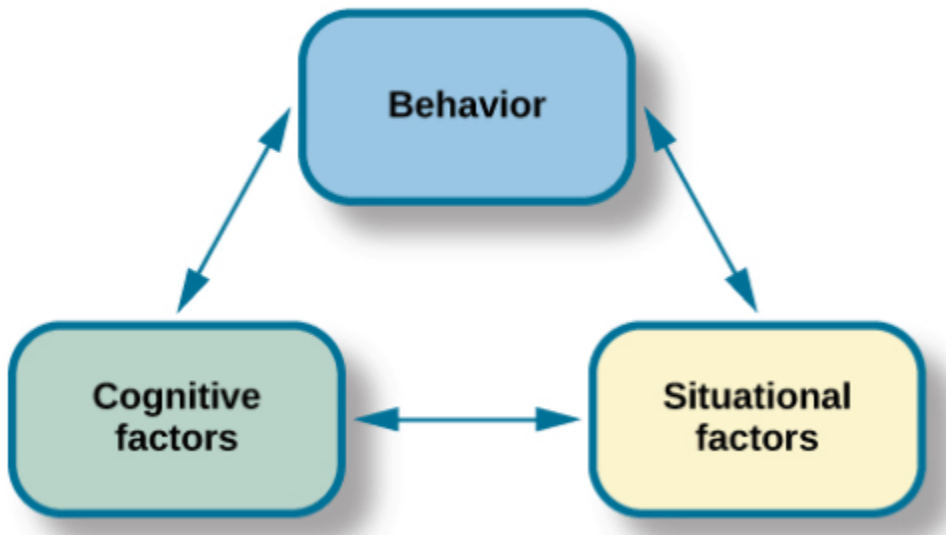


Figure 11.10 Bandura proposed the idea of reciprocal determinism: Our behavior, cognitive processes, and situational context all influence each other.

Consider, for example, that you're at a festival and one of the attractions is bungee jumping from a bridge. Do you do it? In this example, the behavior is bungee jumping. Cognitive factors that might influence this behavior include your beliefs and values, and your past experiences with similar behaviors. Finally, context refers to the reward structure for the behavior. According to reciprocal determinism, all of these factors are in play.

Observational Learning

Bandura's key contribution to learning theory was the idea that much learning is vicarious. We learn by observing someone else's behavior and its consequences, which Bandura called observational learning. He felt that this type of learning also plays a part in the development of our personality. Just as we learn individual behaviors, we learn new behavior patterns when we see them performed by other people or models. Drawing on the behaviorists' ideas about reinforcement, Bandura suggested that whether we choose to imitate a model's behavior depends on whether we see the model reinforced or punished. Through observational learning, we come to learn what behaviors are acceptable and rewarded in our culture, and we also learn to inhibit deviant or socially unacceptable behaviors by seeing what behaviors are punished.

We can see the principles of reciprocal determinism at work in observational learning. For example, personal factors determine which behaviors in the environment a person chooses to imitate, and those environmental events in turn are processed cognitively according to other personal factors. One person may experience receiving attention as reinforcing, and that person may be more inclined to imitate behaviors such as boasting when a model has been reinforced. For others, boasting may be viewed negatively, despite the attention that might result—or receiving heightened attention may be perceived as being scrutinized. In either case, the person may be less likely to imitate those behaviors even though the reasons for not doing so would be different.

Self-Efficacy

Bandura (1977, 1995) has studied a number of cognitive and personal factors that affect learning and personality development, and most recently has focused on the concept of self-efficacy. Self-efficacy is our level of confidence in our own abilities, developed through our social experiences. Self-efficacy affects how we approach challenges and reach goals. In observational learning, self-efficacy is a cognitive factor that affects which behaviors we choose to imitate as well as our success in performing those behaviors



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People who have high self-efficacy believe that their goals are within reach, have a positive view of challenges seeing them as tasks to be mastered, develop a deep interest in and strong commitment to the activities in which they are involved, and quickly recover from setbacks. Conversely, people with low self-efficacy avoid challenging tasks because they doubt their ability to be successful, tend to focus on failure and negative outcomes, and lose confidence in their abilities if they experience setbacks. Feelings of self-efficacy can be specific to certain situations. For instance, a student might feel confident in her ability in English class but much less so in math class.

Julian Rotter and Locus of Control

Julian Rotter (1966) proposed the concept of locus of control, another cognitive factor that affects learning and personality development. Distinct from self-efficacy, which involves our belief in our own abilities, locus of control refers to our beliefs about the power we have over our lives. In Rotter's view, people possess either an internal or an external locus of control ([Figure 11.11](#)). Those of us with an internal locus of control ("internals") tend to believe that most of our outcomes are the direct result of our efforts. Those of us with an external locus of control ("externals") tend to believe that our outcomes are outside of our control. Externals see their lives as being controlled by other people, luck, or chance. For example, say you didn't spend much time studying for your psychology test and went out to dinner with friends instead. When you receive your test score, you see that you earned a D. If you possess an internal locus of control, you would most likely admit that you got a D because you didn't spend enough time studying and decide to study more for the next test. On the other hand, if you possess an external locus of control, you might conclude that the test was too hard and not bother studying for the next test, because you figure you will get a bad grade anyway. Researchers have found that people with an internal locus of control perform better academically, achieve more in their careers, are more independent, are healthier, are better able to cope, and are less depressed than people who have an external locus of control (Benassi, Sweeney, & Durfour, 1988; Lefcourt, 1982; Maltby, Day, & Macaskill, 2007; Whyte, 1977, 1978, 1980).

Locus of control from internal to external



Figure Locus of control occurs on a continuum from internal to external.

LINK TO LEARNING

Visit this [web page describing Locus of Control](#) to learn more.

Walter Mischel and the Person-Situation Debate

Walter Mischel was a student of Julian Rotter and taught for years at Stanford, where he was a colleague of Albert Bandura. Mischel surveyed several decades of empirical psychological literature regarding trait prediction of behavior, and his conclusion shook the foundations of personality psychology. Mischel found that the data did not support the central principle of the field—that a person’s personality traits are consistent across situations. His report triggered a decades-long period of self-examination, known as the person-situation debate, among personality psychologists.

Mischel suggested that perhaps we were looking for consistency in the wrong places. He found that although behavior was inconsistent across different situations, it was much more consistent within situations—so that a person’s behavior in one situation would likely be repeated in a similar one. And as you will see next regarding his famous “marshmallow test,” Mischel also found that behavior is consistent in equivalent situations across time.

One of Mischel’s most notable contributions to personality psychology was his ideas on self-regulation. According to Lecci & Magnavita (2013), “Self-regulation is the process of identifying a goal or set of goals and, in pursuing these goals, using both internal (e.g., thoughts and affect) and external (e.g., responses of anything or anyone in the environment) feedback to maximize goal attainment” (p. 6.3). Self-regulation is also known as will power. When we talk about will power, we tend to think of it as the ability to delay gratification. For example, Bettina’s teenage son made strawberry cupcakes, and they looked delicious. However, Bettina forfeited the pleasure of eating one, because she is training for a 5K race and wants to be fit and do well in the race. Would you be able to resist getting a small reward now in order to get a larger reward later? This is the question Mischel investigated in his now-classic marshmallow test.

Mischel designed a study to assess self-regulation in young children. In the marshmallow study, Mischel and his colleagues placed a preschool child in a room with one marshmallow on the table. The children were told they could either eat the marshmallow now, or wait until the researcher returned to the room, and then they could have two marshmallows (Mischel, Ebbesen & Raskoff, 1972). This was repeated with hundreds of preschoolers. What Mischel and his team found was that young children differ in their degree of self-control. Mischel and his colleagues continued to follow this group of preschoolers through high school, and what do you think they discovered? The children who had more self-control in preschool (the ones who waited for the bigger reward) were more successful in high school. They had higher SAT scores, had positive peer relationships, and were less likely to have substance abuse issues; as adults, they also had more stable marriages (Mischel, Shoda, & Rodriguez, 1989; Mischel et al., 2010). On the other hand, those children who had poor self-control in preschool (the ones who grabbed the one marshmallow) were not as successful in high school, and they were found to have academic and behavioral problems. A more recent study using a larger and more representative sample found associations between early delay of gratification (Watts, Duncan, & Quan, 2018) and measures of achievement in adolescence. However, researchers also found that the associations were not as strong as those reported during Mischel’s initial experiment and were quite sensitive to situational factors such as early measures of cognitive capacity, family background, and home environment. This research suggests that consideration of situational factors is important to better understand behavior.

LINK TO LEARNING

<https://youtu.be/M0yhHKWUa0g>

Watch Joachim de Posada’s TEDTalk about the marshmallow test to learn more and to see the test given to children in Colombia.

Today, the debate is mostly resolved, and most psychologists consider both the situation and personal factors in understanding behavior. For Mischel (1993), people are situation processors. The children in the marshmallow test each processed, or interpreted, the rewards structure of that situation in their own way. Mischel's approach to personality stresses the importance of both the situation and the way the person perceives the situation. Instead of behavior being determined by the situation, people use cognitive processes to interpret the situation and then behave in accordance with that interpretation.

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1.5: Humanistic Approaches

1.5: Humanistic Approaches

As the “third force” in psychology, humanism is touted as a reaction both to the pessimistic determinism of psychoanalysis, with its emphasis on psychological disturbance, and to the behaviorists’ view of humans passively reacting to the environment, which has been criticized as making people out to be personality-less robots. It does not suggest that psychoanalytic, behaviorist, and other points of view are incorrect but argues that these perspectives do not recognize the depth and meaning of human experience, and fail to recognize the innate capacity for self-directed change and transforming personal experiences. This perspective focuses on how healthy people develop. One pioneering humanist, Abraham Maslow, studied people who he considered to be healthy, creative, and productive, including Albert Einstein, Eleanor Roosevelt, Thomas Jefferson, Abraham Lincoln, and others. Maslow (1950, 1970) found that such people share similar characteristics, such as being open, creative, loving, spontaneous, compassionate, concerned for others, and accepting of themselves. When you studied motivation, you learned about one of the best-known humanistic theories, Maslow’s hierarchy of needs theory, in which Maslow proposes that human beings have certain needs in common and that these needs must be met in a certain order. The highest need is the need for self-actualization, which is the achievement of our fullest potential. Maslow differentiated between needs that motivate us to fulfill something that is missing and needs that inspire us to grow. He believed that many emotional and behavioral concerns arise as a result of failing to meet these hierarchical needs.



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Another humanistic theorist was Carl Rogers. One of Rogers’s main ideas about personality regards self-concept, our thoughts and feelings about ourselves. How would you respond to the question, “Who am I?” Your answer can show how you see yourself. If your response is primarily positive, then you tend to feel good about who you are, and you see the world as a safe and positive place. If your response is mainly negative, then you may feel unhappy with who you are. Rogers further divided the self into two categories: the ideal self and the real self. The ideal self is the person that you would like to be; the real self is the person you actually are. Rogers focused on the idea that we need to achieve consistency between these two selves. We experience congruence when our thoughts about our real self and ideal self are very similar—in other words, when our self-concept is accurate. High congruence leads to a greater sense of self-worth and a healthy, productive life. Parents can help their children achieve this by giving them unconditional positive regard, or unconditional love. According to Rogers (1980), “As persons are accepted and prized, they tend to develop a more caring attitude towards themselves” (p. 116). Conversely, when there is a great discrepancy between our ideal and actual selves, we experience a state Rogers called incongruence, which can lead to maladjustment. Both Rogers’s and Maslow’s theories focus on individual choices and do not believe that biology is deterministic.

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1.6: Biological Approaches

1.6: Biological Approaches

How much of our personality is in-born and biological, and how much is influenced by the environment and culture we are raised in? Psychologists who favor the biological approach believe that inherited predispositions as well as physiological processes can be used to explain differences in our personalities (Burger, 2008).

Evolutionary psychology relative to personality development looks at personality traits that are universal, as well as differences across individuals. In this view, adaptive differences have evolved and then provide a survival and reproductive advantage. Individual differences are important from an evolutionary viewpoint for several reasons. Certain individual differences, and the heritability of these characteristics, have been well documented. David Buss has identified several theories to explore this relationship between personality traits and evolution, such as life-history theory, which looks at how people expend their time and energy (such as on bodily growth and maintenance, reproduction, or parenting). Another example is costly signaling theory, which examines the honesty and deception in the signals people send one another about their quality as a mate or friend (Buss, 2009).



"Twins #22" by [Peter Voerman photography](#) is licensed under [CC BY-NC 2.0](#).

In the field of behavioral genetics, the Minnesota Study of Twins Reared Apart—a well-known study of the genetic basis for personality—conducted research with twins from 1979 to 1999. In studying 350 pairs of twins, including pairs of identical and fraternal twins reared together and apart, researchers found that identical twins, whether raised together or apart, have very similar personalities (Bouchard, 1994; Bouchard, Lykken, McGue, Segal, & Tellegen, 1990; Segal, 2012). These findings suggest the heritability of some personality traits. Heritability refers to the proportion of difference among people that is attributed to genetics. Some of the traits that the study reported as having more than a 0.50 heritability ratio include leadership, obedience to authority, a sense of well-being, alienation, resistance to stress, and fearfulness. The implication is that some aspects of our personalities are largely controlled by genetics; however, it's important to point out that traits are not determined by a single gene, but by a combination of many genes, as well as by epigenetic factors that control whether the genes are expressed.

Other research that has examined the link between personality and other factors has identified and studied Type A and Type B personalities, which you will learn more about in the chapter on Stress, Health, and Lifestyle.

Temperament

Most contemporary psychologists believe temperament has a biological basis due to its appearance very early in our lives

(Rothbart, 2011). As you learned when you studied lifespan development, Thomas and Chess (1977) found that babies could be categorized into one of three temperaments: easy, difficult, or slow to warm up. However, environmental factors (family interactions, for example) and maturation can affect the ways in which children's personalities are expressed (Carter et al., 2008).

Research suggests that there are two dimensions of our temperament that are important parts of our adult personality—reactivity and self-regulation (Rothbart, Ahadi, & Evans, 2000). Reactivity refers to how we respond to new or challenging environmental stimuli; self-regulation refers to our ability to control that response (Rothbart & Derryberry, 1981; Rothbart, Sheese, Rueda, & Posner, 2011). For example, one person may immediately respond to new stimuli with a high level of anxiety, while another barely notices it.



"Anxious on the boardwalk" by [San Diego Shooter](#) is licensed under [CC BY-NC-ND 2.0](#).

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1.7: Behavioral Approaches

1.7: Behavioral Approaches

The Behavioral Perspective: A Focus on Observable Behavior

The **behavioral perspective** is the psychological approach that suggests that the keys to understanding development are observable behavior and external stimuli in the environment. Behaviorism is a theory of learning, and learning theories focus on how we respond to events or stimuli rather than emphasizing internal factors that motivate our actions. These theories provide an explanation of how experience can change what we do.

Behaviorism emerged early in the 20th century and became a major force in American psychology. Championed by psychologists such as John B. Watson (1878–1958) and B. F. Skinner (1904–1990), behaviorism rejected any reference to mind and viewed overt and observable behavior as the proper subject matter of psychology. Through the scientific study of behavior, it was hoped that laws of learning could be derived that would promote the prediction and control of behavior. Russian physiologist Ivan Pavlov (1849–1936) influenced early behaviorism in America. His work on conditioned learning, popularly referred to as classical conditioning, provided support for the notion that learning and behavior were controlled by events in the environment and could be explained with no reference to mind or consciousness.

Classical Conditioning and Emotional Responses

Classical conditioning theory helps us to understand how our responses to one situation become attached to new situations. For example, a smell might remind us of a time when we were a kid. If you went to a new cafe with the same smell as your elementary cafeteria, it might evoke the feelings you had when you were in school. Or a song on the radio might remind you of a memorable evening you spent with your first true love. Or, if you hear your entire name (Isaiah Wilmington Brewer, for instance) called as you walk across the stage to get your diploma and it makes you tense because it reminds you of how your father used to use your full name when he was mad at you, then you've been classically conditioned.



Figure 1. Ivan Pavlov

Classical conditioning explains how we develop many of our emotional responses to people or events or our “gut level” reactions to situations. New situations may bring about an old response because the two have become connected. Attachments form in this way. Addictions are affected by classical conditioning, as anyone who's tried to quit smoking can tell you. When you try to quit, everything that was associated with smoking makes you crave a cigarette.

Pavlov and Classical Conditioning

Ivan Pavlov (1849–1936) was a Russian physiologist interested in studying digestion (Figure 1). As he recorded the amount of salivation his laboratory dogs produced as they ate, he noticed that they actually began to salivate before the food arrived as the

researcher walked down the hall and toward the cage. “This,” he thought, “is not natural!!” One would expect a dog to automatically salivate when the food hit their palate, but *before* the food comes? Of course, what happened is that the dogs knew that the food was coming because they had learned to associate the footsteps with the food. The keyword here is “learned.”

A learned response is called a “conditioned” response. Pavlov began to experiment with this “psychic” reflex. He began to ring a bell, for instance, prior to introducing the food. Sure enough, after making this connection several times, the dogs could be made to salivate to the sound of a bell. Once the bell had become an event to which the dogs had learned to salivate, it was called a conditioned stimulus. The act of salivating to a bell was a response that had also been learned, now termed in Pavlov’s jargon, a conditioned response. Notice that the response, salivation, is the same whether it is conditioned or unconditioned (unlearned or natural). What changed is the stimulus to which the dog salivates. One is natural (unconditioned) and one is learned (conditioned) (Figure 2).

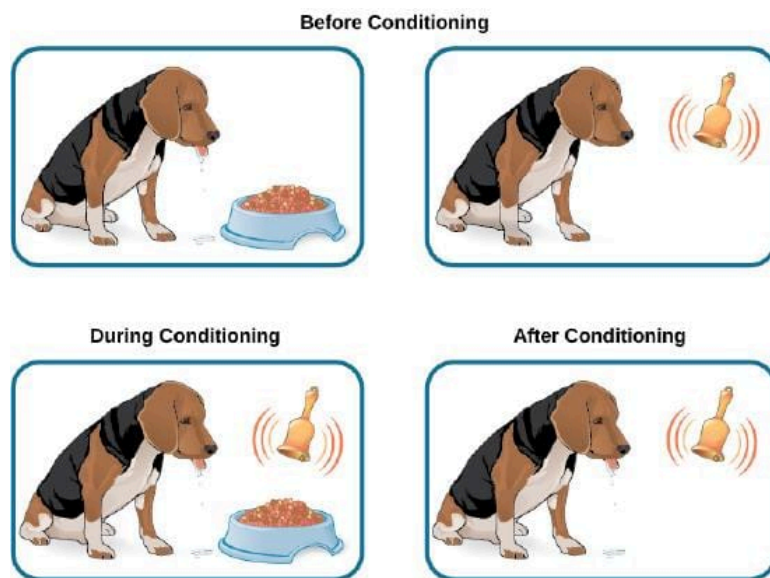


Figure 2. Before conditioning, an unconditioned stimulus (food) produces an unconditioned response (salivation), and a neutral stimulus (bell) does not produce a response. During conditioning, the unconditioned stimulus (food) is presented repeatedly just after the presentation of the neutral stimulus (bell). After conditioning, the neutral stimulus alone produces a conditioned response (salivation), thus becoming a conditioned stimulus. (Image Source: [OpenStax Psychology, CC BY 4.0](#))

Watson and Behaviorism

Let’s think about how classical conditioning is used on people, and not just with dogs. One of the most widespread applications of classical conditioning principles was brought to us by the psychologist, John B. Watson. Watson proposed that the process of classical conditioning (based on Pavlov’s observations) was able to explain all aspects of human psychology. He established the psychological school of behaviorism, after doing research on animal behavior. This school was extremely influential in the middle of the 20th century when B.F. Skinner developed it further.

Watson believed that most of our fears and other emotional responses are classically conditioned. He gained a good deal of popularity in the 1920s with his expert advice on parenting offered to the public. He believed that parents could be taught to help shape their children’s behavior and tried to demonstrate the power of classical conditioning with his famous experiment with an 18-month-old boy named “Little Albert.” Watson sat Albert down and introduced a variety of seemingly scary objects to him: a burning piece of newspaper, a white rat, etc. But Albert remained curious and reached for all of these things. Watson knew that one of our only inborn fears is the fear of loud noises so he proceeded to make a loud noise each time he introduced one of Albert’s favorites, a white rat. After hearing the loud noise several times paired with the rat, Albert soon came to fear the rat and began to cry when it was introduced.



"Gaaye Mouse - Cutest White Rat Ever!" by [Gaaye Mouse](#) is licensed under [CC BY-NC-ND 2.0](#).

Watson filmed this experiment for posterity and used it to demonstrate that he could help parents achieve any outcomes they desired if they would only follow his advice. Watson wrote columns in newspapers and in magazines and gained a lot of popularity among parents eager to apply science to household order. Parenting advice was not the legacy Watson left us, however; where he really made his impact was in advertising. After Watson left academia, he went into the world of business and showed companies how to tie something that brings about a natural positive feeling to their products to enhance sales. Thus the union of sex and advertising!

Operant Conditioning

Now we turn to the second type of associative learning, operant conditioning. In **operant conditioning**, organisms learn to associate a behavior and its consequence (Table 1). 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.



"The Dolphin Habitat" by [Cayusa](#) is licensed under [CC BY-NC 2.0](#).

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.^[3] 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.^[4] He placed these animals inside an operant conditioning chamber, which has come to be known as a "Skinner box" (Figure 3). 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.

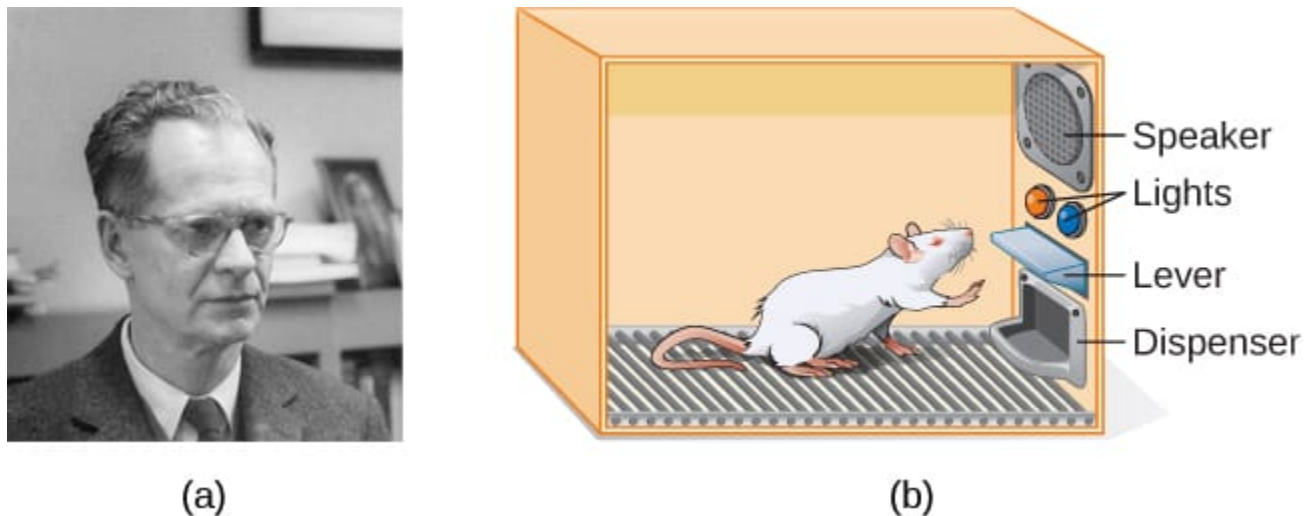


Figure 3. (a) B. F. Skinner developed operant conditioning for the systematic study of how behaviors are strengthened or weakened according to their consequences. (b) In a Skinner box, a rat presses a lever in an operant conditioning chamber to receive a food reward. (credit a: modification of work by "Silly rabbit"/Wikimedia Commons; adaptation included in [OpenStax Psychology](#), CC BY 4.0)

Skinner believed that we learn best when our actions are reinforced. For example, a child who cleans his room and is reinforced (rewarded) with a big hug and words of praise is more likely to clean it again than a child whose deed goes unnoticed. Skinner believed that almost anything could be reinforcing. A reinforcer is anything following a behavior that makes it more likely to occur again. It can be something intrinsically rewarding (called intrinsic or primary reinforcers), such as food or praise, or it can be something that is rewarding because it can be exchanged for what one really wants (such as receiving money and using it to buy a cookie). Such reinforcers are referred to as secondary reinforcers.

Comparing Classical and Operant Conditioning

Table 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.

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1.8: Cultural Understandings of Personality

1.8: Cultural Understandings of Personality

As you have learned in this chapter, personality is shaped by both genetic and environmental factors. The culture in which you live is one of the most important environmental factors that shapes your personality (Triandis & Suh, 2002). The term culture refers to all of the beliefs, customs, art, and traditions of a particular society. Culture is transmitted to people through language as well as through the modeling of culturally acceptable and nonacceptable behaviors that are either rewarded or punished (Triandis & Suh, 2002). With these ideas in mind, personality psychologists have become interested in the role of culture in understanding personality. They ask whether personality traits are the same across cultures or if there are variations. It appears that there are both universal and culture-specific aspects that account for variation in people's personalities.

Why might it be important to consider cultural influences on personality? Western ideas about personality may not be applicable to other cultures (Benet-Martinez & Oishi, 2008). In fact, there is evidence that the strength of personality traits varies across cultures. Let's take a look at some of the Big Five factors (conscientiousness, neuroticism, openness, and extroversion) across cultures. As you will learn when you study social psychology, Asian cultures are more collectivist, and people in these cultures tend to be less extroverted. People in Central and South American cultures tend to score higher on openness to experience, whereas Europeans score higher on neuroticism (Benet-Martinez & Karakitapoglu-Aygun, 2003).

According to a study by Rentfrow and colleagues, there also seem to be regional personality differences within the United States (Figure 11.15). Researchers analyzed responses from over 1.5 million individuals in the United States and found that there are three distinct regional personality clusters: Cluster 1, which is in the Upper Midwest and Deep South, is dominated by people who fall into the "friendly and conventional" personality; Cluster 2, which includes the West, is dominated by people who are more relaxed, emotionally stable, calm, and creative; and Cluster 3, which includes the Northeast, has more people who are stressed, irritable, and depressed. People who live in Clusters 2 and 3 are also generally more open (Rentfrow et al., 2013).

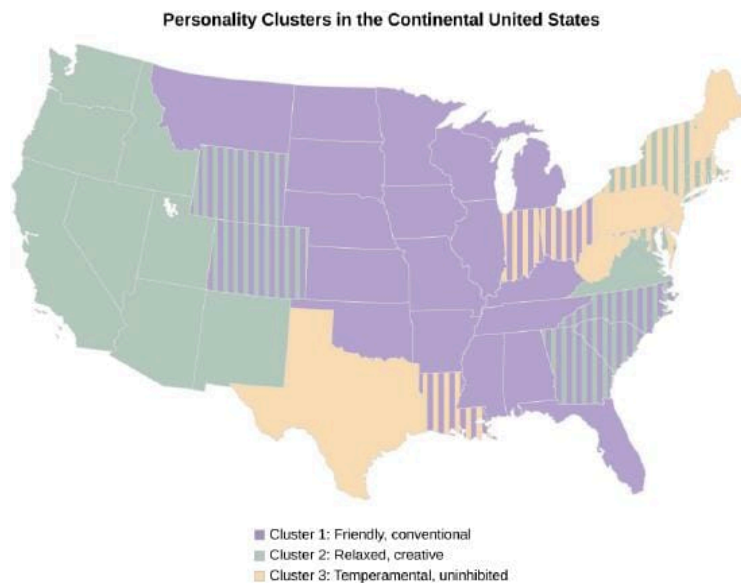


Figure 11.15 Researchers found three distinct regional personality clusters in the United States. People tend to be friendly and conventional in the Upper Midwest and Deep South; relaxed, emotionally stable, and creative in the West; and stressed, irritable, and depressed in the Northeast (Rentfrow et al., 2013).

One explanation for the regional differences is selective migration (Rentfrow et al., 2013). Selective migration is the concept that people choose to move to places that are compatible with their personalities and needs. For example, a person high on the agreeable scale would likely want to live near family and friends, and would choose to settle or remain in such an area. In contrast, someone high on openness would prefer to settle in a place that is recognized as diverse and innovative (such as California). Further, Rentfrow, Jost, Gosling, & Potter (2009) noted an overlap between geographical regions and personality

characteristics that goes beyond the often-used explanations of religion, racial diversity, and education. Their research suggests that the psychological profile of a region is closely related to that of its residents. They found that levels of openness and conscientiousness in a state may predict voting patterns, indicating that there are correlations between geographic regions and personality differences between liberals and conservatives relating to political views, levels of economic vitality, and entrepreneurial rates.

Personality in Individualist and Collectivist Cultures

Individualist cultures and collectivist cultures place emphasis on different basic values. People who live in individualist cultures tend to believe that independence, competition, and personal achievement are important. Individuals in Western nations such as the United States, England, and Australia score high on individualism (Oyserman, Coon, & Kemmelmier, 2002). People who live in collectivist cultures value social harmony, respectfulness, and group needs over individual needs. Individuals who live in countries in Asia, Africa, and South America score high on collectivism (Hofstede, 2001; Triandis, 1995). These values influence personality. For example, Yang (2006) found that people in individualist cultures displayed more personally oriented personality traits, whereas people in collectivist cultures displayed more socially oriented personality traits. Frewer and Bleus (1991) conducted a study of the Eysenck Personality Inventory in a collectivist culture using Papua New Guinean university students. They found that the results of the personality inventory were only relevant when analyzed within the context of a collectivist society. Similarly, Dana (1986) suggested that personality assessment services for Native Americans are often provided without a proper recognition of culture-specific responses and a tribe-specific frame of reference. Assessors need to have more than a general knowledge of history, tribal differences, contemporary culture on reservations, and levels of acculturation in order to interpret psychological test responses with a minimal bias.



"Native American drumming at the Century of Progress Indian Village" by [UIC Library Digital Collections](#) is licensed under [CC BY-NC-ND 2.0](#).

Approaches to Studying Personality in a Cultural Context

There are three approaches that can be used to study personality in a cultural context, the *cultural-comparative approach*; the *indigenous approach*; and the *combined approach*, which incorporates elements of both views. Since ideas about personality have a Western basis, the cultural-comparative approach seeks to test Western ideas about personality in other cultures to determine whether they can be generalized and if they have cultural validity (Cheung van de Vijver, & Leong, 2011). For example, recall from the previous section on the trait perspective that researchers used the cultural-comparative approach to test the universality of McCrae and Costa's Five Factor Model. They found applicability in numerous cultures around the world, with the Big Five factors being stable in many cultures (McCrae & Costa, 1997; McCrae et al., 2005). The indigenous approach came about in reaction to the dominance of Western approaches to the study of personality in non-Western settings (Cheung et al., 2011). Because Western-based personality assessments cannot fully capture the personality constructs of other cultures, the indigenous model has led to the development of personality assessment instruments that are based on constructs relevant to the culture being studied (Cheung et al., 2011). The third approach to cross-cultural studies of personality is the combined approach, which serves as a bridge between Western and indigenous psychology as a way of understanding both universal and cultural variations in personality

(Cheung et al., 2011).

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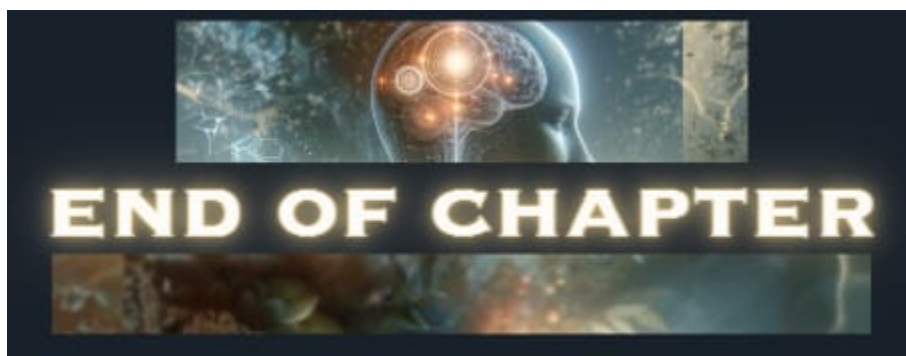
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1.9: End of Chapter Wrap-Up

1.9: Chapter 1 Wrap-Up

Here are the key takeaways from Chapter 1:

- Sigmund Freud, despite being a controversial figure and not a psychologist by training, pioneered the study of the unconscious mind and developed influential theories on personality, the role of early childhood experiences, and defense mechanisms, laying foundational concepts for modern psychology.
- Neo-Freudians like Alfred Adler, Erik Erikson, Carl Jung, and Karen Horney agreed with Freud on the importance of childhood experiences but shifted the focus from sexual drives to social and cultural influences on personality development, each contributing unique perspectives such as Adler's inferiority complex, Erikson's lifespan development stages, Jung's collective unconscious, and Horney's coping styles.
- Learning approaches to personality, such as those proposed by Skinner and Bandura, emphasize observable behaviors shaped by environmental reinforcements and cognitive processes, offering a scientifically testable framework that contrasts with the inner, hidden processes focused on by psychodynamic theories.
- Humanistic psychology, championed by figures like Abraham Maslow and Carl Rogers, emphasizes the positive potential and self-directed growth of individuals, contrasting with the deterministic views of psychoanalysis and behaviorism by focusing on personal development, self-concept, and the pursuit of self-actualization.
- The biological approach to personality emphasizes that both genetic predispositions and physiological processes significantly shape our personalities, as evidenced by studies on twins and research on temperament. However, environmental factors also play a crucial role in how these traits are expressed and developed over time.
- The behavioral perspective in psychology emphasizes that observable behavior and environmental stimuli are key to understanding development, focusing on learned responses rather than internal motivations. Pioneers like John B. Watson and B. F. Skinner developed theories of classical and operant conditioning, demonstrating how behaviors can be shaped and controlled through reinforcement and punishment. This approach suggests that our actions are heavily influenced by external factors and that understanding these can help predict and modify behavior.
- Personality is influenced by both genetic and environmental factors, with culture playing a significant role. Cultural values, transmitted through language and social modeling, shape personality traits. Research shows variations in personality traits across cultures and regions, highlighting the importance of considering cultural influences. Individualist cultures value independence and personal achievement, while collectivist cultures prioritize social harmony and group needs. Three approaches to studying personality in cultural contexts—cultural-comparative, indigenous, and combined—help explore both universal and culture-specific aspects of personality.



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2: THE SELF

2.1: Introduction to the Self

2.2: Self and Identity

2.3: The Cognitive Self

2.4: The Feeling Self

2.5: The Social Self

2.6: How to Foster Long-Term Life Change

2.7: End of Chapter Wrap-Up

2.1: Introduction to the Self

2.1: Introduction to the Self

Learning Objectives

- Describe fundamental distinctions between three different perspectives on the self: the self as actor, agent, and author.
- Describe how a sense of self as a social actor emerges around the age of 2 years and how it develops going forward.
- Describe the development of the self's sense of motivated agency from the emergence of the child's theory of mind to the articulation of life goals and values in adolescence and beyond.

In this chapter, we will explore the multifaceted nature of the self, a construct that encompasses our thoughts, feelings, and behaviors as we navigate through life. The self is at the core of our identity, shaping how we perceive the world and how the world perceives us. It influences our decisions, our interactions, and our sense of purpose.

We will begin by examining various theories that have sought to define and explain the self. From the pioneering ideas of William James, who distinguished between the "I" and the "Me," to contemporary perspectives that consider the self as a dynamic and evolving entity, you will gain a comprehensive understanding of how psychologists conceptualize this central aspect of our being.

Furthermore, we will discuss the role of self-concept and self-esteem in personal development. How do our beliefs about ourselves influence our actions and mental health? What can we do to cultivate a healthier and more positive self-view? By exploring these questions, you will uncover strategies to enhance your self-awareness and self-acceptance.

Additionally, this chapter will cover the impact of culture, society, and relationships on the formation and expression of the self. You will learn how social contexts and interpersonal dynamics shape our self-identity and how we can navigate these influences to foster a more authentic and fulfilling sense of self.

Through reflective exercises, case studies, and real-life examples, you will not only learn about the self but also engage in personal reflection and self-discovery. By the end of this chapter, you will be equipped with a deeper understanding of who you are and how you can continue to grow and evolve in your personal psychology journey.

2.2: Self and Identity

2.2: Self and Identity

Interpersonal communication is the study of how two people communicate in personal relationships (NCA, n.d.). Interpersonal communication starts with each of us. The development of our self-concept helps us to not only understand our ideas about self but also how we relate to the world around us. This module focuses on self-concept as well as theories and ideas related to our development of self-concept.

Defining self-concept



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The term **self-concept** (sometimes called identity) refers to your own ideas about who you are. Your self-concept develops and expands over time as you learn more about yourself and your motivations. While your self-concept is cultivated from early childhood, it continues to grow throughout your lifetime. At the same time, there are many dimensions to our self-concept.

If you were meeting someone for the first time, how would you introduce yourself? Maybe you would use one or more of the following phrases:

"My name is ...(your name)." "I'm a ...(your occupation)." "I'm from...(location)."

There are many ways you might describe yourself. Maybe you would focus on your background or experience. In another situation, you may focus on your hobbies and interests. Or maybe you would talk about something else entirely. It can be difficult to pin down who we are to a single answer. Is one answer more correct than another? Not necessarily, there are many aspects to each of us and all of these ideas may be true at the same time.

A term sometimes used to describe the various ideas we hold about ourselves is self-schema. A **schema** is a cognitive framework (idea or concept) that helps us to organize and interpret information about ourselves and the world around us. Our self-concept is made up of numerous self-schemas.

Let's think about how this term works through social roles: You can be a son/daughter, a brother/sister, a father/mother, etc. all at the same time (each of these roles could be one aspect of your self-schema). All of these ideas can be true. Taken together, your self-schemas make up your self-concept.

Three components of self-concept

Another way to think about self-concept is through related terms. A humanistic psychologist, Carl Rogers (1959) defined self-concept using three distinct but related components: self-image, self-esteem and ideal self (Figure 1).

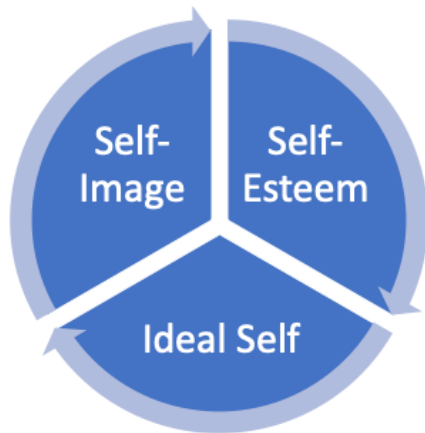


Figure 3.1.1: Rogers' Three Components of Self-Concept

Note. Observe how the three components of self mutually constitute each other.

Self-image is the way we see ourselves. This may include our physical attributes, social roles and personality traits. Unfortunately, our self-image can be inaccurate. When you were a child, did you ever think you were really good at something only to find out later that it wasn't true? This type of situation (which can happen at any time in life) is an example of how our self-image may not match reality.

Self-esteem is the way we evaluate ourselves and the importance we place on that evaluation. When we compare ourselves to others, is the result more positive or negative? For some people, the answer may be as simple as: a positive comparison equals improved self-esteem and a negative comparison equals decreased self-esteem. But for others, the answer may be more complicated. For example, a negative comparison may lead a person to work harder to improve and could actually improve self-esteem.



"working hard on the 'break'" by [thomas pix](#) is licensed under [CC BY 2.0](#).

If you had no limitations (money, time, resources, etc.), who would you be and what would you do?

Your answer is your ideal self (at least at this moment). Our **ideal self** is who we want to be. We typically describe our ideal self in terms of our goals and ambitions in life. However, this concept is not static, meaning it can change over time as we change and grow.

The ideas we have about who we are (our self-concept) is a mixture of many things. The way we see ourselves (self-image), the way we evaluate ourselves in terms of others (self-esteem), and who we want to be (ideal self), all contribute to our understanding of self.

Self-concept theories

A variety of scholars in psychology, sociology, and communication have researched self-concept. Their task is a difficult one because our self-concept is personal, dynamic and changes as we learn more about ourselves and the world around us. In this section, we will look at a few prominent theories and ideas from this area of research.

Johari window

What do we know about ourselves? What aspects of ourselves do we share with others? What aspects of ourselves are yet to be determined? In 1955 psychologists, Joseph Luft and Harry Ingham created a model known as the Johari window to visually represent the aspects of self that are known to us versus those that are unknown to us. Their model has four quadrants (Figure 2).

In the first quadrant (upper, left-hand corner) are those ideas that are known to self and others. This quadrant is considered the *open area* and likely includes ideas like your name, hobbies and other topics about yourself that you freely share with others. If you have a social media account, the messages you post publicly would fall into this quadrant.

In the second quadrant (upper, right-hand corner) are those ideas that are unknown to self but known to others. This quadrant is considered the *blind area*. This area might be easier to think about in terms of others. Do you have a friend, co-worker or sibling who comes off abrasive but doesn't know it? Or maybe you know someone who's a pushover but doesn't see it. Do you think that their lack of recognition affects their understanding of self? Now, let's think about it in terms of ourselves. What are our blind spots? These aspects of our personality (that others readily know) but escape our notice fall into this area of the Johari window.

In the third quadrant (lower, left-hand corner) are those ideas that are known to self but unknown to others. This quadrant is considered the (it is titled 'facade' in Figure 2) *hidden area* and includes things you know about yourself that you do not share with others (i.e., traumas you've experience, emotional insecurities, embarrassing situations, etc.).

In the fourth quadrant (lower, right-hand corner) are those ideas that are unknown to self and others. This quadrant is considered the *unknown area*. This area includes things you and others don't know (yet). How will you cope with the loss of a parent (if both your parents are living)? What type of parent will you be (if you don't have children)? How successful will your career be (if you're in school and having started your career yet)? Because these things haven't happened yet, the outcome is unknown.

Johari Window



Figure 3.1.2: Johari Window

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Reflected Appraisal

How do others view you? What influence do those ideas have on your self-concept? **Reflected appraisal** is a term used to describe the process by which our self-concept is affected by what other people think of us.

In 1902, sociologist Charles H. Cooley described how reflected appraisal works in a concept he called the “looking glass self.” Cooley suggested that our understanding of how others perceive us influences the development of our self-concept (Cooley, 1902). As such, social interactions (especially with those who are most important to us) play an integral role in the cultivation of our sense of self. Let’s look at an example to see how this might work.

When you were a child, how did your parents or guardians describe you? If words like “smart,” “athletic” or “kind” were used. You may have believed those words and worked harder to exemplify them by studying more frequently, practicing your sports more often or trying to be nice to everyone. If someone asked you to describe yourself, you may have even used those words (because they were now part of your own self-concept).

On the other hand, if your parents or guardians described you as “lazy” or “noncommunicative,” you may have believed those words, too. Those words would affect your self-concept in a negative way.



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Social comparison theory

When you think about your friends, how do you measure up? In your opinion, are you better (or worse) looking? Are you more (or less) successful? In what ways do you think you are better than your friends? In what ways are you worse off than your friends? In 1954, psychologist Leon Festinger suggested that we evaluate ourselves in comparison to others, and those judgments influence our self-concept. This concept is known as **social comparison theory**.

As with reflected appraisal, some people (those closest to us) influence our self-concept more than others. *Upward social comparison* occurs when we compare ourselves with those we see as better than us. These comparisons tend to focus on the desire to improve ourselves. *Downward social comparison* occurs when we compare ourselves with those we see as worse off than us. These comparisons often focus on making us feel better about ourselves and our abilities.

Self-fulfilling prophecy



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A **self-fulfilling prophecy** occurs when your expectation *causes* something to happen. Suppose your friends stop by your

apartment to tell you that a new person moved into the apartment down the hallway. When you ask them, what they thought of your new neighbor, they describe the person as aloof and rude.

Later in the day, you run into your new neighbor by the mailboxes. Based on the description you heard from your friends, you say “excuse me” in an aggressive manner and push your way into the space. In turn, your new neighbor gives you a harsh look and leaves quickly. The next time you see your friends, you tell them that you met your new neighbor and definitely agree with their assessment.

Was your new neighbor actually aloof and rude? Or did you treat your new neighbor in a way that your preconceived notion would be fulfilled? If so, it is a self-fulfilling prophecy.

Sometimes our expectations (or the expectations of others) can influence our communication behaviors. In the example above, the information you received from your friends influenced how you interacted with your new neighbor. How might things have been different if you didn't know anything about your new neighbor before you met at the mailboxes? Would you have communicated in a friendlier manner? If you had, would your new neighbor have reacted differently? It's difficult to say what would have happened. But it's important to remember that the feedback we receive about others may not be accurate. If we communicate with others based on inaccurate information, we may create a self-fulfilling prophecy.

Conclusion

Trying to pinpoint who we are can be difficult. There are many aspects to our self-concept. In some cases, the aspects of self we present will depend on a variety of factors. In this module, we learned about different ways to think about self-concept and various people and situations that may influence the development of our ideas about self. We also learned about several theories and ideas related to our development of self-concept.

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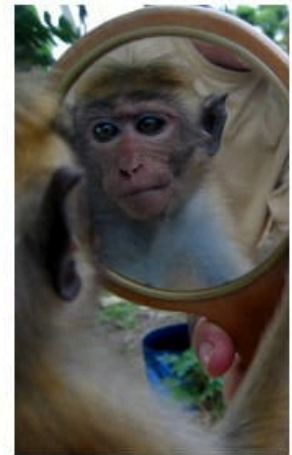
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2.3: The Cognitive Self

2.3: The Cognitive Self

Some nonhuman animals, including chimpanzees, orangutans, and perhaps dolphins, have at least a primitive sense of self (Boysen & Himes, 1999). We know this because of some interesting experiments that have been done with animals. In one study (Gallup, 1970), researchers painted a red dot on the forehead of anesthetized chimpanzees and then placed the animals in a cage with a mirror. When the chimps woke up and looked in the mirror, they touched the dot on their faces, not the dot on the faces in the mirror. This action suggests that the chimps understood that they were looking at themselves and not at other animals, and thus we can assume that they are able to realize that they exist as individuals. Most other animals, including dogs, cats, and monkeys, never realize that it is themselves they see in a mirror.



A simple test of self-awareness is the ability to recognize oneself in a mirror. Humans and chimpanzees can pass the test; dogs never do.

Allen Sky – [Mirror](#) – CC BY 2.0; 6SN7 – [Reflecting Bullmatian](#) – CC BY 2.0; Mor – [There's a monkey in my mirror](#) – CC BY-NC 2.0.

Infants who have similar red dots painted on their foreheads recognize themselves in a mirror in the same way that the chimps do, and they do this by about 18 months of age (Asendorpf, Warkentin, & Baudonnière, 1996; Povinelli, Landau, & Perilloux, 1996). The child's knowledge about the self continues to develop as the child grows. By age 2, the infant becomes aware of his or her gender as a boy or a girl. At age 4, self-descriptions are likely to be based on physical features, such as one's hair color, and by about age 6, the child is able to understand basic emotions and the concepts of traits, being able to make statements such as "I am a nice person" (Harter, 1998).

By the time they are in grade school, children have learned that they are unique individuals, and they can think about and analyze their own behavior. They also begin to show awareness of the social situation—they understand that other people are looking at and judging them the same way that they are looking at and judging others (Doherty, 2009).

Development and Characteristics of the Self-Concept



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Part of what is developing in children as they grow is the fundamental cognitive part of the self, known as the *self-concept*. The *self-concept* is a *knowledge representation that contains knowledge about us, including our beliefs about our personality traits, physical characteristics, abilities, values, goals, and roles, as well as the knowledge that we exist as individuals*. Throughout childhood and adolescence, the self-concept becomes more abstract and complex and is *organized into a variety of different cognitive aspects*, known as *self-schemas*. Children have self-schemas about their progress in school, their appearance, their skills at sports and other activities, and many other aspects, and these self-schemas direct and inform their processing of self-relevant information (Harter, 1999).

By the time we are adults, our sense of self has grown dramatically. In addition to possessing a wide variety of self-schemas, we can analyze our thoughts, feelings, and behaviors, and we can see that other people may have different thoughts than we do. We become aware of our own mortality. We plan for the future and consider the potential outcomes of our actions. At times, having a sense of self may seem unpleasant—when we are not proud of our appearance, actions, or relationships with others, or when we think about and become afraid of the possibility of our own death. On the other hand, the ability to think about the self is very useful. Being aware of our past and able to speculate about the future is adaptive—it allows us to modify our behavior on the basis of our mistakes and to plan for future activities. When we do poorly on an exam, for instance, we may study harder for the next one or even consider changing our major if we continue to have problems in the major we have chosen.

One way to learn about a person's self-concept and the many self-schemas that it contains is by using self-report measures. One of these is a deceptively simple fill-in-the-blank measure that has been used by many scientists to get a picture of the self-concept (Rees & Nicholson, 1994). All of the 20 items in the measure are exactly the same, but the person is asked to fill in a different response for each statement. This self-report measure, known as the Twenty Statements Test, can reveal a lot about a person because it is designed to measure the most accessible—and thus the most important—parts of one's self-concept. Try it for yourself, at least five times:

- I am (please fill in the blank) _____
- I am (please fill in the blank) _____
- I am (please fill in the blank) _____
- I am (please fill in the blank) _____
- I am (please fill in the blank) _____

Although each person has a unique self-concept, we can identify some characteristics that are common across the responses given by different people on the measure. *Physical characteristics* are an important component of the self-concept, and they are mentioned by many people when they describe themselves. If you've been concerned lately that you've been gaining weight, you might write, "I am *overweight*." If you think you're particularly good looking ("I am *attractive*"), or if you think you're too short ("I am *too short*"), those things might have been reflected in your responses. Our physical characteristics are important to our self-concept because we realize that other people use them to judge us. People often list the physical characteristics that make them

different from others in either positive or negative ways (“I am *blond*,” “I am *short*”), in part because they understand that these characteristics are salient and thus likely to be used by others when judging them (McGuire, McGuire, Child, & Fujioka, 1978).

A second characteristic of the self-concept reflects our memberships in the social groups that we belong to and care about. Common responses in this regard include such ones as “I am an *artist*,” “I am *Jewish*,” and “I am a *student at Augsburg College*.” As we will see later in this chapter, our group memberships form an important part of the self-concept because they provide us with our *social identity*—the sense of our self that involves our memberships in social groups.

The remainder of the self-concept is normally made up of *personality traits*—the specific and stable personality characteristics that describe an individual (“I am *friendly*,” “I am *shy*,” “I am *persistent*”). These individual differences (the person part of the person-situation interaction) are important determinants of our behavior, and this aspect of the self-concept reflects this variation across people.

Self-Complexity Provides a Buffer Against Negative Emotions



["friends and a song?"](#) by [fotovideofede](#) is licensed under [CC BY-SA 2.0](#).

The self-concept is a rich and complex social representation. In addition to our thoughts about who we are right now, the self-concept includes thoughts about our past self—our experiences, accomplishments, and failures—and about our future self—our hopes, plans, goals, and possibilities (Oyserman, Bybee, Terry, & Hart-Johnson, 2004). The self-concept also includes thoughts about our relationships with others. You no doubt have thoughts about your family and close friends that have become part of yourself. Indeed, if you don’t see the people you really care about for a while, or if you should lose them in one way or another, you will naturally feel sad because you are in essence missing part of yourself.

Although every human being has a complex self-concept, there are nevertheless individual differences in self-complexity, the extent to which individuals have many different and relatively independent ways of thinking about themselves (Linville, 1987; Roccas & Brewer, 2002). Some selves are more complex than others, and these individual differences can be important in determining psychological outcomes. Having a complex self means that we have a lot of different ways of thinking about ourselves. For example, imagine a woman whose self-concept contains the social identities of *student*, *girlfriend*, *daughter*, *psychology major*, and *tennis player* and who has encountered a wide variety of life experiences. Social psychologists would say that she has high self-complexity. On the other hand, a man who perceives himself solely as a student or solely as a member of the hockey team and who has had a relatively narrow range of life experiences would be said to have low self-complexity. For those with high self-complexity, the various self-aspects of the self are separate, such that the positive and negative thoughts about a particular self-aspect do not spill over into thoughts about other aspects.

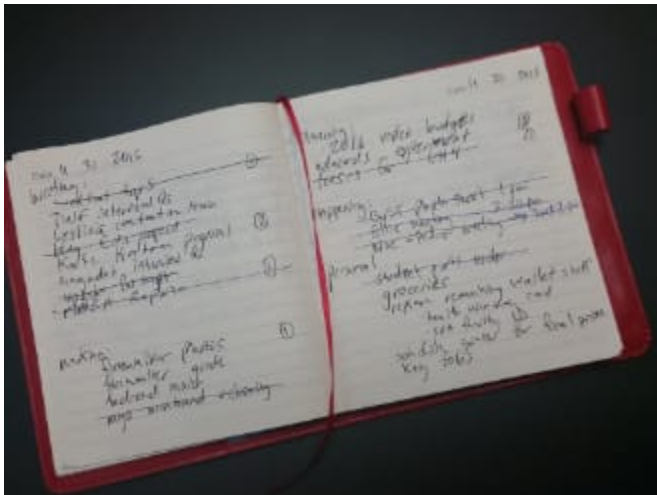
Research has found that compared with people low in self-complexity, those higher in self-complexity experience more positive outcomes. People with more complex self-concepts have been found to have lower levels of stress and illness (Kalthoff & Neimeyer, 1993), a greater tolerance for frustration (Gramzow, Sedikides, Panter, & Insko, 2000), and more positive and less negative reactions to events that they experience (Niedenthal, Setterlund, & Wherry, 1992).

The benefits of self-complexity occur because the various domains of the self help to buffer us against negative events and help

us to enjoy the positive events that we experience. For people low in self-complexity, negative outcomes on one aspect of the self tend to have a big impact on their self-esteem. If the only thing that Maria cares about is getting into medical school, she may be devastated if she fails to make it. On the other hand, Marty, who is also passionate about medical school but who has a more complex self-concept, may be better able to adjust to such a blow by turning to other interests. People with high self-complexity can also take advantage of the positive outcomes that occur on any of the dimensions that are important to them.

Although having high self-complexity seems useful overall, it does not seem to help everyone equally and also does not seem to help us respond to all events equally (Rafaeli-Mor & Steinberg, 2002). The benefits of self-complexity seem to be particularly strong on reactions to positive events. People with high self-complexity seem to react more positively to the good things that happen to them but not necessarily less negatively to the bad things. And the positive effects of self-complexity are stronger for people who have other positive aspects of the self as well. This buffering effect is stronger for people with high self-esteem, whose self-complexity involves positive rather than negative characteristics (Koch & Shepperd, 2004), and for people who feel that they have control over their outcomes (McConnell et al., 2005).

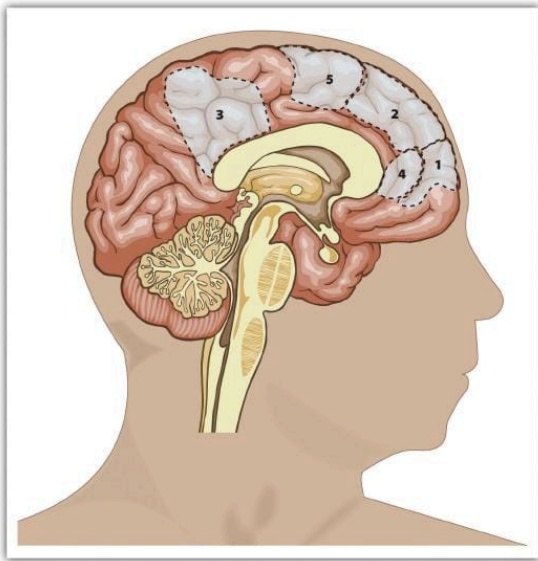
Studying the Self-Concept



"[Todo list Nov 20 2015](#)" by [Bekathwia](#) is licensed under [CC BY-SA 2.0](#).

Because the self-concept is a schema, it can be studied using the methods that we would use to study any other schema. As we have seen, one approach is to use self-report—for instance, by asking people to list the things that come to mind when they think about themselves. Another approach is to use neuroimaging to directly study the self in the brain. As you can see in [Figure 4.1](#), neuroimaging studies have shown that information about the self is stored in the prefrontal cortex, the same place that other information about people is stored (Barrios et al., 2008). This finding suggests that we store information about ourselves as people the same way we store information about others.

Figure 4.1



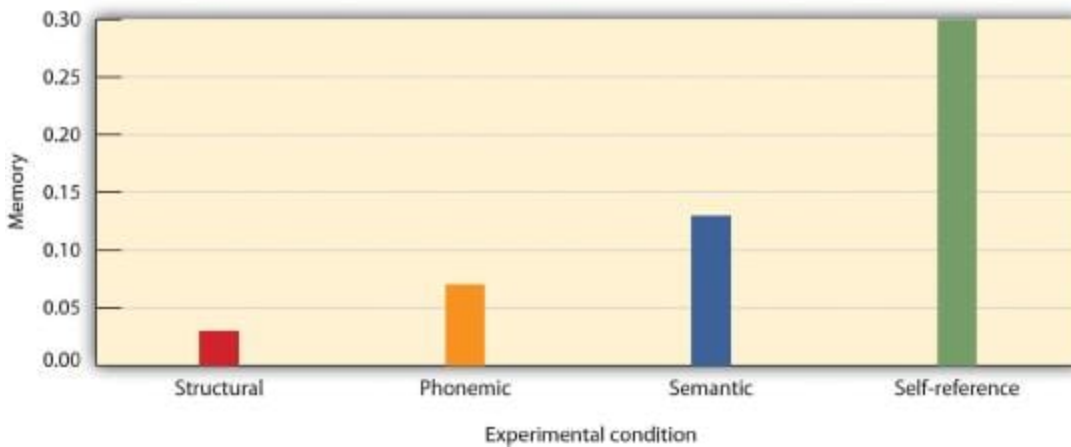
This figure shows the areas of the human brain that are known to be important in processing information about the self. They include primarily areas of the prefrontal cortex (areas 1, 2, 4, and 5). Data are from Lieberman (2010).

Still another approach to studying the self is to investigate how we attend to and remember things that relate to the self. Indeed, because the self-concept is the most important of all our schemas, it has extraordinary influence on our thoughts, feelings, and behavior. Have you ever been at a party where there was a lot of noise and bustle, and yet you were surprised to discover that you could easily hear your own name being mentioned in the background? Because our own name is such an important part of our self-concept, and because we value it highly, it is highly accessible. We are very alert for, and react quickly to, the mention of our own name.

Other research has found that information that is related to the self-schema is better remembered than information that is unrelated to it, and that information related to the self can also be processed very quickly (Lieberman, Jarcho, & Satpute, 2004). In one classic study that demonstrated the importance of the self-schema, Rogers, Kuiper, and Kirker (1977) conducted an experiment to assess how college students recalled information that they had learned under different processing conditions. All the participants were presented with the same list of 40 adjectives to process, but through the use of random assignment, the participants were given one of four different sets of instructions about how to process the adjectives.

Participants assigned to the *structural task condition* were asked to judge whether the word was printed in uppercase or lowercase letters. Participants in the *phonemic task condition* were asked whether or not the word rhymed with another given word. In the *semantic task condition*, the participants were asked if the word was a synonym of another word. And in the *self-reference task condition*, participants indicated whether or not the given adjective was or was not true of themselves. After completing the specified task, each participant was asked to recall as many adjectives as he or she could remember.

Figure 4.2 The Self-Reference Effect



The chart shows the proportion of adjectives that students were able to recall under each of four learning conditions. The same words were recalled significantly better when they were processed in relation to the self than when they were processed in other ways. Data from Rogers et al. (1977).

Rogers and his colleagues hypothesized that different types of processing would have different effects on memory. As you can see in [Figure 4.2 “The Self-Reference Effect”](#), the students in the self-reference task condition recalled significantly more adjectives than did students in any other condition. The finding that *information that is processed in relationship to the self is particularly well remembered*, known as the self-reference effect, is powerful evidence that the self-concept helps us organize and remember information. The next time you are studying for an exam, you might try relating the material to your own experiences—the self-reference effect suggests that doing so will help you better remember the information.

Self-Awareness

Like any other schema, the self-concept can vary in its current cognitive accessibility. Self-awareness refers to *the extent to which we are currently fixing our attention on our own self-concept*. When the self-concept becomes highly accessible because of our concerns about being observed and potentially judged by others, we experience the publicly induced self-awareness known as self-consciousness (Duval & Wicklund, 1972; Rochat, 2009).

I am sure that you can remember times when your self-awareness was increased and you became self-conscious—for instance, when you were giving a class presentation and you were perhaps painfully aware that everyone was looking at you, or when you did something in public that embarrassed you. Emotions such as anxiety and embarrassment occur in large part because the self-concept becomes highly accessible, and they serve as a signal to monitor and perhaps change our behavior.

Not all aspects of our self-concepts are equally accessible at all times, and these long-term differences in the accessibility of the different self-schemas help create individual differences, for instance, in terms of our current concerns and interests. You may know some people for whom the physical appearance component of the self-concept is highly accessible. They check their hair every time they see a mirror, worry whether their clothes are making them look good, and do a lot of shopping—for themselves, of course. Other people are more focused on their social group memberships—they tend to think about things in terms of their role as Christians or as members of the tennis team. Think back for a moment to the opener of this chapter and consider Dancing Matt Harding. What do you think are his most highly accessible self-schemas?

In addition to variation in long-term accessibility, the self and its various components may also be made temporarily more accessible through priming. We become more self-aware when we are in front of a mirror, when a TV camera is focused on us, when we are speaking in front of an audience, or when we are listening to our own tape-recorded voice (Kerns & Grannemann, 1988). When the knowledge contained in the self-schema becomes more accessible, it also becomes more likely to be used in information processing and more likely to influence our behavior.

Beaman, Klentz, Diener, and Svanum (1979) conducted a field experiment to see if self-awareness would influence children’s honesty. The researchers expected that most children viewed stealing as wrong but that they would be more likely to act on this belief when they were more self-aware. They conducted this experiment on Halloween evening in homes within the city of Seattle. When children who were trick-or-treating came to particular houses, they were greeted by one of the experimenters, shown a large bowl of candy, and were told to take only one piece each. The researchers unobtrusively watched each child to see how many

pieces he or she actually took.



"Day 303: 'Candy bowl'" by [seanmfreese](#) is licensed under [CC BY 2.0](#).

Behind the candy bowl in some of the houses was a large mirror. In the other houses, there was no mirror. Out of the 363 children who were observed in the study, 19% disobeyed instructions and took more than one piece of candy. However, the children who were in front of a mirror were significantly less likely to steal (14.4%) than were those who did not see a mirror (28.5%). These results suggest that the mirror activated the children's self-awareness, which reminded them of their belief about the importance of being honest. Other research has shown that being self-aware has a powerful influence on other behaviors as well. For instance, people are more likely to stay on their diets, eat better foods, and act more morally overall when they are self-aware (Baumeister, Zell, & Tice, 2007; Heatherton, Polivy, Herman, & Baumeister, 1993). What this means is that when you are trying to stick to a diet, study harder, or engage in other difficult behaviors, you should try to focus on yourself and the importance of the goals you have set.

Social psychologists are interested in studying self-awareness because it has such an important influence on behavior. People lose their self-awareness and become more likely to violate acceptable social norms when, for example, they put on a Halloween mask or engage in other behaviors that hide their identities. The members of the militant White supremacist organization the Ku Klux Klan wear white robes and hats when they meet and when they engage in their racist behavior. And when people are in large crowds, such as in a mass demonstration or a riot, they may become so much a part of the group that they lose their individual self-awareness and experience deindividuation—the loss of self-awareness and individual accountability in groups (Festinger, Pepitone, & Newcomb, 1952; Zimbardo, 1969).



Examples of situations that may create deindividuation include wearing uniforms that hide the self and alcohol intoxication.

Craig O'Neal – [KKK Rally in Georgia](#) – CC BY-NC-ND 2.0; Bart Everson – [Nazis](#) – CC BY 2.0; John Penny – [Snuggie Keg Stand](#) – CC BY-NC-ND 2.0.

Two particular types of individual differences in self-awareness have been found to be important, and they relate to self-concern and other-concern, respectively (Fenigstein, Scheier, & Buss, 1975; Lalwani, Shrum, & Chiu, 2009). Private self-consciousness refers to *the tendency to introspect about our inner thoughts and feelings*. People who are high in private self-consciousness tend to think about themselves a lot and agree with statements such as “I’m always trying to figure myself out” and “I am generally attentive to my inner feelings.” People who are high on private self-consciousness are likely to base their behavior on their own inner beliefs and values—they let their inner thoughts and feelings guide their actions—and they may be particularly likely to strive to succeed on dimensions that allow them to demonstrate their own personal accomplishments (Lalwani, Shrum & Chiu, 2009).

Public self-consciousness, in contrast, refers to *the tendency to focus on our outer public image and to be particularly aware of the extent to which we are meeting the standards set by others*. Those high in public self-consciousness agree with statements such as “I’m concerned about what other people think of me,” “Before I leave my house, I check how I look,” and “I care a lot about how I present myself to others.” These are the people who check their hair in a mirror they pass and spend a lot of time getting ready in the morning; they are more likely to let the opinions of others (rather than their own opinions) guide their behaviors and are particularly concerned with making good impressions on others.

Research has found cultural differences in public self-consciousness, such that people from East Asian collectivistic cultures have higher public self-consciousness than do people from Western individualistic cultures. Steve Heine and his colleagues (Heine, Takemoto, Moskaleiko, Lasaleta, & Henrich, 2008) found that when college students from Canada (a Western culture) completed questionnaires in front of a large mirror, they subsequently became more self-critical and were less likely to cheat (much like the trick-or-treaters we discussed earlier) than were Canadian students who were not in front of a mirror. However, the presence of the mirror had no effect on college students from Japan. This person-situation interaction is consistent with the idea that people from East Asian cultures are normally already high in public self-consciousness, in comparison with people from Western cultures, and thus manipulations designed to increase public self-consciousness are less influential for them.

Overestimating How Others View Us

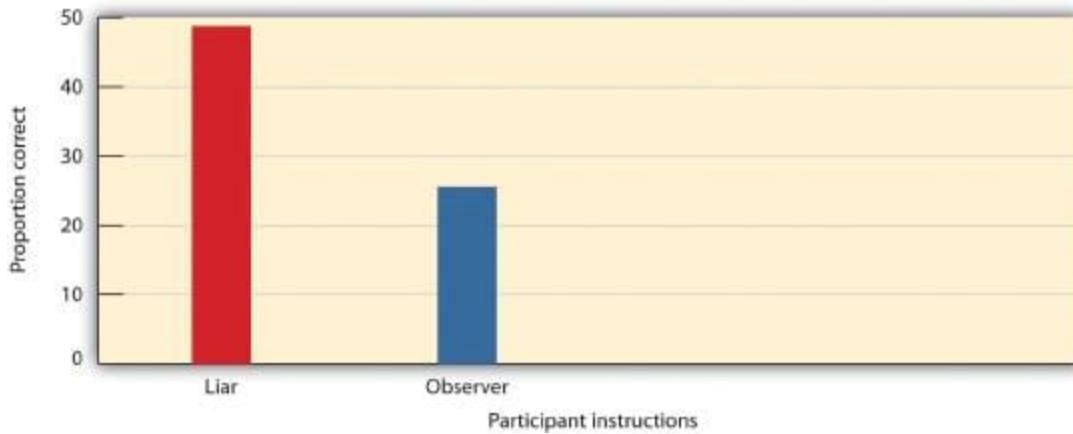
Although the self-concept is the most important of all our schemas, and although people (particularly those high in self-consciousness) are aware of their self and how they are seen by others, this does not mean that people are always thinking about themselves. In fact, people do not generally focus on their self-concept any more than they focus on the other things and other people in their environments (Csikszentmihalyi & Figurski, 1982).

On the other hand, self-awareness is more powerful for the person experiencing it than it is for others who are looking on, and the fact that self-concept is so highly accessible frequently leads people to overestimate the extent to which other people are focusing on them (Gilovich & Savitsky, 1999). Although you may be highly self-conscious about of something you’ve done in a particular situation, that does not mean that others are necessarily paying all that much attention to you. Research by Thomas Gilovich and his colleagues (Gilovich, Medvec, & Savitsky, 2000) found that people who were interacting with others thought that other people were paying much more attention to them than those other people reported actually doing.

Teenagers are particularly likely to be highly self-conscious, often believing that others are constantly watching them (Goossens, Beyers, Emmen, & van Aken, 2002). Because teens think so much about themselves, they are particularly likely to believe that others must be thinking about them, too (Rycek, Stuhrt, McDermott, Benker, & Swartz, 1998). It is no wonder that everything a teen’s parents do suddenly feels embarrassing to them when they are in public.

People also often mistakenly believe that their internal states show to others more than they really do. Gilovich, Savitsky, and Medvec (1998) asked groups of five students to work together on a “lie detection” task. One at a time, each student stood up in front of the others and answered a question that the researcher had written on a card (e.g., “I have met David Letterman”). On each round, one person’s card indicated that they were to give a false answer, whereas the other four were told to tell the truth.

Figure 4.3 The Illusion of Transparency



After each round, the students who had not been asked to lie indicated which of the students they thought had actually lied in that round, and the liar was asked to estimate the number of other students who would correctly guess who had been the liar. As you can see in [Figure 4.3 “The Illusion of Transparency”](#), the liars overestimated the detectability of their lies: On average, they predicted that over 44% of their fellow players had known that they were the liar, but in fact only about 25% were able to accurately identify them. Gilovitch and his colleagues called this effect the “illusion of transparency.”

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2.4: The Feeling Self

2.4: The Feeling Self

Although the self is partly determined by our thoughts about ourselves, we are also the product of our emotions. I am certain that Matt Harding dances, at least in part, because he likes dancing and because dancing makes him feel good. In fact, we all want to feel positively about ourselves, and we work hard to be able to do so.

Self-Esteem Is Our Positive or Negative Attitude Toward Ourselves

Self-esteem refers to *the positive (high self-esteem) or negative (low self-esteem) feelings that we have about ourselves*. We experience the positive feelings of high self-esteem when we believe that we are good and worthy and that others view us positively. We experience the negative feelings of low self-esteem when we believe that we are inadequate and less worthy than others.

Our self-esteem is determined by many factors, including how well we view our own performance, our own appearance, and how satisfied we are with our relationships with other people (Tafarodi & Swann, 1995). Self-esteem is in part a trait that is stable over time, such that some people have relatively high self-esteem and others have lower self-esteem. But our self-esteem is also a state that varies day to day and even hour to hour. When we have succeeded at an important task, when we have done something that we think is useful or important, or when we feel that we are accepted and valued by others, our self-concept will contain many positive thoughts and we will therefore have high self-esteem. When we have failed, done something harmful, or feel that we have been ignored or criticized, the negative aspects of the self-concept are more accessible and we experience low self-esteem.

Self-esteem can be measured using both explicit and implicit measures, and both approaches find that people tend to view themselves positively. One common self-report measure of self-esteem is the Rosenberg Self-Esteem Scale. Higher numbers on the scale indicate higher self-esteem, and the average score for college students who complete the scale is about 3 on a 1 to 4 scale, demonstrating that by and large, people have high self-esteem.

The Rosenberg Self-Esteem Scale

Please rate yourself on the following items by writing a number in the blank before each statement, where you

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

1. ____ I feel that I'm a person of worth, at least on any equal base with others.
2. ____ I feel that I have a number of good qualities.
3. ____ All in all, I am inclined to think that I am a failure (R).
4. ____ I am able to do things as well as other people.
5. ____ I feel I do not have much to be proud of. (R)
6. ____ I take a positive attitude towards myself.
7. ____ On the whole, I am satisfied with myself.
8. ____ I wish I could have more respect for myself. (R)
9. ____ I certainly feel useless at times. (R)
10. ____ At times I think I am no good at all. (R)

Note. (R) denotes an item that should be reverse scored. Subtract your response on these items from 5 before calculating the total. Data are from Rosenberg (1965).



"[Balance scale clipart, vintage illustration](#)" is marked with [CC0 1.0](#).

One problem with measures such as the Rosenberg scale is that they can be influenced by the desire to portray the self positively. The observed scores on the Rosenberg scale are likely inflated because people naturally try to make themselves look as if they have very high self-esteem—maybe they fib a bit to make themselves look better than they really are to the experimenters and perhaps also to make themselves feel better.

More indirect measures of self-esteem have been created—measures that may provide a more accurate picture of the self-concept because they are less influenced by the desire to make a positive impression. Anthony Greenwald and Shelly Farnham (2000) used the Implicit Association Test to study the self-concept indirectly. Participants worked at a computer and were presented with a series of words, each of which they were to categorize in one of two ways. One categorization decision involved whether the words were related to the self (e.g., *me, myself, mine*) or to another person (*other, them, their*). A second categorization decision involved determining whether words were pleasant (*joy, smile, pleasant*) or unpleasant (*pain, death, tragedy*).

On some trials, the self words were paired with the pleasant items, and the other words with the unpleasant items. On other trials, the self words were paired with the unpleasant items, and the other words with the pleasant items. Greenwald and Farnham found that on average, participants were significantly faster at categorizing positive words that were presented with self words than they were at categorizing negative words that were presented with self words, suggesting, again, that people did have positive self-esteem. Furthermore, there were also meaningful differences among people in the speed of responding, suggesting that the measure captured individual variation in self-esteem.

Brett Pelham and his colleagues (Jones, Pelham, Mirenberg, & Hetts, 2002; Koole & Pelham, 2003; Pelham, Carvallo, & Jones, 2005) have taken still another approach to assessing self-esteem indirectly, by measuring a concept that they call *implicit egoism*. In their research, they have found that people prefer things that are associated with their own names to things that are not associated with their own names. More specifically, people prefer their own initials to the initials of other people, and prefer other people who share their initials to those who don't. And Brendl, Chattopadhyay, Pelham, and Carvallo (2005) found similar results for brand names, such that people are more likely to choose a brand when the brand name starts with letters from their names than when the brand name does not. Thus these indirect measures also came to the same conclusion that the direct measures do—most people have positive self-esteem in the sense that they regard themselves, and things associated with themselves, positively.



People value themselves and the things they own.

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Maintaining and Enhancing Self-Esteem

Because it is so important to have self-esteem, we naturally try to get and maintain it. One way is to be successful at what we do. When we get a good grade on a test, perform well in a sports match, or get a date with someone that we really like, our self-esteem naturally rises. One reason that most people have positive self-esteem is because we are generally successful at creating positive lives. When we fail in one domain, we tend to move on until we find something that we are good at. Most of us realize that we cannot hang out with the most attractive person on campus, and so we generally don't set ourselves up for failure by trying to. We don't always expect to get the best grade on every test or to be the best player on the team. Therefore, we are not surprised or that hurt when those things don't happen. In short, we feel good about ourselves because we do a pretty good job at creating decent lives.

Research Focus

Processing Information to Enhance the Self

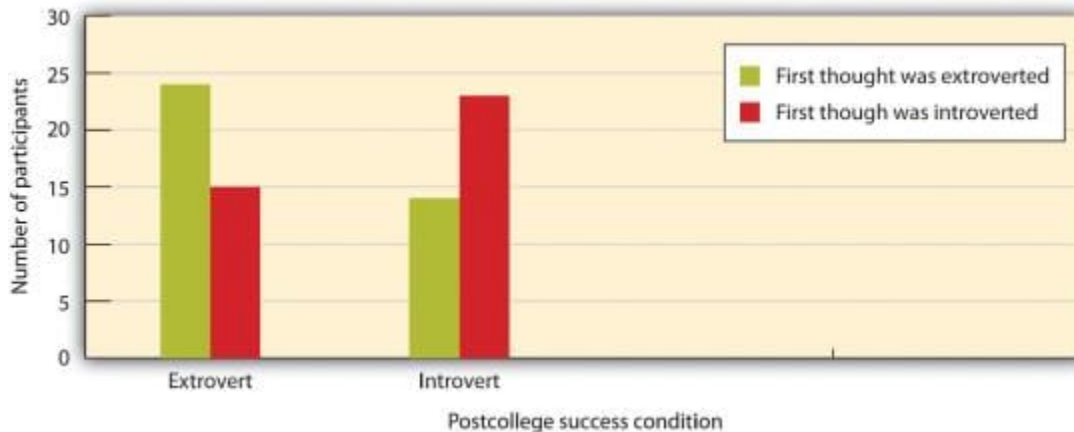
Although we are all quite good at creating positive self-esteem by doing positive things, it turns out that we do not stop there. The desire to see ourselves positively is strong enough that it leads us to seek out, process, and remember information in a way that allows us to see ourselves even more positively.

Sanitioso, Kunda, and Fong (1990) had students from Princeton University read about a study that they were told had been conducted by psychologists at Stanford University (the study was actually fictitious). The students were randomly assigned to two groups, such that one group read that the results of the research had showed that extroverts did better than introverts in academic or professional settings after graduating from college, while the other group read that introverts did better than extroverts on the same dimensions. The students then wrote explanations for why this might be true.

The experimenter then thanked the participants and led them to another room, where a second study was to be conducted (you will have guessed already that although the participants did not think so, the two experiments were really part of the same experiment). In the "second" experiment, participants were given a questionnaire that supposedly was investigating what different personality dimensions meant to people in terms of their own experience and behavior. The students were asked to list behaviors that they had performed in the past that related to the dimension of "shy" versus "outgoing"—a dimension that is very close in meaning to the introversion-extroversion dimension that they had read about in the first experiment.

The following figure shows the number of students in each condition who listed an extroverted behavior first, and the number who listed an introverted behavior first. You can see that the first memory listed by participants in both conditions tended to reflect the dimension that they had read was related to success according to the research presented in the first experiment. In fact, 62% of the students who had just learned that extroversion was related to success listed a memory about an extroverted behavior first, whereas only 38% of the students who had just learned that introversion was related to success listed an extroverted behavior first.

Figure 4.4 Enhancing the Self



Sanitioso, Kunda, and Fong (1990) found that students who had learned that extroverts did better than introverts after graduating from college tended to list extroverted memories about themselves, whereas those who learned that introverts did better than extroverts tended to list introverted memories.

It appears that the participants drew from their memories those instances of their own behavior that reflected the trait that had the most positive implications for their self-esteem—either introversion or extroversion, depending on experimental condition. The desire for positive self-esteem made events that were consistent with a positive self-perception more accessible, and thus they were listed first on the questionnaire.

Other research has confirmed this general principle—people attempt to create positive self-esteem whenever possible, even if it may involve distorting reality. We take credit for our successes, and we blame our failures on others. We remember our positive experiences, and we tend to forget the negative ones. We judge our likelihood of success and happiness as greater than our likelihood of failure and unhappiness. We think that our sense of humor and our honesty are above average, and that we are better drivers and less prejudiced than others. We also distort (in a positive way, of course) our memories of our grades, our performances on exams, and our romantic experiences. And we believe that we can control the events that we will experience to a greater extent than we really can (Crocker & Park, 2004).

We Use Self-Presentation to Increase Our Status and Self-Esteem

Although self-esteem comes in part from our personal accomplishments, it is also influenced by the social situation. Positive self-esteem occurs not only when we do well in our own eyes but also when we feel that we are positively perceived by the other people we care about. Think about Dancing Matt as an example—he may love to dance for himself, but he also seems to enjoy sharing his dancing with others. Perhaps Matt feels good about himself in part because he knows that other people like to watch him. Social status refers to *the extent to which we are viewed positively and are esteemed by others*.



We express our social status to others in a variety of ways.

Adam Howarth – [Legless Beggar](#) – CC BY-NC-ND 2.0; Aquistbe – [Zack Big Limo](#) – CC BY-NC-ND 2.0.

Because it is so important to be seen as competent and productive members of society, people naturally attempt to present themselves as positively as they can to others. We attempt to convince others that we are good and worthy people by appearing attractive, strong, intelligent, and likable and by saying positive things to others (Jones & Pittman, 1982; Leary, 1995; Schlenker, 2003). *The tendency to present a positive self-image to others, with the goal of increasing our social status*, is known as self-presentation, and it is a basic and natural part of everyday life. Again, the dynamic interplay between the person and the situation is apparent—our individual self-esteem is influenced in large part by how we think others perceive us.

One way to self-present is to display our positive physical characteristics. The reason that so many of us spend money on teeth whiteners, hair dye, face-lifts, and fashion accessories of every sort is in part the result of the desire to self-present—we want to look good to others so that they will like us. We can also earn status by collecting expensive possessions such as fancy cars and big houses and by trying to associate with high-status others. And we may also gain status by attempting to dominate or intimidate others in social interaction. People who talk more and louder and those who initiate more social interactions are afforded higher status. A businessman who greets others with a strong handshake and a smile and people who speak out strongly for their opinions in group discussions may be attempting to do so as well. In some cases, people may even resort to aggressive behavior, such as bullying, in attempts to improve their status (Baumeister, Smart, & Boden, 1996).

You might not be surprised to hear that men and women use different approaches to self-presentation. Men are more likely to present themselves in an assertive way, by speaking and interrupting others, by visually focusing on the other person when they are speaking, and by leaning their bodies into the conversation. Women, on the other hand, are more likely to be modest—they tend to create status by laughing and smiling, and by reacting more positively to the statements of others (Dovidio, Brown, Heltman, Ellyson, & Keation, 1988).

These gender differences are probably in large part socially determined as a result of the different reinforcements that men and women receive for using self-presentational strategies. Speaking out and acting assertively is more effective for men than it is for women because our stereotypes about the appropriate behavior for women do not include assertive behavior. Women who act assertively may be seen negatively because they violate our expectations about appropriate behavior. In fact, because self-presenting in an assertive way is not as effective for women, it can be difficult for women to gain power in organizations (Carli, 2001). But the observed gender differences in self-presentation are also due in part to the presence of testosterone, which is higher in men. Both women and men with more testosterone are more assertive (Baker, Pearcey, & Dabbs, 2002; Dabbs, Hargrove, & Heusel, 1996).

Different self-presentation strategies may be used to create different emotions in other people, and the use of these strategies may be evolutionarily selected because they are successful (Kessler & Cohrs, 2008). Edward Jones and Thane Pittman (1982) described five self-presentation strategies, each of which is expected to create a resulting emotion in the other person.

1. The goal of *ingratiation* is to create **liking** by using flattery or charm.

2. The goal of *intimidation* is to create **fear** by showing that you can be aggressive.
3. The goal of *exemplification* is to create **guilt** by showing that you are a better person than the other.
4. The goal of *supplication* is to create **pity** by indicating to others that you are helpless and needy.
5. The goal of *self-promotion* is to create **respect** by persuading others that you are competent.



Attempts to impress and intimidate others to gain status are not unique to humans.

Jason Hargrove – [Intimidation](#) – CC BY 2.0; Luke Addison – [Angry Mandy!](#) – CC BY-SA 2.0; Tambako The Jaguar – [Angry tigress](#) – CC BY-NC-ND 2.0; Tambako The Jaguar – [Angry wolf](#) – CC BY-NC 2.0.

No matter who is using it, self-presentation can easily be overdone, and when it is, it backfires. People who overuse the ingratiation technique and who are seen as obviously and strategically trying to impress or get others to like them are not liked. Nor are people who exemplify or self-promote by boasting or bragging, particularly if that boasting does not appear to reflect their true characteristics (Wosinska, Dabul, Whetstone-Dion, & Cialdini, 1996). And using intimidation is also likely to backfire—acting more modestly may often be more effective. Again, the point is clear—we may want to self-promote with the goal of getting others to like us, but we must also be careful to take into consideration the point of view of the other person as well.

Figure 4.5



social status -> self-esteem

We use *self-presentation* to try to convince others that we are good and worthy people. When we are successful in our self-presentation and other people view us positively, we have high *social status*. When we perceive that we have high social status, we experience positive *self-esteem*.

In summary, although the variables of self-esteem, social status, and self-presentation are separate concepts with different meanings, they all are related, as you can see in [Figure 4.5](#). We feel good about ourselves (we have high *self-esteem*) when we

have high *social status*. And we can gain status by convincing other people that we are good people (*self-presentation*). Because these concepts are important parts of everyday life, we will return to them frequently throughout this book.

Self-Monitoring and Self-Presentation

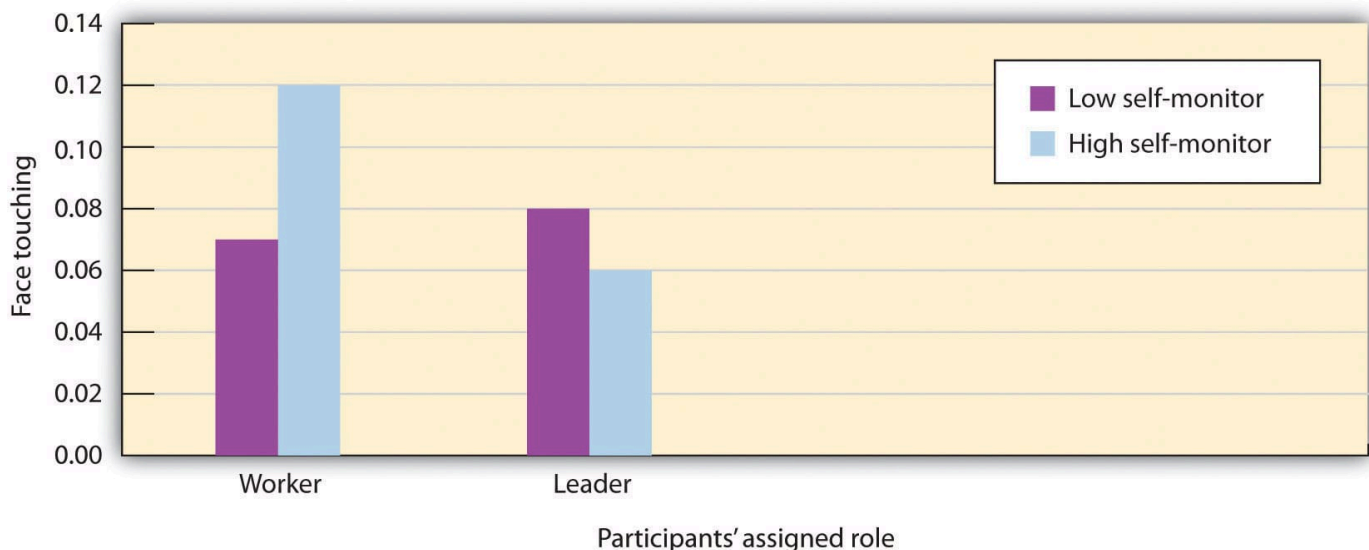
Although the desire to present the self favorably is a natural part of everyday life, both person and situation factors influence the extent to which we do it. For one, we are more likely to self-present in some situations than in others. When we are applying for a job or meeting with others whom we need to impress, we naturally become more attuned to the social aspects of the self, and our self-presentation increases.

And there are also individual differences. Some people are naturally better at self-presentation—they enjoy doing it and are good at it—whereas others find self-presentation less desirable or more difficult. An important individual-difference variable known as *self-monitoring* has been shown, in hundreds of studies, to have a major impact on self-presentation. *Self-monitoring* refers to the tendency to be both motivated and capable of regulating our behavior to meet the demands of social situations (Gangestad & Snyder, 2000). High self-monitors are particularly good at reading the emotions of others and therefore are better at fitting into social situations—they agree with statements such as “In different situations and with different people, I often act like very different persons” and “I guess I put on a show to impress or entertain people.” Low self-monitors, on the other hand, generally act on their own attitudes, even when the social situation suggests that they should behave otherwise. Low self-monitors are more likely to agree with statements such as “At parties and social gatherings, I do not attempt to do or say things that others will like” and “I can only argue for ideas that I already believe.” In short, high self-monitors try to get other people to like them by behaving in ways that the others find desirable (they are good self-presenters), whereas low self-monitors do not.

In one experiment that showed the importance of self-monitoring, Cheng and Chartrand (2003) had college students interact individually with another student (actually an experimental confederate) whom they thought they would be working with on an upcoming task. While they were interacting, the confederate subtly touched her own face several times, and the researchers recorded the extent to which the student participant mimicked the confederate by also touching his or her own face.

The situational variable was the status of the confederate. Before the meeting began, and according to random assignment to conditions, the students were told either that they would be the leader and that the other person would be the worker on the upcoming task, or vice versa. The person variable was self-monitoring, and each participant was classified as either high or low on self-monitoring on the basis of his or her responses to the self-monitoring scale.

Figure 4.6



High self-monitors imitated more when the person they were interacting with was of higher (versus lower) status. Low self-monitors were not sensitive to the status of the other. Data are from Cheng and Chartrand (2003).

As you can see in [Figure 4.6](#), Cheng and Chartrand found an interaction effect: The students who had been classified as high

self-monitors were more likely to mimic the behavior of the confederate when she was described as being the leader than when she was described as being the worker, indicating that they were “tuned in” to the social situation and modified their behavior to appear more positively. Although the low self-monitors did mimic the other person, they did not mimic her more when the other was high, versus low, status. This finding is quite consistent with the idea that the high self-monitors were particularly aware of the other person’s status and attempted to self-present more positively to the high-status leader. The low self-monitors, on the other hand—because they feel less need to impress overall—did not pay much attention to the other person’s status.

Narcissism and the Limits of Self-Enhancement

Our discussion to this point suggests that people will generally try to view themselves in the most positive possible light and to present themselves to others as favorably as they can. We emphasize our positive characteristics, and we may even in some cases distort information—all to help us maintain positive self-esteem.

There is a negative aspect to having too much self-esteem, however, at least when the esteem is unrealistic and undeserved. Narcissism is a *personality trait characterized by overly high self-esteem, self-admiration, and self-centeredness*. Narcissists agree with statements such as the following:

- “I know that I am good because everybody keeps telling me so.”
- “I can usually talk my way out of anything.”
- “I like to be the center of attention.”
- “I have a natural talent for influencing people.”



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People do not normally like narcissists because they are unrealistic and think only of themselves. Narcissists make bad romantic partners—they behave selfishly and are always ready to look for someone else who they think will be a better mate, and they are likely to be unfaithful (Campbell & Foster, 2002; Campbell, Rudich, & Sedikides, 2002). Narcissists may also be obnoxious, continually interrupting and bullying others, and they may respond very negatively to criticism. Although they make positive first impressions, people eventually see narcissists less positively than narcissists see themselves, in part because they are perceived as arrogant. Perhaps surprisingly, narcissists seem to understand these things about themselves, although they engage in the behaviors anyway (Carlson, Vazire, & Oltmanns, 2011).

Social Psychology in the Public Interest

Does High Self-Esteem Cause Happiness or Other Positive Outcomes?

Teachers, parents, school counselors, and people in general frequently assume that high self-esteem causes many positive outcomes for people who have it and therefore that we should try to increase it in ourselves and others. Perhaps you agree with

the idea that if you could increase your self-esteem, you would feel better about yourself and therefore be able to study harder, get better grades, or attract a more desirable mate. If you do believe that, you would not be alone. In 1986, the state of California funded a task force under the premise that raising self-esteem would help solve many of the state's problems, including crime, teen pregnancy, drug abuse, school underachievement, and pollution.

Roy Baumeister and his colleagues (Baumeister, Campbell, Krueger, & Vohs, 2003) recently conducted an extensive review of the research literature to determine whether having high self-esteem was as helpful as many people seem to think it is. They began by assessing which variables were correlated with high self-esteem and then considered the extent to which high self-esteem caused these outcomes.

Baumeister and his colleagues found that high self-esteem does correlate with many positive outcomes. People with high self-esteem get better grades, are less depressed, feel less stress, and may even live longer than those who view themselves more negatively. The researchers also found that high self-esteem was correlated with greater initiative and activity, such that high self-esteem people just did more things. People with high self-esteem are more likely to be bullies, but they are also more likely to defend victims against bullies, compared with people with low self-esteem. People with high self-esteem are more likely to initiate interactions and relationships. They are more likely to speak up in groups and to experiment with alcohol, drugs, and sex. High self-esteem people also work harder in response to initial failure and are more willing to switch to a new line of endeavor if the present one seems unpromising. Thus having high self-esteem seems to be a valuable resource—people with high self-esteem are happier, more active, and in many ways better able to deal with their environment.

On the other hand, Baumeister and his colleagues also found that people with high self-esteem may sometimes delude themselves. High self-esteem people believe that they are more likable and attractive, have better relationships, and make better impressions on others than people with low self-esteem. But objective measures show that these beliefs are often distortions rather than facts. Furthermore, people with overly high self-esteem, particularly when it is accompanied by narcissism, defensiveness, conceit, and the unwillingness to critically assess one's potential negative qualities, have been found to engage in a variety of negative behaviors (Baumeister, Smart, & Boden, 1996).

Todd Heatherton and Kathleen Vohs (2000) found that when people with extremely high self-esteem were forced to fail on a difficult task in front of a partner, they responded by acting more unfriendly, rudely, and arrogantly than did students with lower self-esteem. And research has found that children who inflate their social self-worth—those who think that they are more popular than they really are and who thus have unrealistically high self-esteem—are also more aggressive than the children who do not show such narcissistic tendencies (Sandstrom & Herlan, 2007; Thomaes, Bushman, Stegge, & Olthof, 2008). If you are thinking like a social psychologist, these findings may not surprise you—narcissists are all about self-concern, with little concern for others, and we have seen many times that other-concern is a necessity for satisfactory social relations.

Despite the many positive variables that relate to high self-esteem, when Baumeister and his colleagues looked at the causal role of self-esteem is they found little evidence that high self-esteem caused these positive outcomes. For instance, although high self-esteem is correlated with academic achievement, it is more the result than the cause of this achievement. Programs designed to boost the self-esteem of pupils have not been shown to improve academic performance, and laboratory studies have generally failed to find that manipulations of self-esteem cause better task performance.

In the end then, Baumeister and his colleagues concluded that programs designed to boost self-esteem should be used only in a limited way and should not be the only approach taken. Raising self-esteem will not make young people do better in school, obey the law, stay out of trouble, get along better with other people, or respect the rights of others. And these programs may even backfire, if the increased self-esteem creates narcissism or conceit. Baumeister and his colleagues suggested that attempts to boost self-esteem should only be carried out as a reward for good behavior and worthy achievements, and not simply to try to make children feel better about themselves.

Although we naturally desire to have social status and high self-esteem, we cannot always promote ourselves without any regard to the accuracy of our self-characterizations. If we consistently distort our capabilities, and particularly if we do this over a long period of time, we will just end up fooling ourselves and perhaps engaging in behaviors that are not actually beneficial to us. One of my colleagues has a son in high school who loves to think that he is an incredible golfer who could compete on the professional golf tour with the best golfers in the world. The problem, however, is that he's actually only a pretty average golfer. His parents are worried about him because although they realize that his high self-esteem might propel him to work harder at this sport, and although he certainly enjoys thinking positively about himself, he may also be setting himself up for long-term failure. How long can he continue to consider himself in this overly positive way before the reality comes crashing down on him that perhaps he really is not cut out for a life on the professional golf circuit and that he should consider doing something else? The hope is that it will not be too late to take up a more reasonable career when he does.

When we promote ourselves too much, although we may feel good about it in the short term, in the longer term the outcomes for the self may not be that positive. The goal of creating and maintaining positive self-esteem (an affective goal) must be tempered by the cognitive goal of having an *accurate* self-view (Kirkpatrick & Ellis, 2001; Swann, Chang-Schneider, & Angulo, 2007). Although we may prefer to hold highly favorable views of ourselves, more accurate views would almost certainly be more useful because accurate information is likely to lead to better decision making. Indeed, research suggests that people do not *only* self-enhance; they also desire to be known for who they believe they are, even if what they are is not all good. When people enter into relationships with others who verify their self-views, for example, they feel more intimate with the other person and more are satisfied with the interaction than they do with partners who are always positive toward them (Swann, De La Ronde, & Hixon, 1994; Swann & Pelham, 2002). The desire for self-verifying feedback is so powerful that people who have negative self-esteem may in some cases work to verify those negative views by avoiding positive feedback in favor of negative, but self-verifying, feedback (Swann, Rentfrow, & Guinn, 2002).



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In some cases, the cognitive goal of obtaining an accurate picture of ourselves and our social world and the affective goal of gaining positive self-esteem work hand in hand. Getting the best grade in the class on an important exam produces accurate knowledge about our skills in the domain as well as giving us some positive self-esteem. In other cases, the two goals are incompatible. Doing more poorly on an exam than we had hoped produces conflicting, contradictory outcomes. The poor score provides accurate information about the self—namely, that we have not mastered the subject—but at the same time makes us feel bad. It is in these cases that we must learn to reconcile our self-concept with our self-esteem. We must be able to accept our negative aspects and to work to overcome them. The ability to balance the cognitive and the affective features of the self helps us create efficient and effective behavior.

Jennifer Crocker and Lora Park (2004) have noted still another cost of our attempts to inflate our self-esteem: We may spend so much time trying to enhance our self-esteem in the eyes of others—by focusing on the clothes we are wearing, impressing others, and so forth—that we have little time left to really improve ourselves in more meaningful ways. And in some extreme cases, people experience such strong needs to improve their self-esteem and social status that they act in assertive or dominant ways in order to gain it. As in many other domains, then, having positive self-esteem is a good thing, but we must be careful to temper it with a healthy realism and a concern for others.

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2.5: The Social Self

2.5: The Social Self



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To this point, we have argued that human beings have complex and well-developed self-concepts and that they generally attempt to come to view themselves as positively as they can. In this section, we will consider in more detail the social aspects of the self by considering the many ways that the social situation determines our self-concept. Our selves are not created in isolation; we are not born with perceptions of ourselves as shy, interested in jazz, or charitable to others. Rather, these beliefs are determined by our observations of and interactions with others. Are you rich or poor? Beautiful or ugly? Smart or not? Good or poor at video games? And how do you know? These questions can be answered only by comparing ourselves with those around us. The self has meaning only within the social context, and it is not wrong to say that the social situation defines our self-concept and our self-esteem. We rely on others to provide a "social reality"—to help us determine what to think, feel, and do (Hardin & Higgins, 1996).

Social Comparison Helps Create the Self-Concept

The self-concept and self-esteem are determined in large part through the process of *social comparison* (Buunk & Gibbons, 2007; Van Lange, 2008). *Social comparison* occurs when we learn about our abilities and skills, about the appropriateness and validity of our opinions, and about our relative social status by comparing our own attitudes, beliefs, and behaviors with those of others. These comparisons can be with people that we know and interact with, with those that we read about or see on TV, or with anyone else that we view as important.

Social comparison occurs primarily on dimensions upon which there is no objectively correct answer and thus on which we can rely only on the beliefs of others for information. Answers to questions such as "What should I wear to the formal?" or "What kind of music should I have at my wedding?" are frequently determined at least in part by using the behavior of others as a basis of comparison. We also use social comparison to help us determine our skills or abilities—how good we are at performing a task or doing a job, for example. When a student looks at another student's paper to see what grade he or she got, or when we join a tennis club to compare our performance and progress with those of others, we are using social comparison to evaluate our abilities.

Research Focus

Affiliation and Social Comparison

The extent to which individuals use social comparison to determine their evaluations of events was demonstrated in a set of classic research studies conducted by Stanley Schachter (1959). Schachter's experiments tested the hypothesis that people who were feeling anxious would prefer to affiliate with others rather than be alone because having others around would reduce their anxiety. Female college students at the University of Minnesota volunteered to participate in one of his experiments for extra credit in their introductory psychology class. They arrived at the experimental room to find a scientist dressed in a white lab coat, standing in front of a large array of electrical machinery. The scientist introduced himself as Dr. Zilstein of the Department of Neurology and Psychiatry, and he told the women that they would be serving as participants in an experiment concerning the effects of electrical shock. Dr. Zilstein stressed how important it was to learn about the effects of shocks, since electroshock therapy was being used more and more commonly and because the number of accidents due to electricity was also increasing!

At this point, the experimental manipulation occurred. One half of the participants (those in the *high-anxiety condition*) were told that the shocks would be "painful" and "intense," although they were assured that they could do no permanent damage. The other half of the participants (those in the *low-anxiety condition*) were also told that they would be receiving shocks but that they would in no way be painful—rather, the shocks were said to be mild and to resemble a "tickle" or a "tingle." Of course, the respondents were randomly assigned to conditions to assure that the women in the two conditions were, on average, equivalent except for the experimental manipulation.

Each of the women was then told that before the experiment could continue, the experimenter would have to prepare the equipment and that they would have to wait for a while until he was finished. He asked them if they would prefer to wait alone or to wait with others. The outcome of Schachter's research was clear—while only 33% of the women who were expecting mild shocks preferred to wait with others, 63% of the women expecting to get painful shocks wanted to wait with others. This was a statistically significant difference, and Schachter concluded that the women chose to affiliate with each other in order to reduce their anxiety about the upcoming shocks.



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In further studies, Schachter found that the research participants who were under stress did not want to wait with just any other people. They preferred to wait with other people who were expecting to undergo the same severe shocks that they were rather than with people who were supposedly just waiting to see their professor. Schachter concluded that this was not just because being around other people might reduce our anxiety but because we also use others who are in the same situation as we are to help us determine how to feel about things. As Schachter (1959) put it, "Misery doesn't just love any kind of company, it loves only miserable company" (p. 24). In this case, the participants were expecting to determine from the other participants how afraid they should be of the upcoming shocks.

In short, and as predicted by the idea of social comparison, the women in Schachter's studies relied on each other to help them understand what was happening to them and to find out how they should feel and respond to their social situations. Again, the power of the social situation—in this case, in determining our beliefs and attitudes—is apparent.

Although Schachter's studies were conducted in relatively artificial lab settings, similar effects have been found in field studies in more naturally occurring settings. For instance, Kulik, Mahler, and Moore (1996) found that hospital patients who were awaiting surgery preferred to talk to other individuals who were expecting to have similar procedures rather than to patients who were having different procedures, so that they could share information about what they might expect to experience. Furthermore, Kulik and his colleagues found that sharing information was helpful—people who were able to share more information had shorter hospital stays.

Upward and Downward Comparisons Influence Our Self-Esteem

Although we use social comparison in part to develop our self-concept—that is, to form accurate conclusions about our attitudes, abilities, and opinions—social comparison has perhaps an even bigger impact on our self-esteem. When we are able to compare ourselves favorably with others, we feel good about ourselves, but when the outcome of comparison suggests that others are better or better off than we are, then our self-esteem is likely to suffer. This is why good students who attend high schools in which the other students are only average may suddenly find their self-esteem threatened when they move on to more selective colleges in which they are no longer better than the other students (Marsh, Kong, & Hau, 2000). I'm sure you've had the experience yourself of the changes in self-esteem that occur when you have moved into a new grade in school, got a new job, or changed your circle of friends. In these cases, you may have felt much better about yourself or much worse, depending on the nature of the change. You can see that in these cases the actual characteristics of the individual person has not changed at all; only the social situation and the comparison others have changed. And yet the social situation can make a big difference in one's self-esteem.

Because we naturally want to have positive self-esteem, we frequently attempt to compare ourselves positively with others. Downward social comparison occurs *when we attempt to create a positive image of ourselves through favorable comparisons with others who are worse off than we are*. Morse and Gergen (1970) had students apply for a job, and they also presented the students with another individual who was supposedly applying for the same job. When the other candidate was made to appear to be less qualified for the job than they were, the downward comparison with the less qualified applicant made the students feel better about their own qualifications. As a result, the students reported higher self-esteem than they did when the other applicant was seen as a highly competent job candidate. Research has also found that people who are suffering from serious diseases prefer to compare their condition with other individuals whose current condition and likely prognosis is worse than their own (Buunk, Gibbons, & Visser, 2002). These comparisons make them feel better about their own possible outcomes.

Although downward comparison provides us with positive feelings, upward social comparison, *which occurs when we compare ourselves with others who are better off than we are*, is also possible (Blanton, Buunk, Gibbons, & Kuyper, 1999; Vrugt & Koenis, 2002). Although upward comparison may lower our self-esteem by reminding us that we are not as well off as others, it is useful because it can provide information that can help us do better, help us imagine ourselves as part of the group of successful people that we want to be like (Collins, 2000), and give us hope (Snyder, Cheavens, & Simpson, 1997).

The outcomes of upward and downward social comparisons can have a substantial impact on our feelings, on our attempts to do better, and even on whether or not we want to continue performing an activity. When we compare positively with others and we feel that we are meeting our goals and living up to the expectations set by ourselves and others, we feel good about ourselves, enjoy the activity, and work harder at it. When we compare negatively with others, however, we are more likely to feel poorly about ourselves and enjoy the activity less, and we may even stop performing it entirely. When social comparisons come up poorly for us, we experience depression or anxiety, and these discrepancies are important determinants of our self-esteem (Higgins, Loeb, & Moretti, 1995; Strauman & Higgins, 1988).

Social Groups Provide Social Identity

Still another way that we use other people to create positive self-esteem is through our group memberships. We use the social situation to gain self-esteem by perceiving ourselves as members of important and valued groups that make us feel good about ourselves. Social identity refers to *the positive emotions that we experience as a member of an important social group* (Hogg, 2003; Oakes, Haslam, & Turner, 1994; Tajfel, 1981).

Normally, our group memberships result in positive feelings, which occur because we perceive our own groups and thus ourselves in a positive light. If you are a "Midwesterner at heart," or if you live in the "best fraternity house on campus," your membership in the group becomes part of what you are, and the membership makes you feel good about yourself. The list that follows presents a measure of the strength of social identity with a group of university students, which might give you a good idea of the variable.

If you complete the measure for your own university or college, I would imagine that you would agree mostly with the statements that indicate that you do identify with the group.

A Measure of Social Identity

This 10-item scale is used to measure identification with students at the University of Maryland, but it could be modified to assess identification with any group. The items marked with an “R” are reversed (such that low numbers become high numbers and vice versa) before the average of the scale is computed. The scale was originally reported by Luhtanen and Crocker (1992).

For each of the following items, please indicate your response on a scale from 1 (strongly disagree) to 7 (strongly agree) by writing a number in the blank next to the question.

1. ___ I identify with the group of University of Maryland students.
2. ___ I am glad to belong to the group of University of Maryland students.
3. ___ I make excuses for belonging to the group of University of Maryland students.
4. ___ I consider the group of University of Maryland students to be important.
5. ___ I feel held back by the group of University of Maryland students.
6. ___ I criticize the group of University of Maryland students.
7. ___ I see myself as belonging to the group of University of Maryland students.
8. ___ I try to hide belonging to the group of University of Maryland students.
9. ___ I feel strong ties with the group of University of Maryland students.
10. ___ I am annoyed to say that I am a member of the group of University of Maryland students.

Kay Deaux and her colleagues (Deaux, Reid, Mizrahi, & Ethier, 1995) asked college students to list the groups that they identified with. As you can see in [Table 4.1 “Varieties of Social Identities”](#), the students reported belonging to a wide variety of groups and claimed that many of these groups provided them with social identities. The categories that they listed included ethnic and religious groups (e.g., Asian, Jewish), political affiliations (conservative, Democratic), occupations and hobbies (gardener, tennis player), personal relationships (husband, girlfriend), and stigmatized groups (gay, homeless). You can see that these identities were likely to provide a lot of positive feelings for the individuals.

Table 4.1 Varieties of Social Identities

Relationships	Vocation/avocation	Political affiliation	Stigma	Ethnicity/religion
Widow	Intellectual	Feminist	Welfare recipient	Jewish
Divorced person	Bookworm	Political independent	Unemployed person	Christian
Woman	Military veteran	Democrat	Homeless person	Catholic
Man	Student	Republican	Retired person	Southerner
Lover	Collector		Old person	New Yorker
Friend	Musician		Fat person	American
Girlfriend	Gardener		Deaf person	Hispanic
Boyfriend	Teacher		Person with AIDS	Asian-American
Homemaker	Supervisor		Lesbian	African-American
Head of household	Secretary		Gay	
Teenager	Scientist		Smoker	
Child	Psychologist		Alcoholic	
Wife	Salesperson			
Husband	Business person			

This table represents some of the many social identities reported by a sample of college students. Data are from Deaux et al. (1995).

Relationships	Vocation/avocation	Political affiliation	Stigma	Ethnicity/religion
Son	Athlete			
Daughter				
Sister				
Brother				
Grandmother				
Grandfather				
Uncle				
Aunt				
Mother Father				
This table represents some of the many social identities reported by a sample of college students. Data are from Deaux et al. (1995).				

Which of our many category identities is most accessible for us will vary from day to day as a function of the particular situation we are in. Seeing a U.S. flag outside a post office may remind of us our national identity, whereas walking across campus and seeing the football stadium may remind us of our identification with our college. Identity can also be heightened when our identity is threatened by conflict with another group—such as during an important sports game with another university. Each individual has multiple potential social identities, including school and religious memberships, preferred sports and hobbies, and many other social groups, each of which is a potential source of social identity. As a result, which of the many group memberships a person emphasizes at a given time will depend on the situation as well as the person's goals in that situation.



Social identity refers to the positive emotions we experience as a member of an important social group.

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Robert Cialdini and his colleagues (Cialdini et al., 1976) studied the idea that we can sometimes *enhance our self-esteem by "basking in the reflected glory" of our ingroups or of other people that we know*. They called this basking process BIRGing. To test this idea, they observed the clothes and clothing accessories that students at different U.S. universities wore to classes on Mondays. They found that when the university's football team had won its game on Saturday, students were likely to emphasize their university memberships by wearing clothing, such as sweatshirts and hats, with the symbols of their university on them. However, they were significantly less likely to wear university clothing on the Mondays that followed a football loss. Furthermore, in a study in which students from a university were asked to describe a victory by their university team, they frequently used the term

“we,” whereas when asked to describe a game in which their school lost, they used the term “we” significantly less frequently. Emphasizing that “we’re a good school” and “we beat them” evidently provided a social identity for these students, allowing them to feel good about themselves.

It is not always possible to bask in the glory of others, however, because in some cases the other person’s successes may create a comparison standard that leads to upward comparison and thus more negative emotions. Basking can only occur when the performance is on a dimension that is not relevant to our own self-concept because being outperformed by someone on a task that is personally important leads to upward social comparison, resulting in decreased self-esteem (Tesser, 1988).

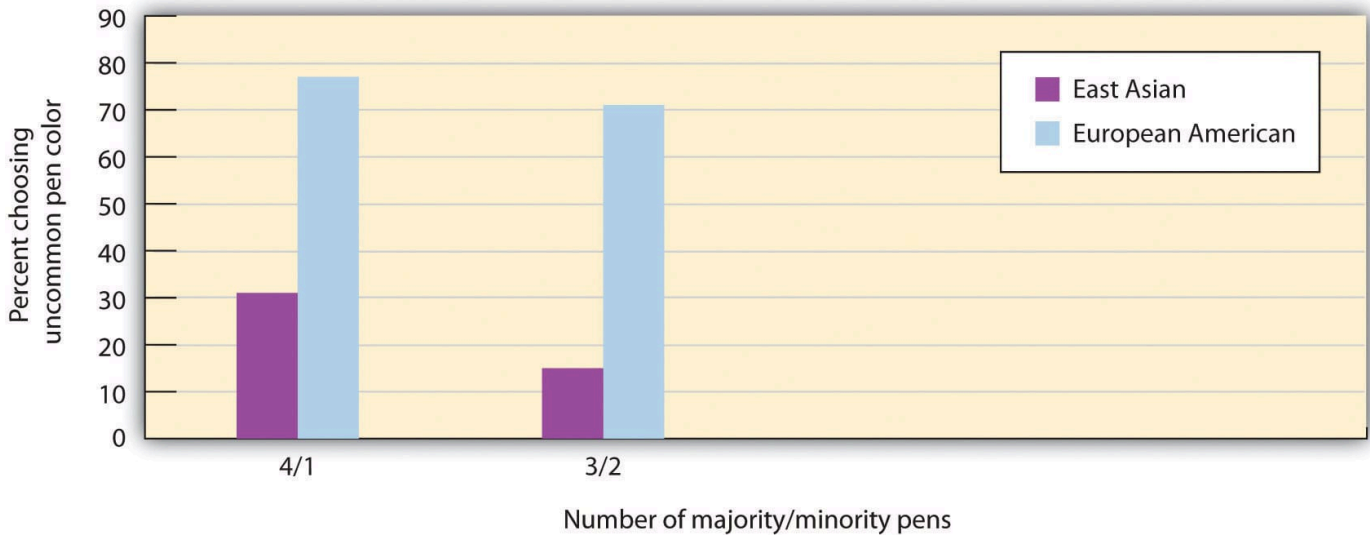
To take an example from my own experience, I have found that although I can bask in my good friend Tom’s accomplishments in his career as a lawyer, it is more difficult for me to bask in my colleague Thane’s success in his career as a social psychologist. When the successes are on a dimension that I don’t care about very much (such as when Tom recently won a prize from the American Bar Association), I’m happy to accept and enjoy the positive news, but it was much harder for me to bask when I found that Thane had won an important social psychology prize that I might have liked to win myself. When we are outperformed by others on a dimension that we care about, we attempt to save our self-esteem, for instance, by downplaying the importance of the task or by attributing the success to the other person’s luck or other external factors (Tesser, 1988).

Different Cultures Create Different Selves

Because our culture is a powerful social situation, it naturally has a profound influence on our self-concept, and it influences how we think about and relate to others (Breakwell, 1993). For instance, East Asian students, who come from a collectivistic culture, are more likely to describe themselves in terms of group identities (“I am a member of a church,” “I am a student at my university”) and to make references to other people (“I try to make other people happy,” “I cook dinner with my sister”) than are European and American students, who come from an individualistic culture (Trafimow, Triandis, & Goto, 1991). And Europeans and Americans make more positive statements about themselves (“I am an excellent cook,” “I am intelligent”), whereas East Asians are more likely to make positive statements about others (Markus, Kitayama, & Heiman, 1996; Smith & Bond, 1999).

One simple yet powerful demonstration of how the culture influences our self-concept is a study that was conducted by Kim and Markus (1999). In this study, participants were contacted in the waiting area of the San Francisco airport and asked to fill out a short questionnaire for the researcher. The participants were selected according to their cultural background, such that about one half of them indicated they were European Americans whose parents were born in the United States, whereas the other half indicated they were Asian Americans whose parents were born in China and who spoke Chinese at home. After completing the questionnaires (which were not used in the data analysis except to determine the cultural backgrounds), participants were asked if they would like to take a pen with them as a token of appreciation. The experimenter extended his or her hand, which contained five pens. It was arranged such that the pens offered to the participants were either three or four of one color and either two or one of another color (the ink in the pens was always black). As shown in [Figure 4.7 “Cultural Differences in Desire for Uniqueness”](#), and consistent with the hypothesized preference for uniqueness in Western, but not Eastern, cultures, the European Americans preferred to take a pen with the more unusual color, whereas the Asian American participants preferred one with the more common color.

Figure 4.7 Cultural Differences in Desire for Uniqueness



In this study, participants from European American and East Asian cultures were asked to choose a pen as a token of appreciation for completing a questionnaire. It was arranged such that there were either four pens of one color and one of another color or three pens of one color and two of another. European Americans were significantly more likely to choose the more uncommon pen color in both cases. Data are from Kim and Markus (1999, Experiment 3).

Culture also influences behavior, through its influence on the self-concept. Western individualistic people generally use techniques of self-presentation to stand out and express themselves as better than others, whereas Eastern collectivistic individuals are more likely to gain status and self-esteem by trying to conform to the norms of the group and be good group members (Heine, 2005; Sedikides, Gaertner, & Toguchi, 2003). Supporting the idea that people from Eastern cultures are less likely to need to self-enhance, Heine and Lehman (1999) found that Japanese students were more critical of themselves and thus had larger discrepancies between their ideal selves and actual selves than did Canadian students, and yet at the same time, the Japanese students were less distressed by these discrepancies.

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2.6: How to Foster Long-Term Life Change

2.6: How to Foster Long-Term Change in Life

Dr. James M. Olson, a psychology professor at the University of Western Ontario, London, has identified several psychological barriers that commonly prevent people from taking action, even when inaction poses a threat to their health. These barriers occur during 3 stages of behavior modification: admission of the problem, initial attempts to change, and long-term change as outlined below:

- *Barriers to Admission of the problem*
The first step in lasting change is admitting a problem exists. People often fail to change behavior that poses a risk to their health because they deny a risk exists, trivialize their personal risk, feel invulnerable, make a faulty conceptualization, (i.e., they attribute early warning signs to a benign cause), or experience debilitating emotions when contemplating preventative measures.
- *Barriers to Initial Attempts to Change*
At this stage, people acknowledge the need to change but struggle to accomplish their goals. This failure is a result of lack of knowledge, low self-efficacy (the belief in one's own ability to succeed at change), and dysfunctional attitudes.
- *Barriers to long-term change*
Just because a person has experienced success in changing a behavior, that doesn't mean the change is permanent. Barriers to long-term change include cognitive and motivational drift (diminishing enthusiasm for the need to change), lack of perceived improvement, lack of social support, and lapses.

To read more about these barriers to change, including strategies for overcoming these barriers, read Dr. Olson's entire article linked below:

[Psychological Barriers to Behavior Change](#)

A presentation on overcoming barriers to change by the National Institute for Health and Clinical Excellence (NHS) is linked below:

[Overcoming Barriers to Change](#)

Fostering Wellness in Your Life

You are once again feeling motivated to eat better, exercise more, drink less caffeine or make any number of the positive lifestyle changes you have been telling yourself you want to make. You have tried before— probably declaring another attempt as a New Year's resolution—but without experiencing much success. Making a lifestyle change is challenging, especially when you want to transform many things at once. This time, think of those changes not as a resolution but as an evolution.

Lifestyle changes are a process that take time and require support. Once you are ready to make a change, the difficult part is committing and following through. So do your research and make a plan that will prepare you for success. Careful planning means setting small goals and taking things one step at a time.

Here are five tips from the American Psychological Association (APA) that will assist you in making lasting, positive lifestyle and behavior changes:

- *Make a plan that will stick.*
Your plan is a map that will guide you on this journey of change. You can even think of it as an adventure. When making your plan, be specific. Want to exercise more? Detail the time of day when you can take walks and how long you will walk. Write everything down, and ask yourself if you are confident that these activities and goals are realistic for you. If not, start with smaller steps. Post your plan where you will most often see it as a reminder.
- *Start small.*
After you've identified realistic short-term and long-term goals, break down your goals into small, manageable steps that are specifically defined and can be measured. Is your long-term goal to lose 20 pounds within the next five months? A good weekly goal would be to lose one pound a week. If you would like to eat healthier, consider as a goal for the week replacing

dessert with a healthier option, like fruit or yogurt. At the end of the week, you will feel successful knowing you met your goal.

- *Change one behavior at a time.* Unhealthy behaviors develop over the course of time, so replacing unhealthy behaviors with healthy ones requires time. Many people run into problems when they try to change too much too fast. To improve your success, focus on one goal or change at a time. As new healthy behaviors become a habit, try to add another goal that works toward the overall change you are striving for.
- *Involve a buddy.*
Whether it be a friend, co-worker or family member, someone else on your journey will keep you motivated and accountable. Perhaps it can be someone who will go to the gym with you or someone who is also trying to stop smoking. Talk about what you are doing. Consider joining a support group. Having someone with whom to share your struggles and successes makes the work easier and the mission less intimidating.
- *Ask for support.*
Accepting help from those who care about you and will listen strengthens your resilience and commitment. If you feel overwhelmed or unable to meet your goals on your own, consider seeking help from a psychologist. Psychologists are uniquely trained to understand the connection between the mind and body, as well as the factors that promote behavior change. Asking for help does not mean a lifetime of therapy; even just a few sessions can help you examine and set attainable goals or address the emotional issues that may be getting in your way.

Start with “Why?”

Making changes in habitual behavior requires a deep and abiding belief that change is needed. Your desire to change may be motivated by personal goals, or it may be the result of the impact your improved wellness will have on those you love. Nietzsche said, “He who has a strong enough *why* can bear almost any *how*.”

Once you have a compelling reason to change, develop a plan and commit to that plan. If you experience a moment of weakness, do not waste time on self- condemnation. Revisit your compelling reason and reaffirm your commitment to change. The health, peace, and sense of wellbeing inherent in the highest level of your own personal wellness is more than worth the effort required to change.

For more information about making permanent lifestyle changes, go to the APA website linked below:

[Lifestyle Changes That Last](#)

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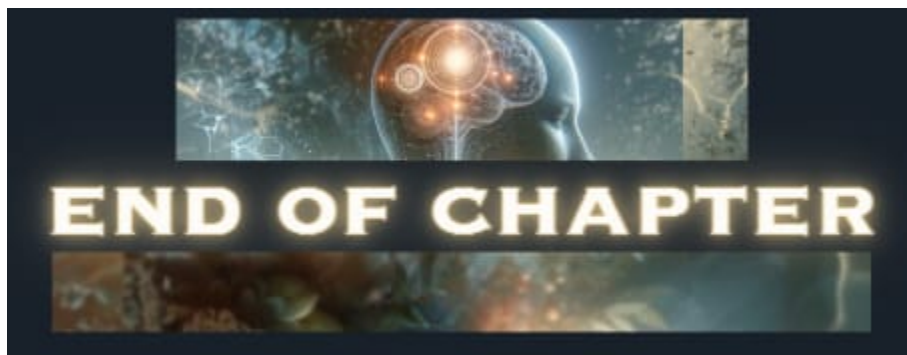
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2.7: End of Chapter Wrap-Up

2.7: Chapter 2 Wrap-Up

Here are the key takeaways from Chapter 2:

- Interpersonal communication involves the exchange of messages between individuals within personal relationships. Central to this exchange is the concept of self-concept, which encompasses our perceptions of ourselves, including self-image, self-esteem, and ideal self. Our self-concept is shaped by various factors such as reflected appraisal, social comparison, and self-fulfilling prophecies. Understanding self-concept theories and their implications can enhance our awareness of how we perceive ourselves and interact with others in personal relationships.
- The sense of self develops early in humans, as evidenced by infants recognizing themselves in mirrors by about 18 months old. As children grow, their self-concept becomes more complex and organized into various aspects, including physical characteristics, social group memberships, and personality traits. This self-awareness continues to evolve throughout adulthood, influencing behavior and perception. Self-complexity, or the extent to which individuals have many different and relatively independent ways of thinking about themselves, plays a crucial role in buffering against negative emotions and enhancing resilience. Moreover, self-awareness can be influenced by external factors such as mirrors or social situations, impacting behavior and decision-making. However, people tend to overestimate how much others focus on them, leading to the illusion of transparency.
- Our self-esteem, shaped by both our thoughts and emotions, plays a crucial role in our lives. While it's influenced by various factors such as our own performance, appearance, and social relationships, our desire for positive self-esteem leads us to seek out, process, and remember information in ways that enhance our self-perception. Self-presentation, the act of portraying ourselves positively to others, is a natural part of social interaction and significantly impacts our self-esteem. Moreover, individual differences, such as self-monitoring, influence how effectively we engage in self-presentation, with high self-monitors being particularly adept at adjusting their behavior to meet social demands and maintain positive self-esteem.
- Social comparison plays a significant role in shaping the self-concept and self-esteem. Downward social comparison, where we compare ourselves favorably to others, leads to positive feelings, while upward social comparison, where others are perceived as better or better off, triggers negative emotions. Social identity, derived from our group memberships, generates positive emotions as we perceive our groups positively. Our accessible category identities vary based on situational contexts. We may boost self-esteem by associating with successful in-groups or individuals. Culture profoundly impacts our self-concept and interpersonal dynamics.
- Dr. James M. Olson identifies psychological barriers hindering behavior change, occurring in stages: admitting the problem, initial change attempts, and long-term maintenance. These barriers include denial, lack of knowledge, and lapses. Overcoming them requires realistic planning, starting with small steps, focusing on one behavior at a time, seeking support from others, and asking for professional help if needed. Understanding the "why" behind change fosters commitment and resilience on the journey toward wellness.



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3: POSITIVE PSYCHOLOGY

3.1: Introduction to Positive Psychology

3.2: What is Positive Psychology?

3.3: The Healthy Life

3.4: Psychology in Real Life- Habits

3.5: End of Chapter Wrap-Up

3.1: Introduction to Positive Psychology

3.1: Introduction to Positive Psychology

Learning Objectives

- Describe basic terminology used in the field of positive psychology.
- Explain theoretical models of health, as well as the role of psychological stress in the development of disease.
- Describe psychological factors that contribute to resilience and improved health.
- Defend the relevance and importance of psychology to the field of medicine.

Positive psychology is a scientific and applied approach to uncovering people's strengths and promoting optimal functioning. It challenges the traditional focus of psychology on pathology and dysfunction, instead highlighting the elements that contribute to a fulfilling and meaningful life. This chapter lays the foundation for understanding the principles, history, and core concepts of positive psychology, setting the stage for deeper exploration in subsequent chapters.

The Emergence of Positive Psychology

Psychology has historically been centered on understanding and treating mental illness, which, while crucial, provides only a partial view of the human experience. In the late 1990s, psychologist Martin Seligman spearheaded a shift in focus towards the positive aspects of human life, catalyzing the birth of positive psychology. Seligman and his colleagues aimed to build a more balanced scientific discipline that explores not only what is wrong with people but also what is right.

Core Concepts and Theories

At the heart of positive psychology are several key concepts that guide its research and application. These include:

- **Happiness and Well-Being:** Exploring what happiness is, how it can be measured, and the factors that contribute to a person's overall well-being.
- **Strengths and Virtues:** Identifying and fostering personal strengths and virtues that help individuals thrive.
- **Positive Emotions:** Understanding the role of positive emotions like joy, gratitude, and hope in enhancing life satisfaction and resilience.
- **Engagement and Flow:** Investigating how people can achieve a state of flow, where they are fully absorbed and engaged in activities that challenge and fulfill them.
- **Meaning and Purpose:** Examining how finding meaning and purpose in life can lead to greater life satisfaction and psychological health.

3.2: What is Positive Psychology?

3.2: What is Positive Psychology?

Definition: Term

Positive psychology is a branch of psychology that focuses on studying and promoting positive aspects of human experience and well-being. Unlike traditional psychology, which often emphasizes pathology and dysfunction, positive psychology examines topics such as happiness, resilience, optimism, strengths, virtues, and fulfillment.

Rather than solely focusing on treating mental illness, positive psychology seeks to enhance and cultivate positive emotions, behaviors, and traits in individuals and communities. It aims to understand what contributes to a fulfilling and meaningful life, and how individuals can thrive and flourish.

Key areas of study within positive psychology include:

1. Subjective well-being: Examining the factors that contribute to happiness, life satisfaction, and overall well-being.
2. Character strengths and virtues: Identifying and cultivating positive character traits such as gratitude, kindness, resilience, and forgiveness.
3. Positive relationships: Investigating the dynamics of healthy and fulfilling interpersonal relationships, including empathy, social support, and communication.
4. Mindfulness and resilience: Exploring practices that promote emotional resilience, stress management, and mindfulness, such as meditation and cognitive-behavioral techniques.
5. Meaning and purpose: Understanding how individuals find meaning and purpose in their lives, and the impact of having a sense of direction and fulfillment.

Overall, positive psychology aims to promote human flourishing and to help individuals lead happier, more meaningful lives.



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3.3: The Healthy Life

3.3: The Healthy Life

Our emotions, thoughts, and behaviors play an important role in our health. Not only do they influence our day-to-day health practices, but they can also influence how our body functions. This module provides an overview of health psychology, which is a field devoted to understanding the connections between psychology and health. Discussed here are examples of topics a health psychologist might study, including stress, psychosocial factors related to health and disease, how to use psychology to improve health, and the role of psychology in medicine.

What Is Health Psychology?

Today, we face more [chronic disease](#) than ever before because we are living longer lives while also frequently behaving in unhealthy ways. One example of a chronic disease is coronary heart disease (CHD): It is the number one cause of death worldwide ([World Health Organization, 2013](#)). CHD develops slowly over time and typically appears midlife, but related heart problems can persist for years after the original diagnosis or cardiovascular event. In managing illnesses that persist over time (other examples might include cancer, diabetes, and long-term disability) many psychological factors will determine the progression of the ailment. For example, do patients seek help when appropriate? Do they follow doctor recommendations? Do they develop negative psychological symptoms due to lasting illness (e.g., depression)? Also important is that psychological factors can play a significant role in *who* develops these diseases, the prognosis, and the nature of the symptoms related to the illness. Health psychology is a relatively new, interdisciplinary field of study that focuses on these very issues, or more specifically, the role of psychology in maintaining health, as well as preventing and treating illness.



Health psychologists are helping people to adapt behaviors to avoid disease, reduce stress, and improve overall health. [Image: Adelphi Lab Center, <https://goo.gl/N9wXon>, CC BY 2.0, <https://goo.gl/BRvSA7>].

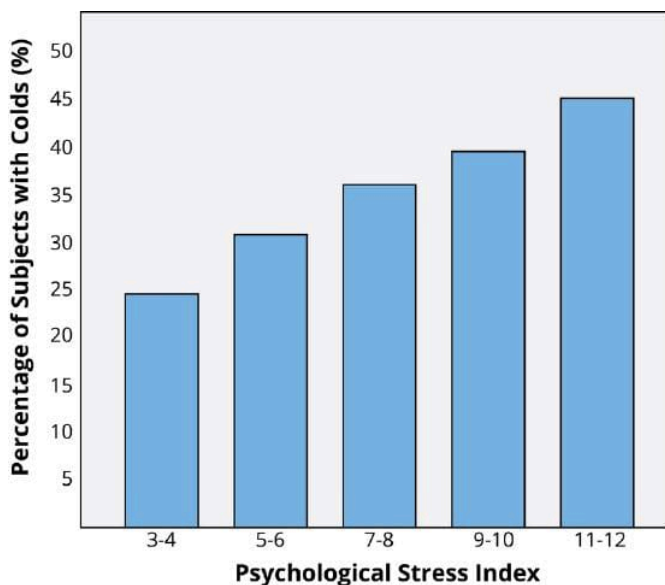
Consideration of how psychological and social factors influence health is especially important today because many of the leading causes of illness in developed countries are often attributed to psychological and behavioral factors. In the case of CHD, discussed above, psychosocial factors, such as excessive stress, smoking, unhealthy eating habits, and some personality traits can also lead to increased risk of disease and worse health outcomes. That being said, many of these factors can be adjusted using psychological techniques. For example, clinical health psychologists can improve health practices like poor dietary choices and smoking, they can teach important stress reduction techniques, and they can help treat psychological disorders tied to poor

health. Health psychology considers how the choices we make, the behaviors we engage in, and even the emotions that we feel, can play an important role in our overall health ([Cohen & Herbert, 1996](#); [Taylor, 2012](#)).

Health psychology relies on the [Biopsychosocial Model of Health](#). This model posits that biology, psychology, and social factors are just as important in the development of disease as biological causes (e.g., germs, viruses), which is consistent with the World Health Organization (1946) definition of [health](#). This model replaces the older [Biomedical Model of Health](#), which primarily considers the physical, or pathogenic, factors contributing to illness. Thanks to advances in medical technology, there is a growing understanding of the physiology underlying the [mind-body connection](#), and in particular, the role that different feelings can have on our body's function. Health psychology researchers working in the fields of [psychosomatic medicine](#) and [psychoneuroimmunology](#), for example, are interested in understanding how psychological factors can “get under the skin” and influence our physiology in order to better understand how factors like stress can make us sick.

Stress And Health

You probably know exactly what it's like to feel stress, but what you may not know is that it can objectively influence your health. Answers to questions like, “How stressed do you feel?” or “How overwhelmed do you feel?” can predict your likelihood of developing both minor illnesses as well as serious problems like future heart attack ([Cohen, Janicki-Deverts, & Miller, 2007](#)). (Want to measure your own stress level? Check out the links at the end of the module.) To understand how health psychologists study these types of associations, we will describe one famous example of a stress and health study. Imagine that you are a research subject for a moment. After you check into a hotel room as part of the study, the researchers ask you to report your general levels of stress. Not too surprising; however, what happens next is that you receive droplets of *cold virus* into your nose! The researchers intentionally try to make you sick by exposing you to an infectious illness. After they expose you to the virus, the researchers will then evaluate you for several days by asking you questions about your symptoms, monitoring how much mucus you are producing by weighing your used tissues, and taking body fluid samples—all to see if you are objectively ill with a cold. Now, the interesting thing is that not everyone who has drops of cold virus put in their nose develops the illness. Studies like this one find that people who are less stressed and those who are more positive at the beginning of the study are at a decreased risk of developing a cold ([Cohen, Tyrrell, & Smith, 1991](#); [Cohen, Alper, Doyle, Treanor, & Turner, 2006](#)) (see Figure 1 for an example).



Importantly, it is not just major life [stressors](#) (e.g., a family death, a natural disaster) that increase the likelihood of getting sick. Even small [daily hassles](#) like getting stuck in traffic or fighting with your girlfriend can raise your blood pressure, alter your stress hormones, and even suppress your immune system function ([DeLongis, Folkman, & Lazarus, 1988](#); [Twisk, Snel, Kemper, & van Machelen, 1999](#)).

It is clear that stress plays a major role in our mental and physical health, but what exactly is it? The term [stress](#) was originally derived from the field of mechanics where it is used to describe materials under pressure. The word was first used in a *psychological* manner by researcher Hans Selye. He was examining the effect of an ovarian hormone that he thought caused sickness in a sample of rats. Surprisingly, he noticed that almost any injected hormone produced this same sickness. He smartly realized that it was not the hormone under investigation that was causing these problems, but instead, the aversive experience

of being handled and injected by researchers that led to high physiological arousal and, eventually, to health problems like ulcers. Selye (1946) coined the term stressor to label a stimulus that had this effect on the body and developed a model of the stress response called the [General Adaptation Syndrome](#). Since then, psychologists have studied stress in a myriad of ways, including stress as negative events (e.g., natural disasters or major life changes like dropping out of school), as chronically difficult situations (e.g., taking care of a loved one with Alzheimer's), as short-term hassles, as a biological fight-or-flight response, and even as clinical illness like post-traumatic stress disorder (PTSD). It continues to be one of the most important and well-studied psychological correlates of illness, because excessive stress causes potentially damaging wear and tear on the body and can influence almost any imaginable disease process.

Protecting Our Health

An important question that health psychologists ask is: What keeps us protected from disease and alive longer? When considering this issue of [resilience](#) (Rutter, 1985), five factors are often studied in terms of their ability to protect (or sometimes harm) health. They are:

1. Coping
2. Control and Self-Efficacy
3. Social Relationships
4. Dispositions and Emotions
5. Stress Management

Coping Strategies

How individuals cope with the stressors they face can have a significant impact on health. Coping is often classified into two categories: problem-focused coping or emotion-focused coping (Carver, Scheier, & Weintraub, 1989). [Problem-focused coping](#) is thought of as actively addressing the event that is causing stress in an effort to solve the issue at hand. For example, say you have an important exam coming up next week. A problem-focused strategy might be to spend additional time over the weekend studying to make sure you understand all of the material. [Emotion-focused coping](#), on the other hand, regulates the emotions that come with stress. In the above examination example, this might mean watching a funny movie to take your mind off the anxiety you are feeling. In the short term, emotion-focused coping might reduce feelings of stress, but problem-focused coping seems to have the greatest impact on mental wellness (Billings & Moos, 1981; Herman-Stabl, Stemmler, & Petersen, 1995). That being said, when events are uncontrollable (e.g., the death of a loved one), emotion-focused coping directed at managing your feelings, at first, might be the better strategy. Therefore, it is always important to consider the match of the stressor to the coping strategy when evaluating its plausible benefits.

Control and Self-Efficacy



Feeling a sense of control in one's life is important. Something as simple as having control over the care of a houseplant has been shown to improve health and longevity. [Image: JJ Harrison, <https://goo.gl/82FsdV>, CC BY-SA 2.5, <https://goo.gl/SRAIwa>]

Another factor tied to better health outcomes and an improved ability to cope with stress is having the belief that you have control over a situation. For example, in one study where participants were forced to listen to unpleasant (stressful) noise, those who were led to believe that they had control over the noise performed much better on proofreading tasks afterwards ([Glass & Singer, 1972](#)). In other words, even though participants *did not* have actual control over the noise, the control *belief* aided them in completing the task. In similar studies, perceived control benefited immune system functioning ([Sieber et al., 1992](#)). Outside of the laboratory, studies have shown that older residents in assisted living facilities, which are notorious for low control, lived *longer* and showed *better* health outcomes when given control over something as simple as watering a plant or choosing when student volunteers came to visit ([Rodin & Langer, 1977](#); [Schulz & Hanusa, 1978](#)). In addition, feeling in control of a threatening situation can actually change stress hormone levels ([Dickerson & Kemeny, 2004](#)). Believing that you have control over your own behaviors can also have a positive influence on important outcomes like smoking cessation, contraception use, and weight management ([Wallston & Wallston, 1978](#)). When individuals do not believe they have control, they do not try to change. Self-efficacy is closely related to control, in that people with high levels of this trait believe they can complete tasks and reach their goals. Just as feeling in control can reduce stress and improve health, higher self-efficacy can reduce stress and negative health behaviors, and is associated with better health ([O'Leary, 1985](#)).

Social Relationships

Research has shown that the impact of social isolation on our risk for disease and death is similar in magnitude to the risk associated with smoking regularly ([Holt-Lunstad, Smith, & Layton, 2010](#); [House, Landis, & Umberson, 1988](#)). In fact, the importance of social relationships for our health is so significant that some scientists believe our body has developed a physiological system that encourages us to seek out our relationships, especially in times of stress ([Taylor et al., 2000](#)). Social integration is the concept used to describe the number of social roles that you have ([Cohen & Wills, 1985](#)), as well as the lack of isolation. For example, you might be a daughter, a basketball team member, a Humane Society volunteer, a coworker, and a student. Maintaining these different roles can improve your health via encouragement from those around you to maintain a healthy lifestyle. Those in your social network might also provide you with social support (e.g., when you are under stress). This support might include emotional help (e.g., a hug when you need it), tangible help (e.g., lending you money), or advice. By helping to improve health behaviors and reduce stress, social relationships can have a powerful, protective impact on health, and in some cases, might even help people with serious illnesses stay alive longer ([Spiegel, Kraemer, Bloom, & Gottheil, 1989](#)).

Dispositions and Emotions: What's Risky and What's Protective?

Negative dispositions and personality traits have been strongly tied to an array of health risks. One of the earliest negative trait-

to-health connections was discovered in the 1950s by two cardiologists. They made the interesting discovery that there were common behavioral and psychological patterns among their heart patients that were not present in other patient samples. This pattern included being competitive, impatient, hostile, and time urgent. They labeled it [Type A Behavior](#). Importantly, it was found to be associated with *double* the risk of heart disease as compared with [Type B Behavior](#) ([Friedman & Rosenman, 1959](#)). Since the 1950s, researchers have discovered that it is the [hostility](#) and competitiveness components of Type A that are especially harmful to heart health ([Iribarren et al., 2000](#); [Matthews, Glass, Rosenman, & Bortner, 1977](#); [Miller, Smith, Turner, Gujjarro, & Hallet, 1996](#)). Hostile individuals are quick to get upset, and this angry arousal can damage the arteries of the heart. In addition, given their negative personality style, hostile people often lack a health-protective supportive social network.

Positive traits and states, on the other hand, are often health protective. For example, characteristics like positive emotions (e.g., feeling happy or excited) have been tied to a wide range of benefits such as increased longevity, a reduced likelihood of developing some illnesses, and better outcomes once you are diagnosed with certain diseases (e.g., heart disease, HIV) ([Pressman & Cohen, 2005](#)). Across the world, even in the most poor and underdeveloped nations, positive emotions are consistently tied to better health ([Pressman, Gallagher, & Lopez, 2013](#)). Positive emotions can also serve as the “antidote” to stress, protecting us against some of its damaging effects ([Fredrickson, 2001](#); [Pressman & Cohen, 2005](#); see Figure 2). Similarly, looking on the bright side can also improve health. Optimism has been shown to improve coping, reduce stress, and predict better disease outcomes like recovering from a heart attack more rapidly ([Kubzansky, Sparrow, Vokonas, & Kawachi, 2001](#); [Nes & Segerstrom, 2006](#); [Scheier & Carver, 1985](#); [Segerstrom, Taylor, Kemeny, & Fahey, 1998](#)).

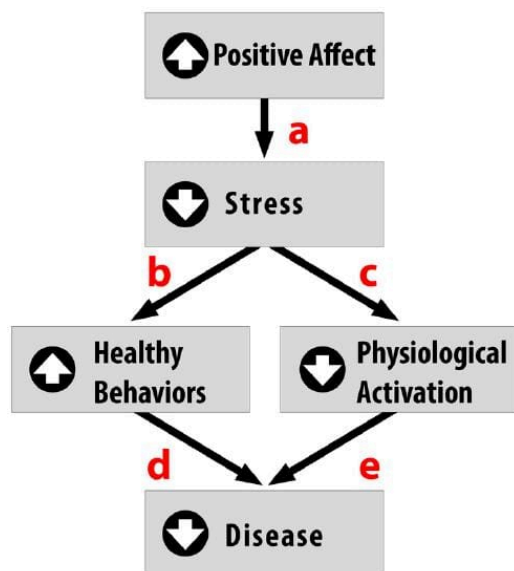


Figure 2. This figure illustrates one possible way that positive affect protects individuals against disease. Positive affect can reduce stress perceptions (a), thereby improving health behaviors (b) and lowering physiological stress responses (c) (e.g., decreased cardiovascular reactivity, lower stress hormones, non-suppressed immune activity). As a result, there is likely to be less incidence of disease (d, e). (Adapted from Pressman & Cohen, 2005)

Stress Management

About 20 percent of Americans report having stress, with 18–33 year-olds reporting the highest levels ([American Psychological Association, 2012](#)). Given that the sources of our stress are often difficult to change (e.g., personal finances, current job), a number of interventions have been designed to help reduce the aversive responses to duress. For example, relaxation activities and forms of meditation are techniques that allow individuals to reduce their stress via breathing exercises, muscle relaxation, and mental imagery. Physiological arousal from stress can also be reduced via [biofeedback](#), a technique where the individual is shown bodily information that is not normally available to them (e.g., heart rate), and then taught strategies to alter this signal. This type of intervention has even shown promise in reducing heart and hypertension risk, as well as other serious conditions (e.g., [Moravec, 2008](#); [Patel, Marmot, & Terry, 1981](#)). But reducing stress does not have to be complicated! For example, exercise is a great stress reduction activity ([Salmon, 2001](#)) that has a myriad of health benefits.

The Importance Of Good Health Practices

As a student, you probably strive to maintain good grades, to have an active social life, and to stay healthy (e.g., by getting enough sleep), but there is a popular joke about what it's like to be in college: you can only pick two of these things (see Figure 3 for an example). The busy life of a college student doesn't always allow you to maintain all three areas of your life, especially during test-taking periods. In one study, researchers found that students taking exams were more stressed and, thus, smoked more, drank more caffeine, had less physical activity, and had worse sleep habits ([Oaten & Chang, 2005](#)), all of which could have detrimental effects on their health. Positive health practices are *especially* important in times of stress when your immune system is compromised due to high stress and the elevated frequency of exposure to the illnesses of your fellow students in lecture halls, cafeterias, and dorms.



Figure 3: A popular joke about how difficult it is to stay balanced and healthy during college.

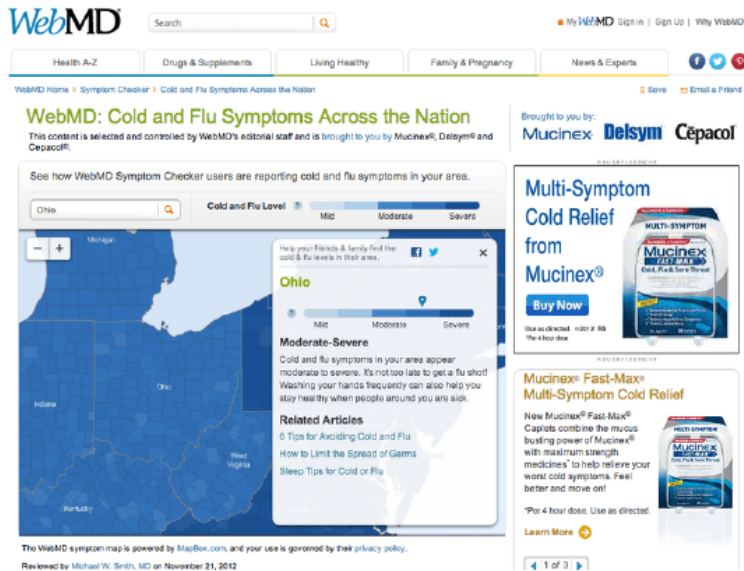
Psychologists study both [health behaviors](#) and health habits. The former are behaviors that can improve or harm your health. Some examples include regular exercise, flossing, and wearing sunscreen, versus negative behaviors like drunk driving, pulling all-nighters, or smoking. These behaviors become *habits* when they are firmly established and performed automatically. For example, do you have to think about putting your seatbelt on or do you do it automatically? Habits are often developed early in life thanks to parental encouragement or the influence of our peer group.

While these behaviors sound minor, studies have shown that those who engaged in more of these protective habits (e.g., getting 7–8 hours of sleep regularly, not smoking or drinking excessively, exercising) had fewer illnesses, felt better, and were less likely to die over a 9–12-year follow-up period ([Belloc & Breslow 1972](#); [Breslow & Enstrom 1980](#)). For college students, health behaviors can even influence academic performance. For example, poor sleep quality and quantity are related to weaker learning capacity and academic performance ([Curcio, Ferrara, & De Gennaro, 2006](#)). Due to the effects that health behaviors can have, much effort is put forward by psychologists to understand *how* to change unhealthy behaviors, and to understand *why* individuals fail to act in healthy ways. Health promotion involves enabling individuals to improve health by focusing on behaviors that pose a risk for future illness, as well as spreading knowledge on existing risk factors. These might be genetic risks you are born with, or something you developed over time like obesity, which puts you at risk for Type 2 diabetes and heart disease, among other illnesses.

Psychology And Medicine

There are many psychological factors that influence medical treatment outcomes. For example, older individuals, ([Meara, White, & Cutler, 2004](#)), women ([Briscoe, 1987](#)), and those from higher socioeconomic backgrounds ([Adamson, Ben-Shlomo, Chaturvedi, & Donovan, 2008](#)) are all *more* likely to seek medical care. On the other hand, some individuals who need care might avoid it due to financial obstacles or preconceived notions about medical practitioners or the illness. Thanks to the growing amount of medical information online, many people now use the Internet for health information and 38% percent report that this influences their decision to see a doctor ([Fox & Jones, 2009](#)). Unfortunately, this is not always a good thing because individuals tend to

do a poor job assessing the credibility of health information. For example, college-student participants reading online articles about HIV and syphilis rated a physician's article and a college student's article as *equally* credible if the participants said they were familiar with the health topic (Eastin, 2001). Credibility of health information often means how accurate or trustworthy the information is, and it can be influenced by irrelevant factors, such as the website's design, logos, or the organization's contact information (Freeman & Spyridakis, 2004). Similarly, many people post health questions on online, unmoderated forums where *anyone* can respond, which allows for the possibility of inaccurate information being provided for serious medical conditions by unqualified individuals.



While the Internet has increased the amount of medical information available to the public and created greater access, there are real concerns about how people are making decisions about their health based on that information. [Image: Mapbox, <https://goo.gl/UNhmx5>, CC BY 2.0, <https://goo.gl/BRvSA7>]

After individuals decide to seek care, there is also variability in the information they give their medical provider. Poor communication (e.g., due to embarrassment or feeling rushed) can influence the accuracy of the diagnosis and the effectiveness of the prescribed treatment. Similarly, there is variation following a visit to the doctor. While most individuals are tasked with a health recommendation (e.g., buying and using a medication appropriately, losing weight, going to another expert), not everyone *adheres* to medical recommendations (Dunbar-Jacob & Mortimer-Stephens, 2010). For example, many individuals take medications inappropriately (e.g., stopping early, not filling prescriptions) or fail to change their behaviors (e.g., quitting smoking). Unfortunately, getting patients to follow medical orders is not as easy as one would think. For example, in one study, over one third of diabetic patients failed to get proper medical care that would prevent or slow down diabetes-related blindness (Schoenfeld, Greene, Wu, & Leske, 2001)! Fortunately, as mobile technology improves, physicians now have the ability to monitor *adherence* and work to improve it (e.g., with pill bottles that monitor if they are opened at the right time). Even text messages are useful for improving treatment adherence and outcomes in depression, smoking cessation, and weight loss (Cole-Lewis, & Kershaw, 2010).

Being A Health Psychologist

Training as a clinical health psychologist provides a variety of possible career options. Clinical health psychologists often work on teams of physicians, social workers, allied health professionals, and religious leaders. These teams may be formed in locations like rehabilitation centers, hospitals, primary care offices, emergency care centers, or in chronic illness clinics. Work in each of these settings will pose unique challenges in patient care, but the primary responsibility will be the same. Clinical health psychologists will evaluate physical, personal, and environmental factors contributing to illness and preventing improved health. In doing so, they will then help create a treatment strategy that takes into account all dimensions of a person's life and health, which maximizes its potential for success. Those who specialize in health psychology can also conduct research to discover new health predictors and risk factors, or develop interventions to prevent and treat illness. Researchers studying health psychology work in numerous locations, such as universities, public health departments, hospitals, and private organizations. In the related field of *behavioral medicine*, careers focus on the application of this type of research. Occupations in this area might include jobs in occupational therapy, rehabilitation, or preventative medicine. Training as a health psychologist provides a wide skill set applicable in a number of different professional settings and career paths.

The Future Of Health Psychology

Much of the past medical research literature provides an incomplete picture of human health. “Health care” is often “illness care.” That is, it focuses on the management of symptoms and illnesses as they arise. As a result, in many developed countries, we are faced with several health epidemics that are difficult and costly to treat. These include obesity, diabetes, and cardiovascular disease, to name a few. The National Institutes of Health have called for researchers to use the knowledge we have about risk factors to design effective interventions to reduce the prevalence of *preventable* illness. Additionally, there are a growing number of individuals across developed countries with *multiple* chronic illnesses and/or lasting disabilities, especially with older age. Addressing their needs and maintaining their quality of life will require skilled individuals who understand how to properly treat these populations. Health psychologists will be on the forefront of work in these areas.

With this focus on prevention, it is important that health psychologists move beyond studying risk (e.g., depression, stress, hostility, low socioeconomic status) in isolation, and move toward studying factors that confer resilience and protection from disease. There is, fortunately, a growing interest in studying the positive factors that protect our health (e.g., Diener & Chan, 2011; Pressman & Cohen, 2005; Richman, Kubzansky, Maselko, Kawachi, Choo, & Bauer, 2005) with evidence strongly indicating that people with higher positivity live longer, suffer fewer illnesses, and generally feel better. Seligman (2008) has even proposed a field of “Positive Health” to specifically study those who exhibit “above average” health—something we do not think about enough. By shifting some of the research focus to identifying and understanding these health-promoting factors, we may capitalize on this information to improve public health.

Innovative interventions to improve health are already in use and continue to be studied. With recent advances in technology, we are starting to see great strides made to improve health with the aid of computational tools. For example, there are hundreds of simple applications (apps) that use email and text messages to send reminders to take medication, as well as mobile apps that allow us to monitor our exercise levels and food intake (in the growing mobile-health, or m-health, field). These m-health applications can be used to raise health awareness, support treatment and compliance, and remotely collect data on a variety of outcomes. Also exciting are devices that allow us to monitor physiology in real time; for example, to better understand the stressful situations that raise blood pressure or heart rate. With advances like these, health psychologists will be able to serve the population better, learn more about health and health behavior, and develop excellent health-improving strategies that could be specifically targeted to certain populations or individuals. These leaps in equipment development, partnered with growing health psychology knowledge and exciting advances in neuroscience and genetic research, will lead health researchers and practitioners into an exciting new time where, hopefully, we will understand more and more about how to keep people healthy.

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3.4: Psychology in Real Life- Habits

Psychology in Real Life - Habits

Habits: The Good, the Bad, and the Consequences

Think back across the last hour. What have you been doing?

Which of the last hour's activities were habitual—done at particular times of the day on a predictable schedule? How much of the time were you “on automatic”, guided by well-practiced routines that require little thought? Often, as we drive a car or walk to our workplace, work out at the gym or shop for groceries, our actions are unconscious and stereotyped as we think about something unrelated to what we are doing.

Habits have gotten a bad reputation in popular literature. Eating too much and chatting online too much and so many other things we supposedly do too much are blamed on “bad habits”. And, in a world that prizes novelty and creativity, the idea that habits are “automatic” suggests that we may be going through life like zombies, not mindful and not experiencing our lives deeply enough.

But habits can be positive, too. Writer Gretchen Rubin notes that “habits are the invisible architecture of our daily lives...Our habits shape our existence, and our future. If we change our habits, we change our lives.”^[1] Habits free us from always having to plan our next action and use willpower to get things done.

Habits may be “automatic” in the sense that they free up our conscious minds to think about other things, but they can be changed and they can be chosen. For millennia, religious teachers and moral philosophers have urged us to choose who we wish to be by shaping our own habits. We don't become better by trying harder; we become better by eliminating the need to try—we just do it.

How Much of Your Time is Guided by Habits?

One obvious way to find out what people do during the day is to ask them. In fact, pause to do that now. How much time do you think you spend in habit-driven activities? What percentage would you say, between 0 and 100%?

You probably found that it is not easy to come up with a number here. What counts as a “habit”? And how well can we remember how long we were engaged in one activity or another? It is easier to remember interesting things than dull things, so there may be built-in biases in our memories to recall the engaging activities rather than the repetitive, habitual ones.

The Diary Method

Wood, Quinn, and Kashy (2002) used a different approach, one that did not rely so much on memory: the diary method. They didn't invent this research approach, but they were the first to apply it to the study of habits. This method doesn't really involve keeping a diary in the traditional sense. Instead, it involves periodically “sampling” people's activities along with some personal reflections on what they are doing.

Here is how it worked. Wood and her colleagues recruited college students and provided each one with a programmed wristwatch that buzzed once every hour. When the wristwatch^[2] buzzed, the student recorded what he or she was doing. Then, the student answered a series of questions about this activity:

- How often they engaged in that behavior.
- Their current physical location.
- The physical location in which they generally performed the behavior.
- Which other people—if any—were involved in the activity.

- The amount of attention needed for successful performance (1 to 4: almost none to constant attention)
- The degree of difficulty of the behavior (1 to 5: very easy to very difficult)
- The intensity of emotions felt as they engaged in the activity (1 to 5: much more negative than normal to much more positive than normal)

They also answered an open-ended question: what were you thinking about while you were engaged in the activity?

The Results of the Diary Study

The researchers analyzed the “diary” reports of 279 students across two version of this study. When they defined “habitual behaviors” as activities that regularly occurred at the same time and place, they found that 41% of the behaviors could be considered habitual. If this result actually generalizes the rest of us, then nearly half of our time is spent engaging in habit-driven activities.

In a separate analysis, the researchers approached the idea of a habit in a different way. They reasoned that if habits are somewhat automatic, then we can think about something else while we are engaged in the habitual behaviors. Because they asked the students what they were doing and what they were thinking about, the researchers were able to determine how often there was a mismatch between behavior and thoughts. Approximately 47% of the time, thoughts were about something other than what they were doing, a percentage very close to the 43% estimate from the previous paragraph. However, even though the data support the idea that we can and often do think about other things while engaging in habitual behaviors, we are not zombies—about 40% of the time, people were thinking about activities they labeled as habits while engaging in them. The experimenters explain that this is “consistent with the idea that this mode of behavior is best characterized by minimal or sporadic cognitive monitoring and not by the complete absence of thought.”^[3]

The researchers report one other interesting finding about habitual behaviors. When people engaged in habitual behaviors they reported lower negative emotions than when they were performing non-habitual activities. Specifically, habitual behaviors were associated with lower stress, reduced likelihood of feeling overwhelmed, and lower probability of feeling out of control. Happily, people did not feel less interested or less motivated while engaging in habitual behaviors, so reduced emotional reactions were not caused by becoming disengaged or less attentive.

Studying Habits by Changing Them

An important insight about habits is that they are activated by triggers in the environment. These triggers can be people or places, events or the time of day. The important idea is that we have learned to respond to something outside of us (i.e., the trigger) with a specific behavior (the habit). We will come back to this idea that the situation initiates the habitual behavior later when we talk about changing your own habits, but first we will look at a set of studies by Wendy Wood, David Neal, and their colleagues. This is just one of many studies of habits that these and other researchers have conducted. It will give you an idea of how we can learn more about psychological processes by manipulating the details of a common event to see how people’s behavior changes.

The Popcorn Study



Figure 1. Are you a habitual popcorn eater?

Movie theater attendance is on the decline in the United States, but going to the movies is still popular. Of course, we go to the theater to see the movie, but for many people the experience is just not complete without the right refreshments: popcorn, candy, and soft drinks. You may be too health-conscious to buy these snacks, but most movie theaters depend on their concession stands to stay open.^[4] Eating popcorn in a movie theater is a great example of a habit: a behavior that is triggered by a particular setting—the movie theater.

In 2011, David Neal, Wendy Wood, and some of their students published a study in which they used the movie theater-popcorn connection to study habitual behaviors.^[5] They looked for evidence that movie theaters really do trigger eating popcorn. But checking out the validity of that claim was just the starting point for studying the popcorn habit.

The Setup



Figure 2. Researchers set out to test whether students would eat more popcorn in a movie-theater room, like this one, or in a regular meeting room.

The experiments were conducted on the campus of the University of Southern California (USC). The campus has a cinema that regularly shows films that are popular among students.^[6] They recruited students and assigned them to one of two conditions. In the Cinema condition, the students went into the theater before the regular movie started and they watched and rated movie

trailers. The important thing to understand is that the setting looked, sounded, smelled, and felt like a movie theater (which, of course, it was).

Other students were recruited to come, at the same time of day, to a meeting room near the movie theater. These students were asked to listen to watch and rate music videos. The music videos had been pretested to assure that they were as interesting and engaging as the movie trailers that the cinema group watched. For this meeting room condition, the room was as comfortable as the theater and the task was as engaging as the one in the theater, but the location did not look or sound, smell or feel like a movie theater. It was a meeting room.

Next came the critical prop for this experiment: a full box of popcorn was given to each person, along with a cup of water. No one made a big deal about the popcorn, but (unknown to the participants) the main question was: how much popcorn would people eat?

Now perhaps the people in the cinema just didn't notice that the stale popcorn was stale. Fortunately, the experimenters anticipated that question, so they asked the students to rate the taste of the popcorn. Here is what they found:

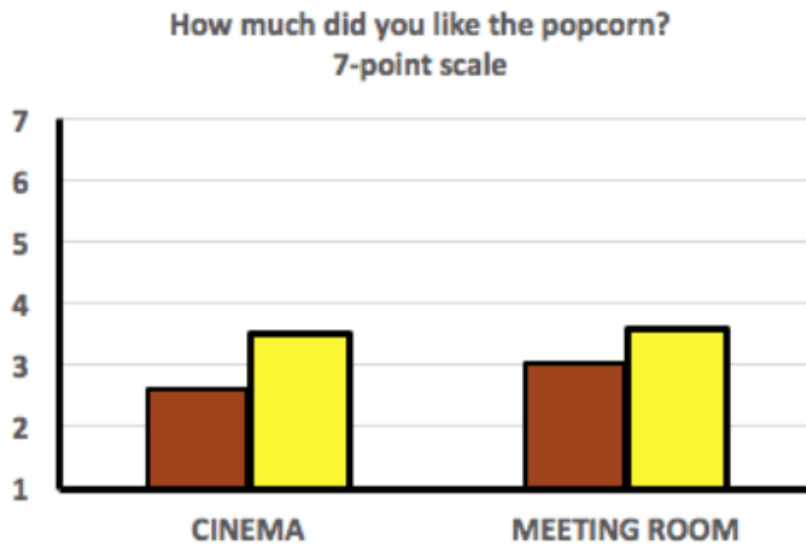


Figure 3. Researchers found that students in both conditions rated the popcorn pretty low, and many students who didn't like the stale popcorn still ate it.

There was no statistically significant difference in the ratings between the cinema and meeting room groups. But notice that, if anything, the cinema subjects rated the stale popcorn tasted as being slightly worse than the meeting room subjects did. The subjects in the cinema knew that the stale popcorn tasted bad, but they still ate it.

Are we sure that habit had something to do with this behavior? The experimenters asked participants to rate the strength of their own habit of eating popcorn in movie theaters. Of course, some people didn't like popcorn much, while others wouldn't think of going to the movies and skipping the popcorn. The experimenters divided the participants into three groups, based on their ratings of the strength of their popcorn-at-the-movies habit. Here is what they found for the subjects in the cinema condition:

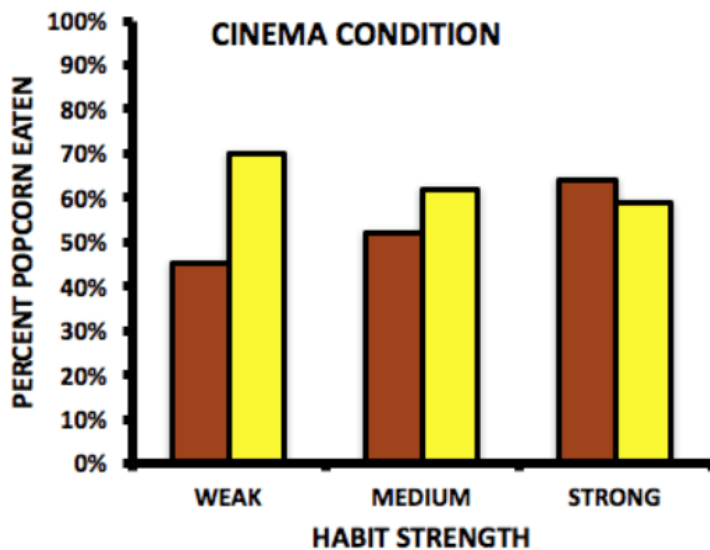


Figure 4. This shows those with either weak, medium, or strong popcorn-eating habits, and how much they ate in the cinema condition. Those with weak popcorn habits still ate a lot of fresh popcorn (the most, even!), but they ate the least amount of stale popcorn.

On the average, the three groups ate about the same amount of popcorn. But—once again—notice the difference between the brown (stale) and yellow (fresh) bars. Participants with weak movie-popcorn habits ate a lot of the fresh popcorn, but not much of the stale popcorn. The stale-fresh difference was smaller for the medium movie-popcorn habit group. And, for the students with a strong movie-popcorn habit, there was no significant difference in the amount of fresh versus stale popcorn consumed (with slightly more stale popcorn than fresh actually eaten!). The students with strong habits knew that the stale popcorn was nasty, but they still ate it as if it were fresh.

Breaking Bad Habits

The experimenters weren't quite done. They had demonstrated that a habit cued by the right context can lead to behaviors that no one would consciously choose: like eating bad popcorn. However, they also wanted to know if interfering with the situation could reduce the power of the habit.

In a second study, the experimenters went back to the cinema. There was no meeting room condition. This time they wanted the cinema to trigger the popcorn habit, but they asked if changing some essential part of the habitual behavior would reduce its power.

Which hand do you use to hold the box of popcorn? Which hand do you use to grab a kernel or two and raise it (them) to your mouth? I hold the box with my left hand and feed myself with my right. Always.

For this study, the experimenters put a handle on the popcorn box and instructed half of the subjects to hold the box with their usual hand, and the other half to hold it with the other hand—the one they usually don't use.^[7]

The theory here is simple: If we change something about the habit, then we reduce its power. In turn, we become more aware of what we are doing—more guided by our conscious goals and less by our automatic sequences of behavior. Is that what happened?

Results

As with the first study, the experimenters divided the subjects into those with weak, medium, and strong movie-popcorn habits. The participants ate less popcorn in this experiment than in the first one,^[8] but the pattern of results was still interesting. Here is what happened when participants used their usual hands for holding the box and eating.

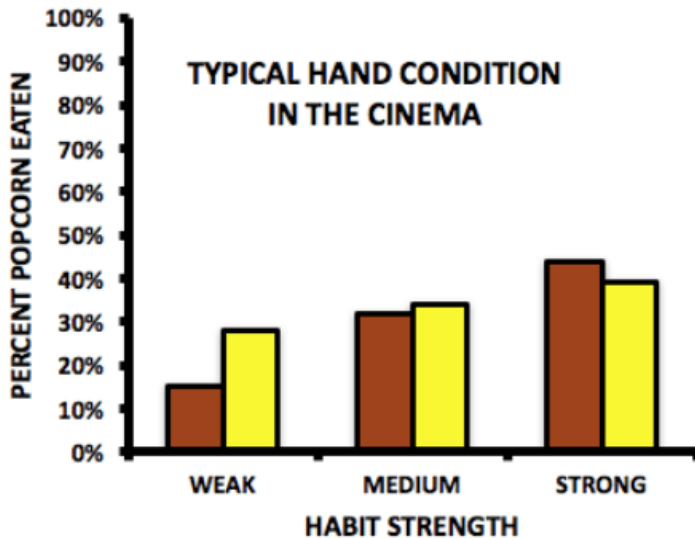


Figure 5. Those who used their typical hand when eating popcorn in the cinema condition were more likely to eat popcorn if they had strong popcorn-eating habits.

Notice that these results are very similar to the results of the first experiment, except that habit strength had a stronger influence on amount of popcorn consumed. Most importantly, at low habit strength, students ate less stale popcorn than fresh. At stronger habit strengths, the quality of the popcorn didn't matter. They just ate a lot of it.

The second study is important for a practical reason. It suggests that the strength of a habit can be influenced by minor changes to our routine. Habits can be weakened and they can be eliminated. And that leads us to our final topic.

How to Create Good Habits

Let's imagine that you want to start a new habit. For example, maybe it is time to get into shape, so you decide that you want to run every afternoon before dinner.

No one can give you a guaranteed system for creating a new habit—or for breaking an unwanted habit. However, habit experts, like Dr. Wood and Dr. Neal—have some advice that comes from their research.

- **Don't believe simple formulas about making or breaking habits.** In 1960, a popular self-help book claimed that forming a habit takes 21 days.^[9] If this is true, then you just need to be sure to run before dinner every day for three weeks and you've done it! In 2010, psychologist Pippa Lally found that this timeframe for creating a new habit takes, on the average 66 days. But Dr. Lally's more important point is that many factors determine how long habit formation takes. Her research showed a range of times from 18 days to 254, estimates based on self-reports. New behaviors vary in complexity and people have a variety of motivations and goals, different personalities and social support systems. True habit formation is a long-term commitment, so plan to make a conscious effort for many months.
- **Make your habit the default behavior for a particular time or place.** Habits are created from actions that are repeated frequently and in a particular context. This is particularly important on those days when your motivation is low—when you would rather sit at home than go out and run. But your brain is on your side in this. In a 2013 study, Neal and Wood found that, when we are tired or distracted, we avoid making decisions.^[10] In other words, we go with the decision that is easier. If you make your new habit (running before dinner) your default behavior, it will be easier to just go out and run than to put in the effort to decide to do something else.
- **New habits require effort.**
- **Choose your cues.** This point is related to the previous one about creating a routine. Habits are associated with cues. This is very obvious with "bad habits" where we know that a particular smell makes us want to eat or just hearing the cellphone ring can take our attention away from something important that we are doing. If you want to create a habit,

use cues to take over some of the effort. For the person wanting to run each day, let the ritual of changing out of your work clothes create a set of associations—the drawer with your running shorts or the closet with your shoes—that help you get out of the house and onto the trail.

- **Make a habit to break a habit.** Old habits are hard to break. New habits can be hard to learn, but in general—assuming you stay motivated—it is easier to get rid of an unwanted habit by replacing it with something you want to do. You may like to drink a beer (or a soda or something else that isn't water) when you get home from work. If taking that drink is a habit, you may find it hard to resist. But if you start your new running regimen, running as you get home from work, the unwanted habit will need to move aside. And every day that you don't engage in the unwanted habit (because you are on your 5-mile run) it becomes weaker and easier to resist.

Final Thoughts

At the beginning of this activity, we suggested that “habits are the invisible architecture of our daily lives.” A lot of our time is spent engaging in habitual activities, some good, some bad, and most of them useful for getting ourselves through the day. But we have also suggested that old habits can be changed and new habits can be chosen and learned. In fact, this area of psychology says that you can decide what kind of person you want to be, and there is a reasonable chance you can become that person. But it isn't easy and it won't happen over night.

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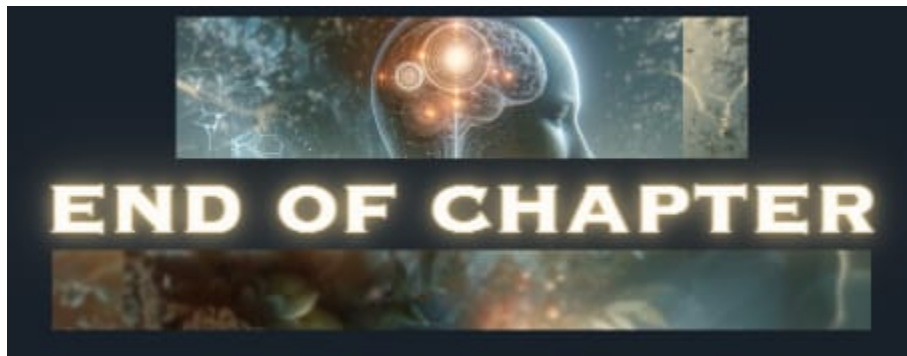
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3.5: End of Chapter Wrap-Up

3.5: Chapter 3 Wrap-Up

Here are the key takeaways from Chapter 3:

- Positive psychology is a branch of psychology that focuses on studying and promoting aspects of human experience and well-being, such as happiness, resilience, strengths, and fulfillment. Unlike traditional psychology, which often focuses on pathology, positive psychology seeks to enhance positive emotions and behaviors, ultimately aiming to help individuals thrive and lead more meaningful lives.
- Health psychology is a multidisciplinary field focused on understanding the intricate connections between psychological factors and health outcomes. It explores how stress, coping mechanisms, social relationships, personality traits, and emotions impact our physical well-being. By examining both negative and positive influences, health psychologists strive to develop interventions that promote resilience, encourage healthy behaviors, and improve overall health outcomes. This field plays a crucial role in shaping the future of healthcare by emphasizing prevention, exploring innovative interventions, and harnessing technological advancements to enhance public health.
- Habits play a significant role in our daily lives, guiding nearly half of our activities and freeing our conscious minds for other thoughts and tasks. While habits are often associated with negative behaviors, they can also be positive, shaping our existence and future. Understanding how habits are formed and triggered allows us to harness their power, whether it's creating new, beneficial habits or breaking old, unwanted ones. By making desired behaviors the default in specific contexts and leveraging cues, individuals can effectively establish and maintain new habits, ultimately leading to positive changes in their lives.



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4: EMOTION, MOTIVATION AND SEXUALITY

4.1: Introduction to Emotion, Motivation and Sexuality

4.2: Emotion

4.3: Hormones and Behavior

4.4: Gender Differences

4.5: Sexual Response

4.6: The Biochemistry of Love

4.7: End of Chapter Wrap-Up

4.1: Introduction to Emotion, Motivation and Sexuality

4.1: Introduction to Emotion, Motivation, and Sexuality

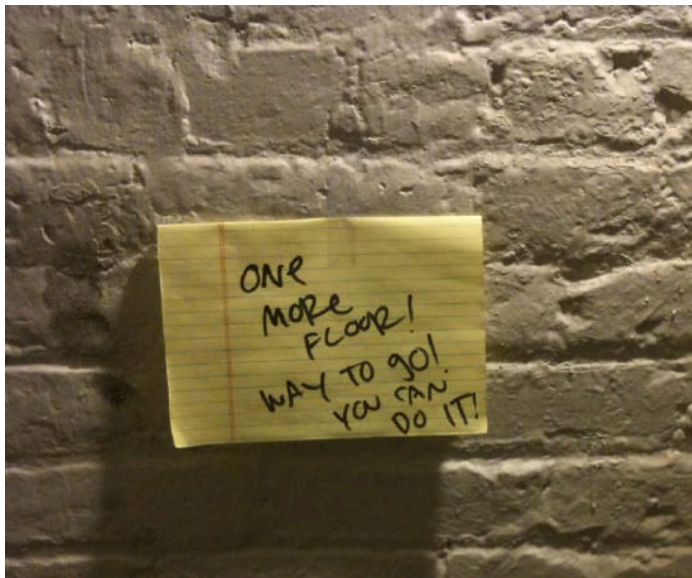
Learning Objectives

1. Define the basic terminology and basic principles of hormone-behavior interactions.
2. Explain the role of hormones in behavioral sex differentiation.
3. Provide examples of some common hormone-behavior interactions

In this chapter, we explore the intricate and interrelated domains of emotion, motivation, and sexuality, all of which are essential components of human psychology and profoundly influence our behavior and well-being.

Emotion: Emotions are complex psychological states that involve physiological arousal, expressive behaviors, and conscious experience. We delved into the major theories of emotion, including the James-Lange Theory, which posits that physiological responses precede emotional experiences, and the Cannon-Bard Theory, which suggests that emotions and physiological responses occur simultaneously. The chapter also covered the Schachter-Singer Two-Factor Theory, emphasizing the role of cognitive appraisal in the emotional process. We examined how emotions serve adaptive functions, guiding our responses to environmental challenges and facilitating social interactions. The discussion also included the impact of emotional intelligence on personal and professional success, highlighting strategies to enhance emotional regulation and empathy.

Motivation: Motivation is the driving force behind our actions, rooted in both biological and psychological processes. We explored foundational theories of motivation, such as Maslow's Hierarchy of Needs, which illustrates the progression from basic physiological needs to self-actualization, and Self-Determination Theory, which emphasizes the roles of autonomy, competence, and relatedness in fostering intrinsic motivation. The chapter also examined the distinction between intrinsic and extrinsic motivation, providing insights into how different types of motivation influence behavior and performance. Additionally, we discussed practical approaches to goal-setting and the role of motivation in achieving personal and professional aspirations.



["I hung this motivational poster in our stairwell \(btw 5th and 6th floors\) the LAST TIME the elevator was broken. I was pleasantly surprised to see it again this morning when the elevator was broken AGAIN. #foursquareGymProgram"](#) by [dpstyles™](#) is licensed under [CC BY 2.0](#).

Sexuality: Sexuality is a multifaceted aspect of human experience that encompasses biological, psychological, and social dimensions. This section covered the physiological and psychological aspects of sexual development, orientation, and behavior.

We explored theories of sexual motivation, such as the Evolutionary Perspective, which considers reproductive success as a central driver, and the Biopsychosocial Model, which integrates biological, psychological, and social factors. The chapter also addressed the diversity of sexual orientations and identities, promoting an understanding and acceptance of sexual diversity. We discussed the impact of cultural and societal norms on sexual behavior and attitudes, as well as the importance of sexual health and education in fostering healthy and respectful sexual relationships.

Through examining these interconnected areas, the chapter provided a comprehensive understanding of how emotions, motivation, and sexuality influence our lives. By integrating theoretical perspectives with practical applications, readers gained insights into managing emotions, enhancing motivation, and embracing a healthy and informed approach to sexuality. This holistic understanding empowers individuals to navigate their emotional and motivational landscapes more effectively, contributing to overall well-being and personal growth.

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4.2: Emotion

4.2: Emotion

Why do we do the things we do? What motivations underlie our behaviors? Motivation describes the wants or needs that direct behavior toward a goal. In addition to biological motives, motivations can be intrinsic (arising from internal factors) or extrinsic (arising from external factors) (Figure 10.2). Intrinsically motivated behaviors are performed because of the sense of personal satisfaction that they bring, while extrinsically motivated behaviors are performed in order to receive something from others.

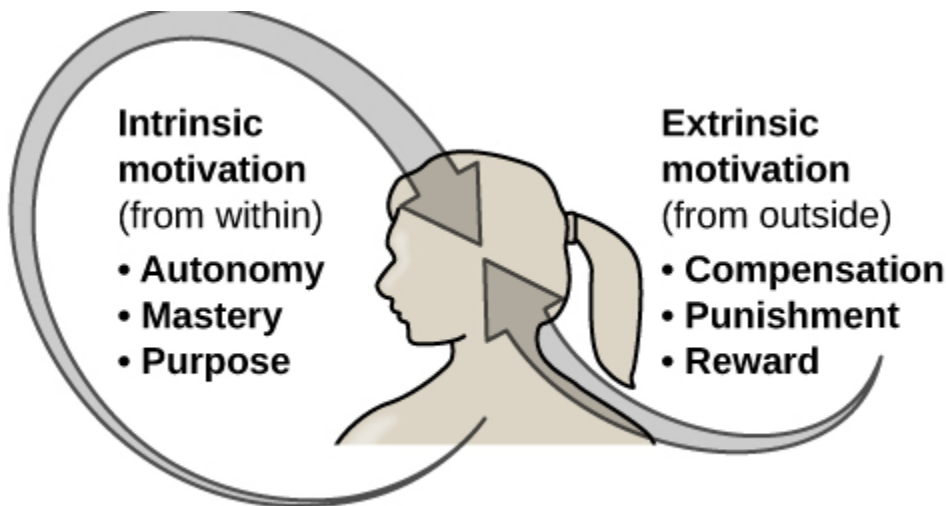


Figure 10.2 Intrinsic motivation comes from within the individual, while extrinsic motivation comes from outside the individual.

Think about why you are currently in college. Are you here because you enjoy learning and want to pursue an education to make yourself a more well-rounded individual? If so, then you are intrinsically motivated. However, if you are here because you want to get a college degree to make yourself more marketable for a high-paying career or to satisfy the demands of your parents, then your motivation is more extrinsic in nature.

In reality, our motivations are often a mix of both intrinsic and extrinsic factors, but the nature of the mix of these factors might change over time (often in ways that seem counter-intuitive). There is an old adage: “Choose a job that you love, and you will never have to work a day in your life,” meaning that if you enjoy your occupation, work doesn’t seem like . . . well, work. Some research suggests that this isn’t necessarily the case (Daniel & Esser, 1980; Deci, 1972; Deci, Koestner, & Ryan, 1999). According to this research, receiving some sort of extrinsic reinforcement (i.e., getting paid) for engaging in behaviors that we enjoy leads to those behaviors being thought of as work no longer providing that same enjoyment. As a result, we might spend less time engaging in these reclassified behaviors in the absence of any extrinsic reinforcement. For example, Odessa loves baking, so in her free time, she bakes for fun. Oftentimes, after stocking shelves at her grocery store job, she often whips up pastries in the evenings because she enjoys baking. When a coworker in the store’s bakery department leaves his job, Odessa applies for his position and gets transferred to the bakery department. Although she enjoys what she does in her new job, after a few months, she no longer has much desire to concoct tasty treats in her free time. Baking has become work in a way that changes her motivation to do it (Figure 10.3). What Odessa has experienced is called the overjustification effect—intrinsic motivation is diminished when extrinsic motivation is given. This can lead to extinguishing the intrinsic motivation and creating a dependence on extrinsic rewards for continued performance (Deci et al., 1999).



Figure 10.3 Research suggests that when something we love to do, like icing cakes, becomes our job, our intrinsic and extrinsic motivations to do it may change. (credit: Agustín Ruiz)

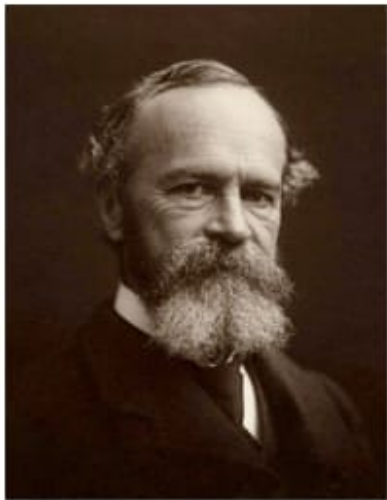
Other studies suggest that intrinsic motivation may not be so vulnerable to the effects of extrinsic reinforcements, and in fact, reinforcements such as verbal praise might actually increase intrinsic motivation (Arnold, 1976; Cameron & Pierce, 1994). In that case, Odessa's motivation to bake in her free time might remain high if, for example, customers regularly compliment her baking or cake decorating skills.

These apparent discrepancies in the researchers' findings may be understood by considering several factors. For one, physical reinforcement (such as money) and verbal reinforcement (such as praise) may affect an individual in very different ways. In fact, tangible rewards (i.e., money) tend to have more negative effects on intrinsic motivation than do intangible rewards (i.e., praise). Furthermore, the expectation of the extrinsic motivator by an individual is crucial: If the person expects to receive an extrinsic reward, then intrinsic motivation for the task tends to be reduced. If, however, there is no such expectation, and the extrinsic motivation is presented as a surprise, then intrinsic motivation for the task tends to persist (Deci et al., 1999).

In educational settings, students are more likely to experience intrinsic motivation to learn when they feel a sense of belonging and respect in the classroom. This internalization can be enhanced if the evaluative aspects of the classroom are de-emphasized and if students feel that they exercise some control over the learning environment. Furthermore, providing students with activities that are challenging, yet doable, along with a rationale for engaging in various learning activities can enhance intrinsic motivation for those tasks (Niemic & Ryan, 2009). Consider Hakim, a first-year law student with two courses this semester: Family Law and Criminal Law. The Family Law professor has a rather intimidating classroom: He likes to put students on the spot with tough questions, which often leaves students feeling belittled or embarrassed. Grades are based exclusively on quizzes and exams, and the instructor posts results of each test on the classroom door. In contrast, the Criminal Law professor facilitates classroom discussions and respectful debates in small groups. The majority of the course grade is not exam-based, but centers on a student-designed research project on a crime issue of the student's choice. Research suggests that Hakim will be less intrinsically motivated in his Family Law course, where students are intimidated in the classroom setting, and there is an emphasis on teacher-driven evaluations. Hakim is likely to experience a higher level of intrinsic motivation in his Criminal Law course, where the class setting encourages inclusive collaboration and a respect for ideas, and where students have more influence over their learning activities.

Theories About Motivation

William James (1842–1910) was an important contributor to early research into motivation, and he is often referred to as the father of psychology in the United States. James theorized that behavior was driven by a number of instincts, which aid survival (Figure 10.4). From a biological perspective, an instinct is a species-specific pattern of behavior that is not learned. There was, however, considerable controversy among James and his contemporaries over the exact definition of instinct. James proposed several dozen special human instincts, but many of his contemporaries had their own lists that differed. A mother's protection of her baby, the urge to lick sugar, and hunting prey were among the human behaviors proposed as true instincts during James's era. This view—that human behavior is driven by instincts—received a fair amount of criticism because of the undeniable role of learning in shaping all sorts of human behavior. In fact, as early as the 1900s, some instinctive behaviors were experimentally demonstrated to result from associative learning (recall when you learned about Watson's conditioning of fear response in “Little Albert”) (Faris, 1921).



(a)



(b)

Figure 10.4 (a) William James proposed the instinct theory of motivation, asserting that behavior is driven by instincts. (b) In humans, instincts may include behaviors such as an infant's rooting for a nipple and sucking. (credit b: modification of work by "Mothering Touch"/Flickr)

Another early theory of motivation proposed that the maintenance of homeostasis is particularly important in directing behavior. You may recall from your earlier reading that homeostasis is the tendency to maintain a balance, or optimal level, within a biological system. In a body system, a control center (which is often part of the brain) receives input from receptors (which are often complexes of neurons). The control center directs effectors (which may be other neurons) to correct any imbalance detected by the control center.

According to the drive theory of motivation, deviations from homeostasis create physiological needs. These needs result in psychological drive states that direct behavior to meet the need and, ultimately, bring the system back to homeostasis. For example, if it's been a while since you ate, your blood sugar levels will drop below normal. This low blood sugar will induce a physiological need and a corresponding drive state (i.e., hunger) that will direct you to seek out and consume food ([Figure 10.5](#)). Eating will eliminate the hunger, and, ultimately, your blood sugar levels will return to normal. Interestingly, drive theory also emphasizes the role that habits play in the type of behavioral response in which we engage. A habit is a pattern of behavior in which we regularly engage. Once we have engaged in a behavior that successfully reduces a drive, we are more likely to engage in that behavior whenever faced with that drive in the future (Graham & Weiner, 1996).



Figure 10.5 Hunger and subsequent eating are the result of complex physiological processes that maintain homeostasis. (credit "left": modification of work by "Gracie and Viv"/Flickr; credit "center": modification of work by Steven Depolo; credit "right": modification of work by Monica Renata)

Extensions of drive theory take into account levels of arousal as potential motivators. As you recall from your study of learning,

these theories assert that there is an optimal level of arousal that we all try to maintain ([Figure 10.6](#)). If we are underaroused, we become bored and will seek out some sort of stimulation. On the other hand, if we are overaroused, we will engage in behaviors to reduce our arousal (Berlyne, 1960). Most students have experienced this need to maintain optimal levels of arousal over the course of their academic career. Think about how much stress students experience toward the end of spring semester. They feel overwhelmed with seemingly endless exams, papers, and major assignments that must be completed on time. They probably yearn for the rest and relaxation that awaits them over the extended summer break. However, once they finish the semester, it doesn't take too long before they begin to feel bored. Generally, by the time the next semester is beginning in the fall, many students are quite happy to return to school. This is an example of how arousal theory works.

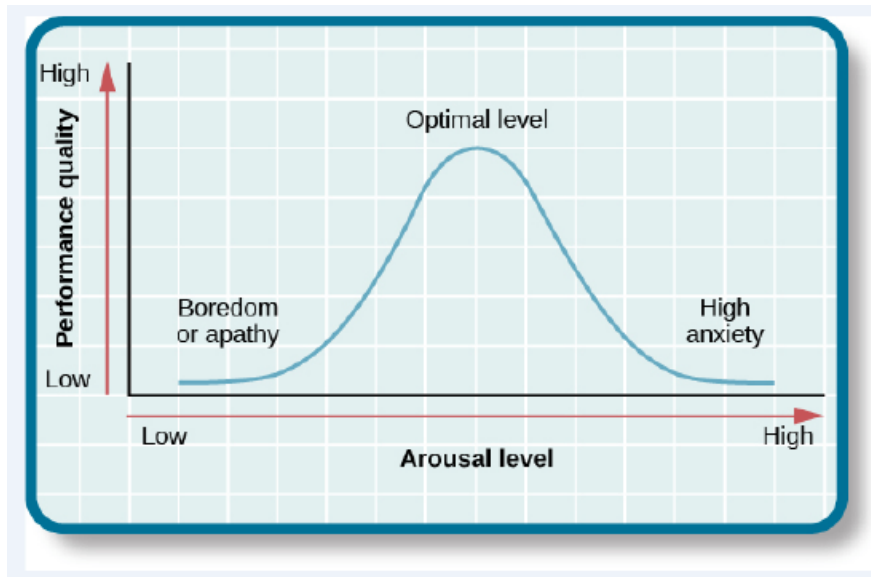


figure 10.6 The concept of optimal arousal in relation to performance on a task is depicted here. Performance is maximized at the optimal level of arousal, and it tapers off during under- and over arousal.

So what is the optimal level of arousal? What level leads to the best performance? Research shows that moderate arousal is generally best; when arousal is very high or very low, performance tends to suffer (Yerkes & Dodson, 1908). Think of your arousal level regarding taking an exam for this class. If your level is very low, such as boredom and apathy, your performance will likely suffer. Similarly, a very high level, such as extreme anxiety, can be paralyzing and hinder performance. Consider the example of a softball team facing a tournament. They are favored to win their first game by a large margin, so they go into the game with a lower level of arousal and get beat by a less skilled team.

But optimal arousal level is more complex than a simple answer that the middle level is always best. Researchers Robert Yerkes (pronounced “Yerk-EES”) and John Dodson discovered that the optimal arousal level depends on the complexity and difficulty of the task to be performed ([Figure 10.7](#)). This relationship is known as Yerkes-Dodson law, which holds that a simple task is performed best when arousal levels are relatively high and complex tasks are best performed when arousal levels are lower.

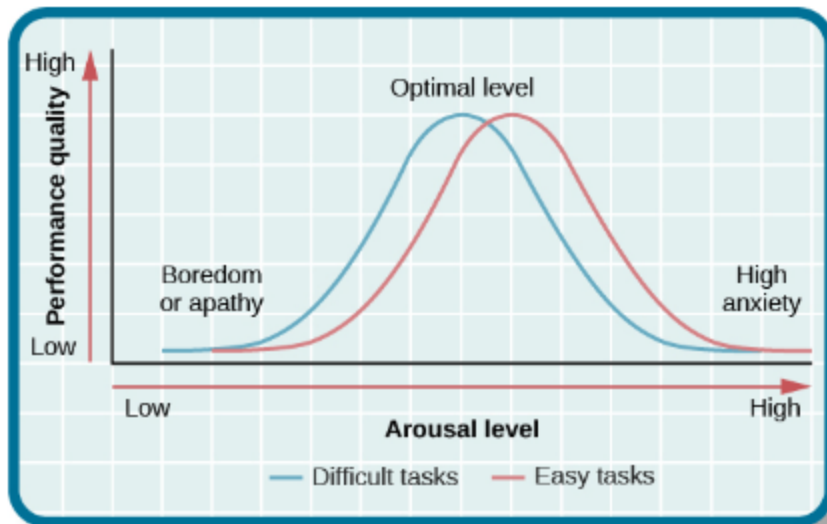


Figure 10.7 Task performance is best when arousal levels are in a middle range, with difficult tasks best performed under lower levels of arousal and simple tasks best performed under higher levels of arousal.

Self-efficacy and Social Motives

Self-efficacy is an individual's belief in her own capability to complete a task, which may include a previous successful completion of the exact task or a similar task. Albert Bandura (1994) theorized that an individual's sense of self-efficacy plays a pivotal role in motivating behavior. Bandura argues that motivation derives from expectations that we have about the consequences of our behaviors, and ultimately, it is the appreciation of our capacity to engage in a given behavior that will determine what we do and the future goals that we set for ourselves. For example, if you have a sincere belief in your ability to achieve at the highest level, you are more likely to take on challenging tasks and to not let setbacks dissuade you from seeing the task through to the end.

A number of theorists have focused their research on understanding social motives (McAdams & Constantian, 1983; McClelland & Liberman, 1949; Murray et al., 1938). Among the motives they describe are needs for achievement, affiliation, and intimacy. It is the need for achievement that drives accomplishment and performance. The need for affiliation encourages positive interactions with others, and the need for intimacy causes us to seek deep, meaningful relationships. Henry Murray et al. (1938) categorized these needs into domains. For example, the need for achievement and recognition falls under the domain of ambition. Dominance and aggression were recognized as needs under the domain of human power, and play was a recognized need in the domain of interpersonal affection.

Maslow's Hierarchy of Needs

While the theories of motivation described earlier relate to basic biological drives, individual characteristics, or social contexts, Abraham Maslow (1943) proposed a hierarchy of needs that spans the spectrum of motives ranging from the biological to the individual to the social. These needs are often depicted as a pyramid ([Figure 10.8](#)).

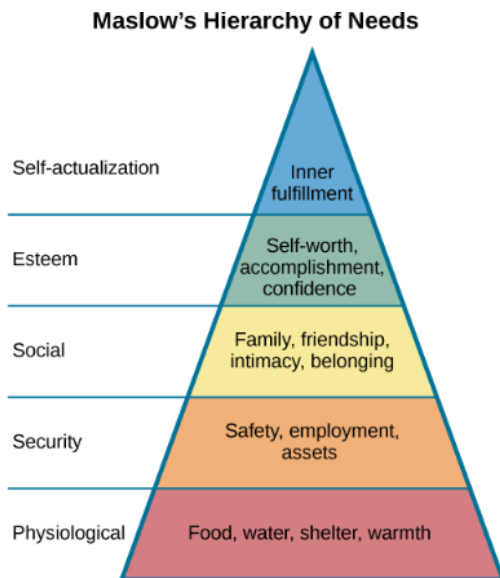


Figure 10.8 Maslow's hierarchy of needs is illustrated here. In some versions of the pyramid, cognitive and aesthetic needs are also included between esteem and self-actualization. Others include another tier at the top of the pyramid for self-transcendence.

At the base of the pyramid are all of the physiological needs that are necessary for survival. These are followed by basic needs for security and safety, the need to be loved and to have a sense of belonging, and the need to have self-worth and confidence. The top tier of the pyramid is self-actualization, which is a need that essentially equates to achieving one's full potential, and it can only be realized when needs lower on the pyramid have been met. To Maslow and humanistic theorists, self-actualization reflects the humanistic emphasis on positive aspects of human nature. Maslow suggested that this is an ongoing, life-long process and that only a small percentage of people actually achieve a self-actualized state (Francis & Kritsonis, 2006; Maslow, 1943).

According to Maslow (1943), one must satisfy lower-level needs before addressing those needs that occur higher in the pyramid. So, for example, if someone is struggling to find enough food to meet his nutritional requirements, it is quite unlikely that he would spend an inordinate amount of time thinking about whether others viewed him as a good person or not. Instead, all of his energies would be geared toward finding something to eat. However, it should be pointed out that Maslow's theory has been criticized for its subjective nature and its inability to account for phenomena that occur in the real world (Leonard, 1982). Other research has more recently addressed that late in life, Maslow proposed a self-transcendence level above self-actualization—to represent striving for meaning and purpose beyond the concerns of oneself (Koltko-Rivera, 2006). For example, people sometimes make self-sacrifices in order to make a political statement or in an attempt to improve the conditions of others. Mohandas K. Gandhi, a world-renowned advocate for independence through nonviolent protest, on several occasions went on hunger strikes to protest a particular situation. People may starve themselves or otherwise put themselves in danger displaying higher-level motives beyond their own needs.

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4.3: Hormones and Behavior

4.3: Hormones and Behavior

Introduction

This section describes the relationship between hormones and behavior. Many readers are likely already familiar with the general idea that hormones can affect behavior. Students are generally familiar with the idea that sex-hormone concentrations increase in the blood during puberty and decrease as we age, especially after about 50 years of age. Sexual behavior shows a similar pattern. Most people also know about the relationship between aggression and anabolic steroid hormones, and they know that administration of artificial steroid hormones sometimes results in uncontrollable, violent behavior called “roid rage.” Many different hormones can influence several types of behavior, but for the purpose of this module, we will restrict our discussion to just a few examples of hormones and behaviors. For example, are behavioral sex differences the result of hormones, the environment, or some combination of factors? Why are men much more likely than women to commit aggressive acts? Are hormones involved in mediating the so-called maternal “instinct”? Behavioral endocrinologists are interested in how the general physiological effects of hormones alter the development and expression of behavior and how behavior may influence the effects of hormones. This module describes, both phenomenologically and functionally, how hormones affect behavior.

To understand the hormone-behavior relationship, it is important briefly to describe hormones. [Hormones](#) are organic chemical messengers produced and released by specialized glands called [endocrine glands](#). Hormones are released from these glands into the blood, where they may travel to act on target structures at some distance from their origin. Hormones are similar in function to [neurotransmitters](#), the chemicals used by the nervous system in coordinating animals’ activities. However, hormones can operate over a greater distance and over a much greater temporal range than neurotransmitters (Focus Topic 1). Examples of hormones that influence behavior include steroid hormones such as [testosterone](#) (a common type of androgen), estradiol (a common type of estrogen), progesterone (a common type of [progestin](#)), and cortisol (a common type of glucocorticoid) (Table 1, A-B). Several types of protein or peptide (small protein) hormones also influence behavior, including [oxytocin](#), vasopressin, [prolactin](#), and leptin.

Focus Topic 1:

Neural Transmission versus Hormonal Communication

Although neural and hormonal communication both rely on chemical signals, several prominent differences exist. Communication in the nervous system is analogous to traveling on a train. You can use the train in your travel plans as long as tracks exist between your proposed origin and destination. Likewise, neural messages can travel only to destinations along existing nerve tracts. Hormonal communication, on the other hand, is like traveling in a car. You can drive to many more destinations than train travel allows because there are many more roads than railroad tracks. Similarly, hormonal messages can travel anywhere in the body via the circulatory system; any cell receiving blood is potentially able to receive a hormonal message.

Neural and hormonal communication differ in other ways as well. To illustrate them, consider the differences between digital and analog technologies. Neural messages are digital, all-or-none events that have rapid onset and offset: neural signals can take place in milliseconds. Accordingly, the nervous system mediates changes in the body that are relatively rapid. For example, the nervous system regulates immediate food intake and directs body movement. In contrast, hormonal messages are analog, graded events that may take seconds, minutes, or even hours to occur. Hormones can mediate long-term processes, such as growth, development, reproduction, and metabolism.

Hormonal and neural messages are both chemical in nature, and they are released and received by cells in a similar manner; however, there are important differences as well. Neurotransmitters, the chemical messengers used by neurons, travel a distance of only 20–30 nanometers (30×10^{-9} m)—to the membrane of the postsynaptic neuron, where they bind with receptors. Hormones enter the circulatory system and may travel from 1 millimeter to >2 meters before arriving at a target cell, where they bind with specific receptors.

Another distinction between neural and hormonal communication is the degree of voluntary control that can be exerted over their functioning. In general, there is more voluntary control of neural than of hormonal signals. It is virtually impossible to will a change

in your thyroid hormone levels, for example, whereas moving your limbs on command is easy.

Although these are significant differences, the division between the nervous system and the endocrine system is becoming more blurred as we learn more about how the nervous system regulates hormonal communication. A better understanding of the interface between the endocrine system and the nervous system, called neuroendocrinology, is likely to yield important advances in the future study of the interaction between hormones and behavior.

Steroid Hormones	
Cortisol	Increases carbohydrate metabolism; mediates stress responses
Estradiol	Uterine and other female tissue development; regulates sexual motivation and performance in females and males
Testosterone	Promotes sperm production and male secondary sexual characteristics; promotes sexual motivation and behavior, typically by being converted to estradiol

Table 1-A: Prominent Hormones That Influence Behavior

Peptides and Protein Hormones	
Oxytocin	Stimulates milk letdown and uterine contractions during birth; Promotes social bonding
Prolactin	Many actions relating to reproduction, water balance, and behavior associated with parental care
Thyroxine	Increases oxidation rates in tissue and affects neural development
Vasopressin	Increases water reabsorption in the kidney and affects learning and memory

Table 1-B: Prominent Hormones That Influence Behavior

Hormones coordinate the physiology and behavior of individuals by regulating, integrating, and controlling bodily functions. Over evolutionary time, hormones have often been co-opted by the nervous system to influence behavior to ensure reproductive success. For example, the same hormones, testosterone and estradiol, that cause gamete (egg or sperm) maturation also promote mating behavior. This dual hormonal function ensures that mating behavior occurs when animals have mature gametes available for fertilization. Another example of endocrine regulation of physiological and behavioral function is provided by pregnancy. Estrogens and progesterone concentrations are elevated during pregnancy, and these hormones are often involved in mediating [maternal behavior](#) in the mothers.

Not all cells are influenced by each and every hormone. Rather, any given hormone can directly influence only cells that have specific hormone [receptors](#) for that particular hormone. Cells that have these specific receptors are called [target cells](#) for the hormone. The interaction of a hormone with its receptor begins a series of cellular events that eventually lead to activation of enzymatic pathways or, alternatively, turns on or turns off gene activation that regulates protein synthesis. The newly synthesized proteins may activate or deactivate other genes, causing yet another cascade of cellular events. Importantly, sufficient numbers of appropriate hormone receptors must be available for a specific hormone to produce any effects. For example, testosterone is important for male sexual behavior. If men have too little testosterone, then sexual motivation may be low, and it can be restored by testosterone treatment. However, if men have normal or even elevated levels of testosterone yet display low sexual drive, then it might be possible for a lack of receptors to be the cause and treatment with additional hormones will not be effective.

How might hormones affect behavior? In terms of their behavior, one can think of humans and other animals conceptually as comprised of three interacting components: (1) input systems (sensory systems), (2) integrators (the central nervous system), and (3) output systems, or effectors (e.g., muscles). Hormones do not *cause* behavioral changes. Rather, hormones influence these three systems so that specific stimuli are more likely to elicit certain responses in the appropriate behavioral or social context. In other words, hormones change the probability that a particular behavior will be emitted in the appropriate situation ([Nelson](#),

2011). This is a critical distinction that can affect how we think of hormone-behavior relationships.

We can apply this three-component behavioral scheme to a simple behavior, singing in zebra finches. Only male zebra finches sing. If the testes of adult male finches are removed, then the birds reduce singing, but castrated finches resume singing if the testes are reimplanted, or if the birds are treated with either testosterone or estradiol. Although we commonly consider androgens to be “male” hormones and estrogens to be “female” hormones, it is common for testosterone to be converted to estradiol in nerve cells (Figure 1). Thus, many male-like behaviors are associated with the actions of estrogens! Indeed, all estrogens must first be converted from androgens because of the typical biochemical synthesis process. If the converting enzyme is low or missing, then it is possible for females to produce excessive androgens and subsequently develop associated male traits. It is also possible for estrogens in the environment to affect the nervous system of animals, including people (e.g., [Kidd et al., 2007](#)). Again, singing behavior is most frequent when blood testosterone or estrogen concentrations are high. Males sing to attract mates or ward off potential competitors from their territories.

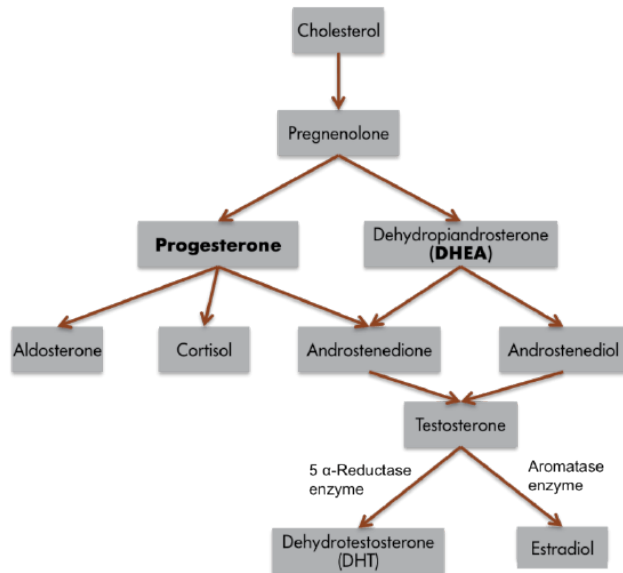


Figure 1: Biochemical Pathway for Steroid Hormone Synthesis: It is important to note that testosterone (an androgen) can be converted to another androgen, DHT, or an estrogen, estradiol. Too much or too little of the converting enzymes can influence brain and behavior.

Although it is apparent from these observations that estrogens are somehow involved in singing, how might the three-component framework just introduced help us to formulate hypotheses to explore estrogen’s role in this behavior? By examining input systems, we could determine whether estrogens alter the birds’ sensory capabilities, making the environmental cues that normally elicit singing more salient. If this were the case, then females or competitors might be more easily seen or heard. Estrogens also could influence the central nervous system. Neuronal architecture or the speed of neural processing could change in the presence of estrogens. Higher neural processes (e.g., motivation, attention, or perception) also might be influenced. Finally, the effector organs, muscles in this case, could be affected by the presence of estrogens. Blood estrogen concentrations might somehow affect the muscles of a songbird’s syrinx (the vocal organ of birds). Estrogens, therefore, could affect birdsong by influencing the sensory capabilities, central processing system, or effector organs of an individual bird. We do not understand completely how estrogen, derived from testosterone, influences birdsong, but in most cases, hormones can be considered to affect behavior by influencing one, two, or all three of these components, and this three-part framework can aid in the design of hypotheses and experiments to explore these issues.

How might behaviors affect hormones? The birdsong example demonstrates how hormones can affect behavior, but as noted, the reciprocal relation also occurs; that is, behavior can affect hormone concentrations. For example, the sight of a territorial intruder may elevate blood testosterone concentrations in resident male birds and thereby stimulate singing or fighting behavior. Similarly, male mice or rhesus monkeys that lose a fight decrease circulating testosterone concentrations for several days or even weeks afterward. Comparable results have also been reported in humans. Testosterone concentrations are affected not only in humans involved in physical combat, but also in those involved in simulated battles. For example, testosterone concentrations were elevated in winners and reduced in losers of regional chess tournaments.



The expectation of events can influence one's hormonal activity. How do you think yours is affected if you anticipate going on a date with a romantic interest soon? [Image: CC0 Public Domain, <https://goo.gl/m25gce>]

People do not have to be directly involved in a contest to have their hormones affected by the outcome of the contest. Male fans of both the Brazilian and Italian teams were recruited to provide saliva samples to be assayed for testosterone before and after the final game of the World Cup soccer match in 1994. Brazil and Italy were tied going into the final game, but Brazil won on a penalty kick at the last possible moment. The Brazilian fans were elated and the Italian fans were crestfallen. When the samples were assayed, 11 of 12 Brazilian fans who were sampled had increased testosterone concentrations, and 9 of 9 Italian fans had decreased testosterone concentrations, compared with pre-game baseline values ([Dabbs, 2000](#)).

In some cases, hormones can be affected by anticipation of behavior. For example, testosterone concentrations also influence sexual motivation and behavior in women. In one study, the interaction between sexual intercourse and testosterone was compared with other activities (cuddling or exercise) in women ([van Anders, Hamilton, Schmidt, & Watson, 2007](#)). On three separate occasions, women provided a pre-activity, post-activity, and next-morning saliva sample. After analysis, the women's testosterone was determined to be elevated prior to intercourse as compared to other times. Thus, an anticipatory relationship exists between sexual behavior and testosterone. Testosterone values were higher post-intercourse compared to exercise, suggesting that engaging in sexual behavior may also influence hormone concentrations in women.

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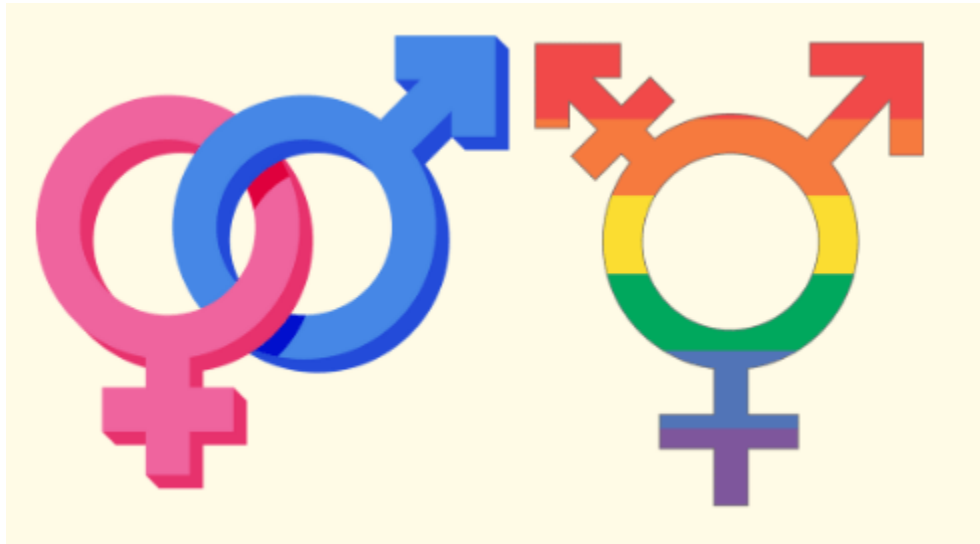
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4.4: Gender Differences

4.4: Gender Differences

Gender Norms

Gender norms are societal expectations and behaviors deemed appropriate for individuals based on their perceived gender. These norms shape personal identity, roles, and relationships, influencing how individuals perceive themselves and others. From a personal psychology perspective, adherence to or deviation from these norms can significantly impact self-esteem, mental health, and social interactions.



Biological Sex

Biological sex refers to physical characteristics defining male and female bodies, such as chromosomes, hormones, reproductive organs, and secondary sexual traits. Individuals are typically classified as male or female at birth based on these characteristics, although this binary classification does not encompass the full spectrum of human biological diversity.

Intersex Variations

Intersex variations, also known as Differences of Sex Development (DSD), are congenital conditions where an individual's reproductive or sexual anatomy does not fit typical definitions of male or female. These variations can involve differences in chromosomes, gonads, or genitals and can be identified at different life stages. The prevalence of intersex conditions is difficult to determine due to limited data and social stigma.



Medical Treatment and Advocacy

Historically, medical treatment for intersex individuals has often involved surgeries during infancy to assign a binary sex, typically without the individual's consent. These procedures can have long-term health consequences. Advocacy groups now urge delaying such decisions until the individual can participate in the decision-making process, emphasizing bodily autonomy and informed consent.

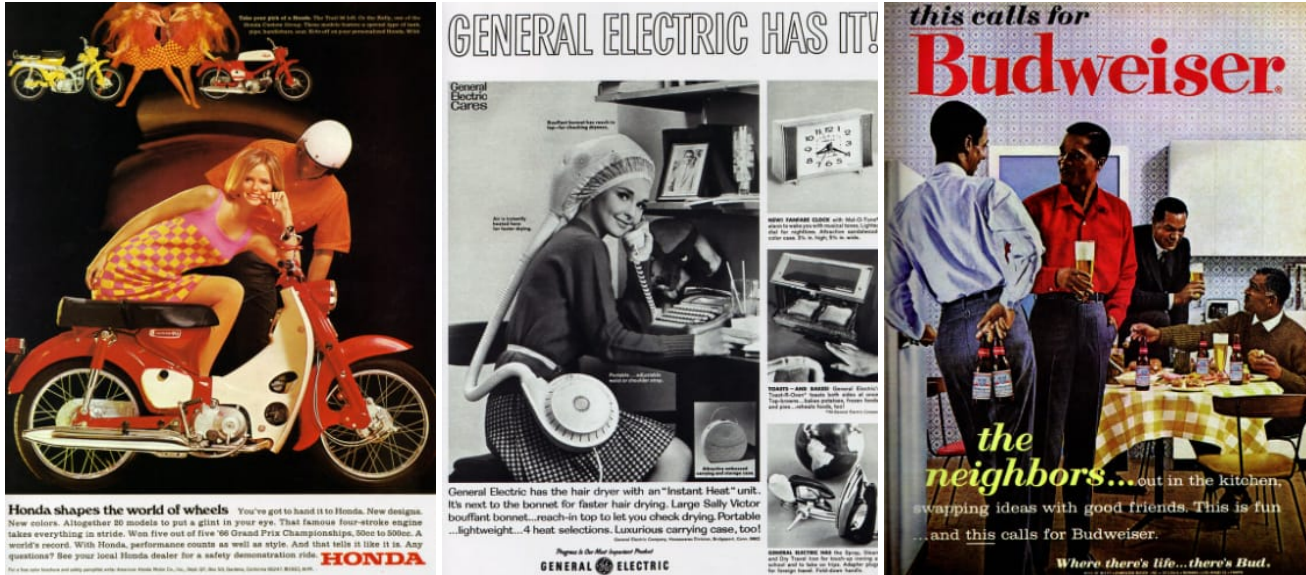
Health and Well-being

Research, primarily from Europe, indicates that intersex individuals face higher rates of health issues compared to the general population. A recent U.S.-based study of 198 intersex adults revealed diverse gender identities and sexual orientations, with many participants reporting good or better physical health but also significant chronic conditions like asthma, high blood pressure, and osteoporosis. Mental health concerns were prevalent, including high rates of anxiety, depression, and PTSD, especially among younger participants. There is a notable lack of dedicated healthcare services for intersex adults, who often encounter stigma and insufficient provider knowledge.

Gender as a Social Construct

Gender as a social construct refers to the roles, behaviors, and attributes that society considers appropriate for men and women.

Unlike biological sex, gender is shaped by cultural, historical, and social influences. Personal psychology explores how individuals internalize and express their gender identity based on societal expectations and personal experiences. This process involves negotiating between self-concept and external pressures.



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Psychosocial Elements of Gender

The psychosocial aspects of gender involve the interaction between psychological factors and social influences in shaping gender identity. Key elements include:

1. Identity Development: How individuals understand and accept their gender identity, influenced by family, peers, and media.
2. Role Expectations: Societal expectations affecting career choices, hobbies, and personal relationships.
3. Mental Health: The impact of societal acceptance or rejection on mental health, including anxiety, depression, and self-esteem.

Philosophical Perspectives on Gender

Philosophical discussions challenge traditional notions of gender, emphasizing fluidity and diversity. Concepts like gender performativity (proposed by Judith Butler) suggest that gender is an ongoing performance shaped by repeated actions and societal reinforcement. Personal psychology incorporates these insights to understand how individuals construct and express their gender identity.

Social Elements of Gender

The social aspects of gender encompass broader societal structures and cultural norms influencing gender roles and relations. These include:

1. Socialization: The process through which individuals learn and adopt gender norms from an early age.

2. Institutional Influences: The role of institutions like education, media, and the workplace in perpetuating or challenging gender norms.
3. Intersectionality: The understanding that gender intersects with other social categories like race, class, and sexuality, affecting individuals' experiences and identities uniquely.

Conclusion

Through the lens of personal psychology, gender norms, biological sex, and gender as a social construct are deeply interconnected with individual identity and well-being. Recognizing the diversity of human experiences, including those of intersex individuals, and challenging restrictive gender norms can promote greater acceptance, mental health, and social equity. Comprehensive research and improved healthcare policies are essential to address the unique needs of intersex individuals. Personal psychology provides a framework for understanding and supporting individuals as they navigate their gender journeys within a complex and evolving social landscape.

4.5: Sexual Response

4.5: Sexual Response

Sexual response is both biological and based on socialization factors. Each individual person has a natural degree to which they become aroused in response to sexual stimuli similar to how some people react more intensely to loud sounds or have a low to high pain tolerance. Life experiences across the lifespan continue to influence and change these as well. Individual differences in how sexual stimuli are experienced will influence the degree of desire to engage in certain sexual behaviors. Social factors, such as shame and stigma around certain sexual behaviors, can also influence this process by reworking the way that touch and sexual contact are perceived. In this section, we will look at different aspects of the nervous system that are implicated in this process, explore the groundbreaking Masters and Johnson research on the sexual response cycle, and discuss additional theories that have been developed over time that explore the ways the social environment interacts with sensory experiences.

Sex on the Brain

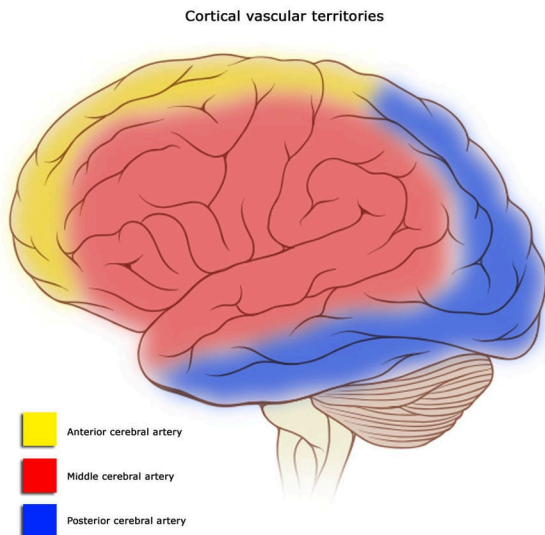


Figure 3: Some of the many regions of the brain and brainstem activated during pleasure experiences. [Image: Frank Gaillard, <https://goo.gl/yCKuQ2>, CC-BY-SA 3.0. Identifying marks added]

At first glance—or touch for that matter—the clitoris and penis are the parts of our anatomies that seem to bring the most pleasure. However, these two organs pale in comparison to our central nervous system’s capacity for pleasure. Extensive regions of the brain and brainstem are activated when a person experiences pleasure, including: the insula, temporal cortex, limbic system, nucleus accumbens, basal ganglia, superior parietal cortex, dorsolateral prefrontal cortex, and cerebellum (see Figure 3, [Ortigue et al., 2007](#)). [Neuroimaging techniques](#) show that these regions of the brain are active when patients have spontaneous orgasms involving no direct stimulation of the skin (e.g., [Fadul et al., 2005](#)) and when experimental participants self-stimulate erogenous zones (e.g., [Komisaruk et al., 2011](#)). [Erogenous zones](#) are sensitive areas of skin that are connected, via the nervous system, to the somatosensory cortex in the brain.

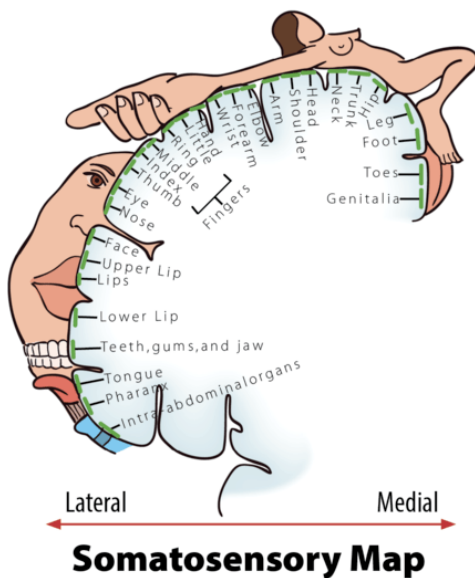


Figure 4: Erogenous Zones Mapped on the Somatosensory Cortex.

The [somatosensory cortex](#) (SC) is the part of the brain primarily responsible for processing sensory information from the skin. The more sensitive an area of your skin is (e.g., your lips), the larger the corresponding area of the SC will be; the less sensitive an area of your skin is (e.g., your trunk), the smaller the corresponding area of the SC will be (see Figure 4, [Penfield & Boldrey, 1937](#)). When a sensitive area of a person's body is touched, it is typically interpreted by the brain in one of three ways: "That tickles!" "That hurts!" or, "That...you need to do again!" Thus, the more sensitive areas of our bodies have greater potential to evoke pleasure. A study by Nummenmaa and his colleagues ([2016](#)) used a unique method to test this hypothesis. The Nummenmaa research team showed experimental participants images of same- and opposite-sex bodies. They then asked the participants to color the regions of the body that, when touched, they or members of the opposite sex would experience as sexually arousing while masturbating or having sex with a partner. Nummenmaa found the expected "hotspot" erogenous zones around the external sex organs, breasts, and anus, but also reported areas of the skin beyond these hotspots: "[T]actile stimulation of practically all bodily regions trigger sexual arousal...." Moreover, he concluded, "[H]aving sex with a partner..."—beyond the hotspots—"...reflects the role of touching in the maintenance of...pair bonds."

Sensation and Perception

Sensation is the way the nervous system, such as different areas of the brain, processes sensory information from the environment, such as light, sound, smell, and touch/pain. Let's take a look at touch in the context of sensual contact by explaining the process of transduction—receptors in the skin relay the message of being touched to transmitters in the spinal cord that converts this to neural signals interpreted by the brain which then allows effectors, neurons within muscles, to signal a response to the stimuli, such as by jerking away the hand when something is hot. Perception is how an individual associates meaning with what they are sensing. For instance, masturbation will cause the genital's skin receptor sites and nervous system to respond to this sensation producing arousal; however, the self-talk regarding the morality of masturbation will impact the way the person perceives the arousal. Pay attention to the way that stigma and shame around pleasure and sensuality have influenced the way you attach meaning to your physiological experiences.

Exploring your erogenous zones: What areas of your body feel particularly pleasurable to the touch? Some common areas, apart from the genitals, are the lower back, inner thighs, lips, nipples, feet, hands, and more! Each individual will have specific areas so explore this question with your sexual partners as well.

Sensate focus is sometimes utilized within sex therapy to increase control over physiological responses and to provide insight into sexual partners' pleasure points in addition to one's own without touching or stimulating the genitals. Anxiety is experienced by many individuals as being sensual can feel very vulnerable and scary. Sensate focus uses aspects of cognitive-behavioral therapy and behavioral modification to focus on the senses and alter the meaning that has been associated with sexual interactions. Check out this article on [sensate focus techniques](#) from Cornell University (2019). These techniques can be utilized by anyone who is interested and can enhance sexual pleasure through increasing self-awareness and communication focused on pleasure with partners.

Hormones and Pheromones

Androgens, estrogen, and progestin bind to hormone receptor sites that allow the synthesis of neurochemicals (Hyde & DeLamater, 2017). During excitement and arousal, dopamine, oxytocin, and norepinephrine are released into the bloodstream, and during orgasm, opioids and endocannabinoids are released (Hyde & DeLamater, 2017). Hormones have activating effects in which they can activate and deactivate sexual arousal. Testosterone is particularly implicated in increasing desire for sex. Too high or too low of testosterone reduces desire. Intense emotions increase sexual arousal such as happiness, anger, anxiety, sadness, etc. because of their physiological impacts on our endocrine and nervous systems. For instance, sex and aggression both involve the hormones epinephrine and norepinephrine (which are also neurotransmitters) as they invoke a sense of excitement then resolution. This connection between emotions and our physiological reactions is a growing focus within research (Hyde & DeLamater, 2017).

While hormones are typically released within the bloodstream and influence sexual arousal, pheromones are biochemicals secreted outside the body that communicate to others on a chemical level about hormonal levels and ovulation which subconsciously attracts us to them based on our own body's chemistry (Hyde & DeLamater, 2017). Researchers are still trying to understand the role of pheromones in sexual responses, but what is known is that when people are presented with the scent of others they are typically more attracted to the smell of someone in a way that matches with their sexual orientation even without any other information provided (Savic, 2014). Additionally, the scent of people who are biologically related is rated as less attractive and possibly connects to evolution protecting against unintentional incest (Savic, 2014). Animal studies on male monkeys indicate that they experience increases in testosterone when exposed to an ovulating female's urine (Hyde & DeLamater, 2017). Pheromones are believed to influence the hormones in others and this can be seen by women's menstrual cycles syncing up when they spend a lot of time with each other as well. This further showcases how interconnected humans are with one another biologically in addition to socially.

Theories and Models Regarding Sexual Response

Masters and Johnson

Although people have always had sex, the scientific study of it has remained taboo until relatively recently. In fact, the study of sexual anatomy, physiology, and behavior wasn't formally undertaken until the late 19th century, and only began to be taken seriously as recently as the 1950's. Notably, William Masters (1915-2001) and Virginia Johnson (1925-2013) formed a research team in 1957 that expanded studies of sexuality from merely asking people about their sex lives to measuring people's anatomy and physiology while they were actually having sex. Masters was a former Navy lieutenant, married father of two, and trained gynecologist with an interest in studying prostitutes. Johnson was a former country music singer, single mother of two, three-time divorcee, and two-time college dropout with an interest in studying sociology. And yes, if it piques your curiosity, Masters and Johnson were lovers (when Masters was still married); they eventually married each other, but later divorced. Despite their colorful private lives they were dedicated researchers with an interest in understanding sex from a scientific perspective.

Masters and Johnson used primarily [plethysmography](#) (the measuring of changes in blood- or airflow to organs) to determine sexual responses in a wide range of body parts—breasts, skin, various muscle structures, bladder, rectum, external sex organs, and lungs—as well as measurements of people's pulse and blood pressure. They measured more than 10,000 orgasms in 700 individuals (18 to 89 years of age), during sex with partners or alone. Masters and Johnson's findings were initially published in two best-selling books: *Human Sexual Response*, 1966, and *Human Sexual Inadequacy*, 1970. Their initial experimental techniques and data form the bases of our contemporary understanding of sexual anatomy and physiology.

Physiology and the Sexual Response Cycle

The brain and other sex organs respond to sexual stimuli in a universal fashion known as the [sexual response cycle](#) (SRC; [Masters & Johnson, 1966](#)). The SRC is composed of four phases:

1. [Excitement](#): Activation of the sympathetic branch of the autonomic nervous system defines the excitement phase; heart rate and breathing accelerates, along with increased blood flow to the penis, vaginal walls, clitoris, and nipples (vasocongestion). Involuntary muscular movements ([myotonia](#)), such as facial grimaces, also occur during this phase.

2. **Plateau:** Blood flow, heart rate, and breathing intensify during the plateau phase. During this phase, often referred to as “foreplay,” females experience an **orgasmic platform**—the outer third of the vaginal walls tightening—and males experience a release of pre-seminal fluid containing healthy sperm cells (Killick et al., 2011). This early release of fluid makes penile withdrawal a relatively ineffective form of birth control (Aisch & Marsh, 2014). (Question: What do you call a couple who use the withdrawal method of birth control? Answer: Parents.)
3. **Orgasm:** The shortest but most pleasurable phase is the orgasm phase. After reaching its climax, neuromuscular tension is released and the hormone **oxytocin** floods the bloodstream—facilitating emotional bonding. Although the rhythmic muscular contractions of an orgasm are temporally associated with ejaculation, this association is not necessary because orgasm and ejaculation are two separate physiological processes.
4. **Resolution:** The body returns to a pre-aroused state in the resolution phase. Most males enter a **refractory period** of being unresponsive to sexual stimuli. The length of this period depends on age, frequency of recent sexual relations, level of intimacy with a partner, and novelty. Because most females do not have a refractory period, they have a greater potential—physiologically—of having multiple orgasms.

Of interest to note, the SRC occurs regardless of the type of sexual behavior—whether the behavior is masturbation; romantic kissing; or oral, vaginal, or anal sex (Masters & Johnson, 1966). Further, a partner or environmental object is sufficient, but not necessary, for the SRC to occur.

Kaplan's Triphasic Model

Helen Singer Kaplan was a sex therapist seeking a model that would aid her in explaining the sexual response cycle to her clients. Kaplan adjusted Masters and Johnsons' model by adding the desire phase and reduced excitement and plateau to just the excitement phase in which she focused on vasocongestion occurring. By focusing on the psychological and physiological processes more than trying to separate these experiences, her model became:

1. **Desire:** Desire activates excitement and excitement can cause desire, motivating a person toward sexual activity. This phase is psychological while the next two are physiological.
2. **Arousal:** Vasocongestion causes blood to flow to the genitals and increase in blood pressure and is controlled by the parasympathetic division of the autonomic nervous system (Hyde & DeLamater, 2017, p. 191)
3. **Orgasm:** Reflex muscular contractions also involve anatomical structures and are connected to the nervous system. The ejaculation reflex can be controlled whereas the erection reflex typically cannot. Ejaculation and orgasm are controlled by the sympathetic division of the autonomic nervous system in order to return the body to homeostasis.

Unfortunately, Kaplan's model did not seem to reflect women's experience (Lieblum, 2000). Many women never experience spontaneous desire and for those who do, it does not always lead to sexual engagement or arousal. Furthermore, for many people, arousal occurs before desire. Finally, Kaplan's model didn't address sexual satisfaction (though her clinical work was built on that).

Basson's Nonlinear Approach to Sexual Response

In response to Masters & Johnson, linear model (where there is a start, a middle, and a finish line) and Kaplan's incomplete model, Rosemary Basson articulated a more complex, circular model of sexual response. Basson's circular diagram shows how sex is cyclical: desire often comes in response to something else, like a touch or an erotic conversation. If the sex is hot, even the fading memory of it could become motivation for more sex/arousal later on. Finally, sexual encounters don't have to end with a mutual orgasm. They end with satisfaction, however a couple defines that, whether that's five orgasms or none.

While this model was first conceptualized with female sexuality in mind, it's applicable to all.

The Dual Control Model

This model was developed by former Kinsey Institute director [Dr. John Bancroft and Dr. Erick Janssen](#) in the late 1990s. It “proposes that two basic processes underlie human sexual response: excitation (responding with arousal to sexual stimuli) and inhibition (inhibiting sexual arousal)” (Hyde & DeLamater, 2017, p. 191). We have evolutionarily developed an inhibition aspect to the sexual response process to protect us from dying. Imagine you are in the middle of having sex and a dinosaur begins to run at

you. Survival requires the ability to inhibit sexual arousal to focus on getting away to safety. Or, perhaps a more realistic example could be masturbating in the privacy of a bedroom when there is a sudden knock on the door and mom saying she is coming in. Mom is not a dinosaur but she is going to have that same inhibiting impact.

This perspective also explores the reason why some people may be more easily aroused by sexual stimuli while others may be less impacted. Every person has their own degree of excitation and inhibition similar to how each person has different tolerances for loud sounds or pain. If a person has high excitation and low inhibition, it may be easier for them to become aroused and take more time to return to homeostasis. Touch and sensations may be heightened and they may require less stimulation to reach orgasm. On the other hand, if someone has low excitation and high inhibition, sexual stimuli may be less arousing and they may require a broader range of sensual stimulation to achieve orgasm. Excitation and inhibition are negatively correlated with one another because as one increases the other decreases.

We are genetically predisposed to having a certain combination of sexual excitation and inhibition. However, the dual control model also recognizes that there are cognitive factors shaping this process. Our experiences impact the interpretation of the senses and can cause heightened distress or increased tolerance. Early learning and culture can then drastically shape someone's excitation and inhibition combination. Many researchers liken it to having both a gas pedal (excitation or SES) and a brake pedal (inhibition or SIS) in a car – people will often engage one or both pedals to a differing degree in any particular sexual situation, depending on their unique sexual physiology, history, and personality.

In thinking about intersecting identities, how could generation, physical health, mental health, religion, education, family background, financial resources, body image, and more influence excitation and inhibition? What messages about various sexual behaviors have you internalized, and how might this influence your neurological sexual response? Having a conversation with your partners about their degree of excitation and inhibition can be helpful to know in relation to your own as well.

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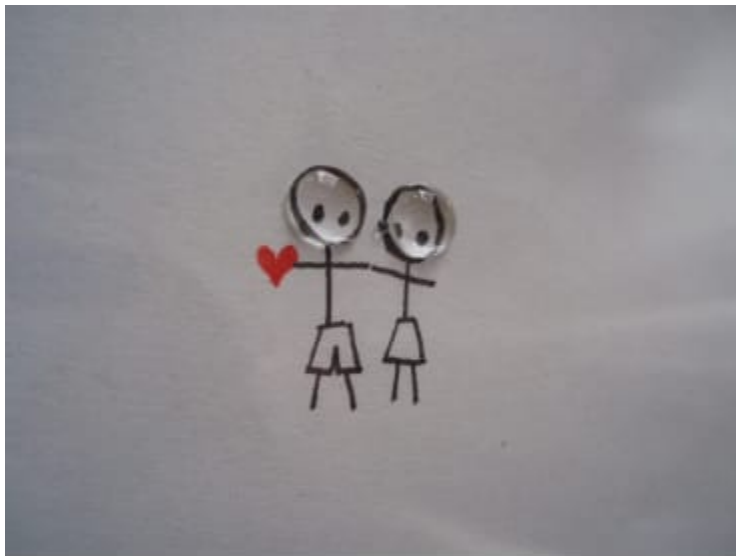
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4.6: The Biochemistry of Love

4.6: The Biochemistry of Love

Love is deeply biological. It pervades every aspect of our lives and has inspired countless works of art. Love also has a profound effect on our mental and physical state. A “broken heart” or a failed relationship can have disastrous effects; bereavement disrupts human physiology and may even precipitate death. Without loving relationships, humans fail to flourish, even if all of their other basic needs are met. As such, love is clearly not “just” an emotion; it is a biological process that is both dynamic and bidirectional in several dimensions. Social interactions between individuals, for example, trigger cognitive and physiological processes that influence emotional and mental states. In turn, these changes influence future social interactions. Similarly, the maintenance of loving relationships requires constant feedback through sensory and cognitive systems; the body seeks love and responds constantly to interactions with loved ones or to the absence of such interactions. The evolutionary principles and ancient hormonal and neural systems that support the beneficial and healing effects of loving relationships are described here.

Introduction to the Study of Love



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Although evidence exists for the healing power of love, only recently has science turned its attention to providing a physiological explanation for love. The study of love in this context offers insight into many important topics, including the biological basis of interpersonal relationships and why and how disruptions in social bonds have such pervasive consequences for behavior and physiology. Some of the answers will be found in our growing knowledge of the neurobiological and endocrinological mechanisms of social behavior and interpersonal engagement.

The evolution of social behavior

Nothing in biology makes sense except in the light of evolution. Life on earth is fundamentally social: The ability to dynamically interact with other living organisms to support mutual homeostasis, growth, and reproduction evolved very early. Social interactions are present in primitive invertebrates and even among prokaryotes: Bacteria recognize and approach members of their own species. Bacteria also reproduce more successfully in the presence of their own kind and are able to form communities with physical and chemical characteristics that go far beyond the capabilities of the individual cell ([Ingham & Ben-Jacob, 2008](#)).

The evolutionary pathways that led from reptiles to mammals allowed the emergence of the unique anatomical systems and biochemical mechanisms that enable social engagement and selectively reciprocal sociality. Reptiles show minimal parental

investment in offspring and form nonselective relationships between individuals. Pet owners may become emotionally attached to their turtle or snake, but this relationship is not reciprocal. In contrast, most mammals show intense parental investment in offspring and form lasting bonds with their children. Many mammalian species—including humans, wolves, and prairie voles—also develop long-lasting, reciprocal, and selective relationships between adults, with several features of what humans experience as “love.” In turn, these reciprocal interactions trigger dynamic feedback mechanisms that foster growth and health.

What is love? An evolutionary and physiological perspective

Human love is more complex than simple feedback mechanisms. Love may create its own reality. The biology of love originates in the primitive parts of the brain—the emotional core of the human nervous system—which evolved long before the cerebral cortex. The brain “in love” is flooded with vague sensations, often transmitted by the [vagus nerve](#), and creating much of what we experience as emotion. The modern cortex struggles to interpret love’s messages, and weaves a narrative around incoming visceral experiences, potentially reacting to that narrative rather than to reality. It also is helpful to realize that mammalian social behavior is supported by biological components that were repurposed or co-opted over the course of mammalian evolution, eventually permitting lasting relationships between adults.

Stress and love

Emotional bonds can form during periods of extreme duress, especially when the survival of one individual depends on the presence and support of another. There also is evidence that oxytocin is released in response to acutely stressful experiences, perhaps serving as hormonal “insurance” against overwhelming stress. Oxytocin may help to ensure that parents and others will engage with and care for infants; develop stable, loving relationships; and seek out and receive support from others in times of need.

The absence of love in early life can be detrimental to mental and physical health

During early life in particular, trauma or neglect may produce behaviors and emotional states in humans that are socially pathological. Because the processes involved in creating social behaviors and social emotions are delicately balanced, these be may be triggered in inappropriate contexts, leading to aggression toward friends or family. Alternatively, bonds may be formed with prospective partners who fail to provide social support or protection.



"[Really Young Love](#)" by [makelessnoise](#) is licensed under [CC BY 2.0](#).

Loving relationships in early life can have epigenetic consequences

Love is “epigenetic.” That is, positive experiences in early life can act upon and alter the expression of specific genes. These

changes in gene expression may have behavioral consequences through simple biochemical changes, such as adding a methyl group to a particular site within the genome ([Zhang & Meaney, 2010](#)). It is possible that these changes in the genome may even be passed to the next generation.

Although we are all born with a finite set of genes, experiences in childhood will cause some genes to express themselves (e.g., encourage certain personality traits), while other genes will remain dormant.

Social behaviors, emotional attachment to others, and long-lasting reciprocal relationships also are both plastic and adaptive, and so is the biology upon which they are based. For example, infants of traumatized or highly stressed parents might be chronically exposed to vasopressin, either through their own increased production of the peptide, or through higher levels of vasopressin in maternal milk. Such increased exposure could sensitize the infant to defensive behaviors or create a lifelong tendency to overreact to threat. Based on research in rats, it seems that in response to adverse early experiences of chronic isolation, the genes for vasopressin receptors can become upregulated ([Zhang et al., 2012](#)), leading to an increased sensitivity to acute stressors or anxiety that may persist throughout life.

Epigenetic programming triggered by early life experiences is adaptive in allowing neuroendocrine systems to project and plan for future behavioral demands. But epigenetic changes that are long-lasting also can create atypical social or emotional behaviors ([Zhang & Meaney, 2010](#)) that may be especially likely to surface in later life, and in the face of social or emotional challenges.

Exposure to exogenous hormones in early life also may be epigenetic. For example, prairie voles treated postnatally with vasopressin (especially males) were later more aggressive, whereas those exposed to a vasopressin antagonist showed less aggression in adulthood. Conversely, in voles the exposure of infants to slightly increased levels of oxytocin during development increased the tendency to show a pair bond. However, these studies also showed that a single exposure to a higher level of oxytocin in early life could disrupt the later capacity to pair bond ([Carter et al., 2009](#)).

There is little doubt that either early social experiences or the effects of developmental exposure to these neuropeptides holds the potential to have long-lasting effects on behavior. Both parental care and exposure to oxytocin in early life can permanently modify hormonal systems, altering the capacity to form relationships and influence the expression of love across the life span. Our preliminary findings in voles further suggest that early life experiences affect the methylation of the oxytocin receptor gene and its expression ([Connelly, Kenkel, Erickson, & Carter, 2011](#)). Thus, we can plausibly argue that love is epigenetic.

The absence of social behavior or isolation also has consequences for the oxytocin system

Given the power of positive social experiences, it is not surprising that a lack of social relationships also may lead to alterations in behavior as well as changes in oxytocin and vasopressin pathways. We have found that social isolation reduced the expression of the gene for the oxytocin receptor, and at the same time increased the expression of genes for the vasopressin peptide. In female prairie voles, isolation also was accompanied by an increase in blood levels of oxytocin, possibly as a coping mechanism. However, over time, isolated prairie voles of both sexes showed increases in measures of depression, anxiety, and physiological arousal, and these changes were observed even when endogenous oxytocin was elevated. Thus, even the hormonal insurance provided by endogenous oxytocin in face of the chronic stress of isolation was not sufficient to dampen the consequences of living alone. Predictably, when isolated voles were given additional exogenous oxytocin, this treatment did restore many of these functions to normal ([Grippe, Trahanas, Zimmerman, Porges, & Carter, 2009](#)).

In modern societies, humans can survive, at least after childhood, with little or no human contact. Communication technology, social media, electronic parenting, and many other recent technological advances may reduce social behaviors, placing both children and adults at risk for social isolation and disorders of the autonomic nervous system, including deficits in their capacity for social engagement and love ([Porges, 2011](#)).

Social engagement actually helps us to cope with stress. The same hormones and areas of the brain that increase the capacity of the body to survive stress also enable us to better adapt to an ever-changing social and physical environment. Individuals with strong emotional support and relationships are more resilient in the face of stressors than those who feel isolated or lonely. Lesions in various bodily tissues, including the brain, heal more quickly in animals that are living socially versus in isolation ([Karelina & DeVries, 2011](#)). The protective effects of positive sociality seem to rely on the same cocktail of hormones that carries a biological message of “love” throughout the body.

Can love—or perhaps oxytocin—be a medicine?



"your love is like bad medicine" by Rakka is licensed under [CC BY-NC-ND 2.0](#).

Although research has only begun to examine the physiological effects of these peptides beyond social behavior, there is a wealth of new evidence showing that oxytocin can influence physiological responses to stress and injury. As only one example, the molecules associated with love have restorative properties, including the ability to literally heal a “broken heart.” Oxytocin receptors are expressed in the heart, and precursors for oxytocin appear to be critical for the development of the fetal heart ([Danalache, Gutkowska, Slusarz, Berezowska, & Jankowski, 2010](#)). Oxytocin exerts protective and restorative effects in part through its capacity to convert undifferentiated stem cells into cardiomyocytes. Oxytocin can facilitate adult neurogenesis and tissue repair, especially after a stressful experience. We now know that oxytocin has direct anti-inflammatory and antioxidant properties in in vitro models of atherosclerosis ([Szeto et al., 2008](#)). The heart seems to rely on oxytocin as part of a normal process of protection and self-healing. Researchers are interested in the medical/therapeutic potential of oxytocin.

Thus, oxytocin exposure early in life not only regulates our ability to love and form social bonds, it also affects our health and well-being. Oxytocin modulates the hypothalamic–pituitary adrenal (HPA) axis, especially in response to disruptions in homeostasis ([Carter, 1998](#)), and coordinates demands on the immune system and energy balance. Long-term, secure relationships provide emotional support and down-regulate reactivity of the HPA axis, whereas intense stressors, including birth, trigger activation of the HPA axis and sympathetic nervous system. The ability of oxytocin to regulate these systems probably explains the exceptional capacity of most women to cope with the challenges of childbirth and childrearing.

Dozens of ongoing clinical trials are currently attempting to examine the therapeutic potential of oxytocin in disorders ranging from autism to heart disease. Of course, as in hormonal studies in voles, the effects are likely to depend on the history of the individual and the context, and to be dose-dependent. As this research is emerging, a variety of individual differences and apparent discrepancies in the effects of exogenous oxytocin are being reported. Most of these studies do not include any information on the endogenous hormones, or on the oxytocin or vasopressin receptors, which are likely to affect the outcome of such treatments.

Research in this field is new and there is much left to understand. However, it is already clear that both love and oxytocin are powerful. Of course, with power comes responsibility. Although research into mechanisms through which love—or hormones such as oxytocin—may protect us against stress and disease is in its infancy, this knowledge will ultimately increase our understanding of the way that our emotions impact upon health and disease. The same molecules that allow us to give and receive love also link our need for others with health and well-being.

Conclusion

In this section, we’ve discussed historical and emerging approaches to sexual response. An important take-away to this section is that sexual responsiveness isn’t simply physiological: Psychological factors are also present. At the same time, biology

matters and consideration for hormonal and neurological information can be important in our sexual experiences. Keeping an intersectional lens can be a helpful way of learning, evaluating and growing in your own sexual responses.

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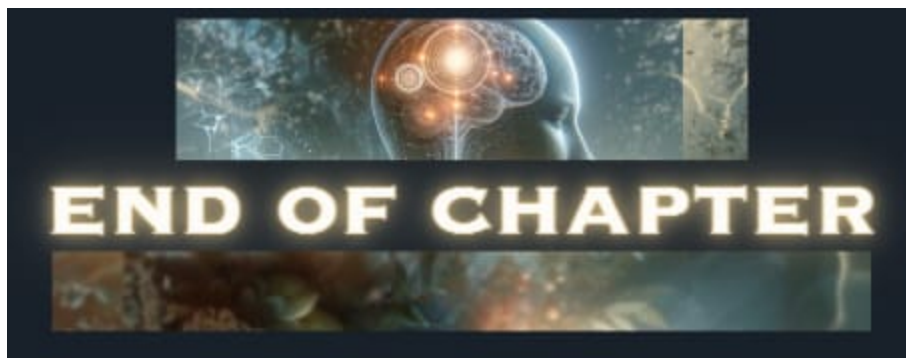
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4.7: End of Chapter Wrap-Up

4.7: Chapter 4 Wrap-Up

Here are the key takeaways from Chapter 4:

- Motivation is the driving force behind our behaviors, stemming from both intrinsic and extrinsic factors. Intrinsic motivation arises from personal satisfaction and fulfillment, while extrinsic motivation originates from external rewards or pressures. However, the interplay between these motivations can lead to unexpected outcomes, such as the overjustification effect, where extrinsic rewards diminish intrinsic motivation. Factors like self-efficacy, social motives, and Maslow's hierarchy of needs further shape our motivations, influencing our pursuit of personal fulfillment, achievement, and connection. Understanding these dynamics can help us navigate our behaviors and goals, balancing intrinsic passion with extrinsic incentives for optimal engagement and satisfaction.
- The intricate relationship between hormones and behavior reveals a complex interplay between physiological and psychological processes. Hormones, organic chemical messengers produced by endocrine glands, influence behavior by acting on target structures throughout the body. While neural communication operates over short distances and rapid time frames, hormonal communication traverses greater distances and may take longer to produce effects. Understanding this distinction helps elucidate how hormones shape behavior by modulating sensory capabilities, central processing systems, and effector organs. Additionally, behaviors can reciprocally influence hormone concentrations, with anticipation and participation in activities such as mating, competition, or even watching sports matches impacting hormone levels. This bidirectional relationship underscores the dynamic nature of human behavior and its physiological underpinnings, emphasizing the intertwined influences of biology, environment, and experience.
- Sexual response is a complex interplay between biological factors and socialization. Each individual has a unique degree of arousal response influenced by both innate predispositions and life experiences. Social factors such as shame and stigma can reshape the perception of sexual stimuli and influence desires and behaviors. Understanding the neurobiology of pleasure, including the activation of various brain regions and erogenous zones, sheds light on the intricate mechanisms underlying sexual experiences. Additionally, hormonal influences, including the role of pheromones, further shape sexual responses. Various models, such as Masters and Johnson's sexual response cycle, Kaplan's triphasic model, Basson's nonlinear approach, and the dual control model, offer insights into the diverse pathways of sexual arousal and satisfaction, highlighting the importance of individual differences and contextual factors in understanding human sexuality.
- Gender norms and biological sex significantly shape personal identity, roles, and mental health. Adherence to or deviation from these norms can impact self-esteem and social interactions. Intersex variations challenge the binary classification of sex, highlighting the need for medical decisions that respect bodily autonomy and informed consent. Mental health issues are prevalent among intersex individuals due to stigma and inadequate healthcare. Gender, seen as a social construct, involves a complex interplay of societal expectations, personal experiences, and psychosocial factors. Emphasizing diversity and challenging restrictive norms can enhance mental health and social equity, with personal psychology providing a framework to support individuals in their gender journeys.
- Love is a profound biological phenomenon, shaping our mental and physical health. Rooted in our evolutionary history, love facilitates social bonds critical for survival. Originating in primitive brain regions, love floods us with visceral sensations, influencing our reality. Stress can both strengthen and strain loving relationships, with oxytocin playing a pivotal role in promoting social engagement and coping. Early experiences of love, or its absence, can epigenetically shape our biology and affect relationship formation throughout life. Social isolation has detrimental effects on health. Recognizing the healing power of love, oxytocin is being explored for therapeutic benefits. Understanding the biology of love unveils its deep connection to our well-being, underscoring the importance of love for our overall health.



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5: STRESS, YOUR HEALTH AND COPING PROCESSES

5.1: Introduction to Stress, Health and the Self

5.2: Stress and Coping

5.3: Regulation of Stress

5.4: Psychological Wellbeing

5.5: Healthy Behaviors and Wellness

5.6: The Pursuit of Happiness

5.7: End of Chapter Wrap-Up

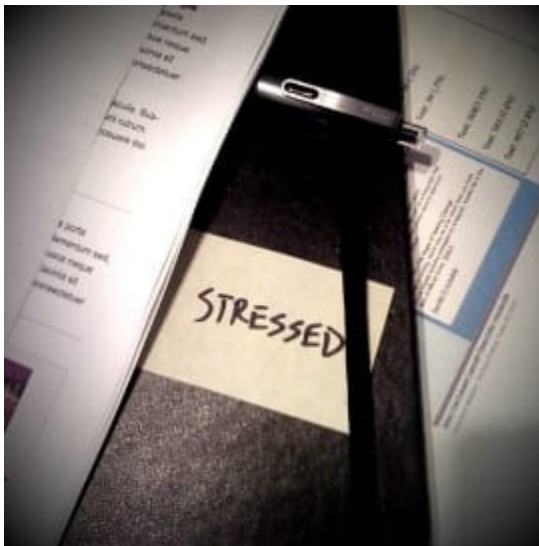
5.1: Introduction to Stress, Health and the Self

5.1: Stress, Health, and the Self

Learning Objectives

- Be able to list two internal causes of subjective well-being and two external causes of subjective well-being. Describe how happiness is typically measured.
- Explain theoretical models of health, as well as the role of psychological stress in the development of disease.
- Describe psychological factors that contribute to resilience and improved health.

In this chapter, we examine the profound connections between stress, health, and the self, emphasizing how these elements interplay to influence our overall well-being.



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Stress: Stress is a natural response to perceived threats or challenges and can significantly impact our mental and physical health. We discussed various types of stress, including acute, episodic, and chronic stress, each with distinct characteristics and effects on the body and mind. Key theories of stress, such as Hans Selye's General Adaptation Syndrome (GAS), which outlines the stages of alarm, resistance, and exhaustion, provided a framework for understanding the physiological responses to stress. Additionally, we explored the psychological aspects of stress, focusing on the role of cognitive appraisal in determining whether an event is perceived as stressful. The chapter highlighted common sources of stress, such as work, relationships, and major life changes, and introduced coping strategies, including problem-focused and emotion-focused coping, mindfulness, and relaxation techniques.

Health: The relationship between stress and health is complex and bidirectional. Chronic stress can lead to various health problems, including cardiovascular disease, weakened immune function, and mental health disorders like anxiety and depression. Conversely, poor health can increase stress levels, creating a detrimental cycle. We examined the biopsychosocial model of health, which integrates biological, psychological, and social factors in understanding health and illness. This holistic perspective underscores the importance of lifestyle factors, such as diet, exercise, sleep, and social support, in maintaining health and managing stress. The chapter also covered the concept of health psychology, which focuses on how behavioral, cognitive, and social factors influence health and illness, and how psychological interventions can promote health and well-being.

The Self: Understanding the self is crucial in managing stress and maintaining health. The self-concept, which encompasses our beliefs and perceptions about ourselves, plays a significant role in how we respond to stress. A positive self-concept and high self-

esteem can buffer against stress and its negative effects. We explored how self-awareness and self-regulation contribute to health behaviors and stress management. The chapter also discussed the importance of resilience, the ability to bounce back from adversity, and the factors that contribute to it, such as optimism, social support, and coping skills. Additionally, we examined how self-compassion, the practice of being kind and understanding toward oneself, can mitigate stress and promote psychological well-being.

Through the integration of these topics, the chapter provides a comprehensive understanding of how stress affects health and the crucial role the self plays in this dynamic. By learning about the physiological and psychological mechanisms of stress, the impact of lifestyle choices on health, and the importance of a resilient and positive self-concept, readers gained valuable insights and practical strategies to enhance their well-being and navigate the challenges of life more effectively. This holistic approach empowers individuals to take proactive steps in managing stress, improving health, and fostering a healthy and resilient self.

5.2: Stress and Coping

5.2: Stress and Coping



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It's 2:00 a.m. and your head is swarming with thoughts, none of them pleasant or relaxing: Did I reply to that important email? Am I ready for the upcoming presentation? Should I have studied more for tomorrow's test? How long will it take me to fall asleep? Why is this always happening to me? All of these thoughts manifest as stress, an ever-present variable in our lives. You are not alone and as you will find out in this chapter, there are ways of coping and managing these stressors. Furthermore, there are ways that we can help communities better deal with these types of challenges.

WHAT IS STRESS?



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So what is **stress**? This shouldn't be a trick question, but why is it so hard to answer? Stress can be three things: a *stimulus event* (i.e., a stressor), a *process for understanding* the stimulus and *its context*, and a *reaction we have to this event*. Essentially, to be

stressful the event has to become an overload of incoming information into our system. Stress can cause biological responses such as sweaty palms or a racing heart, as well as psychological responses such as nervousness. It is known to have effects on our behavior causing us to avoid others, and it also affects cognitive performance causing us to have difficulty concentrating.

A number of genetic studies have begun to identify candidate genes that may play a role on diverse forms of stress reactions. It is highly probable that genetics account for some of our responses to stress, but other factors are also of importance. Environmental stressors can also affect our behaviors and emotions. Environmental stressors can be grouped into different types: *Major Life Events* (e.g., experiencing a breakup, getting married, or having a baby), *Life Transitions* (e.g., puberty or transition into high school), *Daily Hassles* (e.g., family arguments or waiting in a long line at a security checkpoint of an airport) and *Disasters* (e.g., experiencing a car accident or a computer crashing causing loss of important information). These types of environmental stressors can cause you to be fearful and have a racing heartbeat. And our perceptions of these responses can actually make the symptoms worse. It is also important to note that these stressors can be perceived differently by different people. For instance, two people can get stuck in the same elevator and while one would find the experience to be a nuisance, another will tell you it was the worse situation they have ever been in. Here is [a poll](#) about the role of stresses and stress responses in the natural world. This supplementary article explores [what is the right amount of stress](#).

PHYSIOLOGICAL VS PSYCHOLOGICAL STRESS

While most of the time we think about stress in a negative way, some stress is adaptive and can even give us an edge. Part of the stress reaction involves the secretion of hormones, which in turn will stimulate the cardiovascular system, which includes your heart. In this way, the right amount of stress may release hormones and increase our ability to focus better on an exam or to quickly maneuver our car when we are trying to avoid an accident. Most stressors in our daily life are psychological in nature—dating, exams, presentations, and deadlines, so the adrenaline and cortisol (i.e., stress hormones) released into the bloodstream do not get burned off. These types of psychological stressors can initiate an over-activation with a tendency to make the stress response worse. So, a response to an environmental stressor may start as fear and turn into a panic attack.

Acute vs Chronic Stress



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One of the goals of our body is to maintain stability (i.e., **homeostasis**). We can, therefore, define stress as an actual or perceived threat capable of throwing our homeostasis off balance. Stress exposure starts the responses. When a person is exposed to prolonged stress, **overload** may occur. When the stress response is triggered too often and/or remains active too long, it can cause “wear and tear” on the body from lowering your immune system and bone density, to hypertension, to heart attack.

There are two different types of stressors that we typically encounter. **Acute stressors** are observable stressful events that are time-limited such as an upcoming test or a family gathering. An acute stressor brings activation to our neuroendocrine system and makes us ready to act (i.e., “fight or flight”). Remember that pumped up feeling you got the last time you were getting ready to give a speech in front of the class? **Chronic stressors**, in contrast, are persistent demands on you; they are typically open-ended, using up your resources in coping but not having any resolution. Here is a [short article and podcast](#) on stress effects on health and suggestions for stress preventive activities.

A chronic illness, poverty, and racial discrimination are all examples of chronic stressors. Prolonged stress can lead to an eventual breakdown, such as contributing to aging. A number of recent studies have shown that lower socioeconomic status is associated with higher stress load. In addition, perceptions of racism can serve as a chronic social stressor for ethnic minorities and can, in

part, explain some of the health issues of African Americans and other ethnic minority groups in the US and other countries.

Everyday Hassles



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[Robert Service](#), a Canadian Poet, cautioned, “Be master of your petty annoyances and conserve your energies for the big, worthwhile things. It isn’t the mountain ahead that wears you out—it’s the grain of sand in your shoe.”

In addition to many stressors in our lives being psychological and chronic in nature, we should pay attention to everyday hassles, which can be as harmful, if not more harmful than life-changing events. Everyday hassles may include things like worrying about one’s weight, having too much work with too little time, or a stressful commute to school or work. Major life changes usually bring about more hassles, which may lead to more physical stress symptoms.

In summary, stress can be adaptive—in a fearful or stress-causing situation, we can run away to save our lives, or we can concentrate better on a test. Biologists might even say it is necessary. But, stress can also be maladaptive. This is especially true if it is prolonged (i.e., chronic stress) because it increases our risk of illness and health problems. Thus, reducing stress, especially prolonged stress, is essential to healthcare. This [video](#) explains the effects of daily hassles on our health.

COPING AND STRESS



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To deal with stress in your life, it is important to figure out where that stress originates and notice how you tend to react to it. Later in this chapter, we will show you how community psychologists consider the environment and ecological perspectives as intertwined in stress and coping. Lazarus and Folkman (1984) have been among the most influential psychologists in the stress and coping field, and they defined coping as efforts to manage demands that could exceed our resources. It is important to highlight from this definition that when a person perceives a life circumstance as taxing and exceeding the resources they have, this person will experience stress. Therefore, coping involves your efforts to manage stress, which is illustrated in Figure 1.

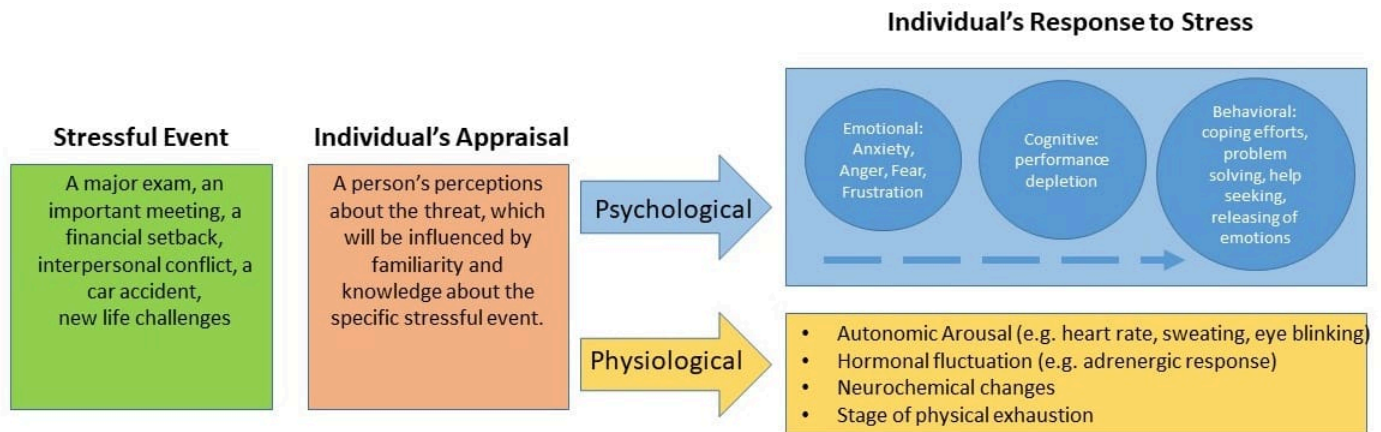


Figure 1. Overview of Stress Process and Coping Responses

Coping Defined

Lazarus and Folkman (1984) felt that when humans perceive a life circumstance as taxing and exceeding their resources, stress will be experienced, which we have already defined in the prior section as an overload of incoming information into a system. Therefore, coping involves persons' efforts to manage stress, whether the process of dealing with stress is adaptive or not (Lazarus, 1993). When we talk about coping, we will need to consider the intensity of the stressor, the context of coping, and an individual's appraisal of coping expectations.

Coping Types

Research on coping has usually found five types of **coping styles** (Clarke, 2006; Skinner, et al., 2003; Folkman & Moskowitz, 2005). These include the following: (1) **problem-focused coping style** involves addressing the problem situation by taking direct acting, planning or thinking of ways to solve the problem, (2) **emotion-focused coping style** involves expressing feelings or engaging in emotional release activities such as exercising or practicing meditation, (3) **seeking-understanding coping style** refers to finding understanding of the problem and looking for a meaning of the experience, and (4) **seeking help** involves using others as a resource to solve the problem. Finally, people might respond to stressors by (5) **avoiding the problem** and trying to stay away from the problem or potential solution to the problem.

Coping Strategies

Coping strategies are the choices that a person makes in order to respond to a stressor. A strategy can be adaptive (effective) or maladaptive (ineffective or harmful). The ideal **adaptive coping** strategy varies depending on the context, as well as the personality traits of the person responding. The coping strategies can be problem-solving or active strategies, emotional expression and regulation strategies, seeking understanding strategies, help or support-seeking strategies, and problem avoidance or distraction strategies.

Here is one example of an intervention strategy that shows how to effectively cope with daily and transitional stressors. The strategy is called **Shift-and-Persist** (Chen & Miller, 2012), and it requires individuals to first shift views of the problem. To shift, you need to (1) recognize and accept the presence of stress, (2) engage in emotional regulation and control negative emotions, and (3) practice self-distancing from the stressor to gain an outsider's perspective of the stressful context. To persist, you would need to (1) plan for the future through goal setting, (2) recognize a broader perspective when obstacles arise, (3) determine what brings meaning to your life, and (4) become flexible to determine new pathways to goals. The [Center for Disease Control and Prevention](#) and the [American Heart Association](#) offer other coping strategies. Two more discussions on coping strategies are

found in these two Ted Talk Videos [here](#) and [here](#).

Table 1 below presents a list of coping strategies and is a summary of strategies reported in Clarke, 2006; Skinner, et al., 2003; Folkman & Moskowitz, 2005. Although completed lists are more extensive, this table presents styles reported across the three studies that presented similar types of responses.

Coping Strategies:	Type of Responses:
<i>Problem Solving or Active Strategies</i>	• Work on solving the problem in the situation • Make a plan for action and follow up
<i>Emotional Expression and Emotional Regulation Strategies</i>	• Let emotion out; get in touch with feelings and let them out • Let someone know about my feelings • Keep emotions under control by performing appeasing activities • Cognitive restructuring; reorganizing the way I look at the situation
<i>Seeking Understanding Strategies</i>	• Try to understand or find meaning of the situation; looking for learning
<i>Help-seeking Strategies and Support-seeking Strategies</i>	• Seeking instrumental aid or advice from others • Seeking comfort or understanding from others
<i>Problem Avoidance Strategies and Distraction Strategies</i>	• Acting like nothing had happened • Avoid thinking or doing anything about the problem • Leaving the scenario and staying away from the stressful situation • Efforts to avoid thinking about the problem situation by using distractions or entertainment activities

To understand coping as a process, we need to understand people's reaction to stress in context. This includes assessing whether the coping thoughts or actions are good or bad for that given challenge and given context. In addition, the process of coping includes the particular person, the particular encounters with the stressor, the time of the person's reactions, and the outcome being examined.

SUMMING UP



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We all experience stress. However, we respond to this stress in different ways. Sometimes low levels of stress can actually be helpful as it could motivate you to study for an exam. Although the experience of stress is very subjective, stress elicits physiological, emotional, and cognitive reactions in us all. To deal with these stressors, we mobilize resources for coping with the problems confronting us. The success of our coping efforts will depend on ourselves as well as the environmental challenge. For example, most of us have the resources to deal with the stress of a thunderstorm, but we might really be challenged if we are

confronted with a tornado that comes through our neighborhood. So there are different levels of stressors that we face. In this chapter, we examined the relationship between stressors and coping, we reviewed the different coping styles and the relationship between individual and context and coping outcomes, including resilience. We hope that this review of stress has provided you with some new insights about how you might use a variety of coping strategies to deal with stress and to work toward the reduction of stress among others.

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5.3: Regulation of Stress

5.3: Regulation of Stress

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 (Figure 14.22).

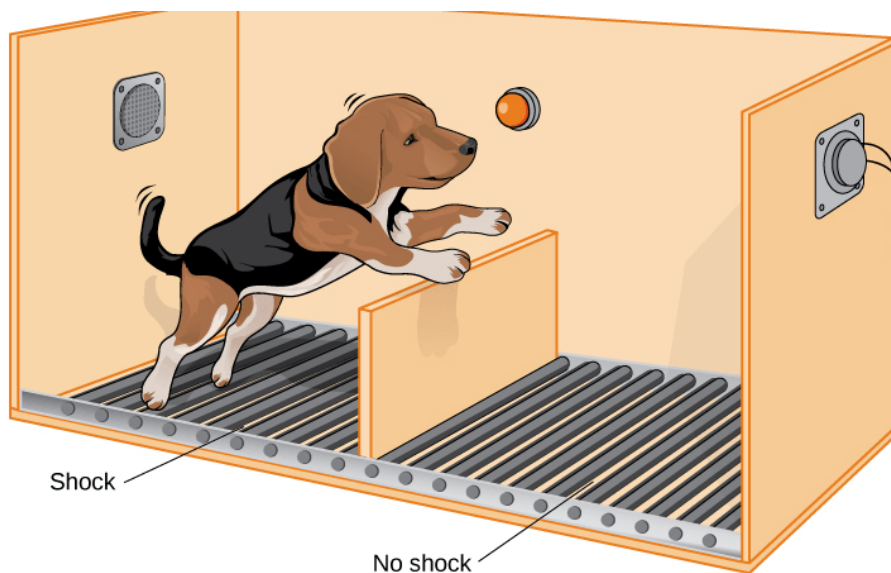


Figure 14.22 Seligman's learned helplessness experiments with dogs used an apparatus that measured when the animals would move from a floor delivering shocks to one without.

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).

Seligman and colleagues later reformulated the original learned helplessness model of depression (Abramson, Seligman, & Teasdale, 1978). In their reformulation, they emphasized attributions (i.e., a mental explanation for why something occurred) that lead to the perception that one lacks control over negative outcomes are important in fostering a sense of learned helplessness. For example, suppose a coworker shows up late to work; your belief as to what caused the coworker's tardiness would be an attribution (e.g., too much traffic, slept too late, or just doesn't care about being on time).

The reformulated version of Seligman's study holds that the attributions made for negative life events contribute to depression. Consider the example of a student who performs poorly on a midterm exam. This model suggests that the student will make three kinds of attributions for this outcome: internal vs. external (believing the outcome was caused by his own personal inadequacies or by environmental factors), stable vs. unstable (believing the cause can be changed or is permanent), and global vs. specific

(believing the outcome is a sign of inadequacy in most everything versus just this area). Assume that the student makes an internal (“I’m just not smart”), stable (“Nothing can be done to change the fact that I’m not smart”) and global (“This is another example of how lousy I am at everything”) attribution for the poor performance. The reformulated theory predicts that the student would perceive a lack of control over this stressful event and thus be especially prone to developing depression. Indeed, research has demonstrated that people who have a tendency to make internal, global, and stable attributions for bad outcomes tend to develop symptoms of depression when faced with negative life experiences (Peterson & Seligman, 1984).

Seligman’s learned helplessness model has emerged over the years as a leading theoretical explanation for the onset of major depressive disorder. When you study psychological disorders, you will learn more about the latest reformulation of this model—now called hopelessness theory.

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 ([Figure 14.23Links to an external site.](#)).



(a)



(b)

Figure 14.23 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 support 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 than 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.

Stress Reduction Techniques

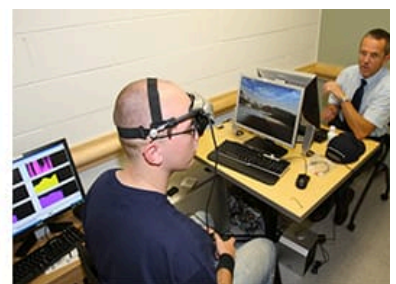
Beyond having a sense of control and establishing social support networks, there are numerous other means by which we can manage stress (Figure 14.24). A common technique people use to combat stress is exercise (Salmon, 2001). It is well-established that exercise, both of long (aerobic) and short (anaerobic) duration, is beneficial for both physical and mental health (Everly & Lating, 2002). There is considerable evidence that physically fit individuals are more resistant to the adverse effects of stress and recover more quickly from stress than less physically fit individuals (Cotton, 1990). In a study of more than 500 Swiss police officers and emergency service personnel, increased physical fitness was associated with reduced stress, and regular exercise was reported to protect against stress-related health problems (Gerber, Kellman, Hartman, & Pühse, 2010).



(a)



(b)



(c)

Figure 14.24 Stress reduction techniques may include (a) exercise, (b) meditation and relaxation, or (c) biofeedback. (credit a: modification of work by "UNE Photos"/Flickr; credit b: modification of work by Caleb Roenigk; credit c: modification of work by Dr. Carmen Russoniello)

One reason exercise may be beneficial is because it might buffer some of the deleterious physiological mechanisms of stress. One study found rats that exercised for six weeks showed a decrease in hypothalamic-pituitary-adrenal responsiveness to mild stressors (Campeau et al., 2010). In high-stress humans, exercise has been shown to prevent telomere shortening, which may explain the common observation of a youthful appearance among those who exercise regularly (Puterman et al., 2010). Further, exercise in later adulthood appears to minimize the detrimental effects of stress on the hippocampus and memory (Head, Singh, & Bugg, 2012). Among cancer survivors, exercise has been shown to reduce anxiety (Speck, Courneya, Masse, Duval, & Schmitz, 2010) and depressive symptoms (Craft, VanIterson, Helenowski, Rademaker, & Courneya, 2012). Clearly, exercise is a highly effective tool for regulating stress.

In the 1970s, Herbert Benson, a cardiologist, developed a stress reduction method called the relaxation response technique (Greenberg, 2006). The relaxation response technique combines relaxation with transcendental meditation, and consists of four components (Stein, 2001):

1. sitting upright on a comfortable chair with feet on the ground and body in a relaxed position,
2. a quiet environment with eyes closed,
3. repeating a word or a phrase—a mantra—to oneself, such as “alert mind, calm body,”
4. passively allowing the mind to focus on pleasant thoughts, such as nature or the warmth of your blood nourishing your body.

The relaxation response approach is conceptualized as a general approach to stress reduction that reduces sympathetic arousal, and it has been used effectively to treat people with high blood pressure (Benson & Proctor, 1994).

Another technique to combat stress, biofeedback, was developed by Gary Schwartz at Harvard University in the early 1970s. Biofeedback is a technique that uses electronic equipment to accurately measure a person's neuromuscular and autonomic activity—feedback is provided in the form of visual or auditory signals. The main assumption of this approach is that providing somebody biofeedback will enable the individual to develop strategies that help gain some level of voluntary control over what are normally involuntary bodily processes (Schwartz & Schwartz, 1995). A number of different bodily measures have been used in biofeedback research, including facial muscle movement, brain activity, and skin temperature, and it has been applied successfully with individuals experiencing tension headaches, high blood pressure, asthma, and phobias (Stein, 2001).

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5.4: Psychological Wellbeing

5.4: Psychological Wellbeing

Individual attributes and behaviors

These relate to a person's innate and learned ability to deal with thoughts and feelings and to manage him/herself in daily life ('emotional intelligence'). It is also the capacity to deal with the social world around by partaking in social activities, taking responsibilities or respecting the views of others ('social intelligence'). An individual's mental health state can also be influenced by genetic and biological factors; that is, determinants that persons are born or endowed with, including chromosomal abnormalities (e.g. Down's syndrome) and intellectual disability caused by prenatal exposure to alcohol or oxygen deprivation at birth.

Social and economic circumstances

The capacity for people to develop and flourish is deeply influenced by their immediate social surroundings – including their opportunity to engage positively with family members, friends or colleagues, and earn a living for themselves and their families – and also by the socioeconomic circumstances in which they find themselves. Restricted or lost opportunities to gain an education and income are especially pertinent socio-economic factors.

Environmental factors

The wider sociocultural and geopolitical environment in which people live can also affect an individual's, household's or community's mental health status, including levels of access to basic commodities and services (water, essential health services, the rule of law), exposure to predominating cultural beliefs, attitudes or practices, as well as by social and economic policies formed at the national level; for example, the on-going global financial crisis is expected to have significant mental health consequences, including increased rates of suicide and harmful alcohol use. Discrimination, social or gender inequality and conflict are examples of adverse structural determinants of mental well-being.

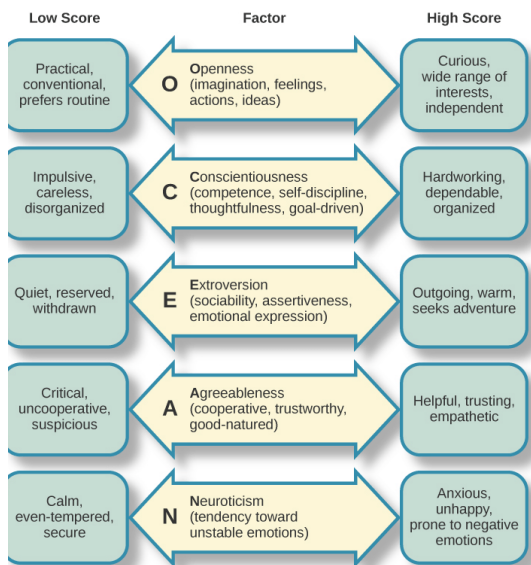
Personality

Personality measures turn out to be good predictors of your health, your sexual promiscuity, your likelihood of divorce, how happy you typically are—even your taste in paintings. Personality is a much better predictor of these things than social class or age. The origin of these differences is in part innate. That is to say, when people are adopted at birth and brought up by new families, their personalities are more similar to their blood relatives than to the ones they grew up with. The differences begin to emerge early in life and are surprisingly stable across the decades. This is not to say that people cannot change, but major change is the exception rather than the rule. Personality differences tend to manifest themselves through the quick, gut-feeling, intuitive, and emotional systems of the human mind. The slower, rational, deliberate systems show less variation in output from person to person. Deliberate rational strategies can be used to over-ride intuitive patterns of response, and this is how people wishing to change their personalities or feelings have to go about it.

So what are the major ways personalities can differ? The dominant approach is to think of the space of possible personalities as being defined by a number of dimensions. Each person can be given a location in the space by their scores on all the different dimensions. Virtually all theories agree on two of the main dimensions, though they differ on how many additional ones they recognize.

Five factors

- **Openness to experience:** (inventive/curious vs. consistent/cautious). Appreciation for art, emotion, adventure, unusual ideas, curiosity, and variety of experience. Openness reflects the degree of intellectual curiosity, creativity and a preference for novelty and variety a person has. It is also described as the extent to which a person is imaginative or independent and depicts a personal preference for a variety of activities over a strict routine. High openness can be perceived as unpredictability or lack of focus. Moreover, individuals with high openness are said to pursue self-actualization specifically by seeking out in tense, euphoric experiences. Conversely, those with low openness seek to gain fulfillment through perseverance and are characterized as pragmatic and data-driven—sometimes even perceived to be dogmatic and closed-minded. Some disagreement remains about how to interpret and contextualize the openness factor.
- **Conscientiousness:** (efficient/organized vs. easy-going/careless). A tendency to be organized and dependable, show self-discipline, act dutifully, aim for achievement, and prefer planned rather than spontaneous behavior. High conscientiousness is often perceived as stubbornness and obsession. Low conscientiousness is associated with flexibility and spontaneity, but can also appear as sloppiness and lack of reliability.
- **Extraversion:** (outgoing/energetic vs. solitary/reserved). Energy, positive emotions, surgency, assertiveness, sociability and the tendency to seek stimulation in the company of others, and talkativeness. High extraversion is often perceived as attention-seeking, and domineering. Low extraversion causes a reserved, reflective personality, which can be perceived as aloof or self-absorbed.
- **Agreeableness:** (friendly/compassionate vs. challenging/detached). A tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others. It is also a measure of one's trusting and helpful nature, and whether a person is generally well-tempered or not. High agreeableness is often seen as naïve or submissive. Low agreeableness personalities are often competitive or challenging people, which can be seen as argumentativeness or untrustworthiness.
- **Neuroticism:** (sensitive/nervous vs. secure/confident). The tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, and vulnerability. Neuroticism also refers to the degree of emotional stability and impulse control and is sometimes referred to by its low pole, "emotional stability". A high need for stability manifests itself as a stable and calm personality, but can be seen as uninspiring and unconcerned. A low need for stability causes a reactive and excitable personality, often very dynamic individuals, but they can be perceived as unstable or insecure.



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5.5: Healthy Behaviors and Wellness

5.5: Healthy Behaviors and Wellness

As most college students do, you have probably set goals. Obviously, your individual goals differ from those of your fellow classmates, but everyone's goals share one common attribute: their intention to improve individual wellbeing. However, there are as many ideas about how to do that as there are individuals. Do your goals involve making more money, achieving better health, improving your relationships? Holistic wellness involves all those aspects of life and more. This chapter explains the importance of overall wellness, which is about more than being physically and mentally healthy, free from illness and disease. In fact, the study of wellness incorporates all aspects of life. Achieving overall wellness means living actively and fully. People in this state exude confidence, optimism, and self-efficacy; they have the energy reserves to do what needs to be done today and to plan for a better tomorrow. The most effective and transformative goals are those designed to achieve the highest level of personal wellness.

Dimensions of Wellness

Wellness is a familiar term, but what is its true definition? Is it simply the absence of disease? This chapter will define all the components of holistic wellness and describe the factors that contribute to not only a person's physical and mental health, but also their ability to develop, thrive, succeed, enjoy life, and meet challenges head on with confidence and resolve.

To achieve this type of overall wellness, a person must be healthy in nine interconnected dimensions of wellness: physical, emotional, intellectual, spiritual, social, environmental, occupational, financial, and cultural. A description of each dimension follows.

The Nine Dimensions of Wellness

Occupational Wellness An occupationally well person enjoys the pursuit of a career which is fulfilling on a variety of levels. This person finds satisfaction and enrichment in work, while always in pursuit of opportunities to reach the next level of professional success.

Financial Wellness Those who are financially well are fully aware of their current financial state. They set long- and short-term goals regarding finances that will allow them to reach their personal goals.

Physical Wellness People who are physically well actively make healthy decisions on a daily basis. They eat a nutritionally balanced diet; they try to get an adequate amount of sleep, and they visit the doctor routinely. They make a habit of exercising three to five times per week; they have the ability to identify their personal needs and are aware of their body's limitations. They maintain positive interpersonal relationships and make healthy sexual decisions that are consistent with their personal values and beliefs.

Emotional Wellness An emotionally well person successfully expresses and manages an entire range of feelings, including anger, doubt, hope, joy, desire, fear, and many others. People who are emotionally well maintain a high level of self-esteem. They have a positive body-image and the ability to regulate their feelings. They know where to seek support and help regarding their mental health, including but not limited to, seeking professional counseling services.

Intellectual Wellness Those who enjoy intellectual wellness engage in lifelong learning. They seek knowledge and activities that further develop their critical thinking and heighten global awareness. They engage in activities associated with the arts, philosophy, and reasoning.

Spiritual Wellness People who can be described as spiritually well have identified a core set of beliefs that guide their decision making, and other faith-based endeavors. While firm in their spiritual beliefs, they understand others may have a distinctly different set of guiding principles. They recognize the relationship between spirituality and identity in all individuals.

Social Wellness A socially well person builds healthy relationships based on interdependence, trust, and respect. Those who are socially well have a keen awareness of the feelings of others. They develop a network of friends and co-workers who share a common purpose, and who provide support and validation.

Environmental Wellness An environmentally well person appreciates the external cues and stimuli that an environment can provide. People who have achieved environmental wellness recognize the limits to controlling an environment and seek to understand the role an individual plays in the environment.

Cultural Wellness Culturally well people are aware of their own cultural background, as well as the diversity and richness present in other cultural backgrounds. Cultural wellness implies understanding, awareness, and intrinsic respect for aspects of diversity. A culturally well person acknowledges and accepts the impact of these aspects of diversity on sexual orientation, religion, gender, racial and ethnic backgrounds, age groups, and disabilities.

Lifestyle Modification Barriers

Dr. James M. Olson, a psychology professor at the University of Western Ontario, London, has identified several psychological barriers that commonly prevent people from taking action, even when inaction poses a threat to their health. These barriers occur during three stages of behavior modification: admission of the problem, initial attempts to change, and long-term change, as outlined below:

Barriers to Admission of the Problem

The first step in lasting change is admitting a problem exists. People often fail to change behavior that poses a risk to their health because they deny a risk exists, trivialize their personal risk, feel invulnerable, make a faulty conceptualization (i.e., they attribute early warning signs to a benign cause), or experience debilitating emotions when contemplating preventative measures.

Barriers to Initial Attempts to Change

At this stage, people acknowledge the need to change but struggle to accomplish their goals. This failure is a result of lack of knowledge, low self-efficacy (the belief in one's own ability to succeed at change), and dysfunctional attitudes.

Barriers to Long-term Change

Just because a person has experienced success in changing a behavior, that doesn't mean the change is permanent. Barriers to long-term change include cognitive and motivational drift (diminishing enthusiasm for the need to change), lack of perceived improvement, lack of social support, and lapses.

Fostering Wellness in Your Life

You are once again feeling motivated to eat better, exercise more, drink less caffeine, or make any number of the positive lifestyle changes you have been telling yourself you want to make. You have tried before—probably declaring another attempt as a New Year's resolution—but without experiencing much success. Making a lifestyle change is challenging, especially when you want to transform many things at once. This time, think of those changes not as a resolution but as an evolution.

Lifestyle changes are a process that takes time and requires support. Once you are ready to make a change, the difficult part is committing and following through. So do your research and make a plan that will prepare you for success. Careful planning means setting small goals and taking things one step at a time.

Here are five tips from the American Psychological Association (APA) that will assist you in making lasting, positive lifestyle and behavior changes:

1. **Make a plan that will stick.** Your plan is a map that will guide you on this journey of change. You can even think of it as an adventure. When making your plan, be specific. Want to exercise more? Detail the time of day when you can take walks and how long you will walk. Write everything down, and ask yourself if you are confident that these activities and goals are realistic for you. If not, start with smaller steps. Post your plan where you will most often see it as a reminder.
2. **Start small.** After you've identified realistic short-term and long-term goals, break down your goals into small, manageable steps that are specifically defined and can be measured. Is your long-term goal to lose 20 pounds within the next five months? A good weekly goal would be to lose one pound a week. If you would like to eat healthier, consider as a goal for the week replacing dessert with a healthier option, like fruit or yogurt. At the end of the week, you will feel successful knowing you met your goal.
3. **Change one behavior at a time.** Unhealthy behaviors develop over the course of time, so replacing unhealthy behaviors with healthy ones requires time. Many people run into problems when they try to change too much too fast. To improve your success, focus on one goal or change at a time. As new healthy behaviors become a habit, try to add another goal that works toward the overall change you are striving for.
4. **Involve a buddy.** Whether it be a friend, co-worker, or family member, someone else on your journey will keep you motivated and accountable. Perhaps it can be someone who will go to the gym with you or someone who is also trying to stop smoking. Talk about what you are doing. Consider joining a support group. Having someone with whom to share your struggles and successes makes the work easier and the mission less intimidating.
5. **Ask for support.** Accepting help from those who care about you and will listen strengthens your resilience and commitment. If you feel overwhelmed or unable to meet your goals on your own, consider seeking help from a psychologist. Psychologists are uniquely trained to understand the connection between the mind and body, as well as the factors that promote behavior change. Asking for help does not mean a lifetime of therapy; even just a few sessions can help you examine and set attainable goals or address the emotional issues that may be getting in your way.

Start with “Why?”

Making changes in habitual behavior requires a deep and abiding belief that change is needed. Your desire to change may be motivated by personal goals, or it may be the result of the impact your improved wellness will have on those you love. Nietzsche said, “He who has a strong enough why can bear almost any how.”

Once you have a compelling reason to change, develop a plan and commit to that plan. If you experience a moment of weakness, do not waste time on self-condemnation. Revisit your compelling reason and reaffirm your commitment to change. The health, peace, and sense of well-being inherent in the highest level of your own personal wellness is more than worth the effort required to change.

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5.6: The Pursuit of Happiness

5.6: The Pursuit of Happiness

America's founders declared that its citizens have an unalienable right to pursue happiness. But what is happiness? When asked to define the term, people emphasize different aspects of this elusive state. Indeed, happiness is somewhat ambiguous and can be defined from different perspectives (Martin, 2012). Some people, especially those who are highly committed to their religious faith, view happiness in ways that emphasize virtuosity, reverence, and enlightened spirituality. Others see happiness as primarily contentment—the inner peace and joy that come from deep satisfaction with one's surroundings, relationships with others, accomplishments, and oneself. Still others view happiness mainly as pleasurable engagement with their personal environment—having a career and hobbies that are engaging, meaningful, rewarding, and exciting. These differences, of course, are merely differences in emphasis. Most people would probably agree that each of these views, in some respects, captures the essence of happiness.

Elements of Happiness

Some psychologists have suggested that happiness consists of three distinct elements: the pleasant life, the good life, and the meaningful life, as shown in [Figure 14.25](#) (Seligman, 2002; Seligman, Steen, Park, & Peterson, 2005). The pleasant life is realized through the attainment of day-to-day pleasures that add fun, joy, and excitement to our lives. For example, evening walks along the beach and a fulfilling sex life can enhance our daily pleasure and contribute to the pleasant life. The good life is achieved through identifying our unique skills and abilities and engaging these talents to enrich our lives; those who achieve the good life often find themselves absorbed in their work or their recreational pursuits. The meaningful life involves a deep sense of fulfillment that comes from using our talents in the service of the greater good: in ways that benefit the lives of others or that make the world a better place. In general, the happiest people tend to be those who pursue the full life—they orient their pursuits toward all three elements (Seligman et al., 2005).

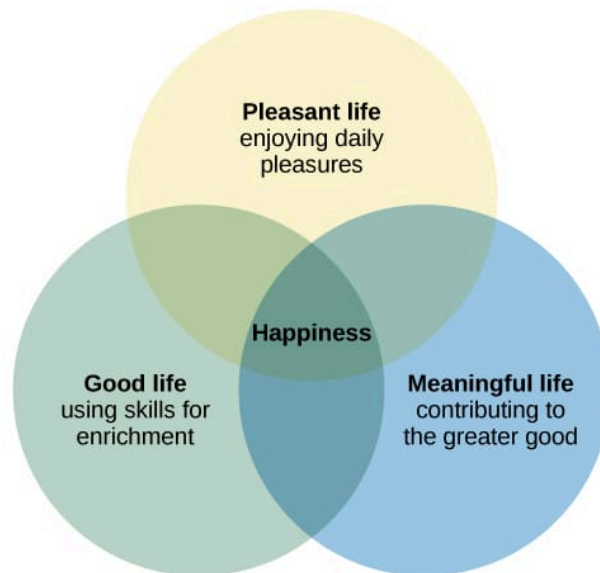


Figure 14.25 Happiness is an enduring state of well-being involving satisfaction in the pleasant, good, and meaningful aspects of life.

For practical purposes, a precise definition of happiness might incorporate each of these elements: an enduring state of mind consisting of joy, contentment, and other positive emotions, plus the sense that one's life has meaning and value (Lyubomirsky, 2001). The definition implies that happiness is a long-term state—what is often characterized as subjective well-being—rather than merely a transient positive mood we all experience from time to time. It is this enduring happiness that has captured the interests of psychologists and other social scientists.

The study of happiness has grown dramatically in the last three decades (Diener, 2013). One of the most basic questions that happiness investigators routinely examine is this: How happy are people in general? The average person in the world tends to be relatively happy and tends to indicate experiencing more positive feelings than negative feelings (Diener, Ng, Harter, & Arora, 2010). When asked to evaluate their current lives on a scale ranging from 0 to 10 (with 0 representing “worst possible life” and 10 representing “best possible life”), people in more than 150 countries surveyed from 2010–2012 reported an average score of 5.2. People who live in North America, Australia, and New Zealand reported the highest average score at 7.1, whereas those living Sub-Saharan Africa reported the lowest average score at 4.6 (Helliwell, Layard, & Sachs, 2013). Worldwide, the five happiest countries are Denmark, Norway, Switzerland, the Netherlands, and Sweden; the United States is ranked 17th happiest ([Figure 14.26](#)) (Helliwell et al., 2013).



(a)



(b)

Figure 14.26 (a) Surveys of residents in over 150 countries indicate that Denmark has the happiest citizens in the world. (b) Americans ranked the United States as the 17th happiest country in which to live. (credit a: modification of work by "JamesZ_Flickr"/Flickr; credit b: modification of work by Ryan Swindell)

Several years ago, a Gallup survey of more than 1,000 U.S. adults found that 52% reported that they were “very happy.” In addition, more than 8 in 10 indicated that they were “very satisfied” with their lives (Carroll, 2007). However, a recent poll found that only 42% of American adults report being “very happy.” The groups that show the greatest declines in happiness are people of color, those who have not completed a college education, and those who politically identify as Democrats or independents (McCarthy, 2020). These results suggest that challenging economic conditions may be related to declines in happiness. Of course, this interpretation implies that happiness is closely tied to one’s finances. But, is it? What factors influence happiness?

Factors Connected to Happiness

What really makes people happy? What factors contribute to sustained joy and contentment? Is it money, attractiveness, material possessions, a rewarding occupation, a satisfying relationship? Extensive research over the years has examined this question. One finding is that age is related to happiness: Life satisfaction usually increases the older people get, but there do not appear to be gender differences in happiness (Diener, Suh, Lucas, & Smith, 1999). Although it is important to point out that much of this work has been correlational, many of the key findings (some of which may surprise you) are summarized below.

Family and other social relationships appear to be key factors correlated with happiness. Studies show that married people report being happier than those who are single, divorced, or widowed (Diener et al., 1999). Happy individuals also report that their marriages are fulfilling (Lyubomirsky, King, & Diener, 2005). In fact, some have suggested that satisfaction with marriage and family life is the strongest predictor of happiness (Myers, 2000). Happy people tend to have more friends, more high-quality social relationships, and stronger social support networks than less happy people (Lyubomirsky et al., 2005). Happy people also have a high frequency of contact with friends (Pinquart & Sörensen, 2000).

Can money buy happiness? In general, extensive research suggests that the answer is yes, but with several caveats. While a nation’s per capita gross domestic product (GDP) is associated with happiness levels (Helliwell et al., 2013), changes in GDP (which is a less certain index of household income) bear little relationship to changes in happiness (Diener, Tay, & Oishi, 2013). On the whole, residents of affluent countries tend to be happier than residents of poor countries; within countries, wealthy individuals

are happier than poor individuals, but the association is much weaker (Diener & Biswas-Diener, 2002). To the extent that it leads to increases in purchasing power, increases in income are associated with increases in happiness (Diener, Oishi, & Ryan, 2013). However, income within societies appears to correlate with happiness only up to a point. In a study of over 450,000 U.S. residents surveyed by the Gallup Organization, Kahneman and Deaton (2010) found that well-being rises with annual income, but only up to \$75,000. The average increase in reported well-being for people with incomes greater than \$75,000 was null. As implausible as these findings might seem—after all, higher incomes would enable people to indulge in Hawaiian vacations, prime seats at sporting events, expensive automobiles, and expansive new homes—higher incomes may impair people's ability to savor and enjoy the small pleasures of life (Kahneman, 2011). Indeed, researchers in one study found that participants exposed to a subliminal reminder of wealth spent less time savoring a chocolate candy bar and exhibited less enjoyment of this experience than did participants who were not reminded of wealth (Quoidbach, Dunn, Petrides, & Mikolajczak, 2010).

What about education and employment? Happy people, compared to those who are less happy, are more likely to graduate from college and secure more meaningful and engaging jobs. Once they obtain a job, they are also more likely to succeed (Lyubomirsky et al., 2005). While education shows a positive (but weak) correlation with happiness, intelligence is not appreciably related to happiness (Diener et al., 1999).

Does religiosity correlate with happiness? In general, the answer is yes (Hackney & Sanders, 2003). However, the relationship between religiosity and happiness depends on societal circumstances. Nations and states with more difficult living conditions (e.g., widespread hunger and low life expectancy) tend to be more highly religious than societies with more favorable living conditions. Among those who live in nations with difficult living conditions, religiosity is associated with greater well-being; in nations with more favorable living conditions, religious and nonreligious individuals report similar levels of well-being (Diener, Tay, & Myers, 2011).

Clearly the living conditions of one's nation can influence factors related to happiness. What about the influence of one's culture? To the extent that people possess characteristics that are highly valued by their culture, they tend to be happier (Diener, 2012). For example, self-esteem is a stronger predictor of life satisfaction in individualistic cultures than in collectivistic cultures (Diener, Diener, & Diener, 1995), and extraverted people tend to be happier in extraverted cultures than in introverted cultures (Fulmer et al., 2010).

So we've identified many factors that exhibit some correlation to happiness. What factors don't show a correlation? Researchers have studied both parenthood and physical attractiveness as potential contributors to happiness, but no link has been identified. Although people tend to believe that parenthood is central to a meaningful and fulfilling life, aggregate findings from a range of countries indicate that people who do not have children are generally happier than those who do (Hansen, 2012). And although one's perceived level of attractiveness seems to predict happiness, a person's objective physical attractiveness is only weakly correlated with their happiness (Diener, Wolsic, & Fujita, 1995).

Life Events and Happiness

An important point should be considered regarding happiness. People are often poor at affective forecasting: predicting the intensity and duration of their future emotions (Wilson & Gilbert, 2003). In one study, nearly all newlywed spouses predicted their marital satisfaction would remain stable or improve over the following four years; despite this high level of initial optimism, their marital satisfaction actually declined during this period (Lavner, Karner, & Bradbury, 2013). In addition, we are often incorrect when estimating how our long-term happiness would change for the better or worse in response to certain life events. For example, it is easy for many of us to imagine how euphoric we would feel if we won the lottery, were asked on a date by an attractive celebrity, or were offered our dream job. It is also easy to understand how long-suffering fans of the Chicago Cubs baseball team, which had not won a World Series championship since 1908, thought they would feel permanently elated when their team finally won another World Series in 2016. Likewise, it is easy to predict that we would feel permanently miserable if we suffered a disabling accident or if a romantic relationship ended.

However, something similar to sensory adaptation often occurs when people experience emotional reactions to life events. In much the same way our senses adapt to changes in stimulation (e.g., our eyes adapting to bright light after walking out of the darkness of a movie theater into the bright afternoon sun), we eventually adapt to changing emotional circumstances in our lives (Brickman & Campbell, 1971; Helson, 1964). When an event that provokes positive or negative emotions occurs, at first we tend to experience its emotional impact at full intensity. We feel a burst of pleasure following such things as a marriage proposal, birth of a child, acceptance to law school, an inheritance, and the like; as you might imagine, lottery winners experience a surge of happiness after hitting the jackpot (Lutter, 2007). Likewise, we experience a surge of misery following widowhood, a divorce, or a layoff from work. In the long run, however, we eventually adjust to the emotional new normal; the emotional impact of the event tends to erode, and we eventually revert to our original baseline happiness levels. Thus, what was at first a thrilling lottery

windfall or World Series championship eventually loses its luster and becomes the status quo ([Figure 14.27](#)[Links to an external site.](#)). Indeed, dramatic life events have much less long-lasting impact on happiness than might be expected (Brickman, Coats, & Janoff-Bulman, 1978).



(a)



(b)

Figure 14.27 (a) Long-suffering Chicago Cub fans felt elated in 2016 when their team won a World Series championship, a feat that had not been accomplished by that franchise in over a century. (b) In ways that are similar, those who play the lottery rightfully think that choosing the correct numbers and winning millions would lead to a surge in happiness. However, the initial burst of elation following such elusive events would most likely erode with time. (credit a: modification of work by Phil Roeder; credit b: modification of work by Robert S. Donovan)

Recently, some have raised questions concerning the extent to which important life events can permanently alter people's happiness set points (Diener, Lucas, & Scollon, 2006). Evidence from a number of investigations suggests that, in some circumstances, happiness levels do not revert to their original positions. For example, although people generally tend to adapt to marriage so that it no longer makes them happier or unhappier than before, they often do not fully adapt to unemployment or severe disabilities (Diener, 2012). [Figure 14.28](#), which is based on longitudinal data from a sample of over 3,000 German respondents, shows life satisfaction scores several years before, during, and after various life events, and it illustrates how people adapt (or fail to adapt) to these events. German respondents did not get lasting emotional boosts from marriage; instead, they reported brief increases in happiness, followed by quick adaptation. In contrast, widows and those who had been laid off experienced sizeable decreases in happiness that appeared to result in long-term changes in life satisfaction (Diener et al., 2006). Further, longitudinal data from the same sample showed that happiness levels changed significantly over time for nearly a quarter of respondents, with 9% showing major changes (Fujita & Diener, 2005). Thus, long-term happiness levels can and do change for some people.



Figure 14.28 This graphs shows life satisfaction scores several years before and after three significant life events (0 represents the year the event happened) (Diener et al., 2006).

Increasing Happiness

Some recent findings about happiness provide an optimistic picture, suggesting that real changes in happiness are possible. For example, thoughtfully developed well-being interventions designed to augment people's baseline levels of happiness may increase happiness in ways that are permanent and long-lasting, not just temporary. These changes in happiness may be targeted at individual, organizational, and societal levels (Diener et al., 2006). Researchers in one study found that a series of happiness interventions involving such exercises as writing down three good things that occurred each day led to increases in happiness that lasted over six months (Seligman et al., 2005).

Measuring happiness and well-being at the societal level over time may assist policy makers in determining if people are generally happy or miserable, as well as when and why they might feel the way they do. Studies show that average national happiness scores (over time and across countries) relate strongly to six key variables: per capita gross domestic product (GDP, which reflects a nation's economic standard of living), social support, freedom to make important life choices, healthy life expectancy, freedom from perceived corruption in government and business, and generosity (Helliwell et al., 2013). Investigating why people are happy or unhappy might help policymakers develop programs that increase happiness and well-being within a society (Diener et al., 2006). Resolutions about contemporary political and social issues that are frequent topics of debate—such as poverty, taxation, affordable health care and housing, clean air and water, and income inequality—might be best considered with people's happiness in mind.

Positive Psychology

In 1998, Seligman (the same person who conducted the learned helplessness experiments mentioned earlier), who was then president of the American Psychological Association, urged psychologists to focus more on understanding how to build human strength and psychological well-being. In deliberately setting out to create a new direction and new orientation for psychology, Seligman helped establish a growing movement and field of research called positive psychology (Compton, 2005). In a very general sense, positive psychology can be thought of as the science of happiness; it is an area of study that seeks to identify and promote those qualities that lead to greater fulfillment in our lives. This field looks at people's strengths and what helps individuals to lead happy, contented lives, and it moves away from focusing on people's pathology, faults, and problems. According to Seligman and Csikszentmihalyi (2000), positive psychology,

at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and... happiness (in the present). At the individual level, it is about positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. (p. 5)

Some of the topics studied by positive psychologists include altruism and empathy, creativity, forgiveness and compassion, the importance of positive emotions, enhancement of immune system functioning, savoring the fleeting moments of life, and strengthening virtues as a way to increase authentic happiness (Compton, 2005). Recent efforts in the field of positive psychology have focused on extending its principles toward peace and well-being at the level of the global community. In a war-torn world in which conflict, hatred, and distrust are common, such an extended “positive peace psychology” could have important implications for understanding how to overcome oppression and work toward global peace (Cohrs, Christie, White, & Das, 2013).

DIG DEEPER

The Center for Investigating Healthy Minds

On the campus of the University of Wisconsin–Madison, the Center for Investigating Healthy Minds at the Waisman Center conducts rigorous scientific research on healthy aspects of the mind, such as kindness, forgiveness, compassion, and mindfulness. Established in 2008 and led by renowned neuroscientist Dr. Richard J. Davidson, the Center examines a wide range of ideas, including such things as a kindness curriculum in schools, neural correlates of prosocial behavior, psychological effects of Tai Chi training, digital games to foster prosocial behavior in children, and the effectiveness of yoga and breathing exercises in reducing symptoms of post-traumatic stress disorder.

According to its website, the Center was founded after Dr. Davidson was challenged by His Holiness, the 14th Dalai Lama, “to apply the rigors of science to study positive qualities of mind” (Center for Investigating Health Minds, 2013). The Center continues to conduct scientific research with the aim of developing mental health training approaches that help people to live happier, healthier lives.

Positive Affect and Optimism

Taking a cue from positive psychology, extensive research over the last 10–15 years has examined the importance of positive psychological attributes in physical well-being. Qualities that help promote psychological well-being (e.g., having meaning and purpose in life, a sense of autonomy, positive emotions, and satisfaction with life) are linked with a range of favorable health outcomes (especially improved cardiovascular health) mainly through their relationships with biological functions and health behaviors (such as diet, physical activity, and sleep quality) (Boehm & Kubzansky, 2012). The quality that has received attention is positive affect, which refers to pleasurable engagement with the environment, such as happiness, joy, enthusiasm, alertness, and excitement (Watson, Clark, & Tellegen, 1988). The characteristics of positive affect, as with negative affect (discussed earlier), can be brief, long-lasting, or trait-like (Pressman & Cohen, 2005). Independent of age, gender, and income, positive affect is associated with greater social connectedness, emotional and practical support, adaptive coping efforts, and lower depression; it is also associated with longevity and favorable physiological functioning (Steptoe, O'Donnell, Marmot, & Wardle, 2008).

Positive affect also serves as a protective factor against heart disease. In a 10-year study of Nova Scotians, the rate of heart disease was 22% lower for each one-point increase on the measure of positive affect, from 1 (no positive affect expressed) to 5 (extreme positive affect) (Davidson, Mostofsky, & Whang, 2010). In terms of our health, the expression, “don’t worry, be happy” is helpful advice indeed. There has also been much work suggesting that optimism—the general tendency to look on the bright side of things—is also a significant predictor of positive health outcomes.

Although positive affect and optimism are related in some ways, they are not the same (Pressman & Cohen, 2005). Whereas positive affect is mostly concerned with positive feeling states, optimism has been regarded as a generalized tendency to expect that good things will happen (Chang, 2001). It has also been conceptualized as a tendency to view life’s stressors and difficulties as temporary and external to oneself (Peterson & Steen, 2002). Numerous studies over the years have consistently shown that optimism is linked to longevity, healthier behaviors, fewer postsurgical complications, better immune functioning among men with prostate cancer, and better treatment adherence (Rasmussen & Wallio, 2008). Further, optimistic people report fewer physical symptoms, less pain, better physical functioning, and are less likely to be rehospitalized following heart surgery (Rasmussen, Scheier, & Greenhouse, 2009).

Flow

Another factor that seems to be important in fostering a deep sense of well-being is the ability to derive flow from the things we do in life. Flow is described as a particular experience that is so engaging and engrossing that it becomes worth doing for its own sake (Csikszentmihalyi, 1997). It is usually related to creative endeavors and leisure activities, but it can also be experienced by

workers who like their jobs or students who love studying (Csikszentmihalyi, 1999). Many of us instantly recognize the notion of flow. In fact, the term derived from respondents' spontaneous use of the term when asked to describe how it felt when what they were doing was going well. When people experience flow, they become involved in an activity to the point where they feel they lose themselves in the activity. They effortlessly maintain their concentration and focus, they feel as though they have complete control of their actions, and time seems to pass more quickly than usual (Csikszentmihalyi, 1997). Flow is considered a pleasurable experience, and it typically occurs when people are engaged in challenging activities that require skills and knowledge they know they possess. For example, people would be more likely report flow experiences in relation to their work or hobbies than in relation to eating. When asked the question, "Do you ever get involved in something so deeply that nothing else seems to matter, and you lose track of time?" about 20% of Americans and Europeans report having these flow-like experiences regularly (Csikszentmihalyi, 1997).

Although wealth and material possessions are nice to have, the notion of flow suggests that neither are prerequisites for a happy and fulfilling life. Finding an activity that you are truly enthusiastic about, something so absorbing that doing it is reward itself (whether it be playing tennis, studying Arabic, writing children's novels, or cooking lavish meals) is perhaps the real key. According to Csikszentmihalyi (1999), creating conditions that make flow experiences possible should be a top social and political priority. How might this goal be achieved? How might flow be promoted in school systems? In the workplace? What potential benefits might be accrued from such efforts?

In an ideal world, scientific research endeavors should inform us on how to bring about a better world for all people. The field of positive psychology promises to be instrumental in helping us understand what truly builds hope, optimism, happiness, healthy relationships, flow, and genuine personal fulfillment.

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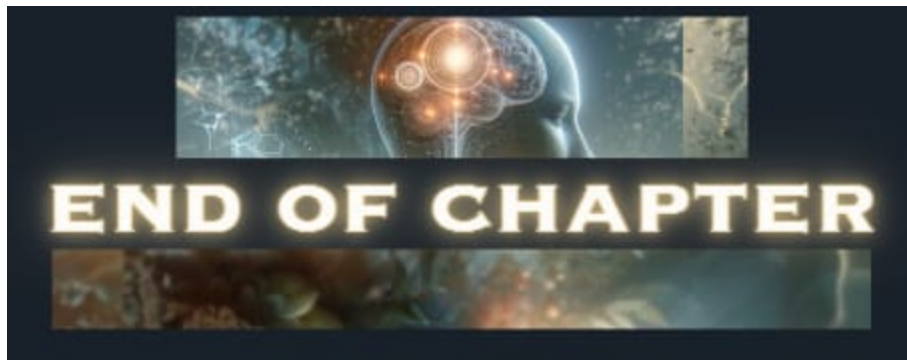
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5.7: End of Chapter Wrap-Up

5.7: Chapter Wrap-Up

Here are the key takeaways for Chapter 5:

- Stress is a multifaceted phenomenon encompassing stimulus events, cognitive processes, and physiological reactions. It can be adaptive, enhancing our performance in challenging situations, but it can also be maladaptive, leading to health issues when prolonged. Stressors vary from acute events to chronic pressures, with both genetic and environmental factors influencing our responses. Coping strategies, ranging from problem-solving to seeking social support, play a crucial role in managing stress. Understanding the interplay between stressors, coping mechanisms, and individual contexts is essential for effectively addressing stress and promoting resilience.
- Effective coping strategies are essential for managing stress and its negative health implications. Coping styles can be categorized into problem-focused coping, where one addresses the stressor directly, and emotion-focused coping, which targets the emotions associated with stress. While problem-focused coping is suitable for controllable stressors, emotion-focused coping is more effective for uncontrollable stressors. Perceived control over stressors significantly influences our stress response and overall well-being. Additionally, social support plays a crucial role in stress management and has been linked to better health outcomes. Beyond these, stress reduction techniques such as exercise, relaxation response, and biofeedback offer effective means of combating stress and promoting overall well-being.
- Wellness is a dynamic and multifaceted concept influenced by various factors such as individual attributes, social and economic circumstances, environmental factors, and personality traits. It emerges from the integrative and dynamic whole of these factors rather than from their sum. Environmental contexts, life-span developmental changes, and awareness are central to understanding wellness. Factors such as attachment in infancy, emotional intelligence, social and economic circumstances, and personality dimensions like openness, conscientiousness, extraversion, agreeableness, and neuroticism all contribute to shaping an individual's wellness. Understanding and addressing these factors holistically are essential for promoting and maintaining overall well-being.
- In the pursuit of wellness, individual goals may vary, but their underlying intention remains the same: to enhance personal well-being. True wellness encompasses various dimensions of life beyond physical and mental health, extending to emotional, intellectual, spiritual, social, environmental, occupational, financial, and cultural aspects. Achieving holistic wellness requires balance and attention to each dimension. Setting specific, measurable goals within each dimension and making gradual lifestyle changes are key strategies for fostering overall well-being. Overcoming barriers to change, such as denial, lack of knowledge, and low self-efficacy, is crucial in this journey. Seeking support from others and staying motivated by understanding the "why" behind the change can greatly contribute to long-term success in enhancing personal wellness.
- Happiness is a multifaceted concept encompassing various dimensions such as pleasure, engagement, and meaning. While subjective in nature, it generally involves experiencing joy, contentment, and a sense of fulfillment in life. Factors like social relationships, marriage, and meaningful work contribute significantly to overall happiness. Despite its complexity, research suggests that happiness can be cultivated and sustained through interventions aimed at promoting positive emotions and well-being. Positive psychology, focusing on strengths and virtues, offers insights into fostering happiness and leading a fulfilling life. Ultimately, understanding and nurturing happiness can lead to individual and societal well-being, enhancing the quality of life for all.



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6: SOCIAL PSYCHOLOGY

- 6.1: Introduction to Social Psychology
- 6.2: The History of Social Psychology
- 6.3: Self-Concern and Other Concerns
- 6.4: Social Situations and Social Influence
- 6.5: Cultural Considerations
- 6.6: Conformity, Compliance and Social Influence
- 6.7: Causes of Conformity and Obedience
- 6.8: End of Chapter Wrap-Up

6.1: Introduction to Social Psychology

6.1: Introduction to Social Psychology

Learning Objectives

1. Define *social psychology*.
2. Review the history of the field of social psychology and the topics that social psychologists study.
3. Summarize the principles of evolutionary psychology.
4. Describe and provide examples of the person-situation interaction.
5. Review the concepts of (a) social norms and (b) cultures.

The field of social psychology is growing rapidly and is having an increasingly important influence on how we think about human behavior. Newspapers, websites, and other media frequently report the findings of social psychologists, and the results of social psychological research are influencing decisions in a wide variety of areas. Let's begin with a short history of the field of social psychology and then turn to a review of the basic principles of the science of social psychology.

The Person and the Social Situation

Social psychology is the study of the dynamic relationship between individuals and the people around them (see [Figure 1.1 “The Person-Situation Interaction”](#)). Each of us is different, and our individual characteristics, including our personality traits, desires, motivations, and emotions, have an important impact on our social behavior. But our behavior is also profoundly influenced by the social situation—*the people with whom we interact every day*. These people include our friends and family, our fraternity brothers or sorority sisters, our religious groups, the people we see on TV or read about or interact with on the web, as well as people we think about, remember, or even imagine.

Figure 1.1 The Person-Situation Interaction



Social psychologists believe that human behavior is determined by both a person's characteristics and the social situation. They also believe that the social situation is frequently a stronger influence on behavior than are a person's characteristics.

Social psychology is largely the study of the social situation. Our social situations create social influence, *the process through which other people change our thoughts, feelings, and behaviors and through which we change theirs*. Maybe you can already see how the social influence provided by the members of the Heaven's Gate cult was at work in the Hale-Bopp suicide.

Kurt Lewin formalized the joint influence of person variables and situational variables, which is known as the *person-situation interaction*, in an important equation:

Behavior = f (person, social situation).

Lewin's equation indicates that the behavior of a given person at any given time is a function of (depends on) both the characteristics of the person and the influence of the social situation.

Evolutionary Adaptation and Human Characteristics

In Lewin's equation, *person* refers to the characteristics of the individual human being. People are born with skills that allow them to successfully interact with others in their social world. Newborns are able to recognize faces and to respond to human voices, young children learn language and develop friendships with other children, adolescents become interested in sex and are destined to fall in love, most adults marry and have children, and most people usually get along with others.

People have these particular characteristics because we have all been similarly shaped through human evolution. The genetic code that defines human beings has provided us with specialized social skills that are important to survival. Just as keen eyesight, physical strength, and resistance to disease helped our ancestors survive, so too did the tendency to engage in social behaviors. We quickly make judgments about other people, help other people who are in need, and enjoy working together in social groups because these behaviors helped our ancestors to adapt and were passed along on their genes to the next generation (Ackerman & Kenrick, 2008; Barrett & Kurzban, 2006; Pinker, 2002). Our extraordinary social skills are primarily due to our large brains and the social intelligence that they provide us with (Herrmann, Call, Hernández-Lloreda, Hare, & Tomasello, 2007).

The assumption that human nature, including much of our social behavior, is determined largely by our evolutionary past is known as evolutionary adaptation (Buss & Kenrick, 1998; Workman & Reader, 2008). In evolutionary theory, fitness refers to the extent to which having a given characteristic helps the individual organism to survive and to reproduce at a higher rate than do other members of the species who do not have the characteristic. Fitter organisms pass on their genes more successfully to later generations, making the characteristics that produce fitness more likely to become part of the organisms' nature than are characteristics that do not produce fitness. For example, it has been argued that the emotion of jealousy has survived over time in men because men who experience jealousy are more fit than men who do not. According to this idea, the experience of jealousy leads men to protect their mates and guard against rivals, which increases their reproductive success (Buss, 2000).

Although our biological makeup prepares us to be human beings, it is important to remember that our genes do not really determine who we are. Rather, genes provide us with our human characteristics, and these characteristics give us the tendency to behave in a "human" way. And yet each human being is different from every other human being.

Evolutionary adaptation has provided us with two fundamental motivations that guide us and help us lead productive and effective lives. One of these motivations relates to the self—the motivation to *protect and enhance the self and the people who are psychologically close to us*; the other relates to the social situation—the motivation to *affiliate with, accept, and be accepted by others*. We will refer to these two motivations as self-concern and other-concern respectively.

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6.2: The History of Social Psychology

6.2: The History of Social Psychology

The science of social psychology began when scientists first started to systematically and formally measure the thoughts, feelings, and behaviors of human beings (Kruglanski & Stroebe, 2011). The earliest social psychology experiments on group behavior were conducted before 1900 (Triplett, 1898), and the first social psychology textbooks were published in 1908 (McDougall, 1908/2003; Ross, 1908/1974). During the 1940s and 1950s, the social psychologists Kurt Lewin and Leon Festinger refined the experimental approach to studying behavior, creating social psychology as a rigorous scientific discipline. Lewin is sometimes known as “the father of social psychology” because he initially developed many of the important ideas of the discipline, including a focus on the dynamic interactions among people. In 1954, Festinger edited an influential book called *Research Methods in the Behavioral Sciences*, in which he and other social psychologists stressed the need to measure variables and to use laboratory experiments to systematically test research hypotheses about social behavior. He also noted that it might be necessary in these experiments to deceive the participants about the true nature of the research.

Social psychology was energized by researchers who attempted to understand how the German dictator Adolf Hitler could have produced such extreme obedience and horrendous behaviors in his followers during the Second World War. The studies on conformity conducted by Muzafir Sherif (1936) and Solomon Asch (1952), as well as those on obedience by Stanley Milgram (1974), showed the importance of conformity pressures in social groups and how people in authority could create obedience, even to the extent of leading people to cause severe harm to others. Philip Zimbardo, in his well-known “prison experiment” (Haney, Banks, & Zimbardo, 1973), found that ordinary male college students who were recruited to play the roles of guards and prisoners in a simulated prison became so involved in their assignments, and their interaction became so violent, that the study had to be terminated early. This research again demonstrated the power of the social setting.

Social psychology quickly expanded to study other topics. John Darley and Bibb Latané (1968) developed a model that helped explain when people do and do not help others in need, and Leonard Berkowitz (1974) pioneered the study of human aggression. Meanwhile, other social psychologists, including Irving Janis (1972), focused on group behavior, studying why intelligent people sometimes made decisions that led to disastrous results when they worked together. Still other social psychologists, including Gordon Allport and Muzafir Sherif, focused on intergroup relations, with the goal of understanding and potentially reducing the occurrence of stereotyping, prejudice, and discrimination. Social psychologists gave their opinions in the 1954 *Brown v. Board of Education* Supreme Court case that helped end racial segregation in U.S. public schools, and social psychologists still frequently serve as expert witnesses on these and other topics (Fiske, Bersoff, Borgida, Deaux, & Heilman, 1991).

The latter part of the 20th century saw an expansion of social psychology into the field of attitudes, with a particular emphasis on cognitive processes. During this time, social psychologists developed the first formal models of persuasion, with the goal of understanding how advertisers and other people could present their messages to make them most effective (Eagly & Chaiken, 1993; Hovland, Janis, & Kelley, 1963). These approaches to attitudes focused on the cognitive processes that people use when evaluating messages and on the relationship between attitudes and behavior. Leon Festinger’s (1957) important cognitive dissonance theory was developed during this time and became a model for later research.

In the 1970s and 1980s, social psychology became even more cognitive in orientation as social psychologists used advances in cognitive psychology, which were themselves based largely on advances in computer technology, to inform the field (Fiske & Taylor, 2008). The focus of these researchers, including Alice Eagly, Susan Fiske, E. Tory Higgins, Richard Nisbett, Lee Ross, Shelley Taylor, and many others, was on *social cognition*—an understanding of how our knowledge about our social worlds develops through experience and the influence of these knowledge structures on memory, information processing, attitudes, and judgment. Furthermore, the extent to which humans’ decision making could be flawed by both cognitive and motivational processes was documented (Kahneman, Slovic, & Tversky, 1982).

In the 21st century, the field of social psychology has been expanding into still other areas. Examples that we will consider in this book include an interest in how social situations influence our health and happiness, the important roles of evolutionary experiences and cultures on our behavior, and the field of social neuroscience—the study of how our social behavior both influences and is influenced by the activities of our brain (Lieberman, 2010). Social psychologists continue to seek new ways to measure and understand social behavior, and the field continues to evolve. I cannot predict where social psychology will be directed in the future, but I have no doubt that it will still be alive and vibrant.

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6.3: Self-Concern and Other Concerns

6.3: Self-Concern and Other-Concern

Self-Concern

The most basic tendency of all living organisms, and the focus of the first human motivation, is the desire to protect and enhance one's own life and the lives of the people who are close to us. Humans are motivated to find food and water, to obtain adequate shelter, and to protect themselves from danger. Doing so is necessary because we can survive only if we are able to meet these fundamental goals.

The desire to maintain and enhance the self also leads us to do the same for our relatives—those people who are genetically related to us. Human beings, like other animals, exhibit kin selection—*strategies that favor the reproductive success of one's relatives, sometimes even at a cost to the individual's own survival*. According to evolutionary principles, kin selection occurs because behaviors that enhance the fitness of relatives, even if they lower the fitness of the individual himself or herself, may nevertheless increase the survival of the group as a whole.



The evolutionary principle of kin selection leads us to be particularly caring of and helpful to those who share our genes.

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In addition to our kin, we desire to protect, improve, and enhance the well-being of our ingroup: *those whom we view as being similar and important to us and with whom we share close social connections*, even if those people do not actually share our genes. Perhaps you remember a time when you helped friends move all their furniture into a new apartment, even when you would have preferred to be doing something more beneficial for yourself, such as studying or relaxing. You wouldn't have helped strangers in this way, but you did it for your friends because you felt close to and cared about them. The tendency to help the people we feel close to, even if they are not related to us, is probably due in part to our evolutionary past: The people we were closest to were usually those we were related to.

Other-Concern

Although we are primarily concerned with the survival of ourselves, our kin, and those who we feel are similar and important to

us, we also desire to connect with and be accepted by other people more generally—the goal of *other-concern*. We live together in communities, we work together in work groups, we may worship together in religious groups, and we may play together on sports teams and through clubs. Affiliating with other people—even strangers—helps us meet a fundamental goal: that of finding a romantic partner with whom we can have children. Our connections with others also provide us with other opportunities that we would not have on our own. We can go to the grocery to buy milk or eggs, and we can hire a carpenter to build a house for us. And we ourselves do work that provides goods and services for others. This mutual cooperation is beneficial both for us and for the people around us. We also affiliate because we enjoy being with others, being part of social groups, and contributing to social discourse (Leary & Cox, 2008).

What the other-concern motive means is that we do not always put ourselves first. Being human also involves caring about, helping, and cooperating with other people. Although our genes are themselves “selfish” (Dawkins, 2006), this does not mean that individuals always are. The survival of our own genes may be improved by helping others, even those who are not related to us (Krebs, 2008; Park, Schaller, & Van Vugt, 2008). Just as birds and other animals may give out alarm calls to other animals to indicate that a predator is nearby, humans engage in altruistic behaviors in which they help others, sometimes at a potential cost to themselves.

In short, human beings behave *morally* toward others—they understand that it is wrong to harm other people without a strong reason for doing so, and they display compassion and even altruism toward others (Goetz, Keltner, & Simon-Thomas, 2010; Turiel, 1983). As a result, negative behaviors toward others, such as bullying, cheating, stealing, and aggression, are unusual, unexpected, and socially disapproved. Of course this does not mean that people are always friendly, helpful, and nice to each other—powerful social situations can and do create negative behaviors. But the fundamental human motivation of other-concern does mean that hostility and violence are the exception rather than the rule of human behavior.

Sometimes the goals of self-concern and other-concern go hand in hand. When we fall in love with another person, it is in part about a concern for connecting with someone else but is also about self-concern—falling in love makes us feel good about ourselves. And when we volunteer to help others who are in need, it is in part for their benefit but also for us. We feel good when we help others. At other times, however, the goals of self-concern and other-concern conflict. Imagine that you are walking across campus and you see a man with a knife threatening another person. Do you intervene, or do you turn away? In this case, your desire to help the other person (other-concern) is in direct conflict with your desire to protect yourself from the danger posed by the situation (self-concern), and you must decide which goal to put first. We will see many more examples of the motives of self-concern and other-concern, both working together and working against each other, throughout this book.



Other-concern is a fundamental part of the behavior of humans and many animals.

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6.4: Social Situations and Social Influence

6.4: Social Situations and Social Influence

The Social Situation Creates Powerful Social Influence

When people are asked to indicate the things that they value the most, they usually mention their social situation—that is, their relationships with other people (Baumeister & Leary, 1995; Fiske & Haslam, 1996). When we work together on a class project, volunteer at a homeless shelter, or serve on a jury in a courtroom trial, we count on others to work with us to get the job done. We develop social bonds with those people, and we expect that they will come through to help us meet our goals. The importance of others shows up in every aspect of our lives—other people teach us what we should and shouldn't do, what we should and shouldn't think, and even what we should and shouldn't like and dislike.

In addition to the people with whom we are currently interacting, we are influenced by people who are not physically present but who are nevertheless part of our thoughts and feelings. Imagine that you are driving home on a deserted country road late at night. No cars are visible in any direction, and you can see for miles. You come to a stop sign. What do you do? Most likely, you stop at the sign, or at least slow down. You do so because the behavior has been internalized: Even though no one is there to watch you, others are still influencing you—you've learned about the rules and laws of society, what's right and what's wrong, and you tend to obey them. We carry our own personal social situations—our experiences with our parents, teachers, leaders, authorities, and friends—around with us every day.

An important principle of social psychology, one that will be with us throughout this book, is that although individuals' characteristics do matter, the social situation is often a stronger determinant of behavior than is personality. When social psychologists analyze an event such as a cult suicide, they are likely to focus more on the characteristics of the situation (e.g., the strong leader and the group pressure provided by the other group members) than on the characteristics of the cult members themselves. As an example, we will see that even ordinary people who are neither bad nor evil in any way can nevertheless be placed in situations in which an authority figure is able to lead them to engage in evil behaviors, such as applying potentially lethal levels of electrical shock (Milgram, 1974).

In addition to discovering the remarkable extent to which our behavior is influenced by our social situation, social psychologists have discovered that we often do not recognize how important the social situation is in determining behavior. We often wrongly think that we and others act entirely on our own accord, without any external influences. It is tempting to assume that the people who commit extreme acts, such as terrorists or members of suicide cults, are unusual or extreme people. And yet much research suggests that these behaviors are caused more by the social situation than they are by the characteristics of the individuals and that it is wrong to focus so strongly on explanations of individuals' characteristics (Gilbert & Malone, 1995).

There is perhaps no clearer example of the powerful influence of the social situation than that found in research showing the enormous role that others play in our physical and mental health. *Social support refers to the comfort that we receive from the people around us—for instance, our family, friends, classmates, and coworkers* (Diener, Suh, Lucas, & Smith, 1999; Diener, Tamir, & Scollon, 2006).

Social Psychology in the Public Interest

How the Social Situation Influences Our Mental and Physical Health

In comparison with those who do not feel that they have a network of others they can rely on, people who feel that they have adequate social support report being happier and have also been found to have fewer psychological problems, including eating disorders and mental illness (Diener, Suh, Lucas, & Smith, 1999; Diener, Tamir, & Scollon, 2006).

People with social support are less depressed overall, recover faster from negative events, and are less likely to commit suicide (Au, Lau, & Lee, 2009; Bertera, 2007; Compton, Thompson, & Kaslow, 2005; Skärsäter, Langius, Ågren, Häagström, & Dencker, 2005). Married people report being happier than unmarried people (Pew, 2006), and overall, a happy marriage is an excellent form of social support. One of the goals of effective psychotherapy is to help people generate better social support networks

because such relationships have such a positive effect on mental health.

In addition to having better mental health, people who have adequate social support are more physically healthy. They have fewer diseases (such as tuberculosis, heart attacks, and cancer), live longer, have lower blood pressure, and have fewer deaths at all ages (Cohen & Wills, 1985; Stroebe & Stroebe, 1996). Sports psychologists have even found that individuals with higher levels of social support are less likely to be injured playing sports and recover more quickly from injuries they do receive (Hardy, Richman, & Rosenfeld, 1991). These differences appear to be due to the positive effects of social support upon physiological functioning, including the immune system.

The opposite of social support is the feeling of being excluded or ostracized. Feeling that others are excluding us is painful, and the pain of rejection may linger even longer than physical pain. People who were asked to recall an event that caused them social pain (e.g., betrayal by a person very close to them) rated the pain as more intense than they rated their memories of intense physical pain (Chen, Williams, Fitness, & Newton, 2008). When people are threatened with social exclusion, they subsequently express greater interest in making new friends, increase their desire to work cooperatively with others, form more positive first impressions of new potential interaction partners, and even become more able to discriminate between real smiles and fake smiles (Bernstein, Young, Brown, Sacco, & Claypool, 2008; Maner, DeWall, Baumeister, & Schaller, 2007).

Because connecting with others is such an important part of human experience, we may sometimes withhold affiliation from or ostracize other people in order to attempt to force them to conform to our wishes. When individuals of the Amish religion violate the rulings of an elder, they are placed under a *Meidung*. During this time, and until they make amends, they are not spoken to by community members. And people frequently use the “silent treatment” to express their disapproval of a friend’s or partner’s behavior. The pain of ostracism is particularly strong in adolescents (Sebastian, Viding, Williams, & Blakemore, 2010).

The use of ostracism has also been observed in parents and children, and even in Internet games and chat rooms (Williams, Cheung, & Choi, 2000). The silent treatment and other forms of ostracism are popular because they work. Withholding social communication and interaction is a powerful weapon for punishing individuals and forcing them to change their behaviors. Individuals who are ostracized report feeling alone, frustrated, sad, and unworthy and having lower self-esteem (Bastian & Haslam, 2010).

Taken together, then, social psychological research results suggest that one of the most important things you can do for yourself is to develop a stable support network. Reaching out to other people benefits those who become your friends (because you are in their support network) and has substantial benefits for you.

Social Influence Creates Social Norms

In some cases, social influence occurs rather passively, without any obvious intent of one person to influence the other, such as when we learn about and adopt the beliefs and behaviors of the people around us, often without really being aware that we are doing so. Social influence occurs when a young child adopts the beliefs and values of his or her parents or when we start liking jazz music, without really being aware of it, because our roommate plays a lot of it. In other cases, social influence is anything but subtle; it involves one or more individuals actively attempting to change the beliefs or behaviors of others, as is evident in the attempts of the members of a jury to get a dissenting member to change his or her opinion, the use of a popular sports figure to encourage children to buy products, or the messages that cult leaders give to their followers to encourage them to engage in the behaviors required of the group.

One outcome of social influence is the development of social norms—*the ways of thinking, feeling, or behaving that are shared by group members and perceived by them as appropriate* (Asch, 1955; Cialdini, 1993). Norms include customs, traditions, standards, and rules, as well as the general values of the group. Through norms, we learn what people actually do (“people in the United States are more likely to eat scrambled eggs in the morning and spaghetti in the evening, rather than vice versa”) and also what we should do (“do unto others as you would have them do unto you”) and shouldn’t do (“do not make racist jokes”). There are norms about almost every possible social behavior, and these norms have a big influence on our actions.

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6.5: Cultural Considerations

6.5: Cultural Considerations

The social norms that guide our everyday behaviors and that create social influence derive in large part from our culture. A *culture* represents a group of people, normally living within a given geographical region, who share a common set of social norms, including religious and family values and moral beliefs (Fiske, Kitayama, Markus, & Nisbett, 1998; Matsumoto, 2001). The culture in which we live affects our thoughts, feelings, and behavior through teaching, imitation, and other forms of social transmission (Mesoudi, 2009). It is not inappropriate to say that our culture defines our lives just as much as our evolutionary experience does.

Cultures differ in terms of the particular norms that they find important and that guide the behavior of the group members. Social psychologists have found that there is a fundamental difference in social norms between Western cultures (including the United States, Canada, Western Europe, Australia, and New Zealand) and East Asian cultures (including China, Japan, Taiwan, Korea, India, and Southeast Asia). Norms in Western cultures are primarily oriented toward individualism—*cultural norms, common in Western societies, that focus primarily on self-enhancement and independence*. Children in Western cultures are taught to develop and value a sense of their personal self and to see themselves as largely separate from the people around them. Children in Western cultures feel special about themselves—they enjoy getting gold stars on their projects and the best grade in the class (Markus, Mullally, & Kitayama, 1997). Adults in Western cultures are oriented toward promoting their own individual success, frequently in comparison with (or even at the expense of) others. When asked to describe themselves, individuals in Western cultures generally tend to indicate that they like to “do their own thing,” prefer to live their lives independently, and base their happiness and self-worth upon their own personal achievements. In short, in Western cultures the emphasis is on self-concern.

Norms in the East Asian cultures, on the other hand, are more focused on other-concern. *These norms indicate that people should be more fundamentally connected with others and thus are more oriented toward interdependence, or collectivism*. In East Asian cultures, children are taught to focus on developing harmonious social relationships with others, and the predominant norms relate to group togetherness, connectedness, and duty and responsibility to one’s family. The members of East Asian cultures, when asked to describe themselves, indicate that they are particularly concerned about the interests of others, including their close friends and their colleagues. As one example of these cultural differences, research conducted by Shinobu Kitayama and his colleagues (Uchida, Norasakkunkit, & Kitayama, 2004) found that East Asians were more likely than Westerners to experience happiness as a result of their connections with other people, whereas Westerners were more likely to experience happiness as a result of their own personal accomplishments.



People from Western cultures are, on average, more individualistic than people from Eastern cultures, who are, on average, more collectivistic.

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Other researchers have studied other cultural differences, such as variations in orientations toward time. Some cultures are more concerned with arriving and departing according to a fixed schedule, whereas others consider time in a more flexible manner (Levine & Norenzayan, 1999). Levine and colleagues (1999) found that “the pace of life,” as assessed by average walking speed in downtown locations and the speed with which postal clerks completed a simple request, was fastest in Western countries (but also including Japan) and slowest in economically undeveloped countries. It has also been argued that there are differences in the extent to which people in different cultures are bound by social norms and customs, rather than being free to express their own

individuality without regard to considering social norms (Gelfand et al., 1996). And there are also cultural differences regarding personal space, such as how close individuals stand to each other when talking, as well as differences in the communication styles individuals employ.

It is important to be aware of cultures and cultural differences, at least in part because people with different cultural backgrounds are increasingly coming into contact with each other as a result of increased travel and immigration and the development of the Internet and other forms of communication. In the United States, for instance, there are many different ethnic groups, and the proportion of the population that comes from minority (non-White) groups is increasing from year to year. Minorities will account for a much larger proportion of the total new entries into the U.S. workforce over the next decades. In fact, minorities, which are now roughly one third of the U.S. population, are expected to become the majority by 2042, and the United States is expected to be 54% minority by 2050. By 2023, more than half of all children will be minorities (U.S. Census Bureau, n.d.). These changes will result in considerable growth in cultural diversity in the United States, and although this will create the potential for useful cooperation and productive interaction, it may also produce unwanted social conflict. Being aware of cultural differences and considering their influence on how we behave toward others is an important part of a basic understanding of social psychology and a topic that we will return to frequently in this book.

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6.6: Conformity, Compliance and Social Influence

6.6: Conformity, Compliance, and Social Influence

In this section, we discuss additional ways in which people influence others. The topics of conformity, social influence, obedience, and group processes demonstrate the power of the social situation to change our thoughts, feelings, and behaviors. We begin this section with a discussion of a famous social psychology experiment that demonstrated how susceptible humans are to outside social pressures.

Conformity

Solomon Asch conducted several experiments in the 1950s to determine how people are affected by the thoughts and behaviors of other people. In one study, a group of participants was shown a series of printed line segments of different lengths: a, b, and c ([Figure 12.17](#)). Participants were then shown a fourth line segment: x. They were asked to identify which line segment from the first group (a, b, or c) most closely resembled the fourth line segment in length.

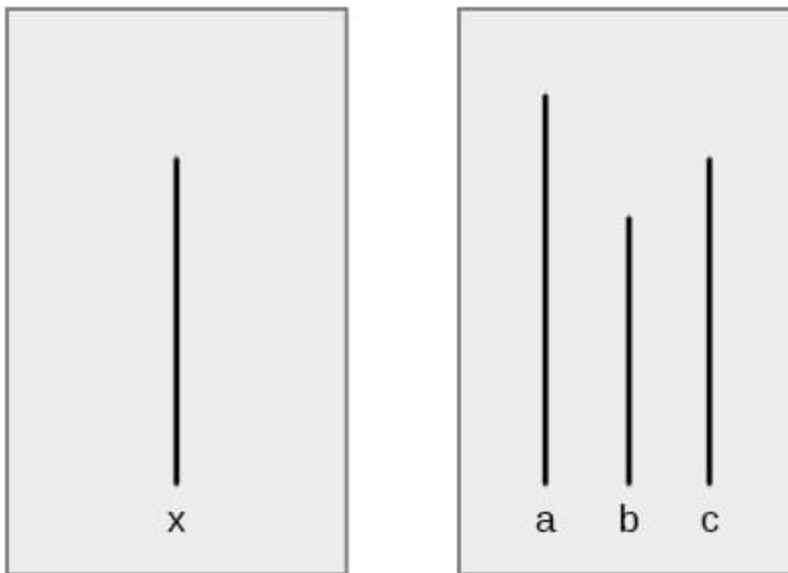


Figure 12.17 These line segments illustrate the judgment task in Asch's conformity study. Which line on the right—a, b, or c—is the same length as line x on the left?

Each group of participants had only one true, naïve subject. The remaining members of the group were confederates of the researcher. A confederate is a person who is aware of the experiment and works for the researcher. Confederates are used to manipulate social situations as part of the research design, and the true, naïve participants believe that confederates are, like them, uninformed participants in the experiment. In Asch's study, the confederates identified a line segment that was obviously shorter than the target line—a wrong answer. The naïve participant then had to identify aloud the line segment that best matched the target line segment.

How often do you think the true participant aligned with the confederates' response? That is, how often do you think the group influenced the participant, and the participant gave the wrong answer? Asch (1955) found that 76% of participants conformed to group pressure at least once by indicating the incorrect line. Conformity is the change in a person's behavior to go along with the group, even if he does not agree with the group. Why would people give the wrong answer? What factors would increase or decrease someone giving in or conforming to group pressure?

The Asch effect is the influence of the group majority on an individual's judgment.

What factors make a person more likely to yield to group pressure? Research shows that the size of the majority, the presence of

another dissenter, and the public or relatively private nature of responses are key influences on conformity.

- The size of the majority: The greater the number of people in the majority, the more likely an individual will conform. There is, however, an upper limit: a point where adding more members does not increase conformity. In Asch's study, conformity increased with the number of people in the majority—up to seven individuals. At numbers beyond seven, conformity leveled off and decreased slightly (Asch, 1955).
- The presence of another dissenter: If there is at least one dissenter, conformity rates drop to near zero (Asch, 1955).
- The public or private nature of the responses: When responses are made publicly (in front of others), conformity is more likely; however, when responses are made privately (e.g., writing down the response), conformity is less likely (Deutsch & Gerard, 1955).

The finding that conformity is more likely to occur when responses are public than when they are private is the reason government elections require voting in secret, so we are not coerced by others (Figure 12.18). The Asch effect can be easily seen in children when they have to publicly vote for something. For example, if the teacher asks whether the children would rather have extra recess, no homework, or candy, once a few children vote, the rest will comply and go with the majority. In a different classroom, the majority might vote differently, and most of the children would comply with that majority. When someone's vote changes if it is made in public versus private, this is known as compliance. Compliance can be a form of conformity. Compliance is going along with a request or demand, even if you do not agree with the request. In Asch's studies, the participants complied by giving the wrong answers, but privately did not accept that the obvious wrong answers were correct.



Figure 12.18 Voting for government officials in the United States is private to reduce the pressure of conformity. (credit: Nicole Klauss)

Now that you have learned about the Asch line experiments, why do you think the participants conformed? The correct answer to the line segment question was obvious, and it was an easy task. Researchers have categorized the motivation to conform into two types: normative social influence and informational social influence (Deutsch & Gerard, 1955).

In normative social influence, people conform to the group norm to fit in, to feel good, and to be accepted by the group. However, with informational social influence, people conform because they believe the group is competent and has the correct information, particularly when the task or situation is ambiguous. What type of social influence was operating in the Asch conformity studies? Since the line judgment task was unambiguous, participants did not need to rely on the group for information. Instead, participants complied to fit in and avoid ridicule, an instance of normative social influence.

An example of informational social influence may be what to do in an emergency situation. Imagine that you are in a movie theater watching a film and what seems to be smoke comes in the theater from under the emergency exit door. You are not certain that it is smoke—it might be a special effect for the movie, such as a fog machine. When you are uncertain you will tend

to look at the behavior of others in the theater. If other people show concern and get up to leave, you are likely to do the same. However, if others seem unconcerned, you are likely to stay put and continue watching the movie ([Figure 12.19](#)).

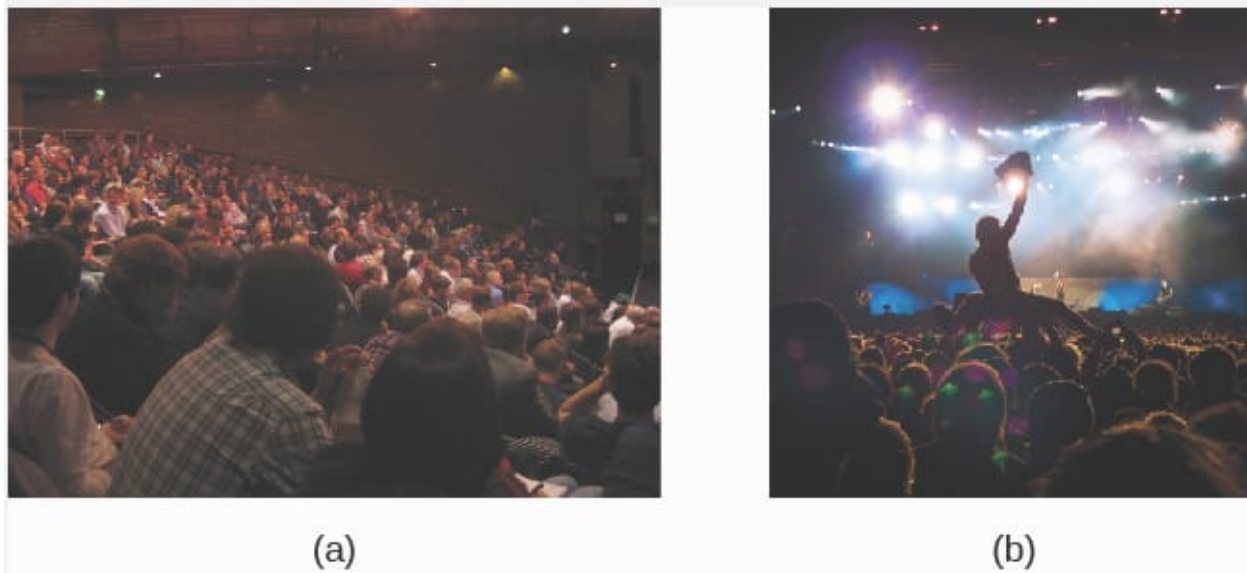


Figure 12.19 People in crowds tend to take cues from others and act accordingly. (a) An audience is listening to a lecture and people are relatively quiet, still, and attentive to the speaker on the stage. (b) An audience is at a rock concert where people are dancing, singing, and possibly engaging in activities like crowd surfing. (credit a: modification of work by Matt Brown; credit b: modification of work by Christian Holmér)

How would you have behaved if you were a participant in Asch's study? Many students say they would not conform, that the study is outdated, and that people nowadays are more independent. To some extent this may be true. Research suggests that overall rates of conformity may have reduced since the time of Asch's research. Furthermore, efforts to replicate Asch's study have made it clear that many factors determine how likely it is that someone will demonstrate conformity to the group. These factors include the participant's age, gender, and socio-cultural background (Bond & Smith, 1996; Larsen, 1990; Walker & Andrade, 1996).

Stanley Milgram's Experiment

Conformity is one effect of the influence of others on our thoughts, feelings, and behaviors. Another form of social influence is obedience to authority. Obedience is the change of an individual's behavior to comply with a demand by an authority figure. People often comply with the request because they are concerned about a consequence if they do not comply. To demonstrate this phenomenon, we review another classic social psychology experiment.

Stanley Milgram was a social psychology professor at Yale who was influenced by the trial of Adolf Eichmann, a Nazi war criminal. Eichmann's defense for the atrocities he committed was that he was "just following orders." Milgram (1963) wanted to test the validity of this defense, so he designed an experiment and initially recruited 40 men for his experiment. The volunteer participants were led to believe that they were participating in a study to improve learning and memory. The participants were told that they were to teach other students (learners) correct answers to a series of test items. The participants were shown how to use a device that they were told delivered electric shocks of different intensities to the learners. The participants were told to shock the learners if they gave a wrong answer to a test item—that the shock would help them to learn. The participants gave (or believed they gave) the learners shocks, which increased in 15-volt increments, all the way up to 450 volts. The participants did not know that the learners were confederates and that the confederates did not actually receive shocks.

In response to a string of incorrect answers from the learners, the participants obediently and repeatedly shocked them. The confederate learners cried out for help, begged the participant teachers to stop, and even complained of heart trouble. Yet, when the researcher told the participant-teachers to continue the shock, 65% of the participants continued the shock to the maximum voltage and to the point that the learner became unresponsive ([Figure 12.20](#)). What makes someone obey authority to the point of potentially causing serious harm to another person?

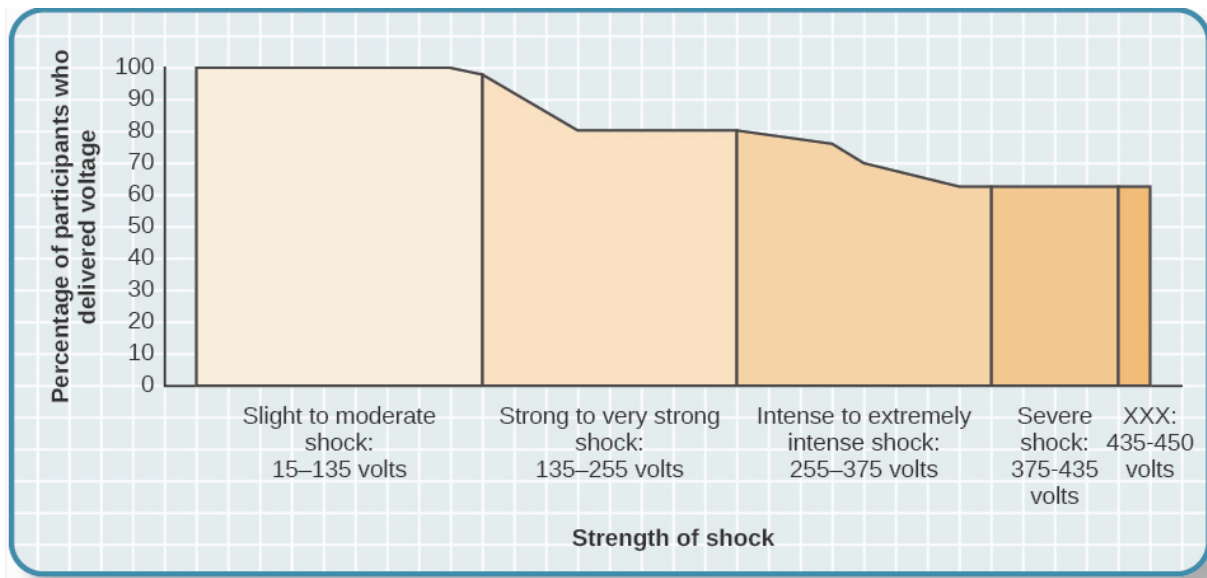


Figure 12.20 The Milgram experiment showed the surprising degree to which people obey authority. Two out of three (65%) participants continued to administer shocks to an unresponsive learner.

Several variations of the original Milgram experiment were conducted to test the boundaries of obedience. When certain features of the situation were changed, participants were less likely to continue to deliver shocks (Milgram, 1965). For example, when the setting of the experiment was moved to an office building, the percentage of participants who delivered the highest shock dropped to 48%. When the learner was in the same room as the teacher, the highest shock rate dropped to 40%. When the teachers' and learners' hands were touching, the highest shock rate dropped to 30%. When the researcher gave the orders by phone, the rate dropped to 23%. These variations show that when the humanity of the person being shocked was increased, obedience decreased. Similarly, when the authority of the experimenter decreased, so did obedience.

This case is still very applicable today. What does a person do if an authority figure orders something done? What if the person believes it is incorrect, or worse, unethical? In a study by Martin and Bull (2008), midwives privately filled out a questionnaire regarding best practices and expectations in delivering a baby. Then, a more senior midwife and supervisor asked the junior midwives to do something they had previously stated they were opposed to. Most of the junior midwives were obedient to authority, going against their own beliefs.

Groupthink

When in group settings, we are often influenced by the thoughts, feelings, and behaviors around us. Whether it is due to normative or informational social influence, groups have power to influence individuals. Another phenomenon of group conformity is groupthink. Groupthink is the modification of the opinions of members of a group to align with what they believe is the group consensus (Janis, 1972). In group situations, the group often takes action that individuals would not perform outside the group setting because groups make more extreme decisions than individuals do. Moreover, groupthink can hinder opposing trains of thought. This elimination of diverse opinions contributes to faulty decision by the group.

DIG DEEPER

Groupthink in the U.S. Government

There have been several instances of groupthink in the U.S. government. One example occurred when the United States led a small coalition of nations to invade Iraq in March 2003. This invasion occurred because a small group of advisors and former President George W. Bush were convinced that Iraq represented a significant terrorism threat with a large stockpile of weapons of mass destruction at its disposal. Although some of these individuals may have had some doubts about the credibility of the information available to them at the time, in the end, the group arrived at a consensus that Iraq had weapons of mass destruction and represented a significant threat to national security. It later came to light that Iraq did not have weapons of mass destruction, but not until the invasion was well underway. As a result, 6000 American soldiers were killed and many more civilians died. How

did the Bush administration arrive at their conclusions?

Why does groupthink occur? There are several causes of groupthink, which makes it preventable. When the group is highly cohesive, or has a strong sense of connection, maintaining group harmony may become more important to the group than making sound decisions. If the group leader is directive and makes his opinions known, this may discourage group members from disagreeing with the leader. If the group is isolated from hearing alternative or new viewpoints, groupthink may be more likely. How do you know when groupthink is occurring?

There are several symptoms of groupthink including the following:

- perceiving the group as invulnerable or invincible—believing it can do no wrong
- believing the group is morally correct
- self-censorship by group members, such as withholding information to avoid disrupting the group consensus
- the quashing of dissenting group members' opinions
- the shielding of the group leader from dissenting views
- perceiving an illusion of unanimity among group members
- holding stereotypes or negative attitudes toward the out-group or others' with differing viewpoints (Janis, 1972)

Given the causes and symptoms of groupthink, how can it be avoided? There are several strategies that can improve group decision making including seeking outside opinions, voting in private, having the leader withhold position statements until all group members have voiced their views, conducting research on all viewpoints, weighing the costs and benefits of all options, and developing a contingency plan (Janis, 1972; Mitchell & Eckstein, 2009).

Group Polarization

Another phenomenon that occurs within group settings is group polarization. Group polarization (Teger & Pruitt, 1967) is the strengthening of an original group attitude after the discussion of views within a group. That is, if a group initially favors a viewpoint, after discussion the group consensus is likely a stronger endorsement of the viewpoint. Conversely, if the group was initially opposed to a viewpoint, group discussion would likely lead to stronger opposition. Group polarization explains many actions taken by groups that would not be undertaken by individuals. Group polarization can be observed at political conventions, when platforms of the party are supported by individuals who, when not in a group, would decline to support them. A more everyday example is a group's discussion of how attractive someone is. Does your opinion change if you find someone attractive, but your friends do not agree? If your friends vociferously agree, might you then find this person even more attractive?

Social Facilitation

Not all intergroup interactions lead to the negative outcomes we have described. Sometimes being in a group situation can improve performance. Social facilitation occurs when an individual performs better when an audience is watching than when the individual performs the behavior alone. This typically occurs when people are performing a task for which they are skilled. Can you think of an example in which having an audience could improve performance? One common example is sports. Skilled basketball players will be more likely to make a free throw basket when surrounded by a cheering audience than when playing alone in the gym ([Figure 12.21Links to an external site.](#)). However, there are instances when even skilled athletes can have difficulty under pressure. For example, if an athlete is less skilled or nervous about making a free throw, having an audience may actually hinder rather than help. In sum, social facilitation is likely to occur for easy tasks, or tasks at which we are skilled, but worse performance may occur when performing in front of others, depending on the task.



Figure 12.21 The attention of the crowd can motivate a skilled athlete. (credit: Tommy Gilligan/USMA)

Social Loafing

Another way in which a group presence can affect our performance is social loafing. Social loafing is the exertion of less effort by a person working together with a group. Social loafing occurs when our individual performance cannot be evaluated separately from the group. Thus, group performance declines on easy tasks (Karau & Williams, 1993). Essentially individual group members loaf and let other group members pick up the slack. Because each individual's efforts cannot be evaluated, individuals become less motivated to perform well. For example, consider a group of people cooperating to clean litter from the roadside. Some people will exert a great amount of effort, while others will exert little effort. Yet the entire job gets done, and it may not be obvious who worked hard and who didn't.

As a college student you may have experienced social loafing while working on a group project. Have you ever had to contribute more than your fair share because your fellow group members weren't putting in the work? This may happen when a professor assigns a group grade instead of individual grades. If the professor doesn't know how much effort each student contributed to a project, some students may be inclined to let more conscientious students do more of the work. The chance of social loafing in student work groups increases as the size of the group increases (Shepperd & Taylor, 1999).

Interestingly, the opposite of social loafing occurs when the task is complex and difficult (Bond & Titus, 1983; Geen, 1989). Remember the previous discussion of choking under pressure? This happens when you perform a difficult task and your individual performance can be evaluated. In a group setting, such as the student work group, if your individual performance cannot be evaluated, there is less pressure for you to do well, and thus less anxiety or physiological arousal (Latané, Williams, & Harkens, 1979). This puts you in a relaxed state in which you can perform your best, if you choose (Zajonc, 1965). If the task is a difficult one, many people feel motivated and believe that their group needs their input to do well on a challenging project (Jackson & Williams, 1985). Given what you learned about social loafing, what advice would you give a new professor about how to design group projects? If you suggested that individuals' efforts should not be evaluated, to prevent the anxiety of choking under pressure, but that the task must be challenging, you have a good understanding of the concepts discussed in this section. Alternatively, you can suggest that individuals' efforts should be evaluated, but the task should be easy so as to facilitate performance. Good luck trying to convince your professor to only assign easy projects.

[Table 12.2](#) summarizes the types of social influence you have learned about in this chapter.

List of social influence descriptions

Type of Social Influence	Description
Conformity	Changing your behavior to go along with the group even if you do not agree with the group

Type of Social Influence	Description
Compliance	Going along with a request or demand
Normative social influence	Conformity to a group norm to fit in, feel good, and be accepted by the group
Informational social influence	Conformity to a group norm prompted by the belief that the group is competent and has the correct information
Obedience	Changing your behavior to please an authority figure or to avoid aversive consequences
Groupthink	Group members modify their opinions to match what they believe is the group consensus
Group polarization	Strengthening of the original group attitude after discussing views within a group
Social facilitation	Improved performance when an audience is watching versus when the individual performs the behavior alone
Social loafing	Exertion of less effort by a person working in a group because individual performance cannot be evaluated separately from the group, thus causing performance decline on easy tasks

Table12.2 Types of Social Influence

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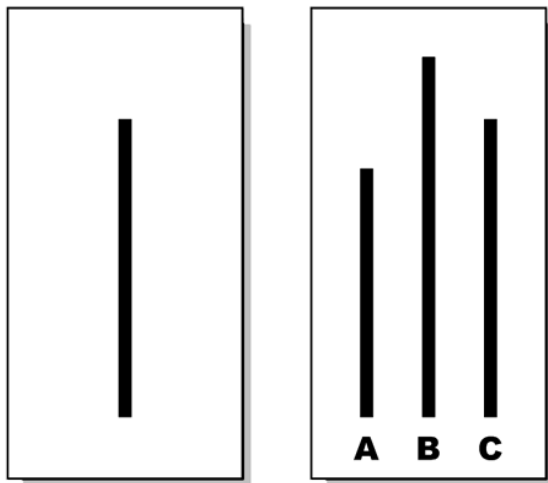
6.7: Causes of Conformity and Obedience

6.7: Causes of Conformity and Obedience

What causes 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, <https://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, <https://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, <https://goo.gl/TocQZF>]

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."

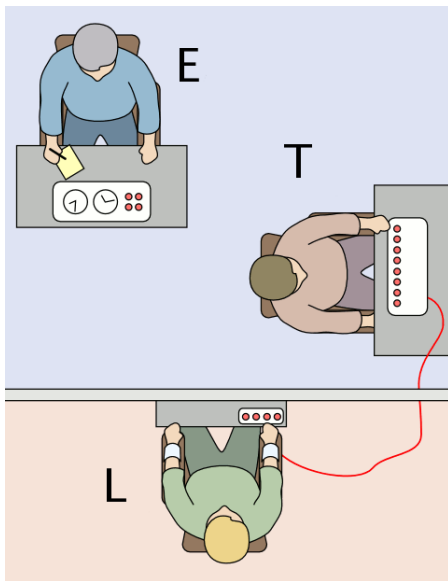


Diagram of the Milgram Experiment in which the "teacher" (T) was asked to deliver a (supposedly) painful electric shock to the "learner" (L). Would this experiment be approved by a review board today? [Image: Fred the Oyster, <https://goo.gl/ZIbQz1>, CC BY-SA 4.0, <https://goo.gl/X3i0tq>]

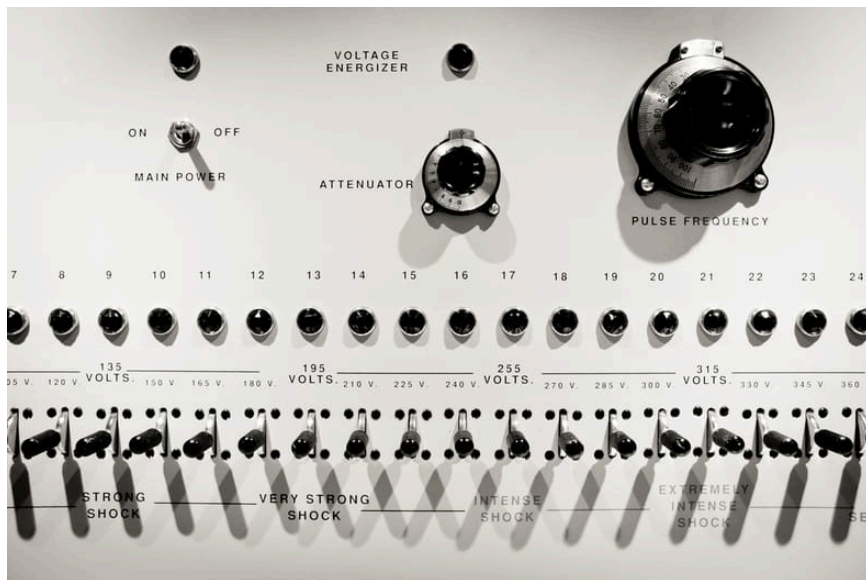
The experimenter's role was to encourage the participant to continue. If at any time the teacher asked to end the session, the experimenter responded with phrases such as, "The experiment requires that you continue," and "You have no other choice, you must go on." The experimenter ended the session only 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/uQGtZ>, CC BY-NC-SA 2.0, <https://goo.gl/TocQZF>]

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.

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6.8: End of Chapter Wrap-Up

6.8: Chapter 6 Wrap-Up

Here are the key takeaways for Chapter 6:

- The history of social psychology reflects its evolution from early explorations of group behavior to sophisticated studies of cognition and neuroscience. Pioneered by figures like Kurt Lewin and Leon Festinger, social psychology emerged as a rigorous scientific discipline, investigating phenomena such as conformity, obedience, and aggression. Over time, the field expanded to encompass attitudes, persuasion, and social cognition, incorporating insights from cognitive psychology and computer technology. Today, social psychology explores diverse topics including health, happiness, evolutionary influences, and social neuroscience. Despite its complex past and uncertain future, social psychology remains dynamic, continually seeking new ways to understand and address the complexities of human social behavior.
- Self-concern and other-concern are fundamental motivations that shape human behavior. Self-concern drives individuals to protect and enhance their own lives and those of close relatives, guided by evolutionary principles such as kin selection. Meanwhile, other-concern compels humans to connect with and help others, fostering cooperation, compassion, and altruism. These motives often intersect, as seen in acts of love and volunteering, but they can also conflict, such as when deciding whether to intervene in a dangerous situation. Understanding the interplay between self-concern and other-concern illuminates the complexities of human social behavior and moral decision-making.
- Social psychology highlights the profound influence of social situations on human behavior. Individuals often prioritize their social connections, seeking support, guidance, and affirmation from others. Even when alone, people internalize societal norms and values, shaping their actions and decisions based on learned behaviors and expectations. Social support plays a crucial role in mental and physical health, with strong social networks correlating with greater happiness and well-being. Conversely, ostracism and exclusion can lead to profound psychological distress. Understanding the power of social influence and norms sheds light on the complexities of human behavior and the importance of fostering positive social connections.
- Culture profoundly shapes social norms and behaviors, influencing how individuals perceive themselves and interact with others. Western cultures prioritize individualism, emphasizing personal achievements and independence, while East Asian cultures prioritize collectivism, emphasizing harmonious relationships and group interconnectedness. These cultural differences extend to perceptions of happiness, with Westerners deriving satisfaction from personal accomplishments and East Asians finding happiness in social connections. Understanding cultural diversity is essential in an increasingly interconnected world, as it fosters cooperation and minimizes social conflicts arising from cultural misunderstandings. Social psychologists recognize the importance of cultural context in shaping human behavior and emphasize its role in understanding social dynamics.
- Conformity, driven by factors like group size and the desire to fit in or obtain accurate information, leads individuals to align their behavior with group norms. Solomon Asch's experiments illustrate how people often conform to group pressure, even when they know the correct answer. Similarly, Stanley Milgram's research highlights obedience to authority, which can lead individuals to act against their own beliefs. Group dynamics, including phenomena like groupthink and group polarization, influence decision-making processes. Social facilitation can enhance performance in the presence of an audience, while social loafing may reduce effort in group settings, particularly on easy tasks. Understanding these social influences is crucial for comprehending human behavior in social contexts.
- Conformity arises from both an inherent human tendency to imitate others and two primary psychological influences: normative and informational. Normative influence drives individuals to conform to avoid criticism and gain social rewards, as demonstrated by Asch's experiments on line judgment. Informational influence occurs when people look to others for guidance in uncertain situations, such as adopting behaviors perceived as common. Additionally, obedience to authority, highlighted by Milgram's controversial experiments, reveals that ordinary individuals can commit extreme acts under authoritative pressure. Collectively, these factors illustrate how social contexts profoundly shape human behavior.



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7: CAREER EXPLORATION

7.1: Introduction to Career Exploration

7.2: Jobs vs. Careers

7.3: Majors and Careers

7.4: Personality, Skills and Interests

7.5: Social Dimensions of Work

7.6: End of Chapter Wrap-Up

7.1: Introduction to Career Exploration

7.1: Introduction to Career Exploration

Learning Objectives

1. Identify the components that differentiate the term "job" and "career".
2. List necessary considerations for choosing a college major depending on the career you want.
3. Determine if your skill set compliments your career goal, and if not, what further skills you may need to acquire to reach your career goal.

Career Development

See if you can remember a time in your childhood when you noticed somebody doing professional work. Maybe a nurse or doctor, dressed in a lab coat, was listening to your heartbeat. Maybe a worker at a construction site, decked in a hard hat, was operating noisy machinery. Maybe a cashier at the checkout line in a grocery store was busily scanning bar codes. Each day in your young life you could have seen a hundred people doing various jobs. Surely some of the experiences drew your interest and appealed to your imagination. If you can recall any such times, those are moments from the beginning stage of your career development.

What exactly is career development?

It's a lifelong process in which we become aware of, interested in, knowledgeable about, and skilled in a career. It's a key part of human development as our identity forms and our life unfolds.

Stages of Career Development

There are five main stages of career development (developed by Donald Super). Each stage correlates with attitudes, behaviors, and relationships we all tend to have at that point and age. As we progress through each stage and reach the milestones identified, we prepare to move on to the next one. Which stage of career development do you feel you are in currently? Think about each stage. What challenges are you facing now? Where are you headed?

1. **GROWING** This is a time in early years (4–13 years old) when you begin to have a sense about the future. You begin to realize that your participation in the world is related to being able to do certain tasks and accomplish certain goals.
2. **EXPLORING**
This period begins when you are a teenager, extends into your mid-twenties, and may extend later. In this stage you find that you have specific interests and aptitudes. You are aware of your inclinations to perform and learn about some subjects more than others. You may try out jobs in your community or at your school. You may begin to explore a specific career. At this stage, you have some detailed “data points” about careers, which will guide you in certain directions.
3. **ESTABLISHING**
This period covers your mid-twenties through mid-forties. By now you are selecting or entering a field you consider suitable, and you are exploring job opportunities that will be stable. You are also looking for upward growth, so you may be thinking about an advanced degree.
4. **MAINTAINING**
This stage is typical for people in their mid-forties to mid-sixties. You may be in an upward pattern of learning new skills and staying engaged. But you might also be merely “coasting and cruising” or even feeling stagnant. You may be taking stock of what you’ve accomplished and where you still want to go.
5. **REINVENTING**
In your mid-sixties, you are likely transitioning into retirement. But retirement in our technologically advanced world can be just the beginning of a new career or pursuit—a time when you can reinvent yourself. There are many new interests

to pursue, including teaching others what you've learned, volunteering, starting online businesses, consulting, etc. Keep in mind that your career development path is personal to you, and you may not fit neatly into the categories described above. It's more common than it has been in the past for people to change careers in their thirties, forties, fifties, and even sixties. Perhaps your socioeconomic background changes how you fit into the schema. Perhaps your physical and mental abilities affect how you define the idea of a "career." And for everyone, too, there are factors of chance that can't be predicted or anticipated. You are unique, and your career path can only be developed by you.

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7.2: Jobs vs. Careers

7.2: Jobs vs. Careers

Pursuing Your Professional Interests

One of the most widely known and successful American entrepreneurs of all time is Steve Jobs. He is best known as the co-founder, chairman, and chief executive officer of Apple, Inc. He also co-founded Pixar Animation Studios, and he was a member of the board of directors of the Walt Disney Company. Four hundred eighty-four inventions bear Jobs's name. From early on in his life, Jobs was interested in electronics. When he was thirteen, for instance, he worked at the Hewlett Packard factory, which developed hardware and software components. Jobs later reflected on how he landed this job when he called Mr. Hewlett to ask for parts for an electronics project: "[Hewlett] didn't know me at all, but he ended up giving me some parts and he got me a job that summer working at Hewlett-Packard on the line, assembling frequency counters . . . well, assembling may be too strong. I was putting in screws. It didn't matter; I was in heaven."

Jobs's electronics and computing career quickly unfolded as he pursued his passion for creating and promoting computing products. At age nineteen, he was a technician for Atari, a leading electronics, gaming and home-computer corporation. By twenty-one, he and his two partners had formed Apple, Inc. At thirty-four, he was named "Entrepreneur of the Decade" by Inc. magazine. And at fifty-two, he was inducted into the California Hall of Fame by Governor Arnold Schwarzenegger.

All in all, Jobs was relentless about pursuing his interests and passions. The products he and his associates developed have transformed modern culture, including the iMac, iTunes, Apple Stores, the iPod, the iTunes Store, the iPhone, the App Store, the iPad, the Mac OS, and the Mac OS X. This story of Steve Jobs's professional pursuits illustrates a dream, a goal, and an ambition that many college students share: to be successful in earning money and finding personal satisfaction in employment. His story also illustrates how opportunities are all around us and how random events aren't always so random.

In this section, we explore strategies that can help you chart your professional path and also attain ample reward. We begin by comparing and contrasting jobs and careers. We then look at how to match up your personal characteristics with a specific field or fields. We conclude by detailing a process for actually choosing your career. Throughout, you will find resources for learning more about this vast topic of planning for employment.

Job vs. Career

What is the difference between a job and a career? Do you plan to use college to help you seek one or the other? There is no right or wrong answer, because motivations for being in college are so varied and different for each student, but you can take maximum advantage of your time in college if you develop a clear plan for what you want to accomplish. In summary, a job lets you enjoy at least a minimal level of financial security, and it requires you to show up and do what is required of you. In exchange, you get paid. A career, on the other hand, is more of a means of achieving personal fulfillment through the jobs you hold. In a career, your jobs tend to follow a sequence that leads to increasing mastery, professional development, and personal and financial satisfaction. A career requires planning, knowledge, and skills, too. If it is to be a fulfilling career, it requires that you bring into play your full set of analytical, critical, and creative thinking skills. You will be called upon in a career to make informed decisions that will affect your life in both the short term and the long term. A career also lets you express your unique personality traits, skills, values, and interests.

	JOB	CAREER
Definitions	A job refers to the work a person performs for a living. It can also refer to a specific task done as part of the routine of one's occupation. A person can begin a job by becoming an employee, or by volunteering, for example, by starting a business or becoming a parent.	A career is an occupation (or series of jobs) that you undertake for a significant period of time in your life—perhaps five or ten years, or more. A career typically provides you with opportunities to advance your skills and positions.
Requirements	A job you accept with an employer does not necessarily require special education or training. Sometimes you can get needed learning "on the job."	A career usually requires special learning—perhaps certification or a specific degree.
Risk-Taking	A job may be considered a safe and stable means to get income, but jobs can also quickly change; security can come and go.	A career can also have risk. In today's world, employees need to continually learn new skills and to adapt to changes in order to stay employed. Starting your own business can have risks. Many people thrive on risk-taking, though, and may achieve higher gains. It all depends on your definition of success.
Duration	The duration of a job may range from an hour (in the case of odd jobs, for example,) to a lifetime. Generally a "job" is shorter-term.	A career is typically a long-term pursuit.
Income	Jobs that are not career oriented may not pay as well as career-oriented positions. Jobs often pay an hourly wage.	Career-oriented jobs generally offer an annual salary versus a wage. Career-oriented jobs may also offer appealing benefits, like health insurance and retirement.
Satisfaction and contributing to society	Many jobs are important to society, but some may not bring high levels of personal satisfaction.	Careers allow you to invest time and energy in honing your crafts and experiencing personal satisfaction. Career pursuits may include making contributions to society.

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7.3: Majors and Careers

7.3: Majors and Careers

There are few topics about college that create more controversy than “Does your major really matter to your career?” Many people think it does; others think it's not so important. Who is right? And who gets to weigh in? Also, how do you measure whether something “matters”—by salary, happiness, personal satisfaction?

It may be difficult to say for sure whether your major truly matters to your career. One's college major and ultimate career are not necessarily correlated. Consider the following points:

- Fifty to seventy percent of college students change their major at least once during their time in college.
- Most majors lead to a wide variety of opportunities rather than to one specific career, although some majors do indeed lead to specific careers.
- Many students say that skills they gain in college will be useful on the job no matter what they major in.
- Only half of graduating seniors accept a job directly related to their major.
- Career planning for most undergraduates focuses on developing general, transferable skills like speaking, writing, critical thinking, computer literacy, problem-solving, and team building, because these are skills that employers want.
- College graduates often cite the following four factors as being critical to their job and career choices: personal satisfaction, enjoyment, opportunity to use skills and abilities, and personal development.
- Within ten years of graduation, most people work in careers that aren't directly related to their majors.
- Many or most jobs that exist today will be very different five years from now. It's also important to talk about financial considerations in choosing a major.
- Any major you choose will likely benefit you because college graduates earn roughly \$1 million more than high school graduates, on average, over an entire career.
- Even though humanities and social sciences students may earn less money right after college, they may earn more by the time they reach their peak salary than students who had STEM majors.
- Students who major in the humanities and social science are also more likely to get advanced degrees, which increases annual salary by nearly \$20,000 at peak salary.

Students who major in the humanities and social science are also more likely to get advanced degrees, which increases annual salary by nearly \$20,000 at peak salary.

So where will you stand with regard to these statistics?

Is it possible to have a good marriage between your major, your skills, job satisfaction, job security, and earnings?

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7.4: Personality, Skills and Interests

7.4: Personality, Skills and Interests

Every artist was first an amateur. —Ralph Waldo Emerson, author

Learning Objectives

By the end of this section, you will be able to:

- Understand personality preferences based on the Myers-Briggs Type Indicator® (MBTI).
- Explore the qualities of personality types that you most identify with.
- Research job titles that matches your preferred work styles.
- List specific skills that will be necessary for your career path
- List transferable skills that will be valuable for any career path
- Identify your skills and interests according to Dr. John Holland's Occupational Themes
- Determine career paths that align with your occupational code
- Explain how to acquire necessary skills, both in and out of class, for your career goals

Now that you have reviewed the concepts of goal setting and identified values most important to you, the next part of the career development process will help you to reflect on personal preferences. By doing this, you will understand the work environment that you will naturally find a greater fit in. The career development process is all about *you*. You are a unique individual with a distinct combination of personality traits, skills, and interests, skills. Self knowledge can help you in your career decision-making process to discover careers that are the best match for you.

Personality Type

Taking the time to ensure that your personality is compatible with your career choice is extremely important. If you do not invest the time now to figure out what makes you happy and keeps you motivated everyday, you could be very unhappy in the future. But why is personality so important? Learning about your personality allows you to think about your emotions, behaviors, and ways of thinking on a day to day basis. For example, do you prefer to work alone or do you prefer to work with others? Would you be content in a career that requires that you are extremely organized and have a set schedule? Or are you the type of person that likes to have an open, flexible schedule that allows you to be spontaneous? This information will assist you in deciding which career(s) match with your personality preferences.

To review personality preferences, one of the most common tools used to understand personality preferences is based on the personality theory from Myers and Briggs. Businesses use the Myers-Briggs Type Indicator® (MBTI) to find out more about the personalities of their potential employees (very commonly used by police departments), some universities use the MBTI to learn more about the personalities of potential graduate students considering psychology, counseling, and social work fields, and it commonly used in couples therapy (to help both individuals in a relationship understand each other and their behaviors better).

Watch the following video to get an introduction of four facets that comprise the 16 possible personality types.



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Personality Theory: The 4 Facets

- Extroversion-Introversion (EI): *how you get your energy and where you prefer to focus your attention*
- Sensing-Intuition (SN): *how you take in information about the world around you*
- Thinking-Feeling (TF): *how you like to make decisions*
- Judging-Perceiving (JP): *how you prefer to organize your life*

Complete the following activity to identify your personality type based on your own self reflection. As part of the course requirement, you will also be taking the MBTI personality test through our career center. Please check the syllabus for instructions. You can complete the following quick activity to self identify your personality type. Then compare the results with the actual MBTI assessment to see how your results are similar and different.

Activity 4.1: What's Your Type?

Read descriptions for the four facets. Pick which is more like you.

- **E** (Extraversion) **or I** (Introversion)?
- **S** (Sensing) **or N?** (Intuition)?
- **T** (Thinking) **or F?** (Feeling)?
- **J** (Judging) **or P?** (Perceiving)?

Could be described as: • Talkative, outgoing • Like to be in a fast-paced environment • Tend to work out ideas with other, think aloud • Enjoy being the center of attention Then you prefer (E) Extraversion	Could be described as: • Reserved, private • Prefer a slower pace with time for contemplation • Tend to think things through inside your head • Would rather observe than be the center of attention Then you prefer (I) Introversion
Could be described as: • Focus on the reality of how things are • Pay attention to concrete facts and details • Prefer ideas that have practical applications • Like to describe things in a specific, literal way Then you prefer (S) Sensing	Could be described as: • Imagine the possibilities of how things could be • Notice the big picture, see how everything connects • Enjoy ideas and concepts for their own sake • Like to be describe in a way figurative, poetic Then you prefer (N) Intuition
Could be described as: • Make decision in an impersonal way, using logical reasoning • Value justice, fairness • Enjoy finding the flaws in an arguments • Could be described as reasonable, level-headed Then you prefer (T) Thinking	Could be described as: • Base you decision on personal values and how our actions affect others • Value harmony, forgiveness • Like to please others and point out the best in people • Could be described as warm empathetic Then you prefer (F) Feeling
Could be described as: • Prefer to have matters settled • Think rules and deadlines should be respected • Prefer to have a detailed step-by-step instructions • Make plans, want to know what you're getting into Then you prefer (J) Judging	Could be described as: • Prefer to leave your options open • See rules and deadlines as flexible • Like to improvise and make things up as you go • Are spontaneous, enjoy surprise and new situations Then you prefer (P)Perceiving

What is your 4-letter personality type? _ _ _ _

The following are brief descriptions of the 16 personality types from [Humanmetrics](#). Click on your personality type or a similar type to see which describes you best.

The 16 personality types

ESTJ	ISTJ	ENTJ	INTJ
ESTP	ISTP	ENTP	INTP
ESFJ	ISFJ	ENFJ	INFJ

ESFP	ISFP	ENFP	INFP
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Work Styles

O*NET OnLine provides an online tool that helps you to review your personal characteristics and how they can affect how well one performs a job. This tool is available via the [Work Styles](#) search function on O*NET OnLine. You can browse O*Net data by clicking on the quality that you think best represents you including achievement, innovation, and leadership to explore the different jobs that will require the specific characteristic.

Skills

In addition to personality, skills are also important to consider in the career development process. If you lived and worked in colonial times in the United States, what skills would you need to be gainfully employed? What kind of person would your employer want you to be? And how different would your skills and aptitudes be then, compared to today?

Many industries that developed during the 1600s–1700s, such as health care, publishing, manufacturing, construction, finance, and farming, are still with us today. And the professional abilities, aptitudes, and values required in those industries are many of the same ones employers seek today.

For example, in the health care field then, just like today, employers looked for professionals with scientific insight, active listening skills, a service orientation, oral comprehension abilities, and teamwork skills. And in the financial field then, just like today, employers looked for economics and accounting skills, mathematical reasoning skills, clerical and administrative skills, and deductive reasoning.

Why is it that with the passage of time and all the changes in the work world, some skills remain unchanged (or little changed)? The answer might lie in the fact there are two main types of skills that employers look for: hard skills and soft skills.

Hard Skills & Soft Skills

- **Hard skills** are concrete or objective abilities that you learn and perhaps have mastered. They are skills you can easily quantify, like using a computer, speaking a foreign language, or operating a machine. You might earn a certificate, a college degree, or other credentials that attest to your hard-skill competencies. Obviously, because of changes in technology, the hard skills required by industries today are vastly different from those required centuries ago.
- **Soft skills**, on the other hand, are subjective skills that have changed very little over time. Such skills might pertain to the way you relate to people, or the way you think, or the ways in which you behave—for example, listening attentively, working well in groups, and speaking clearly. Soft skills are sometimes also called “**transferable skills**” because you can easily transfer them from job to job or profession to profession without much training.

What Employers Want in an Employee

Employers want individuals who have the necessary hard and soft skills to do the job well and adapt to changes in the workplace. Soft skills may be especially in demand today because employers are generally equipped to train new employees in a hard skill—by training them to use new computer software, for instance—but it’s much more difficult to teach an employee a soft skill such as developing rapport with coworkers or knowing how to manage conflict. An employer might rather hire an inexperienced worker who can pay close attention to details than an experienced worker who might cause problems on a work team.

In this section, you will look at ways of identifying and building particular hard and soft skills that will be necessary for your career path. You will also learn how to use your time and resources wisely to acquire critical skills for your career goals.

Transferable Skills for Any Career Path

Transferable (soft) skills may be used in multiple professions. They include, but are by no means limited to, skills listed below:

- Dependable and punctual (showing up on time, ready to work, not being a liability)
- Self-motivated
- Enthusiastic
- Committed
- Willing to learn (lifelong learner)
- Able to accept constructive criticism
- A good problem solver
- Strong in customer service skills
- Adaptable (willing to change and take on new challenges)
- A team player
- Positive attitude
- Strong communication skills
- Good in essential work skills (following instructions, possessing critical thinking skills, knowing limits)
- Ethical
- Safety conscious
- Honest
- Strong in time management

For more extensive exploration, visit this [checklist of transferable skills](#) from Community Employment Services in Woodstock, Ontario.

These skills are transferable because they are positive attributes that are invaluable in practically any kind of work. They also do not require much training from an employer—you have them already and take them with you wherever you go. Soft skills are a big part of your “total me” package.

So, identify the soft skills that show you off the best, and identify the ones that prospective employers are looking for. By comparing both sets, you can more directly gear your job search to your strongest professional qualities.

ACTIVITY 4.2: IDENTIFYING YOUR SKILLS

Objective:

- To self identify your Top 5 transferable (soft) skills, skills you are good at, and those skills you wish to learn or develop further.

Instructions:

1. Review the list of transferable skills list and additional checklist of transferable skills above to complete the chart below.

	Top 5 Skills I Enjoy Using	Top 5 Skills That Come Naturally	Top 5 Skills I Want to Learn
1			
2			
3			
4			
5			

10 Top Skills You Need to Get a Job When You Graduate

The following video summarizes the ten top skills that the Target corporation believes will get you a job when you graduate. You can read a transcript of the video [here](#).

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Assessing Your Skills and Interests

In this section you will continue to assess your skills and your interests in more depth. Most career assessment tests created to measure skills and interests are based on the career theory developed by Dr. John Holland.

The following video provides you with an introduction to the world of work and Holland's Occupational Themes:

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As mentioned in the video, Holland defined six categories of people based on personality, interests, and skills:

1. **Realistic:** These people describe themselves as honest, loyal, and practical. They are doers more than thinkers. They have strong mechanical, motor, and athletic abilities; like the outdoors; and prefer working with machines, tools, plants, and animals.
2. **Investigative:** These people love problem solving and analytical skills. They are intellectually stimulated and often mathematically or scientifically inclined; like to observe, learn, and evaluate; prefer working alone; and are reserved.
3. **Artistic:** These people are the "free spirits." They are creative, emotional, intuitive, and idealistic; have a flair for communicating ideas; dislike structure and prefer working independently; and like to sing, write, act, paint, and think creatively. They are similar to the investigative type but are interested in the artistic and aesthetic aspects of things more than the scientific.
4. **Social:** These are "people" people. They are friendly and outgoing; love to help others, make a difference, or both; have strong verbal and personal skills and teaching abilities; and are less likely to engage in intellectual or physical activity.
5. **Enterprising:** These people are confident, assertive risk takers. They are sociable; enjoy speaking and leadership; like to persuade rather than guide; like to use their influence; have strong interpersonal skills; and are status conscious.
6. **Conventional:** These people are dependable, detail oriented, disciplined, precise, persistent, and practical; value order; and are good at clerical and numerical tasks. They work well with people and data, so they are good organizers, schedulers, and project managers.

ACTIVITY 4.3: What's Your Occupational Type?

Objective:

- To determine your occupational types and code

Instructions:

1. Using the descriptions above, choose the three types that most closely describe you and list them in order in the following table. Most people are combinations of two or sometimes three types.
2. Then list the specific words or attributes that you feel describe you best.
3. After determining your primary, secondary, and tertiary occupational types, take the first initial for each type, in order, to establish your occupational code.

Occupational Type	Words and Attributes That Closely Describe Me
Primary type (the one I identify with <i>most closely</i>)	

Occupational Type	Words and Attributes That Closely Describe Me
Secondary type	
Tertiary type	

Note: Your occupational code is made up of the initials of the three personality types you selected, in order.

My occupational code: ____ ____ ____

(For example: if Social, Enterprising, and Conventional are your top three occupational types, your occupational code would be: SEC)



Exploring Careers and Your Occupational Type

Now that you have determined your top three occupational types, you can begin to explore the types of careers that may be best suited for you. Holland studied people who were successful and happy in many occupations and matched their occupations to their occupational type, creating a description of the types of occupations that are best suited to each personality type. Just as many individuals are more than one personality type, many jobs show a strong correlation to more than one occupational type.

This is a rough beginning to finding your occupational type, but you will soon be seeking out more detailed results from the Strong Interest Inventory assessment as a part of this course.

Use the top three occupation types you defined in Exercise 4.2 “What’s Your Occupational Type?” to help identify careers you may want to consider from the table below.

Table 4.1 Occupational Options by Type

Ideal Environments	Sample Occupations	
Realistic	• Structured • Clear lines of authority • Work with things and tools • Casual dress • Focus on tangible results or well-thought-out goals	• Contractor • Emergency medical technician (EMT) • Mechanic • Military career • Packaging engineer
Investigative	• Nonstructured • Research oriented • Intellectual • Work with ideas and data	• Pharmacist • Lab technician • Nanotechnologist • Geologist • College professor
Artistic	• Nonstructured • Creative • Rewards unconventional and aesthetic approaches • Creation of products and ideas	• Advertising career • Architect • Animator • Musician • Journalist
Social	• Collaborative • Collegial • Work with people and on people-related problems/issues • Work as a team or community	• Teacher • Geriatric counselor • Correctional officer • Coach • Nurse
Enterprising	• Typical business environment • Results oriented • Driven • Work with people and data • Entrepreneurial • Power focused	• Sales manager • Banker • Lawyer • Business owner • Restaurant manager
Conventional	• Orderly • Clear rules and policies • Consistent processes • Work with systems to manipulate and organize data • Control and handling of money	• Auditor • Insurance underwriter • Bank teller • Office manager • Database manager

You can also check out Gottfredson and Holland's *Dictionary of Holland Occupational Codes* in the reference section of your library or use the Department of Labor's O*Net (<http://online.onetcenter.org/find>) to get a deeper understanding of your occupation. For each occupation, O*Net lists the type of work, the work environment, the skills and education required, and the job outlook for that occupation. This is a truly rich resource that you should get to know.

Identify Which Factors Might Affect Your Choice

You may now have a list of careers you want to explore. But there are other factors you will need to take into consideration as well. It is important to use your creative thinking skills to come up with alternative “right” answers to factors that may present an obstacle to pursuing the right career.

- **Timing.** How much time must I invest before I actually start making money in this career? Will I need to spend additional time in school? Is there a certification process that requires a specific amount of experience? If so, can I afford to wait?
- **Finances.** Will this career provide me with the kind of income I need in the short term and the security I’ll want in the longer term? What investment will I need to make to be successful in this field (education, tools, franchise fees, etc.)?
- **Location.** Does this career require me to relocate? Is the ideal location for this career somewhere I would like to live? Is it somewhere my family would like to live?
- **Family/personal.** How will this career affect my personal and family life? Do friends and family members who know me well feel strongly (for or against) about this career choice? How important is their input?

Your Next Steps

It may seem odd to be thinking about life after school, especially if you are just getting started. But you will soon be making decisions about your future, and regardless of the direction you may choose, there is a lot you can do while still in college. You will need to focus your studies by choosing a major. You should find opportunities to explore the careers that interest you. You can ensure that you are building the right kind of experience on which to base a successful career. These steps will make your dreams come to life and make them achievable.

Start by developing a relationship with a counselor in the Counseling/Transfer Centers in the S Building, SAC Career/CTE Center staff, or an Undecided Majors Counselor in L-222. Another great resource is SAC’s Undecided Majors website <http://sac.edu/undecided>. It provides several helpful career exploration links.

All too often students engage these counselors only near the end of their college days, when the pressure is just on getting a job—any job—after having completed a degree. But these counselors can be of great help in matching your interests to a career and in ensuring you are gathering the right kind of experience to put you at the top of the recruiting heap.

Keep in mind that deciding on and pursuing a career is an ongoing process. The more you learn about yourself and the career options that best suit you, the more you will need to fine-tune your career plan. Don’t be afraid to consider new ideas, but don’t make changes without careful consideration. Career planning is exciting: learning about yourself and about career opportunities, and considering the factors that can affect your decision, should be a core part of your thoughts while in college.

Learn Specific Skills Necessary for Your Career Path

The table below lists four resources to help you determine which concrete skills are needed for all kinds of professions. You can even discover where you might gain some of the skills and which courses you might take.

Spend some time reviewing each resource. You will find many interesting and exciting options. When you’re finished, you may decide that there are so many interesting professions in the world that it’s difficult to choose just one. This is a good problem to have!

Table 4.2 Online Skills Identification Resources

	RESOURCE	DESCRIPTION
1	Career Aptitude Test (Rasmussen College)	This test helps you match your skills to a particular career that’s right for you. Use a sliding scale to indicate your level of skill in the following skill areas: artistic, interpersonal, communication, managerial, mathematics, mechanical, and science. Press the Update Results button and receive a customized list customized of career suggestions tailored to you, based on data from the U.S. Bureau of Labor Statistics. You can filter by salary, expected growth, and education.

	RESOURCE	DESCRIPTION
2	Skills Profiler (Career OneStop from the U.S. Department of Labor)	Use the Skills Profiler to create a list of your skills, and match your skills to job types that use those skills. Plan to spend about 20 minutes completing your profile. You can start with a job type to find skills you need for a current or future job. Or if you are not sure what kind of job is right for you, start by rating your own skills to find a job type match. When your skills profile is complete, you can print it or save it.
3	O*Net OnLine	This U.S. government website helps job seekers answer two of their toughest questions: “What jobs can I get with my skills and training?” and “What skills and training do I need to get this job?” Browse groups of similar occupations to explore careers. Choose from industry, field of work, science area, and more. Focus on occupations that use a specific tool or software. Explore occupations that need your skills. Connect to a wealth of O*NET data. Enter a code or title from another classification to find the related O*NET-SOC occupation.
4	Suggested Courses to Develop Skills that Prospective Employers Want (Psych Web)	If you are trying to strengthen particular skills, certain courses may be helpful. The list at this site is based on courses offered on many campuses and some of the skills the courses emphasize.

Acquiring Necessary Skills (both in and out of class) for Your Career Goals

“Lifelong learning” is a buzz phrase in the twentieth-first century because we are inundated with new technology and information all the time, and those who know *how to learn*, continuously, are in the best position to keep up and take advantage of these changes. Think of all the information resources around you: colleges and universities, libraries, the Internet, videos, games, books, films—the list goes on.

With these resources at your disposal, how can you best position yourself for lifelong learning and a strong, viable career? Which hard and soft skills are most important? What are employers really looking for?

The following list was inspired by the remarks of Mark Atwood, director of open-source engagement at Hewlett-Packard Enterprise. It contains excellent practical advice.

- Learn how to write clearly. After you’ve written something, have people edit it. Then rewrite it, taking into account the feedback you received. Write all the time.
- Learn how to speak. Speak clearly on the phone and at a table. For public speaking, try Toastmasters. “Meet and speak. Speak and write.”
- Be reachable. Publish your email so that people can contact you. Don’t worry about spam.
- Learn about computers and computing, even if you aren’t gearing for a career in information technology. Learn something entirely new every six to twelve months.
- Build relationships within your community. Use tools like Meetup.com and search for clubs at local schools, libraries, and centers. Then, seek out remote people around the country and world. Learn about them and their projects first by searching the Internet.
- Attend conferences and events. This is a great way to network with people and meet them face-to-face.
- Find a project and get involved. Start reading questions and answers, then start answering questions.
- Collaborate with people all over the world.
- Keep your LinkedIn profile and social media profiles up-to-date. Be findable.
- Keep learning. Skills will often beat smarts. Be sure to schedule time for learning and having fun!

Just Get Involved

After you've networked with enough people and built up your reputation, your peers can connect you with job openings that may be a good fit for your skills. The video, below, from Monash University in Australia offers the following tips:

1. Get involved in part-time work
2. Get involved in extracurricular activities
3. Get involved with employment and career development

"Just Get involved. There are so many opportunities and open doors for you."

Thumbnail for the embedded element "Tips to improve your career from Monash Graduates"
data-id="79536"src="/@api/deki/files/79536/hqdefault-6.jpg"/>

A YouTube element has been excluded from this version of the text. You can view it online here: <http://pb.libretexts.org/career/?p=32>

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7.5: Social Dimensions of Work

7.5: Social Dimensions of Work

Organizational psychology is the second major branch of study and practice within the discipline of industrial and organizational psychology. In organizational psychology, the focus is on social interactions and their effect on the individual and on the functioning of the organization. In this section, you will learn about the work organizational psychologists have done to understand job satisfaction, different styles of management, different styles of leadership, organizational culture, and teamwork.

Job Satisfaction

Some people love their jobs, some people tolerate their jobs, and some people cannot stand their jobs. Job satisfaction describes the degree to which individuals enjoy their job. It was described by Edwin Locke (1976) as the state of feeling resulting from appraising one's job experiences. While job satisfaction results from both how we think about our work (our cognition) and how we feel about our work (our affect) (Saari & Judge, 2004), it is described in terms of affect. Job satisfaction is impacted by the work itself, our personality, and the culture we come from and live in (Saari & Judge, 2004).

Job satisfaction is typically measured after a change in an organization, such as a shift in the management model, to assess how the change affects employees. It may also be routinely measured by an organization to assess one of many factors expected to affect the organization's performance. In addition, polling companies like Gallup regularly measure job satisfaction on a national scale to gather broad information on the state of the economy and the workforce (Saad, 2012).

Job satisfaction is measured using questionnaires that employees complete. Sometimes a single question might be asked in a very straightforward way to which employees respond using a rating scale, such as a Likert scale, which was discussed in the chapter on personality. A Likert scale (typically) provides five possible answers to a statement or question that allows respondents to indicate their positive-to-negative strength of agreement or strength of feeling regarding the question or statement. Thus the possible responses to a question such as "How satisfied are you with your job today?" might be "Very satisfied," "Somewhat satisfied," "Neither satisfied, nor dissatisfied," "Somewhat dissatisfied," and "Very dissatisfied." More commonly the survey will ask a number of questions about the employee's satisfaction to determine more precisely why he is satisfied or dissatisfied. Sometimes these surveys are created for specific jobs; at other times, they are designed to apply to any job. Job satisfaction can be measured at a global level, meaning how satisfied in general the employee is with work, or at the level of specific factors intended to measure which aspects of the job lead to satisfaction ([Table 13.1](#)).

table of factor descriptions

Factor	Description
Autonomy	Individual responsibility, control over decisions
Work content	Variety, challenge, role clarity
Communication	Feedback
Financial rewards	Salary and benefits
Growth and development	Personal growth, training, education
Promotion	Career advancement opportunity
Coworkers	Professional relations or adequacy
Supervision and feedback	Support, recognition, fairness
Workload	Time pressure, tedium
Work demands	Extra work requirements, insecurity of position

Table13.1 Factors Involved in Job Satisfaction–Dissatisfaction

Research has suggested that the work-content factor, which includes variety, difficulty level, and role clarity of the job, is the most strongly predictive factor of overall job satisfaction (Saari & Judge, 2004). In contrast, there is only a weak correlation between pay level and job satisfaction (Judge, Piccolo, Podsakoff, Shaw, & Rich, 2010). Judge et al. (2010) suggest that individuals adjust or adapt to higher pay levels: Higher pay no longer provides the satisfaction the individual may have initially felt when her salary increased.

Why should we care about job satisfaction? Or more specifically, why should an employer care about job satisfaction? Measures of job satisfaction are somewhat correlated with job performance; in particular, they appear to relate to organizational citizenship or discretionary behaviors on the part of an employee that further the goals of the organization (Judge & Kammeyer-Mueller, 2012). Job satisfaction is related to general life satisfaction, although there has been limited research on how the two influence each other or whether personality and cultural factors affect both job and general life satisfaction. One carefully controlled study suggested that the relationship is reciprocal: Job satisfaction affects life satisfaction positively, and vice versa (Judge & Watanabe, 1993). Of course, organizations cannot control life satisfaction's influence on job satisfaction. Job satisfaction, specifically low job satisfaction, is also related to withdrawal behaviors, such as leaving a job or absenteeism (Judge & Kammeyer-Mueller, 2012). The relationship with turnover itself, however, is weak (Judge & Kammeyer-Mueller, 2012). Finally, it appears that job satisfaction is related to organizational performance, which suggests that implementing organizational changes to improve employee job satisfaction will improve organizational performance (Judge & Kammeyer-Mueller, 2012).

There is opportunity for more research in the area of job satisfaction. For example, Weiss (2002) suggests that the concept of job satisfaction measurements have combined both emotional and cognitive concepts, and measurements would be more reliable and show better relationships with outcomes like performance if the measurement of job satisfaction separated these two possible elements of job satisfaction.

DIG DEEPER

Job Satisfaction in Federal Government Agencies

A 2013 study of job satisfaction in the U.S. federal government found indexes of job satisfaction plummeting compared to the private sector. The largest factor in the decline was satisfaction with pay, followed by training and development opportunities. The Partnership for Public Service, a nonprofit, nonpartisan organization, has conducted research on federal employee job satisfaction since 2003. Its primary goal is to improve the federal government's management. However, the results also provide information to those interested in obtaining employment with the federal government.

Among large agencies, the highest job satisfaction ranking went to NASA, followed by the Department of Commerce and the intelligence community. The lowest scores went to the Department of Homeland Security.

The data used to derive the job satisfaction score come from three questions on the Federal Employee Viewpoint Survey. The questions are:

1. I recommend my organization as a good place to work.
2. Considering everything, how satisfied are you with your job?
3. Considering everything, how satisfied are you with your organization?

The questions have a range of six possible answers, spanning a range of strong agreement or satisfaction to strong disagreement or dissatisfaction. How would you answer these questions with regard to your own job? Would these questions adequately assess your job satisfaction?

You can explore the Best Places To Work In The Federal Government study at their Web site: www.bestplacetowork.org. The Office of Personnel Management also produces a report based on their survey: www.fedview.opm.gov.

Job stress affects job satisfaction. Job stress, or job strain, is caused by specific stressors in an occupation. Stress can be an ambiguous term as it is used in common language. Stress is the perception and response of an individual to events judged as overwhelming or threatening to the individual's well-being (Gyllenstein & Palmer, 2005). The events themselves are the stressors. Stress is a result of an employee's perception that the demands placed on them exceed their ability to meet them (Gyllenstein & Palmer, 2005), such as having to fill multiple roles in a job or life in general, workplace role ambiguity, lack of career progress, lack

of job security, lack of control over work outcomes, isolation, work overload, discrimination, harassment, and bullying (Colligan & Higgins, 2005). The stressors are different for women than men and these differences are a significant area of research (Gyllenstein & Palmer, 2005). Job stress leads to poor employee health, job performance, and family life (Colligan & Higgins, 2005).

As already mentioned, job insecurity contributes significantly to job stress. Two increasing threats to job security are downsizing events and corporate mergers. Businesses typically involve I-O psychologists in planning for, implementing, and managing these types of organizational change.

Downsizing is an increasingly common response to a business's pronounced failure to achieve profit goals, and it involves laying off a significant percentage of the company's employees. Industrial-organizational psychologists may be involved in all aspects of downsizing: how the news is delivered to employees (both those being let go and those staying), how laid-off employees are supported (e.g., separation packages), and how retained employees are supported. The latter is important for the organization because downsizing events affect the retained employee's intent to quit, organizational commitment, and job insecurity (Ugboro, 2006).

In addition to downsizing as a way of responding to outside strains on a business, corporations often grow larger by combining with other businesses. This can be accomplished through a merger (i.e., the joining of two organizations of equal power and status) or an acquisition (i.e., one organization purchases the other). In an acquisition, the purchasing organization is usually the more powerful or dominant partner. In both cases, there is usually a duplication of services between the two companies, such as two accounting departments and two sales forces. Both departments must be merged, which commonly involves a reduction of staff (Figure 13.13). This leads to organizational processes and stresses similar to those that occur in downsizing events. Mergers require determining how the organizational culture will change, to which employees also must adjust (van Knippenberg, van Knippenberg, Monden, & de Lima, 2002). There can be additional stress on workers as they lose their connection to the old organization and try to make connections with the new combined group (Amiot, Terry, Jimmieson, & Callan, 2006). Research in this area focuses on understanding employee reactions and making practical recommendations for managing these organizational changes.

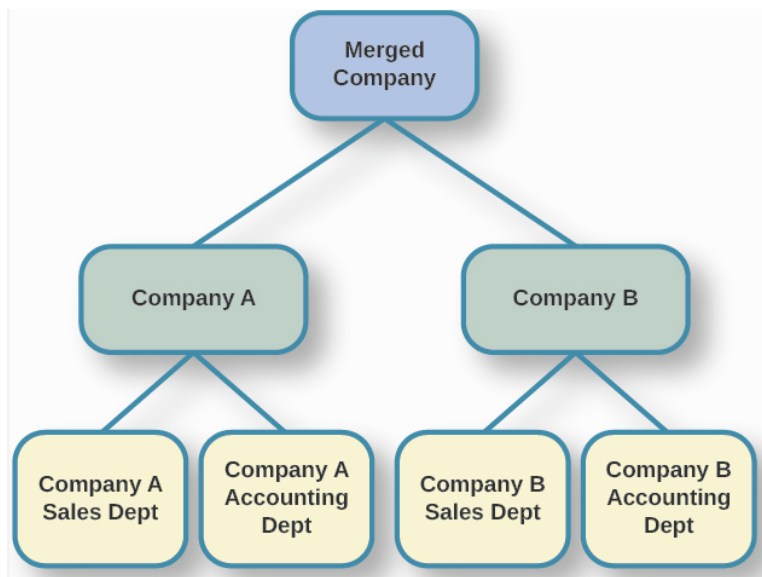


Figure 13.13 When companies are combined through a merger (or acquisition), there are often cuts due to duplication of core functions, like sales and accounting, at each company.

Work-Family Balance

Many people juggle the demands of work life with the demands of their home life, whether it be caring for children or taking care of an elderly parent; this is known as work-family balance. We might commonly think about work interfering with family, but it is also the case that family responsibilities may conflict with work obligations (Carlson, Kacmar, & Williams, 2000). Greenhaus and Beutell (1985) first identified three sources of work-family conflicts:

- time devoted to work makes it difficult to fulfill requirements of family, or vice versa,
- strain from participation in work makes it difficult to fulfill requirements of family, or vice versa, and
- specific behaviors required by work make it difficult to fulfill the requirements of family, or vice versa.

Women often have greater responsibility for family demands, including home care, child care, and caring for aging parents, yet men in the United States are increasingly assuming a greater share of domestic responsibilities. However, research has documented that women report greater levels of stress from work–family conflict (Gyllenstein & Palmer, 2005).

There are many ways to decrease work–family conflict and improve people's job satisfaction (Posig & Kickul, 2004). These include support in the home, which can take various forms: emotional (listening), practical (help with chores). Workplace support can include understanding supervisors, flextime, leave with pay, and telecommuting. Flextime usually involves a requirement of core hours spent in the workplace around which the employee may schedule his arrival and departure from work to meet family demands. Telecommuting involves employees working at home and setting their own hours, which allows them to work during different parts of the day, and to spend part of the day with their family. Recall that Yahoo! had a policy of allowing employees to telecommute and then rescinded the policy. There are also organizations that have onsite daycare centers, and some companies even have onsite fitness centers and health clinics. In a study of the effectiveness of different coping methods, Lapierre & Allen (2006) found practical support from home more important than emotional support. They also found that immediate-supervisor support for a worker significantly reduced work–family conflict through such mechanisms as allowing an employee the flexibility needed to fulfill family obligations. In contrast, flextime did not help with coping and telecommuting actually made things worse, perhaps reflecting the fact that being at home intensifies the conflict between work and family because with the employee in the home, the demands of family are more evident.

Posig & Kickul (2004) identify exemplar corporations with policies designed to reduce work–family conflict. Examples include IBM's policy of three years of job-guaranteed leave after the birth of a child, Lucent Technologies offer of one year's childbirth leave at half pay, and SC Johnson's program of concierge services for daytime errands.

Management and Organizational Structure

A significant portion of I-O research focuses on management and human relations. Douglas McGregor (1960) combined scientific management (a theory of management that analyzes and synthesizes workflows with the main objective of improving economic efficiency, especially labor productivity) and human relations into the notion of leadership behavior. His theory lays out two different styles called Theory X and Theory Y. In the Theory X approach to management, managers assume that most people dislike work and are not innately self-directed. Theory X managers perceive employees as people who prefer to be led and told which tasks to perform and when. Their employees have to be watched carefully to be sure that they work hard enough to fulfill the organization's goals. Theory X workplaces will often have employees punch a clock when arriving and leaving the workplace: Tardiness is punished. Supervisors, not employees, determine whether an employee needs to stay late, and even this decision would require someone higher up in the command chain to approve the extra hours. Theory X supervisors will ignore employees' suggestions for improved efficiency and reprimand employees for speaking out of order. These supervisors blame efficiency failures on individual employees rather than the systems or policies in place. Managerial goals are achieved through a system of punishments and threats rather than enticements and rewards. Managers are suspicious of employees' motivations and always suspect selfish motivations for their behavior at work (e.g., being paid is their sole motivation for working).

In the Theory Y approach, on the other hand, managers assume that most people seek inner satisfaction and fulfillment from their work. Employees function better under leadership that allows them to participate in, and provide input about, setting their personal and work goals. In Theory Y workplaces, employees participate in decisions about prioritizing tasks; they may belong to teams that, once given a goal, decide themselves how it will be accomplished. In such a workplace, employees are able to provide input on matters of efficiency and safety. One example of Theory Y in action is the policy of Toyota production lines that allows any employee to stop the entire line if a defect or other issue appears, so that the defect can be fixed and its cause remedied (Toyota Motor Manufacturing, 2013). A Theory Y workplace will also meaningfully consult employees on any changes to the work process or management system. In addition, the organization will encourage employees to contribute their own ideas. McGregor (1960) characterized Theory X as the traditional method of management used in the United States. He argued that a Theory Y approach was needed to improve organizational output and the wellbeing of individuals. [Table 13.2](#) summarizes how these two management approaches differ.

data table

Theory X	Theory Y
People dislike work and avoid it.	People enjoy work and find it natural.
People avoid responsibility.	People are more satisfied when given responsibility.
People want to be told what to do.	People want to take part in setting their own work goals.
Goals are achieved through rules and punishments.	Goals are achieved through enticements and rewards.

Table13.2 Theory X and Theory Y Management Styles

Another management style was described by Donald Clifton, who focused his research on how an organization can best use an individual's strengths, an approach he called strengths-based management. He and his colleagues interviewed 8,000 managers and concluded that it is important to focus on a person's strengths, not their weaknesses. A strength is a particular enduring talent possessed by an individual that allows her to provide consistent, near-perfect performance in tasks involving that talent. Clifton argued that our strengths provide the greatest opportunity for growth (Buckingham & Clifton, 2001). An example of a strength is public speaking or the ability to plan a successful event. The strengths-based approach is very popular although its effect on organization performance is not well-studied. However, Kaiser & Overfield (2011) found that managers often neglected improving their weaknesses and overused their strengths, both of which interfered with performance.

Leadership is an important element of management. Leadership styles have been of major interest within I-O research, and researchers have proposed numerous theories of leadership. Bass (1985) popularized and developed the concepts of transactional leadership versus transformational leadership styles. In transactional leadership, the focus is on supervision and organizational goals, which are achieved through a system of rewards and punishments (i.e., transactions). Transactional leaders maintain the status quo: They are managers. This is in contrast to the transformational leader. People who have transformational leadership possess four attributes to varying degrees: They are charismatic (highly liked role models), inspirational (optimistic about goal attainment), intellectually stimulating (encourage critical thinking and problem solving), and considerate (Bass, Avolio, & Atwater, 1996).

As women increasingly take on leadership roles in corporations, questions have arisen as to whether there are differences in leadership styles between men and women (Eagly, Johannesen-Schmidt, & van Engen, 2003). Eagly & Johnson (1990) conducted a meta-analysis to examine gender and leadership style. They found, to a slight but significant degree, that women tend to practice an interpersonal style of leadership (i.e., she focuses on the morale and welfare of the employees) and men practice a task-oriented style (i.e., he focuses on accomplishing tasks). However, the differences were less pronounced when one looked only at organizational studies and excluded laboratory experiments or surveys that did not involve actual organizational leaders. Larger sex-related differences were observed when leadership style was categorized as democratic or autocratic, and these differences were consistent across all types of studies. The authors suggest that similarities between the sexes in leadership styles are attributable to both sexes needing to conform the organization's culture; additionally, they propose that sex-related differences reflect inherent differences in the strengths each sex brings to bear on leadership practice. In another meta-analysis of leadership style, Eagly, Johannesen-Schmidt, & van Engen (2003) found that women tended to exhibit the characteristics of transformational leaders, while men were more likely to be transactional leaders. However, the differences are not absolute; for example, women were found to use methods of reward for performance more often than men, which is a component of transactional leadership. The differences they found were relatively small. As Eagly, Johannesen-Schmidt, & van Engen (2003) point out, research shows that transformational leadership approaches are more effective than transactional approaches, although individual leaders typically exhibit elements of both approaches.

Goals, Teamwork and Work Teams

The workplace today is rapidly changing due to a variety of factors, such as shifts in technology, economics, foreign competition, globalization, and workplace demographics. Organizations need to respond quickly to changes in these factors. Many companies are responding to these changes by structuring their organizations so that work can be delegated to work teams, which bring together diverse skills, experience, and expertise. This is in contrast to organizational structures that have individuals at their base (Naquin & Tynan, 2003). In the team-based approach, teams are brought together and given a specific task or goal to accomplish. Despite their burgeoning popularity, team structures do not always deliver greater productivity—the work of teams is an active area of research (Naquin & Tynan, 2003).

Why do some teams work well while others do not? There are many contributing factors. For example, teams can mask team

members that are not working (i.e., social loafing). Teams can be inefficient due to poor communication; they can have poor decision-making skills due to conformity effects; and, they can have conflict within the group. The popularity of teams may in part result from the team halo effect: Teams are given credit for their successes, but individuals within a team are blamed for team failures (Naquin & Tynan, 2003). One aspect of team diversity is their gender mix. Researchers have explored whether gender mix has an effect on team performance. On the one hand, diversity can introduce communication and interpersonal-relationship problems that hinder performance, but on the other hand diversity can also increase the team's skill set, which may include skills that can actually improve team member interactions. Hoogendoorn, Oosterbeek, & van Praag (2013) studied project teams in a university business school in which the gender mix of the teams was manipulated. They found that gender-balanced teams (i.e., nearly equal numbers of men and women) performed better, as measured by sales and profits, than predominantly male teams. The study did not have enough data to determine the relative performance of female dominated teams. The study was unsuccessful in identifying which mechanism (interpersonal relationships, learning, or skills mixes) accounted for performance improvement.

There are three basic types of teams: problem resolution teams, creative teams, and tactical teams. Problem resolution teams are created for the purpose of solving a particular problem or issue; for example, the diagnostic teams at the Centers for Disease Control. Creative teams are used to develop innovative possibilities or solutions; for example, design teams for car manufacturers create new vehicle models. Tactical teams are used to execute a well-defined plan or objective, such as a police or FBI SWAT team handling a hostage situation (Larson & LaFasto, 1989). One area of active research involves a fourth kind of team—the virtual team; these studies examine how groups of geographically disparate people brought together using digital communications technology function (Powell, Piccoli, & Ives, 2004). Virtual teams are more common due to the growing globalization of organizations and the use of consulting and partnerships facilitated by digital communication.

Organizational Culture

Each company and organization has an organizational culture. Organizational culture encompasses the values, visions, hierarchies, norms, and interactions among its employees. It is how an organization is run, how it operates, and how it makes decisions—the industry in which the organization participates may have an influence. Different departments within one company can develop their own subculture within the organization's culture. Ostroff, Kinicki, and Tamkins (2003) identify three layers in organizational culture: observable artifacts, espoused values, and basic assumptions. Observable artifacts are the symbols, language (jargon, slang, and humor), narratives (stories and legends), and practices (rituals) that represent the underlying cultural assumptions. Espoused values are concepts or beliefs that the management or the entire organization endorses. They are the rules that allow employees to know which actions they should take in different situations and which information they should adhere to. These basic assumptions generally are unobservable and unquestioned. Researchers have developed survey instruments to measure organizational culture.

With the workforce being a global marketplace, your company may have a supplier in Korea and another in Honduras and have employees in the United States, China, and South Africa. You may have coworkers of different religious, ethnic, or racial backgrounds than yourself. Your coworkers may be from different places around the globe. Many workplaces offer diversity training to help everyone involved bridge and understand cultural differences. Diversity training educates participants about cultural differences with the goal of improving teamwork. There is always the potential for prejudice between members of two groups, but the evidence suggests that simply working together, particularly if the conditions of work are set carefully that such prejudice can be reduced or eliminated. Pettigrew and Tropp (2006) conducted a meta-analysis to examine the question of whether contact between groups reduced prejudice between those groups. They found that there was a moderate but significant effect. They also found that, as previously theorized, the effect was enhanced when the two groups met under conditions in which they have equal standing, common goals, cooperation between the groups, and especially support on the part of the institution or authorities for the contact.

DIG DEEPER

Managing Generational Differences

An important consideration in managing employees is age. Workers' expectations and attitudes are developed in part by experience in particular cultural time periods. Generational constructs are somewhat arbitrary, yet they may be helpful in setting broad directions to organizational management as one generation leaves the workforce and another enters it. The baby boomer generation (born between 1946 and 1964) is in the process of leaving the workforce and will continue to depart it for a decade or more. Generation X (born between the early 1960s and the 1980s) are now in the middle of their careers. Millennials (born from 1979 to the early 1994) began to come of age at the turn of the century, and are early in their careers.

Today, as these three different generations work side by side in the workplace, employers and managers need to be able to identify their unique characteristics. Each generation has distinctive expectations, habits, attitudes, and motivations (Elmore, 2010). One of the major differences among these generations is knowledge of the use of technology in the workplace. Millennials are technologically sophisticated and believe their use of technology sets them apart from other generations. They have also been characterized as self-centered and overly self-confident. Their attitudinal differences have raised concerns for managers about maintaining their motivation as employees and their ability to integrate into organizational culture created by baby boomers (Myers & Sadaghiani, 2010). For example, millennials may expect to hear that they need to pay their dues in their jobs from baby boomers who believe they paid their dues in their time. Yet millennials may resist doing so because they value life outside of work to a greater degree (Myers & Sadaghiani, 2010). Meister & Willyerd (2010) suggest alternative approaches to training and mentoring that will engage millennials and adapt to their need for feedback from supervisors: reverse mentoring, in which a younger employee educates a senior employee in social media or other digital resources. The senior employee then has the opportunity to provide useful guidance within a less demanding role.

Recruiting and retaining millennials and Generation X employees poses challenges that did not exist in previous generations. The concept of building a career with the company is not relatable to most Generation X employees, who do not expect to stay with one employer for their career. This expectation arises from a reduced sense of loyalty because they do not expect their employer to be loyal to them (Gibson, Greenwood, & Murphy, 2009). Retaining Generation X workers thus relies on motivating them by making their work meaningful (Gibson, Greenwood, & Murphy, 2009). Since millennials lack an inherent loyalty to the company, retaining them also requires effort in the form of nurturing through frequent rewards, praise, and feedback.

Millennials are also interested in having many choices, including options in work scheduling, choice of job duties, and so on. They also expect more training and education from their employers. Companies that offer the best benefit package and brand attract millennials (Myers & Sadaghiani, 2010).

One well-recognized negative aspect of organizational culture is a culture of harassment, including sexual harassment. Most organizations of any size have developed sexual harassment policies that define sexual harassment (or harassment in general) and the procedures the organization has set in place to prevent and address it when it does occur. Thus, in most jobs you have held, you were probably made aware of the company's sexual harassment policy and procedures, and may have received training related to the policy. The U.S. Equal Employment Opportunity Commission (n.d.) provides the following description of sexual harassment:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment. (par. 2)

One form of sexual harassment is called quid pro quo. Quid pro quo means you give something to get something, and it refers to a situation in which organizational rewards are offered in exchange for sexual favors. Quid pro quo harassment is often between an employee and a person with greater power in the organization. For example, a supervisor might request an action, such as a kiss or a touch, in exchange for a promotion, a positive performance review, or a pay raise. Another form of sexual harassment is the threat of withholding a reward if a sexual request is refused. Hostile environment sexual harassment is another type of workplace harassment. In this situation, an employee experiences conditions in the workplace that are considered hostile or intimidating. For example, a work environment that allows offensive language or jokes or displays sexually explicit images. Isolated occurrences of these events do not constitute harassment, but a pattern of repeated occurrences does. In addition to violating organizational policies against sexual harassment, these forms of harassment are illegal.

Harassment does not have to be sexual; it may be related to any of the protected classes in the statutes regulated by the EEOC: race, national origin, religion, or age.

Violence in the Workplace

In the summer of August 1986, a part-time postal worker with a troubled work history walked into the Edmond, Oklahoma, post office and shot and killed 15 people, including himself. From his action, the term "going postal" was coined, describing a troubled employee who engages in extreme violence.

Workplace violence is one aspect of workplace safety that I-O psychologists study. Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening, disruptive behavior that occurs at the workplace. It ranges from threats and verbal abuse to physical assaults and even homicide (Occupational Safety & Health Administration, 2014).

There are different targets of workplace violence: a person could commit violence against coworkers, supervisors, or property. Warning signs often precede such actions: intimidating behavior, threats, sabotaging equipment, or radical changes in a coworker's behavior. Often there is intimidation and then escalation that leads to even further escalation. It is important for employees to involve their immediate supervisor if they ever feel intimidated or unsafe.

Murder is the second leading cause of death in the workplace. It is also the primary cause of death for women in the workplace. Every year there are nearly two million workers who are physically assaulted or threatened with assault. Many are murdered in domestic violence situations by boyfriends or husbands who chose the woman's workplace to commit their crimes.

There are many triggers for workplace violence. A significant trigger is the feeling of being treated unfairly, unjustly, or disrespectfully. In a research experiment, Greenberg (1993) examined the reactions of students who were given pay for a task. In one group, the students were given extensive explanations for the pay rate. In the second group, the students were given a curt uninformative explanation. The students were made to believe the supervisor would not know how much money the student withdrew for payment. The rate of stealing (taking more pay than they were told they deserved) was higher in the group who had been given the limited explanation. This is a demonstration of the importance of procedural justice in organizations. Procedural justice refers to the fairness of the processes by which outcomes are determined in conflicts with or among employees.

In another study by Greenberg & Barling (1999), they found a history of aggression and amount of alcohol consumed to be accurate predictors of workplace violence against a coworker. Aggression against a supervisor was predicted if a worker felt unfairly treated or untrusted. Job security and alcohol consumption predicted aggression against a subordinate. To understand and predict workplace violence, Greenberg & Barling (1999) emphasize the importance of considering the employee target of aggression or violence and characteristics of both the workplace characteristics and the aggressive or violent person.

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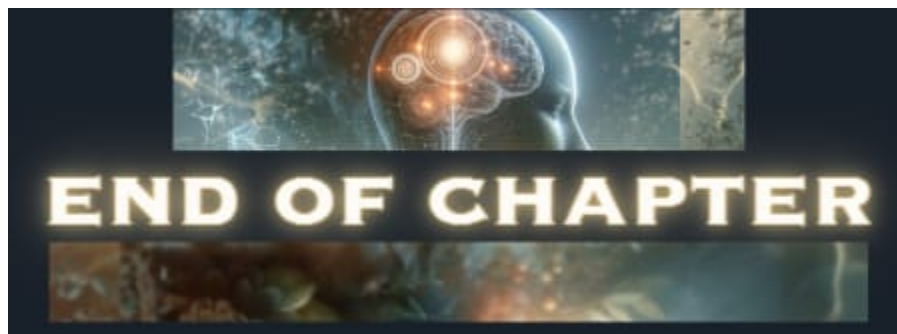
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7.6: End of Chapter Wrap-Up

7.6: Chapter 7 Wrap-Up

Here are the key takeaways from Chapter 7:

- Steve Jobs, a co-founder of Apple Inc. and Pixar Animation Studios, exemplifies relentless pursuit of passion and innovation, leading to significant cultural transformations with products like the iPhone and iPad. His journey from a teenage electronics enthusiast to a celebrated entrepreneur illustrates the potential for success through seizing opportunities and following one's interests. Jobs's story underscores the difference between a job and a career: a job offers financial security, while a career provides personal fulfillment and professional development. Planning and aligning personal characteristics with career choices are essential for achieving both satisfaction and success in the professional realm.
- The significance of your college major to your career is widely debated and nuanced. While some believe it heavily influences career outcomes, evidence suggests a more flexible relationship. Many students change majors, and only half of graduates work in fields directly related to their major. Career success often hinges on transferable skills like critical thinking and communication, rather than specific academic backgrounds. Factors such as personal satisfaction, skill utilization, and development play crucial roles in career choices. Financially, college graduates generally out-earn high school graduates, and advanced degrees can further boost earnings. Ultimately, the best path combines your major with your skills, interests, and career aspirations for overall satisfaction and security.
- Understanding your personality preferences and skills is crucial for career development. Using tools like the Myers-Briggs Type Indicator (MBTI) and Dr. John Holland's Occupational Themes can help you identify careers that align with your personality traits and interests. Distinguishing between hard skills (technical abilities) and soft skills (transferable abilities) is essential for career planning. Employers value both, but especially seek out soft skills such as communication, problem-solving, and adaptability. Lifelong learning, networking, and gaining practical experience through part-time work and extracurricular activities can significantly enhance your career prospects. Ultimately, aligning your career with your personal preferences and skills leads to greater job satisfaction and success.
- Organizational psychology focuses on the social interactions within workplaces and their impact on individuals and organizational performance. Key areas of study include job satisfaction, management and leadership styles, organizational culture, teamwork, and work-family balance. Job satisfaction is influenced by work content, personality, and culture, and can affect overall life satisfaction and organizational performance. Effective management styles, such as Theory Y and strengths-based management, can enhance employee motivation and productivity. Leadership styles, including transformational and transactional approaches, also play a crucial role. Understanding organizational culture and addressing issues like job stress, work-family conflict, and workplace violence are essential for fostering a positive work environment and improving organizational outcomes.



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8: PSYCHOLOGICAL DISORDERS AND TREATMENTS

- 8.1: Introduction to Emotional and Mental Health
- 8.2: Mental Health and Wellness
- 8.3: Psychotherapy
- 8.4: Humanistic and Person-Centered Therapy
- 8.5: Cognitive Behavioral Therapy
- 8.6: Acceptance and Mindfulness-Based Approaches
- 8.7: Emerging Treatment Strategies
- 8.8: End of Chapter Wrap-Up

8.1: Introduction to Emotional and Mental Health

8.1: Introduction to Emotional and Mental Health

Learning Objectives:

Learning Objectives

- Describe what mental, emotional, and psychological health entails.
- Recognize warning signs of emotional distress
- Relate Maslow's Hierarchy of Needs to emotional health
- Recognize emotional defense mechanisms

Do you feel you are living up to your potential?

Do you find opportunities throughout the day to focus on happiness?

Do you feel good about yourself?

Have you ever felt sad for a prolonged amount of time?

Have you, or do you know someone who has, felt depressed or had anxiety?

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. Although more emphasis is often placed on our physical wellness, mental and physical health are equally important components of overall health.

Although poor mental health and mental illness are terms that are often used interchangeably, poor mental health and mental illness are not the same. A person can experience poor mental health and not be diagnosed with a mental illness. Likewise, a person diagnosed with a mental illness can experience periods of physical, mental, and social well-being.

According to the World Health Organization:

- Mental health is more than the absence of mental disorders.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is determined by a range of socioeconomic, biological and environmental factors

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8.2: Mental Health and Wellness

8.2: Mental Health and Wellness



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Your mental health is very important to your well-being. Just like we strive for to be physically healthy, we must also strive to be mentally, emotionally, and socially healthy.

Positive mental health allows people to:

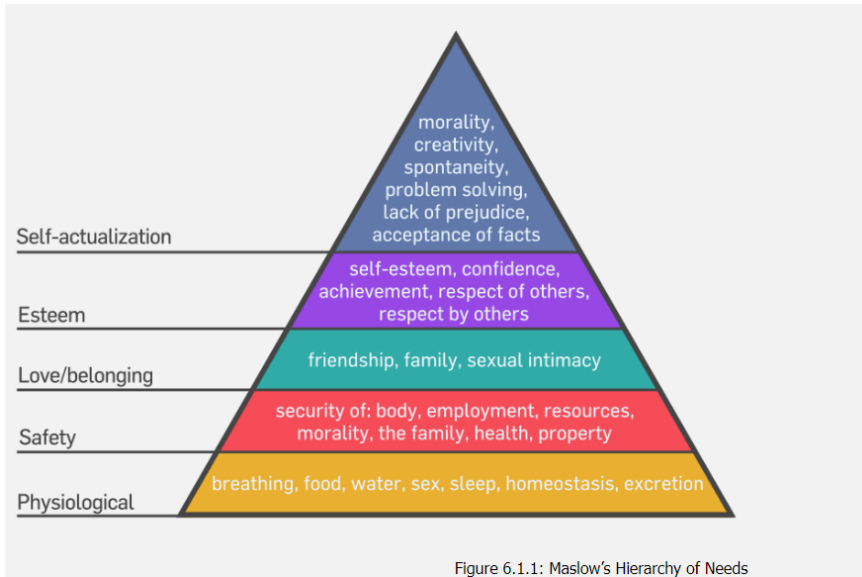
- Cope with the stresses of life
- Be physically healthy
- Have good relationships
- Make meaningful contributions to your community
- Work productively
- Realize your full potential

Reaching Your Full Potential

What does it take to reach your full human potential, to become everything that you are capable of becoming? Is it important to have air, water, food, and shelter in order for you to strive to reach your human potential? Is it important to feel safe in order to reach your human potential?

In 1943 Abraham Maslow published one of the most cited theories of human behavior called Maslow's Hierarchy of Needs^[1]. The purpose of the Hierarchy of Needs was to explain that there are levels of human needs and we need to focus on each of the levels in order to become everything that we are capable of becoming. Maslow's hierarchy of needs is often portrayed in the shape of a pyramid, with the most fundamental levels of needs at the bottom. Maslow developed the hierarchy with order of importance in mind, however noted that although it was observed that most people fulfilled their basic needs in the order of the hierarchy, there are some exceptions. The order of needs as categorized by Maslow from bottom to top are: physiological needs, safety, love and belonging, esteem, and self-actualization. Maslow acknowledged that many different levels of motivation are likely to be present in a human all at once. His focus in discussing the hierarchy was to identify the basic types of motivation and the order that they

generally progress as lower needs are reasonably well met.



Physiological Needs

Physiological needs are generally obvious because they are required for survival. If requirements are not met, the body cannot continue to function. Air, water, food, clothing, and shelter are the basic physiological needs.

Safety Needs

Once physical needs are satisfied, individual safety takes precedence. Safety and Security needs include:

- Personal and family safety
- Financial security
- Health and well-being

Love/belonging Needs

After physiological and safety needs are fulfilled, the third layer of human needs are interpersonal. This involves feelings of belongingness. Humans need to feel a sense of belonging and acceptance, whether it comes from larger community affiliations or simply a few close friends. Without these connections, many people become susceptible to loneliness, social anxiety, and clinical depression. This need for belonging can sometimes overcome physiological and security needs. For example, an anorexic may ignore the need to eat and the security of health for a feeling of control and belonging. Deficiencies in interpersonal needs, due to neglect, shunning, ostracism, etc., can impact an individual's ability to form and maintain emotionally significant relationships.

Esteem

Esteem represents the normal human desire to be accepted and valued by others. People need to engage themselves to gain recognition and have an activity or activities that give the person a sense of contribution, to feel self-valued, be it in a profession or hobby. Imbalances at this level can result in low self-esteem or an inferiority complex. Many people with low self-esteem will not be able to improve their view of themselves simply by receiving fame, respect, and glory externally, but must first accept themselves internally. Psychological imbalances, such as depression, can prevent one from obtaining self-esteem on both levels.

Self-actualization

This level of need refers to what a person's full potential is and the realization of that potential. Maslow describes this level as the desire to accomplish everything that one can, to become the most that one can be. Individuals may perceive or focus on this need very specifically. For example, one individual may have the strong desire to become an ideal parent. In another, the desire may be expressed athletically. For others, it may be expressed in paintings, pictures, or inventions. Maslow believed that to acquire this level of need, the person must adequately achieve the previous needs.

Examples: The movie Cast Away

The movie, Cast Away, demonstrates Maslow's Hierarchy of Needs. When Tom Hanks character is marooned on a deserted island the first things he does find water and food. These actions satisfy his immediate physiological needs. Next he needs to find shelter for safety and security. To meet his love and belongingness needs he has "Wilson"

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8.3: Psychotherapy

8.3: Psychotherapy

Who seeks treatment?



"person sitting while facing window - Credit to <https://myfriendscoffee.com/>" by John Beans is licensed under CC BY 2.0.

Would you describe the people who seek treatment as being on the brink, crazy, or desperate? Or can the ordinary Joe in need of advice seek out mental health counseling? The answer is that anyone can. David Sack, M.D. (2013) writes in the article *5 Signs Its Time to Seek Therapy*, published in *Psychology Today*, that "most people can benefit from therapy at least some point in their lives," and though the signs you need to seek help are obvious at times, we often try "to sustain [our] busy life until it sets in that life has become unmanageable." So, when should we seek help? First, if we feel sad, angry, or not like ourselves. We might be withdrawing from friends and families or sleeping more or less than we usually do. Second, if we are abusing drugs, alcohol, food, or sex to deal with life's problems. In this case, our coping skills may need some work. Third, in instances when we have lost a loved one or something else important to us, whether due to death or divorce, the grief may be too much to process. Fourth, a traumatic event may have occurred, such as abuse, a crime, an accident, chronic illness, or rape. Finally, if you have stopped doing the things you enjoy the most. Sack (2013) says, "If you decide that therapy is worth a try, it doesn't mean you're in for a lifetime of head shrinking." A 2001 study in the *Journal of Counseling Psychology* found that most people feel better within seven to 10 visits. In another study, published in 2006 in the *Journal of Consulting and Clinical Psychology*, 88% of therapy-goers reported improvements after just one session."

For more on this article, please visit:

<https://www.psychologytoday.com/blog/where-science-meets-the-steps/201303/5-signs-its-time-seek-therapy>

When friends, family, and self-healing are not enough.

If you are experiencing any of the aforementioned issues, you should seek help. Instead of facing the potential stigma of talking to a mental health professional, many people think that talking through their problems with friends or family is just as good. Though you will ultimately need these people to see you through your recovery, they do not have the training and years of experience

that a psychologist or similar professional has. “Psychologists can recognize behavior or thought patterns objectively, more so than those closest to you who may have stopped noticing — or maybe never noticed. A psychologist might offer remarks or observations similar to those in your existing relationships, but their help may be more effective due to their timing, focus, or your trust in their neutral stance” (www.apa.org/helpcenter/psychotherapy-myths.aspx). You also should not wait to recover on your own. It is not a failure to admit you need help, and there could be a biological issue that makes it almost impossible to heal yourself.

What exactly is psychotherapy?

According to the APA, in **psychotherapy** “psychologists apply scientifically validated procedures to help people develop healthier, more effective habits.” Several different approaches can be utilized to include behavior, cognitive and cognitive-behavior, humanistic-experiential, psychodynamic, couples and family, and biological treatments.

The client-therapist relationship.

What is the ideal client-therapist relationship? APA says, “Psychotherapy is a collaborative treatment based on the relationship between an individual and a psychologist. Grounded in dialogue, it provides a supportive environment that allows you to talk openly with someone who’s objective, neutral and nonjudgmental. You and your psychologist will work together to identify and change the thought and behavior patterns that are keeping you from feeling your best.” It’s not just about solving the problem you saw the therapist for, but also about learning new skills to help you cope better in the future when faced with the same or similar environmental stressors.

So how do you find a psychotherapist? Several strategies may prove fruitful. You could ask family and friends, your primary care physician (PCP), look online, consult an area community mental health center, your local university’s psychology department, state psychological association, or use APA’s Psychologist Locator Service (locator.apa.org/?_ga=2.160567293.1305482682.1516057794-1001575750.1501611950). Once you find a list of psychologists or other practitioners, choose the right one for you by determining if you plan on attending alone or with family, what you wish to get out of your time with a psychotherapist, how much your insurance company pays for and if you have to pay out of pocket how much you can afford, when you can attend sessions, and how far you are willing to travel to see the mental health professional. Once you have done this, make your first appointment.

But what should you bring? APA suggests, “to make the most of your time, make a list of the points you want to cover in your first session and what you want to work on in psychotherapy. Be prepared to share information about what’s bringing you to the psychologist. Even a vague idea of what you want to accomplish can help you and your psychologist proceed efficiently and effectively.” Additionally, they suggest taking report cards, a list of medications, information on the reasons for a referral, a notebook, a calendar to schedule future visits if needed, and a form of payment. What you take depends on the reason for the visit.

In terms of what you should expect, you and your therapist will work to develop a full history which could take several visits. From this, a treatment plan will be developed. “This collaborative goal-setting is important, because both of you need to be invested in achieving your goals. Your psychologist may write down the goals and read them back to you, so you’re both clear about what you’ll be working on. Some psychologists even create a treatment contract that lays out the purpose of treatment, its expected duration and goals, with both the individual’s and psychologist’s responsibilities outlined.”

After the initial visit, the mental health professional may conduct tests to further understand your condition but will continue talking through the issue. He/she may even suggest involving others, especially in cases of relationship issues. Resilience is a skill that will be taught so that you can better handle future situations.

Does it work?

APA writes, “Reviews of these studies show that about 75 percent of people who enter psychotherapy show some benefit. Other reviews have found that the average person who engages in psychotherapy is better off by the end of treatment than 80 percent of those who don’t receive treatment at all.” Treatment works due to finding evidence-based treatment that is specific for the person’s problem; the expertise of the therapist; and the characteristics, values, culture, preferences, and personality of the client.

How do you know you are finished?

“How long psychotherapy takes depends on several factors: the type of problem or disorder, the patient’s characteristics and history, the patient’s goals, what’s going on in the patient’s life outside psychotherapy and how fast the patient is able to make progress.” It is important to note that psychotherapy is not a lifelong commitment, and it is a joint decision of client and therapist as to when it ends. Once over, expect to have a periodic check-up with your therapist. This might be weeks or even months after your last session. If you need to see him/her sooner, schedule an appointment. APA calls this a “mental health tune up” or a “booster session.”

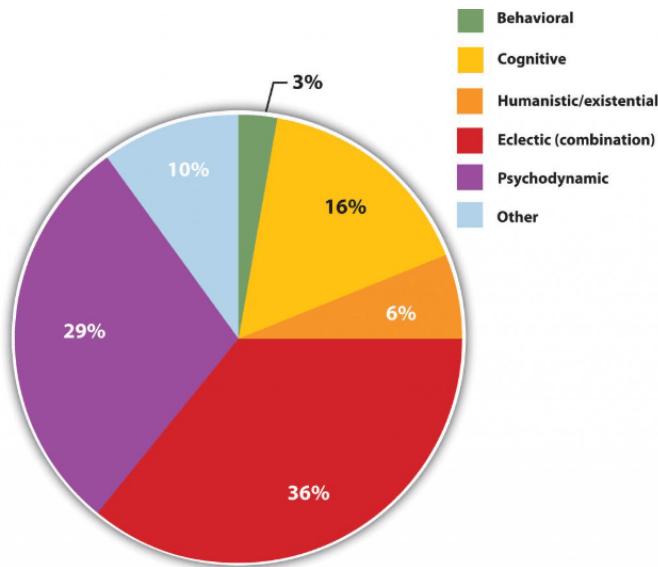


Figure 13.1.2: The Many Types of Therapy Practiced in the United States. These data show the proportion of psychotherapists who reported practicing each type of therapy. Adapted from Norcross, J. C., Hedges, M., & Castle, P. H. (2002). Psychologists conducting psychotherapy in 2001: A study of the Division 29 membership. *Psychotherapy: Theory, Research, Practice, Training*, 39(1), 97–102.

For more on psychotherapy, please see the very interesting APA article on this matter:

www.apa.org/helpcenter/understanding-psychotherapy.aspx

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8.4: Humanistic and Person-Centered Therapy

8.4: Humanistic and Person-Centered Therapy

One of the next developments in therapy for mental illness, which arrived in the mid-20th century, is called humanistic or [person-centered therapy](#) (PCT). Here, the belief is that mental health problems result from an inconsistency between patients' behavior and their true personal identity. Thus, the goal of PCT is to create conditions under which patients can discover their self-worth, feel comfortable exploring their own identity, and alter their behavior to better reflect this identity.

History of Person-Centered Therapy



The quality of the relationship between therapist and patient is of great importance in person-centered therapy. [Image: CC0 Public Domain, <https://goo.gl/m25qce>]

PCT was developed by a psychologist named Carl Rogers, during a time of significant growth in the movements of humanistic theory and human potential. These perspectives were based on the idea that humans have an inherent drive to realize and express their own capabilities and creativity. Rogers, in particular, believed that all people have the potential to change and improve, and that the role of therapists is to foster self-understanding in an environment where adaptive change is most likely to occur ([Rogers, 1951](#)). Rogers suggested that the therapist and patient must engage in a genuine, egalitarian relationship in which the therapist is nonjudgmental and empathetic. In PCT, the patient should experience both a vulnerability to anxiety, which motivates the desire to change, and an appreciation for the therapist's support.

Techniques in Person-Centered Therapy

Humanistic and person-centered therapy, like psychoanalysis, involves a largely unstructured conversation between the therapist and the patient. Unlike psychoanalysis, though, a therapist using PCT takes a passive role, guiding the patient toward his or her own self-discovery. Rogers's original name for PCT was *non-directive therapy*, and this notion is reflected in the flexibility found in PCT. Therapists do not try to change patients' thoughts or behaviors directly. Rather, their role is to provide the therapeutic relationship as a platform for personal growth. In these kinds of sessions, the therapist tends only to ask questions and doesn't provide any judgment or interpretation of what the patient says. Instead, the therapist is present to provide a safe and encouraging environment for the person to explore these issues for him- or herself.

An important aspect of the PCT relationship is the therapist's [unconditional positive regard](#) for the patient's feelings and behaviors. That is, the therapist is never to condemn or criticize the patient for what s/he has done or thought; the therapist is only

to express warmth and empathy. This creates an environment free of approval or disapproval, where patients come to appreciate their value and to behave in ways that are congruent with their own identity.

Advantages and Disadvantages of Person-Centered Therapy

One key advantage of person-centered therapy is that it is highly acceptable to patients. In other words, people tend to find the supportive, flexible environment of this approach very rewarding. Furthermore, some of the themes of PCT translate well to other therapeutic approaches. For example, most therapists of any orientation find that clients respond well to being treated with nonjudgmental empathy. The main disadvantage to PCT, however, is that findings about its effectiveness are mixed. One possibility for this could be that the treatment is primarily based on *unspecific treatment factors*. That is, rather than using therapeutic techniques that are specific to the patient and the mental problem (i.e., *specific treatment factors*), the therapy focuses on techniques that can be applied to anyone (e.g., establishing a good relationship with the patient) ([Cuijpers et al., 2012](#); [Friedli, King, Lloyd, & Horder, 1997](#)). Similar to how “one-size-fits-all” doesn’t really fit every person, PCT uses the same practices for everyone, which may work for some people but not others. Further research is necessary to evaluate its utility as a therapeutic approach.

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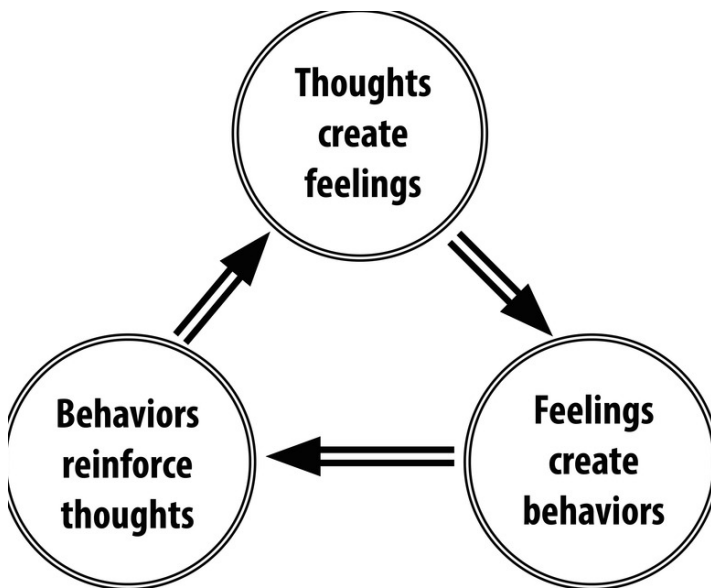
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8.5: Cognitive Behavioral Therapy

8.5: Cognitive Behavioral Therapy

Although both psychoanalysis and PCT are still used today, another therapy, [cognitive-behavioral therapy \(CBT\)](#), has gained more widespread support and practice. CBT refers to a family of therapeutic approaches whose goal is to alleviate psychological symptoms by changing their underlying cognitions and behaviors. The premise of CBT is that thoughts, behaviors, and emotions interact and contribute to various mental disorders. For example, let's consider how a CBT therapist would view a patient who compulsively washes her hands for hours every day. First, the therapist would identify the patient's maladaptive thought: "If I don't wash my hands like this, I will get a disease and die." The therapist then identifies how this maladaptive *thought* leads to a maladaptive *emotion*: the feeling of anxiety when her hands aren't being washed. And finally, this maladaptive emotion leads to the maladaptive behavior: the patient washing her hands for hours every day.

CBT is a present-focused therapy (i.e., focused on the "now" rather than causes from the past, such as childhood relationships) that uses behavioral goals to improve one's mental illness. Often, these behavioral goals involve between-session homework assignments. For example, the therapist may give the hand-washing patient a worksheet to take home; on this worksheet, the woman is to write down every time she feels the urge to wash her hands, how she deals with the urge, and what behavior she replaces that urge with. When the patient has her next therapy session, she and the therapist review her "homework" together. CBT is a relatively brief intervention of 12 to 16 weekly sessions, closely tailored to the nature of the psychopathology and treatment of the specific mental disorder. And, as the empirical data shows, CBT has proven to be highly efficacious for virtually all psychiatric illnesses ([Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012](#)).



Pattern of thoughts, feelings, and behaviors addressed through cognitive-behavioral therapy.

History of Cognitive Behavioral Therapy

CBT developed from clinical work conducted in the mid-20th century by Dr. Aaron T. Beck, a psychiatrist, and Albert Ellis, a psychologist. Beck used the term [automatic thoughts](#) to refer to the thoughts depressed patients report experiencing spontaneously. He observed that these thoughts arise from three belief systems, or [schemas](#)[Links to an external site.](#): beliefs about the self, beliefs about the world, and beliefs about the future. In treatment, therapy initially focuses on identifying automatic thoughts (e.g., "If I don't wash my hands constantly, I'll get a disease"), testing their validity, and replacing maladaptive thoughts with more adaptive thoughts (e.g., "Washing my hands three times a day is sufficient to prevent a disease"). In later stages of treatment, the patient's maladaptive schemas are examined and modified. Ellis ([1957](#)) took a comparable approach, in what he called rational-emotive-behavioral therapy (REBT), which also encourages patients to evaluate their own thoughts about

situations.

Techniques in CBT

Beck and Ellis strove to help patients identify maladaptive appraisals, or the untrue judgments and evaluations of certain thoughts. For example, if it's your first time meeting new people, you may have the automatic thought, "These people won't like me because I have nothing interesting to share." That thought itself is not what's troublesome; the appraisal (or evaluation) that it might have merit is what's troublesome. The goal of CBT is to help people make adaptive, instead of maladaptive, appraisals (e.g., "I do know interesting things!"). This technique of [reappraisal, or cognitive restructuring](#), is a fundamental aspect of CBT. With cognitive restructuring, it is the therapist's job to help point out when a person has an inaccurate or maladaptive thought, so that the patient can either eliminate it or modify it to be more adaptive.

In addition to *thoughts*, though, another important treatment target of CBT is maladaptive *behavior*. Every time a person engages in maladaptive behavior (e.g., never speaking to someone in new situations), he or she reinforces the validity of the maladaptive thought, thus maintaining or perpetuating the psychological illness. In treatment, the therapist and patient work together to develop healthy behavioral habits (often tracked with worksheet-like homework), so that the patient can break this cycle of maladaptive thoughts and behaviors.

For many mental health problems, especially anxiety disorders, CBT incorporates what is known as [exposure therapy](#). During exposure therapy, a patient confronts a problematic situation and fully engages in the experience instead of avoiding it. For example, imagine a man who is terrified of spiders. Whenever he encounters one, he immediately screams and panics. In exposure therapy, the man would be forced to confront and interact with spiders, rather than simply avoiding them as he usually does. The goal is to reduce the fear associated with the situation through *extinction learning*, a neurobiological and cognitive process by which the patient "unlearns" the irrational fear. For example, exposure therapy for someone terrified of spiders might begin with him looking at a cartoon of a spider, followed by him looking at pictures of real spiders, and later, him handling a plastic spider. After weeks of this incremental exposure, the patient may even be able to hold a live spider. After repeated exposure (starting small and building one's way up), the patient experiences less physiological fear and maladaptive thoughts about spiders, breaking his tendency for anxiety and subsequent avoidance.



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Advantages and Disadvantages of CBT

CBT interventions tend to be relatively brief, making them cost-effective for the average consumer. In addition, CBT is an intuitive treatment that makes logical sense to patients. It can also be adapted to suit the needs of many different populations. One disadvantage, however, is that CBT does involve significant effort on the patient's part, because the patient is an active participant in treatment. Therapists often assign "homework" (e.g., worksheets for recording one's thoughts and behaviors) between sessions

to maintain the cognitive and behavioral habits the patient is working on. The greatest strength of CBT is the abundance of empirical support for its effectiveness. Studies have consistently found CBT to be equally or more effective than other forms of treatment, including medication and other therapies ([Butler, Chapman, Forman, & Beck, 2006](#); [Hofmann et al., 2012](#)). For this reason, CBT is considered a first-line treatment for many mental disorders.

Focus Topic:

Pioneers of CBT

The central notion of CBT is the idea that a person's behavioral and emotional responses are causally influenced by one's thinking. The stoic Greek philosopher Epictetus is quoted as saying, "men are not moved by things, but by the view they take of them." Meaning, it is not the event per se, but rather one's assumptions (including interpretations and perceptions) of the event that are responsible for one's emotional response to it. Beck calls these assumptions about events and situations automatic thoughts ([Beck, 1979](#)), whereas Ellis ([1962](#)) refers to these assumptions as self-statements. The cognitive model assumes that these cognitive processes cause the emotional and behavioral responses to events or stimuli. This causal chain is illustrated in Ellis's ABC model, in which A stands for the antecedent event, B stands for belief, and C stands for consequence. During CBT, the person is encouraged to carefully observe the sequence of events and the response to them, and then explore the validity of the underlying beliefs through behavioral experiments and reasoning, much like a detective or scientist.

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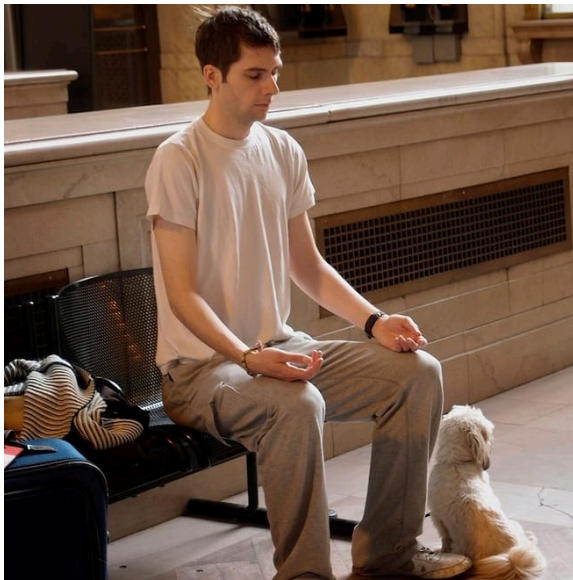
8.6: Acceptance and Mindfulness-Based Approaches

8.6: Acceptance and Mindfulness-Based Approaches

Unlike the preceding therapies, which were developed in the 20th century, this next one was born out of age-old Buddhist and yoga practices. [Mindfulness](#), or a process that tries to cultivate a nonjudgmental, yet attentive, mental state, is a therapy that focuses on one's awareness of bodily sensations, thoughts, and the outside environment. Whereas other therapies work to modify or eliminate these sensations and thoughts, mindfulness focuses on nonjudgmentally accepting them ([Kabat-Zinn, 2003](#); [Baer, 2003](#)). For example, whereas CBT may actively confront and work to change a maladaptive thought, mindfulness therapy works to acknowledge and accept the thought, understanding that the thought is spontaneous and not what the person truly believes. There are two important components of mindfulness: (1) self-regulation of attention, and (2) orientation toward the present moment ([Bishop et al., 2004](#)). Mindfulness is thought to improve mental health because it draws attention away from past and future stressors, encourages acceptance of troubling thoughts and feelings, and promotes physical relaxation.

Techniques in Mindfulness-Based Therapy

Psychologists have adapted the practice of mindfulness as a form of psychotherapy, generally called [mindfulness-based therapy](#) (MBT). Several types of MBT have become popular in recent years, including *mindfulness-based stress reduction* (MBSR) (e.g., [Kabat-Zinn, 1982](#)) and *mindfulness-based cognitive therapy* (MBCT) (e.g., [Segal, Williams, & Teasdale, 2002](#)).



One of the most important advantages of mindfulness based therapy is its level of accessibility to patients. [Image: Wayne MacPhail, <https://goo.gl/aSZanf>, CC BY-NC SA 2.0, <https://goo.gl/Toc0ZF>]

MBSR uses meditation, yoga, and attention to physical experiences to reduce stress. The hope is that reducing a person's overall stress will allow that person to more objectively evaluate his or her thoughts. In MBCT, rather than reducing one's general stress to address a specific problem, attention is focused on one's thoughts and their associated emotions. For example, MBCT helps prevent relapses in depression by encouraging patients to evaluate their own thoughts objectively and without value judgment ([Baer, 2003](#)). Although cognitive behavioral therapy (CBT) may seem similar to this, it focuses on "pushing out" the maladaptive thought, whereas mindfulness-based cognitive therapy focuses on "not getting caught up" in it. The treatments used in MBCT have been used to address a wide range of illnesses, including depression, anxiety, chronic pain, coronary artery disease, and fibromyalgia ([Hofmann, Sawyer, Witt & Oh, 2010](#)).

Mindfulness and acceptance—in addition to being therapies in their own right—have also been used as "tools" in other cognitive-behavioral therapies, particularly in [dialectical behavior therapy](#) (DBT) (e.g., [Linehan, Armstrong, Suarez, Allmon, & Heard, 1991](#)).

DBT, often used in the treatment of borderline personality disorder, focuses on skills training. That is, it often employs mindfulness and cognitive behavioral therapy practices, but it also works to teach its patients “skills” they can use to correct maladaptive tendencies. For example, one skill DBT teaches patients is called *distress tolerance*—or, ways to cope with maladaptive thoughts and emotions in the moment. For example, people who feel an urge to cut themselves may be taught to snap their arm with a rubber band instead. The primary difference between DBT and CBT is that DBT employs techniques that address the symptoms of the problem (e.g., cutting oneself) rather than the problem itself (e.g., understanding the psychological motivation to cut oneself). CBT does not teach such skills training because of the concern that the skills—even though they may help in the short-term—may be harmful in the long-term, by maintaining maladaptive thoughts and behaviors.

DBT is founded on the perspective of a [dialectical worldview](#). That is, rather than thinking of the world as “black and white,” or “only good and only bad,” it focuses on accepting that some things can have characteristics of both “good” and “bad.” So, in a case involving maladaptive thoughts, instead of teaching that a thought is entirely bad, DBT tries to help patients be less judgmental of their thoughts (as with mindfulness-based therapy) and encourages change through therapeutic progress, using cognitive-behavioral techniques as well as mindfulness exercises.

Another form of treatment that also uses mindfulness techniques is [acceptance and commitment therapy](#) (ACT) ([Hayes, Strosahl, & Wilson, 1999](#)). In this treatment, patients are taught to observe their thoughts from a detached perspective ([Hayes et al., 1999](#)). ACT encourages patients *not* to attempt to change or avoid thoughts and emotions they observe in themselves, but to recognize which are beneficial and which are harmful. However, the differences among ACT, CBT, and other mindfulness-based treatments are a topic of controversy in the current literature.

Advantages and Disadvantages of Mindfulness-Based Therapy

Two key advantages of mindfulness-based therapies are their acceptability and accessibility to patients. Because yoga and meditation are already widely known in popular culture, consumers of mental healthcare are often interested in trying related psychological therapies. Currently, psychologists have not come to a consensus on the efficacy of MBT, though growing evidence supports its effectiveness for treating mood and anxiety disorders. For example, one review of MBT studies for anxiety and depression found that mindfulness-based interventions generally led to moderate symptom improvement ([Hofmann et al., 2010](#)).

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8.7: Emerging Treatment Strategies

8.7: Emerging Treatment Strategies

With growth in research and technology, psychologists have been able to develop new treatment strategies in recent years. Often, these approaches focus on enhancing existing treatments, such as cognitive-behavioral therapies, through the use of technological advances. For example, *internet-* and *mobile-delivered therapies* make psychological treatments more available, through smartphones and online access. Clinician-supervised online CBT modules allow patients to access treatment from home on their own schedule—an opportunity particularly important for patients with less geographic or socioeconomic access to traditional treatments. Furthermore, smartphones help extend therapy to patients' daily lives, allowing for symptom tracking, homework reminders, and more frequent therapist contact.

Another benefit of technology is [cognitive bias modification](#). Here, patients are given exercises, often through the use of video games, aimed at changing their problematic thought processes. For example, researchers might use a mobile app to train alcohol abusers to avoid stimuli related to alcohol. One version of this game flashes four pictures on the screen—three alcohol cues (e.g., a can of beer, the front of a bar) and one health-related image (e.g., someone drinking water). The goal is for the patient to tap the healthy picture as fast as s/he can. Games like these aim to target patients' automatic, subconscious thoughts that may be difficult to direct through conscious effort. That is, by repeatedly tapping the healthy image, the patient learns to “ignore” the alcohol cues, so when those cues are encountered in the environment, they will be less likely to trigger the urge to drink. Approaches like these are promising because of their accessibility, however they require further research to establish their effectiveness.

Yet another emerging treatment employs *CBT-enhancing pharmaceutical agents*. These are drugs used to improve the effects of therapeutic interventions. Based on research from animal experiments, researchers have found that certain drugs influence the biological processes known to be involved in learning. Thus, if people take these drugs while going through psychotherapy, they are better able to “learn” the techniques for improvement. For example, the antibiotic d-cycloserine improves treatment for anxiety disorders by facilitating the learning processes that occur during exposure therapy. Ongoing research in this exciting area may prove to be quite fruitful.



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Pharmacological Treatments

Up until this point, all the therapies we have discussed have been talk-based or meditative practices. However, psychiatric

medications are also frequently used to treat mental disorders, including schizophrenia, bipolar disorder, depression, and anxiety disorders. Psychiatric drugs are commonly used, in part, because they can be prescribed by general medical practitioners, whereas only trained psychologists are qualified to deliver effective psychotherapy. While drugs and CBT therapies tend to be almost equally effective, choosing the best intervention depends on the disorder and individual being treated, as well as other factors—such as treatment availability and [comorbidity](#) (i.e., having multiple mental or physical disorders at once). Although many new drugs have been introduced in recent decades, there is still much we do not understand about their mechanism in the brain. Further research is needed to refine our understanding of both pharmacological and behavioral treatments before we can make firm claims about their effectiveness.

Integrative and Eclectic Psychotherapy

In discussing therapeutic orientations, it is important to note that some clinicians incorporate techniques from multiple approaches, a practice known as [integrative or eclectic psychotherapy](#). For example, a therapist may employ distress tolerance skills from DBT (to resolve short-term problems), cognitive reappraisal from CBT (to address long-standing issues), and mindfulness-based meditation from MBCT (to reduce overall stress). And, in fact, between 13% and 42% of therapists have identified their own approaches as integrative or eclectic ([Norcross & Goldfried, 2005](#)).

Conclusion

Throughout human history we have had to deal with mental illness in one form or another. Over time, several schools of thought have emerged for treating these problems. Although various therapies have been shown to work for specific individuals, cognitive behavioral therapy is currently the treatment most widely supported by empirical research. Still, practices like psychodynamic therapies, person-centered therapy, mindfulness-based treatments, and acceptance and commitment therapy have also shown success. And, with recent advances in research and technology, clinicians are able to enhance these and other therapies to treat more patients more effectively than ever before. However, what is important in the end is that people actually seek out mental health specialists to help them with their problems. One of the biggest deterrents to doing so is that people don't understand what psychotherapy really entails. Through understanding how current practices work, not only can we better educate people about how to get the help they need, but we can continue to advance our treatments to be more effective in the future.

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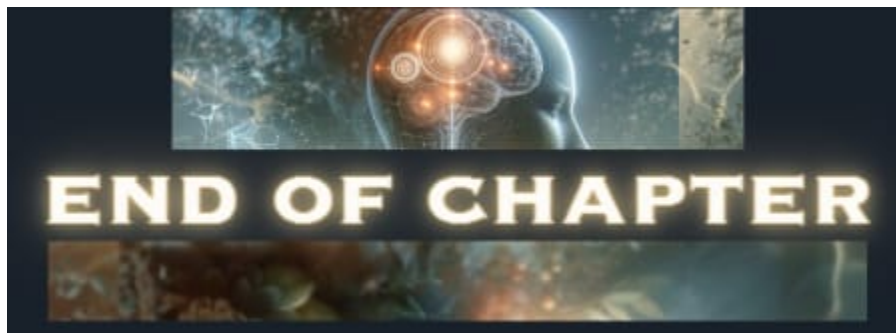
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8.8: End of Chapter Wrap-Up

8.8: Chapter 8 Wrap-Up

Here are the key takeaways from Chapter 8:

1. Anyone can seek mental health treatment, not just those in crisis. Therapy can benefit anyone, helping to manage emotions, cope with trauma, or address behavioral issues. Key signs to seek help include persistent sadness, substance abuse, loss, trauma, or disengagement from enjoyable activities. Therapy offers professional guidance that friends and family may not provide. Various approaches, such as cognitive-behavioral and psychodynamic therapy, are used to develop healthier habits. The client-therapist relationship is crucial, focusing on open dialogue and collaboration. Studies show therapy is effective, with most people seeing improvements within a few sessions. Treatment duration varies, and therapy typically ends when both the client and therapist agree on achieved goals.
2. Humanistic or Person-Centered Therapy (PCT), developed by Carl Rogers, focuses on helping patients discover their self-worth and align their behavior with their true identity. Unlike directive therapies, PCT involves unstructured conversations where therapists take a passive role, offering unconditional positive regard and empathy. This approach aims to create a supportive environment that encourages self-exploration and personal growth. While PCT is highly acceptable to patients due to its nonjudgmental and flexible nature, its effectiveness is mixed, potentially due to its use of general techniques rather than specific treatment methods tailored to individual needs. Further research is needed to fully understand its therapeutic utility.
3. Cognitive Behavioral Therapy (CBT) is a widely supported and practiced therapeutic approach that aims to alleviate psychological symptoms by changing underlying thoughts and behaviors. Developed by Aaron T. Beck and Albert Ellis, CBT focuses on present issues rather than past causes and uses structured sessions to identify and modify maladaptive thoughts and behaviors. Techniques like cognitive restructuring and exposure therapy are employed to help patients develop healthier thinking patterns and behaviors. CBT is cost-effective, intuitive, and supported by extensive empirical evidence, making it a first-line treatment for many mental disorders. However, it requires significant patient effort, including homework assignments to reinforce new cognitive and behavioral habits.
4. Mindfulness-based therapy (MBT), rooted in ancient Buddhist and yoga practices, emphasizes nonjudgmental awareness of bodily sensations, thoughts, and the external environment. Unlike other therapies that aim to change or eliminate thoughts, MBT promotes acceptance and presence in the moment. Techniques include mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), which use meditation, yoga, and attention to physical experiences to reduce stress and improve mental health. MBT is accessible and appealing due to its familiarity in popular culture and shows promise in treating mood and anxiety disorders. However, more research is needed to fully establish its efficacy.
5. Recent advancements in research and technology have led to new treatment strategies in psychology, enhancing existing therapies like cognitive-behavioral therapy (CBT). Internet- and mobile-delivered therapies increase accessibility, especially for those with geographic or socioeconomic barriers. Technologies like cognitive bias modification use video games to change problematic thought patterns, while CBT-enhancing pharmaceutical agents can improve the effectiveness of therapeutic interventions. Psychiatric medications remain a common treatment for mental disorders, and integrative or eclectic psychotherapy combines techniques from multiple approaches. These innovations aim to make psychological treatments more effective and accessible, highlighting the importance of seeking professional help for mental health issues.



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