General Psychology:An Introduction

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NOBA

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About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

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The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award- winning university teachers.

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Chapter 1: The Origins of Psychology

1
History of Psychology

David B. Baker & Heather Sperry

This module provides an introduction and overview of the historical development of the science and practice of psychology in America. Ever-increasing specialization within the field often makes it difficult to discern the common roots from which the field of psychology has evolved. By exploring this shared past, students will be better able to understand how psychology has developed into the discipline we know today.

Learning Objectives

- Describe the precursors to the establishment of the science of psychology.
- Identify key individuals and events in the history of American psychology.
- Describe the rise of professional psychology in America.
- Develop a basic understanding of the processes of scientific development and change.
- Recognize the role of women and people of color in the history of American psychology.

Introduction

It is always a difficult question to ask, where to begin to tell the story of the history of psychology. Some would start with ancient Greece; others would look to a demarcation in the late 19th century when the science of psychology was formally proposed and instituted. These two perspectives, and all that is in between, are appropriate for describing a history of psychology. The interested student will have no trouble finding an abundance of resources on all of these time frames and perspectives (Goodwin, 2011; Leahey, 2012; Schultz & Schultz,

The earliest records of a psychological experiment go all the way back to the Pharaoh Psamtik I of Egypt in the 7th Century B.C. [Image: Neithsabes]

2007). For the purposes of this module, we will examine the development of psychology in America and use the mid-19th century as our starting point. For the sake of convenience, we refer to this as a history of modern psychology.

Psychology is an exciting field and the history of psychology offers the opportunity to make sense of how it has grown and developed. The history of psychology also provides perspective. Rather than a dry collection of names and dates, the history of psychology tells us about the important intersection of time and place that defines who we are. Consider what happens when you meet someone for the first time. The conversation usually begins with a series of questions such as, "Where did you grow up?" "How long have you lived here?" "Where did you go to school?" The importance of history in defining who we are cannot be understated. Whether you are seeing a physician, talking with a counselor, or applying for a job, everything begins with a history. The same is true for studying the history of psychology; getting a history of the field helps to make sense of where we are and how we got here.

A Prehistory of Psychology

Precursors to American psychology can be found in philosophy and physiology. Philosophers such as John Locke (1632–1704) and Thomas Reid (1710–1796) promoted **empiricism**, the idea that all knowledge comes from experience. The work of Locke, Reid, and others emphasized the role of the human observer and the primacy of the senses in defining how the mind comes to acquire knowledge. In American colleges and universities in the early 1800s, these principles were taught as courses on mental and moral philosophy. Most often these courses taught about the mind based on the faculties of intellect, will, and the senses (Fuchs, 2000).

Physiology and Psychophysics

Philosophical questions about the nature of mind and knowledge were matched in the 19th century by physiological investigations of the sensory systems of the human observer. German

physiologist Hermann von Helmholtz (1821–1894) measured the speed of the **neural impulse** and explored the physiology of hearing and vision. His work indicated that our senses can deceive us and are not a mirror of the external world. Such work showed that even though the human senses were fallible, the mind could be measured using the methods of science. In all, it suggested that a science of psychology was feasible.

An important implication of Helmholtz's work was that there is a psychological reality and a physical reality and that the two are not identical. This was not a new idea; philosophers like John Locke had written extensively on the topic, and in the 19th century, philosophical speculation about the nature of mind became subject to the rigors of science.

The question of the relationship between the mental (experiences of the senses) and the material (external reality) was investigated by a number of German researchers including Ernst Weber and Gustav Fechner. Their work was called **psychophysics**, and it introduced methods for measuring the relationship between physical stimuli and human perception that would serve as the basis for the new science of psychology (Fancher & Rutherford, 2011).

The formal development of modern psychology is usually credited to the work of German physician, physiologist, and philosopher Wilhelm Wundt (1832–1920). Wundt helped to establish the field of experimental psychology by serving as a strong promoter of the idea that psychology could be an experimental field and by providing classes, textbooks, and a laboratory for training students. In 1875, he joined the faculty at the University of Leipzig and quickly began to make plans for the creation of a program of experimental psychology. In 1879, he complemented his lectures on experimental psychology with a laboratory experience: an event that has served as the popular date for the establishment of the science of psychology.

The response to the new science was immediate and global. Wundt attracted students from around the world to study the new experimental psychology and work in his lab. Students were trained to offer detailed self-reports of their reactions to various stimuli, a procedure known as **introspection**. The goal was to identify the elements of **consciousness**. In addition to the study of sensation and perception, research was done on mental chronometry, more commonly known as reaction time. The work of Wundt and his students demonstrated that the mind could be measured and the nature of consciousness could be revealed through scientific means. It was an exciting proposition, and one that found great interest in America. After the opening of Wundt's lab in 1879, it took just four years for the first psychology laboratory to open in the United States (Benjamin, 2007).

Scientific Psychology Comes to the United States

Wundt's version of psychology arrived in America most visibly through the work of Edward Bradford Titchener (1867–1927). A student of Wundt's, Titchener brought to America a brand of experimental psychology referred to as "**structuralism**." Structuralists were interested in the contents of the mind—what the mind is. For Titchener, the general adult mind was the proper focus for the new psychology, and he excluded from study those with mental deficiencies, children, and animals (Evans, 1972; Titchener, 1909).

Experimental psychology spread rather rapidly throughout North America. By 1900, there were more than 40 laboratories in the United States and Canada (Benjamin, 2000). Psychology in America also organized early with the establishment of the American Psychological Association (APA) in 1892. Titchener felt that this new organization did not adequately represent the interests of experimental psychology, so, in 1904, he organized a group of colleagues to create what is now known as the Society of Experimental Psychologists (Goodwin, 1985). The group met annually to discuss research in experimental psychology. Reflecting the times, women researchers were not invited (or welcome). It is interesting to note that Titchener's first doctoral student was a woman, Margaret Floy Washburn (1871–1939). Despite many barriers, in 1894, Washburn became the first woman in America to earn a Ph.D. in psychology and, in 1921, only the second woman to be elected president of the American Psychological Association (Scarborough & Furumoto, 1987).

Striking a balance between the science and practice of psychology continues to this day. In 1988, the American Psychological Society (now known as the Association for Psychological Science) was founded with the central mission of advancing psychological science.

Toward a Functional Psychology

While Titchener and his followers adhered to a structural psychology, others in America were pursuing different approaches. William James, G. Stanley Hall, and James McKeen Cattell were among a group that became identified with "**functionalism**." Influenced by Darwin's evolutionary theory, functionalists were interested in the activities of the mind—what the mind does. An interest in functionalism opened the way for the study of a wide range of approaches, including animal and comparative psychology (Benjamin, 2007).

William James (1842–1910) is regarded as writing perhaps the most influential and important book in the field of psychology, *Principles of Psychology,* published in 1890. Opposed to the reductionist ideas of Titchener, James proposed that consciousness is ongoing and continuous; it cannot be isolated and reduced to elements. For James, consciousness helped us adapt to our environment in such ways as allowing us to make choices and have personal

responsibility over those choices.

At Harvard, James occupied a position of authority and respect in psychology and philosophy. Through his teaching and writing, he influenced psychology for generations. One of his students, Mary Whiton Calkins (1863–1930), faced many of the challenges that confronted Margaret Floy Washburn and other women interested in pursuing graduate education in psychology. With much persistence, Calkins was able to study with James at Harvard. She eventually completed all the requirements for the doctoral degree, but Harvard refused to grant her a diploma because she was a woman. Despite these challenges, Calkins went on to become an accomplished researcher and the first woman elected president of the American Psychological Association in 1905 (Scarborough & Furumoto, 1987).

G. Stanley Hall (1844–1924) made substantial and lasting contributions to the establishment of psychology in the United States. At Johns Hopkins University, he founded the first psychological laboratory in America in 1883. In 1887, he created the first journal of psychology in America, *American Journal of Psychology*. In 1892, he founded the American Psychological Association (APA); in 1909, he invited and hosted Freud at Clark University (the only time Freud visited America). Influenced by evolutionary theory, Hall was interested in the process of adaptation and human development. Using surveys and questionnaires to study children, Hall wrote extensively on child development and education. While graduate education in psychology was restricted for women in Hall's time, it was all but non-existent for African Americans. In another first, Hall mentored Francis Cecil Sumner (1895–1954) who, in 1920, became the first African American to earn a Ph.D. in psychology in America (Guthrie, 2003).

James McKeen Cattell (1860–1944) received his Ph.D. with Wundt but quickly turned his interests to the assessment of **individual differences**. Influenced by the work of Darwin's cousin, Frances Galton, Cattell believed that mental abilities such as intelligence were inherited and could be measured using mental tests. Like Galton, he believed society was better served by identifying those with superior intelligence and supported efforts to encourage them to reproduce. Such beliefs were associated with **eugenics** (the promotion of selective breeding) and fueled early debates about the contributions of heredity and environment in defining who we are. At Columbia University, Cattell developed a department of psychology that became world famous also promoting psychological science through advocacy and as a publisher of scientific journals and reference works (Fancher, 1987; Sokal, 1980).

The Growth of Psychology

Throughout the first half of the 20th century, psychology continued to grow and flourish in

America. It was large enough to accommodate varying points of view on the nature of mind and behavior. **Gestalt psychology** is a good example. The Gestalt movement began in Germany with the work of Max Wertheimer (1880–1943). Opposed to the reductionist approach of Wundt's laboratory psychology, Wertheimer and his colleagues Kurt Koffka (1886–1941), Wolfgang Kohler (1887–1967), and Kurt Lewin (1890–1947) believed that studying the whole of any experience was richer than studying individual aspects of that experience. The saying "the whole is greater than the sum of its parts" is a Gestalt perspective. Consider that a melody is an additional element beyond the collection of notes that comprise it. The Gestalt psychologists proposed that the mind often processes information simultaneously rather than sequentially. For instance, when you look at a photograph, you see a whole image, not just a collection of pixels of color. Using Gestalt principles, Wertheimer and his colleagues also explored the nature of learning and thinking. Most of the German Gestalt psychologists were Jewish and were forced to flee the Nazi regime due to the threats posed on both academic and personal freedoms. In America, they were able to introduce a new audience to the Gestalt perspective, demonstrating how it could be applied to perception and learning (Wertheimer, 1938). In many ways, the work of the Gestalt psychologists served as a precursor to the rise of **cognitive psychology** in America (Benjamin, 2007).

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 (Fancher, 1987).

For decades, behaviorism dominated American psychology. By the 1960s, psychologists began to recognize that behaviorism was unable to fully explain human behavior because it neglected mental processes. The turn toward a cognitive psychology was not new. In the 1930s, British psychologist Frederic C. Bartlett (1886–1969) explored the idea of the constructive mind, recognizing that people use their past experiences to construct frameworks in which to understand new experiences. Some of the major pioneers in American cognitive psychology include Jerome Bruner (1915–), Roger Brown (1925–1997), and George Miller (1920–2012). In the 1950s, Bruner conducted pioneering studies on cognitive aspects of sensation and perception. Brown conducted original research on language and memory, coined the term "**flashbulb memory**," and figured out how to study the **tip-of-the-tongue phenomenon**

(Benjamin, 2007). Miller's research on working memory is legendary. His 1956 paper "The Magic Number Seven, Plus or Minus Two: Some Limits on Our Capacity for Processing Information"is one of the most highly cited papers in psychology. A popular interpretation of Miller's research was that the number of bits of information an average human can hold in **working memory** is 7 ± 2. Around the same time, the study of computer science was growing and was used as an analogy to explore and understand how the mind works. The work of Miller and others in the 1950s and 1960s has inspired tremendous interest in cognition and neuroscience, both of which dominate much of contemporary American psychology.

Applied Psychology in America

In America, there has always been an interest in the application of psychology to everyday life. Mental testing is an important example. Modern intelligence tests were developed by the French psychologist Alfred Binet (1857–1911). His goal was to develop a test that would identify schoolchildren in need of educational support. His test, which included tasks of reasoning and problem solving, was introduced in the United States by Henry Goddard (1866–1957) and later standardized by Lewis Terman (1877–1956) at Stanford University. The assessment and meaning of intelligence has fueled debates in American psychology and society for nearly 100 years. Much of this is captured in the nature-nurture debate that raises questions about the relative contributions of heredity and environment in determining intelligence (Fancher, 1987).

Applied psychology was not limited to mental testing. What psychologists were learning in their laboratories was applied in many settings including the military, business, industry, and education. The early 20th century was witness to rapid advances in applied psychology. Hugo Munsterberg (1863–1916) of Harvard University made contributions to such areas as employee selection, eyewitness testimony, and psychotherapy. Walter D. Scott (1869–1955) and Harry Hollingworth (1880–1956) produced original work on the psychology of advertising and marketing. Lillian Gilbreth (1878–1972) was a pioneer in industrial psychology and engineering psychology. Working with her husband, Frank, they promoted the use of time and motion studies to improve efficiency in industry. Lillian also brought the efficiency movement to the home, designing kitchens and appliances including the pop-up trashcan and refrigerator door shelving. Their psychology of efficiency also found plenty of applications at home with their 12 children. The experience served as the inspiration for the movie *Cheaper by the Dozen* (Benjamin, 2007).

Clinical psychology was also an early application of experimental psychology in America. Lightner Witmer (1867–1956) received his Ph.D. in experimental psychology with Wilhelm Wundt and returned to the University of Pennsylvania, where he opened a psychological clinic

in 1896. Witmer believed that because psychology dealt with the study of sensation and perception, it should be of value in treating children with learning and behavioral problems. He is credited as the founder of both clinical and school psychology (Benjamin & Baker, 2004).

Psychology as a Profession

As the roles of psychologists and the needs of the public continued to change, it was necessary for psychology to begin to define itself as a profession. Without standards for training and practice, anyone could use the title psychologist and offer services to the public. As early as 1917, applied psychologists organized to create standards for education, training, and licensure. By the 1930s, these efforts led to the creation of the American Association for Applied Psychology (AAAP). While the American Psychological Association (APA) represented the interests of academic psychologists, AAAP served those in education, industry, consulting, and clinical work.

The advent of WWII changed everything. The psychiatric casualties of war were staggering, and there were simply not enough mental health professionals to meet the need. Recognizing the shortage, the federal government urged the AAAP and APA to work together to meet the mental health needs of the nation. The result was the merging of the AAAP and the APA and a focus on the training of professional psychologists. Through the provisions of National Mental Health Act of 1946, funding was made available that allowed the APA, the Veterans Administration, and the Public Health Service to work together to develop training programs that would produce clinical psychologists. These efforts led to the convening of the Boulder Conference on Graduate Education in Clinical Psychology in 1949 in Boulder, Colorado. The meeting launched doctoral training in psychology and gave us the **scientist-practitioner model** of training. Similar meetings also helped launch doctoral training programs in counseling and school psychology. Throughout the second half of the 20th century, alternatives to Boulder have been debated. In 1973, the Vail Conference on Professional Training in Psychology proposed the **scholar-practitioner model** and the Psy.D. degree (Doctor of Psychology). It is a training model that emphasizes clinical training and practice that has become more common (Cautin & Baker, in press).

Psychology and Society

Given that psychology deals with the human condition, it is not surprising that psychologists would involve themselves in social issues. For more than a century, psychology and psychologists have been agents of social action and change. Using the methods and tools of science, psychologists have challenged assumptions, stereotypes, and stigma. Founded in

1936, the Society for the Psychological Study of Social Issues (SPSSI) has supported research and action on a wide range of social issues. Individually, there have been many psychologists whose efforts have promoted social change. Helen Thompson Woolley (1874–1947) and Leta S. Hollingworth (1886–1939) were pioneers in research on the psychology of sex differences. Working in the early 20th century, when women's rights were marginalized, Thompson examined the assumption that women were overemotional compared to men and found that emotion did not influence women's decisions any more than it did men's. Hollingworth found that menstruation did not negatively impact women's cognitive or motor abilities. Such work combatted harmful stereotypes and showed that psychological research could contribute to social change (Scarborough & Furumoto, 1987).

Among the first generation of African American psychologists, Mamie Phipps Clark (1917–1983) and her husband Kenneth Clark (1914–2005) studied the psychology of race and demonstrated the ways in which school segregation negatively impacted the self-esteem of African American children. Their research was influential in the 1954 Supreme Court ruling in the case of *Brown v. Board of Education,* which ended school segregation (Guthrie, 2003). In psychology, greater advocacy for issues impacting the African American community were advanced by the creation of the Association of Black Psychologists (ABPsi) in 1968.

In 1957, psychologist Evelyn Hooker (1907–1996) published the paper "The Adjustment of the Male Overt Homosexual," reporting on her research that showed no significant differences in psychological adjustment between homosexual and heterosexual men. Her research helped to de-pathologize homosexuality and contributed to the decision by the American Psychiatric Association to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders in 1973 (Garnets & Kimmel, 2003).

Conclusion

Growth and expansion have been a constant in American psychology. In the latter part of the 20th century, areas such as social, developmental, and personality psychology made major contributions to our understanding of what it means to be human. Today neuroscience is enjoying tremendous interest and growth.

As mentioned at the beginning of the module, it is a challenge to cover all the history of psychology in such a short space. Errors of omission and commission are likely in such a selective review. The history of psychology helps to set a stage upon which the story of psychology can be told. This brief summary provides some glimpse into the depth and rich content offered by the history of psychology. The modules in this e-book are all elaborations

on the foundation created by our shared past. It is hoped that you will be able to see these connections and have a greater understanding and appreciation for both the unity and diversity of the field of psychology.

Timeline

1600s – Rise of empiricism emphasizing centrality of human observer in acquiring knowledge

1850s - Helmholz measures neural impulse / Psychophysics studied by Weber & Fechner

1859 - Publication of Darwin's *Origin of Species*

1879 - Wundt opens lab for experimental psychology

1883 - First psychology lab opens in the United States

1887 – First American psychology journal is published: *American Journal of Psychology*

1890 – James publishes *Principles of Psychology*

1892 – APA established

1894 – Margaret Floy Washburn is first U.S. woman to earn Ph.D. in psychology

1904 - Founding of Titchener's experimentalists

1905 - Mary Whiton Calkins is first woman president of APA

1909 – Freud’s only visit to the United States

1913 - John Watson calls for a psychology of behavior

1920 – Francis Cecil Sumner is first African American to earn Ph.D. in psychology

1921 – Margaret Floy Washburn is second woman president of APA

1930s – Creation and growth of the American Association for Applied Psychology (AAAP) / Gestalt psychology comes to America

1936- Founding of The Society for the Psychological Study of Social Issues

1940s – Behaviorism dominates American psychology

1946 – National Mental Health Act

1949 – Boulder Conference on Graduate Education in Clinical Psychology

1950s – Cognitive psychology gains popularity

1954 – *Brown v. Board of Education*

1957 – Evelyn Hooker publishes T*he Adjustment of the Male Overt Homosexual*

1968 – Founding of the Association of Black Psychologists

1973 – Psy.D. proposed at the Vail Conference on Professional Training in Psychology

1988 – Founding of the American Psychological Society (now known as the Association for Psychological Science)

Outside Resources

Podcast: History of Psychology Podcast Series
http://www.yorku.ca/christo/podcasts/

Web: Advances in the History of Psychology
http://ahp.apps01.yorku.ca/

Web: Center for the History of Psychology
http://www.uakron.edu/chp

Web: Classics in the History of Psychology
http://psychclassics.yorku.ca/

Web: Psychology's Feminist Voices
http://www.feministvoices.com/

Web: This Week in the History of Psychology
http://www.yorku.ca/christo/podcasts/

Discussion Questions

1. Why was psychophysics important to the development of psychology as a science?
2. How have psychologists participated in the advancement of social issues?
3. Name some ways in which psychology began to be applied to the general public and everyday problems.
4. Describe functionalism and structuralism and their influences on behaviorism and cognitive psychology.

Vocabulary

Behaviorism
The study of behavior.

Cognitive psychology
The study of mental processes.

Consciousness
Awareness of ourselves and our environment.

Empiricism
The belief that knowledge comes from experience.

Eugenics
The practice of selective breeding to promote desired traits.

Flashbulb memory
A highly detailed and vivid memory of an emotionally significant event.

Functionalism
A school of American psychology that focused on the utility of consciousness.

Gestalt psychology
An attempt to study the unity of experience.

Individual differences
Ways in which people differ in terms of their behavior, emotion, cognition, and development.

Introspection
A method of focusing on internal processes.

Neural impulse
An electro-chemical signal that enables neurons to communicate.

Practitioner-Scholar Model
A model of training of professional psychologists that emphasizes clinical practice.

Psychophysics
Study of the relationships between physical stimuli and the perception of those stimuli.

Realism
A point of view that emphasizes the importance of the senses in providing knowledge of the external world.

Scientist-practitioner model
A model of training of professional psychologists that emphasizes the development of both research and clinical skills.

Structuralism
A school of American psychology that sought to describe the elements of conscious experience.

Tip-of-the-tongue phenomenon
The inability to pull a word from memory even though there is the sensation that that word is available.

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Chapter 2: The Methods of Psychology

2
Research Designs

Christie Napa Scollon

Psychologists test research questions using a variety of methods. Most research relies on either correlations or experiments. With correlations, researchers measure variables as they naturally occur in people and compute the degree to which two variables go together. With experiments, researchers actively make changes in one variable and watch for changes in another variable. Experiments allow researchers to make causal inferences. Other types of methods include longitudinal and quasi-experimental designs. Many factors, including practical constraints, determine the type of methods researchers use. Often researchers survey people even though it would be better, but more expensive and time consuming, to track them longitudinally.

Learning Objectives

- Understand the difference between correlational and experimental designs.
- Understand how to interpret correlations.
- Understand how experiments help us to infer causality.
- Understand how surveys relate to correlational and experimental research.
- Understand what a longitudinal study is.
- Understand the strengths and weaknesses of different research designs.

Research Designs

In the early 1970's, a man named Uri Geller tricked the world: he convinced hundreds of thousands of people that he could bend spoons and slow watches using only the power of his mind. In fact, if you were in the audience, you would have likely believed he had psychic powers. Everything looked authentic—this man had to have paranormal abilities! So, why have you probably never heard of him before? Because when Uri was asked to perform his miracles in line with scientific experimentation, he was no longer able to do them. That is, even though it seemed like he was doing the impossible, when he was tested by science, he proved to be nothing more than a clever magician.

When we look at dinosaur bones to make educated guesses about extinct life, or systematically chart the heavens to learn about the relationships between stars and planets, or study magicians to figure out how they perform their tricks, we are forming observations—the foundation of science. Although we are all familiar with the saying "seeing is believing," conducting science is more than just what your eyes perceive. Science is the result of systematic and intentional study of the natural world. And psychology is no different. In the movie *Jerry Maguire*, Cuba Gooding, Jr. became famous for using the phrase, "Show me the money!" In psychology, as in all sciences, we might say, "Show me the data!"

One of the important steps in scientific inquiry is to test our research questions, otherwise known as hypotheses. However, there are many ways to test hypotheses in psychological research. Which method you choose will depend on the type of questions you are asking, as well as what resources are available to you. All methods have limitations, which is why the best research uses a variety of methods.

Most psychological research can be divided into two types: experimental and correlational research.

Experimental Research

If somebody gave you $20 that absolutely had to be spent today, how would you choose to spend it? Would you spend it on an item you've been eyeing for weeks, or would you donate the money to charity? Which option do you think would bring you the most happiness? If you're like most people, you'd choose to spend the money on yourself (duh, right?). Our intuition is that we'd be happier if we spent the money on ourselves.

Knowing that our intuition can sometimes be wrong, Professor Elizabeth Dunn (2008) at the University of British Columbia set out to conduct an experiment on spending and happiness. She gave each of the participants in her experiment $20 and then told them they had to spend

At the Corner Perk Cafe customers routinely pay for the drinks of strangers. Is this the way to get the most happiness out of a cup of coffee? Elizabeth Dunn's research shows that spending money on others may affect our happiness differently than spending money on ourselves.

the money by the end of the day. Some of the participants were told they must spend the money on themselves, and some were told they must spend the money on others (either charity or a gift for someone). At the end of the day she measured participants' levels of happiness using a self-report questionnaire. (But wait, how do you measure something like happiness when you can't really see it? Psychologists measure many abstract concepts, such as happiness and intelligence, by beginning with **operational definitions** of the concepts. See the Noba modules on Intelligence [http://noba.to/acxb2thy] and Happiness [http://noba.to/qnw7g32t], respectively, for more information on specific measurement strategies.)

In an experiment, researchers manipulate, or cause changes, in the **independent variable**, and observe or measure any impact of those changes in the **dependent variable**. The independent variable is the one under the experimenter's control, or the variable that is intentionally altered between groups. In the case of Dunn's experiment, the independent variable was whether participants spent the money on themselves or on others. The dependent variable is the variable that is not manipulated at all, or the one where the effect happens. One way to help remember this is that the dependent variable "depends" on what happens to the independent variable. In our example, the participants' happiness (the dependent variable in this experiment) depends on how the participants spend their money (the independent variable). Thus, any observed changes or group differences in happiness can be attributed to whom the money was spent on. What Dunn and her colleagues found was that, after all the spending had been done, the people who had spent the money on others were happier than those who had spent the money on themselves. In other words, spending on others causes us to be happier than spending on ourselves. Do you find this surprising?

But wait! Doesn't happiness depend on a lot of different factors—for instance, a person's upbringing or life circumstances? What if some people had happy childhoods and that's why they're happier? Or what if some people dropped their toast that morning and it fell jam-side down and ruined their whole day? It is correct to recognize that these factors and many more

can easily affect a person's level of happiness. So how can we accurately conclude that spending money on others causes happiness, as in the case of Dunn's experiment?

The most important thing about experiments is **random assignment**. Participants don't get to pick which condition they are in (e.g., participants didn't choose whether they were supposed to spend the money on themselves versus others). The experimenter assigns them to a particular condition based on the flip of a coin or the roll of a die or any other random method. Why do researchers do this? With Dunn's study, there is the obvious reason: you can imagine which condition most people would choose to be in, if given the choice. But another equally important reason is that random assignment makes it so the groups, on average, are similar on all characteristics except what the experimenter manipulates.

By randomly assigning people to conditions (self-spending versus other-spending), some people with happy childhoods should end up in each condition. Likewise, some people who had dropped their toast that morning (or experienced some other disappointment) should end up in each condition. As a result, the distribution of all these factors will generally be consistent across the two groups, and this means that on average the two groups will be relatively equivalent on all these factors. Random assignment is critical to experimentation because if the only difference between the two groups is the independent variable, we can infer that the independent variable is the cause of any observable difference (e.g., in the amount of happiness they feel at the end of the day).

Here's another example of the importance of random assignment: Let's say your class is going to form two basketball teams, and you get to be the captain of one team. The class is to be divided evenly between the two teams. If you get to pick the players for your team first, whom will you pick? You'll probably pick the tallest members of the class or the most athletic. You probably won't pick the short, uncoordinated people, unless there are no other options. As a result, your team will be taller and more athletic than the other team. But what if we want the teams to be fair? How can we do this when we have people of varying height and ability? All we have to do is randomly assign players to the two teams. Most likely, some tall and some short people will end up on your team, and some tall and some short people will end up on the other team. The average height of the teams will be approximately the same. That is the power of random assignment!

Other considerations

In addition to using random assignment, you should avoid introducing confounds into your experiments. **Confounds** are things that could undermine your ability to draw causal

inferences. For example, if you wanted to test if a new happy pill will make people happier, you could randomly assign participants to take the happy pill or not (the independent variable) and compare these two groups on their self-reported happiness (the dependent variable). However, if some participants know they are getting the happy pill, they might develop expectations that influence their self-reported happiness. This is sometimes known as a **placebo effect**. Sometimes a person just knowing that he or she is receiving special treatment or something new is enough to actually cause changes in behavior or perception: In other words, even if the participants in the happy pill condition were to report being happier, we wouldn't know if the pill was actually making them happier or if it was the placebo effect—an example of a confound. A related idea is **participant demand**. This occurs when participants try to behave in a way they think the experimenter wants them to behave. Placebo effects and participant demand often occur unintentionally. Even **experimenter expectations** can influence the outcome of a study. For example, if the experimenter knows who took the happy pill and who did not, and the dependent variable is the experimenter's observations of people's happiness, then the experimenter might perceive improvements in the happy pill group that are not really there.

One way to prevent these confounds from affecting the results of a study is to use a double-blind procedure. In a double-blind procedure, neither the participant nor the experimenter knows which condition the participant is in. For example, when participants are given the happy pill or the fake pill, they don't know which one they are receiving. This way the participants shouldn't experience the placebo effect, and will be unable to behave as the researcher expects (participant demand). Likewise, the researcher doesn't know which pill each participant is taking (at least in the beginning—later, the researcher will get the results for data-analysis purposes), which means the researcher's expectations can't influence his or her observations. Therefore, because both parties are "blind" to the condition, neither will be able to behave in a way that introduces a confound. At the end of the day, the only difference between groups will be which pills the participants received, allowing the researcher to determine if the happy pill actually caused people to be happier.

Correlational Designs

When scientists passively observe and measure phenomena it is called correlational research. Here, we do not intervene and change behavior, as we do in experiments. In correlational research, we identify patterns of relationships, but we usually cannot infer what causes what. Importantly, with correlational research, you can examine only two variables at a time, no more and no less.

So, what if you wanted to test whether spending on others is related to happiness, but you don't have $20 to give to each participant? You could use a correlational design—which is exactly what Professor Dunn did, too. She asked people how much of their income they spent on others or donated to charity, and later she asked them how happy they were. Do you think these two variables were related? Yes, they were! The more money people reported spending on others, the happier they were.

More details about the correlation

To find out how well two variables correspond, we can plot the relation between the two scores on what is known as a scatterplot (Figure 1). In the scatterplot, each dot represents a data point. (In this case it's individuals, but it could be some other unit.) Importantly, each dot provides us with two pieces of information—in this case, information about how good the person rated the past month (x-axis) and how happy the person felt in the past month (y-axis). Which variable is plotted on which axis does not matter.

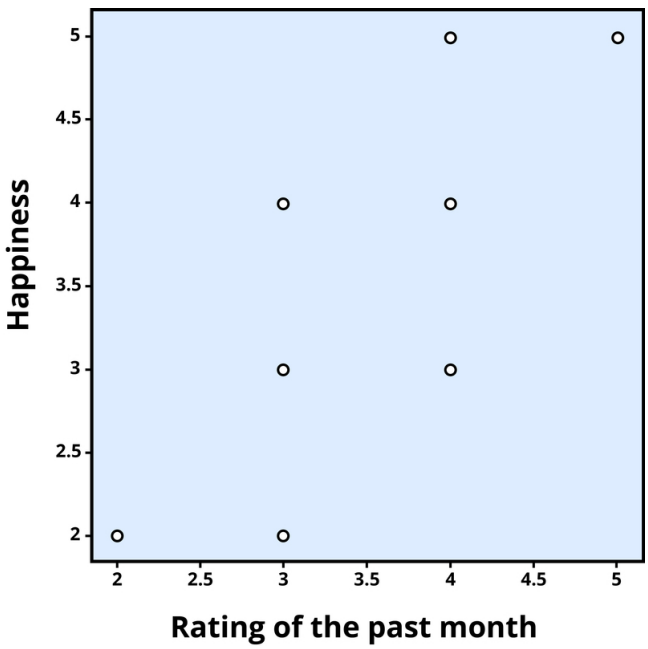


Figure 1. Scatterplot of the association between happiness and ratings of the past month, a positive correlation (r = .81). Each dot represents an individual.

The association between two variables can be summarized statistically using the correlation coefficient (abbreviated as *r*). A correlation coefficient provides information about the direction and strength of the association between two variables. For the example above, the direction of the association is positive. This means that people who perceived the past month as being good reported feeling more happy, whereas people who perceived the month as being bad reported feeling less happy.

With a positive correlation, the two variables go up or down together. In a scatterplot, the dots form a pattern that extends from the bottom left to the upper right (just as they do in Figure 1). The *r* value for a positive correlation is indicated by a positive number (although, the positive sign is usually omitted). Here, the *r* value is .81.

A negative correlation is one in which the two variables move in opposite directions. That is, as one variable goes up, the other goes down. Figure 2 shows the association between the average height of males in a country (y-axis) and the pathogen prevalence (or commonness of disease; x-axis) of that country. In this scatterplot, each dot represents a country. Notice how the dots extend from the top left to the bottom right. What does this mean in real-world terms? It means that people are shorter in parts of the world where there is more disease. The *r* value for a negative correlation is indicated by a negative number—that is, it has a minus (–) sign in front of it. Here, it is –.83.

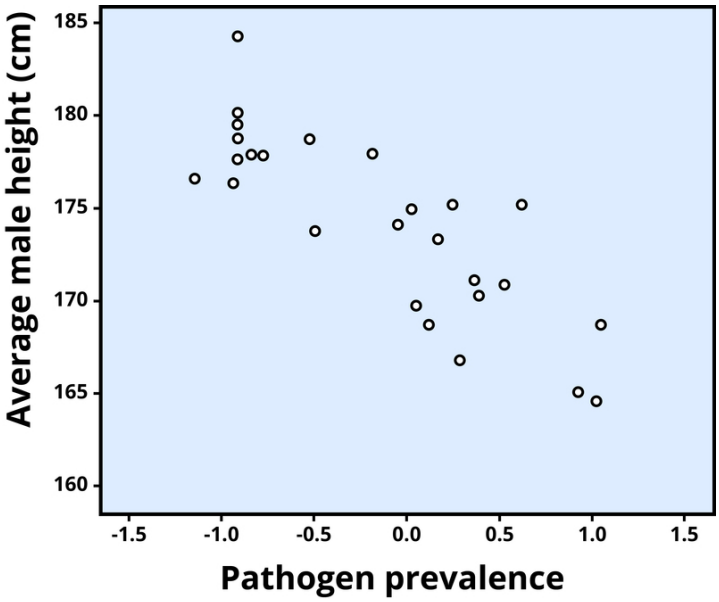


Figure 2. Scatterplot showing the association between average male height and pathogen prevalence, a negative correlation (r = –.83). Each dot represents a country. (Chiao, 2009)

The strength of a correlation has to do with how well the two variables align. Recall that in Professor Dunn's correlational study, spending on others positively correlated with happiness: The more money people reported spending on others, the happier they reported to be. At this point you may be thinking to yourself, I know a very generous person who gave away lots of money to other people but is miserable! Or maybe you know of a very stingy person who is happy as can be. Yes, there might be exceptions. If an association has many exceptions, it is considered a weak correlation. If an association has few or no exceptions, it is considered a strong correlation. A strong correlation is one in which the two variables always, or almost always, go together. In the example of happiness and how good the month has been, the association is strong. The stronger a correlation is, the tighter the dots in the scatterplot will be arranged along a sloped line.

The *r* value of a strong correlation will have a high absolute value. In other words, you disregard whether there is a negative sign in front of the r value, and just consider the size of the numerical value itself. If the absolute value is large, it is a strong correlation. A weak correlation is one in which the two variables correspond some of the time, but not most of the time. Figure 3 shows the relation between valuing happiness and grade point average (GPA). People who valued happiness more tended to earn slightly lower grades, but there were lots of exceptions to this. The *r* value for a weak correlation will have a low absolute value. If two

variables are so weakly related as to be unrelated, we say they are uncorrelated, and the *r* value will be zero or very close to zero. In the previous example, is the correlation between height and pathogen prevalence strong? Compared to Figure 3, the dots in Figure 2 are tighter and less dispersed. The absolute value of –.83 is large. Therefore, it is a strong negative correlation.

Figure 3. Scatterplot showing the association between valuing happiness and GPA, a weak negative correlation (r = –.32). Each dot represents an individual.

Can you guess the strength and direction of the correlation between age and year of birth? If you said this is a strong negative correlation, you are correct! Older people always have lower years of birth than younger people (e.g., 1950 vs. 1995), but at the same time, the older people will have a higher age (e.g., 65 vs. 20). In fact, this is a perfect correlation because there are no exceptions to this pattern. I challenge you to find a 10-year-old born before 2003! You can't.

Problems with the correlation

If generosity and happiness are positively correlated, should we conclude that being generous causes happiness? Similarly, if height and pathogen prevalence are negatively correlated, should we conclude that disease causes shortness? From a correlation alone, we can't be certain. For example, in the first case it may be that happiness causes generosity, or that generosity causes happiness. Or, a third variable might cause both happiness *and* generosity, creating the illusion of a direct link between the two. For example, wealth could be the third variable that causes both greater happiness and greater generosity. This is why correlation does not mean causation—an often repeated phrase among psychologists.

Qualitative Designs

Just as correlational research allows us to study topics we can't experimentally manipulate (e. g., whether you have a large or small income), there are other types of research designs that allow us to investigate these harder-to-study topics. Qualitative designs, including participant observation, case studies, and narrative analysis are examples of such methodologies.

Although something as simple as "observation" may seem like it would be a part of all research methods, participant observation is a distinct methodology that involves the researcher embedding him- or herself into a group in order to study its dynamics. For example, Festinger, Riecken, and Shacter (1956) were very interested in the psychology of a particular cult. However, this cult was very secretive and wouldn't grant interviews to outside members. So, in order to study these people, Festinger and his colleagues pretended to be cult members, allowing them access to the behavior and psychology of the cult. Despite this example, it should be noted that the people being observed in a participant observation study usually know that the researcher is there to study them.

Another qualitative method for research is the case study, which involves an intensive examination of specific individuals or specific contexts. Sigmund Freud, the father of psychoanalysis, was famous for using this type of methodology; however, more current examples of case studies usually involve brain injuries. For instance, imagine that researchers want to know how a very specific brain injury affects people's experience of happiness. Obviously, the researchers can't conduct experimental research that involves inflicting this type of injury on people. At the same time, there are too few people who have this type of injury to conduct correlational research. In such an instance, the researcher may examine only one person with this brain injury, but in doing so, the researcher will put the participant through a very extensive round of tests. Hopefully what is learned from this one person can be applied to others; however, even with thorough tests, there is the chance that something unique about this individual (other than the brain injury) will affect his or her happiness. But with such a limited number of possible participants, a case study is really the only type of methodology suitable for researching this brain injury.

The final qualitative method to be discussed in this section is narrative analysis. Narrative analysis centers around the study of stories and personal accounts of people, groups, or cultures. In this methodology, rather than engaging with participants directly, or quantifying their responses or behaviors, researchers will analyze the themes, structure, and dialogue of each person's narrative. That is, a researcher will examine people's personal testimonies in order to learn more about the psychology of those individuals or groups. These stories may be written, audio-recorded, or video-recorded, and allow the researcher not only to study *what* the participant says but *how* he or she says it. Every person has a unique perspective on the world, and studying the way he or she conveys a story can provide insight into that perspective.

Quasi-Experimental Designs

What if you want to study the effects of marriage on a variable? For example, does marriage make people happier? Can you randomly assign some people to get married and others to remain single? Of course not. So how can you study these important variables? You can use a **quasi-experimental design**.

A quasi-experimental design is similar to experimental research, except that random assignment to conditions is not used. Instead, we rely on existing group memberships (e.g., married vs. single). We treat these as the independent variables, even though we don't assign people to the conditions and don't manipulate the variables. As a result, with quasi-experimental designs causal inference is more difficult. For example, married people might differ on a variety of characteristics from unmarried people. If we find that married participants are happier than single participants, it will be hard to say that marriage causes happiness, because the people who got married might have already been happier than the people who have remained single.

What is a reasonable way to study the effects of marriage on happiness? (Photo: Nina Matthews Photography)

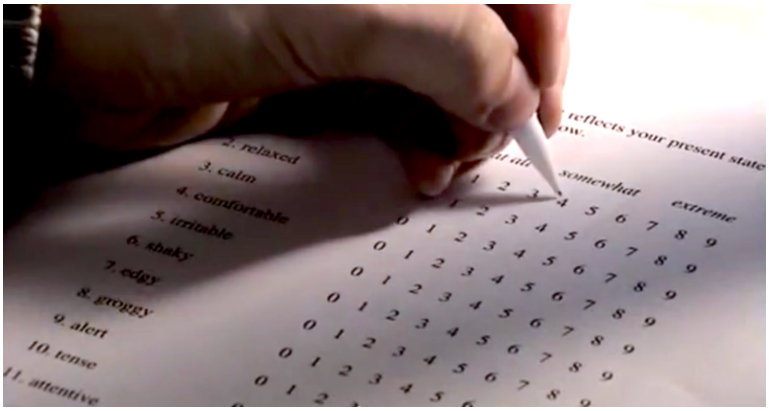
Because experimental and quasi-experimental designs can seem pretty similar, let's take another example to distinguish them. Imagine you want to know who is a better professor: Dr. Smith or Dr. Khan. To judge their ability, you're going to look at their students' final grades. Here, the independent variable is the professor (Dr. Smith vs. Dr. Khan) and the dependent variable is the students' grades. In an experimental design, you would randomly assign students to one of the two professors and then compare the students' final grades. However, in real life, researchers can't randomly force students to take one professor over the other; instead, the researchers would just have to use the preexisting classes and study them as-is (quasi-experimental design). Again, the key difference is random assignment to the conditions of the independent variable. Although the quasi-experimental design (where the students choose which professor they want) may seem random, it's most likely not. For example, maybe students heard Dr. Smith sets low expectations, so slackers prefer this class, whereas Dr. Khan sets higher expectations, so smarter students prefer that one. This now introduces a confounding variable (student intelligence) that will almost certainly have an effect on students' final grades, regardless of how skilled the professor is. So, even though a quasi-experimental design is similar to an experimental design (i.e., it has a manipulated

independent variable), because there's no random assignment, you can't reasonably draw the same conclusions that you would with an experimental design.

Longitudinal Studies

Another powerful research design is the **longitudinal study**. Longitudinal studies track the same people over time. Some longitudinal studies last a few weeks, some a few months, some a year or more. Some studies that have contributed a lot to psychology followed the same people over decades. For example, one study followed more than 20,000 Germans for two decades. From these longitudinal data, psychologist Rich Lucas (2003) was able to determine that people who end up getting married indeed start off a bit happier than their peers who never marry. Longitudinal studies like this provide valuable evidence for testing many theories in psychology, but they can be quite costly to conduct, especially if they follow many people for many years.

Surveys



Surveys provide researchers with some significant advantages in gathering data. They make it possible to reach large numbers of people while keeping costs to the researchers and the time commitments of participants relatively low.

A survey is a way of gathering information, using old-fashioned questionnaires or the Internet. Compared to a study conducted in a psychology laboratory, surveys can reach a larger number of participants at a much lower cost. Although surveys are typically used for correlational research, this is not always the case. An experiment can be carried out using surveys as well. For example, King and Napa (1998) presented participants with different types of stimuli on paper: either a survey completed by a happy person or a survey completed by an unhappy person. They wanted to see whether happy people were judged as more likely to get into heaven compared to unhappy people. Can you figure out the independent and dependent variables in this study? Can you guess what the results were? Happy people (vs. unhappy people; the independent variable) were judged as more likely to go to heaven (the dependent variable) compared to unhappy people!

Likewise, correlational research can be conducted without the use of surveys. For instance, psychologists LeeAnn Harker and Dacher Keltner (2001) examined the smile intensity of women's college yearbook photos. Smiling in the photos was correlated with being married 10 years later!

Tradeoffs in Research

Even though there are serious limitations to correlational and quasi-experimental research, they are not poor cousins to experiments and longitudinal designs. In addition to selecting a method that is appropriate to the question, many practical concerns may influence the decision to use one method over another. One of these factors is simply resource availability —how much time and money do you have to invest in the research? (Tip: If you're doing a senior honor's thesis, do not embark on a lengthy longitudinal study unless you are prepared to delay graduation!) Often, we survey people even though it would be more precise—but much more difficult—to track them longitudinally. Especially in the case of exploratory research, it may make sense to opt for a cheaper and faster method first. Then, if results from the initial study are promising, the researcher can follow up with a more intensive method.

Beyond these practical concerns, another consideration in selecting a research design is the ethics of the study. For example, in cases of brain injury or other neurological abnormalities, it would be unethical for researchers to inflict these impairments on healthy participants. Nonetheless, studying people with these injuries can provide great insight into human psychology (e.g., if we learn that damage to a particular region of the brain interferes with emotions, we may be able to develop treatments for emotional irregularities). In addition to brain injuries, there are numerous other areas of research that could be useful in understanding the human mind but which pose challenges to a true experimental design—such as the experiences of war, long-term isolation, abusive parenting, or prolonged drug use. However, none of these are conditions we could ethically experimentally manipulate and randomly assign people to. Therefore, ethical considerations are another crucial factor in determining an appropriate research design.

Research Methods: Why You Need Them

Just look at any major news outlet and you'll find research routinely being reported. Sometimes the journalist understands the research methodology, sometimes not (e.g., correlational evidence is often incorrectly represented as causal evidence). Often, the media are quick to draw a conclusion for you. After reading this module, you should recognize that the strength of a scientific finding lies in the strength of its methodology. Therefore, in order to be a savvy

consumer of research, you need to understand the pros and cons of different methods and the distinctions among them. Plus, understanding how psychologists systematically go about answering research questions will help you to solve problems in other domains, both personal and professional, not just in psychology.

Outside Resources

Article: Harker and Keltner study of yearbook photographs and marriage
http://psycnet.apa.org/journals/psp/80/1/112/

Article: Spending money on others promotes happiness. Elizabeth Dunn's research
https://www.sciencemag.org/content/319/5870/1687.abstract

Article: What makes a life good?
http://psycnet.apa.org/journals/psp/75/1/156/

Artilce: Rich Lucas's longitudinal study on the effects of marriage on happiness
http://psycnet.apa.org/journals/psp/84/3/527/

Discussion Questions

1. What are some key differences between experimental and correlational research?
2. Why might researchers sometimes use methods other than experiments?
3. How do surveys related to correlational and experimental designs?

Vocabulary

Confounds
Factors that undermine the ability to draw causal inferences from an experiment.

Correlation
Measures the association between two variables, or how they go together.

Dependent variable
The variable the researcher measures but does not manipulate in an experiment.

Experimenter expectations
When the experimenter's expectations influence the outcome of a study.

Independent variable
The variable the researcher manipulates and controls in an experiment.

Longitudinal study
A study that follows the same group of individuals over time.

Operational definitions
How researchers specifically measure a concept.

Participant demand
When participants behave in a way that they think the experimenter wants them to behave.

Placebo effect
When receiving special treatment or something new affects human behavior.

Quasi-experimental design
An experiment that does not require random assignment to conditions.

Random assignment
Assigning participants to receive different conditions of an experiment by chance.

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Chapter 3: Biological Psychology

3
The Brain and Nervous System

Robert Biswas-Diener

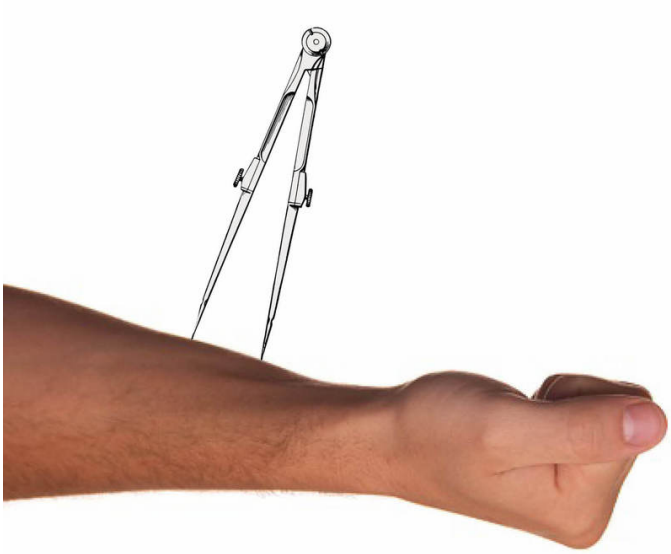
The brain is the most complex part of the human body. It is the center of consciousness and also controls all voluntary and involuntary movement and bodily functions. It communicates with each part of the body through the nervous system, a network of channels that carry electrochemical signals.

Learning Objectives

- Name the various parts of the nervous system and their respective functions
- Explain how neurons communicate with each other
- Identify the location and function of the limbic system
- Articulate how the “motor strip” is an example of brain region specialization
- Name at least three neuroimaging techniques and describe how they work

In the 1800s a German scientist by the name of Ernst Weber conducted several experiments meant to investigate how people perceive the world via their own bodies. It is obvious that we use our sensory organs—our eyes, and ears, and nose—to take in and understand the world around us. Weber was particularly interested in the sense of touch. Using a drafting compass he placed the two points far apart and set them on the skin of a volunteer. When the points were far apart the research participants could easily distinguish between them. As Weber repeated the process with ever closer points, however, most people lost the ability to tell the difference between them. Weber discovered that the ability to recognize these “just noticeable differences” depended on where on the body the compass was positioned. Your

back, for example, is far less sensitive to touch than is the skin on your face. Similarly, the tip of your tongue is extremely sensitive! In this way, Weber began to shed light on the way that nerves, the nervous system, and the brain form the biological foundation of psychological processes.



Measuring "just noticeable differences."

In this module we will explore the biological side of psychology by paying particular attention to the brain and to the nervous system. Understanding the nervous system is vital to understanding psychology in general. It is through the nervous system that we experience pleasure and pain, feel emotions, learn and use language, and plan goals, just to name a few examples. In the pages that follow we will begin by examining how the human nervous system develops and then we will learn about the parts of the brain and how they function. We will conclude with a section on how modern psychologists study the brain.

It is worth mentioning here, at the start, that an introduction to the biological aspects of psychology can be both the most interesting and most frustrating of all topics for new students of psychology. This is, in large part, due to the fact that there is so much new information to learn and new vocabulary associated with all the various parts of the brain and nervous system. In fact, there are 30 key vocabulary words presented in this module! We encourage you not to get bogged down in difficult words. Instead, pay attention to the broader concepts, perhaps even skipping over the vocabulary on your first reading. It is helpful to pass back through with a second reading, once you are already familiar with the topic, with attention to learning the vocabulary.

Nervous System development across the human lifespan

As a species, humans have evolved a complex nervous system and brain over millions of years. Comparisons of our nervous systems with those of other animals, such as chimpanzees, show some similarities. Researchers can also use fossils to study the relationship between brain

volume and human behavior over the course of evolutionary history. *Homo habilis*, for instance, a human ancestor living about 2 million years ago shows a larger brain volume than its own ancestors but far less than modern *homo sapiens*. The main difference between humans and other animals-- in terms of brain development-- is that humans have a much more developed frontal cortex (the front part of the brain associated with planning).

Interestingly, a person's unique nervous system develops over the course of their lifespan in a way that resembles the evolution of nervous systems in animals across vast stretches of time. For example, the human nervous system begins developing even before a person is born. It begins as a simple bundle of tissue that forms into a tube and extends along the head-to-tail plane becoming the spinal cord and brain. By day 40 of gestation (40 days after fertilization of the egg) the spinal cord, hindbrain, midbrain and forebrain are all visibly distinct. What, exactly, is this nervous system that is developing and what does it do?

The **nervous system** can be thought of as the body's communication network that consists of all nerve cells. There are many ways in which we can divide the nervous system to understand it more clearly. One common way to do so is by parsing it into the central nervous system and the peripheral nervous system. Each of these can be sub-divided, in turn. Let's take a closer, more in-depth look at each. And, don't worry, the nervous system is complicated with many parts and many new vocabulary words. It might seem overwhelming at first but through the figures and a little study you can get it.

The Central Nervous System (CNS): The Neurons inside the Brain

The **Central Nervous System**, or CNS for short, is made up of the brain and spinal cord (see Figure 1). The CNS is the portion of the nervous system that is encased in bone (the brain is protected by the skull and the spinal cord is protected by the spinal column). It is referred to as "central" because it is the brain and spinal cord that are primarily responsible for processing sensory information —touching a hot stove or seeing a rainbow, for example —and sending signals to the peripheral nervous system for action. It communicates largely by sending electrical signals through individual nerve cells that make up the fundamental building blocks of the nervous system, called **neurons**. There are approximately 100 billion

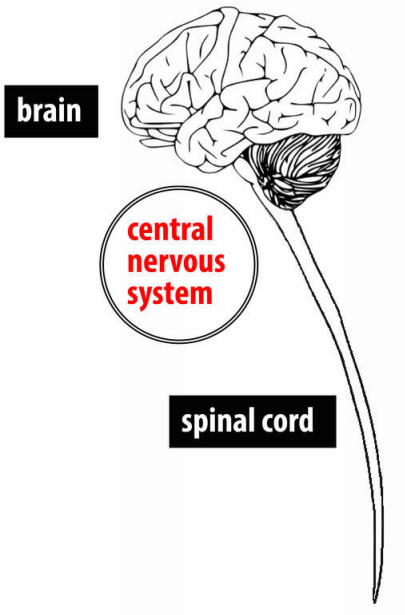


Figure 1: The central nervous system

neurons in the human brain and each has many contacts with other neurons, called **synapses**.

If we were able to magnify a view of individual neurons we would see that they are cells made from distinct parts (see Figure 2). The three main components of a neuron are the dendrites, the soma, and the axon. Neurons communicate with one another by receiving information through the **dendrites**, which act as an antenna. When the dendrites channel this information to the **soma**, or cell body, it builds up as an electro-chemical signal. This electrical part of the signal, called an **action potential** shoots down the **axon**, a long tail that leads away from the soma and toward the next neuron. When people talk about "nerves" in the nervous system, it typically refers to bundles of axons that form long neural wires along which electrical signals can travel. Cell-to-cell communication is helped by the fact that the soma is covered by a **myelin sheath**—a layer of fatty cells that allow the signal to travel very rapidly from neuron to neuron.

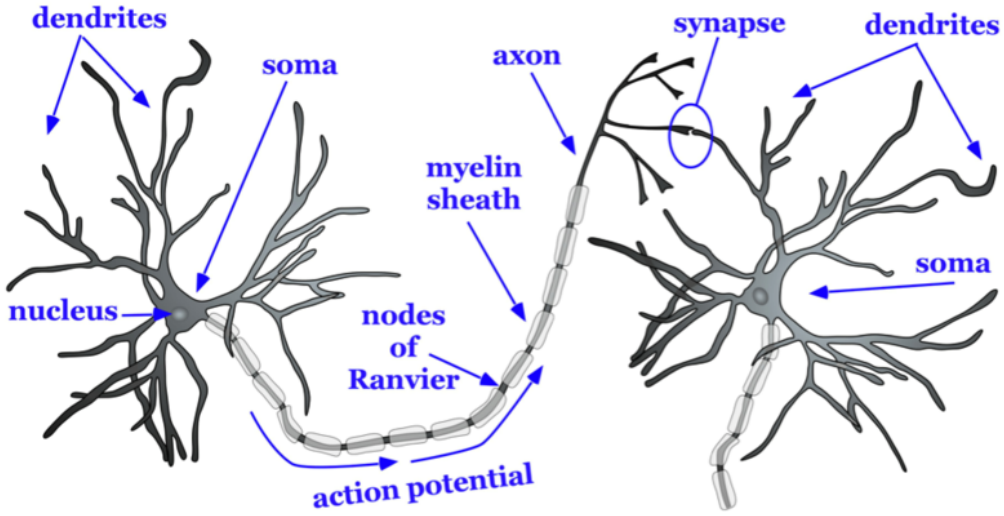


Figure 2: The parts of a neuron

If we were to zoom in still further we could take a closer look at the synapse, the space between neurons (see Figure 3). Here, we would see that there is a space between neurons, called the **synaptic gap**. To give you a sense of scale we can compare the synaptic gap to the thickness of a dime, the thinnest of all American coins (about 1.35 mm). You could stack approximately 70,000 synaptic gaps in the thickness of a single coin!

As the action potential, the electrical signal reaches the end of the axon, tiny packets of chemicals, called **neurotransmitters**, are released. This is the chemical part of the electro-chemical signal. These neurotransmitters are the chemical signals that travel from one neuron to another, enabling them to communicate with one another. There are many different types

of neurotransmitters and each has a specialized function. For example, serotonin affects sleep, hunger and mood. Dopamine is associated with attention, learning and pleasure.

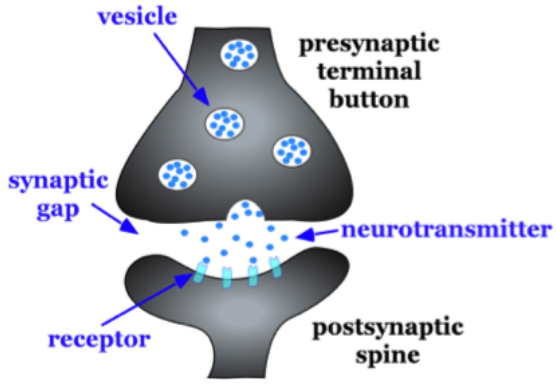


Figure 3: A view of the synapse between neurons

It is amazing to realize that when you think—when you reach out to grab a glass of water, when you realize that your best friend is happy, when you try to remember the name of the parts of a neuron—what you are experiencing is actually electro-chemical impulses shooting between nerves!

The Central Nervous System: Looking at the Brain as a Whole

If we were to zoom back out and look at the central nervous system again we would see that the brain is the largest single part of the central nervous system. The brain is the headquarters of the entire nervous system and it is here that most of your sensing, perception, thinking, awareness, emotions, and planning take place. For many people the brain is so important that there is a sense that it is there—inside the brain—that a person's sense of self is located (as opposed to being primarily in your toes, by contrast). The brain is so important, in fact, that it consumes 20% of the total oxygen and calories we consume even though it is only, on average, about 2% of our overall weight.

It is helpful to examine the various parts of the brain and to understand their unique functions to get a better sense of the role the brain plays. We will start by looking at very general areas of the brain and then we will zoom in and look at more specific parts. Anatomists and neuroscientists often divide the brain into portions based on the location and function of various brain parts. Among the simplest ways to organize the brain is to describe it as having three basic portions: the hindbrain, midbrain and forebrain. Another way to look at the brain is to consider the brain stem, the Cereblellum, and the Cerebrum. There is another part, called the Limbic System that is less well defined. It is made up of a number of structures that are "sub-cortical" (existing in the hindbrain) as well as regions of the Cerebrum (see Figure 4).

The **brain stem** is the most basic structure of the brain and is located at the top of the spine and bottom of the brain. It is sometimes considered the "oldest" part of the brain because we can see similar structures in other, less evolved animals such as crocodiles. It is in charge of a wide range of very basic "life support" functions for the human body including breathing, digestion, and the beating of the heart. Amazingly, the brain stem sends the signals to keep

these processes running smoothly without any conscious effort on our behalf.

The **limbic system** is a collection of highly specialized neural structures that sit at the top of the brain stem, which are involved in regulating our emotions. Collectively, the limbic system is a term that doesn't have clearly defined areas as it includes forebrain regions as well as hindbrain regions. These include the amygdala, the pituitary gland, the thalamus and the hypothalamus. These structures influence hunger, the sleep-wake cycle, sexual desire, fear and aggression, and even memory.

The **cerebellum** is a structure at the very back of the brain. Aristotle referred to it as the "small brain" based on its appearance and it is principally involved with movement and posture although it is also associated with a variety of other thinking processes. The cerebellum, like the brain stem, coordinates actions without the need for any conscious awareness. This is why reflexes can sometimes seem so automatic.

The **cerebrum** (also called the "cerebral cortex") is the "newest," most advanced portion of the brain. The cerebral hemispheres (the left and right hemispheres that make up each side of the top of the brain) are in charge of the types of processes that are associated with more awareness and voluntary control such as speaking and planning as well as contain our primary sensory areas (such as seeing, hearing, feeling, and moving). These two hemispheres are connected to one another by a thick bundle of neurons called the **corpus callosum**. There are instances in which people—either because of a genetic abnormality or as the result of surgery—have had their corpus callosum severed so that the two halves of the brain cannot easily communicate with one another. The rare **split-brain** patients offer helpful insights into how the brain works. For example, we now understand that the brain is **contralateral**, or opposite-sided. This means that the left side of the brain is responsible for controlling a number of sensory and motor functions of the right side of the body, and vice versa.

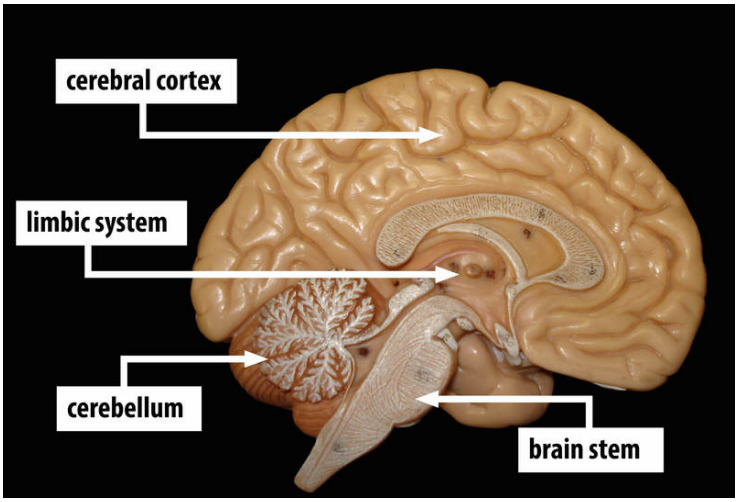


Figure 4: General areas of the brain (Image: biology corner)

Consider this striking example: A split brain patient is seated at a table and an object such as a car key can be placed where a split-brain patient can only see it through the right visual field.

Right visual field images will be processed on the left side of the brain and left visual field images will be processed on the right side of the brain. Because language is largely associated with the left side of the brain the patient who sees car key in the right visual field when asked "What do you see?" would answer, "I see a car key." In contrast, a split-brain patient who only saw the car key in the left visual field, thus the information went to the non-language right side of the brain, might have a difficult time speaking the word "car key." In fact in this case, the patient is likely to respond "I didn't see anything at all." However, if asked to draw the item with their left hand—a process associated with the right side of the brain—the patient will be able to do so! See the outside resources below for a video demonstration of this striking phenomenon.

Besides looking at the brain as an organ that is made up of two halves we can also examine it by looking at its four various lobes of the cerebral cortex, the outer part of the brain (see Figure 5). Each of these is associated with a specific function. The **occipital lobe**, located at the back of the cerebral cortex, is the house of the visual area of the brain. You can see the road in front of you when you are driving, track the motion of a ball in the air, and recognize faces thanks to the occipital lobe. The **temporal lobe**, located on the underside of the cerebral cortex, is where sounds and smells are processed. The **parietal lobe**, at the upper back of the cerebral cortex, is where touch and taste are processed. Finally, the **frontal lobe**, located at the forward part of the cerebral cortex is where behavioral motor plans are processed as well as a number of highly complicated processes occur including speech and language use, creative problem solving, and planning and organization.

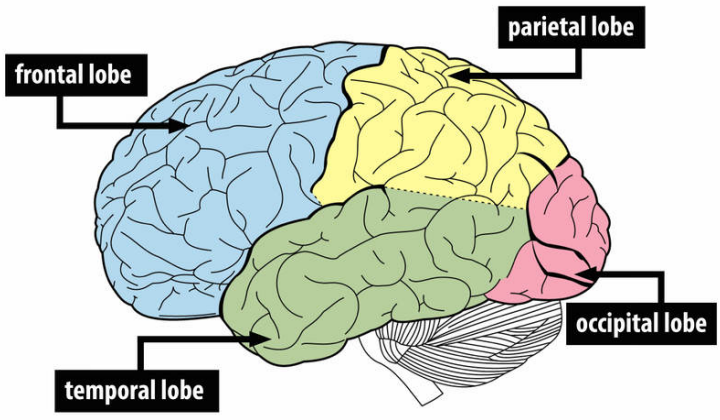


Figure 5: The 4 lobes of the cerebral cortex

One particularly fascinating area in the frontal lobe is called the "motor strip" (okay, scientists call it the central sulcus but haven't you had enough new vocabulary for the time being?). This strip running along the side of the brain is in charge of voluntary movements like waving goodbye, wiggling your eyebrows, and kissing. It is an excellent example of the way that the various regions of the brain are highly specialized. Interestingly, each of our various body parts has a unique portion of the motor strip devoted to it (see Figure 6). Each individual finger has about as much dedicated brain space as your entire leg. Your lips, in turn, require about as

much dedicated brain processing as all of your fingers and your hand combined!

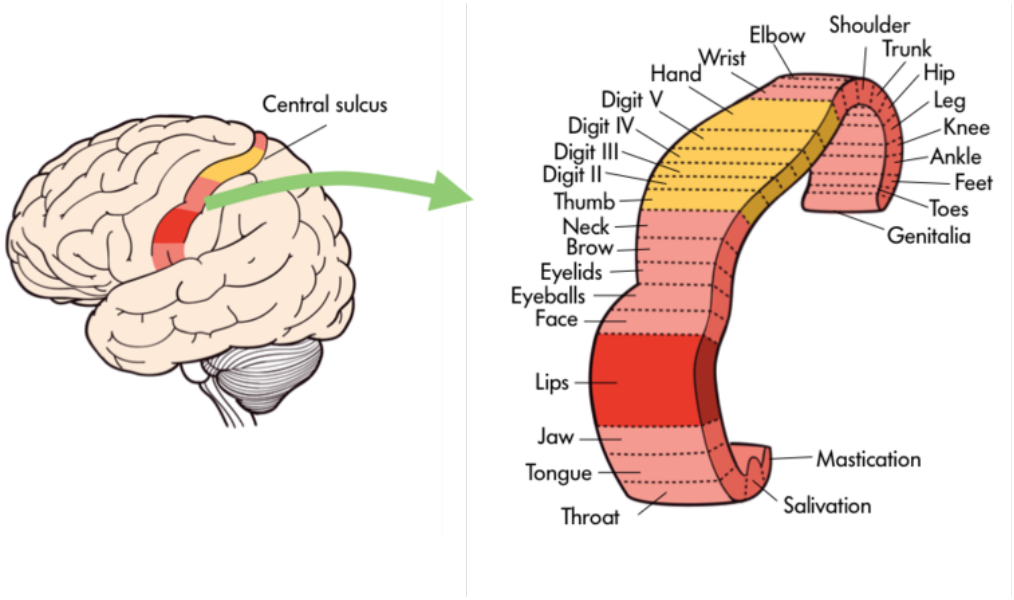


Figure 6: The motor strip

Because the cerebral cortex in general, and the frontal lobe in particular, are associated with such sophisticated functions as planning and being self-aware they are often thought of as a higher, less primal portion of the brain. Indeed, other animals such as rats and kangaroos while they do have frontal regions of their brain do not have the same level of development in the cerebral cortices. The closer an animal is to humans on the evolutionary tree—think chimpanzees and gorillas, the more developed is this portion of their brain.

The Peripheral Nervous System

In addition to the central nervous system (the brain and spinal cord) there is also a complex network of nerves that travel to every part of the body. This is called the **peripheral nervous system** (PNS) and it carries the signals necessary for the body to survive (see Figure 7). Some of the signals carried by the PNS are related to voluntary actions. If you want to type a message to a friend, for instance, you make conscious choices about which letters go in what order and your brain sends the appropriate signals to your fingers to do the work. Other processes, by contrast, are not voluntary. Without your awareness your brain is also sending signals to your organs, your digestive system, and the muscles that are holding you up right now with instructions about what they should be doing. All of this occurs through the pathways of your peripheral nervous system.

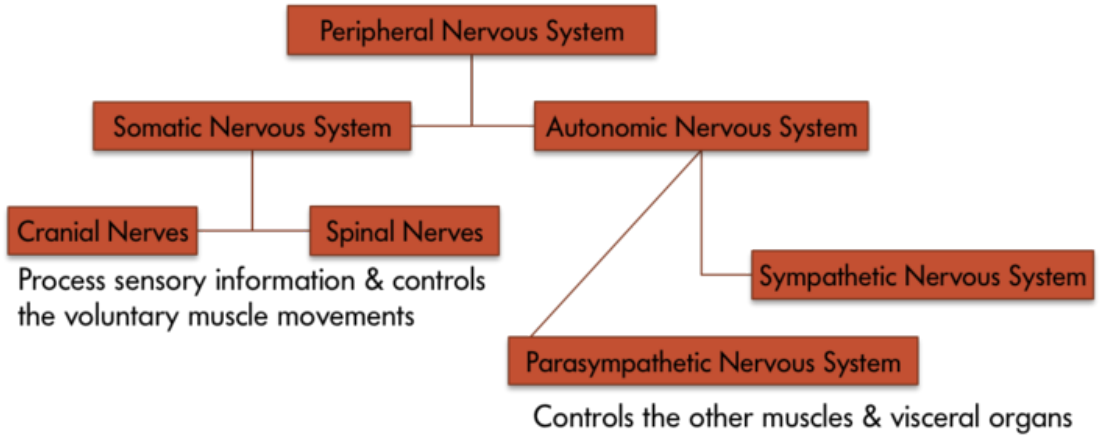


Figure 7: The peripheral nervous system

How we study the brain

The brain is difficult to study because it is housed inside the thick bone of the skull. What's more, it is difficult to access the brain without hurting or killing the owner of the brain. As a result, many of the earliest studies of the brain (and indeed this is still true today) focused on unfortunate people who happened to have damage to some particular area of their brain. For instance, in the 1860s a surgeon named Paul Broca conducted an autopsy on a former patient who had lost his powers of speech. Examining his patient's brain, Broca identified a damaged area—now called the "**Broca's Area**"—on the left side of the brain (see Figure 8). Over the years a number of researchers have been able to gain insights into the function of specific regions of the brain from these types of patients.

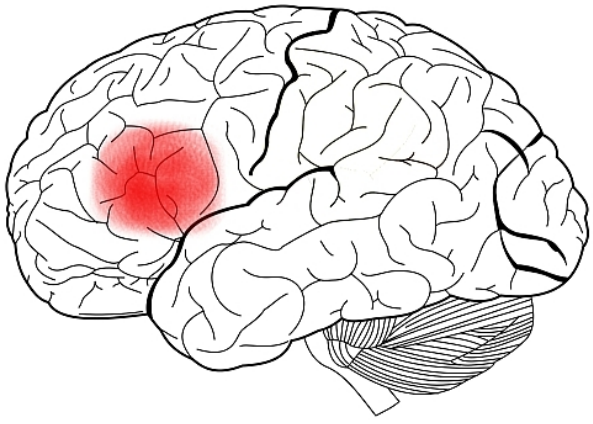


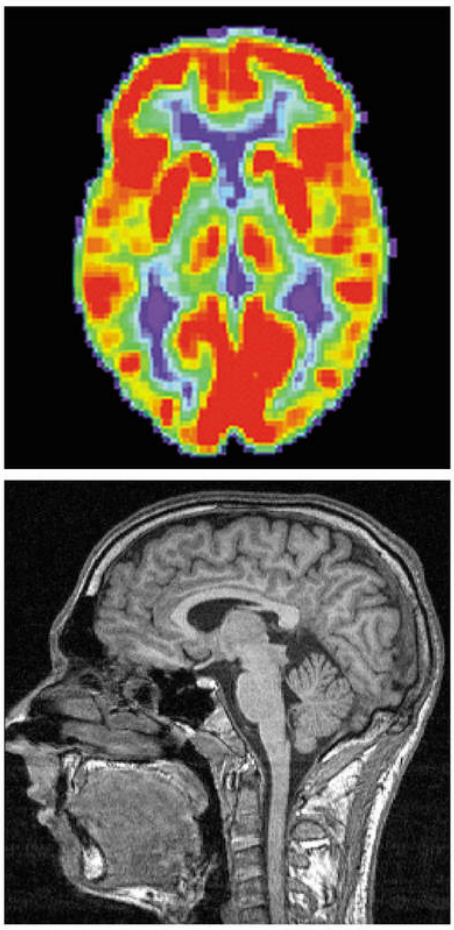
Figure 8: Broca's Area (Image: Charlyzon)

An alternative to examining the brains or behaviors of humans with brain damage or surgical lesions can be found in the instance of animals. Some researchers examine the brains of other animals such as rats, dogs and monkeys. Although animals brains differ from human brains in both size and structure there are many similarities as well. The use of animals for study can yield important insights into human brain function.

In modern times, however, we do not have to exclusively rely on the study of people with brain lesions. Advances in technology have led

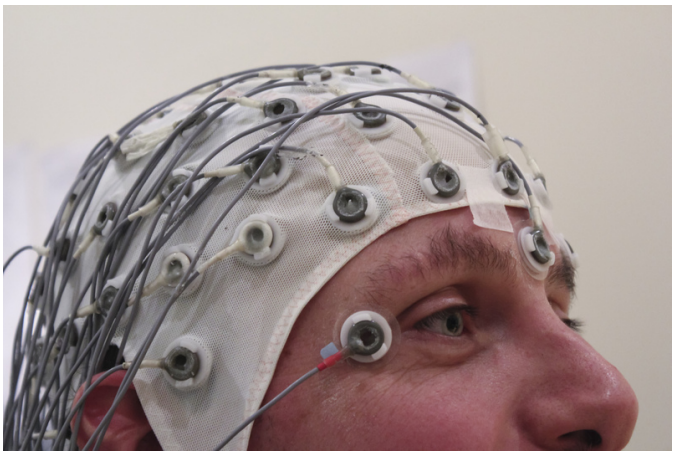
to ever more sophisticated imaging techniques. Just as X-ray technology allows us to peer inside the body, neuroimaging techniques allow us glimpses of the working brain. Each type of imaging uses a different technique and each has its own advantages and disadvantages.

Positron Emission Tomography (PET) records metabolic activity in the brain by detecting the amount of radioactive substances, which are injected into a person's bloodstream, the brain is consuming. This technique allows us to see how much an individual uses a particular part of the brain while at rest, or not performing a task. Another technique, known as **Functional Magnetic Resonance Imaging (fMRI)** relies on blood flow. This method measures changes in the levels of naturally occurring oxygen in the blood. As a brain region becomes active, it requires more oxygen. This technique measures brain activity based on this increase oxygen level. This means fMRI does not require a foreign substance to be injected into the body. Both PET and fMRI scans have poor **temporal resolution** , meaning that they cannot tell us exactly when brain activity occurred. This is because it takes several seconds for blood to arrive at a portion of the brain working on a task.



Above: A PET scan - Below: An fMRI scan (Image: Erik1980)

One imaging technique that has better temporal resolution is **Electroencephalography (EEG)**, which measures electrical brain activity instead of blood flow. Electrodes are place on the scalp of participants and they are nearly instantaneous in picking up electrical activity. Because this activity could be coming from any portion of the brain, however, EEG is known to have poor **spatial resolution**, meaning that it is not accurate with regards to specific location.



An EEG cap (Image: Chris Hope)

Another technique, known as **Diffuse Optical Imaging** (DOI) can offer high temporal and spatial resolution. DOI works by shining infrared light into the brain. It might seem strange that light can pass through the head and brain. Light properties change as they pass through oxygenated blood and through active neurons. As a result, researchers can make inferences regarding where and when brain activity is happening.

Conclusion

It has often been said that the brain studies itself. This means that humans are uniquely capable of using our most sophisticated organ to understand our most sophisticated organ. Breakthroughs in the study of the brain and nervous system are among the most exciting discoveries in all of psychology. In the future, research linking neural activity to complex, real world attitudes and behavior will help us to understand human psychology and better intervene in it to help people.

Outside Resources

Video: Animation of Neurons
http://www.youtube.com/watch?v=-SHBnExxub8

Video: Split Brain Patient
http://www.youtube.com/watch?v=ZMLzP1VCANo

Web: Animation of the Magnetic Resonance Imaging (MRI)
http://sites.sinauer.com/neuroscience5e/animations01.01.html

Web: Animation of the Positron Emission Tomography (PET)
http://sites.sinauer.com/neuroscience5e/animations01.02.html

Web: Teaching resources and videos for teaching about the brain, from Colorado State University:
http://www.learner.org/resources/series142.html

Web: The Brain Museum
http://brainmuseum.org/

Discussion Questions

1. In your opinion is learning about the functions of various parts of the brain by studying the abilities of brain damaged patients ethical. What, in your opinion, are the potential benefits and considerations?
2. Are research results on the brain more compelling to you than are research results from survey studies on attitudes? Why or why not? How does biological research such as studies of the brain influence public opinion regarding the science of psychology?
3. If humans continue to evolve what changes might you predict in our brains and cognitive abilities?
4. Which brain scanning techniques, or combination of techniques, do you find to be the best? Why? Why do you think scientists may or may not employ exactly your recommended techniques?

Vocabulary

Action Potential
A transient all-or-nothing electrical current that is conducted down the axon when the membrane potential reaches the threshold of excitation.

Axon
Part of the neuron that extends off the soma, splitting several times to connect with other neurons; main output of the neuron.

Brain Stem
The "trunk" of the brain comprised of the medulla, pons, midbrain, and diencephalon.

Broca's Area
An area in the frontal lobe of the left hemisphere. Implicated in language production.

Central Nervous System
The portion of the nervous system that includes the brain and spinal cord.

Cerebellum
The distinctive structure at the back of the brain, Latin for "small brain."

Cerebrum
Usually refers to the cerebral cortex and associated white matter, but in some texts includes the subcortical structures.

Contralateral
Literally "opposite side"; used to refer to the fact that the two hemispheres of the brain process sensory information and motor commands for the opposite side of the body (e.g., the left hemisphere controls the right side of the body).

Corpus Callosum
The thick bundle of nerve cells that connect the two hemispheres of the brain and allow them to communicate.

Dendrites
Part of a neuron that extends away from the cell body and is the main input to the neuron.

Diffuse Optical Imaging (DOI)
A neuroimaging technique that infers brain activity by measuring changes in light as it is passed through the skull and surface of the brain.

Electroencephalography (EEG)
A neuroimaging technique that measures electrical brain activity via multiple electrodes on the scalp.

Frontal Lobe
The front most (anterior) part of the cerebrum; anterior to the central sulcus and responsible for motor output and planning, language, judgment, and decision-making.

Functional Magnetic Resonance Imaging (fMRI)
Functional magnetic resonance imaging (fMRI): A neuroimaging technique that infers brain activity by measuring changes in oxygen levels in the blood.

Limbic System
Includes the subcortical structures of the amygdala and hippocampal formation as well as some cortical structures; responsible for aversion and gratification.

Myelin Sheath
Fatty tissue, that insulates the axons of the neurons; myelin is necessary for normal conduction of electrical impulses among neurons.

Nervous System
The body's network for electrochemical communication. This system includes all the nerves cells in the body.

Neurons
Individual brain cells

Neurotransmitters
Chemical substance released by the presynaptic terminal button that acts on the postsynaptic cell.

Occipital Lobe
The back most (posterior) part of the cerebrum; involved in vision.

Parietal Lobe

The part of the cerebrum between the frontal and occipital lobes; involved in bodily sensations, visual attention, and integrating the senses.

Peripheral Nervous System
All of the nerve cells that connect the central nervous system to all the other parts of the body.

Positron Emission Tomography (PET)
A neuroimaging technique that measures brain activity by detecting the presence of a radioactive substance in the brain that is initially injected into the bloodstream and then pulled in by active brain tissue.

Soma
Cell body of a neuron that contains the nucleus and genetic information, and directs protein synthesis.

Spatial Resolution
A term that refers to how small the elements of an image are; high spatial resolution means the device or technique can resolve very small elements; in neuroscience it describes how small of a structure in the brain can be imaged.

Split-brain Patient
A patient who has had most or all of his or her corpus callosum severed.

Synapses
Junction between the presynaptic terminal button of one neuron and the dendrite, axon, or soma of another postsynaptic neuron.

Synaptic Gap
Also known as the synaptic cleft; the small space between the presynaptic terminal button and the postsynaptic dendritic spine, axon, or soma.

Temporal Lobe
The part of the cerebrum in front of (anterior to) the occipital lobe and below the lateral fissure; involved in vision, auditory processing, memory, and integrating vision and audition.

Temporal Resolution
A term that refers to how small a unit of time can be measured; high temporal resolution means capable of resolving very small units of time; in neuroscience it describes how precisely in time a process can be measured in the brain.

4
Hormones & Behavior

Randy J. Nelson

The goal of this module is to introduce you to the topic of hormones and behavior. This field of study is also called behavioral endocrinology, which is the scientific study of the interaction between hormones and behavior. This interaction is bidirectional: hormones can influence behavior, and behavior can sometimes influence hormone concentrations. Hormones are chemical messengers released from endocrine glands that travel through the blood system to influence the nervous system to regulate behaviors such as aggression, mating, and parenting of individuals.

Learning Objectives

- Define the basic terminology and basic principles of hormone–behavior interactions.
- Explain the role of hormones in behavioral sex differentiation.
- Explain the role of hormones in aggressive behavior.
- Explain the role of hormones in parental behavior.
- Provide examples of some common hormone–behavior interactions.

Introduction

This module 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

Box 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 X 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.

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 (Box 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). Several types of protein or peptide (small protein) hormones also influence behavior, including **oxytocin**, vasopressin, **prolactin**, and leptin.

Steroid Hormones	
Cortisol	Increases carbohydrate metabolism; Mediates stree responses
Esradiol	Uterine and other female tissue development; Regulates sexual motivation and performance in females and males
Testosterone	Promotes sperm production and male secondary characters; Promotes sexual motivation and behavior, typically by being converted to estradiol

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

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: Prominent Hormones That Influence 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.

This is an image of oxytocin with its protein neurophysin. Oxytocin is often called the "neurotransmitter of love." To learn more about it, see Noba's module Biochemistry of Love. [Image: Edgar181]

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.

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

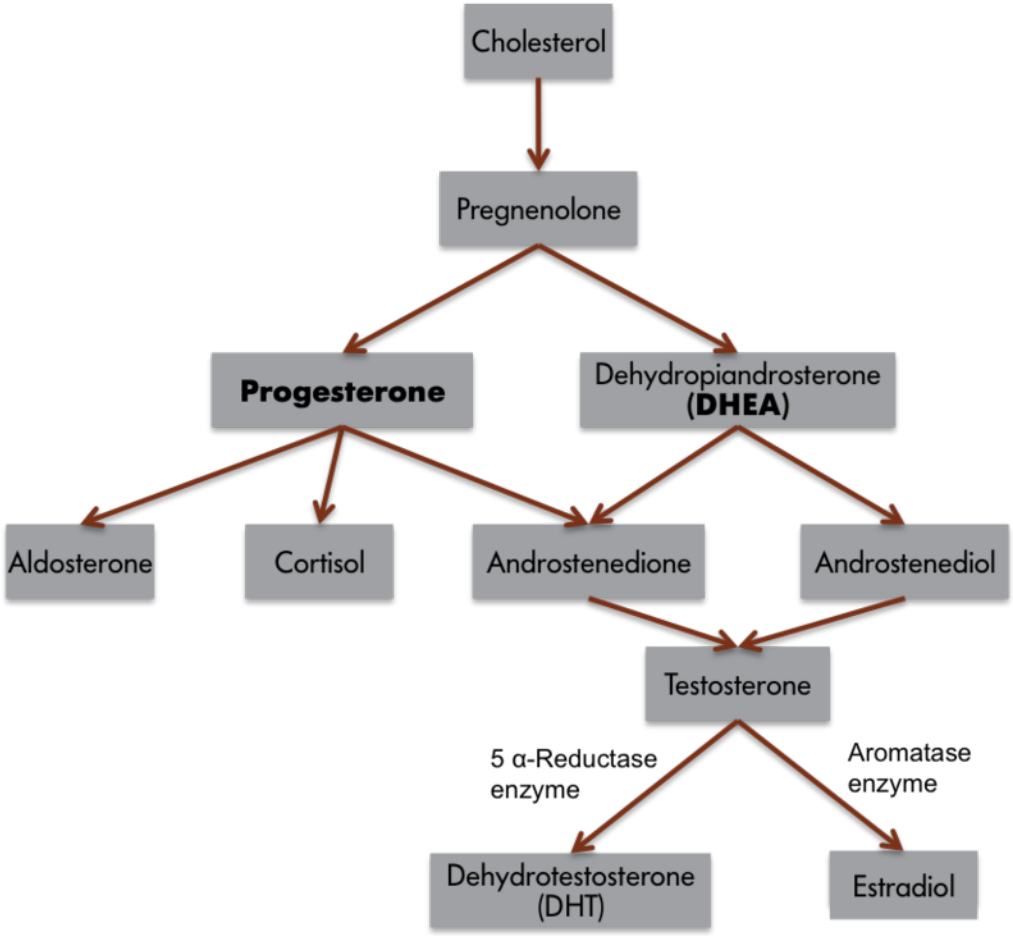


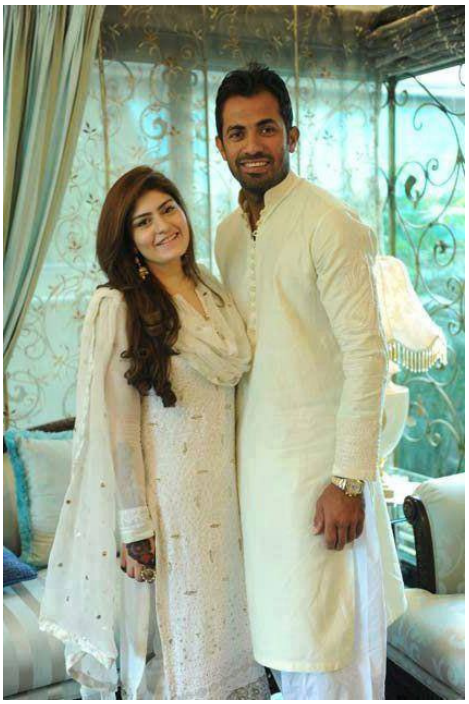
Figure 1: Biochemical Pathway for Steroid Hormone Synthesis: It is important to note that testosterone (an androgen) can be converted to another androgen, DHT, or an estrogen, estradiol. Too much or too little of the converting enzymes can influence brain and behavior.

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.

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).



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: junaidrao]

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.

Sex Differences

Hens and roosters are different. Cows and bulls are different. Men and women are different. Even girls and boys are different. Humans, like many animals, are sexually dimorphic (*di*, "two"; *morph*, "type") in the size and shape of their bodies, their physiology, and for our purposes, their behavior. The behavior of boys and girls differs in many ways. Girls generally excel in verbal abilities relative to boys; boys are nearly twice as likely as girls to suffer from dyslexia (reading difficulties) and stuttering and nearly 4 times more likely to suffer from autism. Boys

Sex differences in appearance are often more pronounced in nonhuman animals than in humans. Male birds particularly, for example roosters, tend to have physical features that differ from the females and also differ significantly in size. [Image: John Cudworth]

are generally better than girls at tasks that require visuospatial abilities. Girls engage in nurturing behaviors more frequently than boys. More than 90% of all anorexia nervosa cases involve young women. Young men are twice as likely as young women to suffer from schizophrenia. Boys are much more aggressive and generally engage in more rough-and-tumble play than girls (Berenbaum, Martin, Hanish, Briggs, & Fabes, 2008). Many sex differences, such as the difference in aggressiveness, persist throughout adulthood. For example, there are many more men than women serving prison sentences for violent behavior. The hormonal differences between men and women may account for adult sex differences that develop during puberty, but what accounts for behavioral sex differences among children *prior* to puberty and activation of their gonads? Hormonal secretions from the developing gonads determine whether the individual develops in a male or female manner. The mammalian embryonic testes produce androgens, as well as peptide hormones, that steer the development of the body, central nervous system, and subsequent behavior in a male direction. The embryonic ovaries of mammals are virtually quiescent and do not secrete high concentrations of hormones. In the presence of ovaries, or in the complete absence of any gonads, morphological, neural, and, later, behavioral development follows a female pathway.

Gonadal steroid hormones have organizational (or programming) effects upon brain and behavior (Phoenix, Goy, Gerall, & Young, 1959). The organizing effects of steroid hormones are relatively constrained to the early stages of development. An asymmetry exists in the effects of testes and ovaries on the organization of behavior in mammals. Hormone exposure early in life has organizational effects on subsequent rodent behavior; early steroid hormone treatment causes relatively irreversible and permanent **masculinization** of rodent behavior (mating and aggressive). These early hormone effects can be contrasted with the reversible behavioral influences of steroid hormones provided in adulthood, which are called activational effects. The activational effects of hormones on adult behavior are temporary and may wane soon after the hormone is metabolized. Thus, typical male behavior requires exposure to androgens during gestation (in humans) or immediately after birth (in rodents) to somewhat masculinize the brain and also requires androgens during or after puberty to activate these neural circuits. Typical female behavior requires a lack of exposure to androgens early in life

which leads to **feminization** of the brain and also requires estrogens to activate these neural circuits in adulthood. But this simple dichotomy, which works well with animals with very distinct sexual dimorphism in behavior, has many caveats when applied to people.

If you walk through any major toy store, then you will likely observe a couple of aisles filled with pink boxes and the complete absence of pink packaging of toys in adjacent aisles. Remarkably, you will also see a strong self-segregation of boys and girls in these aisles. It is rare to see boys in the "pink" aisles and vice versa. The toy manufacturers are often accused of making toys that are gender biased, but it seems more likely that boys and girls enjoy playing with specific types and colors of toys. Indeed, toy manufacturers would immediately double their sales if they could sell toys to both sexes. Boys generally prefer toys such as trucks and balls and girls generally prefer toys such as dolls. Although it is doubtful that there are genes that encode preferences for toy cars and trucks on the Y chromosome, it is possible that hormones might shape the development of a child's brain to prefer certain types of toys or styles of play behavior. It is reasonable to believe that children learn which types of toys and which styles of play are appropriate to their gender. How can we understand and separate the contribution of physiological mechanisms from learning to understand sex differences in human behaviors? To untangle these issues, animal models are often used. Unlike the situation in humans, where sex differences are usually only a matter of degree (often slight), in some animals, members of only one sex may display a particular behavior. As noted, often only male songbirds sing. Studies of such strongly sex-biased behaviors are particularly valuable for understanding the interaction among behavior, hormones, and the nervous system.

A study of vervet monkeys calls into question the primacy of learning in the establishment of toy preferences (Alexander & Hines, 2002). Female vervet monkeys preferred girl-typical toys, such as dolls or cooking pots, whereas male vervet monkeys preferred boy-typical toys, such as cars or balls. There were no sex differences in preference for gender-neutral toys, such as picture books or stuffed animals. Presumably, monkeys have no prior concept of "boy" or "girl"

If you think back to the toys and clothing you played with and wore in your youth, do you think they were more a result of your hormonal activity or the choices that society and your parents made for you? [Image: Sam Agnew]

toys. Young rhesus monkeys also show similar toy preferences.

What then underlies the sex difference in toy preference? It is possible that certain attributes of toys (or objects) appeal to either boys or girls. Toys that appeal to boys or male vervet or rhesus monkeys, in this case, a ball or toy car, are objects that can be moved actively through space, toys that can be incorporated into active, rough and tumble play. The appeal of toys that girls or female vervet monkeys prefer appears to be based on color. Pink and red (the colors of the doll and pot) may provoke attention to infants.

Society may reinforce such stereotypical responses to gender-typical toys. The sex differences in toy preferences emerge by 12 or 24 months of age and seem fixed by 36 months of age, but are sex differences in toy preference present during the first year of life? It is difficult to ask pre-verbal infants what they prefer, but in studies where the investigators examined the amount of time that babies looked at different toys, eye-tracking data indicate that infants as young as 3 months showed sex differences in toy preferences; girls preferred dolls, whereas boys preferred trucks. Another result that suggests, but does not prove, that hormones are involved in toy preferences is the observation that girls diagnosed with congenital adrenal hyperplasia (CAH), whose adrenal glands produce varying amounts of androgens early in life, played with masculine toys more often than girls without CAH. Further, a dose-response relationship between the extent of the disorder (i.e., degree of fetal androgen exposure) and degree of masculinization of play behavior was observed. Are the sex differences in toy preferences or play activity, for example, the inevitable consequences of the differential endocrine environments of boys and girls, or are these differences imposed by cultural practices and beliefs? Are these differences the result of receiving gender-specific toys from an early age, or are these differences some combination of endocrine and cultural factors? Again, these are difficult questions to unravel in people.

Even when behavioral sex differences appear early in development, there seems to be some question regarding the influences of societal expectations. One example is the pattern of human play behavior during which males are more physical; this pattern is seen in a number of other species including nonhuman primates, rats, and dogs. Is the difference in the frequency of rough-and-tumble play between boys and girls due to biological factors associated with being male or female, or is it due to cultural expectations and learning? If there is a combination of biological and cultural influences mediating the frequency of rough-and-tumble play, then what proportion of the variation between the sexes is due to biological factors and what proportion is due to social influences? Importantly, is it appropriate to talk about “normal” sex differences when these traits virtually always arrange themselves along a continuum rather than in discrete categories?

Sex differences are common in humans and in nonhuman animals. Because males and females differ in the ratio of androgenic and estrogenic steroid hormone concentrations, behavioral endocrinologists have been particularly interested in the extent to which behavioral sex differences are mediated by hormones. The process of becoming female or male is called **sexual differentiation**. The primary step in sexual differentiation occurs at fertilization. In mammals, the ovum (which always contains an X chromosome) can be fertilized by a sperm bearing either a Y or an X chromosome; this process is called **sex determination**. The **chromosomal sex** of homogametic mammals (XX) is female; the chromosomal sex of heterogametic mammals (XY) is male. Chromosomal sex determines **gonadal sex**. Virtually all subsequent sexual differentiation is typically the result of differential exposure to gonadal steroid hormones. Thus, gonadal sex determines hormonal sex, which regulates morphological sex. Morphological differences in the central nervous system, as well as in some effector organs, such as muscles, lead to behavioral sex differences. The process of sexual differentiation is complicated, and the potential for errors is present. Perinatal exposure to androgens is the most common cause of anomalous sexual differentiation among females. The source of androgen may be internal (e.g., secreted by the adrenal glands) or external (e.g., exposure to environmental estrogens). Turner syndrome results when the second X chromosome is missing or damaged; these individuals possess dysgenic ovaries and are not exposed to steroid hormones until puberty. Interestingly, women with Turner syndrome often have impaired spatial memory.

Female mammals are considered the "neutral" sex; additional physiological steps are required for male differentiation, and more steps bring more possibilities for errors in differentiation. Some examples of male anomalous sexual differentiation include **5α-reductase** deficiency (in which XY individuals are born with ambiguous genitalia because of a lack of dihydrotestosterone and are reared as females, but masculinization occurs during puberty) and androgen insensitivity syndrome or TFM (in which XY individuals lack receptors for androgens and develop as females). By studying individuals who do not neatly fall into the dichotic boxes of female or male and for whom the process of sexual differentiation is atypical, behavioral endocrinologists glean hints about the process of typical sexual differentiation.

We may ultimately want to know how hormones mediate sex differences in the human brain and behavior (to the extent to which these differences occur). To understand the mechanisms underlying sex differences in the brain and behavior, we return to the birdsong example. Birds provide the best evidence that behavioral sex differences are the result of hormonally induced structural changes in the brain (Goodson, Saldanha, Hahn, & Soma, 2005). In contrast to mammals, in which structural differences in neural tissues have not been directly linked to behavior, structural differences in avian brains have been directly linked to a sexually behavior: birdsong.

Several brain regions in songbirds display significant sex differences in size. Two major brain circuit pathways, (1) the song production motor pathway and (2) the auditory transmission pathway, have been implicated in the learning and production of birdsong. Some parts of the song production pathway of male zebra finches are 3 to 6 times larger than those of female conspecifics. The larger size of these brain areas reflects that neurons in these nuclei are larger, more numerous, and farther apart. Although castration of adult male birds reduces singing, it does not reduce the size of the brain nuclei controlling song production. Similarly, androgen treatment of adult female zebra finches does not induce changes either in singing or in the size of the song control regions. Thus, activational effects of steroid hormones do not account for the sex differences in singing behavior or brain nucleus size in zebra finches. The sex differences in these structures are organized or programmed in the egg by estradiol (masculinizes) or the lack of steroids (feminizes).

Taken together, estrogens appear to be necessary to activate the neural machinery underlying the song system in birds. The testes of birds primarily produce androgens, which enter the circulation. The androgens enter neurons containing **aromatase**, which converts them to estrogens. Indeed, the brain is the primary source of estrogens, which activate masculine behaviors in many bird species.

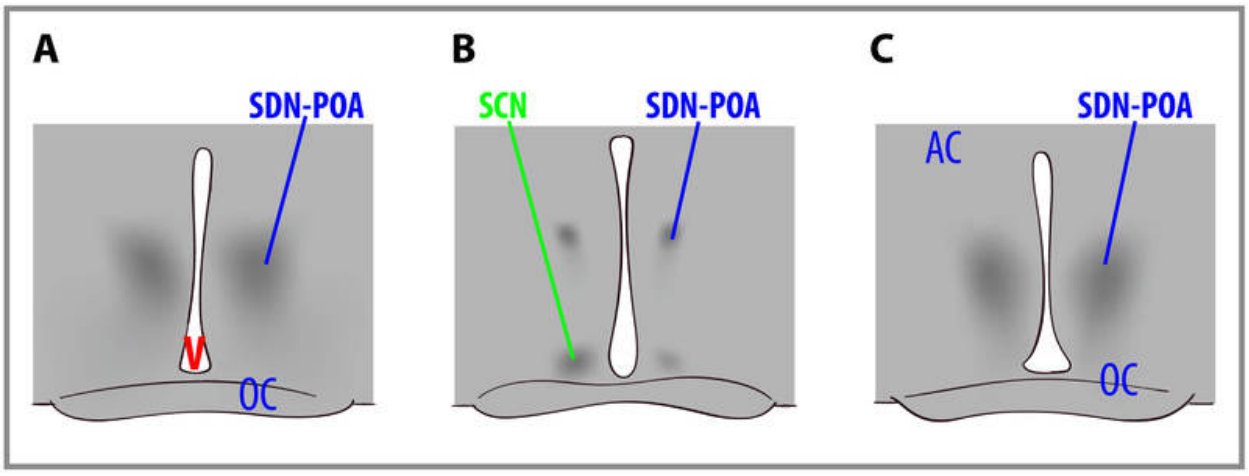


Figure 2: The sexually dimorphic nuclei of the preoptic area (SDN-POA) Gonadal steroid hormones have organizing effects upon brain and behavior. The organizing effects of steroid hormones are relatively constrained to the early stages of development. Exposure to testosterone (which is converted to estradiol) or estradiol causes masculinization of the brain. These are cross-sections through the brains of rats that show a male (left), a female (center), and a female treated with testosterone as a newborn (right). Note that the SDN-POA (the dark cell bodies) of the male are substantially larger than those of the untreated female but are equal in size to those of the testosterone-treated female. The extent that these sex differences in brain structure account for sex differences in behavior remain unspecified in mammals. OC = optic chiasm; SCN = suprachiasmatic nucleus; V = third ventricle.

Sex differences in human brain size have been reported for years. More recently, sex differences in specific brain structures have been discovered (Figure 2). Sex differences in a number of cognitive functions have also been reported. Females are generally more sensitive to auditory information, whereas males are more sensitive to visual information. Females are also typically more sensitive than males to taste and olfactory input. Women display less lateralization of cognitive functions than men. On average, females generally excel in verbal, perceptual, and fine motor skills, whereas males outperform females on quantitative and visuospatial tasks, including map reading and direction finding. Although reliable sex differences can be documented, these differences in ability are slight. It is important to note that there is more variation *within* each sex than *between* the sexes for most cognitive abilities (Figure 3).

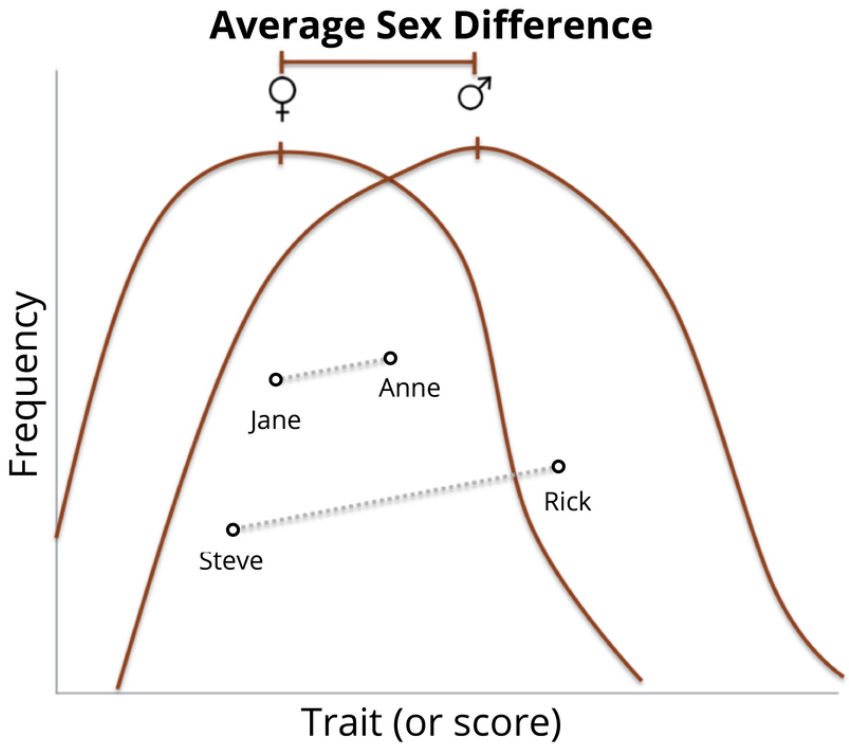


Figure 3: The Average Sex Differences in Human Performance Often Reflect Significant Overlap Between the Sexes There are often greater differences in performance between individuals of the same sex (for example, between Steve and Rick in the figure) than between individuals of the opposite sex (for example, between Steve and Jane in the figure).

Aggressive Behaviors

The possibility for **aggressive behavior** exists whenever the interests of two or more individuals are in conflict (Nelson, 2006). Conflicts are most likely to arise over limited resources such as territories, food, and mates. A social interaction decides which animal gains access to the contested resource. In many cases, a submissive posture or gesture on the part of one animal avoids the necessity of actual combat over a resource. Animals may also participate in threat displays or ritualized combat in which dominance is determined but no physical damage is inflicted.

There is overwhelming circumstantial evidence that androgenic steroid hormones mediate aggressive behavior across many species. First, seasonal variations in blood plasma concentrations of testosterone and seasonal variations in aggression coincide. For instance, the incidence of aggressive behavior peaks for male deer in autumn, when they are secreting high levels of testosterone. Second, aggressive behaviors increase at the time of puberty, when the testes become active and blood concentrations of androgens rise. Juvenile deer do not participate in the fighting during the mating season. Third, in any given species, males are generally more aggressive than females. This is certainly true of deer; relative to stags, female deer rarely display aggressive behavior, and their rare aggressive acts are qualitatively different from the aggressive behavior of aggressive males. Finally, castration typically reduces aggression in males, and testosterone replacement therapy restores aggression to pre-castration levels. There are some interesting exceptions to these general observations that are outside the scope of this module.

As mentioned, males are generally more aggressive than females. Certainly, human males are much more aggressive than females. Many more men than women are convicted of violent crimes in North America. The sex differences in human aggressiveness appear very early. At every age throughout the school years, many more boys than girls initiate physical assaults. Almost everyone will acknowledge the existence of this sex difference, but assigning a cause to behavioral sex differences in humans always elicits much debate. It is possible that boys are more aggressive than girls because androgens promote aggressive behavior and boys have higher blood concentrations of androgens than girls. It is possible that boys and girls differ in their aggressiveness because the brains of boys are exposed to androgens prenatally and the "wiring" of their brains is thus organized in a way that facilitates the expression of aggression. It is also possible that boys are encouraged and girls are discouraged by family, peers, or others from acting in an aggressive manner. These three hypotheses are not mutually exclusive, but it is extremely difficult to discriminate among them to account for sex differences in human aggressiveness.

What kinds of studies would be necessary to assess these hypotheses? It is usually difficult to separate out the influences of environment and physiology on the development of behavior

Researchers have electrically stimulated particular regions in people's brains, and these individuals have burst into aggressive, violent behavior, helping demonstrate that such responses are hardwired into us. [Image: Riccardo Cuppini]

in humans. For example, boys and girls differ in their rough-and-tumble play at a very young age, which suggests an early physiological influence on aggression. However, parents interact with their male and female offspring differently; they usually play more roughly with male infants than with females, which suggests that the sex difference in aggressiveness is partially learned. This difference in parental interaction style is evident by the first week of life. Because of these complexities in the factors influencing human behavior, the study of hormonal effects on sex-differentiated behavior has been pursued in nonhuman animals, for which environmental influences can be held relatively constant. Animal models for which sexual differentiation occurs postnatally are often used so that this process can be easily manipulated experimentally.

Again, with the appropriate animal model, we can address the questions posed above: Is the sex difference in aggression due to higher adult blood concentrations of androgens in males than in females, or are males more aggressive than females because their brains are organized differently by perinatal hormones? Are males usually more aggressive than females because of an interaction of early and current blood androgen concentrations? If male mice are castrated prior to their sixth day of life, then treated with testosterone propionate in adulthood, they show low levels of aggression. Similarly, females ovariectomized prior to their sixth day but given androgens in adulthood do not express male-like levels of aggression. Treatment of perinatally gonadectomized males or females with testosterone prior to their sixth day life and also in adulthood results in a level of aggression similar to that observed in typical male mice. Thus, in mice, the proclivity for males to act more aggressively than females is organized perinatally by androgens but also requires the presence of androgens after puberty in order to be fully expressed. In other words, aggression in male mice is both organized and activated by androgens. Testosterone exposure in adulthood without prior organization of the brain by steroid hormones does not evoke typical male levels of aggression. The hormonal control of aggressive behavior in house mice is thus similar to the hormonal mediation of heterosexual male mating behavior in other rodent species. Aggressive behavior is both organized and activated by androgens in many species, including rats, hamsters, voles,

dogs, and possibly some primate species.

Parental Behaviors

Parental behavior can be considered to be any behavior that contributes directly to the survival of fertilized eggs or offspring that have left the body of the female. There are many patterns of mammalian parental care. The developmental status of the newborn is an important factor driving the type and quality of parental care in a species. Maternal care is much more common than **paternal** care. The vast majority of research on the hormonal correlates of mammalian parental behavior has been conducted on rats. Rats bear altricial young, and mothers perform a cluster of stereotyped maternal behaviors, including nest building, crouching over the pups to allow nursing and to provide warmth, pup retrieval, and increased aggression directed at intruders. If you expose nonpregnant female rats (or males) to pups, their most common reaction is to huddle far away from them. Rats avoid new things (neophobia). However, if you expose adult rats to pups every day, they soon begin to behave maternally. This process is called concaveation or sensitization and it appears to serve to reduce the adult rats' fear of pups.

Of course a new mother needs to act maternal as soon as her offspring arrive—not in a week. The onset of maternal behavior in rats is mediated by hormones. Several methods of study, such as hormone removal and replacement therapy, have been used to determine the hormonal correlates of rat maternal behavior. A fast decline of blood concentrations of **progesterone** in late pregnancy after sustained high concentrations of this hormone, in combination with high concentrations of estradiol and probably prolactin and oxytocin, induces female rats to behave maternally almost immediately in the presence of pups. This pattern of hormones at parturition overrides the usual fear response of adult rats toward pups, and it permits the onset of maternal behavior. Thus, the so-called maternal "instinct" requires hormones to increase the approach tendency and lower the avoidance tendency. Laboratory strains of mice and rats are usually docile, but mothers can be quite aggressive toward animals that venture too close to their litter. Progesterone appears to be the primary hormone that induces this maternal aggression in rodents, but species differences exist. The role of maternal aggression in women's behavior has not been adequately described or tested.

A series of elegant experiments by Alison Fleming and her collaborators studied the endocrine correlates of the behavior of human mothers as well as the endocrine correlates of maternal attitudes as expressed in self-report questionnaires. Responses such as patting, cuddling, or kissing the baby were called affectionate behaviors; talking, singing, or cooing to the baby were considered vocal behaviors. Both affectionate and vocal behaviors were considered

approach behaviors. Basic caregiving activities, such as changing diapers and burping the infants, were also recorded. In these studies, no relationship between hormone concentrations and maternal responsiveness, as measured by attitude questionnaires, was found. For example, most women showed an increasing positive self-image during early pregnancy that dipped during the second half of pregnancy, but recovered after parturition. A related dip in feelings of maternal engagement occurred during late pregnancy, but rebounded substantially after birth in most women. However, when behavior, rather than questionnaire responses, was compared with hormone concentrations, a different story emerged. Blood plasma concentrations of cortisol were positively associated with approach behaviors. In other words, women who had high concentrations of blood cortisol, in samples obtained immediately before or after nursing, engaged in more physically affectionate behaviors and talked more often to their babies than mothers with low cortisol concentrations. Additional analyses from this study revealed that the correlation was even greater for mothers that had reported positive maternal regard (feelings and attitudes) during gestation. Indeed, nearly half of the variation in maternal behavior among women could be accounted for by cortisol concentrations and positive maternal attitudes during pregnancy.

Although cortisol may not directly increase maternal behaviors, the next time your mom does your laundry, you know one hormone to thank. [Image: Scott & Elaine van der Chijs]

Presumably, cortisol does not induce maternal behaviors directly, but it may act indirectly on the quality of maternal care by evoking an increase in the mother's general level of arousal, thus increasing her responsiveness to infant-generated cues. New mothers with high cortisol concentrations were also more attracted to their infant's odors, were superior in identifying their infants, and generally found cues from infants highly appealing (Fleming, Steiner, & Corter, 1997).

The medial preoptic area is critical for the expression of rat maternal behavior. The amygdala appears to tonically inhibit the expression of maternal behavior. Adult rats are fearful of pups, a response that is apparently mediated by chemosensory information. Lesions of the amygdala or afferent sensory pathways from the vomeronasal organ to the amygdala disinhibit the expression of maternal behavior. Hormones or sensitization likely act to disinhibit the amygdala, thus permitting the occurrence of maternal behavior. Although correlations have been established, direct evidence of brain structural changes in human mothers remains unspecified (Fleming &

Gonzalez, 2009).

Considered together, there are many examples of hormones influencing behavior and of behavior feeding back to influence hormone secretion. More and more examples of hormone–behavior interactions are discovered, including hormones in the mediation of food and fluid intake, social interactions, salt balance, learning and memory, stress coping, as well as psychopathology including depression, anxiety disorders, eating disorders, postpartum depression, and seasonal depression. Additional research should reveal how these hormone–behavior interactions are mediated.

Outside Resources

Book: Adkins-Regan, E. (2005). Hormones and animal social behavior. Princeton, NJ: Princeton University Press.

Book: Beach, F. A. (1948). Hormones and behavior. New York: Paul Hoeber.

Book: Beach, F. A. (1975). Behavioral endocrinology: An emerging discipline. American Scientist, 63: 178–187.

Book: Nelson, R. J. (2011). An introduction to behavioral endocrinology (4th ed.). Sunderland, MA: Sinauer Associates.

Book: Pfaff, D. W. (2009). Hormones, brain, and behavior (2nd ed.). New York: Academic Press.

Book: Pfaff, D. W., Phillips, I. M., & Rubin, R. T. (2005). Principles of hormone/behavior relations. New York: Academic Press.

Discussion Questions

1. What are some of the problems associated with attempting to determine causation in a hormone–behavior interaction? What are the best ways to address these problems?
2. Hormones cause changes in the rates of cellular processes or in cellular morphology. What are some ways that these hormonally induced cellular changes might theoretically produce profound changes in behavior?
3. List and describe some behavioral sex differences that you have noticed between boys and girls. What causes girls and boys to choose different toys? Do you think that the sex differences you have noted arise from biological causes or are learned? How would you go about establishing your opinions as fact?
4. Why is it inappropriate to refer to androgens as "male" hormones and estrogens as "female" hormones?
5. Imagine that you discovered that the brains of architects were different from those of non-architects—specifically, that the "drawstraightem nuclei" of the right temporal lobe were enlarged in architects as compared with non-architects. Would you argue that architects were destined to be architects because of their brain organization or that experience as

an architect changed their brains? How would you resolve this issue?

Vocabulary

5α-reductase
An enzyme required to convert testosterone to 5α-dihydrotestosterone.

Aggression
A form of social interaction that includes threat, attack, and fighting.

Aromatase
An enzyme that converts androgens into estrogens.

Chromosomal sex
The sex of an individual as determined by the sex chromosomes (typically XX or XY) received at the time of fertilization.

Defeminization
The removal of the potential for female traits.

Demasculinization
The removal of the potential for male traits.

Dihydrotestosterone (DHT)
A primary androgen that is an androgenic steroid product of testosterone and binds strongly to androgen receptors.

Endocrine gland
A ductless gland from which hormones are released into the blood system in response to specific biological signals.

Estrogen
Any of the C18 class of steroid hormones, so named because of the estrus-generating properties in females. Biologically important estrogens include estradiol and estriol.

Feminization
The induction of female traits.

Gonadal sex
The sex of an individual as determined by the possession of either ovaries or testes. Females

have ovaries, whereas males have testes.

Hormone
An organic chemical messenger released from endocrine cells that travels through the blood to interact with target cells at some distance to cause a biological response.

Masculinization
The induction of male traits.

Maternal behavior
Parental behavior performed by the mother or other female.

Neurotransmitter
A chemical messenger that travels between neurons to provide communication. Some neurotransmitters, such as norepinephrine, can leak into the blood system and act as hormones.

Oxytocin
A peptide hormone secreted by the pituitary gland to trigger lactation, as well as social bonding.

Parental behavior
Behaviors performed in relation to one's offspring that contributes directly to the survival of those offspring

Paternal behavior
Parental behavior performed by the father or other male.

Progesterone
A primary progestin that is involved in pregnancy and mating behaviors.

Progestin
A class of C21 steroid hormones named for their progestational (pregnancy-supporting) effects. Progesterone is a common progestin.

Prohormone
A molecule that can act as a hormone itself or be converted into another hormone with different properties. For example, testosterone can serve as a hormone or as a prohormone for either dihydrotestosterone or estradiol.

Prolactin
A protein hormone that is highly conserved throughout the animal kingdom. It has many biological functions associated with reproduction and synergistic actions with steroid hormones.

Receptor
A chemical structure on the cell surface or inside of a cell that has an affinity for a specific chemical configuration of a hormone, neurotransmitter, or other compound.

Sex determination
The point at which an individual begins to develop as either a male or a female. In animals that have sex chromosomes, this occurs at fertilization. Females are XX and males are XY. All eggs bear X chromosomes, whereas sperm can either bear X or Y chromosomes. Thus, it is the males that determine the sex of the offspring.

Sex differentiation
The process by which individuals develop the characteristics associated with being male or female. Differential exposure to gonadal steroids during early development causes sexual differentiation of several structures including the brain.

Target cell
A cell that has receptors for a specific chemical messenger (hormone or neurotransmitter).

Testosterone
The primary androgen secreted by the testes of most vertebrate animals, including men.

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Chapter 4: Sensation & Perception

5
Sensation and Perception

Adam John Privitera

The topics of sensation and perception are among the oldest and most important in all of psychology. People are equipped with senses such as sight, hearing and taste that help us to take in the world around us. Amazingly, our senses have the ability to convert real-world information into electrical information that can be processed by the brain. The way we interpret this information-- our perceptions-- is what leads to our experiences of the world. In this module, you will learn about the biological processes of sensation and how these can be combined to create perceptions.

Learning Objectives

- Differentiate the processes of sensation and perception.
- Explain the basic principles of sensation and perception.
- Describe the function of each of our senses.
- Outline the anatomy of the sense organs and their projections to the nervous system.
- Apply knowledge of sensation and perception to real world examples.
- Explain the consequences of multimodal perception.

Introduction

Once I was hiking at Cape Lookout State Park in Tillamook, Oregon. After passing through a vibrantly colored, pleasantly scented, temperate rainforest, I arrived at a cliff overlooking

> the Pacific Ocean. I grabbed the cold metal railing near the edge and looked out at the sea. Below me, I could see a pod of sea lions swimming in the deep blue water. All around me I could smell the salt from the sea and the scent of wet, fallen leaves.

This description of a single memory highlights the way a person's senses are so important to our experience of the world around us.

Our senses combine to create our perceptions of the world [Image: Adam John Privitera]

Before discussing each of our extraordinary senses individually, it is necessary to cover some basic concepts that apply to all of them. It is probably best to start with one very important distinction that can often be confusing: the difference between sensation and perception. The *physical* process during which our sensory organs—those involved with hearing and taste, for example—respond to external stimuli is called **sensation**. Sensation happens when you eat noodles or feel the wind on your face or hear a car horn honking in the distance. During sensation, our sense organs are engaging in **transduction**, the conversion of one form of energy into another. Physical energy such as light or a sound wave is converted into a form of energy the brain can understand: electrical stimulation. After our brain receives the electrical signals, we make sense of all this stimulation and begin to appreciate the complex world around us. This *psychological* process—making sense of the stimuli—is called **perception**. It is during this process that you are able to *identify* a gas leak in your home or a song that reminds you of a specific afternoon spent with friends.

Regardless of whether we are talking about sight or taste or any of the individual senses, there are a number of basic principles that influence the way our sense organs work. The first of these influences is our ability to detect an external stimulus. Each sense organ—our eyes or tongue, for instance—requires a minimal amount of stimulation needed in order to detect a stimulus. This **absolute threshold** explains why you don't smell the perfume someone is wearing in a classroom unless they are somewhat close to you.

The way we measure absolute thresholds is by using a method called **signal detection**. This process involves presenting stimuli of varying intensities to a research participant in order to determine the level at which he or she can reliably detect stimulation in a given sense. During one type of hearing test, for example, a person listens to increasingly louder tones (starting

from silence) in an effort to determine the threshold at which he or she begins to hear (see Additional Resources for a video demonstration of a high-frequency ringtone that can only be heard by young people). Correctly indicating that a sound was heard is called a hit; failing to do so is called a miss. Additionally, indicating that a sound was heard when one wasn't played is called a false alarm, and correctly identifying when a sound wasn't played is a correct rejection.

Through these and other studies, we have been able to gain an understanding of just how remarkable our senses are. For example, the human eye is capable of detecting candlelight from 30 miles away in the dark. We are also capable of hearing the ticking of a watch in a quiet environment from 20 feet away. If you think that's amazing, I encourage you to read more about the extreme sensory capabilities of nonhuman animals; many animals possess what we would consider super-human abilities.

A similar principle to the absolute threshold discussed above underlies our ability to detect the difference between two stimuli of different intensities. The **differential threshold**, or **just noticeable difference (JND)**, for each sense has been studied using similar methods to signal detection. To illustrate, find a friend and a few objects of known weight (you'll need objects that weigh 1, 2, 10 and 11 lbs.—or in metric terms: 1, 2, 5 and 5.5 kg). Have your friend hold the lightest object (1 lb. or 1 kg). Then, replace this object with the next heaviest and ask him or her to tell you which one weighs more. Reliably, your friend will say the second object every single time. It's extremely easy to tell the difference when something weighs double what another weighs! However, it is not so easy when the difference is a smaller percentage of the overall weight. It will be much harder for your friend to reliably tell the difference between 10 and 11 lbs. (or 5 versus 5.5 kg) than it is for 1 and 2 lbs. This is phenomenon is called **Weber's Law**, and it is the idea that bigger stimuli require larger differences to be noticed.

Crossing into the world of perception, it is clear that our experience influences how our brain processes things. You have tasted food that you like and food that you don't like. There are some bands you enjoy and others you can't stand. However, during the time you first eat something or hear a band, you process those stimuli using **bottom-up processing**. This is when we build up to perception from the individual pieces. Sometimes, though, stimuli we've experienced in our past will influence how we process new ones. This is called **top-down processing**. The best way to illustrate these two concepts is with our ability to read. Read the following quote out loud:

Notice anything odd while you were reading the text in the triangle? Did you notice the second "the"? If not, it's likely because you were reading this from a top-down approach. Having a second "the" doesn't make sense. We know this. Our brain knows this and doesn't *expect* there

Figure 1. An example of stimuli processing.

to be a second one, so we have a tendency to skip right over it. In other words, your past experience has changed the way you perceive the writing in the triangle! A beginning reader —one who is using a bottom-up approach by carefully attending to each piece—would be less likely to make this error.

Finally, it should be noted that when we experience a sensory stimulus that doesn't change, we stop paying attention to it. This is why we don't feel the weight of our clothing, hear the hum of a projector in a lecture hall, or see all the tiny scratches on the lenses of our glasses. When a stimulus is constant and unchanging, we experience **sensory adaptation**. During this process we become less sensitive to that stimulus. A great example of this occurs when we leave the radio on in our car after we park it at home for the night. When we listen to the radio on the way home from work the volume seems reasonable. However, the next morning when we start the car, we might be startled by how loud the radio is. We don't remember it being that loud last night. What happened? What happened is that we adapted to the constant stimulus of the radio volume over the course of the previous day. This required us to continue to turn up the volume of the radio to combat the constantly decreasing sensitivity. However, after a number of hours away from that constant stimulus, the volume that was once reasonable is entirely too loud. We are no longer adapted to that stimulus!

Now that we have introduced some basic sensory principles, let us take on each one of our fascinating senses individually.

Vision

How vision works

Vision is a tricky matter. When we see a pizza, a feather, or a hammer, we are actually seeing light bounce off that object and into our eye. Light enters the eye through the pupil, a tiny opening behind the cornea. The pupil regulates the amount of light entering the eye by contracting (getting smaller) in bright light and dilating (getting larger) in dimmer light. Once past the pupil, light passes through the lens, which focuses an image on a thin layer of cells in the back of the eye, called the **retina**.

Because we have two eyes in different locations, the image focused on each retina is from a slightly different angle (**binocular disparity**), providing us with our perception of 3D space (**binocular vision**). You can appreciate this by holding a pen in your hand, extending your arm in front of your face, and looking at the pen while closing each eye in turn. Pay attention to the apparent position of the pen relative to objects in the background. Depending on which eye is open, the pen appears to jump back and forth! This is how video game manufacturers create the perception of 3D without special glasses; two slightly different images are presented on top of one another.

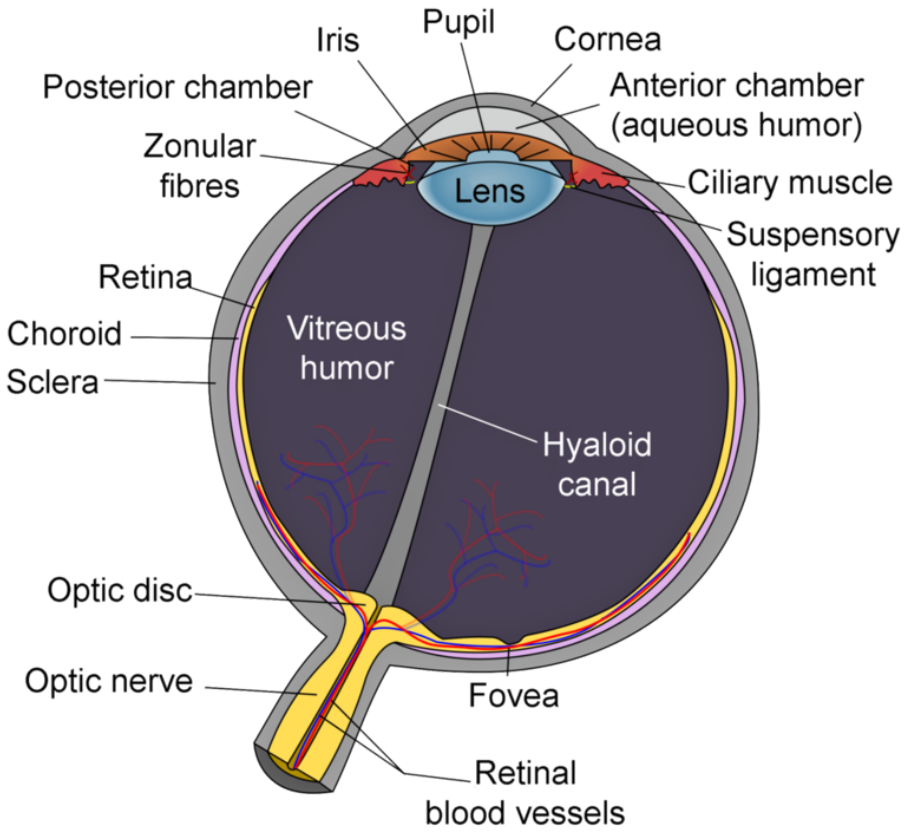

Figure 2. Diagram of the human eye. Notice the Retina, labeled here: this is the location of the Cones and Rods in the eye [Image: wikimedia commons].

It is in the retina that light is transduced, or converted into electrical signals, by specialized cells called photoreceptors. The retina contains two main kinds of photoreceptors: **rods** and **cones**. Rods are primarily responsible for our ability to see in dim light conditions, such as during the night. Cones, on the other hand, provide us with the ability to see color and fine detail when the light is brighter. Rods and cones differ in their distribution across the retina, with the highest concentration of cones found in the fovea (the central region of focus), and rods dominating the periphery (see Figure 2). The difference in distribution can explain why looking directly at a dim star in the sky makes it seem to disappear; there aren't enough rods to process the dim light!

Next, the electrical signal is sent through a layer of cells in the retina, eventually traveling down the optic nerve. After passing through the thalamus, this signal makes it to the **primary visual cortex**, where information about light orientation and movement begin to come together (Hubel & Wiesel, 1962). Information is then sent to a variety of different areas of the cortex for more complex processing. Some of these cortical regions are fairly specialized—for example, for processing faces (fusiform face area) and body parts (extrastriate body area). Damage to these areas of the cortex can potentially result in a specific kind of **agnosia**, whereby a person loses the ability to perceive visual stimuli. A great example of this is illustrated in the writing of famous neurologist Dr. Oliver Sacks; he experienced *prosopagnosia*, the inability to recognize faces. These specialized regions for visual recognition comprise the **ventral pathway** (also called the "what" pathway). Other areas involved in processing location and movement make up the **dorsal pathway** (also called the "where" pathway). Together, these pathways process a large amount of information about visual stimuli (Goodale & Milner, 1992). Phenomena we often refer to as optical illusions provide misleading information to these "higher" areas of visual processing (see Additional Resources for websites containing amazing optical illusions).

Dark and light adaptation

Humans have the ability to adapt to changes in light conditions. As mentioned before, rods are primarily involved in our ability to see in dim light. They are the photoreceptors responsible for allowing us to see in a dark room. You might notice that this night vision ability takes around 10 minutes to turn on, a process called **dark adaptation**. This is because our rods become bleached in normal light conditions and require time to recover. We experience the opposite effect when we leave a dark movie theatre and head out into the afternoon sun. During **light adaptation**, a large number of rods and cones are bleached at once, causing us to be blinded for a few seconds. Light adaptation happens almost instantly compared with dark adaptation. Interestingly, some people think pirates wore a patch over one eye in order

to keep it adapted to the dark while the other was adapted to the light. If you want to turn on a light without losing your night vision, don't worry about wearing an eye patch, just use a red light; this wavelength doesn't bleach your rods.

Color vision

Figure 3. State at the center of the Canadian flag for fifteen seconds. Then, shift your eyes away to a white wall or blank piece of paper. You should see an "after image" in a different color scheme.

Our cones allow us to see details in normal light conditions, as well as color. We have cones that respond *preferentially,* not exclusively, for red, green and blue (Svaetichin, 1955). This **trichromatic theory** is not new; it dates back to the early 19th century (Young, 1802; Von Helmholtz, 1867). This theory, however, does not explain the odd effect that occurs when we look at a white wall after staring at a picture for around 30 seconds. Try this: stare at the image of the flag in Figure 3 for 30 seconds and then immediately look at a sheet of white paper or a wall. According to the trichromatic theory of color vision, you should see white when you do that. Is that what you experienced? As you can see, the trichromatic theory doesn't explain the *afterimage* you just witnessed. This is where the **opponent-process theory** comes in (Hering, 1920). This theory states that our cones send information to *retinal ganglion cells* that respond to *pairs* of colors (red-green, blue-yellow, black-white). These specialized cells take information from the cones and compute the difference between the two colors—a process that explains why we cannot see reddish-green or bluish-yellow, as well as why we see afterimages. Color blindness can result from issues with the cones or retinal ganglion cells involved in color vision.

Hearing (Audition)

Some of the most well-known celebrities and top earners in the world are musicians. Our worship of musicians may seem silly when you consider that all they are doing is vibrating the air a certain way to create **sound waves**, the physical stimulus for **audition**.

People are capable of getting a large amount of information from the basic qualities of sound waves. The *amplitude* (or intensity) of a sound wave codes for the loudness of a stimulus;

higher amplitude sound waves result in louder sounds. The *pitch* of a stimulus is coded in the *frequency* of a sound wave; higher frequency sounds are higher pitched. We can also gauge the quality, or *timbre*, of a sound by the complexity of the sound wave. This allows us to tell the difference between bright and dull sounds as well as natural and synthesized instruments (Välimäki & Takala, 1996).

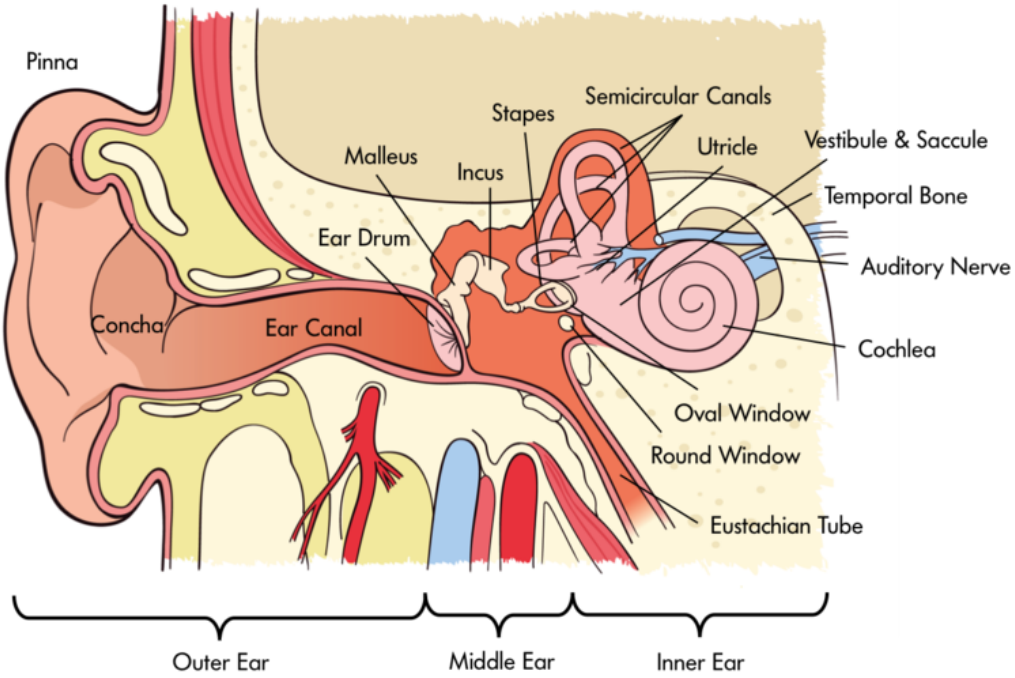

Figure 4. Diagram of the human ear. Notice the Cochlea labeled here: it is the location of the auditory Hair Cells that are tonotopically organized.

In order for us to sense sound waves from our environment they must reach our inner ear. Lucky for us, we have evolved tools that allow those waves to be funneled and amplified during this journey. Initially, sound waves are funneled by your **pinna** (the external part of your ear that you can actually see) into your **auditory canal** (the hole you stick Q-tips into despite the box advising against it). During their journey, sound waves eventually reach a thin, stretched membrane called the **tympanic membrane** (eardrum), which vibrates against the three smallest bones in the body—the malleus (hammer), the incus (anvil), and the stapes (stirrup)—collectively called the **ossicles**. Both the tympanic membrane and the ossicles amplify the sound waves before they enter the fluid-filled **cochlea**, a snail-shell-like bone structure containing **auditory hair cells** arranged on the basilar membrane (see Figure 4) according to the frequency they respond to (called tonotopic organization). Depending on age, humans can normally detect sounds between 20 Hz and 20 kHz. It is inside the cochlea

that sound waves are converted into an electrical message.

Because we have an ear on each side of our head, we are capable of localizing sound in 3D space pretty well (in the same way that having two eyes produces 3D vision). Have you ever dropped something on the floor without seeing where it went? Did you notice that you were somewhat capable of locating this object based on the sound it made when it hit the ground? We can reliably locate something based on which ear receives the sound first. What about the height of a sound? If both ears receive a sound at the same time, how are we capable of localizing sound vertically? Research in cats (Populin & Yin, 1998) and humans (Middlebrooks & Green, 1991) has pointed to differences in the quality of sound waves depending on vertical positioning.

After being processed by auditory hair cells, electrical signals are sent through the *cochlear nerve* (a division of the vestibulocochlear nerve) to the thalamus, and then the **primary auditory cortex** of the temporal lobe. Interestingly, the tonotopic organization of the cochlea is maintained in this area of the cortex (Merzenich, Knight, & Roth, 1975; Romani, Williamson, & Kaufman, 1982). However, the role of the primary auditory cortex in processing the wide range of features of sound is still being explored (Walker, Bizley, & Schnupp, 2011).

Balance and the vestibular system

The inner ear isn't only involved in hearing; it's also associated with our ability to balance and detect where we are in space. The **vestibular system** is comprised of three semicircular canals —fluid-filled bone structures containing cells that respond to changes in the head's orientation in space. Information from the vestibular system is sent through the vestibular nerve (the other division of the vestibulocochlear nerve) to muscles involved in the movement of our eyes, neck, and other parts of our body. This information allows us to maintain our gaze on an object while we are in motion. Disturbances in the vestibular system can result in issues with balance, including vertigo.

Touch

Who doesn't love the softness of an old t-shirt or the smoothness of a clean shave? Who actually enjoys having sand in their swimsuit? Our skin, the body's largest organ, provides us with all sorts of information, such as whether something is smooth or bumpy, hot or cold, or even if it's painful. **Somatosensation**—which includes our ability to sense touch, temperature and pain—transduces physical stimuli, such as fuzzy velvet or scalding water, into electrical potentials that can be processed by the brain.

Tactile sensation

Tactile stimuli—those that are associated with texture—are transduced by special receptors in the skin called **mechanoreceptors**. Just like photoreceptors in the eye and auditory hair cells in the ear, these allow for the conversion of one kind of energy into a form the brain can understand.

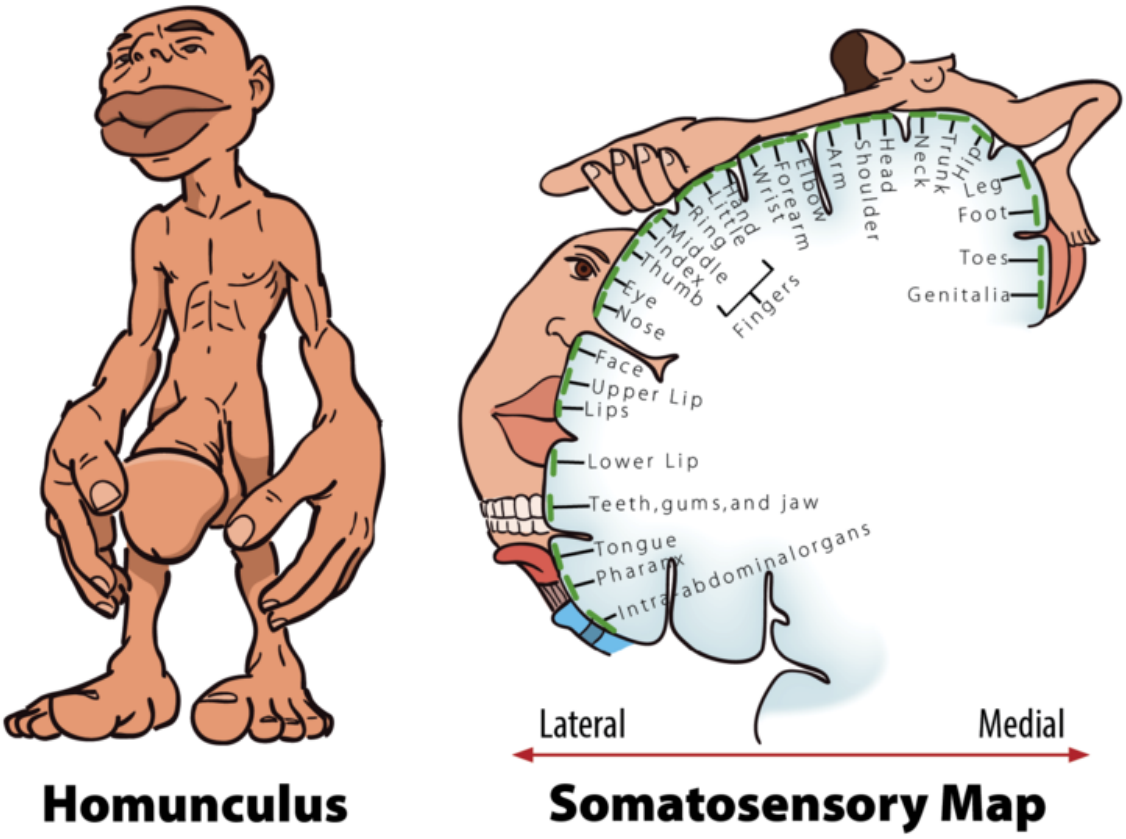

Figure 5. The Homunculus (Latin "little man") – on the left you see a human body drawn to demonstrate the areas that possess the most sensitivity – lips, hands, genitals and feet. On the right you see the drawing of the somatosensory cortex in the brain and the areas in the human body that correspond to it - they are also drawn in proportion to the most sensitive or the most innervated parts of the body.

After tactile stimuli are converted by mechanoreceptors, information is sent through the thalamus to the **primary somatosensory cortex** for further processing. This region of the cortex is organized in a **somatotopic map** where different regions are sized based on the sensitivity of specific parts on the opposite side of the body (Penfield & Rasmussen, 1950).

Put simply, various areas of the skin, such as lips and fingertips, are more sensitive than others, such as shoulders or ankles. This sensitivity can be represented with a homunculus (small human) shown in Figure 5.

Pain

Most people, if asked, would love to get rid of pain (**nociception**), because the sensation is very unpleasant and doesn't appear to have obvious value. But the perception of pain is our body's way of sending us a signal that something is wrong and needs our attention. Without pain, how would we know when we are accidentally touching a hot stove, or that we should rest a strained arm after a hard workout?

Phantom limbs

Records of people experiencing **phantom limbs** after amputations have been around for centuries (Mitchell, 1871). As the name suggests, people with a phantom limb have the sensations such as itching seemingly coming from their missing limb. A phantom limb can also involve **phantom limb pain**, sometimes described as the muscles of the missing limb uncomfortably clenching. While the mechanisms underlying these phenomena are not fully understood, there is evidence to support that the damaged nerves from the amputation site are still sending information to the brain (Weinstein, 1998) and that the brain is reacting to this information (Ramachandran & Rogers-Ramachandran, 2000). There is an interesting treatment for the alleviation of phantom limb pain that works by tricking the brain, using a special mirror box to create a visual representation of the missing limb. The technique allows the patient to manipulate this representation into a more comfortable position (Ramachandran & Rogers-Ramachandran, 1996).

Smell and Taste: The Chemical Senses

The two most underappreciated senses can be lumped into the broad category of **chemical senses**. Both **olfaction** (smell) and **gustation** (taste) require the transduction of chemical stimuli into electrical potentials. I say these senses are underappreciated because most people would give up either one of these if they were forced to give up a sense. While this may not shock a lot of readers, take into consideration how much money people spend on the perfume industry annually ($29 billion US Dollars). Many of us pay a lot more for a favorite brand of food because we prefer the taste. Clearly, we humans care about our chemical senses.

Olfaction (smell)

Unlike any of the other senses discussed so far, the receptors involved in our perception of both smell and taste bind directly with the stimuli they transduce. **Odorants** in our environment, very often mixtures of them, bind with olfactory receptors found in the **olfactory epithelium**. The binding of odorants to receptors is thought to be similar to how a lock and key operates, with different odorants binding to different specialized receptors based on their shape. However, the **shape theory of olfaction** isn't universally accepted and alternative theories exist, including one that argues that the vibrations of odorant molecules correspond to their subjective smells (Turin, 1996). Regardless of how odorants bind with receptors, the result is a pattern of neural activity. It is thought that our memories of these patterns of activity underlie our subjective experience of smell (Shepherd, 2005). Interestingly, because olfactory receptors send projections to the brain through the *cribriform plate* of the skull, head trauma has the potential to cause **anosmia**, due to the severing of these connections. If you are in a line of work where you constantly experience head trauma (e.g. professional boxer) and you develop anosmia, don't worry—your sense of smell will probably come back (Sumner, 1964).

Gustation (taste)

Taste works in a similar fashion to smell, only with receptors found in the taste buds of the tongue, called **taste receptor cells**. To clarify a common misconception, taste buds are not the bumps on your tongue (papillae), but are located in small divots around these bumps. These receptors also respond to chemicals from the outside environment, except these chemicals, called **tastants**, are contained in the foods we eat. The binding of these chemicals with taste receptor cells results in our perception of the five basic tastes: sweet, sour, bitter, salty and umami (savory)—although some scientists argue that there are more (Stewart et al., 2010). Researchers used to think these tastes formed the basis for a map-like organization of the tongue; there was even a clever rationale for the concept, about how the back of the tongue sensed bitter so we would know to spit out poisons, and the front of the tongue sensed sweet so we could identify high-energy foods. However, we

Ghost Pepper, also known as Bhut Jolokia is one of the hottest peppers in the world, it's 10 times hotter than a habañero, and 400 times hotter than tabasco sauce. What, do you think would happen to your taste receptor cells if you took a bite out of this little guy? [Image: Sally Crossthwaite]

now know that all areas of the tongue with taste receptor cells are capable of responding to every taste (Chandrashekar, Hoon, Ryba, & Zuker, 2006).

During the process of eating we are not limited to our sense of taste alone. While we are chewing, food odorants are forced back up to areas that contain olfactory receptors. This combination of taste and smell gives us the perception of **flavor**. If you have doubts about the interaction between these two senses, I encourage you to think back to consider how the flavors of your favorite foods are impacted when you have a cold; everything is pretty bland and boring, right?

Putting it all Together: Multimodal Perception

Though we have spent the majority of this module covering the senses individually, our real-world experience is most often multimodal, involving combinations of our senses into one perceptual experience. This should be clear after reading the description of walking through the forest at the beginning of the module; it was the combination of senses that allowed for that experience. It shouldn't shock you to find out that at some point information from each of our senses becomes integrated. Information from one sense has the potential to influence how we perceive information from another, a process called **multimodal perception**.

Interestingly, we actually respond more strongly to multimodal stimuli compared to the sum of each single modality together, an effect called the **superadditive effect of multisensory integration**. This can explain how you're still able to understand what friends are saying to you at a loud concert, as long as you are able to get visual cues from watching them speak. If you were having a quiet conversation at a café, you likely wouldn't need these additional cues. In fact, the **principle of inverse effectiveness** states that you are *less* likely to benefit from additional cues from other modalities if the initial unimodal stimulus is strong enough (Stein & Meredith, 1993).

Because we are able to process multimodal sensory stimuli, and the results of those processes are qualitatively different from those of unimodal stimuli, it's a fair assumption that the brain is doing something qualitatively different when they're being processed. There has been a growing body of evidence since the mid-90's on the neural correlates of multimodal perception. For example, neurons that respond to both visual and auditory stimuli have been identified in the *superior temporal sulcus* (Calvert, Hansen, Iversen, & Brammer, 2001). Additionally, multimodal "what" and "where" pathways have been proposed for auditory and tactile stimuli (Renier et al., 2009). We aren't limited to reading about these regions of the brain and what they do; we can experience them with a few interesting examples (see

Additional Resources for the “McGurk Effect,” the “Double Flash Illusion,” and the “Rubber Hand Illusion”).

Conclusion

Our impressive sensory abilities allow us to experience the most enjoyable and most miserable experiences, as well as everything in between. Our eyes, ears, nose, tongue and skin provide an interface for the brain to interact with the world around us. While there is simplicity in covering each sensory modality independently, we are organisms that have evolved the ability to process multiple modalities as a unified experience.

Outside Resources

Audio: Auditory Demonstrations from Richard Warren's lab at the University of Wisconsin, Milwaukee
http://www4.uwm.edu/APL/demonstrations.html

Audio: Auditory Demonstrations. CD published by the Acoustical Society of America (ASA). You can listen to the demonstrations here
http://www.feilding.net/sfuad/musi3012-01/demos/audio/

Book: Ackerman, D. (1990). A natural history of the senses. Vintage.
http://www.dianeackerman.com/a-natural-history-of-the-senses-by-diane-ackerman

Book: Sacks, O. (1998). The man who mistook his wife for a hat: And other clinical tales. Simon and Schuster.
http://www.oliversacks.com/books-by-oliver-sacks/man-mistook-wife-hat/

Video: Acquired knowledge and its impact on our three-dimensional interpretation of the world - 3D Street Art
https://youtu.be/GwNeukAmxJw

Video: Acquired knowledge and its impact on our three-dimensional interpretation of the world - Anamorphic Illusions
https://youtu.be/tBNHPk-Lnkk

Video: Acquired knowledge and its impact on our three-dimensional interpretation of the world - Optical Illusion
https://youtu.be/YjmHofJ2da0

Video: Cybersenses
https://www.youtube.com/watch?v=_8rPD6xLB4A

Video: Seeing Sound, Tasting Color
https://www.youtube.com/watch?v=FTr1VnXKr4A

Video: The Phantom Limb Phenomenon
https://www.youtube.com/watch?v=1mHIv5ToMTM

Web: A regularly updated website covering some of the amazing sensory capabilities of non-human animals.
http://phenomena.nationalgeographic.com/category/animal-senses/

Web: A special ringtone that is only audible to younger people.
https://www.youtube.com/watch?v=IrewnzQYrPI

Web: Amazing library with visual phenomena and optical illusions, explained
http://michaelbach.de/ot/index.html

Web: An article on the discoveries in echolocation: the use of sound in locating people and things
http://www.psychologicalscience.org/index.php/publications/observer/2015/december-15/using-sound-to-get-around.html

Web: An optical illusion demonstration the opponent-process theory of color vision.
https://www.youtube.com/watch?v=qA2brNUo7WA

Web: Anatomy of the eye
http://www.eyecareamerica.org/eyecare/anatomy/

Web: Animation showing tonotopic organization of the basilar membrane.
https://www.youtube.com/watch?v=dyenMluFaUw

Web: Best Illusion of the Year Contest website
http://illusionoftheyear.com/

Web: Demonstration of contrast gain adaptation
http://www.michaelbach.de/ot/lum_contrast-adapt/

Web: Demonstration of illusory contours and lateral inhibition. Mach bands
http://michaelbach.de/ot/lum-MachBands/index.html

Web: Demonstration of illusory contrast and lateral inhibition. The Hermann grid
http://michaelbach.de/ot/lum_herGrid/

Web: Demonstrations and illustrations of cochlear mechanics can be found here
http://lab.rockefeller.edu/hudspeth/graphicalSimulations

Web: Double Flash Illusion
https://vimeo.com/39138252

Web: Further information regarding what and where/how pathways
http://www.scholarpedia.org/article/What_and_where_pathways

Web: Great website with a large collection of optical illusions
http://www.michaelbach.de/ot/

Web: McGurk Effect Video
https://www.youtube.com/watch?v=G-lN8vWm3m0

Web: More demonstrations and illustrations of cochlear mechanics
http://www.neurophys.wisc.edu/animations/

Web: Scientific American Frontiers: Cybersenses
http://www.pbs.org/saf/1509/

Web: The Genetics of Taste
http://www.smithsonianmag.com/arts-culture/the-genetics-of-taste-88797110/?no-ist

Web: The Monell Chemical Sense Center website
http://www.monell.org/

Web: The Rubber Hand Illusion
https://www.youtube.com/watch?v=sxwn1w7MJvk

Web: The Tongue Map: Tasteless Myth Debunked
http://www.livescience.com/7113-tongue-map-tasteless-myth-debunked.html

Discussion Questions

1. There are a number of myths that exist about the sensory capabilities of infants. How would you design a study to determine what the true sensory capabilities of infants are?
2. A well-documented phenomenon experienced by millennials is the phantom vibration of a cell phone when no actual text message has been received. How can we use signal detection theory to explain this?

3. What physical features would an organism need in order to be really good at localizing sound in 3D space? Are there any organisms that currently excel in localizing sound? What features allow them to do this?
4. What issues would exist with visual recognition of an object if a research participant had his/her corpus callosum severed? What would you need to do in order to observe these deficits?

Vocabulary

Absolute threshold
The smallest amount of stimulation needed for detection by a sense.

Agnosia
Loss of the ability to perceive stimuli.

Anosmia
Loss of the ability to smell.

Audition
Ability to process auditory stimuli. Also called hearing.

Auditory canal
Tube running from the outer ear to the middle ear.

Auditory hair cells
Receptors in the cochlea that transduce sound into electrical potentials.

Binocular disparity
Difference is images processed by the left and right eyes.

Binocular vision
Our ability to perceive 3D and depth because of the difference between the images on each of our retinas.

Bottom-up processing
Building up to perceptual experience from individual pieces.

Chemical senses
Our ability to process the environmental stimuli of smell and taste.

Cochlea
Spiral bone structure in the inner ear containing auditory hair cells.

Cones
Photoreceptors of the retina sensitive to color. Located primarily in the fovea.

Dark adaptation
Adjustment of eye to low levels of light.

Differential threshold
The smallest difference needed in order to differentiate two stimuli. (See Just Noticeable Difference (JND))

Dorsal pathway
Pathway of visual processing. The “where” pathway.

Flavor
The combination of smell and taste.

Gustation
Ability to process gustatory stimuli. Also called taste.

Just noticeable difference (JND)
The smallest difference needed in order to differentiate two stimuli. (see Differential Threshold)

Light adaptation
Adjustment of eye to high levels of light.

Mechanoreceptors
Mechanical sensory receptors in the skin that response to tactile stimulation.

Multimodal perception
The effects that concurrent stimulation in more than one sensory modality has on the perception of events and objects in the world.

Nociception
Our ability to sense pain.

Odorants
Chemicals transduced by olfactory receptors.

Olfaction
Ability to process olfactory stimuli. Also called smell.

Olfactory epithelium
Organ containing olfactory receptors.

Opponent-process theory
Theory proposing color vision as influenced by cells responsive to pairs of colors.

Ossicles
A collection of three small bones in the middle ear that vibrate against the tympanic membrane.

Perception
The psychological process of interpreting sensory information.

Phantom limb
The perception that a missing limb still exists.

Phantom limb pain
Pain in a limb that no longer exists.

Pinna
Outermost portion of the ear.

Primary auditory cortex
Area of the cortex involved in processing auditory stimuli.

Primary somatosensory cortex
Area of the cortex involved in processing somatosensory stimuli.

Primary visual cortex
Area of the cortex involved in processing visual stimuli.

Principle of inverse effectiveness
The finding that, in general, for a multimodal stimulus, if the response to each unimodal component (on its own) is weak, then the opportunity for multisensory enhancement is very large. However, if one component—by itself—is sufficient to evoke a strong response, then the effect on the response gained by simultaneously processing the other components of the stimulus will be relatively small.

Retina

Cell layer in the back of the eye containing photoreceptors.

Rods
Photoreceptors of the retina sensitive to low levels of light. Located around the fovea.

Sensation
The physical processing of environmental stimuli by the sense organs.

Sensory adaptation
Decrease in sensitivity of a receptor to a stimulus after constant stimulation.

Shape theory of olfaction
Theory proposing that odorants of different size and shape correspond to different smells.

Signal detection
Method for studying the ability to correctly identify sensory stimuli.

Somatosensation
Ability to sense touch, pain and temperature.

Somatotopic map
Organization of the primary somatosensory cortex maintaining a representation of the arrangement of the body.

Sound waves
Changes in air pressure. The physical stimulus for audition.

Superadditive effect of multisensory integration
The finding that responses to multimodal stimuli are typically greater than the sum of the independent responses to each unimodal component if it were presented on its own.

Tastants
Chemicals transduced by taste receptor cells.

Taste receptor cells
Receptors that transduce gustatory information.

Top-down processing
Experience influencing the perception of stimuli.

Transduction
The conversion of one form of energy into another.

Trichromatic theory
Theory proposing color vision as influenced by three different cones responding preferentially to red, green and blue.

Tympanic membrane
Thin, stretched membrane in the middle ear that vibrates in response to sound. Also called the eardrum.

Ventral pathway
Pathway of visual processing. The “what” pathway.

Vestibular system
Parts of the inner ear involved in balance.

Weber’s law
States that just noticeable difference is proportional to the magnitude of the initial stimulus.

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Chapter 5: Learning & Behavior

6
Conditioning and Learning

Mark E. Bouton

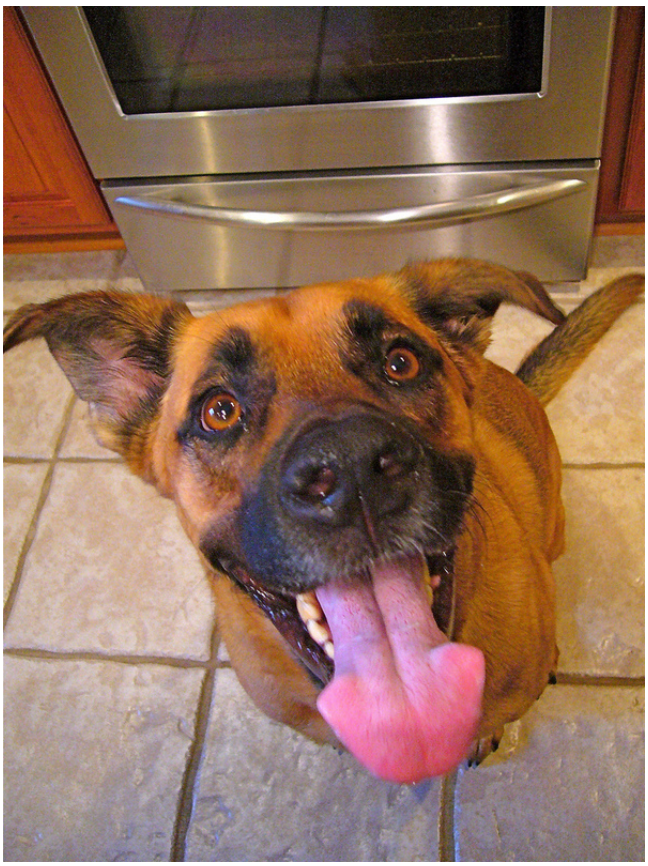
Basic principles of learning are always operating and always influencing human behavior. This module discusses the two most fundamental forms of learning—classical (Pavlovian) and instrumental (operant) conditioning. Through them, we respectively learn to associate 1) stimuli in the environment, or 2) our own behaviors, with significant events, such as rewards and punishments. The two types of learning have been intensively studied because they have powerful effects on behavior, and because they provide methods that allow scientists to analyze learning processes rigorously. This module describes some of the most important things you need to know about classical and instrumental conditioning, and it illustrates some of the many ways they help us understand normal and disordered behavior in humans. The module concludes by introducing the concept of observational learning, which is a form of learning that is largely distinct from classical and operant conditioning.

Learning Objectives

- Distinguish between classical (Pavlovian) conditioning and instrumental (operant) conditioning.
- Understand some important facts about each that tell us how they work.
- Understand how they work separately and together to influence human behavior in the world outside the laboratory.
- Students will be able to list the four aspects of observational learning according to Social Learning Theory.

Two Types of Conditioning

Although Ivan Pavlov won a Nobel Prize for studying digestion, he is much more famous for something else: working with a dog, a bell, and a bowl of saliva. Many people are familiar with the classic study of "Pavlov's dog," but rarely do they understand the significance of its discovery. In fact, Pavlov's work helps explain why some people get anxious just looking at a crowded bus, why the sound of a morning alarm is so hated, and even why we swear off certain foods we've only tried once. Classical (or Pavlovian) conditioning is one of the fundamental ways we learn about the world around us. But it is far more than just a theory of learning; it is also arguably a theory of identity. For, once you understand classical conditioning, you'll recognize that your favorite music, clothes, even political candidate, might all be a result of the same process that makes a dog drool at the sound of bell.



The Pavlov in All of Us: Does your dog learn to beg for food because you reinforce her by feeding her from the table? [Photo: dbmease]

Around the turn of the 20th century, scientists who were interested in understanding the behavior of animals and humans began to appreciate the importance of two very basic forms of learning. One, which was first studied by the Russian physiologist Ivan Pavlov, is known as **classical**, or **Pavlovian conditioning**. In his famous experiment, Pavlov rang a bell and then gave a dog some food. After repeating this pairing multiple times, the dog eventually treated the bell as a signal for food, and began salivating in anticipation of the treat. This kind of result has been reproduced in the lab using a wide range of signals (e.g., tones, light, tastes, settings) paired with many different events besides food (e.g., drugs, shocks, illness; see below).

We now believe that this same learning process is engaged, for example, when humans associate a drug they've taken with the environment in which they've taken it; when they associate a stimulus (e.g., a symbol for vacation, like a big beach towel) with an emotional event (like a burst of happiness); and

when they associate the flavor of a food with getting food poisoning. Although classical conditioning may seem "old" or "too simple" a theory, it is still widely studied today for at least two reasons: First, it is a straightforward test of associative learning that can be used to study other, more complex behaviors. Second, because classical conditioning is always occurring in our lives, its effects on behavior have important implications for understanding normal and disordered behavior in humans.

In a general way, classical conditioning occurs whenever neutral stimuli are associated with psychologically significant events. With food poisoning, for example, although having fish for dinner may not normally be something to be concerned about (i.e., a "neutral stimuli"), if it causes you to get sick, you will now likely associate that neutral stimuli (the fish) with the psychologically significant event of getting sick. These paired events are often described using terms that can be applied to any situation.

The dog food in Pavlov's experiment is called the **unconditioned stimulus (US)** because it elicits an **unconditioned response (UR)**. That is, without any kind of "training" or "teaching," the stimulus produces a natural or instinctual reaction. In Pavlov's case, the food (US) automatically makes the dog drool (UR). Other examples of unconditioned stimuli include loud noises (US) that startle us (UR), or a hot shower (US) that produces pleasure (UR).

On the other hand, a conditioned stimulus produces a conditioned response. A **conditioned stimulus (CS)** is a signal that has no importance to the organism until it is paired with something that does have importance. For example, in Pavlov's experiment, the bell is the conditioned stimulus. Before the dog has learned to associate the bell (CS) with the presence of food (US), hearing the bell means nothing to the dog. However, after multiple pairings of the bell with the presentation of food, the dog starts to drool at the sound of the bell. This drooling in response to the bell is the **conditioned response (CR)**. Although it can be confusing, the conditioned response is almost always the same as the unconditioned response. However, it is called the conditioned response because it is conditional on (or, depends on) being paired with the conditioned stimulus (e.g., the bell). To help make this clearer, consider becoming really hungry when you see the logo for a fast food restaurant. There's a good chance you'll start salivating. Although it is the actual eating of the food (US) that normally produces the salivation (UR), simply seeing the restaurant's logo (CS) can trigger the same reaction (CR).

Another example you are probably very familiar with involves your alarm clock. If you're like most people, waking up early usually makes you unhappy. In this case, waking up early (US) produces a natural sensation of grumpiness (UR). Rather than waking up early on your own, though, you likely have an alarm clock that plays a tone to wake you. Before setting your alarm to that particular tone, let's imagine you had neutral feelings about it (i.e., the tone had no

prior meaning for you). However, now that you use it to wake up every morning, you psychologically "pair" that tone (CS) with your feelings of grumpiness in the morning (UR). After enough pairings, this tone (CS) will automatically produce your natural response of grumpiness (CR). Thus, this linkage between the unconditioned stimulus (US; waking up early) and the conditioned stimulus (CS; the tone) is so strong that the unconditioned response (UR; being grumpy) will become a conditioned response (CR; e.g., hearing the tone at any point in the day—whether waking up or walking down the street—will make you grumpy). Modern studies of classical conditioning use a very wide range of CSs and USs and measure a wide range of conditioned responses.

Receiving a reward can condition you toward certain behaviors. For example, when you were a child, your mother may have offered you this deal: "Don't make a fuss when we're in the supermarket and you'll get a treat on the way out." [Photo: dalioPhoto]

Although classical conditioning is a powerful explanation for how we learn many different things, there is a second form of conditioning that also helps explain how we learn. First studied by Edward Thorndike, and later extended by B. F. Skinner, this second type of conditioning is known as **instrumental** or **operant conditioning**. Operant conditioning occurs when a *behavior* (as opposed to a stimulus) is associated with the occurrence of a significant event. In the best-known example, a rat in a laboratory learns to press a lever in a cage (called a "Skinner box") to receive food. Because the rat has no "natural" association between pressing a lever and getting food, the rat has to learn this connection. At first, the rat may simply explore its cage, climbing on top of things, burrowing under things, in search of food. Eventually while poking around its cage, the rat accidentally presses the lever, and a food pellet drops in. This voluntary behavior is called an **operant** behavior, because it "operates" on the environment (i.e., it is an action that the animal itself makes).

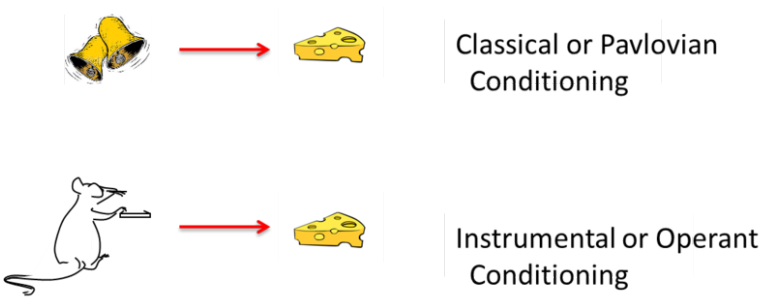
Now, once the rat recognizes that it receives a piece of food every time it presses the lever, the behavior of lever-pressing becomes reinforced. That is, the food pellets serve as **reinforcer**s because they strengthen the rat's desire to engage with the environment in this particular manner. In a parallel example, imagine that you're playing a street-racing video

game. As you drive through one city course multiple times, you try a number of different streets to get to the finish line. On one of these trials, you discover a shortcut that dramatically improves your overall time. You have learned this new path through operant conditioning. That is, by engaging with your environment (operant responses), you performed a sequence of behaviors that that was positively reinforced (i.e., you found the shortest distance to the finish line). And now that you've learned how to drive this course, you will perform that same sequence of driving behaviors (just as the rat presses on the lever) to receive your reward of a faster finish.

Operant conditioning research studies how the effects of a behavior influence the probability that it will occur again. For example, the effects of the rat's lever-pressing behavior (i.e., receiving a food pellet) influences the probability that it will keep pressing the lever. For, according to Thorndike's **law of effect**, when a behavior has a positive (satisfying) effect or consequence, it is likely to be repeated in the future. However, when a behavior has a negative (painful/annoying) consequence, it is less likely to be repeated in the future. Effects that increase behaviors are referred to as reinforcers, and effects that decrease them are referred to as **punishers**.

An everyday example that helps to illustrate operant conditioning is striving for a good grade in class—which could be considered a reward for students (i.e., it produces a positive emotional response). In order to get that reward (similar to the rat learning to press the lever), the student needs to modify his/her behavior. For example, the student may learn that speaking up in class gets him/her participation points (a reinforcer), so the student speaks up repeatedly. However, the student also learns that s/he shouldn't speak up about just anything; talking about topics unrelated to school actually costs points. Therefore, through the student's freely chosen behaviors, s/he learns which behaviors are reinforced and which are punished.

An important distinction of operant conditioning is that it provides a method for studying how consequences influence "voluntary" behavior. The rat's decision to press the lever is voluntary, in the sense that the rat is free to make and repeat that response whenever it wants. Classical conditioning, on the other hand, is just the opposite—depending instead on "involuntary" behavior (e.g., the dog doesn't choose to drool; it just does). So, whereas the rat must actively participate and perform



[Image: Bernard W. Balleine]

some kind of behavior to attain its reward, the dog in Pavlov's experiment is a passive participant. One of the lessons of operant conditioning research, then, is that voluntary behavior is strongly influenced by its consequences.

The illustration on the left summarizes the basic elements of classical and instrumental conditioning. The two types of learning differ in many ways. However, modern thinkers often emphasize the fact that they differ—as illustrated here—in *what* is learned. In classical conditioning, the animal behaves as if it has learned to associate a *stimulus* with a significant event. In operant conditioning, the animal behaves as if it has learned to associate a *behavior* with a significant event. Another difference is that the response in the classical situation (e.g., salivation) is *elicited* by a stimulus that comes before it, whereas the response in the operant case is not elicited by any particular stimulus. Instead, operant responses are said to be *emitted*. The word "emitted" further conveys the idea that operant behaviors are essentially voluntary in nature.

Understanding classical and operant conditioning provides psychologists with many tools for understanding learning and behavior in the world outside the lab. This is in part because the two types of learning occur continuously throughout our lives. It has been said that "much like the laws of gravity, the laws of learning are always in effect" (Spreat & Spreat, 1982).

Useful Things to Know about Classical Conditioning

Classical Conditioning Has Many Effects on Behavior

A classical CS (e.g., the bell) does not merely elicit a simple, unitary reflex. Pavlov emphasized salivation because that was the only response he measured. But his bell almost certainly elicited a whole *system* of responses that functioned to get the organism ready for the upcoming US (food) (see Timberlake, 2001). For example, in addition to salivation, CSs (such as the bell) that signal that food is near also elicit the secretion of gastric acid, pancreatic enzymes, and insulin (which gets blood glucose into cells). All of these responses prepare the body for digestion. Additionally, the CS elicits approach behavior and a state of excitement. And presenting a CS for food can also cause animals whose stomachs are full to eat more food if it is available. In fact, food CSs are so prevalent in modern society, humans are likewise inclined to eat or feel hungry in response to cues associated with food, such as the sound of a bag of potato chips opening, the sight of a well-known logo (e.g., Coca-Cola), or the feel of the couch in front of the television.

Classical conditioning is also involved in other aspects of eating. Flavors associated with certain

nutrients (such as sugar or fat) can become preferred without arousing any awareness of the pairing. For example, protein is a US that your body automatically craves more of once you start to consume it (UR): since proteins are highly concentrated in meat, the flavor of meat becomes a CS (or cue, that proteins are on the way), which perpetuates the cycle of craving for yet more meat (this automatic bodily reaction now a CR).

In a similar way, flavors associated with stomach pain or illness become avoided and *dis*liked. For example, a person who gets sick after drinking too much tequila may acquire a profound dislike of the taste and odor of tequila—a phenomenon called **taste aversion conditioning**. The fact that flavors are often associated with so many consequences of eating is important for animals (including rats and humans) that are frequently exposed to new foods. And it is clinically relevant. For example, drugs used in chemotherapy often make cancer patients sick. As a consequence, patients often acquire aversions to foods eaten just before treatment, or even aversions to such things as the waiting room of the chemotherapy clinic itself (see Bernstein, 1991; Scalera & Bavieri, 2009).

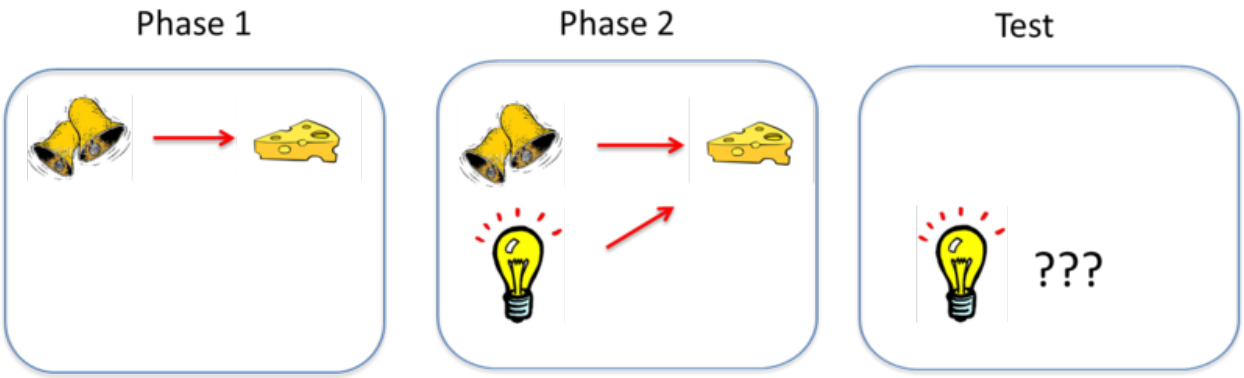
Classical conditioning occurs with a variety of significant events. If an experimenter sounds a tone just before applying a mild shock to a rat's feet, the tone will elicit fear or anxiety after one or two pairings. Similar **fear conditioning** plays a role in creating many anxiety disorders in humans, such as phobias and panic disorders, where people associate cues (such as closed spaces, or a shopping mall) with panic or other emotional trauma (see Mineka & Zinbarg, 2006). Here, rather than a physical response (like drooling), the CS triggers an emotion.

Another interesting effect of classical conditioning can occur when we ingest drugs. That is, when a drug is taken, it can be associated with the cues that are present at the same time (e. g., rooms, odors, drug paraphernalia). In this regard, if someone associates a particular smell with the sensation induced by the drug, whenever that person smells the same odor afterward, it may cue responses (physical and/or emotional) related to taking the drug itself. But drug cues have an even more interesting property: They elicit responses that often "compensate" for the upcoming effect of the drug (see Siegel, 1989). For example, morphine itself suppresses pain; however, if someone is used to taking morphine, a cue that signals the "drug is coming soon" can actually make the person more sensitive to pain. Because the person knows a pain suppressant will soon be administered, the body becomes more sensitive, anticipating that "the drug will soon take care of it." Remarkably, such **conditioned compensatory responses** in turn decrease the impact of the drug on the body—because the body has become more sensitive to pain.

This conditioned compensatory response has many implications. For instance, a drug user will be most "tolerant" to the drug in the presence of cues that have been associated with it

(because such cues elicit compensatory responses). As a result, overdose is usually not due to an increase in dosage, but to taking the drug in a new place without the familiar cues—which would have otherwise allowed the user to tolerate the drug (see Siegel, Hinson, Krank, & McCully, 1982). Conditioned compensatory responses (which include heightened pain sensitivity and decreased body temperature, among others) might also cause discomfort, thus motivating the drug user to continue usage of the drug to reduce them. This is one of several ways classical conditioning might be a factor in drug addiction and dependence.

A final effect of classical cues is that they motivate ongoing operant behavior (see Balleine, 2005). For example, if a rat has learned via operant conditioning that pressing a lever will give it a drug, in the presence of cues that signal the "drug is coming soon" (like the sound of the lever squeaking), the rat will work harder to press the lever than if those cues weren't present (i.e., there is no squeaking lever sound). Similarly, in the presence of food-associated cues (e.g., smells), a rat (or an overeater) will work harder for food. And finally, even in the presence of negative cues (like something that signals fear), a rat, a human, or any other organism will work harder to avoid those situations that might lead to trauma. Classical CSs thus have many effects that can contribute to significant behavioral phenomena.



[Image: Bernard W. Balleine]

The Learning Process

As mentioned earlier, classical conditioning provides a method for studying basic learning processes. Somewhat counterintuitively, though, studies show that pairing a CS and a US together is not sufficient for an association to be learned between them. Consider an effect called **blocking** (see Kamin, 1969). In this effect, an animal first learns to associate one CS—call it stimulus A—with a US. In the illustration above, the sound of a bell (stimulus A) is paired with the presentation of food. Once this association is learned, in a second phase, a second

stimulus—stimulus B—is presented alongside stimulus A, such that the two stimuli are paired with the US together. In the illustration, a light is added and turned on at the same time the bell is rung. However, because the animal has already learned the association between stimulus A (the bell) and the food, the animal doesn't learn an association between stimulus B (the light) and the food. That is, the conditioned response only occurs during the presentation of stimulus A, because the earlier conditioning of A "blocks" the conditioning of B when B is added to A. The reason? Stimulus A already predicts the US, so the US is not surprising when it occurs with Stimulus B.

Learning depends on such a surprise, or a discrepancy between what occurs on a conditioning trial and what is already predicted by cues that are present on the trial. To learn something through classical conditioning, there must first be some **prediction error**, or the chance that a conditioned stimulus won't lead to the expected outcome. With the example of the bell and the light, because the bell always leads to the reward of food, there's no "prediction error" that the addition of the light helps to correct. However, if the researcher suddenly requires that the bell and the light both occur in order to receive the food, the bell alone will produce a prediction error that the animal has to learn.

Blocking and other related effects indicate that the learning process tends to take in the most valid predictors of significant events and ignore the less useful ones. This is common in the real world. For example, imagine that your supermarket puts big star-shaped stickers on products that are on sale. Quickly, you learn that items with the big star-shaped stickers are cheaper. However, imagine you go into a similar supermarket that not only uses these stickers, but also uses bright orange price tags to denote a discount. Because of blocking (i.e., you already know that the star-shaped stickers indicate a discount), you don't have to learn the color system, too. The star-shaped stickers tell you everything you need to know (i.e. there's no prediction error for the discount), and thus the color system is irrelevant.

Classical conditioning is strongest if the CS and US are intense or salient. It is also best if the CS and US are relatively new and the organism hasn't been frequently exposed to them before. And it is especially strong if the organism's biology has prepared it to associate a particular CS and US. For example, rats and humans are naturally inclined to associate an illness with a flavor, rather than with a light or tone. Because foods are most commonly experienced by taste, if there is a particular food that makes us ill, associating the flavor (rather than the appearance—which may be similar to other foods) with the illness will more greatly ensure we avoid that food in the future, and thus avoid getting sick. This sorting tendency, which is set up by evolution, is called **preparedness**.

There are many factors that affect the strength of classical conditioning, and these have been

the subject of much research and theory (see Rescorla & Wagner, 1972; Pearce & Bouton, 2001). Behavioral neuroscientists have also used classical conditioning to investigate many of the basic brain processes that are involved in learning (see Fanselow & Poulos, 2005; Thompson & Steinmetz, 2009).

Erasing Classical Learning

After conditioning, the response to the CS can be eliminated if the CS is presented repeatedly without the US. This effect is called **extinction**, and the response is said to become "extinguished." For example, if Pavlov kept ringing the bell but never gave the dog any food afterward, eventually the dog's CR (drooling) would no longer happen when it heard the CS (the bell), because the bell would no longer be a predictor of food. Extinction is important for many reasons. For one thing, it is the basis for many therapies that clinical psychologists use to eliminate maladaptive and unwanted behaviors. Take the example of a person who has a debilitating fear of spiders: one approach might include systematic exposure to spiders. Whereas, initially the person has a CR (e.g., extreme fear) every time s/he sees the CS (e.g., the spider), after repeatedly being shown pictures of spiders in neutral conditions, pretty soon the CS no longer predicts the CR (i.e., the person doesn't have the fear reaction when seeing spiders, having learned that spiders no longer serve as a "cue" for that fear). Here, repeated exposure to spiders without an aversive consequence causes extinction.

Psychologists must accept one important fact about extinction, however: it does not necessarily destroy the original learning (see Bouton, 2004). For example, imagine you strongly associate the smell of chalkboards with the agony of middle school detention. Now imagine that, after years of encountering chalkboards, the smell of them no longer recalls the agony of detention (an example of extinction). However, one day, after entering a new building for the first time, you suddenly catch a whiff of a chalkboard and WHAM!, the agony of detention returns. This is called **spontaneous recovery**: following a lapse in exposure to the CS after extinction has occurred, sometimes re-exposure to the CS (e.g., the smell of chalkboards) can evoke the CR again (e.g., the agony of detention).

Another related phenomenon is the **renewal effect**: After extinction, if the CS is tested in a new **context**, such as a different room or location, the CR can also return. In the chalkboard example, the action of entering a new building—where you don't expect to smell chalkboards—suddenly renews the sensations associated with detention. These effects have been interpreted to suggest that extinction *inhibits* rather than erases the learned behavior, and this inhibition is mainly expressed in the context in which it is learned (see "context" in the Key Vocabulary section below).

This does not mean that extinction is a bad treatment for behavior disorders. Instead, clinicians can increase its effectiveness by using basic research on learning to help defeat these relapse effects (see Craske et al., 2008). For example, conducting extinction therapies in contexts where patients might be most vulnerable to relapsing (e.g., at work), might be a good strategy for enhancing the therapy's success.

Useful Things to Know about Instrumental Conditioning

Most of the things that affect the strength of classical conditioning also affect the strength of instrumental learning—whereby we learn to associate our actions with their outcomes. As noted earlier, the "bigger" the reinforcer (or punisher), the stronger the learning. And, if an instrumental behavior is no longer reinforced, it will also be extinguished. Most of the rules of associative learning that apply to classical conditioning also apply to instrumental learning, but other facts about instrumental learning are also worth knowing.

Instrumental Responses Come Under Stimulus Control

As you know, the classic operant response in the laboratory is lever-pressing in rats, reinforced by food. However, things can be arranged so that lever-pressing only produces pellets when a particular stimulus is present. For example, lever-pressing can be reinforced only when a light in the Skinner box is turned on; when the light is off, no food is released from lever-pressing. The rat soon learns to discriminate between the light-on and light-off conditions, and presses the lever only in the presence of the light (responses in light-off are extinguished). In everyday life, think about waiting in the turn lane at a traffic light. Although you know that green means go, only when you have the green *arrow* do you turn. In this regard, the operant behavior is now said to be under **stimulus control**. And, as is the case with the traffic light, in the real world, stimulus control is probably the rule.

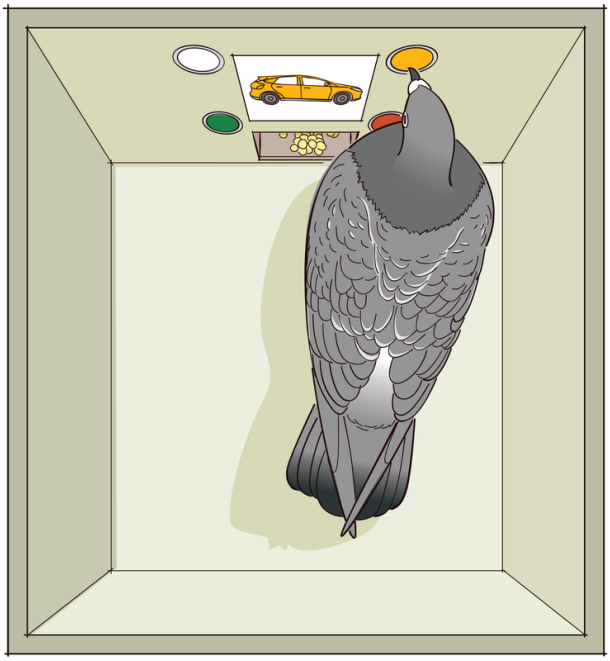
The stimulus controlling the operant response is called a **discriminative stimulus**. It can be associated directly with the response, or the reinforcer (see below). However, it usually does not elicit the response the way a classical CS does. Instead, it is said to "set the occasion for" the operant response. For example, a canvas put in front of an artist does not elicit painting behavior or compel her to paint. It allows, or sets the occasion for, painting to occur.

Stimulus-control techniques are widely used in the laboratory to study perception and other psychological processes in animals. For example, the rat would not be able to respond appropriately to light-on and light-off conditions if it could not see the light. Following this logic, experiments using stimulus-control methods have tested how well animals see colors,

hear ultrasounds, and detect magnetic fields. That is, researchers pair these discriminative stimuli with those they know the animals already understand (such as pressing the lever). In this way, the researchers can test if the animals can learn to press the lever only when an ultrasound is played, for example.

These methods can also be used to study "higher" cognitive processes. For example, pigeons can learn to peck at different buttons in a Skinner box when pictures of flowers, cars, chairs, or people are shown on a miniature TV screen (see Wasserman, 1995). Pecking button 1 (and no other) is reinforced in the presence of a flower image, button 2 in the presence of a chair image, and so on. Pigeons can learn the discrimination readily, and, under the right conditions, will even peck the correct buttons associated with pictures of *new* flowers, cars, chairs, and people they have never seen before. The birds have learned to **categorize** the sets of stimuli. Stimulus-control methods can be used to study how such categorization is learned.

Operant Conditioning Involves Choice



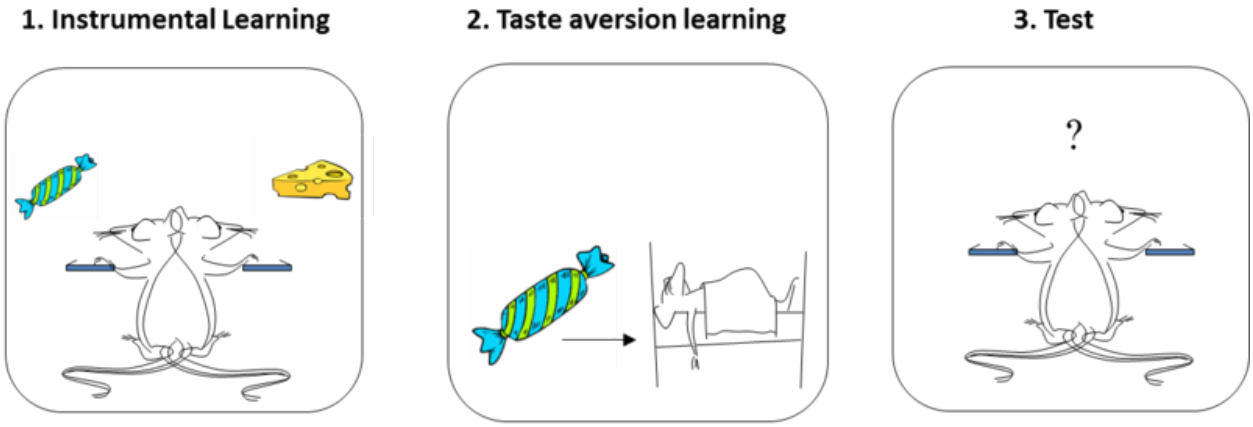
Another thing to know about operant conditioning is that the response always requires choosing one behavior over others. The student who goes to the bar on Thursday night chooses to drink instead of staying at home and studying. The rat chooses to press the lever instead of sleeping or scratching its ear in the back of the box. The alternative behaviors are each associated with their own reinforcers. And the tendency to perform a particular action depends on both the reinforcers earned for it and the reinforcers earned for its alternatives.

To investigate this idea, choice has been studied in the Skinner box by making two levers available for the rat (or two buttons available for the pigeon), each of which has its own reinforcement or payoff rate. A thorough study of choice in situations like this has led to a rule called the **quantitative law of effect** (see Herrnstein, 1970), which can be understood without going into quantitative detail: The law acknowledges the fact that the effects of reinforcing one behavior depend crucially on how much reinforcement is earned for the

behavior's alternatives. For example, if a pigeon learns that pecking one light will reward two food pellets, whereas the other light only rewards one, the pigeon will only peck the first light. However, what happens if the first light is more strenuous to reach than the second one? Will the cost of energy outweigh the bonus of food? Or will the extra food be worth the work? In general, a given reinforcer will be less reinforcing if there are many alternative reinforcers in the environment. For this reason, alcohol, sex, or drugs may be less powerful reinforcers if the person's environment is full of other sources of reinforcement, such as achievement at work or love from family members.

Cognition in Instrumental Learning

Modern research also indicates that reinforcers do more than merely strengthen or "stamp in" the behaviors they are a consequence of, as was Thorndike's original view. Instead, animals learn about the specific consequences of each behavior, and will perform a behavior depending on how much they currently want—or "value"—its consequence.



Images courtesy of Bernard W. Balleine

This idea is best illustrated by a phenomenon called the **reinforcer devaluation effect** (see Colwill & Rescorla, 1986). A rat is first trained to perform two instrumental actions (e.g., pressing a lever on the left, and on the right), each paired with a different reinforcer (e.g., a sweet sucrose solution, and a food pellet). At the end of this training, the rat tends to press both levers, alternating between the sucrose solution and the food pellet. In a second phase, one of the reinforcers (e.g., the sucrose) is then separately paired with illness. This conditions a taste aversion to the sucrose. In a final test, the rat is returned to the Skinner box and allowed to press either lever freely. No reinforcers are presented during this test (i.e., no sucrose or food comes from pressing the levers), so behavior during testing can only result from the rat's

memory of what it has learned earlier. Importantly here, the rat chooses *not* to perform the response that once produced the reinforcer that it now has an aversion to (e.g., it won't press the sucrose lever). This means that the rat has learned and remembered the reinforcer associated with each response, and can combine that knowledge with the knowledge that the reinforcer is now "bad." Reinforcers do not merely stamp in responses; the animal learns much more than that. The behavior is said to be "**goal-directed**" (see Dickinson & Balleine, 1994), because it is influenced by the current value of its associated goal (i.e., how much the rat wants/doesn't want the reinforcer).

Things can get more complicated, however, if the rat performs the instrumental actions frequently and repeatedly. That is, if the rat has spent many months learning the value of pressing each of the levers, the act of pressing them becomes automatic and routine. And here, this once goal-directed action (i.e., the rat pressing the lever for the goal of getting sucrose/food) can become a **habit**. Thus, if a rat spends many months performing the lever-pressing behavior (turning such behavior into a habit), even when sucrose is again paired with illness, the rat will continue to press that lever (see Holland, 2004). After all the practice, the instrumental response (pressing the lever) is no longer sensitive to reinforcer devaluation. The rat continues to respond automatically, regardless of the fact that the sucrose from this lever makes it sick.

Habits are very common in human experience, and can be useful. You do not need to relearn each day how to make your coffee in the morning or how to brush your teeth. Instrumental behaviors can eventually become habitual, letting us get the job done while being free to think about other things.

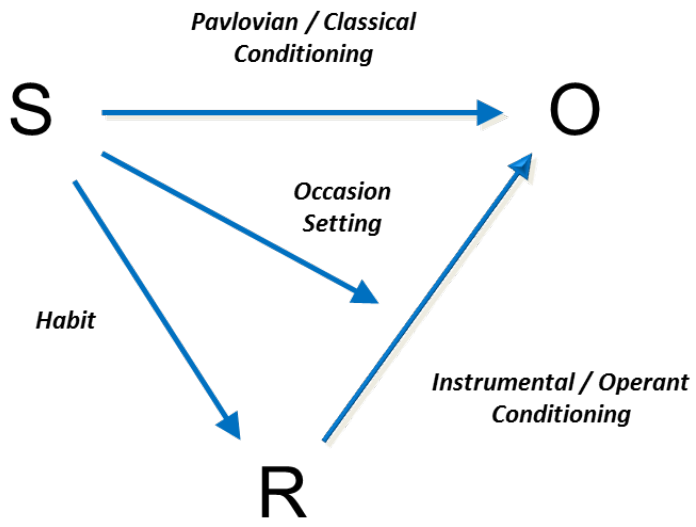
Putting Classical and Instrumental Conditioning Together

Classical and operant conditioning are usually studied separately. But outside of the laboratory they almost always occur at the same time. For example, a person who is reinforced for drinking alcohol or eating excessively learns these behaviors in the presence of certain stimuli —a pub, a set of friends, a restaurant, or possibly the couch in front of the TV. These stimuli are also available for association with the reinforcer. In this way, classical and operant conditioning are always intertwined.

The figure below summarizes this idea, and helps review what we have discussed in this module. Generally speaking, any reinforced or punished operant response (R) is paired with an outcome (O) in the presence of some stimulus or set of stimuli (S).

The figure illustrates the types of associations that can be learned in this very general scenario. For one thing, the organism will learn to associate the response *and* the outcome (R – O). This is instrumental conditioning. The learning process here is probably similar to classical conditioning, with all its emphasis on surprise and prediction error. And, as we discussed while considering the reinforcer devaluation effect, once R – O is learned, the organism will be ready to perform the response if the outcome is desired or valued. The value of the reinforcer can also be influenced by other reinforcers earned for other behaviors in the situation. These factors are at the heart of instrumental learning.

Second, the organism can also learn to associate the stimulus with the reinforcing outcome (S – O). This is the classical conditioning component, and as we have seen, it can have many consequences on behavior. For one thing, the stimulus will come to evoke a system of responses that help the organism prepare for the reinforcer (not shown in the figure): The drinker may undergo changes in body temperature; the eater may salivate and have an increase in insulin secretion. In addition, the stimulus will evoke approach (if the outcome is positive) or retreat (if the outcome is negative). Presenting the stimulus will also prompt the instrumental response.



The third association in the diagram is the one between the stimulus and the response (S – R). As discussed earlier, after a lot of practice, the stimulus may begin to elicit the response directly. This is habit learning, whereby the response occurs relatively automatically, without much mental processing of the relation between the action and the outcome and the outcome's current value.

The final link in the figure is between the stimulus and the response-outcome association [S – (R – O)]. More than just entering into a simple association with the R or the O, the stimulus can signal that the R – O relationship is now in effect. This is what we mean when we say that the stimulus can "set the occasion" for the operant response: It sets the occasion for the response-reinforcer relationship. Through this mechanism, the painter might begin to paint when given the right tools and the opportunity enabled by the canvas. The canvas theoretically signals that the behavior of painting will now be reinforced

by positive consequences.

The figure provides a framework that you can use to understand almost any learned behavior you observe in yourself, your family, or your friends. If you would like to understand it more deeply, consider taking a course on learning in the future, which will give you a fuller appreciation of how classical learning, instrumental learning, habit learning, and occasion setting actually work and interact.

Observational Learning

Not all forms of learning are accounted for entirely by classical and operant conditioning. Imagine a child walking up to a group of children playing a game on the playground. The game looks fun, but it is new and unfamiliar. Rather than joining the game immediately, the child opts to sit back and watch the other children play a round or two. Observing the others, the child takes note of the ways in which they behave while playing the game. By watching the behavior of the other kids, the child can figure out the rules of the game and even some strategies for doing well at the game. This is called **observational learning**.

A child observing social models to learn the rules of a game. [Photo: horizontal. integration]

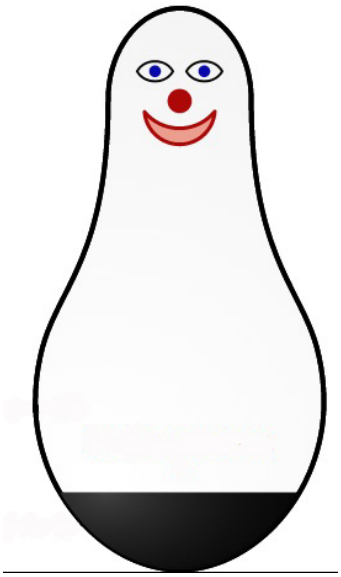
Observational learning is a component of Albert Bandura's **Social Learning Theory** (Bandura, 1977), which posits that individuals can learn novel responses via observation of key others' behaviors. Observational learning does not necessarily require reinforcement, but instead hinges on the presence of others, referred to as **social models**. Social models are typically of higher status or authority compared to the observer, examples of which include parents, teachers, and police officers. In the example above, the children who already know how to play the game could be thought of as being authorities—and are therefore social models—even though they are the same age as the observer. By observing how the social models behave, an individual is able to learn how to act in a certain situation. Other examples of observational learning might include a child learning to place her napkin in her lap by

watching her parents at the dinner table, or a customer learning where to find the ketchup and mustard after observing other customers at a hot dog stand.

Bandura theorizes that the observational learning process consists of four parts. The first is *attention*—as, quite simply, one must pay attention to what s/he is observing in order to learn. The second part is *retention*: to learn one must be able to retain the behavior s/he is observing in memory.The third part of observational learning, *initiation*, acknowledges that the learner must be able to execute (or initiate) the learned behavior. Lastly, the observer must possess the *motivation* to engage in observational learning. In our vignette, the child must want to learn how to play the game in order to properly engage in observational learning.

Researchers have conducted countless experiments designed to explore observational learning, the most famous of which is Albert Bandura's "Bobo doll experiment."

In this experiment (Bandura, Ross & Ross 1961), Bandura had children individually observe an adult social model interact with a clown doll ("Bobo"). For one group of children, the adult interacted aggressively with Bobo: punching it, kicking it, throwing it, and even hitting it in the face with a toy mallet. Another group of children watched the adult interact with other toys, displaying no aggression toward Bobo. In both instances the adult left and the children were allowed to interact with Bobo on their own. Bandura found that children exposed to the aggressive social model were significantly more likely to behave aggressively toward Bobo, hitting and kicking him, compared to those exposed to the non-aggressive model. The researchers concluded that the children in the aggressive group used their observations of the adult social model's behavior to determine that aggressive behavior toward Bobo was acceptable.



Bobo [Image: wikimedia commons]

While reinforcement was not required to elicit the children's behavior in Bandura's first experiment, it is important to acknowledge that consequences do play a role within observational learning. A future adaptation of this study (Bandura, Ross, & Ross, 1963) demonstrated that children in the aggression group showed less aggressive behavior if they witnessed the adult model receive punishment for aggressing against Bobo. Bandura referred to this process as **vicarious reinforcement**, as the children did not experience the reinforcement or punishment directly, yet were still influenced by observing it.

Conclusion

We have covered three primary explanations for how we learn to behave and interact with the world around us. Considering your own experiences, how well do these theories apply to you? Maybe when reflecting on your personal sense of fashion, you realize that you tend to select clothes others have complimented you on (operant conditioning). Or maybe, thinking back on a new restaurant you tried recently, you realize you chose it because its commercials play happy music (classical conditioning). Or maybe you are now always on time with your assignments, because you saw how others were punished when they were late (observational learning). Regardless of the activity, behavior, or response, there's a good chance your "decision" to do it can be explained based on one of the theories presented in this module.

Outside Resources

Article: Rescorla, R. A. (1988). Pavlovian conditioning: It's not what you think it is. American Psychologist, 43, 151–160.

Book: Bouton, M. E. (2007). Learning and behavior: A contemporary synthesis. Sunderland, MA: Sinauer Associates.

Book: Bouton, M. E. (2009). Learning theory. In B. J. Sadock, V. A. Sadock, & P. Ruiz (Eds.), Kaplan & Sadock's comprehensive textbook of psychiatry (9th ed., Vol. 1, pp. 647–658). New York, NY: Lippincott Williams & Wilkins.

Book: Domjan, M. (2010). The principles of learning and behavior (6th ed.). Belmont, CA: Wadsworth.

Video: Albert Bandura discusses the Bobo Doll Experiment.
https://www.youtube.com/watch?v=eqNaLerMNOE

Discussion Questions

1. Describe three examples of Pavlovian (classical) conditioning that you have seen in your own behavior, or that of your friends or family, in the past few days.
2. Describe three examples of instrumental (operant) conditioning that you have seen in your own behavior, or that of your friends or family, in the past few days.
3. Drugs can be potent reinforcers. Discuss how Pavlovian conditioning and instrumental conditioning can work together to influence drug taking.
4. In the modern world, processed foods are highly available and have been engineered to be highly palatable and reinforcing. Discuss how Pavlovian and instrumental conditioning can work together to explain why people often eat too much.
5. How does blocking challenge the idea that pairings of a CS and US are sufficient to cause Pavlovian conditioning? What is important in creating Pavlovian learning?
6. How does the reinforcer devaluation effect challenge the idea that reinforcers merely "stamp in" the operant response? What does the effect tell us that animals actually learn in operant conditioning?
7. With regards to social learning do you think people learn violence from observing violence

in movies? Why or why not?

8. What do you think you have learned through social learning? Who are your social models?

Vocabulary

Blocking
In classical conditioning, the finding that no conditioning occurs to a stimulus if it is combined with a previously conditioned stimulus during conditioning trials. Suggests that information, surprise value, or prediction error is important in conditioning.

Categorize
To sort or arrange different items into classes or categories.

Classical conditioning
The procedure in which an initially neutral stimulus (the conditioned stimulus, or CS) is paired with an unconditioned stimulus (or US). The result is that the conditioned stimulus begins to elicit a conditioned response (CR). Classical conditioning is nowadays considered important as both a behavioral phenomenon and as a method to study simple associative learning. Same as Pavlovian conditioning.

Conditioned compensatory response
In classical conditioning, a conditioned response that opposes, rather than is the same as, the unconditioned response. It functions to reduce the strength of the unconditioned response. Often seen in conditioning when drugs are used as unconditioned stimuli.

Conditioned response (CR)
The response that is elicited by the conditioned stimulus after classical conditioning has taken place.

Conditioned stimulus (CS)
An initially neutral stimulus (like a bell, light, or tone) that elicits a conditioned response after it has been associated with an unconditioned stimulus.

Context
Stimuli that are in the background whenever learning occurs. For instance, the Skinner box or room in which learning takes place is the classic example of a context. However, "context" can also be provided by internal stimuli, such as the sensory effects of drugs (e.g., being under the influence of alcohol has stimulus properties that provide a context) and mood states (e. g., being happy or sad). It can also be provided by a specific period in time—the passage of time is sometimes said to change the "temporal context."

Discriminative stimulus
In operant conditioning, a stimulus that signals whether the response will be reinforced. It is said to "set the occasion" for the operant response.

Extinction
Decrease in the strength of a learned behavior that occurs when the conditioned stimulus is presented without the unconditioned stimulus (in classical conditioning) or when the behavior is no longer reinforced (in instrumental conditioning). The term describes both the procedure (the US or reinforcer is no longer presented) as well as the result of the procedure (the learned response declines). Behaviors that have been reduced in strength through extinction are said to be "extinguished."

Fear conditioning
A type of classical or Pavlovian conditioning in which the conditioned stimulus (CS) is associated with an aversive unconditioned stimulus (US), such as a foot shock. As a consequence of learning, the CS comes to evoke fear. The phenomenon is thought to be involved in the development of anxiety disorders in humans.

Goal-directed behavior
Instrumental behavior that is influenced by the animal's knowledge of the association between the behavior and its consequence and the current value of the consequence. Sensitive to the reinforcer devaluation effect.

Habit
Instrumental behavior that occurs automatically in the presence of a stimulus and is no longer influenced by the animal's knowledge of the value of the reinforcer. Insensitive to the reinforcer devaluation effect.

Instrumental conditioning
Process in which animals learn about the relationship between their behaviors and their consequences. Also known as operant conditioning.

Law of effect
The idea that instrumental or operant responses are influenced by their effects. Responses that are followed by a pleasant state of affairs will be strengthened and those that are followed by discomfort will be weakened. Nowadays, the term refers to the idea that operant or instrumental behaviors are lawfully controlled by their consequences.

Observational learning

Learning by observing the behavior of others.

Operant
A behavior that is controlled by its consequences. The simplest example is the rat's lever-pressing, which is controlled by the presentation of the reinforcer.

Operant conditioning
See instrumental conditioning.

Pavlovian conditioning
See classical conditioning.

Prediction error
When the outcome of a conditioning trial is different from that which is predicted by the conditioned stimuli that are present on the trial (i.e., when the US is surprising). Prediction error is necessary to create Pavlovian conditioning (and associative learning generally). As learning occurs over repeated conditioning trials, the conditioned stimulus increasingly predicts the unconditioned stimulus, and prediction error declines. Conditioning works to correct or reduce prediction error.

Preparedness
The idea that an organism's evolutionary history can make it easy to learn a particular association. Because of preparedness, you are more likely to associate the taste of tequila, and not the circumstances surrounding drinking it, with getting sick. Similarly, humans are more likely to associate images of spiders and snakes than flowers and mushrooms with aversive outcomes like shocks.

Punisher
A stimulus that decreases the strength of an operant behavior when it is made a consequence of the behavior.

Quantitative law of effect
A mathematical rule that states that the effectiveness of a reinforcer at strengthening an operant response depends on the amount of reinforcement earned for all alternative behaviors. A reinforcer is less effective if there is a lot of reinforcement in the environment for other behaviors.

Reinforcer
Any consequence of a behavior that strengthens the behavior or increases the likelihood that

it will be performed it again.

Reinforcer devaluation effect
The finding that an animal will stop performing an instrumental response that once led to a reinforcer if the reinforcer is separately made aversive or undesirable.

Renewal effect
Recovery of an extinguished response that occurs when the context is changed after extinction. Especially strong when the change of context involves return to the context in which conditioning originally occurred. Can occur after extinction in either classical or instrumental conditioning.

Social Learning Theory
The theory that people can learn new responses and behaviors by observing the behavior of others.

Social models
Authorities that are the targets for observation and who model behaviors.

Spontaneous recovery
Recovery of an extinguished response that occurs with the passage of time after extinction. Can occur after extinction in either classical or instrumental conditioning.

Stimulus control
When an operant behavior is controlled by a stimulus that precedes it.

Taste aversion learning
The phenomenon in which a taste is paired with sickness, and this causes the organism to reject—and dislike—that taste in the future.

Unconditioned response (UR)
In classical conditioning, an innate response that is elicited by a stimulus before (or in the absence of) conditioning.

Unconditioned stimulus (US)
In classical conditioning, the stimulus that elicits the response before conditioning occurs.

Vicarious reinforcement
Learning that occurs by observing the reinforcement or punishment of another person.

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Chapter 6: States of Consciousness

7
States of Consciousness

Robert Biswas-Diener & Jake Teeny

No matter what you're doing--solving homework, playing a video game, simply picking out a shirt--all of your actions and decisions relate to your consciousness. But as frequently as we use it, have you ever stopped to ask yourself: What really is consciousness? In this module, we discuss the different levels of consciousness and how they can affect your behavior in a variety of situations. As well, we explore the role of consciousness in other, "altered" states like hypnosis and sleep.

Learning Objectives

- Define consciousness and distinguish between high and low conscious states
- Explain the relationship between consciousness and bias
- Understand the difference between popular portrayals of hypnosis and how it is currently used therapeutically

Introduction

Have you ever had a fellow motorist stopped beside you at a red light, singing his brains out, or picking his nose, or otherwise behaving in ways he might not normally do in public? There is something about being alone in a car that encourages people to zone out and forget that others can see them. And although these little lapses of attention are amusing for the rest of us, they are also instructive when it comes to the topic of consciousness.

This guy is singing his heart out in his one-man mobile music studio. Have you ever done this? [Image: Joshua Ommen]

Consciousness is a term meant to indicate awareness. It includes awareness of the self, of bodily sensations, of thoughts and of the environment. In English, we use the opposite word "unconscious" to indicate senselessness or a barrier to awareness, as in the case of "Theresa fell off the ladder and hit her head, knocking herself unconscious." And yet, psychological theory and research suggest that consciousness and unconsciousness are more complicated than falling off a ladder. That is, consciousness is more than just being "on" or "off." For instance, Sigmund Freud (1856 – 1939)—perhaps the most influential psychologist of all time—understood that even while we are awake, many things lay outside the realm of our conscious awareness (like being in the car and forgetting the rest of the world can see into your windows and hear your singing). In response to this notion, Freud introduced the concept of the "subconscious" (Freud, 2001) and proposed that some of our memories and even our basic motivations are not always accessible to our conscious minds.

Upon reflection of what constitutes this "awareness of consciousness," though, it is easy to see how slippery a topic it is. For example, are people conscious when they're daydreaming? What about when they're drunk? Clearly, consciousness is more of a continuum than an on-or-off state of being. In this module, we will describe several levels of consciousness and then discuss altered states of consciousness such as hypnosis and sleep.

Levels of Awareness

In 1957, a marketing researcher inserted the words "Eat Popcorn" onto one frame of a film being shown all across the United States. And although that frame was only on screen for 1/24th of a second—a speed too fast to be perceived by conscious awareness—the researcher reported an increase in popcorn sales by nearly 60%. Almost immediately, all forms of "subliminal messaging" were regulated in the US and banned in countries such as Australia and the United Kingdom. And even though it was later shown that the researcher had made up the data (he hadn't even inserted the words into the movie frame), this fear about influences on our subconscious persists. At its heart, this issue pits various levels of awareness against one another. On the one hand, we have the "low awareness" of subtle, even subliminal

influences. On the other hand, there is you—the conscious thinking, feeling you which includes all that you are currently aware of, even reading this sentence. However, when we consider these different levels of awareness separately, we can better understand how they operate.

Low Awareness

Outside of being in a coma, you are constantly receiving and evaluating sensory information. Although any moment has too many sights, smells, and sounds for them all to be consciously considered, our brains are nonetheless processing all that information. For example, have you ever been at a party, overwhelmed by all the people and conversation, when out of nowhere you hear your name called? Even though you have no idea what else the person is saying, you are somehow conscious of your name (for more on this, "the cocktail party effect," see Noba's Module on Attention). So, even though you may not be *aware* of various stimuli in your environment, your brain is paying closer attention than you think.

Similar to a reflex (like jumping when startled), some **cues** in our environment, or significant sensory information, will automatically elicit a response from us even though we never consciously perceive it. For example, Öhman and Soares (1994) took participants with a fear of snakes and connected them to a machine that measured subtle variations in sweating. The researchers then flashed pictures of different items (e.g., mushrooms, flowers, and most importantly, snakes) on a screen in front of them, but did so at speeds that left the participant clueless to what he or she had actually seen. However, when snake pictures were flashed, these participants started sweating more (i.e., a sign of fear), even though they had no idea what they'd just viewed!

Yet just because our brains perceive these stimuli without our conscious awareness, do they really affect our subsequent thoughts and behaviors? In a landmark study, Bargh, Chen, and Burrows (1996) had participants solve a word search puzzle where the answers pertained to words about the elderly (e.g., "old," "grandma") or something random (e.g., "notebook," "tomato"). Afterward, the researchers secretly measured how fast the participants walked down the hallway exiting the experiment. And although none of the participants were aware of a theme to the answers, those who had solved a puzzle with elderly words (vs. those random ones) walked more slowly down the hallway!

This effect called **priming** (i.e., readily "activating" certain concepts and associations from one's memory) has been replicated in a number of other studies. For example, priming the people by having them drink from a warm glass (vs. a cold one) resulted in behaving more "warmly" toward others (Williams & Bargh, 2008). Although all of these influences occur beneath one's

Priming Studies and Replication

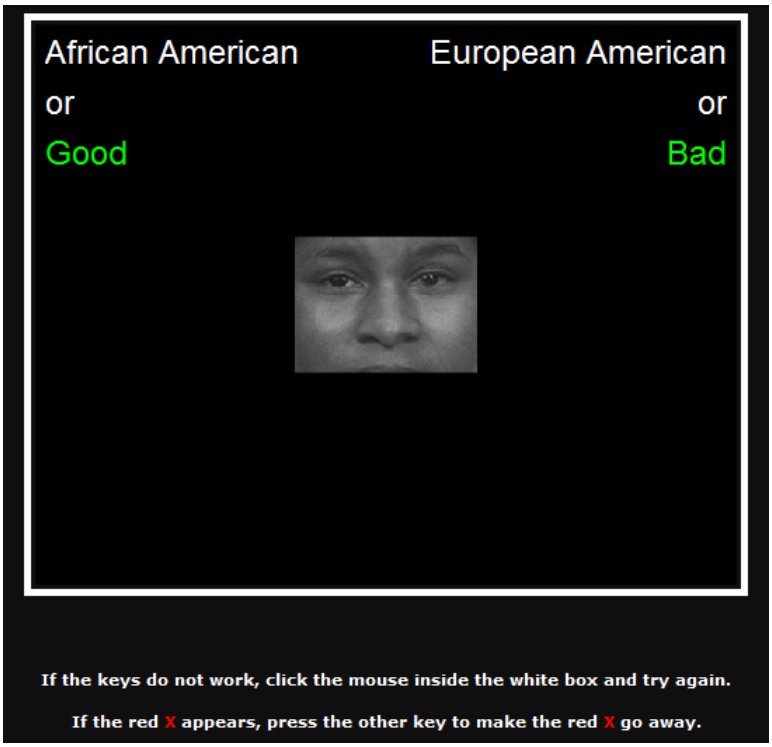
If the results of priming studies sound too fantastic to be believed, you are not alone in your skepticism. Recently, many studies in psychology—including many priming studies—have come under scrutiny because they do not "replicate." This means that when later researchers have attempted to recreate certain studies, they have not always gotten the same—or even similar—results. Non-replication does not suggest that the original researchers "faked" the results, but that there may have been flaws in the original sampling or research methods. Fortunately, researchers are very aware of the problem of non-replication and have taken steps to address the issue. For an in-depth exploration of the so-called "replication crisis" in psychology, please see the Noba module on that topic.

conscious awareness, they still have a significant effect on one's subsequent thoughts and behaviors.

In the last two decades researchers have made advances in studying aspects of psychology that exist beyond conscious awareness. As you can understand, it is difficult to use self-reports and surveys to ask people about motives or beliefs that they, themselves, might not even be aware of! One way of side-stepping this difficulty can be found in the **implicit associations test**, or IAT (Greenwald, McGhee & Schwartz, 1998). This research method uses computers to assess people's reaction times to various stimuli and is a very difficult test to fake because it records automatic reactions that occur in milliseconds. For instance, to shed light on deeply held biases, the IAT might present photographs of Caucasian faces and Asian faces while asking research participants to click buttons indicating either "good" or "bad" as quickly as possible. This method can help uncover non-conscious biases as well as those that we are motivated to suppress. Even if the participant clicks "good" for every face shown, the IAT can still pick up minute delays in responding. Delays are associated with more mental effort needed to process information. When information is processed quickly—as in the example of white faces being judged as "good"—it can be contrasted with slower processing—as in the example of Asian faces being judged as "good"—and the difference in processing speed is reflective of bias. In this regard, the IAT has been used for investigating stereotypes (Nosek, Banaji & Greenwald, 2002) as well as self-esteem (Greenwald & Farnam, 2000).

High Awareness

Just because we may be influenced by these "invisible" factors, it doesn't mean we are helplessly controlled by them. The other side of the awareness continuum is known as "high awareness." This is what you think of as effortful attention and decision making. For example, when you listen to a funny story on a date, consider which class schedule would be preferable, or complete a complex math problem, you are engaging a state of consciousness that allows you to be highly aware of and focused on particular details in your environment.



An actual screenshot from an IAT (Implicit Association Test) that a person might take to test their own mental representations of various cognitive constructs. In this particular case, this is an item testing an individual's unconscious reaction towards members of various ethnic groups. [Image: Courtesy of Anthony Greenwald from Project Implicit]

Mindfulness is a state of this heightened conscious awareness of the thoughts passing through one's head. For example, have you ever snapped at someone in frustration, only to take a moment and reflect on why you responded so aggressively? This more effortful consideration of your thoughts could be described as an expansion of your conscious awareness as you take the time to consider the possible influences on your thoughts. Research has shown that when you engage in this more deliberate consideration, you are less persuaded by irrelevant yet biasing influences, like the presence of a celebrity in an advertisement (Petty & Cacioppo, 1986). Higher awareness is also associated with recognizing when you're using a stereotype, rather than fairly evaluating another person (Gilbert & Hixon, 1991).

Constantly, we're alternating between low and high thinking states: the less we're paying attention, the more likely we're influenced by non-conscious stimuli (Chaiken, 1980). And although these subliminal influences may have an effect on us regardless of how effortfully we're thinking, we can use our higher conscious awareness to blunt or even reverse the effect of them. In what's known as the **Flexible Correction Model** (Wegener & Petty, 1997), as long as people are aware that their thoughts or behavior is being influenced by an undue, outside

Some people practice meditation. This has been linked to lower stress and higher well-being. [Image: Paul Vallejo]

source, they will correct their attitude against the bias.

To help make this relationship between lower and higher conscious thoughts clearer, imagine the brain is like a train terminal and all of our thoughts are the different trains you can ride. Sometimes, when you have low awareness, you just jump on the first train that opens its doors for you. However, if you're more mindful of your thoughts, you can pause to consider all the various trains and select the one that will best get you to your destination. But this analogy, and all the other research we've discussed, has only applied to your standard conception of consciousness. So what about other states—like sleeping, daydreaming, or hypnosis—how are these related to our conscious awareness?

Other States of Consciousness

Hypnosis

If you've ever watched a stage hypnotist perform, it may paint a misleading portrait of this state of consciousness. The hypnotized people on stage, for example, appear to be in a state similar to sleep. However, as the hypnotist continues with the show, you would recognize some profound differences between sleep and hypnosis. Namely, when you're asleep, hearing the word "strawberry" doesn't make you flap your arms like a chicken. In stage performances, the hypnotized participants appear to be highly suggestible, to the point that they are seemingly under the hypnotist's control. Such performances are entertaining but have a way of sensationalizing the true nature of hypnotic states.

People being hypnotized on stage. [Image: New Media Expo]

Hypnosis is an actual, documented phenomenon—one that has been studied and debated

	Costs	Benefits
Low Awareness	*Influenced by subtle factors*	*Saves mental effort*
High Awareness	*Uses mental effort*	*Can overcome some biases*

Table 1: States of Consciousness.

for over 200 years (Pekala et al., 2010). Franz Mesmer (1734 – 1815) is often credited as among the first people to "discover" hypnosis, which he used to treat members of elite society who were experiencing psychological distress. It is from Mesmer's name that we get the English word, "mesmerize" meaning "to entrance or transfix a person's attention." Mesmer attributed the effect of hypnosis to "animal magnetism," a supposed universal force (similar to gravity) that operates through all human bodies. Even at the time, such an account of hypnosis was not scientifically supported, and Mesmer himself was frequently the center of controversy.

Over the years, researchers have proposed that **hypnosis** is a mental state characterized by reduced peripheral awareness and increased focus on a singular stimulus, which results in an enhanced susceptibility to suggestion (Kihlstrom, 2003). For example, the hypnotist will usually induce hypnosis by getting the person to pay attention only to the hypnotist's voice. As the individual focuses more and more on that, s/he begins to forget the context of the setting and responds to the hypnotist's suggestions as if they were his or her own. Some people are naturally more suggestible, and therefore more "hypnotizable" than are others, and this is especially true for those who score high in empathy (Wickramasekera II & Szlyk, 2003). One common "trick" of stage hypnotists is to discard volunteers who are less suggestible than others. Regardless of one's predisposition to being hypnotized, this mental state relies on two psychological processes: a dissociation of the self, and reduction in elaborative (or "critical") thinking (Aguado, 2015).

Dissociation is the separation of one's awareness from everything besides what one is centrally focused on. For example, if you've ever been daydreaming in class, you were likely so caught up in the fantasy that you didn't hear a word the teacher said. During hypnosis, this dissociation becomes even more extreme. That is, a person concentrates so much on the words of the hypnotist that s/he loses perspective of the rest of the world around them. As a consequence of dissociation, a person is less effortful, and less self-conscious in consideration of his or her own thoughts and behaviors. Similar to low awareness states, where one often acts on the first thought that comes to mind, so, too, in hypnosis does the individual simply follow the first thought that comes to mind, i.e., the hypnotist's suggestion. Still, just because

one is more susceptible to suggestion under hypnosis, it doesn't mean s/he will do anything that's ordered. To be hypnotized, you must first *want* to be hypnotized (i.e., you can't be hypnotized against your will; Lynn & Kirsh, 2006), and once you are hypnotized, you won't do anything you wouldn't also do while in a more natural state of consciousness (Lynn, Rhue, & Weekes, 1990).

Today, **hypnotherapy** is still used in a variety of formats, and it has evolved from Mesmer's early tinkering with the concept. Modern hypnotherapy often uses a combination of relaxation, suggestion, motivation and expectancies to create a desired mental or behavioral state. Although there is mixed evidence on whether hypnotherapy can help with addiction reduction (e.g., quitting smoking; Abbot et al., 1998) there is some evidence that it can be successful in treating sufferers of acute and chronic pain (Ewin, 1978; Syrjala et al., 1992). For example, one study examined the treatment of burn patients with either hypnotherapy, pseudo-hypnosis (i.e., a placebo condition), or no treatment at all. Afterward, even though people in the placebo condition experienced a 16% decrease in pain, those in the actual hypnosis condition experienced a reduction of nearly 50% (Patterson et al., 1996). Thus, even though hypnosis may be sensationalized for television and movies, its ability to disassociate a person from their environment (or their pain) in conjunction with increased suggestibility to a clinician's recommendations (e.g., "you will feel less anxiety about your chronic pain") is a documented practice with actual medical benefits.

Now, similar to hypnotic states, **trance states** also involve a dissociation of the self; however, people in a trance state are said to have less voluntary control over their behaviors and actions. Trance states often occur in religious ceremonies, where the person believes he or she is "possessed" by an otherworldly being or force. While in trance, people report anecdotal accounts of a "higher consciousness" or communion with a greater power. However, the body of research investigating this phenomenon tends to reject the claim that these experiences constitute an "altered state of consciousness."

Most researchers today describe both hypnosis and trance states as "subjective" alterations of consciousness, not an actually distinct or evolved form (Kirsch & Lynn, 1995). Just like you feel different when you're in a state of deep relaxation, so, too, are hypnotic and trance states simply shifts from the standard conscious experience. Researchers contend that even though both hypnotic and trance states appear and feel wildly different than the normal human experience, they can be explained by standard socio-cognitive factors like imagination, expectation, and the interpretation of the situation.

Sleep

Sleep is necessary in order for people to function well [Image: RelaxingMusic]

You may have experienced the sensation, as you are falling asleep, of falling and then found yourself jerking forward and grabbing out as if you were really falling. Sleep is a unique state of consciousness. People generally follow a "biological clock" that impacts when they naturally become drowsy, when they fall asleep, and the time they naturally awaken. The hormone **melatonin** increases at night and is associated with becoming sleepy. Your natural daily rhythm, or **Circadian Rhythm**, can be influenced by the amount of daylight to which you are exposed as well as your work and activity schedule. Changing your location, such as flying from Canada to England, can disrupt your natural sleep rhythms, and we call this **jet lag**. You can overcome jet lag by synchronizing yourself to the local schedule by exposing yourself to daylight and forcing yourself to stay awake even though you are naturally sleepy.

Interestingly, sleep itself is more than shutting off for the night (or for a nap). Instead of turning off like a light with a flick of a switch, your shift in consciousness is reflected in your brain's electrical activity. While you are awake and alert your brain activity is marked by *beta* waves. Beta waves are characterized by being high in frequency but low in intensity. In addition, they are the most inconsistent brain wave and this reflects the wide variation in sensory input that a person processes during the day. As you begin to relax these change to *alpha* waves. These waves reflect brain activity that is less frequent, more consistent and more intense. As you slip into actual sleep you transition through 5 stages of sleep, each characterized by its own unique pattern of brain activity:

- Stage 1: is a light sleep and is marked by theta waves
- Stage 2: is deeper sleep (here there are "sleep spindles," or occasional very high intensity brain waves).
- Stage 3: is marked by greater muscle relaxation and the appearance of *delta* waves
- Stage 4: is very relaxed and marked by delta waves
- Stage 5: sleep marked by *rapid eye movement* (REM). It is here that people dream most vividly. Interestingly, this stage is—where brain activity is concerned—similar to

wakefulness. That is, the brain waves occur less intensely than in other stages of sleep.

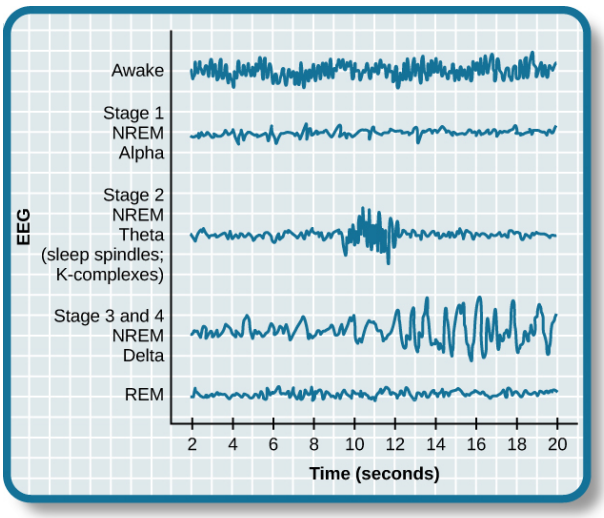


Figure 1. Changes in brain activity or brainwaves across different stages of consciousness – from being awake and throughout various stages of sleep. [Image: OpenStax]

Dreams are, arguably, the most interesting aspect of sleep. Throughout history dreams have been given special importance because of their unique, almost mystical nature. They have been thought to be predictions of the future, hints of hidden aspects of the self, important lessons about how to live life, or opportunities to engage in impossible deeds like flying. There are several competing theories of why humans dream. One is that it is our nonconscious attempt to make sense of our daily experiences and learning. Another, popularized by Freud, is that dreams represent taboo or troublesome wishes or desires. Regardless of the specific reason we know a few facts about dreams: all humans dream, we dream at every stage of sleep, but dreams during REM sleep are especially vivid. One under explored area of dream research is the possible social functions of dreams: we often share our dreams with others and use them for entertainment value.

Sleep serves many functions, one of which is to give us a period of mental and physical restoration. Children generally need more sleep than adults since they are developing. It is so vital, in fact, that a lack of sleep is associated with a wide range of problems. People who do not receive adequate sleep are more irritable, have slower reaction time, have more difficulty sustaining attention, and make poorer decisions. Interestingly, this is an issue relevant to the lives of college students. In one highly cited study researchers found that 1 in 5 students took more than 30 minutes to fall asleep at night, 1 in 10 occasionally took sleep medications, and more than half reported being “mostly tired” in the mornings (Buboltz, et al, 2001).

Psychoactive Drugs

On April 16, 1943, Albert Hoffman—a Swiss chemist working in a pharmaceutical company—accidentally ingested a newly synthesized drug. The drug—lysergic acid diethylimide (LSD)—turned out to be a powerful hallucinogen. Hoffman went home and later reported the effects

of the drug, describing them as seeing the world through a "warped mirror" and experiencing visions of "extraordinary shapes with intense, kaleidoscopic play of colors." Hoffman had discovered what members of many traditional cultures around the world already knew: there are substances that, when ingested, can have a powerful effect on perception and on consciousness.

Drugs operate on human physiology in a variety of ways and researchers and medical doctors tend to classify drugs according to their effects. Here we will briefly cover 3 categories of drugs: hallucinogens, depressants, and stimulants.

Hallucinogens

It is possible that hallucinogens are the substance that have, historically, been used the most widely. Traditional societies have used plant-based hallucinogens such as peyote, ebene, and psilocybin mushrooms in a wide range of religious ceremonies. **Hallucinogens** are substances that alter a person's perceptions, often by creating visions or hallucinations that are not real. There are a wide range of hallucinogens and many are used as recreational substances in industrialized societies. Common examples include marijuana, LSD, and MDMA, also known as "ecstasy." Marijuana is the dried flowers of the hemp plant and is often smoked to produce **euphoria**. The active ingredient in marijuana is called THC and can produce distortions in the perception of time, can create a sense of rambling, unrelated thoughts, and is sometimes associated with increased hunger or excessive laughter. The use and possession of marijuana is illegal in most places but this appears to be a trend that is changing. Uruguay, Bangladesh, several of the United States, and a few other countries have recently legalized marijuana. This may be due, in part, to changing public attitudes or to the fact that marijuana is increasingly used for medical purposes such as the management of nausea or treating glaucoma.

Depressants

Depressants are substances that, as their name suggests, slow down the body's physiology and mental processes. Alcohol is the most widely used depressant. Alcohol's effects include the reduction of inhibition, meaning that intoxicated people are more likely to act in ways they would otherwise be reluctant to. Alcohol's psychological effects are the result of it increasing the neurotransmitter GABA. There are also physical effects, such as loss of balance and coordination, and these stem from the way that alcohol interferes with the coordination of the visual and motor systems of the brain. Despite the fact that alcohol is so widely accepted in many cultures it is also associated with a variety of dangers. First, alcohol is toxic, meaning that it acts like a poison because it is possible to drink more alcohol than the body can

effectively remove from the bloodstream. When a person's **blood alcohol content (BAC)** reaches .3 to .4% there is a serious risk of death. Second, the lack of judgment and physical control associated with alcohol is associated with more risk taking behavior or dangerous behavior such as drunk driving. Finally, alcohol is addictive and heavy drinkers often experience significant interference with their ability to work effectively or in their close relationships.

Other common depressants include opiates (also called "narcotics"), which are substances synthesized from the poppy flower. Opiates stimulate endorphins production in the brain and because of this they are often used as pain killers by medical professionals. Unfortunately, because opiates such as Oxycontin so reliably produce euphoria they are increasingly used —illegally—as recreational substances. Opiates are highly addictive.

Stimulants

Stimulants are substances that "speed up" the body's physiological and mental processes. Two commonly used stimulants are caffeine—the drug found in coffee and tea—and nicotine, the active drug in cigarettes and other tobacco products. These substances are both legal and relatively inexpensive, leading to their widespread use. Many people are attracted to stimulants because they feel more alert when under the influence of these drugs. As with any drug there are health risks associated with consumption. For example, over intoxication of these types of stimulants can result in anxiety, headaches, and insomnia. Similarly, smoking cigarettes—the most common means of ingesting nicotine—is associated with higher risks of cancer. For instance, among heavy smokers 90% of lung cancer is directly attributable to smoking (Stewart & Kleihues, 2003).

Caffeine is the most widely consumed stimulant in the world. Be honest, how many cups did you have today? [Image: Personeelsnet]

There are other stimulants such as cocaine and methamphetamine (also known as "crystal meth" or "ice") that are illegal substances that are commonly used. These substances act by

blocking “re-uptake” of dopamine in the brain. This means that the brain does not naturally clear out the dopamine and that it builds up in the synapse, creating euphoria and alertness. As the effects wear off it stimulates strong cravings for more of the drug. Because of this these powerful stimulants are highly addictive.

Conclusion

When you think about your daily life it is easy to get lulled into the belief that there is one “setting” for your conscious thought. That is, you likely believe that you hold the same opinions, values, and memories across the day and throughout the week. But “you” are like a dimmer switch on a light that can be turned from full darkness increasingly on up to full brightness. This switch is consciousness. At your brightest setting you are fully alert and aware; at dimmer settings you are day dreaming; and sleep or being knocked unconscious represent dimmer settings still. The degree to which you are in high, medium, or low states of conscious awareness affect how susceptible you are to persuasion, how clear your judgment is, and how much detail you can recall. Understanding levels of awareness, then, is at the heart of understanding how we learn, decide, remember and many other vital psychological processes.

Outside Resources

App: Visual illusions for the iPad.
http://www.exploratorium.edu/explore/apps/color-uncovered

Book: A wonderful book about how little we know about ourselves: Wilson, T. D. (2004). Strangers to ourselves. Cambridge, MA: Harvard University Press.
http://www.hup.harvard.edu/catalog.php?isbn=9780674013827

Book: Another wonderful book about free will—or its absence?: Wegner, D. M. (2002). The illusion of conscious will. Cambridge, MA: MIT Press.
https://mitpress.mit.edu/books/illusion-conscious-will

Information on alcoholism, alcohol abuse, and treatment:
http://www.niaaa.nih.gov/alcohol-health/support-treatment

The American Psychological Association has information on getting a good night's sleep as well as on sleep disorders
http://www.apa.org/helpcenter/sleep-disorders.aspx

The LSD simulator: This simulator uses optical illusions to simulate the halluginogenic experience of LSD. Simply follow the instructions in this two minute video. After looking away you may see the world around you in a warped or pulsating way similar to the effects of LSD. The effect is temporary and will disappear in about a minute.
https://www.youtube.com/watch?v=y2zBNXW7XtI

The National Sleep Foundation is a non-profit with videos on insomnia, sleep training in children, and other topics
https://sleepfoundation.org/video-library

Video: An artist who periodically took LSD and drew self-portraits:
http://www.openculture.com/2013/10/artist-draws-nine-portraits-on-lsd-during-1950s-research-experiment.html

Video: An interesting video on attention:
http://www.dansimons.com/videos.html

Video: Clip on out-of-body experiences induced using virtual reality.

https://youtu.be/4PQAc_Z2OfQ

Video: Clip on the rubber hand illusion, from the BBC science series "Horizon."
https://youtu.be/Qsmkgi7FgEo

Video: Clip showing a patient with blindsight, from the documentary "Phantoms in the Brain."
https://youtu.be/Cy8FSffrNDI

Video: Demonstration of motion-induced blindness - Look steadily at the blue moving pattern. One or more of the yellow spots may disappear:
https://youtu.be/4Aye9FWgxUg

Video: Howie Mandel from American Idol being hypnotized into shaking hands with people:
https://www.youtube.com/watch?v=f9dFLXV9hs0

Video: Imaging the Brain, Reading the Mind - A talk by Marsel Mesulam.
http://video.at.northwestern.edu/lores/SO_marsel.m4v

Video: Lucas Handwerker – a stage hypnotist discusses the therapeutic aspects of hypnosis:
https://www.youtube.com/watch?v=zepp_H6K5wY

Video: Ted Talk - Simon Lewis: Don't take consciousness for granted
http://www.ted.com/talks/simon_lewis_don_t_take_consciousness_for_granted.html

Video: TED Talk on Dream Research:
https://www.youtube.com/watch?v=y9ArPNAOHCo

Video: The mind-body problem - An interview with Ned Block:
https://vimeo.com/58254376

Want a quick demonstration of priming? (Want a quick demonstration of how powerful these effects can be? Check out:
https://youtu.be/QTTbDy3AZ9A

Web: A good overview of priming:
http://en.wikipedia.org/wiki/Priming_(psychology)

Web: Definitions of Consciousness:

http://www.consciousentities.com/definitions.htm

Web: Learn more about motion-induced blindness on Michael Bach's website:
http://www.michaelbach.de/ot/mot-mib/index.html

Discussion Questions

1. If someone were in a coma after an accident, and you wanted to better understand how "conscious" or aware s/he were, how might you go about it?
2. What are some of the factors in daily life that interfere with people's ability to get adequate sleep? What interferes with your sleep?
3. How frequently do you remember your dreams? Do you have recurring images or themes in your dreams? Why do you think that is?
4. Consider times when you fantasize or let your mind wander? Describe these times: are you more likely to be alone or with others? Are there certain activities you engage in that seem particularly prone to daydreaming?
5. A number of traditional societies use consciousness altering substances in ceremonies. Why do you think they do this?
6. Do you think attitudes toward drug use are changing over time? If so, how? Why do you think these changes occur?
7. Students in high school and college are increasingly using stimulants such as Adderol as study aids and "performance enhancers." What is your opinion of this trend?

Vocabulary

Blood Alcohol Content (BAC)
Blood Alcohol Content (BAC): a measure of the percentage of alcohol found in a person's blood. This measure is typically the standard used to determine the extent to which a person is intoxicated, as in the case of being too impaired to drive a vehicle.

Circadian Rhythm
Circadian Rhythm: The physiological sleep-wake cycle. It is influenced by exposure to sunlight as well as daily schedule and activity. Biologically, it includes changes in body temperature, blood pressure and blood sugar.

Consciousness
Consciousness: the awareness or deliberate perception of a stimulus

Cues
Cues: a stimulus that has a particular significance to the perceiver (e.g., a sight or a sound that has special relevance to the person who saw or heard it)

Depressants
Depressants: a class of drugs that slow down the body's physiological and mental processes.

Dissociation
Dissociation: the heightened focus on one stimulus or thought such that many other things around you are ignored; a disconnect between one's awareness of their environment and the one object the person is focusing on

Euphoria
Euphoria: an intense feeling of pleasure, excitement or happiness.

Flexible Correction Model
Flexible Correction Model: the ability for people to correct or change their beliefs and evaluations if they believe these judgments have been biased (e.g., if someone realizes they only thought their day was great because it was sunny, they may revise their evaluation of the day to account for this "biasing" influence of the weather)

Hallucinogens
Hallucinogens: substances that, when ingested, alter a person's perceptions, often by creating

hallucinations that are not real or distorting their perceptions of time.

Hypnosis
Hypnosis: the state of consciousness whereby a person is highly responsive to the suggestions of another; this state usually involves a dissociation with one's environment and an intense focus on a single stimulus, which is usually accompanied by a sense of relaxation

Hypnotherapy
Hypnotherapy: The use of hypnotic techniques such as relaxation and suggestion to help engineer desirable change such as lower pain or quitting smoking.

Implicit Associations Test
Implicit Associations Test (IAT): A computer reaction time test that measures a person's automatic associations with concepts. For instance, the IAT could be used to measure how quickly a person makes positive or negative evaluations of members of various ethnic groups.

Jet Lag
Jet Lag: The state of being fatigued and/or having difficulty adjusting to a new time zone after traveling a long distance (across multiple time zones).

Melatonin
Melatonin: A hormone associated with increased drowsiness and sleep.

Mindfulness
Mindfulness: a state of heightened focus on the thoughts passing through one's head, as well as a more controlled evaluation of those thoughts (e.g., do you reject or support the thoughts you're having?)

Priming
Priming: the activation of certain thoughts or feelings that make them easier to think of and act upon

Stimulants
Stimulants: a class of drugs that speed up the body's physiological and mental processes.

Trance States
Trance: a state of consciousness characterized by the experience of "out-of-body possession," or an acute dissociation between one's self and the current, physical environment surrounding them.

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Chapter 7: Memory

8
Memory (Encoding, Storage, Retrieval)

Kathleen B. McDermott & Henry L. Roediger

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

Learning Objectives

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

Introduction

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

In some ways memory is like file drawers where you store mental information. Memory is also a series of processes: how does that information get filed to begin with and how does it get retrieved when needed? [Photo: Jason Carpenter]

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

competitor, Johannes Mallow. In this module, we reveal what psychologists and others have learned about memory, and we also explain the general principles by which you can improve your own memory for factual material.

Varieties of Memory

To be a good chess player you have to learn to increase working memory so you can plan ahead for several offensive moves while simultaneously anticipating - through use of memory - how the other player could counter each of your planned moves. [Photo: D-Stanley]

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

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

your experiences in sixth grade) can be referred to as **autobiographical memory**, we will focus primarily on the episodic memories of more recent events.

Three Stages of the Learning/Memory Process

Psychologists distinguish between three necessary stages in the learning and memory process: **encoding**, **storage**, and **retrieval** (Melton, 1963). Encoding is defined as the initial learning of information; storage refers to maintaining information over time; retrieval is the ability to access information when you need it. If you meet someone for the first time at a party, you need to encode her name (Lyn Goff) while you associate her name with her face. Then you need to maintain the information over time. If you see her a week later, you need to recognize her face and have it serve as a cue to retrieve her name. Any successful act of remembering requires that all three stages be intact. However, two types of errors can also occur. Forgetting is one type: you see the person you met at the party and you cannot recall her name. The other error is misremembering (false recall or false recognition): you see someone who looks like Lyn Goff and call the person by that name (false recognition of the face). Or, you might see the real Lyn Goff, recognize her face, but then call her by the name of another woman you met at the party (misrecall of her name).

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

Encoding

Encoding refers to the initial experience of perceiving and learning information. Psychologists often study recall by having participants study a list of pictures or words. Encoding in these situations is fairly straightforward. However, "real life" encoding is much more challenging. When you walk across campus, for example, you encounter countless sights and sounds—friends passing by, people playing Frisbee, music in the air. The physical and mental environments are much too rich for you to encode all the happenings around you or the internal thoughts you have in response to them. So, an important first principle of encoding

is that it is selective: we attend to some events in our environment and we ignore others. A second point about encoding is that it is prolific; we are always encoding the events of our lives—attending to the world, trying to understand it. Normally this presents no problem, as our days are filled with routine occurrences, so we don't need to pay attention to everything. But if something does happen that seems strange—during your daily walk across campus, you see a giraffe—then we pay close attention and try to understand why we are seeing what we are seeing.

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

A giraffe in the context of a zoo or its natural habitat may register as nothing more than ordinary, but put it in another setting - in the middle of a campus or a busy city - and its level of distinctiveness increases dramatically. Distinctiveness is a key attribute to remembering events. [Image: David Blackwell]

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

Kulik (1977) to describe this sort of vivid memory of finding out an important piece of news. The name refers to how some memories seem to be captured in the mind like a flash photograph; because of the distinctiveness and emotionality of the news, they seem to become permanently etched in the mind with exceptional clarity compared to other memories.

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

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

Although it requires more effort, using images and associations can improve the process of recoding. [Image: Leo Reynolds]

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

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

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

Because humans are creative, we are always going beyond the information we are given: we automatically make associations and infer from them what is happening. But, as with the word association mix-up above, sometimes we make false memories from our inferences—remembering the inferences themselves as if they were actual experiences. To illustrate this, Brewer (1977) gave people sentences to remember that were designed to elicit *pragmatic inferences*. Inferences, in general, refer to instances when something is not explicitly stated, but we are still able to guess the undisclosed intention. For example, if your friend told you that she didn't want to go out to eat, you may infer that she doesn't have the money to go out, or that she's too tired. With *pragmatic* inferences, there is usually *one* particular inference you're likely to make. Consider the statement Brewer (1977) gave her participants: "The karate

champion hit the cinder block." After hearing or seeing this sentence, participants who were given a memory test tended to remember the statement as having been, "The karate champion *broke* the cinder block." This remembered statement is not necessarily a *logical* inference (i. e., it is perfectly reasonable that a karate champion could hit a cinder block without breaking it). Nevertheless, the *pragmatic* conclusion from hearing such a sentence is that the block was likely broken. The participants remembered this inference they made while hearing the sentence in place of the actual words that were in the sentence (see also McDermott & Chan, 2006).

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

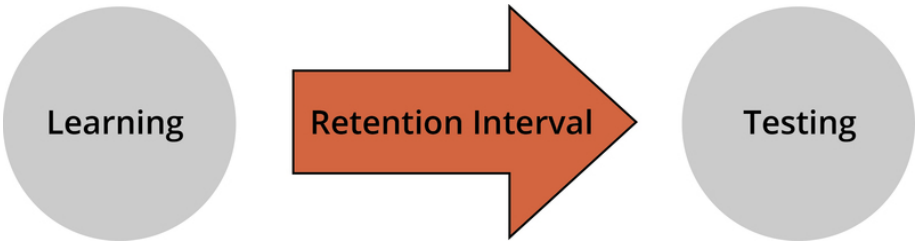
Storage

Memory traces, or engrams, are NOT perfectly preserved recordings of past experiences. The traces are combined with current knowledge to reconstruct what we think happened in the past. [Photo: INDEED]

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

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

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



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

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

Retrieval

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

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

We can't know the entirety of what is in our memory, but only that portion we can actually retrieve. Something that cannot be retrieved now and which is seemingly gone from memory may, with different cues applied, reemerge. [Photo: sean dreilinger]

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

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

One caution with this principle, though, is that, for the cue to work, it can't match too many other experiences (Nairne, 2002; Watkins, 1975). Consider a lab experiment. Suppose you study 100 items; 99 are words, and one is a picture—of a penguin, item 50 in the list. Afterwards, the cue "recall the picture" would evoke "penguin" perfectly. No one would miss it. However, if the *word* "penguin" were placed in the same spot among the other 99 words, its memorability would be exceptionally worse. This outcome shows the power of distinctiveness that we discussed in the section on encoding: one picture is perfectly recalled from among 99 words because it stands out. Now consider what would happen if the experiment were repeated,

but there were 25 pictures distributed within the 100-item list. Although the picture of the penguin would still be there, the probability that the cue "recall the picture" (at item 50) would be useful for the penguin would drop correspondingly. Watkins (1975) referred to this outcome as demonstrating the **cue overload principle**. That is, to be effective, a retrieval cue cannot be overloaded with too many memories. For the cue "recall the picture" to be effective, it should only match one item in the target set (as in the one-picture, 99-word case).

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

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

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

target). Further, the match is quite distinctive with *George Bernard* _____, but the cue *William* _____ is much more overloaded (Prince William, William Yeats, William Faulkner, will.i.am).

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

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

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

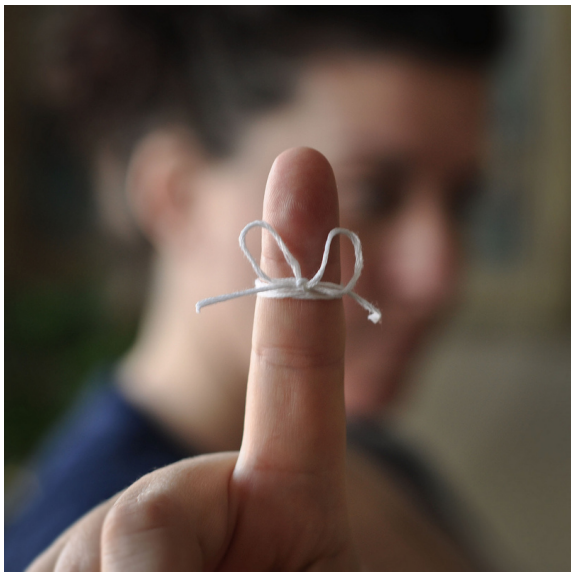
> One of my first memories would date, if it were true, from my second year. I can still see, most clearly, the following scene, in which I believed until I was about 15. I was sitting in my pram . . . when a man tried to kidnap me. I was held in by the strap fastened round

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

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

Putting It All Together: Improving Your Memory

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



Some people employ tricks to help them improve their memories. [Photo: Flood]

So, how can these principles be adapted for use in many situations? Let's go back to how we started the module, with Simon Reinhard's ability to memorize huge numbers of digits. Although it was not obvious, he applied these same general memory principles, but in a more

deliberate way. In fact, all **mnemonic devices**, or memory aids/tricks, rely on these fundamental principles. In a typical case, the person learns a set of cues and then applies these cues to learn and remember information. Consider the set of 20 items below that are easy to learn and remember (Bower & Reitman, 1972).

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

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

This peg word method may sound strange at first, but it works quite well, even with little training (Roediger, 1980). One word of warning, though, is that the items to be remembered need to be presented relatively slowly at first, until you have practice associating each with its cue word. People get faster with time. Another interesting aspect of this technique is that

it's just as easy to recall the items in backwards order as forwards. This is because the peg words provide direct access to the memorized items, regardless of order.

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

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

Outside Resources

Book: Brown, P.C., Roediger, H. L. & McDaniel, M. A. (2014). Smarter, sooner, longer: Effective strategies for learning and remembering. Cambridge, MA: Harvard University Press.

Student Video 1: Eureka Foong's - The Misinformation Effect. This is a student-made video illustrating this phenomenon of altered memory. It was one of the winning entries in the 2014 Noba Student Video Award.
https://www.youtube.com/watch?v=iMPIWkFtd88

Student Video 2: Kara McCord's - Flashbulb Memories. This is a student-made video illustrating this phenomenon of autobiographical memory. It was one of the winning entries in the 2014 Noba Student Video Award.
https://www.youtube.com/watch?v=mPhW9bUI4F0

Student Video 3: Ang Rui Xia & Ong Jun Hao's - The Misinformation Effect. Another student-made video exploring the misinformation effect. Also an award winner from 2014.
https://www.youtube.com/watch?v=gsn9iKmOJLQ

Video: Simon Reinhard breaking the world record in speedcards.
http://vimeo.com/12516465

Discussion Questions

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

can be understood by one of you making a pragmatic inference?

3. Think about what you've just learned in this module and about how you study for tests. On the basis of what you have just learned, is there something that you want to try that might help your study habits?

Vocabulary

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

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

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

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

Encoding
The initial experience of perceiving and learning events.

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

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

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

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

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

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

the original event.

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

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

Retrieval
The process of accessing stored information.

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

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

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

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9

Eyewitness Testimony and Memory Biases

Cara Laney & Elizabeth F. Loftus

Eyewitnesses can provide very compelling legal testimony, but rather than recording experiences flawlessly, their memories are susceptible to a variety of errors and biases. They (like the rest of us) can make errors in remembering specific details and can even remember whole events that did not actually happen. In this module, we discuss several of the common types of errors, and what they can tell us about human memory and its interactions with the legal system.

Learning Objectives

- Describe the kinds of mistakes that eyewitnesses commonly make and some of the ways that this can impede justice.
- Explain some of the errors that are common in human memory.
- Describe some of the important research that has demonstrated human memory errors and their consequences.

What Is Eyewitness Testimony?

Eyewitness testimony is what happens when a person witnesses a crime (or accident, or other legally important event) and later gets up on the stand and recalls for the court all the details of the witnessed event. It involves a more complicated process than might initially be

If two people witness the same event will they both report seeing the same things? [Photo: Sigfrid Lundberg]

presumed. It includes what happens during the actual crime to facilitate or hamper witnessing, as well as everything that happens from the time the event is over to the later courtroom appearance. The eyewitness may be interviewed by the police and numerous lawyers, describe the perpetrator to several different people, and make an identification of the perpetrator, among other things.

Why Is Eyewitness Testimony an Important Area of Psychological Research?

When an eyewitness stands up in front of the court and describes what happened from her own perspective, this testimony can be extremely compelling—it is hard for those hearing this testimony to take it "with a grain of salt," or otherwise adjust its power. But to what extent is this necessary?

There is now a wealth of evidence, from research conducted over several decades, suggesting that eyewitness testimony is probably the most persuasive form of evidence presented in court, but in many cases, its accuracy is dubious. There is also evidence that mistaken eyewitness evidence can lead to wrongful conviction—sending people to prison for years or decades, even to death row, for crimes they did not commit. Faulty eyewitness testimony has been implicated in at least 75% of DNA exoneration cases—more than any other cause (Garrett, 2011). In a particularly famous case, a man named Ronald Cotton was identified by a rape victim, Jennifer Thompson, as her rapist, and was found guilty and sentenced to life in prison. After more than 10 years, he was exonerated (and the real rapist identified) based on DNA evidence. For details on this case and other (relatively) lucky individuals whose false convictions were subsequently overturned with DNA evidence, see the Innocence Project website (**http://www.innocenceproject.org/**).

There is also hope, though, that many of the errors may be avoidable if proper precautions are taken during the investigative and judicial processes. Psychological science has taught us what some of those precautions might involve, and we discuss some of that science now.

Misinformation

Misinformation can be introduced into the memory of a witness between the time of seeing an event and reporting it later. Something as straightforward as which sort of traffic sign was in place at an intersection can be confused if subjects are exposed to erroneous information after the initial incident.

In an early study of eyewitness memory, undergraduate subjects first watched a slideshow depicting a small red car driving and then hitting a pedestrian (Loftus, Miller, & Burns, 1978). Some subjects were then asked leading questions about what had happened in the slides. For example, subjects were asked, "How fast was the car traveling when it passed the yield sign?" But this question was actually designed to be misleading, because the original slide included a stop sign rather than a yield sign.

Later, subjects were shown pairs of slides. One of the pair was the original slide containing the stop sign; the other was a replacement slide containing a yield sign. Subjects were asked which of the pair they had previously seen. Subjects who had been asked about the yield sign were likely to pick the slide showing the yield sign, even though they had originally seen the slide with the stop sign. In other words, the misinformation in the leading question led to inaccurate memory.

This phenomenon is called the **misinformation effect**, because the misinformation that subjects were exposed to after the event (here in the form of a misleading question) apparently contaminates subjects' memories of what they witnessed. Hundreds of subsequent studies have demonstrated that memory can be contaminated by erroneous information that people are exposed to after they witness an event (see Frenda, Nichols, & Loftus, 2011; Loftus, 2005). The misinformation in these studies has led people to incorrectly remember everything from small but crucial details of a perpetrator's appearance to objects as large as a barn that wasn't there at all.

These studies have demonstrated that young adults (the typical research subjects in psychology) are often susceptible to misinformation, but that children and older adults can be even more susceptible (Bartlett & Memon, 2007; Ceci & Bruck, 1995). In addition, misinformation effects can occur easily, and without any intention to deceive (Allan & Gabbert, 2008). Even slight differences in the wording of a question can lead to misinformation effects. Subjects in one study were more likely to say yes when asked "Did you see the broken headlight?" than when asked "Did you see a broken headlight?" (Loftus, 1975).

Other studies have shown that misinformation can corrupt memory even more easily when

it is encountered in social situations (Gabbert, Memon, Allan, & Wright, 2004). This is a problem particularly in cases where more than one person witnesses a crime. In these cases, witnesses tend to talk to one another in the immediate aftermath of the crime, including as they wait for police to arrive. But because different witnesses are different people with different perspectives, they are likely to see or notice different things, and thus remember different things, even when they witness the same event. So when they communicate about the crime later, they not only reinforce common memories for the event, they also contaminate each other's memories for the event (Gabbert, Memon, & Allan, 2003; Paterson & Kemp, 2006; Takarangi, Parker, & Garry, 2006).

The misinformation effect has been modeled in the laboratory. Researchers had subjects watch a video in pairs. Both subjects sat in front of the same screen, but because they wore differently polarized glasses, they saw two different versions of a video, projected onto a screen. So, although they were both watching the same screen, and believed (quite reasonably) that they were watching the same video, they were actually watching two different versions of the video (Garry, French, Kinzett, & Mori, 2008).

In the video, Eric the electrician is seen wandering through an unoccupied house and helping himself to the contents thereof. A total of eight details were different between the two videos. After watching the videos, the "co-witnesses" worked together on 12 memory test questions. Four of these questions dealt with details that were different in the two versions of the video, so subjects had the chance to influence one another. Then subjects worked individually on 20 additional memory test questions. Eight of these were for details that were different in the two videos. Subjects' accuracy was highly dependent on whether they had discussed the details previously. Their accuracy for items they had *not* previously discussed with their co-witness was 79%. But for items that they *had* discussed, their accuracy dropped markedly, to 34%. That is, subjects allowed their co-witnesses to corrupt their memories for what they had seen.

Identifying Perpetrators

In addition to correctly remembering many details of the crimes they witness, eyewitnesses often need to remember the faces and other identifying features of the perpetrators of those crimes. Eyewitnesses are often asked to describe that perpetrator to law enforcement and later to make identifications from books of mug shots or lineups. Here, too, there is a substantial body of research demonstrating that eyewitnesses can make serious, but often understandable and even predictable, errors (Caputo & Dunning, 2007; Cutler & Penrod, 1995).

In most jurisdictions in the United States, lineups are typically conducted with pictures, called **photo spreads**, rather than with actual people standing behind one-way glass (Wells, Memon, & Penrod, 2006). The eyewitness is given a set of small pictures of perhaps six or eight individuals who are dressed similarly and photographed in similar circumstances. One of these individuals is the police suspect, and the remainder are "**foils**" or "fillers" (people known to be innocent of the particular crime under investigation). If the eyewitness identifies the suspect, then the investigation of that suspect is likely to progress. If a witness identifies a foil or no one, then the police may choose to move their investigation in another direction.

Mistakes in identifying perpetrators can be influenced by a number of factors including poor viewing conditions, too little time to view the perpetrator, or too much delay from time of witnessing to identification. [Photo: Tim Snell]

This process is modeled in laboratory studies of eyewitness identifications. In these studies, research subjects witness a mock crime (often as a short video) and then are asked to make an identification from a photo or a live lineup. Sometimes the lineups are target present, meaning that the perpetrator from the mock crime is actually in the lineup, and sometimes they are target absent, meaning that the lineup is made up entirely of foils. The subjects, or **mock witnesses**, are given some instructions and asked to pick the perpetrator out of the lineup. The particular details of the witnessing experience, the instructions, and the lineup members can all influence the extent to which the mock witness is likely to pick the perpetrator out of the lineup, or indeed to make any selection at all. Mock witnesses (and indeed real witnesses) can make errors in two different ways. They can fail to pick the perpetrator out of a target present lineup (by picking a foil or by neglecting to make a selection), or they can pick a foil in a target absent lineup (wherein the only correct choice is to not make a selection).

Some factors have been shown to make eyewitness identification errors particularly likely. These include poor vision or viewing conditions during the crime, particularly stressful witnessing experiences, too little time to view the perpetrator or perpetrators, too much delay between witnessing and identifying, and being asked to identify a perpetrator from a race other than one's own (Bornstein, Deffenbacher, Penrod, & McGorty, 2012; Brigham, Bennett, Meissner, & Mitchell, 2007; Burton, Wilson, Cowan, & Bruce, 1999; Deffenbacher, Bornstein, Penrod, & McGorty, 2004).

It is hard for the legal system to do much about most of these problems. But there are some things that the justice system can do to help lineup identifications "go right." For example, investigators can put together high-quality, fair lineups. A fair lineup is one in which the suspect and each of the foils is equally likely to be chosen by someone who has read an eyewitness description of the perpetrator but who did not actually witness the crime (Brigham, Ready, & Spier, 1990). This means that no one in the lineup should "stick out," and that everyone should match the description given by the eyewitness. Other important recommendations that have come out of this research include better ways to conduct lineups, "double blind" lineups, unbiased instructions for witnesses, and conducting lineups in a sequential fashion (see Technical Working Group for Eyewitness Evidence, 1999; Wells et al., 1998; Wells & Olson, 2003).

Kinds of Memory Biases

Memory is also susceptible to a wide variety of other biases and errors. People can forget events that happened to them and people they once knew. They can mix up details across time and place. They can even remember whole complex events that never happened at all. Importantly, these errors, once made, can be very hard to unmake. A memory is no less "memorable" just because it is wrong.

Some small memory errors are commonplace, and you have no doubt experienced many of them. You set down your keys without paying attention, and then cannot find them later when you go to look for them. You try to come up with a person's name but cannot find it, even though you have the sense that it is right at the tip of your tongue (psychologists actually call this the tip-of-the-tongue effect, or TOT) (Brown, 1991).

Other sorts of memory biases are more complicated and longer lasting. For example, it turns out that our expectations and beliefs about how the world works can have huge influences on our memories. Because many aspects of our everyday lives are full of redundancies, our memory systems take advantage of the recurring patterns by forming and using **schemata**, or memory templates (Alba & Hasher, 1983; Brewer & Treyens, 1981). Thus, we know to expect that a library will have shelves and tables and librarians, and so we don't have to spend energy noticing these at the time. The result of this lack of attention, however, is that one is likely to remember schema-consistent information (such as tables), and to remember them in a rather generic way, whether or not they were actually present.

False Memory

For most of our experiences schematas are a benefit and help with information overload. However, they may make it difficult or impossible to recall certain details of a situation later. Do you recall the library as it actually was or the library as approximated by your library schemata? [Photo: peyri]

Some memory errors are so "large" that they almost belong in a class of their own: **false memories**. Back in the early 1990s a pattern emerged whereby people would go into therapy for depression and other everyday problems, but over the course of the therapy develop memories for violent and horrible victimhood (Loftus & Ketcham, 1994). These patients' therapists claimed that the patients were recovering genuine memories of real childhood abuse, buried deep in their minds for years or even decades. But some experimental psychologists believed that the memories were instead likely to be false—created in therapy. These researchers then set out to see whether it would indeed be possible for wholly false memories to be created by procedures similar to those used in these patients' therapy.

In early false memory studies, undergraduate subjects' family members were recruited to provide events from the students' lives. The student subjects were told that the researchers had talked to their family members and learned about four different events from their childhoods. The researchers asked if the now undergraduate students remembered each of these four events—introduced via short hints. The subjects were asked to write about each of the four events in a booklet and then were interviewed two separate times. The trick was that one of the events came from the researchers rather than the family (and the family had actually assured the researchers that this event had *not* happened to the subject). In the first such study, this researcher-introduced event was a story about being lost in a shopping mall and rescued by an older adult. In this study, after just being asked whether they remembered

these events occurring on three separate occasions, a quarter of subjects came to believe that they had indeed been lost in the mall (Loftus & Pickrell, 1995). In subsequent studies, similar procedures were used to get subjects to believe that they nearly drowned and had been rescued by a lifeguard, or that they had spilled punch on the bride's parents at a family wedding, or that they had been attacked by a vicious animal as a child, among other events (Heaps & Nash, 1999; Hyman, Husband, & Billings, 1995; Porter, Yuille, & Lehman, 1999).

More recent false memory studies have used a variety of different manipulations to produce false memories in substantial minorities and even occasional majorities of manipulated subjects (Braun, Ellis, & Loftus, 2002; Lindsay, Hagen, Read, Wade, & Garry, 2004; Mazzoni, Loftus, Seitz, & Lynn, 1999; Seamon, Philbin, & Harrison, 2006; Wade, Garry, Read, & Lindsay, 2002). For example, one group of researchers used a mock-advertising study, wherein subjects were asked to review (fake) advertisements for Disney vacations, to convince subjects that they had once met the character Bugs Bunny at Disneyland—an impossible false memory because Bugs is a Warner Brothers character (Braun et al., 2002). Another group of researchers photoshopped childhood photographs of their subjects into a hot air balloon picture and then asked the subjects to try to remember and describe their hot air balloon experience (Wade et al., 2002). Other researchers gave subjects unmanipulated class photographs from their childhoods along with a fake story about a class prank, and thus enhanced the likelihood that subjects would falsely remember the prank (Lindsay et al., 2004).

Using a false feedback manipulation, we have been able to persuade subjects to falsely remember having a variety of childhood experiences. In these studies, subjects are told (falsely) that a powerful computer system has analyzed questionnaires that they completed previously and has concluded that they had a particular experience years earlier. Subjects apparently believe what the computer says about them and adjust their memories to match this new information. A variety of different false memories have been implanted in this way. In some studies, subjects are told they once got sick on a particular food (Bernstein, Laney, Morris, & Loftus, 2005). These memories can then spill out into other aspects of subjects' lives, such that they often become less interested in eating that food in the future (Bernstein & Loftus, 2009b). Other false memories implanted with this methodology include having an unpleasant experience with the character Pluto at Disneyland and witnessing physical violence between one's parents (Berkowitz, Laney, Morris, Garry, & Loftus, 2008; Laney & Loftus, 2008).

Importantly, once these false memories are implanted—whether through complex methods or simple ones—it is extremely difficult to tell them apart from true memories (Bernstein & Loftus, 2009a; Laney & Loftus, 2008).

Conclusion

To conclude, eyewitness testimony is very powerful and convincing to jurors, even though it is not particularly reliable. Identification errors occur, and these errors can lead to people being falsely accused and even convicted. Likewise, eyewitness memory can be corrupted by leading questions, misinterpretations of events, conversations with co-witnesses, and their own expectations for what should have happened. People can even come to remember whole events that never occurred.

The problems with memory in the legal system are real. But what can we do to start to fix them? A number of specific recommendations have already been made, and many of these are in the process of being implemented (e.g., Steblay & Loftus, 2012; Technical Working Group for Eyewitness Evidence, 1999; Wells et al., 1998). Some of these recommendations are aimed at specific legal procedures, including when and how witnesses should be interviewed, and how lineups should be constructed and conducted. Other recommendations call for appropriate education (often in the form of expert witness testimony) to be provided to jury members and others tasked with assessing eyewitness memory. Eyewitness testimony can be of great value to the legal system, but decades of research now argues that this testimony is often given far more weight than its accuracy justifies.

Outside Resources

Video 1: Eureka Foong's - The Misinformation Effect. This is a student-made video illustrating this phenomenon of altered memory. It was one of the winning entries in the 2014 Noba Student Video Award.
https://www.youtube.com/watch?v=iMPIWkFtd88

Video 2: Ang Rui Xia & Ong Jun Hao's - The Misinformation Effect. Another student-made video exploring the misinformation effect. Also an award winner from 2014.
https://www.youtube.com/watch?v=gsn9iKmOJLQ

Discussion Questions

1. Imagine that you are a juror in a murder case where an eyewitness testifies. In what ways might your knowledge of memory errors affect your use of this testimony?
2. How true to life do you think television shows such as CSI or Law & Order are in their portrayals of eyewitnesses?
3. Many jurisdictions in the United States use “show-ups,” where an eyewitness is brought to a suspect (who may be standing on the street or in handcuffs in the back of a police car) and asked, “Is this the perpetrator?” Is this a good or bad idea, from a psychological perspective? Why?

Vocabulary

False memories
Memory for an event that never actually occurred, implanted by experimental manipulation or other means.

Foils
Any member of a lineup (whether live or photograph) other than the suspect.

Misinformation effect
A memory error caused by exposure to incorrect information between the original event (e.g., a crime) and later memory test (e.g., an interview, lineup, or day in court).

Mock witnesses
A research subject who plays the part of a witness in a study.

Photo spreads
A selection of normally small photographs of faces given to a witness for the purpose of identifying a perpetrator.

Schema (plural: schemata)
A memory template, created through repeated exposure to a particular class of objects or events.

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10

Failures of Awareness: The Case of Inattentional Blindness

Daniel Simons

We think important objects and events in our world will automatically grab our attention, but they often don't, particularly when our attention is focused on something else. The failure to notice unexpected objects or events when attention is focused elsewhere is now known as inattentional blindness. The study of such failures of awareness has a long history, but their practical importance has received increasing attention over the past decade. This module describes the history and status of research on inattentional blindness, discusses the reasons why we find these results to be counterintuitive, and the implications of failures of awareness for how we see and act in our world.

Learning Objectives

- Learn about inattentional blindness and why it occurs.
- Identify ways in which failures of awareness are counterintuitive.
- Better understand the link between focused attention and failures of awareness.

Do you regularly spot editing errors in movies? Can you multitask effectively, texting while talking with your friends or watching television? Are you fully aware of your surroundings? If you answered yes to any of those questions, you're not alone. And, you're most likely wrong.

More than 50 years ago, experimental psychologists began documenting the many ways that our perception of the world is limited, not by our eyes and ears, but by our minds. We appear

able to process only one stream of information at a time, effectively filtering other information from awareness. To a large extent, we perceive only that which receives the focus of our cognitive efforts: our attention.

Some researchers contend that there really is no such thing as multi-tasking. Instead, people are just rapidly switching their attention between tasks, rather than holding those tasks in their attention at the same time. [Image: Melvin Gaal]

Imagine the following task, known as **dichotic listening** (e.g., Cherry, 1953; Moray, 1959; Treisman, 1960): You put on a set of headphones that play two completely different speech streams, one to your left ear and one to your right ear. Your task is to repeat each syllable spoken into your left ear as quickly and accurately as possible, mimicking each sound as you hear it. When performing this attention-demanding task, you won't notice if the speaker in your right ear switches to a different language or is replaced by a different speaker with a similar voice. You won't notice if the content of their speech becomes nonsensical. In effect, you are deaf to the substance of the ignored speech. But, that is not because of the limits of your auditory senses. It is a form of cognitive deafness, due to the nature of focused, selective attention. Even if the speaker on your right headphone says your name, you will notice it only about one-third of the time (Conway, Cowan, & Bunting, 2001). And, at least by some accounts, you only notice it that often because you still devote some of your limited attention to the ignored speech stream (Holendar, 1986). In this task, you will tend to notice only large physical changes (e.g., a switch from a male to a female speaker), but not substantive ones, except in rare cases.

This **selective listening** task highlights the power of attention to filter extraneous information from awareness while letting in only those elements of our world that we want to hear. Focused attention is crucial to our powers of observation, making it possible for us to zero in on what we want to see or hear while filtering out irrelevant distractions. But, it has consequences as well: We can miss what would otherwise be obvious and important signals.

The same pattern holds for vision. In a groundbreaking series of studies in the 1970s and

early 1980s, Neisser and his colleagues devised a visual analogue of the dichotic listening task (Neisser & Becklen, 1975). Their subjects viewed a video of two distinct, but partially transparent and overlapping, events. For example, one event might involve two people playing a hand-clapping game and the other might show people passing a ball. Because the two events were partially transparent and overlapping, both produced sensory signals on the retina regardless of which event received the participant's attention. When participants were asked to monitor one of the events by counting the number of times the actors performed an action (e.g., hand clapping or completed passes), they often failed to notice unexpected events in the ignored video stream (e.g., the hand-clapping players stopping their game and shaking hands). As for dichotic listening, the participants were unaware of events happening outside the focus of their attention, even when looking right at them. They could tell that other "stuff" was happening on the screen, but many were unaware of the meaning or substance of that stuff.

Have you ever been paying attention to something so closely you missed another event in the background? Or have you ever been so used to seeing something a certain way that when it changed, you didn't even notice it had? [Image: Lafayette College]

To test the power of selective attention to induce failures of awareness, Neisser and colleagues (Neisser, 1979) designed a variant of this task in which participants watched a video of two teams of players, one wearing white shirts and one wearing black shirts. Subjects were asked to press a key whenever the players in white successfully passed a ball, but to ignore the players in black. As for the other videos, the teams were filmed separately and then superimposed so that they literally occupied the same space (they were partially transparent). Partway through the video, a person wearing a raincoat and carrying an umbrella strolled through the scene. People were so intently focused on spotting passes that they often missed the "umbrella woman." (Pro tip: If you look closely at the video, you'll see that Ulric Neisser plays on both the black and white teams.)

These surprising findings were well known in the field, but for decades, researchers dismissed their implications because the displays had such an odd, ghostly appearance.

Of course, we would notice if the displays were fully opaque and vivid rather than partly transparent and grainy. Surprisingly, no studies were built on Neisser's method for nearly 20 years. Inspired by these counterintuitive findings and after discussing them with Neisser himself, Christopher Chabris and I revisited them in the late 1990s (Simons & Chabris, 1999). We replicated Neisser's work, again finding that many people missed the umbrella woman when all of the actors in the video were partially transparent and occupying the same space. But, we added another wrinkle: a version of the video in which all of the actions of both teams of players were choreographed and filmed with a single camera. The players moved in and around each other and were fully visible. In the most dramatic version, we had a woman in a gorilla suit walk into the scene, stop to face the camera, thump her chest, and then walk off the other side after nine seconds on screen. Fully half the observers missed the gorilla when counting passes by the team in white.

This phenomenon is now known as **inattentional blindness**, the surprising failure to notice an unexpected object or event when attention is focused on something else (Mack & Rock, 1998). The past 15 years has seen a surge of interest in such failures of awareness, and we now have a better handle on the factors that cause people to miss unexpected events as well as the range of situations in which inattentional blindness occurs. People are much more likely to notice unexpected objects that share features with the attended items in a display (Most et al., 2001). For example, if you count passes by the players wearing black, you are more likely to notice the gorilla than if you count passes by the players wearing white because the color of the gorilla more closely matches that of the black-shirted players (Simons & Chabris, 1999). However, even unique items can go unnoticed. In one task, people monitored black shapes and ignored white shapes that moved around a computer window (Most et al., 2001). Approximately 30 percent of them failed to detect the bright red cross traversing the display, even though it was the only colored item and was visible for five seconds.

Typically, even when we're intently focused on a stationary object, a moving object will catch our attention. Why is this? Some researchers claim, evolutionarily speaking, we are more attuned to movement because it likely indicated food or a threat was near. [Image: Phil Roeder]

Another crucial influence on noticing is the effort you put into the attention-demanding task. If you have to keep separate counts of bounce passes

and aerial passes, you are less likely to notice the gorilla (Simons & Chabris, 1999), and if you are tracking faster moving objects, you are less likely to notice (Simons & Jensen, 2009). You can even miss unexpected visual objects when you devote your limited cognitive resources to a memory task (Fougnie & Marois, 2007), so the limits are not purely visual. Instead, they appear to reflect limits on the capacity of attention. Without attention to the unexpected event, you are unlikely to become aware of it (Mack & Rock, 1998; Most, Scholl, Clifford, & Simons, 2005).

Inattentional blindness is not just a laboratory curiosity—it also occurs in the real world and under more natural conditions. In a recent study (Chabris, Weinberger, Fontaine, & Simons, 2011), Chabris and colleagues simulated a famous police misconduct case in which a Boston police officer was convicted of lying because he claimed not to have seen a brutal beating (Lehr, 2009). At the time, he had been chasing a murder suspect and ran right past the scene of a brutal assault. In Chabris' simulation, subjects jogged behind an experimenter who ran right past a simulated fight scene. At night, 65 percent missed the fight scene. Even during broad daylight, 44 percent of observers jogged right passed it without noticing, lending some plausibility to the Boston cop's story that he was telling the truth and never saw the beating.

Perhaps more importantly, auditory distractions can induce real-world failures to see. Although people believe they can multitask, few can. And, talking on a phone while driving or walking decreases situation awareness and increases the chances that people will miss something important (Strayer & Johnston, 2001). In a dramatic illustration of cell phone–induced inattentional blindness, Ira Hymen observed that people talking on a cell phone as they walked across a college campus were less likely than other pedestrians to notice a unicycling clown who rode across their path (Hyman, Boss, Wise, McKenzie, & Caggiano, 2011).

Recently, the study of this sort of awareness failure has returned to its roots in studies of listening, with studies documenting **inattentional deafness**: When listening to a set of spatially localized conversations over headphones, people often fail to notice the voice of a person walking through the scene repeatedly stating "I am a gorilla" (Dalton & Fraenkel, 2012). Under conditions of focused attention, we see and hear far less of the unattended information than we might expect (Macdonald & Lavie, 2011; Wayand, Levin, & Varakin, 2005).

We now have a good understanding of the ways in which focused attention affects the detection of unexpected objects falling outside that focus. The greater the demands on attention, the less likely people are to notice objects falling outside their attention (Macdonald & Lavie, 2011; Simons & Chabris, 1999; Simons & Jensen, 2009). The more like the ignored elements of a scene, the less likely people are to notice. And, the more distracted we are, the less likely we are to be aware of our surroundings. Under conditions of distraction, we

Now you see me, now you don't! Although the research on attention has only developed over the last few decades, magicians have been taking advantages of our susceptibility to misguided focus for centuries. [Image: Les Black]

effectively develop tunnel vision.

Despite this growing understanding of the limits of attention and the factors that lead to more or less noticing, we have relatively less understanding of individual differences in noticing (Simons & Jensen, 2009). Do some people consistently notice the unexpected while others are obliviously unaware of their surroundings? Or, are we all subject to inattentional blindness due to structural limits on the nature of attention? The question remains controversial. A few studies suggest that those people who have a greater working memory capacity are more likely to notice unexpected objects (Hannon & Richards, 2010; Richards, Hannon, & Derakshan, 2010). In effect, those who have more resources available when focusing attention are more likely to spot other aspects of their world. However, other studies find no such relationship: Those with greater working memory capacity are not any more likely to spot an unexpected object or event (Seegmiller, Watson, & Strayer, 2011; Bredemeier & Simons, 2012). There are theoretical reasons to predict each pattern. With more resources available, people should be more likely to notice (see Macdonald & Lavie, 2011). However, people with greater working memory capacity also tend to be better able to maintain their focus on their prescribed task, meaning that they should be less likely to notice. At least one study suggests that the ability to perform a task does not predict the likelihood of noticing (Simons & Jensen, 2009; for a replication, see Bredemeier & Simons, 2012). In a study I conducted with Melinda Jensen, we measured how well people could track moving objects around a display, gradually increasing the speed until people reached a level of 75% accuracy. Tracking ability varied greatly: Some people could track objects at more than twice the speed others could. Yet, the ability to track objects more easily was unrelated to the odds of noticing an unexpected event. Apparently, as long as people try to perform the tracking task, they are relatively unlikely to notice unexpected events.

What makes these findings interesting and important is that they run counter to our intuitions. Most people are confident they would notice the chest-thumping gorilla. In fact, nearly 90% believe they would spot the gorilla (Levin & Angelone, 2008), and in a national survey, 78% agreed with the statement, "People generally notice when something unexpected enters their

field of view, even when they're paying attention to something else" (Simons & Chabris, 2010). Similarly, people are convinced that they would spot errors in movies or changes to a conversation partner (Levin & Angelone, 2008). We think we see and remember far more of our surroundings than we actually do. But why do we have such mistaken intuitions?

One explanation for this mistaken intuition is that our experiences themselves mislead us (Simons & Chabris, 2010). We rarely experience a study situation such as the gorilla experiment in which we are forced to confront something obvious that we just missed. That partly explains why demonstrations such as that one are so powerful: We expect that we would notice the gorilla, and we cannot readily explain away our failure to notice it. Most of the time, we are happily unaware of what we have missed, but we are fully aware of those elements of a scene that we have noticed. Consequently, if we assume our experiences are representative of the state of the world, we will conclude that we notice unexpected events. We don't easily think about what we're missing.

Given the limits on attention coupled with our mistaken impression that important events will capture our attention, how has our species survived? Why weren't our ancestors eaten by unexpected predators? One reason is that our ability to focus attention intently might have been more evolutionarily useful than the ability to notice unexpected events. After all, for an event to be unexpected, it must occur relatively infrequently. Moreover, most events don't require our immediate attention, so if inattentional blindness delays our ability to notice the events, the consequences could well be minimal. In a social context, others might notice that event and call attention to it. Although inattentional blindness might have had minimal consequences over the course of our evolutionary history, it does have consequences now.

At pedestrian speeds and with minimal distraction, inattentional blindness might not matter for survival. But in modern society, we face greater distractions and move at greater speeds, and even a minor delay in noticing something unexpected can mean the difference between a fender-bender and a lethal collision. If talking on a phone increases your odds of missing a unicycling clown, it likely also increases your odds of missing the child who runs into the street or the car that runs a red light. Why, then, do people continue to talk on the phone when driving? The reason might well be the same mistaken intuition that makes inattentional blindness surprising: Drivers simply do not notice how distracted they are when they are talking on a phone, so they believe they can drive just as well when talking on a phone even though they can't (Strayer & Johnston, 2001).

So, what can you do about inattentional blindness? The short answer appears to be, "not much." There is no magical elixir that will overcome the limits on attention, allowing you to notice everything (and that would not be a good outcome anyway). But, there is something

you can do to mitigate the consequences of such limits. Now that you know about inattentional blindness, you can take steps to limit its impact by recognizing how your intuitions will lead you astray.

Even though you may think you can drive, text, listen to music, and make a smoothie at the same time, really, your focus should be only on the road, for everything else can easily distract you from what's most important: driving safely! [Image: Michael Heigl]

First, maximize the attention you do have available by avoiding distractions, especially under conditions for which an unexpected event might be catastrophic. The ring of a new call or the ding of a new text are hard to resist, so make it impossible to succumb to the temptation by turning your phone off or putting it somewhere out of reach when you are driving. If you know that you will be tempted and you know that using your phone will increase inattentional blindness, you must be proactive. Second, pay attention to what others might not notice. If you are a bicyclist, don't assume that the driver sees you, even if they appear to make eye contact. Looking is not the same as seeing. Only by understanding the limits of attention and by recognizing our mistaken beliefs about what we "know" to be true can we avoid the modern-day consequences of those limits.

Outside Resources

Article: Scholarpedia article on inattentional blindness
http://www.scholarpedia.org/article/Inattentional_blindness

Video: The original gorilla video
http://www.youtube.com/watch?v=vJG698U2Mvo

Video: The sequel to the gorilla video
http://www.youtube.com/watch?v=IGQmdoK_ZfY

Web: Website for Chabris & Simons book, The Invisible Gorilla. Includes links to videos and descriptions of the research on inattentional blindness
http://www.theinvisiblegorilla.com

Discussion Questions

1. Many people, upon learning about inattentional blindness, try to think of ways to eliminate it, allowing themselves complete situation awareness. Why might we be far worse off if we were not subject to inattentional blindness?
2. If inattentional blindness cannot be eliminated, what steps might you take to avoid its consequences?
3. Can you think of situations in which inattentional blindness is highly likely to be a problem? Can you think of cases in which inattentional blindness would not have much of an impact?

Vocabulary

Dichotic listening
A task in which different audio streams are presented to each ear. Typically, people are asked to monitor one stream while ignoring the other.

Inattentional blindness
The failure to notice a fully visible, but unexpected, object or event when attention is devoted to something else.

Inattentional deafness
The auditory analog of inattentional blindness. People fail to notice an unexpected sound or voice when attention is devoted to other aspects of a scene.

Selective listening
A method for studying selective attention in which people focus attention on one auditory stream of information while deliberately ignoring other auditory information.

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Chapter 8: Motivation

11
Functions of Emotions

Hyisung Hwang & David Matsumoto

Emotions play a crucial role in our lives because they have important functions. This module describes those functions, dividing the discussion into three areas: the intrapersonal, the interpersonal, and the social and cultural functions of emotions. The section on the intrapersonal functions of emotion describes the roles that emotions play within each of us individually; the section on the interpersonal functions of emotion describes the meanings of emotions to our relationships with others; and the section on the social and cultural functions of emotion describes the roles and meanings that emotions have to the maintenance and effective functioning of our societies and cultures at large. All in all we will see that emotions are a crucially important aspect of our psychological composition, having meaning and function to each of us individually, to our relationships with others in groups, and to our societies as a whole.

Learning Objectives

- Gain an appreciation of the importance of emotion in human life.
- Understand the functions and meanings of emotion in three areas of life: the intrapersonal, interpersonal, and social–cultural.
- Give examples of the role and function of emotion in each of the three areas described.

Introduction

It is impossible to imagine life without emotion. We treasure our feelings—the joy at a ball

Emotions help us navigate the complex social landscape of our lives. [Image: Danilo Urbina]

game, the pleasure of the touch of a loved one, or the fun with friends on a night out. Even negative emotions are important, such as the sadness when a loved one dies, the anger when violated, the fear that overcomes us in a scary or unknown situation, or the guilt or shame toward others when our sins are made public. Emotions color life experiences and give those experiences meaning and flavor.

In fact, emotions play many important roles in people's lives and have been the topic of scientific inquiry in psychology for well over a century (Cannon, 1927; Darwin, 1872; James, 1890). This module explores why we have emotions and why they are important. Doing so requires us to understand the function of emotions, and this module does so below by dividing the discussion into three sections. The first concerns the **intrapersonal** functions of emotion, which refer to the role that emotions play within each of us individually. The second concerns the **interpersonal** functions of emotion, which refer to the role emotions play between individuals within a group. The third concerns the **social and cultural** functions of emotion, which refer to the role that emotions play in the maintenance of social order within a society. All in all, we will see that emotions inform us of who we are, what our relationships with others are like, and how to behave in social interactions. Emotions give meaning to events; without emotions, those events would be mere facts. Emotions help coordinate interpersonal relationships. And emotions play an important role in the cultural functioning of keeping human societies together.

Intrapersonal Functions of Emotion

Emotions Help us Act Quickly with Minimal Conscious Awareness

Emotions are rapid information-processing systems that help us act with minimal thinking (Tooby & Cosmides, 2008). Problems associated with birth, battle, death, and seduction have occurred throughout evolutionary history and emotions evolved to aid humans in adapting

The emotion of disgust serves to protect us from toxins and contamination, of the physical and moral variety. Consider: would you wear a sweater that was previously worn by a murderer? Probably not, even though there is no actual "contamination" that will transfer from the sweater to you. [Image: Bill Couch]

to those problems rapidly and with minimal conscious cognitive intervention. If we did not have emotions, we could not make rapid decisions concerning whether to attack, defend, flee, care for others, reject food, or approach something useful, all of which were functionally adaptive in our evolutionary history and helped us to survive. For instance, drinking spoiled milk or eating rotten eggs has negative consequences for our welfare. The emotion of disgust, however, helps us immediately take action by not ingesting them in the first place or by vomiting them out. This response is adaptive because it aids, ultimately, in our survival and allows us to act immediately without much thinking. In some instances, taking the time to sit and rationally think about what to do, calculating cost–benefit ratios in one's mind, is a luxury that might cost one one's life. Emotions evolved so that we can act without that depth of thinking.

Emotions Prepare the Body for Immediate Action

Emotions prepare us for behavior. When triggered, emotions orchestrate systems such as perception, attention, inference, learning, memory, goal choice, motivational priorities, physiological reactions, motor behaviors, and behavioral decision making (Cosmides & Tooby, 2000; Tooby & Cosmides, 2008). Emotions simultaneously activate certain systems and deactivate others in order to prevent the chaos of competing systems operating at the same time, allowing for coordinated responses to environmental stimuli (Levenson, 1999). For instance, when we are afraid, our bodies shut down temporarily unneeded digestive processes, resulting in saliva reduction (a dry mouth); blood flows disproportionately to the lower half of the body; the visual field expands; and air is breathed in, all preparing the body to flee. Emotions initiate a system of components that includes subjective experience, expressive behaviors, physiological reactions, action tendencies, and cognition, all for the purposes of specific actions; the term "emotion" is, in reality, a metaphor for these reactions.

One common misunderstanding many people have when thinking about emotions, however,

is the belief that emotions must always directly produce action. This is not true. Emotion certainly *prepares* the body for action; but whether people actually engage in action is dependent on many factors, such as the context within which the emotion has occurred, the target of the emotion, the perceived consequences of one's actions, previous experiences, and so forth (Baumeister, Vohs, DeWall, & Zhang, 2007; Matsumoto & Wilson, 2008). Thus, emotions are just one of many determinants of behavior, albeit an important one.

Emotions Influence Thoughts

Emotions are also connected to thoughts and memories. Memories are not just facts that are encoded in our brains; they are colored with the emotions felt at those times the facts occurred (Wang & Ross, 2007). Thus, emotions serve as the neural glue that connects those disparate facts in our minds. That is why it is easier to remember happy thoughts when happy, and angry times when angry. Emotions serve as the affective basis of many attitudes, values, and beliefs that we have about the world and the people around us; without emotions those attitudes, values, and beliefs would be just statements without meaning, and emotions give those statements meaning. Emotions influence our thinking processes, sometimes in constructive ways, sometimes not. It is difficult to think critically and clearly when we feel intense emotions, but easier when we are not overwhelmed with emotions (Matsumoto, Hirayama, & LeRoux, 2006).

Emotions Motivate Future Behaviors

Because emotions prepare our bodies for immediate action, influence thoughts, and can be felt, they are important motivators of future behavior. Many of us strive to experience the feelings of satisfaction, joy, pride, or triumph in our accomplishments and achievements. At the same time, we also work very hard to avoid strong negative feelings; for example, once we have felt the emotion of disgust when drinking the spoiled milk, we generally work very hard to avoid having those feelings again (e.g., checking the expiration date on the label before buying the milk, smelling the milk before drinking it, watching if the milk curdles in one's coffee before drinking it). Emotions, therefore, not only influence immediate actions but also serve as an important motivational basis for future behaviors.

Interpersonal Functions of Emotion

Emotions are expressed both verbally through words and nonverbally through facial expressions, voices, gestures, body postures, and movements. We are constantly expressing

Emotions can act as signals to our friends and partners, conveying information about the quality of the relationship. [Image: Mo Riza]

emotions when interacting with others, and others can reliably judge those emotional expressions (Elfenbein & Ambady, 2002; Matsumoto, 2001); thus, emotions have signal value to others and influence others and our social interactions. Emotions and their expressions communicate information to others about our feelings, intentions, relationship with the target of the emotions, and the environment. Because emotions have this communicative signal value, they help solve social problems by evoking responses from others, by signaling the nature of interpersonal relationships, and by providing incentives for desired social behavior (Keltner, 2003).

Emotional Expressions Facilitate Specific Behaviors in Perceivers

Because facial expressions of emotion are universal social signals, they contain meaning not only about the expressor's psychological state but also about that person's intent and subsequent behavior. This information affects what the perceiver is likely to do. People observing fearful faces, for instance, are more likely to produce approach-related behaviors, whereas people who observe angry faces are more likely to produce avoidance-related behaviors (Marsh, Ambady, & Kleck, 2005). Even subliminal presentation of smiles produces increases in how much beverage people pour and consume and how much they are willing to pay for it; presentation of angry faces decreases these behaviors (Winkielman, Berridge, & Wilbarger, 2005). Also, emotional displays evoke specific, complementary emotional responses from observers; for example, anger evokes fear in others (Dimberg & Ohman, 1996; Esteves, Dimberg, & Ohman, 1994), whereas distress evokes sympathy and aid (Eisenberg et al., 1989).

Emotional Expressions Signal the Nature of Interpersonal Relationships

Emotional expressions provide information about the nature of the relationships among interactants. Some of the most important and provocative set of findings in this area come

from studies involving married couples (Gottman & Levenson, 1992; Gottman, Levenson, & Woodin, 2001). In this research, married couples visited a laboratory after having not seen each other for 24 hours, and then engaged in intimate conversations about daily events or issues of conflict. Discrete expressions of contempt, especially by the men, and disgust, especially by the women, predicted later marital dissatisfaction and even divorce.

Emotional Expressions Provide Incentives for Desired Social Behavior

Facial expressions of emotion are important regulators of social interaction. In the developmental literature, this concept has been investigated under the concept of **social referencing** (Klinnert, Campos, & Sorce, 1983); that is, the process whereby infants seek out information from others to clarify a situation and then use that information to act. To date, the strongest demonstration of social referencing comes from work on the visual cliff. In the first study to investigate this concept, Campos and colleagues (Sorce, Emde, Campos, & Klinnert, 1985) placed mothers on the far end of the "cliff" from the infant. Mothers first smiled to the infants and placed a toy on top the safety glass to attract them; infants invariably began crawling to their mothers. When the infants were in the center of the table, however, the mother then posed an expression of fear, sadness, anger, interest, or joy. The results were clearly different for the different faces; no infant crossed the table when the mother showed fear; only 6% did when the mother posed anger, 33% crossed when the mother posed sadness, and approximately 75% of the infants crossed when the mother posed joy or interest.

Other studies provide similar support for facial expressions as regulators of social interaction. In one study (Bradshaw, 1986), experimenters posed facial expressions of neutral, anger, or disgust toward babies as they moved toward an object and measured the amount of inhibition the babies showed in touching the object. The results for 10- and 15-month olds were the same: anger produced the greatest inhibition, followed by disgust, with neutral the least. This study was later replicated (Hertenstein & Campos, 2004) using joy and disgust expressions, altering the method so that the infants were not allowed to touch the toy (compared with a distractor object) until one hour after exposure to the expression. At 14 months of age, significantly more infants touched the toy when they saw joyful expressions, but fewer touched the toy when the infants saw disgust.

Social and Cultural Functions of Emotion

If you stop to think about many things we take for granted in our daily lives, we cannot help but come to the conclusion that modern human life is a colorful tapestry of many groups and individual lives woven together in a complex yet functional way. For example, when you're

Although there are cultural differences in the display of emotion, almost all infants start showing emotion such as smiling or reacting to their caretaker as early as 6 weeks after their birth. [Image: Christopher Lance]

hungry, you might go to the local grocery store and buy some food. Ever stop to think about how you're able to do that? You might buy a banana that was grown in a field in southeast Asia being raised by farmers there, where they planted the tree, cared for it, and picked the fruit. They probably handed that fruit off to a distribution chain that allowed multiple people somewhere to use tools such as cranes, trucks, cargo bins, ships or airplanes (that were also created by multiple people somewhere) to bring that banana to your store. The store had people to care for that banana until you came and got it and to barter with you for it (with your money). You may have gotten to the store riding a vehicle that was produced somewhere else in the world by others, and you were probably wearing clothes produced by some other people somewhere else.

Thus, human social life is complex. Individuals are members of multiple groups, with multiple social roles, norms, and expectations, and people move rapidly in and out of the multiple groups of which they are members. Moreover, much of human social life is unique because it revolves around cities, where many people of disparate backgrounds come together. This creates the enormous potential for social chaos, which can easily occur if individuals are not coordinated well and relationships not organized systematically.

One of the important functions of culture is to provide this necessary coordination and organization. Doing so allows individuals and groups to negotiate the social complexity of human social life, thereby maintaining social order and preventing social chaos. Culture does this by providing a meaning and information system to its members, which is shared by a group and transmitted across generations, that allows the group to meet basic needs of survival, pursue happiness and well-being, and derive meaning from life (Matsumoto & Juang, 2013). Culture is what allowed the banana from southeast Asia to appear on your table.

Cultural transmission of the meaning and information system to its members is, therefore, a crucial aspect of culture. One of the ways this transmission occurs is through the development

of worldviews (including attitudes, values, beliefs, and norms) related to emotions (Matsumoto & Hwang, 2013; Matsumoto et al., 2008). Worldviews related to emotions provide guidelines for desirable emotions that facilitate norms for regulating individual behaviors and interpersonal relationships. Our cultural backgrounds tell us which emotions are ideal to have, and which are not (Tsai, Knutson, & Fung, 2006). The cultural transmission of information related to emotions occurs in many ways, from childrearers to children, as well as from the cultural products available in our world, such as books, movies, ads, and the like (Schönpflug, 2009; Tsai, Louie, Chen, & Uchida, 2007).

Cultures also inform us about what to do with our emotions—that is, how to manage or modify them—when we experience them. One of the ways in which this is done is through the management of our emotional expressions through **cultural display rules** (Friesen, 1972). These are rules that are learned early in life that specify the management and modification of our emotional expressions according to social circumstances. Thus, we learn that "big boys don't cry" or to laugh at the boss's jokes even though they're not funny. By affecting how individuals express their emotions, culture also influences how people experience them as well.

Because one of the major functions of culture is to maintain social order in order to ensure group efficiency and thus survival, cultures create worldviews, rules, guidelines, and norms concerning emotions because emotions have important intra- and interpersonal functions, as described above, and are important motivators of behavior. Norms concerning emotion and its regulation in all cultures serve the purpose of maintaining social order. Cultural worldviews and norms help us manage and modify our emotional reactions (and thus behaviors) by helping us to have certain kinds of emotional experiences in the first place and by managing our reactions and subsequent behaviors once we have them. By doing so, our culturally moderated emotions can help us engage in socially appropriate behaviors, as defined by our cultures, and thus reduce social complexity and increase social order, avoiding social chaos. All of this allows us to live relatively harmonious and constructive lives in groups. If cultural worldviews and norms about emotions did not exist, people would just run amok having all kinds of emotional experiences, expressing their emotions and then behaving in all sorts of unpredictable and potentially harmful ways. If that were the case, it would be very difficult for groups and societies to function effectively, and even for humans to survive as a species, if emotions were not regulated in culturally defined ways for the common, social good. Thus, emotions play a critical role in the successful functioning of any society and culture.

Outside Resources

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http://www.npr.org/sections/health-shots/2015/06/13/413980258/science-of-sadness-and-joy-inside-out-gets-childhood-emotions-right

Online Psychology Laboratory: Motivation and Emotion resources
http://opl.apa.org/Resources.aspx#Motivation

Web: See how well you can read other people's facial expressions of emotion
http://www.humintell.com/free-demos/

Discussion Questions

1. When emotions occur, why do they simultaneously activate certain physiological and psychological systems in the body and deactivate others?

2. Why is it difficult for people to act rationally and think happy thoughts when they are angry? Conversely, why is it difficult to remember sad memories or have sad thoughts when people are happy?
3. You're walking down a deserted street when you come across a stranger who looks scared. What would you say? What would you do? Why?
4. You're walking down a deserted street when you come across a stranger who looks angry. What would you say? What would you do? Why?
5. Think about the messages children receive from their environment (such as from parents, mass media, the Internet, Hollywood movies, billboards, and storybooks). In what ways do these messages influence the kinds of emotions that children should and should not feel?

Vocabulary

Cultural display rules
These are rules that are learned early in life that specify the management and modification of emotional expressions according to social circumstances. Cultural display rules can work in a number of different ways. For example, they can require individuals to express emotions "as is" (i.e., as they feel them), to exaggerate their expressions to show more than what is actually felt, to tone down their expressions to show less than what is actually felt, to conceal their feelings by expressing something else, or to show nothing at all.

Interpersonal
This refers to the relationship or interaction between two or more individuals in a group. Thus, the interpersonal functions of emotion refer to the effects of one's emotion on others, or to the relationship between oneself and others.

Intrapersonal
This refers to what occurs within oneself. Thus, the intrapersonal functions of emotion refer to the effects of emotion to individuals that occur physically inside their bodies and psychologically inside their minds.

Social and cultural
Society refers to a system of relationships between individuals and groups of individuals; culture refers to the meaning and information afforded to that system that is transmitted across generations. Thus, the social and cultural functions of emotion refer to the effects that emotions have on the functioning and maintenance of societies and cultures.

Social referencing
This refers to the process whereby individuals look for information from others to clarify a situation, and then use that information to act. Thus, individuals will often use the emotional expressions of others as a source of information to make decisions about their own behavior.

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12
Motives and Goals

Ayelet Fishbach & Maferima Touré-Tillery

Your decisions and behaviors are often the result of a goal or motive you possess. This module provides an overview of the main theories and findings on goals and motivation. We address the origins, manifestations, and types of goals, and the various factors that influence motivation in goal pursuit. We further address goal conflict and, specifically, the exercise of self-control in protecting long-term goals from momentary temptations.

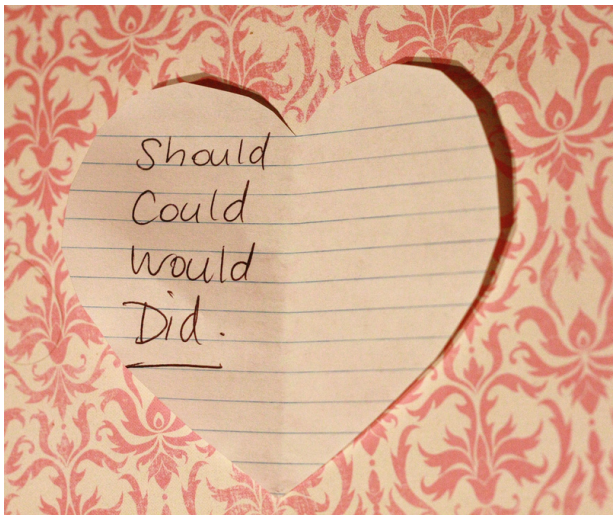
Learning Objectives

- Define the basic terminology related to goals, motivation, self-regulation, and self-control.
- Describe the antecedents and consequences of goal activation.
- Describe the factors that influence motivation in the course of goal pursuit.
- Explain the process underlying goal activation, self-regulation, and self-control.
- Give examples of goal activation effects, self-regulation processes, and self-control processes.

Introduction

Every New Year, many people make resolutions—or goals—that go unsatisfied: eat healthier; pay better attention in class; lose weight. As much as we know our lives would improve if we actually achieved these goals, people quite often don't follow through. But what if that didn't have to be the case? What if every time we made a goal, we actually accomplished it? Each day, our behavior is the result of countless goals—maybe not goals in the way we think of

them, like getting that beach body or being the first person to land on Mars. But even with "mundane" goals, like getting food from the grocery store, or showing up to work on time, we are often enacting the same psychological processes involved with achieving loftier dreams. To understand how we can better attain our goals, let's begin with defining what a goal is and what underlies it, psychologically.



Goals are fundamental guides for human behavior. Some are biological in origin, some are cultural in nature and some are unique to the individual. [Photo: SweetOnVeg]

A **goal** is the cognitive representation of a desired state, or, in other words, our mental idea of how we'd like things to turn out (Fishbach & Ferguson 2007; Kruglanski, 1996). This desired end state of a goal can be clearly defined (e.g., stepping on the surface of Mars), or it can be more abstract and represent a state that is never fully completed (e.g., eating healthy). Underlying all of these goals, though, is **motivation**, or the psychological driving force that enables action in the pursuit of that goal (Lewin, 1935). Motivation can stem from two places. First, it can come from the benefits associated with the process of pursuing a goal (**intrinsic** motivation). For example, you might be driven by the desire to have a fulfilling experience while working on your Mars mission. Second, motivation can also come from the benefits associated with achieving a goal (**extrinsic** motivation), such as the fame and fortune that come with being the first person on Mars (Deci & Ryan, 1985). One easy way to consider intrinsic and extrinsic motivation is through the eyes of a student. Does the student work hard on assignments because the act of learning is pleasing (intrinsic motivation)? Or does the student work hard to get good grades, which will help land a good job (extrinsic motivation)?

Social psychologists recognize that goal pursuit and the motivations that underlie it do not depend solely on an individual's personality. Rather, they are products of personal characteristics and situational factors. Indeed, cues in a person's immediate environment—including images, words, sounds, and the presence of other people—can activate, or **prime**, a goal. This activation can be **conscious**, such that the person is aware of the environmental cues influencing his/her pursuit of a goal. However, this activation can also occur outside a person's awareness, and lead to **nonconscious** goal pursuit. In this case, the person is unaware of why s/he is pursuing a goal and may not even realize that s/he is pursuing it.

In this module, we review key aspects of goals and motivation. First, we discuss the origins and manifestation of goals. Then, we review factors that influence individuals' motivation in the course of pursuing a goal (**self-regulation**). Finally, we discuss what motivates individuals to keep following their goals when faced with other conflicting desires—for example, when a tempting opportunity to socialize on Facebook presents itself in the course of studying for an exam (**self-control**).

The Origins and Manifestation of Goals

Goal Adoption

What makes us commit to a goal? Researchers tend to agree that commitment stems from the sense that a goal is both valuable and attainable, and that we adopt goals that are highly likely to bring positive outcomes (i.e., one's *commitment* = the *value* of the goal × the *expectancy* it will be achieved) (Fishbein & Ajzen, 1974; Liberman & Förster, 2008). This process of committing to a goal can occur without much conscious deliberation. For example, people infer value and attainability, and will nonconsciously determine their commitment based on those factors, as well as the outcomes of past goals. Indeed, people often learn about themselves the same way they learn about other people—by observing their behaviors (in this case, their own) and drawing inferences about their preferences. For example, after taking a kickboxing class, you might infer from your efforts that you are indeed committed to staying physically fit (Fishbach, Zhang, & Koo, 2009).

Goal Priming

We don't always act on our goals in every context. For instance, sometimes we'll order a salad for lunch, in keeping with our dietary goals, while other times we'll order only dessert. So, what makes people adhere to a goal in any given context? Cues in the immediate environment (e.g., objects, images, sounds—anything that primes a goal) can have a remarkable influence on the pursuit of goals to which people are already committed (Bargh, 1990; Custers, Aarts, Oikawa, & Elliot, 2009; Förster, Liberman, & Friedman, 2007). How do these cues work? In memory, goals are organized in associative networks. That is, each goal is connected to other goals, concepts, and behaviors. Particularly, each goal is connected to corresponding **means**—activities and objects that help us attain the goal (Kruglanski et al., 2002). For example, the goal to stay physically fit may be associated with several means, including a nearby gym, one's bicycle, or even a training partner. Cues related to the goal or means (e.g., an ad for running shoes, a comment about weight loss) can activate or prime the pursuit of that goal. For

example, the presence of one's training partner, or even seeing the word "workout" in a puzzle, can activate the goal of staying physically fit and, hence, increase a person's motivation to exercise. Soon after goal priming, the motivation to act on the goal peaks then slowly declines, after some delay, as the person moves away from the primer or after s/he pursues the goal (Bargh, Gollwitzer, Lee-Chai, Barndollar, & Trotschel, 2001).

Consequences of Goal Activation

The activation of a goal and the accompanying increase in motivation can influence many aspects of behavior and judgment, including how people perceive, evaluate, and feel about the world around them. Indeed, motivational states can even alter something as fundamental as visual perception. For example, Balcetis and Dunning (2006) showed participants an ambiguous figure (e.g., "I3") and asked them whether they saw the letter B or the number 13. The researchers found that when participants had the goal of seeing a letter (e. g., because seeing a number required the participants to drink a gross tasting juice), they in fact *saw* a B. It wasn't that the participants were simply lying, either; their goal literally changed how they perceived the world!

What does this image represent to you, a number or a letter? Training to run the Boston Marathon? Need to pass 13 credit hours to graduate this semester? The details of your goals may influence how you interpret the world around you. [Photo: Leo Reynolds]

Goals can also exert a strong influence on how people evaluate the objects (and people) around them. When pursuing a goal such as quenching one's thirst, people evaluate goal-relevant objects (e.g., a glass) more positively than objects that are not relevant to the goal (e. g., a pencil). Furthermore, those with the goal of quenching their thirst rate the glass more positively than people who are not pursuing the goal (Ferguson & Bargh, 2004). As discussed earlier, priming a goal can lead to behaviors like this (consistent with the goal), even though the person isn't necessarily aware of why (i.e., the source of the motivation). For example, after research participants saw words related to achievement (in the context of solving a word search), they automatically performed better on a subsequent achievement test—without being at all aware that the achievement words had influenced them (Bargh & Chartrand, 1999;

Srull & Wyer, 1979).

Self-Regulation in Goal Pursuit

Many of the behaviors we like to engage in are inconsistent with achieving our goals. For example, you may want to be physically fit, but you may also really like German chocolate cake. Self-regulation refers to the process through which individuals alter their perceptions, feelings, and actions in the pursuit of a goal. For example, filling up on fruits at a dessert party is one way someone might alter his or her actions to help with goal attainment. In the following section, we review the main theories and findings on self-regulation.

From Deliberation to Implementation

Self-regulation involves two basic stages, each with its own distinct mindset. First, a person must decide which of many potential goals to pursue at a given point in time (**deliberative** phase). While in the deliberative phase, a person often has a mindset that fosters an effective assessment of goals. That is, one tends to be open-minded and realistic about available goals to pursue. However, such scrutiny of one's choices sometimes hinders action. For example, in the deliberative phase about how to spend time, someone might consider improving health, academic performance, or developing a hobby. At the same time, though, this deliberation involves considering realistic obstacles, such as one's busy schedule, which may discourage the person from believing the goals can likely be achieved (and thus, doesn't work toward any of them).

However, after deciding which goal to follow, the second stage involves planning specific actions related to the goal (**implemental** phase). In the implemental phase, a person tends to have a mindset conducive to the effective implementation of a goal through immediate action—i.e., with the planning done, we're ready to jump right into attaining our goal. Unfortunately, though, this mindset often leads to closed-mindedness and unrealistically positive expectations about the chosen goal (Gollwitzer, Heckhausen, & Steller, 1990; Kruglanski et al., 2000; Thaler & Shefrin, 1981). For example, in order to follow a health goal, a person might register for a gym membership and start exercising. In doing so, s/he assumes this is all that's needed to achieve the goal (closed-mindedness), and after a few weeks, it should be accomplished (unrealistic expectations).

Regulation of Ought- and Ideals-Goals

Different individuals may have different orientations toward the same goal. One person - with a prevention orientation -might pursue a fitness goal primarily to prevent negative health problems, while another person - with a promotion orientation - might pursue the same goal in order to look and feel better. [Photo: thelearningcurvedotca]

In addition to two phases in goal pursuit, research also distinguishes between two distinct self-regulatory orientations (or perceptions of effectiveness) in pursuing a goal: **prevention** and **promotion**. A prevention focus emphasizes safety, responsibility, and security needs, and views goals as "oughts." That is, for those who are *prevention*-oriented, a goal is viewed as something they *should* be doing, and they tend to focus on avoiding potential problems (e.g., exercising to avoid health threats). This self-regulatory focus leads to a vigilant strategy aimed at avoiding losses (the presence of negatives) and approaching non-losses (the absence of negatives). On the other hand, a *promotion* focus views goals as "ideals," and emphasizes hopes, accomplishments, and advancement needs. Here, people view their goals as something they *want* to do that will bring them added pleasure (e.g., exercising because being healthy allows them to do more activities). This type of orientation leads to the adoption of an eager strategy concerned with approaching gains (the presence of positives) and avoiding non-gains (the absence of positives).

To compare these two strategies, consider the goal of saving money. Prevention-focused people will save money because they believe it's what they should be doing (an ought), and because they're concerned about not having any money (avoiding a harm). Promotion-focused people, on the other hand, will save money because they want to have extra funds (a desire) so they can do new and fun activities (attaining an advancement). Although these two strategies result in very similar behaviors, emphasizing potential losses will motivate individuals with a prevention focus, whereas emphasizing potential gains will motivate individuals with a promotion focus. And these orientations—responding better to either a prevention or promotion focus— differ across individuals (chronic regulatory focus) and situations (momentary regulatory focus; Higgins, 1997).

A Cybernetic Process of Self-Regulation

Self-regulation depends on feelings that arise from comparing actual **progress** to expected

progress. During goal pursuit, individuals calculate the discrepancy between their current state (i.e., all goal-related actions completed so far) and their desired end state (i.e., what they view as "achieving the goal"). After determining this difference, the person then acts to close that gap (Miller, Galanter, & Pribram, 1960; Powers, 1973). In this cybernetic process of self-regulation (or, internal system directing how a person should control behavior), a higher-than-expected rate of closing the discrepancy creates a signal in the form of positive feelings. For example, if you're nearly finished with a class project (i.e., a low discrepancy between your progress and what it will take to completely finish), you feel good about yourself. However, these positive feelings tend to make individuals "coast," or reduce their efforts on the focal goal, and shift their focus to other goals (e.g., you're almost done with your project for one class, so you start working on a paper for another). By contrast, a lower-than-expected rate of closing the gap elicits negative feelings, which leads to greater effort investment on the focal goal (Carver & Scheier, 1998). If it is the day before a project's due and you've hardly started it, you will likely feel anxious and stop all other activities to make progress on your project.

Highlighting One Goal or Balancing Between Goals

When we've completed steps toward achieving our goal, looking back on the behaviors or actions that helped us make such progress can have implications for future behaviors and actions (see The Dynamics of Self-Regulation framework; Fishbach et al., 2009). Remember, **commitment** results from the perceived value and attainability of a goal, whereas *progress* describes the perception of a reduced discrepancy between the current state and desired end state (i.e., the cybernetic process). After achieving a goal, when people interpret their previous actions as a sign of *commitment* to it, they tend to **highlight** the pursuit of that goal, prioritizing it and putting more effort toward it. However, when people interpret their previous actions as a sign of *progress*, they tend to **balance** between the goal and other goals, putting less effort into the focal goal. For example, if buying a product on sale reinforces your *commitment* to the goal of saving money, you will continue to behave financially responsibly. However, if you perceive the same action (buying the sale item) as evidence of *progress* toward the goal of saving money, you might feel like you can "take a break" from your goal, justifying splurging on a subsequent purchase. Several factors can influence the meanings people assign to previous goal actions. For example, the more confident a person is about a commitment to a goal, the more likely s/he is to infer progress rather than commitment from his/her actions (Koo & Fishbach, 2008).

Conflicting Goals and Self-Control

Immediate gratification has a way of interfering with the pursuit of more significant long-term goals. New shoes feel awfully good right now but don't do anything to get us closer to our financial savings target. [Photo: LipglossJunkie]

In the pursuit of our ordinary and extraordinary goals (e.g., staying physically or financially healthy, landing on Mars), we inevitably come across other goals (e.g., eating delicious food, exploring Earth) that might get in the way of our lofty ambitions. In such situations, we must exercise self-control to stay on course. Self-control is the capacity to control impulses, emotions, desires, and actions in order to resist a temptation (e.g., going on a shopping spree) and protect a valued goal (e.g., stay financially sound). As such, self-control is a process of self-regulation in contexts involving a clear trade-off between long-term interests (e.g., health, financial, or Martian) and some form of immediate gratification (Fishbach & Converse, 2010; Rachlin, 2000; Read, Loewenstein, & Rabin, 1999; Thaler & Shefrin, 1981). For example, whereas reading each page of a textbook requires self-regulation, doing so while resisting the tempting sounds of friends socializing in the next room requires self-control. And although you may tend to believe self-control is just a personal characteristic that varies across individuals, it is like a muscle, in that it becomes drained by being used but is also strengthened in the process.

Self-Control as an Innate Ability

Mischel, Shoda, and Rodriguez (1989) identified enduring individual differences in self-control and found that the persistent capacity to postpone immediate gratification for the sake of future interests leads to greater cognitive and social competence over the course of a lifetime. In a famous series of lab experiments (first conducted by Mischel & Baker, 1975), preschoolers 3–5 years old were asked to choose between getting a smaller treat immediately (e.g., a single marshmallow) or waiting as long as 15 minutes to get a better one (e.g., two marshmallows). Some children were better-able to exercise self-control than others, resisting the temptation to take the available treat and waiting for the better one. Following up with these preschoolers ten years later, the researchers found that the children who were able to wait longer in the experiment for the second marshmallow (vs. those who more quickly ate the single marshmallow) performed better academically and socially, and had better psychological

coping skills as adolescents.

Self-Control as a Limited Resource

Beyond personal characteristics, the ability to exercise self-control can fluctuate from one context to the next. In particular, previous exertion of self-control (e.g., choosing not to eat a donut) drains individuals of the limited physiological and psychological resources required to continue the pursuit of a goal (e.g., later in the day, again resisting a sugary treat). **Ego-depletion** refers to this exhaustion of resources from resisting a temptation. That is, just like bicycling for two hours would exhaust someone before a basketball game, exerting self-control reduces individuals' capacity to exert more self-control in a consequent task—whether that task is in the same domain (e.g., resisting a donut and then continuing to eat healthy) or a different one (e.g., resisting a donut and then continuing to be financially responsible; Baumeister, Bratslavsky, Muraven, & Tice, 1998; Vohs & Heatherton, 2000). For example, in a study by Baumeister et al. (1998), research participants who forced themselves to eat radishes instead of tempting chocolates were subsequently less persistent (i.e., gave up sooner) at attempting an unsolvable puzzle task compared to the participants who had not exerted self-control to resist the chocolates.

Willpower is limited. Trying to resist temptation now takes energy and may leave you feeling like it's harder to be disciplined later. You can only eat so many radishes . . . [Photo: ghbrett]

A Prerequisite to Self-Control: Identification

Although factors such as resources and personal characteristics contribute to the successful exercise of self-control, identifying the self-control conflict inherent to a particular situation is an important—and often overlooked—prerequisite. For example, if you have a long-term goal of getting better sleep but don't perceive that staying up late on a Friday night is inconsistent with this goal, you won't have a self-control conflict. The successful pursuit of a goal in the face of temptation requires that individuals first identify they are having impulses

that need to be controlled. However, individuals often fail to identify self-control conflicts because many everyday temptations seem to have very minimal negative consequences: one bowl of ice cream is unlikely to destroy a person's health, but what about 200 bowls of ice cream over the course of a few months?

People are more likely to identify a self-control conflict, and exercise self-control, when they think of a choice as part of a broader pattern of repeated behavior rather than as an isolated choice. For example, rather than seeing one bowl of ice cream as an isolated behavioral decision, the person should try to recognize that this "one bowl of ice cream" is actually part of a nightly routine. Indeed, when considering broader decision patterns, consistent temptations become more problematic for long-term interests (Rachlin, 2000; Read, Loewenstein, & Kalyanaraman, 1999). Moreover, conflict identification is more likely if people see their current choices as similar to their future choices.

Self-Control Processes: Counteracting Temptation

The protection of a valued goal involves several cognitive and behavioral strategies ultimately aimed at "counteracting" the pull of temptations and pushing oneself toward goal-related alternatives (Fishbach & Trope, 2007). One such cognitive process involves decreasing the value of temptations and increasing the value of goal-consistent objects or actions. For example, health-conscious individuals might tell themselves a sugary treat is less appealing than a piece of fruit in order to direct their choice toward the latter. Other behavioral strategies include a precommitment to pursue goals and forgo temptation (e.g., leaving one's credit card at home before going to the mall), establishing rewards for goals and penalties for temptations, or physically approaching goals and distancing oneself from temptations (e.g., pushing away a dessert plate). These self-control processes can benefit individuals' long-term interests, either consciously or without conscious awareness. Thus, at times, individuals automatically activate goal-related thoughts in response to temptation, and inhibit temptation-related thoughts in the presence of goal cues (Fishbach, Friedman, & Kruglanski, 2003).

Conclusion

People often make New Year's resolutions with the idea that attaining one's goals is simple: "I just have to choose to eat healthier, right?" However, after going through this module and learning a social-cognitive approach to the main theories and findings on goals and motivation, we see that even the most basic decisions take place within a much larger and more complex mental framework. From the principles of goal priming and how goals influence perceptions, feelings, and actions, to the factors of self-regulation and self-control, we have learned the

phases, orientations, and fluctuations involved in the course of everyday goal pursuit. Looking back on prior goal failures, it may seem impossible to achieve some of our desires. But, through understanding our own mental representation of our goals (i.e., the values and expectancies behind them), we can help cognitively modify our behavior to achieve our dreams. If *you* do, who knows?—maybe you will be the first person to step on Mars.

Discussion Questions

1. What is the difference between goal and motivation?
2. What is the difference between self-regulation and self-control?
3. How do positive and negative feelings inform goal pursuit in a cybernetic self-regulation process?
4. Describe the characteristics of the deliberative mindset that allows individuals to decide between different goals. How might these characteristics hinder the implemental phase of self-regulation?
5. You just read a module on "Goals and Motivation," and you believe it is a sign of commitment to the goal of learning about social psychology. Define commitment in this context. How would interpreting your efforts as a sign of commitment influence your motivation to read more about social psychology? By contrast, how would interpreting your efforts as a sign of progress influence your motivation to read more?
6. Mel and Alex are friends. Mel has a prevention focus self-regulatory orientation, whereas Alex has a promotion focus. They are both training for a marathon and are looking for motivational posters to hang in their respective apartments. While shopping, they find a poster with the following Confucius quote: "The will to win, the desire to succeed, the urge to reach your full potential … . These are the keys that will unlock the door to personal excellence." Who is this poster more likely to help stay motivated for the marathon (Mel or Alex)? Why? Find or write a quote that might help the other friend.
7. Give an example in which an individual fails to exercise self-control. What are some factors that can cause such a self-control failure?

Vocabulary

Balancing between goals
Shifting between a focal goal and other goals or temptations by putting less effort into the focal goal—usually with the intention of coming back to the focal goal at a later point in time.

Commitment
The sense that a goal is both valuable and attainable

Conscious goal activation
When a person is fully aware of contextual influences and resulting goal-directed behavior.

Deliberative phase
The first of the two basic stages of self-regulation in which individuals decide which of many potential goals to pursue at a given point in time.

Ego-depletion
The exhaustion of physiological and/or psychological resources following the completion of effortful self-control tasks, which subsequently leads to reduction in the capacity to exert more self-control.

Extrinsic motivation
Motivation stemming from the benefits associated with achieving a goal such as obtaining a monetary reward.

Goal
The cognitive representation of a desired state (outcome).

Goal priming
The activation of a goal following exposure to cues in the immediate environment related to the goal or its corresponding means (e.g., images, words, sounds).

Highlighting a goal
Prioritizing a focal goal over other goals or temptations by putting more effort into the focal goal.

Implemental phase
The second of the two basic stages of self-regulation in which individuals plan specific actions

related to their selected goal.

Intrinsic motivation
Motivation stemming from the benefits associated with the process of pursuing a goal such as having a fulfilling experience.

Means
Activities or objects that contribute to goal attainment.

Motivation
The psychological driving force that enables action in the course of goal pursuit.

Nonconscious goal activation
When activation occurs outside a person's awareness, such that the person is unaware of the reasons behind her goal-directed thoughts and behaviors.

Prevention focus
One of two self-regulatory orientations emphasizing safety, responsibility, and security needs, and viewing goals as "oughts." This self-regulatory focus seeks to avoid losses (the presence of negatives) and approach non-losses (the absence of negatives).

Progress
The perception of reducing the discrepancy between one's current state and one's desired state in goal pursuit.

Promotion focus
One of two self-regulatory orientations emphasizing hopes, accomplishments, and advancement needs, and viewing goals as "ideals." This self-regulatory focus seeks to approach gains (the presence of positives) and avoid non-gains (the absence of positives).

Self-control
The capacity to control impulses, emotions, desires, and actions in order to resist a temptation and adhere to a valued goal.

Self-regulation
The processes through which individuals alter their emotions, desires, and actions in the course of pursuing a goal.

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Chapter 9: Stress & Health

13
The Healthy Life

Emily Hooker & Sarah Pressman

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.

Learning Objectives

- Describe basic terminology used in the field of health 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.

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. [Photo: Adelphi Lab Center]

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

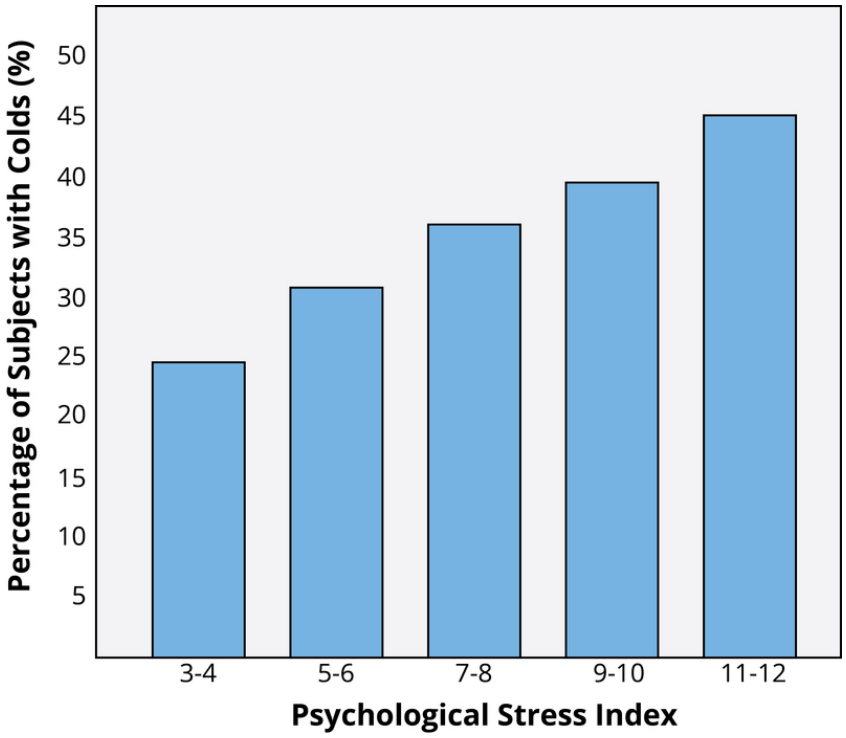

Figure 1: Adapted from Cohen et al. 1991

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

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

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. [Photo: Vicburton]

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, Guijarro, & 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 heath-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).

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.

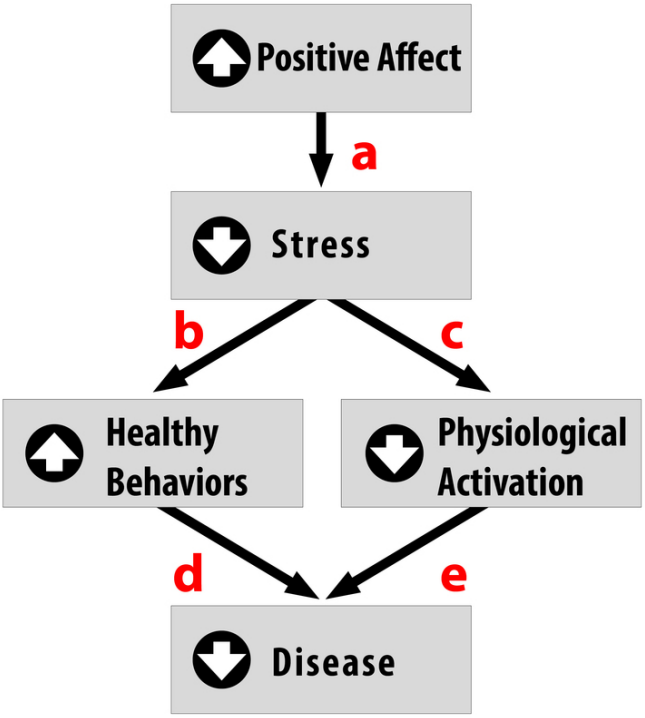

Figure 2. This figure illustrates one possible way that positive affect protects individuals against disease. Positive affect can reduce stress perceptions (a), thereby improving health behaviors (b) and lowering physiological stress responses (c) (e.g., decreased cardiovascular reactivity, lower stress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

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.

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.

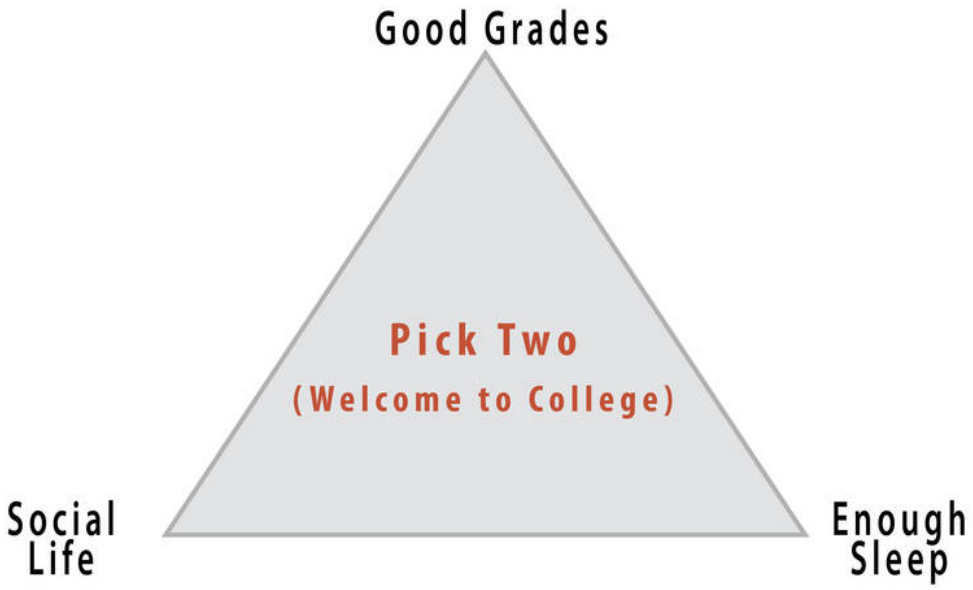

Figure 3: A popular joke about how difficult it is to stay balanced and healthy during college.

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

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. [Photo: jfcherry]

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.

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.

Outside Resources

App: 30 iPhone apps to monitor your health
http://www.hongkiat.com/blog/iphone-health-app/

Quiz: Hostility
http://www.mhhe.com/socscience/hhp/fahey7e/wellness_worksheets/wellness_worksheet_090.html

Self-assessment: Perceived Stress Scale
http://www.ncsu.edu/assessment/resources/perceived_stress_scale.pdf

Self-assessment: What's your real age (based on your health practices and risk factors)?
http://www.realage.com

Video: Try out a guided meditation exercise to reduce your stress
https://www.youtube.com/watch?v=dEzbdLn2bJc

Web: American Psychosomatic Society
http://www.psychosomatic.org/home/index.cfm

Web: APA Division 38, Health Psychology
http://www.health-psych.org

Web: Society of Behavioral Medicine
http://www.sbm.org

Discussion Questions

1. What psychological factors contribute to health?
2. Which psychosocial constructs and behaviors might help protect us from the damaging effects of stress?
3. What kinds of interventions might help to improve resilience? Who will these interventions help the most?
4. How should doctors use research in health psychology when meeting with patients?
5. Why do clinical health psychologists play a critical role in improving public health?

Vocabulary

Adherence
In health, it is the ability of a patient to maintain a health behavior prescribed by a physician. This might include taking medication as prescribed, exercising more, or eating less high-fat food.

Behavioral medicine
A field similar to health psychology that integrates psychological factors (e.g., emotion, behavior, cognition, and social factors) in the treatment of disease. This applied field includes clinical areas of study, such as occupational therapy, hypnosis, rehabilitation or medicine, and preventative medicine.

Biofeedback
The process by which physiological signals, not normally available to human perception, are transformed into easy-to-understand graphs or numbers. Individuals can then use this information to try to change bodily functioning (e.g., lower blood pressure, reduce muscle tension).

Biomedical Model of Health
A reductionist model that posits that ill health is a result of a deviation from normal function, which is explained by the presence of pathogens, injury, or genetic abnormality.

Biopsychosocial Model of Health
An approach to studying health and human function that posits the importance of biological, psychological, and social (or environmental) processes.

Chronic disease
A health condition that persists over time, typically for periods longer than three months (e. g., HIV, asthma, diabetes).

Control
Feeling like you have the power to change your environment or behavior if you need or want to.

Daily hassles
Irritations in daily life that are not necessarily traumatic, but that cause difficulties and repeated stress.

Emotion-focused coping
Coping strategy aimed at reducing the negative emotions associated with a stressful event.

General Adaptation Syndrome
A three-phase model of stress, which includes a mobilization of physiological resources phase, a coping phase, and an exhaustion phase (i.e., when an organism fails to cope with the stress adequately and depletes its resources).

Health
According to the World Health Organization, it is a complete state of physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health behavior
Any behavior that is related to health—either good or bad.

Hostility
An experience or trait with cognitive, behavioral, and emotional components. It often includes cynical thoughts, feelings of emotion, and aggressive behavior.

Mind–body connection
The idea that our emotions and thoughts can affect how our body functions.

Problem-focused coping
A set of coping strategies aimed at improving or changing stressful situations.

Psychoneuroimmunology
A field of study examining the relationship among psychology, brain function, and immune function.

Psychosomatic medicine
An interdisciplinary field of study that focuses on how biological, psychological, and social processes contribute to physiological changes in the body and health over time.

Resilience
The ability to "bounce back" from negative situations (e.g., illness, stress) to normal functioning or to simply not show poor outcomes in the face of adversity. In some cases, resilience may lead to better functioning following the negative experience (e.g., post-traumatic growth).

Self-efficacy

The belief that one can perform adequately in a specific situation.

Social integration
The size of your social network, or number of social roles (e.g., son, sister, student, employee, team member).

Social support
The perception or actuality that we have a social network that can help us in times of need and provide us with a variety of useful resources (e.g., advice, love, money).

Stress
A pattern of physical and psychological responses in an organism after it perceives a threatening event that disturbs its homeostasis and taxes its abilities to cope with the event.

Stressor
An event or stimulus that induces feelings of stress.

Type A Behavior
Type A behavior is characterized by impatience, competitiveness, neuroticism, hostility, and anger.

Type B Behavior
Type B behavior reflects the absence of Type A characteristics and is represented by less competitive, aggressive, and hostile behavior patterns.

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Chapter 10: Cognition: Thinking, Language, and Intelligence

14
Intelligence

Robert Biswas-Diener

Intelligence is among the oldest and longest studied topics in all of psychology. The development of assessments to measure this concept is at the core of the development of psychological science itself. This module introduces key historical figures, major theories of intelligence, and common assessment strategies related to intelligence. This module will also discuss controversies related to the study of group differences in intelligence.

Learning Objectives

- List at least two common strategies for measuring intelligence.
- Name at least one "type" of intelligence.
- Define intelligence in simple terms.
- Explain the controversy relating to differences in intelligence between groups.

Introduction

Every year hundreds of grade school students converge on Washington, D.C., for the annual Scripps National Spelling Bee. The "bee" is an elite event in which children as young as 8 square off to spell words like "cymotrichous" and "appoggiatura." Most people who watch the bee think of these kids as being "smart" and you likely agree with this description.

What makes a person intelligent? Is it heredity (two of the 2014 contestants in the bee have siblings who have previously won)(National Spelling Bee, 2014a)? Is it interest (the most

A participant in the Scripps National Spelling Bee. [Photo: ScrippsBee]

frequently listed favorite subject among spelling bee competitors is math)(NSB, 2014b)? In this unit we will cover these and other fascinating aspects of **intelligence**. By the end of the unit you should be able to define intelligence and discuss some common strategies for measuring intelligence. In addition, we will tackle the politically thorny issue of whether there are differences in intelligence between groups such as men and women.

Defining and Measuring Intelligence

When you think of "smart people" you likely have an intuitive sense of the qualities that make them intelligent. Maybe you think they have a good memory, or that they can think quickly, or that they simply know a whole lot of information. Indeed, people who exhibit such qualities appear very intelligent. That said, it seems that intelligence must be more than simply knowing facts and being able to remember them. One point in favor of this argument is the idea of animal intelligence. It will come as no surprise to you that a dog, which can learn commands and tricks seems smarter than a snake that cannot. In fact, researchers and lay people generally agree with one another that primates—monkeys and apes (including humans)—are among the most intelligent animals. Apes such as chimpanzees are capable of complex problem solving and sophisticated communication (Kohler, 1924).

Scientists point to the social nature of primates as one evolutionary source of their intelligence. Primates live together in troops or family groups and are, therefore, highly social creatures. As such, primates tend to have brains that are better developed for communication and long term thinking than most other animals. For instance, the complex social environment has led primates to develop deception, altruism, numerical concepts, and "theory of mind" (a sense of the self as a unique individual separate from others in the group; Gallup, 1982; Hauser, MacNeilage & Ware, 1996).[Also see Noba unit Theory of Mind **http://noba.to/a8wpytg3]**

The question of what constitutes human intelligence is one of the oldest inquiries in psychology. When we talk about intelligence we typically mean intellectual ability. This broadly encompasses the ability to learn, remember and use new information, to solve problems and to adapt to novel situations. An early scholar of intelligence, Charles Spearman, proposed the idea that intelligence was one thing, a "general factor" sometimes known as simply "g." He

based this conclusion on the observation that people who perform well in one intellectual area such as verbal ability also tend to perform well in other areas such as logic and reasoning (Spearman, 1904).

A contemporary of Spearman's named Francis Galton—himself a cousin of Charles Darwin--was among those who pioneered psychological measurement (Hunt, 2009). For three pence Galton would measure various physical characteristics such as grip strength but also some psychological attributes such as the ability to judge distance or discriminate between colors. This is an example of one of the earliest systematic measures of individual ability. Galton was particularly interested in intelligence, which he thought was heritable in much the same way that height and eye color are. He conceived of several rudimentary methods for assessing whether his hypothesis was true. For example, he carefully tracked the family tree of the top-scoring Cambridge students over the previous 40 years. Although he found specific families disproportionately produced top scholars, intellectual achievement could still be the product of economic status, family culture or other non-genetic factors. Galton was also, possibly, the first to popularize the idea that the heritability of psychological traits could be studied by looking at identical and fraternal twins. Although his methods were crude by modern standards, Galton established intelligence as a variable that could be measured (Hunt, 2009).

The person best known for formally pioneering the measurement of intellectual ability is Alfred Binet. Like Galton, Binet was fascinated by individual differences in intelligence. For instance, he blindfolded chess players and saw that some of them had the ability to continue playing using only their memory to keep the many positions of the pieces in mind (Binet, 1894). Binet was particularly interested in the development of intelligence, a fascination that led him to observe children carefully in the classroom setting.

Intelligence research pioneer Alfred Binet [Photo: wikimedia commons]

Along with his colleague Theodore Simon, Binet created a test of children's intellectual capacity. They created individual test items that should be answerable by children of given ages. For instance, a child who is three should be able to point to her mouth and eyes, a child who is nine should be able to name the months of the year in order, and a twelve year old ought to be able to name sixty words in three minutes. Their assessment became the first "IQ test."

"IQ" or "intelligence quotient" is a name given to the score of the Binet-Simon test. The score

1. Which of the following is the most similar to 1313323?

A. ACACCBC
B. CACAABC
C. ABABBCA
D. ACACCDC

2. Jenny has some chocolates. She eats two and gives half of the remainder to Lisa. If Lisa has six chocolates how many does Jenny have in the beginning?

A. 6
B. 12
C. 14
D. 18

3. Which of the following items is not like the others in the list?

duck, raft, canoe, stone, rubber ball

A. Duck
B. Canoe
C. Stone
D. Rubber ball

4. What do steam and ice have in common?

A. They can both harm skin
B. They are both made from water
C. They are both found in the kitchen
D. They are both the products of water at extreme temperatures

Answers: 1) A; 2) C; 3) stone; 4) D is the most sophisticated answer

Table 1: Examples of the types of items you might see on an intelligence test.

is derived by dividing a child's mental age (the score from the test) by their chronological age to create an overall quotient. These days, the phrase "IQ" does not apply specifically to the Binet-Simon test and is used to generally denote intelligence or a score on any intelligence test. In the early 1900s the Binet-Simon test was adapted by a Stanford professor named

Lewis Terman to create what is, perhaps, the most famous intelligence test in the world, the Stanford-Binet (Terman, 1916). The major advantage of this new test was that it was **standardized**. Based on a large sample of children Terman was able to plot the scores in a normal distribution, shaped like a "bell curve" (see Fig. 1). To understand a normal distribution think about the height of people. Most people are average in height with relatively fewer being tall or short, and fewer still being extremely tall or extremely short. Terman (1916) laid out intelligence scores in exactly the same way, allowing for easy and reliable categorizations and comparisons between individuals.

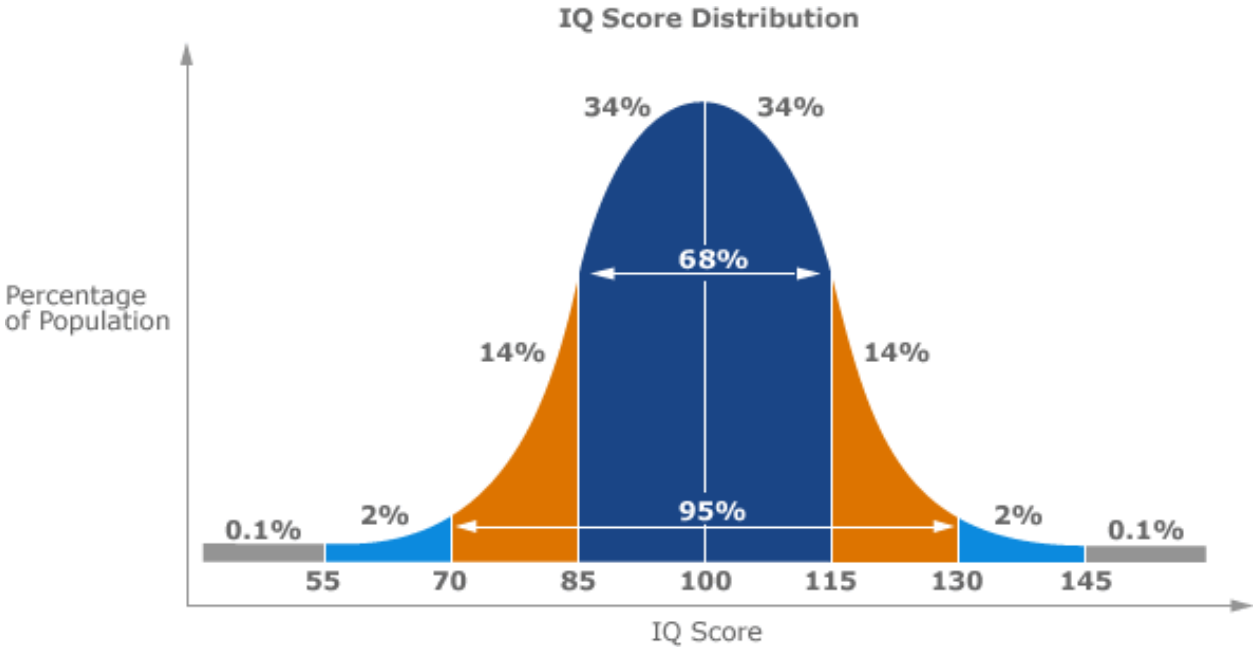

Figure 1: Bell Curve - Normal Distribution IQ

Looking at another modern intelligence test—the Wechsler Adult Intelligence Scale (WAIS)—can provide clues to a definition of intelligence itself. Motivated by several criticisms of the Stanford-Binet test, psychologist David Wechsler sought to create a superior measure of intelligence. He was critical of the way that the Stanford-Binet relied so heavily on verbal ability and was also suspicious of using a single score to capture all of intelligence. To address these issues Wechsler created a test that tapped a wide range of intellectual abilities. This understanding of intelligence—that it is made up of a pool of specific abilities—is a notable departure from Spearman's concept of general intelligence. The WAIS assesses people's ability to remember, compute, understand language, reason well, and process information quickly (Wechsler, 1955).

One interesting by-product of measuring intelligence for so many years is that we can chart changes over time. It might seem strange to you that intelligence can change over the decades but that appears to have happened over the last 80 years we have been measuring this topic. Here's how we know: IQ tests have an average score of 100. When new waves of people are asked to take older tests they tend to outperform the original sample from years ago on which the test was **normed**. This gain is known as the "Flynn Effect," named after James Flynn, the researcher who first identified it (Flynn, 1987). Several hypotheses have been put forth to explain the Flynn Effect including better nutrition (healthier brains!), greater familiarity with testing in general, and more exposure to visual stimuli. Today, there is no perfect agreement among psychological researchers with regards to the causes of increases in average scores on intelligence tests. Perhaps if you choose a career in psychology you will be the one to discover the answer!

Types of Intelligence

David Wechsler's approach to testing intellectual ability was based on the fundamental idea that there are, in essence, many aspects to intelligence. Other scholars have echoed this idea by going so far as to suggest that there are actually even different types of intelligence. You likely have heard distinctions made between "street smarts" and "book learning." The former refers to practical wisdom accumulated through experience while the latter indicates formal education. A person high in street smarts might have a superior ability to catch a person in a lie, to persuade others, or to think quickly under pressure. A person high in book learning, by contrast, might have a large vocabulary and be able to remember a large number of references to classic novels. Although psychologists don't use street smarts or book smarts as professional terms they do believe that intelligence comes in different types.

There are many ways to parse apart the concept of intelligence. Many scholars believe that Carroll 's (1993) review of more than 400 data sets provides the best currently existing single source for organizing various concepts related to intelligence. Carroll divided intelligence into three levels, or strata, descending from the most abstract down to the most specific (see Fig. 2). To understand this way of categorizing simply think of a "car." Car is a general word that denotes all types of motorized vehicles. At the more specific level under "car" might be various types of cars such as sedans, sports cars, SUVs, pick-up trucks, station wagons, and so forth. More specific still would be certain models of each such as a Honda Civic or Ferrari Enzo. In the same manner, Carroll called the highest level (stratum III) the general intelligence factor "g." Under this were more specific stratum II categories such as fluid intelligence and visual perception and processing speed. Each of these, in turn, can be sub-divided into very specific components such as spatial scanning, reaction time, and word fluency.

Thinking of intelligence as Carroll (1993) does, as a collection of specific mental abilities, has helped researchers conceptualize this topic in new ways. For example, Horn and Cattell (1966) distinguish between "fluid" and "crystalized" intelligence, both of which show up on stratum II of Carroll's model. Fluid intelligence is the ability to "think on your feet;" that is, to solve problems. Crystalized intelligence, on the other hand, is the ability to use language, skills and experience to address problems. The former is associated more with youth while the latter increases with age. You may have noticed the way in which younger people can adapt to new situations and use trial and error to quickly figure out solutions. By contrast, older people tend to rely on their relatively superior store of knowledge to solve problems.

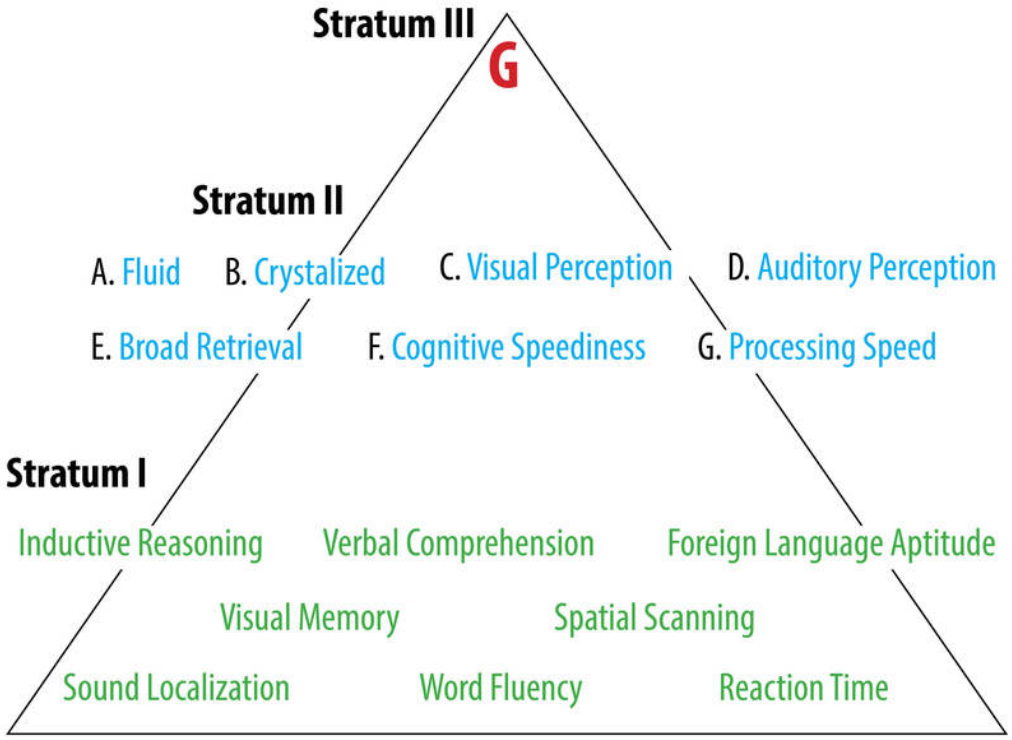

Figure 2: Caroll's Model of Intelligence

Harvard professor Howard Gardner is another figure in psychology who is well-known for championing the notion that there are different types of intelligence. Gardner's theory is appropriately, called "multiple intelligences." Gardner's theory is based on the idea that people process information through different "channels" and these are relatively independent of one another. He has identified 8 common intelligences including 1) logic-math, 2) visual-spatial, 3) music-rhythm, 4) verbal-linguistic, 5) bodily-kinesthetic, 6) interpersonal, 7) intrapersonal, and 8) naturalistic (Gardner, 1985). Many people are attracted to Gardner's theory because it suggests that people each learn in unique ways. There are now many Gardner- influenced

schools in the world.

Another type of intelligence is Emotional intelligence. Unlike traditional models of intelligence that emphasize cognition (thinking) the idea of emotional intelligence emphasizes the experience and expression of emotion. Some researchers argue that emotional intelligence is a set of skills in which an individual can accurately understand the emotions of others, can identify and label their own emotions, and can use emotions. (Mayer & Salovey, 1997). Other researchers believe that emotional intelligence is a mixture of abilities, such as stress management, and personality, such as a person's predisposition for certain moods (Bar-On, 2006). Regardless of the specific definition of emotional intelligence, studies have shown a link between this concept and job performance (Lopes, Grewal, Kadis, Gall, & Salovey, 2006). In fact, emotional intelligence is similar to more traditional notions of cognitive intelligence with regards to workplace benefits. Schmidt and Hunter (1998), for example, reviewed research on intelligence in the workplace context and show that intelligence is the single best predictor of doing well in job training programs, of learning on the job. They also report that general intelligence is moderately correlated with all types of jobs but especially with managerial and complex, technical jobs.

There is one last point that is important to bear in mind about intelligence. It turns out that the way an individual thinks about his or her own intelligence is also important because it predicts performance. Researcher Carol Dweck has made a career out of looking at the differences between high IQ children who perform well and those who do not, so-called "under achievers." Among her most interesting findings is that it is not gender or social class that sets apart the high and low performers. Instead, it is their mindset. The children who believe that their abilities in general—and their intelligence specifically—is a fixed trait tend to underperform. By contrast, kids who believe that intelligence is changeable and evolving tend to handle failure better and perform better (Dweck, 1986). Dweck refers to this as a person's "mindset" and having a growth mindset appears to be healthier.

Correlates of Intelligence

The research on mindset is interesting but there can also be a temptation to interpret it as suggesting that every human has an unlimited potential for intelligence and that becoming smarter is only a matter of positive thinking. There is some evidence that genetics is an important factor in the intelligence equation. For instance, a number of studies on genetics in adults have yielded the result that intelligence is largely, but not totally, inherited (Bouchard,2004).Having a healthy attitude about the nature of smarts and working hard can both definitely help intellectual performance but it also helps to have the genetic leaning

toward intelligence.

Carol Dweck's research on the mindset of children also brings one of the most interesting and controversial issues surrounding intelligence research to the fore: group differences. From the very beginning of the study of intelligence researchers have wondered about differences between groups of people such as men and women. With regards to potential differences between the sexes some people have noticed that women are under-represented in certain fields. In 1976, for example, women comprised just 1% of all faculty members in engineering (Ceci, Williams & Barnett, 2009).

Women account for a disproportionately small percentage of those employed in math-intensive career fields such as engineering. [Photo: Argonne National Laboratory]

Even today women make up between 3% and 15% of all faculty in math-intensive fields at the 50 top universities. This phenomenon could be explained in many ways: it might be the result of inequalities in the educational system, it might be due to differences in socialization wherein young girls are encouraged to develop other interests, it might be the result of that women are—on average—responsible for a larger portion of childcare obligations and therefore make different types of professional decisions, or it might be due to innate differences between these groups, to name just a few possibilities. The possibility of innate differences is the most controversial because many people see it as either the product of or the foundation for sexism. In today's political landscape it is easy to see that asking certain questions such as "are men smarter than women?" would be inflammatory. In a comprehensive review of research on intellectual abilities and sex Ceci and colleagues (2009) argue against the hypothesis that biological and genetic differences account for much of the sex differences in intellectual ability. Instead, they believe that a complex web of influences ranging from societal expectations to test taking strategies to individual interests account for many of the sex differences found in math and similar intellectual abilities.

A more interesting question, and perhaps a more sensitive one, might be to inquire in which ways men and women might differ in intellectual ability, if at all. That is, researchers should not seek to prove that one group or another is better but might examine the ways that they might differ and offer explanations for any differences that are found. Researchers have

investigated sex differences in intellectual ability. In a review of the research literature Halpern (1997) found that women appear, on average, superior to men on measures of fine motor skill, acquired knowledge, reading comprehension, decoding non-verbal expression, and generally have higher grades in school. Men, by contrast, appear, on average, superior to women on measures of fluid reasoning related to math and science, perceptual tasks that involve moving objects, and tasks that require transformations in working memory such as mental rotations of physical spaces. Halpern also notes that men are disproportionately represented on the low end of cognitive functioning including in mental retardation, dyslexia, and attention deficit disorders (Halpern, 1997).

Other researchers have examined various explanatory hypotheses for why sex differences in intellectual ability occur. Some studies have provided mixed evidence for genetic factors while others point to evidence for social factors (Neisser, et al, 1996; Nisbett, et al., 2012). One interesting phenomenon that has received research scrutiny is the idea of **stereotype threat**. Stereotype threat is the idea that mental access to a particular stereotype can have real-world impact on a member of the stereotyped group. In one study (Spencer, Steele, & Quinn, 1999), for example, women who were informed that women tend to fare poorly on math exams just before taking a math test actually performed worse relative to a control group who did not hear the stereotype. One possible antidote to stereotype threat, at least in the case of women, is to make a self-affirmation (such as listing positive personal qualities) before the threat occurs. In one study, for instance, Martens and her colleagues (2006) had women write about personal qualities that they valued before taking a math test. The affirmation largely erased the effect of stereotype by improving math scores for women relative to a control group but similar affirmations had little effect for men (Martens, Johns, Greenberg, & Schimel, 2006).

These types of controversies compel many lay people to wonder if there might be a problem with intelligence measures. It is natural to wonder if they are somehow biased against certain groups. Psychologists typically answer such questions by pointing out that bias in the testing sense of the word is different than how people use the word in everyday speech. Common use of bias denotes a prejudice based on group membership. Scientific bias, on the other hand, is related to the psychometric properties of the test such as validity and reliability. Validity is the idea that an assessment measures what it claims to measure and that it can predict future behaviors or performance. To this end, intelligence tests are not biased because they are fairly accurate measures and predictors. There are, however, real biases, prejudices, and inequalities in the social world that might benefit some advantaged group while hindering some disadvantaged others.

Conclusion

Although you might not be able to spell "esquamulose" or "staphylococci" – indeed, you might not even know what they mean—you don't need to count yourself out in the intelligence department. Now that we have examined intelligence in depth we can return to our intuitive view of those students who compete in the National Spelling Bee. Are they smart? Certainly, they seem to have high verbal intelligence. There is also the possibility that they benefit from either a genetic boost in intelligence, a supportive social environment, or both. Watching them spell difficult words there is also much we do not know about them. We cannot tell, for instance, how emotionally intelligent they are or how they might use bodily-kinesthetic intelligence. This highlights the fact that intelligence is a complicated issue. Fortunately, psychologists continue to research this fascinating topic and their studies continue to yield new insights.

Vocabulary

G
Short for "general factor" and is often used to be synonymous with intelligence itself.

Intelligence
An individual's cognitive capability. This includes the ability to acquire, process, recall and apply information.

IQ
Short for "intelligence quotient." This is a score, typically obtained from a widely used measure of intelligence that is meant to rank a person's intellectual ability against that of others.

Norm
Assessments are given to a representative sample of a population to determine the range of scores for that population. These "norms" are then used to place an individual who takes that assessment on a range of scores in which he or she is compared to the population at large.

Standardize
Assessments that are given in the exact same manner to all people . With regards to intelligence tests standardized scores are individual scores that are computed to be referenced against normative scores for a population (see "norm").

Stereotype threat
The phenomenon in which people are concerned that they will conform to a stereotype or that their performance does conform to that stereotype, especially in instances in which the stereotype is brought to their conscious awareness.

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15
Judgment and Decision Making

Max H. Bazerman

Humans are not perfect decision makers. Not only are we not perfect, but we depart from perfection or rationality in systematic and predictable ways. The understanding of these systematic and predictable departures is core to the field of judgment and decision making. By understanding these limitations, we can also identify strategies for making better and more effective decisions.

Learning Objectives

- Understand the systematic biases that affect our judgment and decision making.
- Develop strategies for making better decisions.
- Experience some of the biases through sample decisions.

Introduction

Every day you have the opportunity to make countless decisions: should you eat dessert, cheat on a test, or attend a sports event with your friends. If you reflect on your own history of choices you will realize that they vary in quality; some are rational and some are not. This module provides an overview of decision making and includes discussion of many of the common biases involved in this process.

In his Nobel Prize–winning work, psychologist Herbert Simon (1957; March & Simon, 1958) argued that our decisions are bounded in their rationality. According to the **bounded**

rationality framework, human beings try to make rational decisions (such as weighing the costs and benefits of a choice) but our cognitive limitations prevent us from being fully rational. Time and cost constraints limit the quantity and quality of the information that is available to us. Moreover, we only retain a relatively small amount of information in our usable memory. And limitations on intelligence and perceptions constrain the ability of even very bright decision makers to accurately make the best choice based on the information that is available.

People are subject to systematic and predictable biases that influence judgment. In many instances this results in poor decision-making. [Photo: koocbor]

About 15 years after the publication of Simon's seminal work, Tversky and Kahneman (1973, 1974; Kahneman & Tversky, 1979) produced their own Nobel Prize–winning research, which provided critical information about specific systematic and predictable **biases**, or mistakes, that influence judgment (Kahneman received the prize after Tversky's death). The work of Simon, Tversky, and Kahneman paved the way to our modern understanding of judgment and decision making. And their two Nobel prizes signaled the broad acceptance of the field of behavioral decision research as a mature area of intellectual study.

What Would a Rational Decision Look Like?

Imagine that during your senior year in college, you apply to a number of doctoral programs, law schools, or business schools (or another set of programs in whatever field most interests you). The good news is that you receive many acceptance letters. So, how should you decide where to go? Bazerman and Moore (2013) outline the following six steps that you should take to make a rational decision: (1) define the problem (i.e., selecting the right graduate program), (2) identify the criteria necessary to judge the multiple options (location, prestige, faculty, etc.), (3) weight the criteria (rank them in terms of importance to you), (4) generate alternatives (the schools that admitted you), (5) rate each alternative on each criterion (rate each school on each criteria that you identified, and (6) compute the optimal decision. Acting rationally would require that you follow these six steps in a fully rational manner.

I strongly advise people to think through important decisions such as this in a manner similar to this process. Unfortunately, we often don't. Many of us rely on our intuitions far more than we should. And when we do try to think systematically, the way we enter data into such formal decision-making processes is often biased.

People often have to use incomplete information to make decisions about risk [Photo: beanhead4529]

Fortunately, psychologists have learned a great deal about the biases that affect our thinking. This knowledge about the systematic and predictable mistakes that even the best and the brightest make can help you identify flaws in your thought processes and reach better decisions.

Biases in Our Decision Process

Simon's concept of bounded rationality taught us that judgment deviates from rationality, but it did not tell us *how* judgment is biased. Tversky and Kahneman's (1974) research helped to diagnose the specific systematic, directional biases that affect human judgment. These biases are created by the tendency to short-circuit a rational decision process by relying on a number of simplifying strategies, or rules of thumb, known as **heuristics**. Heuristics allow us to cope with the complex environment surrounding our decisions. Unfortunately, they also lead to systematic and predictable biases.

To highlight some of these biases please answer the following three quiz items:

Problem 1 (adapted from Alpert & Raiffa, 1969):

Listed below are 10 uncertain quantities. Do not look up any information on these items. For each, write down your best estimate of the quantity. Next, put a lower and upper bound around your estimate, such that you are 98 percent confident that your range surrounds the actual quantity. Respond to each of these items even if you admit to knowing very little about these quantities.

1. The first year the Nobel Peace Prize was awarded
2. The date the French celebrate "Bastille Day"
3. The distance from the Earth to the Moon
4. The height of the Leaning Tower of Pisa

5. Number of students attending Oxford University (as of 2014)
6. Number of people who have traveled to space (as of 2013)
7. 2012-2013 annual budget for the University of Pennsylvania
8. Average life expectancy in Bangladesh (as of 2012)
9. World record for pull-ups in a 24-hour period
10. Number of colleges and universities in the Boston metropolitan area

Problem 2 (adapted from Joyce & Biddle, 1981):

We know that executive fraud occurs and that it has been associated with many recent financial scandals. And, we know that many cases of management fraud go undetected even when annual audits are performed. Do you think that the incidence of significant executive-level management fraud is more than 10 in 1,000 firms (that is, 1 percent) audited by Big Four accounting firms?

1. Yes, more than 10 in 1,000 Big Four clients have significant executive-level management fraud.
2. No, fewer than 10 in 1,000 Big Four clients have significant executive-level management fraud.

What is your estimate of the number of Big Four clients per 1,000 that have significant executive-level management fraud? (Fill in the blank below with the appropriate number.)

_____ in 1,000 Big Four clients have significant executive-level management fraud.

Problem 3 (adapted from Tversky & Kahneman, 1981):

Imagine that the United States is preparing for the outbreak of an unusual avian disease that is expected to kill 600 people. Two alternative programs to combat the disease have been proposed. Assume that the exact scientific estimates of the consequences of the programs are as follows.

1. Program A: If Program A is adopted, 200 people will be saved.
2. Program B: If Program B is adopted, there is a one-third probability that 600 people will be saved and a two-thirds probability that no people will be saved.

Which of the two programs would you favor?

Overconfidence

On the first problem, if you set your ranges so that you were justifiably 98 percent confident, you should expect that approximately 9.8, or nine to 10, of your ranges would include the actual value. So, let's look at the correct answers:

1. 1901
2. 14th of July
3. 384,403 km (238,857 mi)
4. 56.67 m (183 ft)
5. 22,384 (as of 2014)
6. 536 people (as of 2013)
7. $6.007 billion
8. 70.3 years (as of 2012)
9. 4,321
10. 52

Overconfidence is a natural part of most people's decision-making process and this can get us into trouble. Is it possible to overcome our faulty thinking? Perhaps. See the "Fixing Our Decisions" section below. [Photo: Kimli]

Count the number of your 98% ranges that actually surrounded the true quantities. If you surrounded nine to 10, you were appropriately confident in your judgments. But most readers surround only between three (30%) and seven (70%) of the correct answers, despite claiming 98% confidence that each range would surround the true value. As this problem shows, humans tend to be **overconfident** in their judgments.

Anchoring

Regarding the second problem, people vary a great deal in their final assessment of the level of executive-level management fraud, but most think that 10 out of 1,000 is too low. When I run this exercise in class, half of the students respond to the question that I asked you to answer. The other half receive a similar problem, but instead are asked whether the correct answer is higher or lower than 200 rather than 10. Most people think that 200 is high. But, again, most people claim that this "**anchor**" does not affect their final estimate. Yet, on average, people who are presented with the question that focuses on the number 10 (out of 1,000)

give answers that are about one-half the size of the estimates of those facing questions that use an anchor of 200. When we are making decisions, any initial anchor that we face is likely to influence our judgments, even if the anchor is arbitrary. That is, we insufficiently adjust our judgments away from the anchor.

Framing

Turning to Problem 3, most people choose Program A, which saves 200 lives for sure, over Program B. But, again, if I was in front of a classroom, only half of my students would receive this problem. The other half would have received the same set-up, but with the following two options:

1. Program C: If Program C is adopted, 400 people will die.
2. Program D: If Program D is adopted, there is a one-third probability that no one will die and a two-thirds probability that 600 people will die.

Which of the two programs would you favor?

Careful review of the two versions of this problem clarifies that they are objectively the same. Saving 200 people (Program A) means losing 400 people (Program C), and Programs B and D are also objectively identical. Yet, in one of the most famous problems in judgment and decision making, most individuals choose Program A in the first set and Program D in the second set (Tversky & Kahneman, 1981). People respond very differently to saving versus losing lives—even when the difference is based just on the "**framing**" of the choices.

The problem that I asked you to respond to was framed in terms of saving lives, and the implied reference point was the worst outcome of 600 deaths. Most of us, when we make decisions that concern gains, are risk averse; as a consequence, we lock in the possibility of saving 200 lives for sure. In the alternative version, the problem is framed in terms of losses. Now the implicit reference point is the best outcome of no deaths due to the Asian disease. And in this case, most people are risk seeking when making decisions regarding losses.

These are just three of the many biases that affect even the smartest among us. Other research shows that we are biased in favor of information that is easy for our minds to retrieve, are insensitive to the importance of base rates and sample sizes when we are making inferences, assume that random events will always look random, search for information that confirms our expectations even when disconfirming information would be more informative, claim a priori knowledge that didn't exist due to the hindsight bias, and are subject to a host of other

effects that continue to be developed in the literature (Bazerman & Moore, 2013).

Contemporary Developments

The concept of bounded willpower may explain why many of us are better shoppers than savers. [Photo: Tinou Bao]

Bounded rationality served as the integrating concept of the field of behavioral decision research for 40 years. Then, in 2000, Thaler (2000) suggested that decision making is bounded in two ways not precisely captured by the concept of bounded rationality. First, he argued that our **willpower is bounded** and that, as a consequence, we give greater weight to present concerns than to future concerns. Our immediate motivations are often inconsistent with our long-term interests in a variety of ways, such as the common failure to save adequately for retirement or the difficulty many people have staying on a diet. Second, Thaler suggested that our **self-interest is bounded** such that we care about the outcomes of others. Sometimes we positively value the outcomes of others—giving them more of a commodity than is necessary out of a desire to be fair, for example. And, in unfortunate contexts, we sometimes are willing to forgo our own benefits out of a desire to harm others.

My colleagues and I have recently added two other important bounds to the list. Chugh, Banaji, and Bazerman (2005) and Banaji and Bhaskar (2000) introduced the concept of **bounded ethicality**, which refers to the notion that our ethics are limited in ways we are not even aware of ourselves. Second, Chugh and Bazerman (2007) developed the concept of **bounded awareness** to refer to the broad array of focusing failures that affect our judgment, specifically the many ways in which we fail to notice obvious and important information that is available to us.

A final development is the application of judgment and decision-making research to the areas of behavioral economics, behavioral finance, and behavioral marketing, among others. In each case, these fields have been transformed by applying and extending research from the judgment and decision-making literature.

Fixing Our Decisions

Ample evidence documents that even smart people are routinely impaired by biases. Early research demonstrated, unfortunately, that awareness of these problems does little to reduce bias (Fischhoff, 1982). The good news is that more recent research documents interventions that do help us overcome our faulty thinking (Bazerman & Moore, 2013).

One critical path to fixing our biases is provided in Stanovich and West's (2000) distinction between **System 1** and **System 2** decision making. System 1 processing is our intuitive system, which is typically fast, automatic, effortless, implicit, and emotional. System 2 refers to decision making that is slower, conscious, effortful, explicit, and logical. The six logical steps of decision making outlined earlier describe a System 2 process.

Clearly, a complete System 2 process is not required for every decision we make. In most situations, our System 1 thinking is quite sufficient; it would be impractical, for example, to logically reason through every choice we make while shopping for groceries. But, preferably, System 2 logic should influence our most important decisions. Nonetheless, we use our System 1 processes for most decisions in life, relying on it even when making important decisions.

The key to reducing the effects of bias and improving our decisions is to transition from trusting our intuitive System 1 thinking toward engaging more in deliberative System 2 thought. Unfortunately, the busier and more rushed people are, the more they have on their minds, and the more likely they are to rely on System 1 thinking (Chugh, 2004). The frantic pace of professional life suggests that executives often rely on System 1 thinking (Chugh, 2004).

Fortunately, it is possible to identify conditions where we rely on intuition at our peril and substitute more deliberative thought. One fascinating example of this substitution comes from journalist Michael Lewis' (2003) account of how Billy Beane, the general manager of the Oakland Athletics, improved the outcomes of the failing baseball team after recognizing that the intuition of baseball executives was limited and systematically biased and that their intuitions had been incorporated into important decisions in ways that created enormous mistakes. Lewis (2003) documents that baseball professionals tend to overgeneralize from their personal experiences, be overly influenced by players' very recent performances, and overweigh what they see with their own eyes, despite the fact that players' multiyear records provide far better data. By substituting valid predictors of future performance (System 2 thinking), the Athletics were able to outperform expectations given their very limited payroll.

Another important direction for improving decisions comes from Thaler and Sunstein's (2008) book *Nudge: Improving Decisions about Health, Wealth, and Happiness.* Rather than setting out to debias human judgment, Thaler and Sunstein outline a strategy for how "decision architects"

Nudges can be used to help people make better decisions about saving for retirement. [Photo: aag photos]

can change environments in ways that account for human bias and trigger better decisions as a result. For example, Beshears, Choi, Laibson, and Madrian (2008) have shown that simple changes to defaults can dramatically improve people's decisions. They tackle the failure of many people to save for retirement and show that a simple change can significantly influence enrollment in 401(k) programs. In most companies, when you start your job, you need to proactively sign up to join the company's retirement savings plan. Many people take years before getting around to doing so. When, instead, companies automatically enroll their employees in 401(k) programs and give them the opportunity to "opt out," the net enrollment rate rises significantly. By changing defaults, we can counteract the human tendency to live with the status quo.

Similarly, Johnson and Goldstein's (2003) cross-European organ donation study reveals that countries that have opt-in organ donation policies, where the default is not to harvest people's organs without their prior consent, sacrifice thousands of lives in comparison to opt-out policies, where the default is to harvest organs. The United States and too many other countries require that citizens opt in to organ donation through a proactive effort; as a consequence, consent rates range between 4.25%–44% across these countries. In contrast, changing the decision architecture to an opt-out policy improves consent rates to 85.9% to 99.98%. Designing the donation system with knowledge of the power of defaults can dramatically change donation rates without changing the options available to citizens. In contrast, a more intuitive strategy, such as the one in place in the United States, inspires defaults that result in many unnecessary deaths.

Concluding Thoughts

Our days are filled with decisions ranging from the small (what should I wear today?) to the important (should we get married?). Many have real world consequences on our health, finances and relationships. Simon, Kahneman, and Tversky created a field that highlights the surprising and predictable deficiencies of the human mind when making decisions. As we understand more about our own biases and thinking shortcomings we can begin to take them into account or to avoid them. Only now have we reached the frontier of using this knowledge to help people make better decisions.

Outside Resources

Book: Bazerman, M. H., & Moore, D. (2013). Judgment in managerial decision making (8th ed.). John Wiley & Sons Inc.

Book: Kahneman, D. (2011) Thinking, Fast and Slow. New York, NY: Farrar, Straus and Giroux.

Book: Thaler, R. H., & Sunstein, C. R. (2008). Nudge: Improving Decisions about Health, Wealth, and Happiness. New Haven, CT: Yale University Press.

Discussion Questions

1. Are the biases in this module a problem in the real world?
2. How would you use this module to be a better decision maker?
3. Can you see any biases in today's newspaper?

Vocabulary

Anchoring
The bias to be affected by an initial anchor, even if the anchor is arbitrary, and to insufficiently adjust our judgments away from that anchor.

Biases
The systematic and predictable mistakes that influence the judgment of even very talented human beings.

Bounded awareness
The systematic ways in which we fail to notice obvious and important information that is available to us.

Bounded ethicality
The systematic ways in which our ethics are limited in ways we are not even aware of ourselves.

Bounded rationality
Model of human behavior that suggests that humans try to make rational decisions but are bounded due to cognitive limitations.

Bounded self-interest
The systematic and predictable ways in which we care about the outcomes of others.

Bounded willpower
The tendency to place greater weight on present concerns rather than future concerns.

Framing
The bias to be systematically affected by the way in which information is presented, while holding the objective information constant.

Heuristics
cognitive (or thinking) strategies that simplify decision making by using mental short-cuts

Overconfident
The bias to have greater confidence in your judgment than is warranted based on a rational assessment.

System 1
Our intuitive decision-making system, which is typically fast, automatic, effortless, implicit, and emotional.

System 2
Our more deliberative decision-making system, which is slower, conscious, effortful, explicit, and logical.

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16
Language and Language Use

Yoshihisa Kashima

Humans have the capacity to use complex language, far more than any other species on Earth. We cooperate with each other to use language for communication; language is often used to communicate about and even construct and maintain our social world. Language use and human sociality are inseparable parts of Homo sapiens as a biological species.

Learning Objectives

- Define basic terms used to describe language use.
- Describe the process by which people can share new information by using language.
- Characterize the typical content of conversation and its social implications.
- Characterize psychological consequences of language use and give an example.

Introduction

Imagine two men of 30-something age, Adam and Ben, walking down the corridor. Judging from their clothing, they are young businessmen, taking a break from work. They then have this exchange.

> Adam: “You know, Gary bought a ring.”
> Ben: "Oh yeah? For Mary, isn't it?" (Adam nods.)

If you are watching this scene and hearing their conversation, what can you guess from this? First of all, you'd guess that Gary bought a ring for Mary, whoever Gary and Mary might be. Perhaps you would infer that Gary is getting married to Mary. What else can you guess? Perhaps that Adam and Ben are fairly close colleagues, and both of them know Gary and Mary reasonably well. In other words, you can guess the social relationships surrounding the people who are engaging in the conversation and the people whom they are talking about.

Language is an essential tool that enables us to live the kind of lives we do. Much of contemporary human civilization wouldn't have been possible without it. [Photo: Marc Wathieu]

Language is used in our everyday lives. If psychology is a science of behavior, scientific investigation of language *use* must be one of the most central topics—this is because language use is ubiquitous. Every human group has a language; human infants (except those who have unfortunate disabilities) learn at least one language without being taught explicitly. Even when children who don't have much language to begin with are brought together, they can begin to develop and use their own language. There is at least one known instance where children who had had little language were brought together and developed their own language spontaneously with minimum input from adults. In Nicaragua in the 1980s, deaf children who were separately raised in various locations were brought together to schools for the first time. Teachers tried to teach them Spanish with little success. However, they began to notice that the children were using their hands and gestures, apparently to communicate with each other. Linguists were brought in to find out what was happening—it turned out the children had developed their own sign language by themselves. That was the birth of a new language, Nicaraguan Sign Language (Kegl, Senghas, & Coppola, 1999). Language is ubiquitous, and we humans are born to use it.

How Do We Use Language?

If language is so ubiquitous, how do we actually use it? To be sure, some of us use it to write diaries and poetry, but the primary form of language use is interpersonal. That's how we learn language, and that's how we use it. Just like Adam and Ben, we exchange words and utterances to communicate with each other. Let's consider the simplest case of two people, Adam and Ben, talking with each other. According to Clark (1996), in order for them to carry out a conversation, they must keep track of **common ground**. Common ground is a set of knowledge

that the speaker and listener share and they think, assume, or otherwise take for granted that they share. So, when Adam says, "Gary bought a ring," he takes for granted that Ben knows the meaning of the words he is using, whom Gary is, and what buying a ring means. When Ben says, "For Mary, isn't it?" he takes for granted that Adam knows the meaning of these words, who Mary is, and what buying a ring for someone means. All these are part of their common ground.

The "common ground" in a conversation helps people coordinate their language use. And as conversations progress common ground shifts and changes as the participants add new information and cooperate to help one another understand. [Photo: boellstiftung]

Note that, when Adam presents the information about Gary's purchase of a ring, Ben responds by presenting his inference about who the recipient of the ring might be, namely, Mary. In conversational terms, Ben's utterance acts as evidence for his comprehension of Adam's utterance—"Yes, I understood that Gary bought a ring"—and Adam's nod acts as evidence that he now has understood what Ben has said too—"Yes, I understood that you understood that Gary has bought a ring for Mary." This new information is now added to the initial common ground. Thus, the pair of utterances by Adam and Ben (called an adjacency pair) together with Adam's affirmative nod jointly completes one proposition, "Gary bought a ring for Mary," and adds this information to their common ground. This way, common ground changes as we talk, gathering new information that we agree on and have evidence that we share. It evolves as people take turns to assume the roles of speaker and listener, and actively engage in the exchange of meaning.

Common ground helps people coordinate their language use. For instance, when a speaker says something to a listener, he or she takes into account their common ground, that is, what the speaker thinks the listener knows. Adam said what he did because he knew Ben would know who Gary was. He'd have said, "A friend of mine is getting married," to another colleague who wouldn't know Gary. This is called **audience design** (Fussell & Krauss, 1992); speakers design their utterances for their audiences by taking into account the audiences' knowledge. If their audiences are seen to be knowledgeable about an object (such as Ben about Gary), they tend to use a brief label of the object (i.e., Gary); for a less knowledgeable audience, they use more descriptive words (e.g., "a friend of mine") to help the audience understand their utterances (Box 1).

So, language use is a cooperative activity, but how do we coordinate our language use in a conversational setting? To be sure, we have a conversation in small groups. The number of people engaging in a conversation at a time is rarely more than four. By some counts (e.g., Dunbar, Duncan, & Nettle, 1995; James, 1953), more than 90 percent of conversations happen in a group of four individuals or less. Certainly, coordinating conversation among four is not as difficult as coordinating conversation among 10. But, even among only four people, if you think about it, everyday conversation is an almost miraculous achievement. We typically have a conversation by rapidly exchanging words and utterances in real time in a noisy environment. Think about your conversation at home in the morning, at a bus stop, in a shopping mall. How can we keep track of our common ground under such circumstances?

Box 1. Coordinating Language Use by Audience Design

In systematic research on audience design, Fussell and Krauss (1992) found that, when communicating about public figures, speakers included more descriptive information (e.g., physical appearances, occupation) about lesser known and less identifiable people (e.g., Kevin Kline, Carl Icahn) than better known ones (e.g., Woody Allen, Clint Eastwood), so that their listeners can identify whom they are talking about. Likewise, Isaacs and Clark (1987) showed that people who were familiar with New York City could gauge their audience's familiarity with NYC soon after they began conversation and adjusted their descriptions of NYC landmarks to help the audience identify such landmarks as the Brooklyn Bridge and Yankee Stadium more easily. More generally, Grice (1975) suggested that speakers often follow certain rules, which he calls conversational maxims, by trying to be informative (maxim of quantity), truthful (maxim of quality), relevant (maxim of relation), and clear and unambiguous (maxim of manner).

Pickering and Garrod (2004) argue that we achieve our conversational coordination by virtue of our ability to interactively align each other's actions at different levels of language use: **lexicon** (i.e., words and expressions), **syntax** (i.e., grammatical rules for arranging words and expressions together), as well as speech rate and accent. For instance, when one person uses a certain expression to refer to an object in a conversation, others tend to use the same expression (e.g., Clark & Wilkes-Gibbs, 1986). Furthermore, if someone says "the cowboy offered a banana to the robber," rather than "the cowboy offered the robber a banana," others are more likely to use the same syntactic structure (e.g., "the girl gave a book to the boy" rather than "the girl gave the boy a book") even if different words are involved (Branigan, Pickering, & Cleland, 2000). Finally, people in conversation tend to exhibit similar accents and rates of speech, and they are often associated with people's social identity (Giles, Coupland, & Coupland, 1991). So, if you have lived in different places where people have somewhat different accents (e.g., United States and United Kingdom), you might have noticed that you speak with Americans with an American accent, but speak with Britons with a British accent.

Pickering and Garrod (2004) suggest that these interpersonal alignments at different levels of language use can activate similar **situation models** in the minds of those who are engaged in a conversation. Situation models are representations about the topic of a conversation. So, if you are talking about Gary and Mary with your friends, you might have a situation model of Gary giving Mary a ring in your mind. Pickering and Garrod's theory is that as you describe this situation using language, others in the conversation begin to use similar words and grammar, and many other aspects of language use converge. As you all do so, similar situation models begin to be built in everyone's mind through the mechanism known as **priming**. Priming occurs when your thinking about one concept (e.g., "ring") reminds you about other related concepts (e.g., "marriage", "wedding ceremony"). So, if everyone in the conversation knows about Gary, Mary, and the usual course of events associated with a ring—engagement, wedding, marriage, etc.— everyone is likely to construct a shared situation model about Gary and Mary. Thus, making use of our highly developed interpersonal ability to imitate (i.e., executing the same action as another person) and cognitive ability to infer (i.e., one idea leading to other ideas), we humans coordinate our common ground, share situation models, and communicate with each other.

What Do We Talk About?

Studies show that people love to gossip. By gossiping, humans can communicate and share their representations about their social world—who their friends and enemies are, what the right thing to do is under what circumstances, and so on. [Photo: Bindaas Madhav]

What are humans doing when we are talking? Surely, we can communicate about mundane things such as what to have for dinner, but also more complex and abstract things such as the meaning of life and death, liberty, equality, and fraternity, and many other philosophical thoughts. Well, when naturally occurring conversations were actually observed (Dunbar, Marriott, & Duncan, 1997), a staggering 60%–70% of everyday conversation, for both men and women, turned out to be gossip—people talk about themselves and others whom they know. Just like Adam and Ben, more often than not, people use language to communicate about their social world.

Gossip may sound trivial and seem to belittle our noble ability for language—surely one of

the most remarkable human abilities of all that distinguish us from other animals. *Au contraire*, some have argued that gossip—activities to think and communicate about our social world—is one of the most critical uses to which language has been put. Dunbar (1996) conjectured that gossiping is the human equivalent of grooming, monkeys and primates attending and tending to each other by cleaning each other's fur. He argues that it is an act of socializing, signaling the importance of one's partner. Furthermore, by gossiping, humans can communicate and share their representations about their social world—who their friends and enemies are, what the right thing to do is under what circumstances, and so on. In so doing, they can regulate their social world—making more friends and enlarging one's own group (often called the **ingroup**, the group to which one belongs) against other groups (**outgroups**) that are more likely to be one's enemies. Dunbar has argued that it is these social effects that have given humans an evolutionary advantage and larger brains, which, in turn, help humans to think more complex and abstract thoughts and, more important, maintain larger ingroups. Dunbar (1993) estimated an equation that predicts average group size of nonhuman primate genera from their average neocortex size (the part of the brain that supports higher order cognition). In line with his **social brain hypothesis**, Dunbar showed that those primate genera that have larger brains tend to live in larger groups. Furthermore, using the same equation, he was able to estimate the group size that human brains can support, which turned out to be about 150—approximately the size of modern hunter-gatherer communities. Dunbar's argument is that language, brain, and human group living have co-evolved—language and human sociality are inseparable.

Dunbar's hypothesis is controversial. Nonetheless, whether or not he is right, our everyday language use often *ends up* maintaining the existing structure of intergroup relationships. Language use can have implications for how we construe our social world. For one thing, there are subtle cues that people use to convey the extent to which someone's action is just a special case in a particular context or a pattern that occurs across many contexts and more like a character trait of the person. According to Semin and Fiedler (1988), someone's action can be described by an action verb that describes a concrete action (e.g., he runs), a state verb that describes the actor's psychological state (e.g., he likes running), an adjective that describes the actor's personality (e.g., he is athletic), or a noun that describes the actor's role (e.g., he is an athlete). Depending on whether a verb or an adjective (or noun) is used, speakers can convey the permanency and stability of an actor's tendency to act in a certain way—verbs convey particularity, whereas adjectives convey permanency. Intriguingly, people tend to describe positive actions of their ingroup members using adjectives (e.g., he is generous) rather than verbs (e.g., he gave a blind man some change), and negative actions of outgroup members using adjectives (e.g., he is cruel) rather than verbs (e.g., he kicked a dog). Maass, Salvi, Arcuri, and Semin (1989) called this a **linguistic intergroup bias**, which can produce and reproduce the representation of intergroup relationships by painting a picture favoring the

ingroup. That is, ingroup members are typically good, and if they do anything bad, that's more an exception in special circumstances; in contrast, outgroup members are typically bad, and if they do anything good, that's more an exception.

Box 2. Emotion & Talk

People tend to tell stories that evoke strong emotions (Rimé, Mesquita, Philippot, & Boca, 1991). Such emotive stories can then spread far and wide through people's social networks. When a group of 33 psychology students visited a city morgue (no doubt an emotive experience for many), they told their experience to about six people on average; each of these people who heard about it told one person, who in turn told another person on average. By this third retelling of the morgue visit, 881 people had heard about this in their community within 10 days. If everyone in society is connected with one another by six degrees of separation (Travers & Milgram, 1969) and if a chain letter can travel hundreds of steps via the Internet (Liben-Nowell & Klein, 2008), the possibility of emotive gossip traveling through a vast social network is not a fantasy. Indeed, urban legends that evoke strong feelings of disgust tend to spread in cyberspace and become more prevalent on the Internet (Heath, Bell, & Sternberg, 2001).

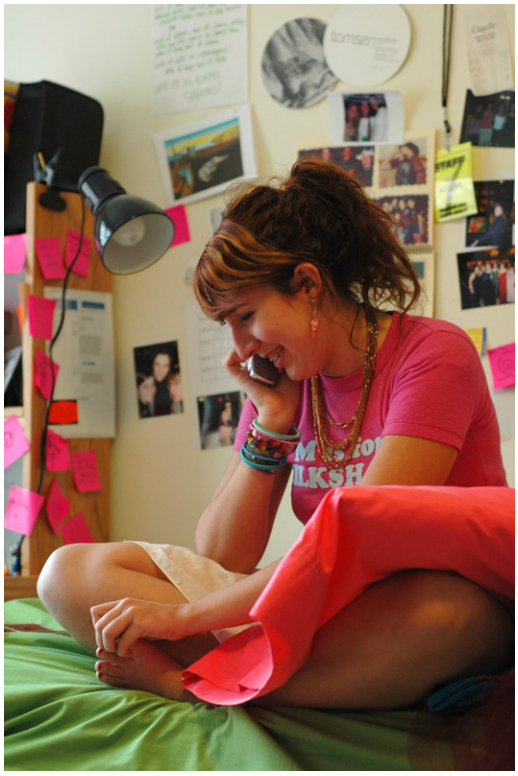
In addition, when people exchange their gossip, it can spread through broader **social networks**. If gossip is transmitted from one person to another, the second person can transmit it to a third person, who then in turn transmits it to a fourth, and so on through a chain of communication. This often happens for emotive stories (Box 2). If gossip is repeatedly transmitted and spread, it can reach a large number of people. When stories travel through communication chains, they tend to become conventionalized (Bartlett, 1932). A Native American tale of the "War of the Ghosts" recounts a warrior's encounter with ghosts traveling in canoes and his involvement with their ghostly battle. He is shot by an arrow but doesn't die, returning home to tell the tale. After his narration, however, he becomes still, a black thing comes out of his mouth, and he eventually dies. When it was told to a student in England in the 1920s and retold from memory to another person, who, in turn, retold it to another and so on in a communication chain, the mythic tale became a story of a young warrior going to a battlefield, in which canoes became boats, and the black thing that came out of his mouth became simply his spirit (Bartlett, 1932). In other words, information transmitted multiple times was transformed to something that was easily understood by many, that is, information was assimilated into the common ground shared by most people in the linguistic community. More recently, Kashima (2000) conducted a similar experiment using a story that contained sequence of events that described a young couple's interaction that included both stereotypical and counter-stereotypical actions (e.g., a man watching sports on TV on Sunday vs. a man vacuuming the house). After the retelling of this story, much of the counter-stereotypical information was dropped, and stereotypical information was more likely to be retained. Because stereotypes are part of the common ground shared by the community, this finding too suggests that conversational retellings are likely to reproduce conventional

content.

Psychological Consequences of Language Use

What are the psychological consequences of language use? When people use language to describe an experience, their thoughts and feelings are profoundly shaped by the linguistic representation that they have produced rather than the original experience per se (Holtgraves & Kashima, 2008). For example, Halberstadt (2003) showed a picture of a person displaying an ambiguous emotion and examined how people evaluated the displayed emotion. When people verbally explained why the target person was expressing a particular emotion, they tended to remember the person as feeling that emotion more intensely than when they simply labeled the emotion.

Thus, constructing a linguistic representation of another person's emotion apparently biased the speaker's memory of that person's emotion. Furthermore, linguistically labeling one's own emotional experience appears to alter the speaker's neural processes. When people linguistically labeled negative images, the amygdala—a brain structure that is critically involved in the processing of negative emotions such as fear—was activated less than when they were not given a chance to label them (Lieberman et al., 2007). Potentially because of these effects of verbalizing emotional experiences, linguistic reconstructions of negative life events can have some therapeutic effects on those who suffer from the traumatic experiences (Pennebaker & Seagal, 1999). Lyubomirsky, Sousa, and Dickerhoof (2006) found that writing and talking about negative past life events improved people's psychological well-being, but just thinking about them worsened it. There are many other examples of effects of language use on memory and decision making (Holtgraves & Kashima, 2008).



By verbalizing our own emotional experiences - such as in a conversation with a close friend - we can improve our psychological well-being.

Furthermore, if a certain type of language use (linguistic practice) (Holtgraves & Kashima, 2008) is repeated by a large number of people in a community, it can potentially have a

significant effect on their thoughts and action. This notion is often called **Sapir-Whorf hypothesis** (Sapir, 1921; Whorf, 1956; Box 3). For instance, if you are given a description of a man, Steven, as having greater than average experience of the world (e.g., well-traveled, varied job experience), a strong family orientation, and well-developed social skills, how do you describe Steven? Do you think you can remember Steven's personality five days later? It will probably be difficult. But if you know Chinese and are reading about Steven in Chinese, as Hoffman, Lau, and Johnson (1986) showed, the chances are that you can remember him well. This is because English does not have a word to describe this kind of personality, whereas Chinese does (*shì gù*). This way, language you use can influence your cognition. In its strong form, it has been argued that language *determines* thought, but this is probably wrong. Language does not completely determine our thoughts—our thoughts are far too flexible for that—but habitual uses of language can influence our habit of thought and action. For instance, some linguistic practice seems to be associated even with cultural values and social institution. Pronoun drop is the case in point. Pronouns such as "I" and "you" are used to represent the speaker and listener of a speech in English. In an English sentence, these pronouns cannot be dropped if they are used as the subject of a sentence. So, for instance, "I went to the movie last night" is fine, but "Went to the movie last night" is not in standard English. However, in

Box 3. Sapir-Whorf Hypothesis

An example of evidence for Sapir-Whorf hypothesis comes from a comparison between English and Mandarin Chinese speakers (Boroditsky, 2000). In English, time is often metaphorically described in horizontal terms. For instance, good times are ahead of us, or hardship can be left behind us. We can move a meeting forward or backward. Mandarin Chinese speakers use similar horizontal metaphors too, but also use vertical metaphors. So, for instance, the last month is called shang ge yue or "above month," and the next month, xia ge yue or "below month." To put it differently, the arrow of time flies horizontally in English, but it can fly both horizontally and vertically in Chinese. Does this difference in language use affect English and Chinese speakers' comprehension of language?

This is what Boroditsky (2000) found. First, English and Chinese speakers' understanding of sentences that use a horizontal (e.g., "June comes before August") did not differ very much. When they were first presented with a picture that implies a horizontal positioning (e.g., the black worm is ahead of the white worm), they could read and understand them faster than when they were presented with a picture that implies a vertical positioning (e.g., the black ball is above the white ball). This implies that thinking about the horizontal positioning (ahead or behind) equally primed (i.e., reminded) both English and Chinese speakers of the horizontal metaphor used in the sentence about time. However, English and Chinese speakers' comprehension differed for statements that do not use a spatial metaphor such as "August is later than June." When primed with the vertical spatial positioning, Chinese speakers comprehended these statements faster, but English speakers more slowly, than when they were primed with the horizontal spatial positioning. Apparently, English speakers were not used to thinking about months in terms of the vertical line, above or below. Indeed, when they were trained to do so, their comprehension was similar to Chinese speakers' (see Boroditsky, Furman, & McCormick, 2011, for recent review of related research).

other languages such as Japanese, pronouns can be, and in fact often are, dropped from sentences. It turned out that people living in those countries where pronoun drop languages are spoken tend to have more collectivistic values (e.g., employees having greater loyalty toward their employers) than those who use non–pronoun drop languages such as English (Kashima & Kashima, 1998). It was argued that the explicit reference to "you" and "I" may remind speakers the distinction between the self and other, and the differentiation between individuals. Such a linguistic practice may act as a constant reminder of the cultural value, which, in turn, may encourage people to perform the linguistic practice.

Conclusion

Language and language use constitute a central ingredient of human psychology. Language is an essential tool that enables us to live the kind of life we do. Can you imagine a world in which machines are built, farms are cultivated, and goods and services are transported to our household without language? Is it possible for us to make laws and regulations, negotiate contracts, and enforce agreements and settle disputes without talking? Much of contemporary human civilization wouldn't have been possible without the human ability to develop and use language. Like the Tower of Babel, language can divide humanity, and yet, the core of humanity includes the innate ability for language use. Whether we can use it wisely is a task before us in this globalized world.

Discussion Questions

1. In what sense is language use innate and learned?
2. Is language a tool for thought or a tool for communication?
3. What sorts of unintended consequences can language use bring to your psychological processes?

Vocabulary

Audience design
Constructing utterances to suit the audience's knowledge.

Common ground
Information that is shared by people who engage in a conversation.

Ingroup
Group to which a person belongs.

Lexicon
Words and expressions.

Linguistic intergroup bias
A tendency for people to characterize positive things about their ingroup using more abstract expressions, but negative things about their outgroups using more abstract expressions.

Outgroup
Group to which a person does not belong.

Priming
A stimulus presented to a person reminds him or her about other ideas associated with the stimulus.

Sapir-Whorf hypothesis
The hypothesis that the language that people use determines their thoughts.

Situation model
A mental representation of an event, object, or situation constructed at the time of comprehending a linguistic description.

Social brain hypothesis
The hypothesis that the human brain has evolved, so that humans can maintain larger ingroups.

Social networks
Networks of social relationships among individuals through which information can travel.

Syntax
Rules by which words are strung together to form sentences.

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Chapter 11: Human Development

17
Attachment Through the Life Course

R. Chris Fraley

The purpose of this module is to provide a brief review of attachment theory—a theory designed to explain the significance of the close, emotional bonds that children develop with their caregivers and the implications of those bonds for understanding personality development. The module discusses the origins of the theory, research on individual differences in attachment security in infancy and childhood, and the role of attachment in adult relationships.

Learning Objectives

- Explain the way the attachment system works and its evolutionary significance.
- Identify three commonly studied attachment patterns and what is known about the development of those patterns.
- Describe what is known about the consequences of secure versus insecure attachment in adult relationships.

Introduction

Some of the most rewarding experiences in people's lives involve the development and maintenance of close relationships. For example, some of the greatest sources of joy involve falling in love, starting a family, being reunited with distant loved ones, and sharing experiences with close others. And, not surprisingly, some of the most painful experiences in people's lives involve the disruption of important social bonds, such as separation from a spouse, losing a

Relationships are the fabric of society, and are integral to the maintenance of our species. [Image: Percy Sledge Agbunag Carballo]

parent, or being abandoned by a loved one.

Why do close relationships play such a profound role in human experience? Attachment theory is one approach to understanding the nature of close relationships. In this module, we review the origins of the theory, the core theoretical principles, and some ways in which attachment influences human behavior, thoughts, and feelings across the life course.

Attachment Theory: A Brief History and Core Concepts

Attachment theory was originally developed in the 1940s by John Bowlby, a British psychoanalyst who was attempting to understand the intense distress experienced by infants who had been separated from their parents. Bowlby (1969) observed that infants would go to extraordinary lengths to prevent separation from their parents or to reestablish proximity to a missing parent. For example, he noted that children who had been separated from their parents would often cry, call for their parents, refuse to eat or play, and stand at the door in desperate anticipation of their parents' return. At the time of Bowlby's initial writings, psychoanalytic writers held that these expressions were manifestations of immature defense mechanisms that were operating to repress emotional pain. However, Bowlby observed that such expressions are common to a wide variety of mammalian species and speculated that these responses to separation may serve an evolutionary function (see Box 1).

Drawing on evolutionary theory, Bowlby (1969) argued that these behaviors are adaptive responses to separation from a primary **attachment figure**—a caregiver who provides support, protection, and care. Because human infants, like other mammalian infants, cannot feed or protect themselves, they are dependent upon the care and protection of "older and wiser" adults for survival. Bowlby argued that, over the course of evolutionary history, infants who were able to maintain proximity to an attachment figure would be more likely to survive to a reproductive age.

Box 1. Harlow's Research on Contact Comfort

When Bowlby was originally developing his theory of attachment, there were alternative theoretical perspectives on why infants were emotionally attached to their primary caregivers (most often, their biological mothers). Bowlby and other theorists, for example, believed that there was something important about the responsiveness and contact provided by mothers. Other theorists, in contrast, argued that young infants feel emotionally connected to their mothers because mothers satisfy more basic needs, such as the need for food. That is, the child comes to feel emotionally connected to the mother because she is associated with the reduction of primary drives, such as hunger, rather than the reduction of drives that might be relational in nature.

In a classic set of studies, psychologist Harry Harlow placed young monkeys in cages that contained two artificial, surrogate "mothers" (Harlow, 1958). One of those surrogates was a simple wire contraption; the other was a wire contraption covered in cloth. Both of the surrogate mothers were equipped with a feeding tube so that Harrow and his colleagues had the option to allow the surrogate to deliver or not deliver milk. Harlow found that the young macaques spent a disproportionate amount of time with the cloth surrogate as opposed to the wire surrogate. Moreover, this was true even when the infants were fed by the wire surrogate rather than the cloth surrogate. This suggests that the strong emotional bond that infants form with their primary caregivers is rooted in something more than whether the caregiver provides food per se. Harlow's research is now regarded as one of the first experimental demonstrations of the importance of "contact comfort" in the establishment of infant–caregiver bonds.

According to Bowlby, a motivational system, what he called the **attachment behavioral system**, was gradually "designed" by natural selection to regulate proximity to an attachment figure. The attachment system functions much like a thermostat that continuously monitors the ambient temperature of a room, comparing that temperature against a desired state and adjusting behavior (e.g., activating the furnace) accordingly. In the case of the attachment system, Bowlby argued that the system continuously monitors the accessibility of the primary attachment figure. If the child perceives the attachment figure to be nearby, accessible, and attentive, then the child feels loved, secure, and confident and, behaviorally, is likely to explore his or her environment, play with others, and be sociable. If, however, the child perceives the attachment figure to be inaccessible, the child experiences anxiety and, behaviorally, is likely to exhibit attachment behaviors ranging from simple visual searching on the low extreme to active searching, following, and vocal signaling on the other. These **attachment behaviors**

Think of your earliest memory, does it involve just you, or does it include your loved ones, your family and caretakers? [Image: Harsha K R]

continue either until the child is able to reestablish a desirable level of physical or psychological proximity to the attachment figure or until the child exhausts himself or herself or gives up, as may happen in the context of a prolonged separation or loss.

Individual Differences in Infant Attachment

Although Bowlby believed that these basic dynamics captured the way the attachment system works in most children, he recognized that there are individual differences in the way children appraise the accessibility of the attachment figure and how they regulate their attachment behavior in response to threats. However, it was not until his colleague, Mary Ainsworth, began to systematically study infant–parent separations that a formal understanding of these individual differences emerged. Ainsworth and her students developed a technique called the **strange situation**—a laboratory task for studying infant–parent attachment (Ainsworth, Blehar, Waters, & Wall, 1978). In the strange situation, 12-month-old infants and their parents are brought to the laboratory and, over a period of approximately 20 minutes, are systematically separated from and reunited with one another. In the strange situation, most children (about 60%) behave in the way implied by Bowlby's normative theory. Specifically, they become upset when the parent leaves the room, but, when he or she returns, they actively seek the parent and are easily comforted by him or her. Children who exhibit this pattern of behavior are often called secure. Other children (about 20% or less) are ill at ease initially and, upon separation, become extremely distressed. Importantly, when reunited with their parents, these children have a difficult time being soothed and often exhibit conflicting behaviors that suggest they want to be comforted, but that they also want to "punish" the parent for leaving. These children are often called anxious-resistant. The third pattern of attachment that Ainsworth and her colleagues documented is often labeled avoidant. Avoidant children (about 20%) do not consistently behave as if they are stressed by the separation but, upon reunion, actively avoid seeking contact with their parent, sometimes turning their attention to play objects on the laboratory floor.

Ainsworth's work was important for at least three reasons. First, she provided one of the first empirical demonstrations of how attachment behavior is organized in unfamiliar contexts.

Second, she provided the first empirical taxonomy of individual differences in infant **attachment patterns**. According to her research, at least three types of children exist: those who are secure in their relationship with their parents, those who are anxious-resistant, and those who are anxious-avoidant. Finally, she demonstrated that these individual differences were correlated with infant–parent interactions in the home during the first year of life. Children who appear secure in the strange situation, for example, tend to have parents who are responsive to their needs. Children who appear insecure in the strange situation (i.e., anxious-resistant or avoidant) often have parents who are insensitive to their needs, or inconsistent or rejecting in the care they provide.

Antecedents of Attachment Patterns

In the years that have followed Ainsworth's ground-breaking research, researchers have investigated a variety of factors that may help determine whether children develop secure or insecure relationships with their primary attachment figures. As mentioned above, one of the key determinants of attachment patterns is the history of sensitive and responsive interactions between the caregiver and the child. In short, when the child is uncertain or stressed, the ability of the caregiver to provide support to the child is critical for his or her psychological development. It is assumed that such supportive interactions help the child learn to regulate his or her emotions, give the child the confidence to explore the environment, and provide the child with a safe haven during stressful circumstances.

Is attachment style multi-generational? How does one person's childhood attachment style translate to the way they interact with their own children? [Image: Kamau Akabueze]

Evidence for the role of sensitive caregiving in shaping attachment patterns comes from longitudinal and experimental studies. For example, Grossmann, Grossmann, Spangler, Suess, and Unzner (1985) studied parent–child interactions in the homes of 54 families, up to three times during the first year of the child's life. At 12 months of age, infants and their mothers participated in the strange situation. Grossmann and her colleagues found that children who were classified as secure in the strange situation at 12 months of age were more

likely than children classified as insecure to have mothers who provided responsive care to their children in the home environment.

Van den Boom (1994) developed an intervention that was designed to enhance maternal sensitive responsiveness. When the infants were 9 months of age, the mothers in the intervention group were rated as more responsive and attentive in their interaction with their infants compared to mothers in the control group. In addition, their infants were rated as more sociable, self-soothing, and more likely to explore the environment. At 12 months of age, children in the intervention group were more likely to be classified as secure than insecure in the strange situation.

Attachment Patterns and Child Outcomes

Attachment researchers have studied the association between children's attachment patterns and their adaptation over time. Researchers have learned, for example, that children who are classified as secure in the strange situation are more likely to have high functioning relationships with peers, to be evaluated favorably by teachers, and to persist with more diligence in challenging tasks. In contrast, insecure-avoidant children are more likely to be construed as "bullies" or to have a difficult time building and maintaining friendships (Weinfield, Sroufe, Egeland, & Carlson, 2008).

Attachment in Adulthood

Although Bowlby was primarily focused on understanding the nature of the infant–caregiver relationship, he believed that attachment characterized human experience across the life course. It was not until the mid-1980s, however, that researchers began to take seriously the possibility that attachment processes may be relevant to adulthood. Hazan and Shaver (1987) were two of the first researchers to explore Bowlby's ideas in the context of romantic relationships. According to Hazan and Shaver, the emotional bond that develops between adult romantic partners is partly a function of the same motivational system—the attachment behavioral system—that gives rise to the emotional bond between infants and their caregivers. Hazan and Shaver noted that in both kinds of relationship, people (a) feel safe and secure when the other person is present; (b) turn to the other person during times of sickness, distress, or fear; (c) use the other person as a "secure base" from which to explore the world; and (d) speak to one another in a unique language, often called "motherese" or "baby talk." (See Box 2)

On the basis of these parallels, Hazan and Shaver (1987) argued that adult romantic

Box 2. Attachment and Social Media

Social media websites and mobile communication services are coming to play an increasing role in people's lives. Many people use Facebook, for example, to keep in touch with family and friends, to update their loved ones regarding things going on in their lives, and to meet people who share similar interests. Moreover, modern cellular technology allows people to get in touch with their loved ones much easier than was possible a mere 20 years ago.

From an attachment perspective, these innovations in communications technology are important because they allow people to stay connected virtually to their attachment figures—regardless of the physical distance that might exist between them. Recent research has begun to examine how attachment processes play out in the use of social media. Oldmeadow, Quinn, and Kowert (2013), for example, studied a diverse sample of individuals and assessed their attachment security and their use of Facebook. Oldmeadow and colleagues found that the use of Facebook may serve attachment functions. For example, people were more likely to report using Facebook to connect with others when they were experiencing negative emotions. In addition, the researchers found that people who were more anxious in their attachment orientation were more likely to use Facebook frequently, but people who were more avoidant used Facebook less and were less open on the site.

relationships, such as infant–caregiver relationships, are attachments. According to Hazan and Shaver, individuals gradually transfer attachment-related functions from parents to peers as they develop. Thus, although young children tend to use their parents as their primary attachment figures, as they reach adolescence and young adulthood, they come to rely more upon close friends and/or romantic partners for basic attachment-related functions. Thus, although a young child may turn to his or her mother for comfort, support, and guidance when distressed, scared, or ill, young adults may be more likely to turn to their romantic partners for these purposes under similar situations.

Hazan and Shaver (1987) asked a diverse sample of adults to read the three paragraphs below and indicate which paragraph best characterized the way they think, feel, and behave in close relationships:

1. I am somewhat uncomfortable being close to others; I find it difficult to trust them completely, difficult to allow myself to depend on them. I am nervous when anyone gets too close, and often, others want me to be more intimate than I feel comfortable being.

2. I find it relatively easy to get close to others and am comfortable depending on them and having them depend on me. I don't worry about being abandoned or about someone getting too close to me.
3. I find that others are reluctant to get as close as I would like. I often worry that my partner doesn't really love me or won't want to stay with me. I want to get very close to my partner, and this sometimes scares people away.

Conceptually, these descriptions were designed to represent what Hazan and Shaver considered to be adult analogues of the kinds of attachment patterns Ainsworth described in the strange situation (avoidant, secure, and anxious, respectively). Hazan and Shaver (1987) found that the distribution of the three patterns was similar to that observed in infancy. In other words, about 60% of adults classified themselves as secure (paragraph B), about 20% described themselves as avoidant (paragraph A), and about 20% described themselves as anxious-resistant (paragraph C). Moreover, they found that people who described themselves as secure, for example, were more likely to report having had warm and trusting relationships with their parents when they were growing up. In addition, they were more likely to have positive views of romantic relationships. Based on these findings, Hazan and Shaver (1987) concluded that the same kinds of individual differences that exist in infant attachment also exist in adulthood.

Research on Attachment in Adulthood

Attachment theory has inspired a large amount of literature in social, personality, and clinical psychology. In the sections below, I provide a brief overview of some of the major research questions and what researchers have learned about attachment in adulthood.

Who Ends Up with Whom?

When people are asked what kinds of psychological or behavioral qualities they are seeking in a romantic partner, a large majority of people indicate that they are seeking someone who is kind, caring, trustworthy, and understanding—the kinds of attributes that characterize a "secure" caregiver (Chappell & Davis, 1998). But we know that people do not always end up with others who meet their ideals. Are secure people more likely to end up with secure partners —and, vice versa, are insecure people more likely to end up with insecure partners? The majority of the research that has been conducted to date suggests that the answer is "yes." Frazier, Byer, Fischer, Wright, and DeBord (1996), for example, studied the attachment patterns of more than 83 heterosexual couples and found that, if the man was relatively

People who had relatively secure attachments as children go on to have more secure romantic attachments. [Image: Nicolas Fuentes]

secure, the woman was also likely to be secure.

One important question is whether these findings exist because (a) secure people are more likely to be attracted to other secure people, (b) secure people are likely to create security in their partners over time, or (c) some combination of these possibilities. Existing empirical research strongly supports the first alternative. For example, when people have the opportunity to interact with individuals who vary in security in a speed-dating context, they express a greater interest in those who are higher in security than those who are more insecure (McClure, Lydon, Baccus, & Baldwin, 2010). However, there is also some evidence that people's attachment styles mutually shape one another in close relationships. For example, in a longitudinal study, Hudson, Fraley, Vicary, and Brumbaugh (2012) found that, if one person in a relationship experienced a change in security, his or her partner was likely to experience a change in the same direction.

Relationship Functioning

Research has consistently demonstrated that individuals who are relatively secure are more likely than insecure individuals to have high functioning relationships—relationships that are more satisfying, more enduring, and less characterized by conflict. For example, Feeney and Noller (1992) found that insecure individuals were more likely than secure individuals to experience a breakup of their relationship. In addition, secure individuals are more likely to report satisfying relationships (e.g., Collins & Read, 1990) and are more likely to provide support to their partners when their partners were feeling distressed (Simpson, Rholes, & Nelligan, 1992).

Do Early Experiences Shape Adult Attachment?

The majority of research on this issue is retrospective—that is, it relies on adults' reports of what they recall about their childhood experiences. This kind of work suggests that secure

Sharing food, celebrations and traditions are some of the ways we establish secure attachments with our loved ones from an early age. [Image: skeeze]

adults are more likely to describe their early childhood experiences with their parents as being supportive, loving, and kind (Hazan & Shaver, 1987). A number of longitudinal studies are emerging that demonstrate prospective associations between early attachment experiences and adult attachment styles and/or interpersonal functioning in adulthood. For example, Fraley, Roisman, Booth-LaForce, Owen, and Holland (2013) found in a sample of more than 700 individuals studied from infancy to adulthood that maternal sensitivity across development prospectively predicted security at age 18. Simpson, Collins, Tran, and Haydon (2007) found that attachment security, assessed in infancy in the strange situation, predicted peer competence in grades 1 to 3, which, in turn, predicted the quality of friendship relationships at age 16, which, in turn, predicted the expression of positive and negative emotions in their adult romantic relationships at ages 20 to 23.

It is easy to come away from such findings with the mistaken assumption that early experiences "determine" later outcomes. To be clear: Attachment theorists assume that the relationship between early experiences and subsequent outcomes is probabilistic, not deterministic. Having supportive and responsive experiences with caregivers early in life is assumed to set the stage for positive social development. But that does not mean that attachment patterns are set in stone. In short, even if an individual has far from optimal experiences in early life, attachment theory suggests that it is possible for that individual to develop well-functioning adult relationships through a number of corrective experiences—including relationships with siblings, other family members, teachers, and close friends. Security is best viewed as a culmination of a person's attachment history rather than a reflection of his or her early experiences alone. Those early experiences are considered important not because they determine a person's fate, but because they provide the foundation for subsequent experiences.

Outside Resources

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http://cdp.sagepub.com/content/15/2/84.short

Strange Situation Video
https://www.youtube.com/watch?v=DH1m_ZMO7GU

Survey: Learn more about your attachment patterns via this online survey
http://www.yourpersonality.net/relstructures/

Video on Harry Harlow's Research with Rhesus Monkeys
https://www.youtube.com/watch?v=weXEaTKckzY

Discussion Questions

1. What kind of relationship did you have with your parents or primary caregivers when you were young? Do you think that had any bearing on the way you related to others (e.g., friends, relationship partners) as you grew older?
2. There is variation across cultures in the extent to which people value independence. Do you think this might have implications for the development of attachment patterns?
3. As parents age, it is not uncommon for them to have to depend on their adult children. Do you think that people's history of experiences in their relationships with their parents might shape people's willingness to provide care for their aging parents? In other words, are secure adults more likely to provide responsive care to their aging parents?
4. Some people, despite reporting insecure relationships with their parents, report secure, well-functioning relationships with their spouses. What kinds of experiences do you think might enable someone to develop a secure relationship with their partners despite having an insecure relationship with other central figures in their lives?
5. Most attachment research on adults focuses on attachment to peers (e.g., romantic

partners). What other kinds of things may serve as attachment figures? Do you think siblings, pets, or gods can serve as attachment figures?

Vocabulary

Attachment behavioral system
A motivational system selected over the course of evolution to maintain proximity between a young child and his or her primary attachment figure.

Attachment behaviors
Behaviors and signals that attract the attention of a primary attachment figure and function to prevent separation from that individual or to reestablish proximity to that individual (e.g., crying, clinging).

Attachment figure
Someone who functions as the primary safe haven and secure base for an individual. In childhood, an individual's attachment figure is often a parent. In adulthood, an individual's attachment figure is often a romantic partner.

Attachment patterns
(also called "attachment styles" or "attachment orientations") Individual differences in how securely (vs. insecurely) people think, feel, and behave in attachment relationships.

Strange situation
A laboratory task that involves briefly separating and reuniting infants and their primary caregivers as a way of studying individual differences in attachment behavior.

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18
Cognitive Development in Childhood

Robert Siegler

This module examines what cognitive development is, major theories about how it occurs, the roles of nature and nurture, whether it is continuous or discontinuous, and how research in the area is being used to improve education.

Learning Objectives

- Be able to identify and describe the main areas of cognitive development.
- Be able to describe major theories of cognitive development and what distinguishes them.
- Understand how nature and nurture work together to produce cognitive development.
- Understand why cognitive development is sometimes viewed as discontinuous and sometimes as continuous.
- Know some ways in which research on cognitive development is being used to improve education.

Introduction

By the time you reach adulthood you have learned a few things about how the world works. You know, for instance, that you can't walk through walls or leap into the tops of trees. You know you that although you cannot see your car keys they've got to be around here someplace. What's more, you know that if you want to communicate complex ideas like ordering a triple-shot soy vanilla latte with chocolate sprinkles it's better to use words with meanings attached to them rather than simply gesturing and grunting. People accumulate all this useful

knowledge through the process of cognitive development, which involves a multitude of factors, both inherent and learned.

Cognitive development refers to the development of thinking across the lifespan. Defining thinking can be problematic, because no clear boundaries separate thinking from other mental activities. Thinking obviously involves the higher mental processes: problem solving, reasoning, creating, conceptualizing, categorizing, remembering, planning, and so on. However, thinking also involves other mental processes that seem more basic and at which even toddlers are skilled—such as perceiving objects and events in the environment, acting skillfully on objects to obtain goals, and understanding and producing language. Yet other areas of human development that involve thinking are not usually associated with cognitive development, because thinking isn't a prominent feature of them—such as personality and temperament.

Cognitive development in childhood is about change. From birth to adolescence a young person's mind changes dramatically in many important ways. [Photo: Kayusa]

As the name suggests, cognitive development is about change. Children's thinking changes in dramatic and surprising ways. Consider DeVries's (1969) study of whether young children understand the difference between appearance and reality. To find out, she brought an unusually even-tempered cat named Maynard to a psychology laboratory and allowed the 3- to 6-year-old participants in the study to pet and play with him. DeVries then put a mask of a fierce dog on Maynard's head, and asked the children what Maynard was. Despite all of the children having identified Maynard previously as a cat, now most 3-year-olds said that he was a dog and claimed that he had a dog's bones and a dog's stomach. In contrast, the 6-year-olds weren't fooled; they had no doubt that Maynard remained a cat. Understanding how children's thinking changes so dramatically in just a few years is one of the fascinating challenges in studying cognitive development.

There are several main types of theories of child development. Stage theories, such as **Piaget's stage theory**, focus on whether children progress through qualitatively different stages of development. **Sociocultural theories**, such as that of Lev Vygotsky, emphasize how other people and the attitudes, values, and beliefs of the surrounding culture, influence children's

development. **Information processing theories**, such as that of David Klahr, examine the mental processes that produce thinking at any one time and the transition processes that lead to growth in that thinking.

At the heart of all of these theories, and indeed of all research on cognitive development, are two main questions: (1) How do nature and nurture interact to produce cognitive development? (2) Does cognitive development progress through qualitatively distinct stages? In the remainder of this module, we examine the answers that are emerging regarding these questions, as well as ways in which cognitive developmental research is being used to improve education.

Nature and Nurture

The most basic question about child development is how nature and nurture together shape development. **Nature** refers to our biological endowment, the genes we receive from our parents. **Nurture** refers to the environments, social as well as physical, that influence our development, everything from the womb in which we develop before birth to the homes in which we grow up, the schools we attend, and the many people with whom we interact.

The nature-nurture issue is often presented as an either-or question: Is our intelligence (for example) due to our genes or to the environments in which we live? In fact, however, every aspect of development is produced by the interaction of genes and environment. At the most basic level, without genes, there would be no child, and without an environment to provide nurture, there also would be no child.

The way in which nature and nurture work together can be seen in findings on visual development. Many people view vision as something that people either are born with or that is purely a matter of biological maturation, but it also depends on the right kind of experience at the right time. For example, development of **depth perception**, the ability to actively perceive the distance from oneself of objects in the environment, depends on seeing patterned light and having normal brain activity in response to the patterned light, in infancy (Held, 1993). If no patterned light is received, for example when a baby has severe cataracts or blindness that is not surgically corrected until later in development, depth perception remains abnormal even after the surgery.

Adding to the complexity of the nature-nurture interaction, children's genes lead to their eliciting different treatment from other people, which influences their cognitive development. For example, infants' physical attractiveness and temperament are influenced considerably

by their genetic inheritance, but it is also the case that parents provide more sensitive and affectionate care to easygoing and attractive infants than to difficult and less attractive ones, which can contribute to the infants' later cognitive development (Langlois et al., 1995; van den Boom & Hoeksma, 1994).

A child that is perceived to be attractive and calm may receive a different sort of care and attention from adults and as a result enjoy a developmental advantage. [Photo: tarotastic]

Also contributing to the complex interplay of nature and nurture is the role of children in shaping their own cognitive development. From the first days out of the womb, children actively choose to attend more to some things and less to others. For example, even 1-month-olds choose to look at their mother's face more than at the faces of other women of the same age and general level of attractiveness (Bartrip, Morton, & de Schonen, 2001). Children's contributions to their own cognitive development grow larger as they grow older (Scarr & McCartney, 1983). When children are young, their parents largely determine their experiences: whether they will attend day care, the children with whom they will have play dates, the books to which they have access, and so on. In contrast, older children and adolescents choose their environments to a larger degree. Their parents' preferences largely determine how 5-year-olds spend time, but 15-year-olds' own preferences largely determine when, if ever, they set foot in a library. Children's choices often have large consequences. To cite one example, the more that children choose to read, the more that their reading improves in future years (Baker, Dreher, & Guthrie, 2000). Thus, the issue is not whether cognitive development is a product of nature or nurture; rather, the issue is how nature and nurture work together to produce cognitive development.

Does Cognitive Development Progress Through Distinct Stages?

Some aspects of the development of living organisms, such as the growth of the width of a pine tree, involve **quantitative changes**, with the tree getting a little wider each year. Other changes, such as the life cycle of a ladybug, involve **qualitative changes**, with the creature becoming a totally different type of entity after a transition than before (Figure 1). The existence of both gradual, quantitative changes and relatively sudden, qualitative changes in the world has led researchers who study cognitive development to ask whether changes in children's thinking are gradual and **continuous** or sudden and **discontinuous.**

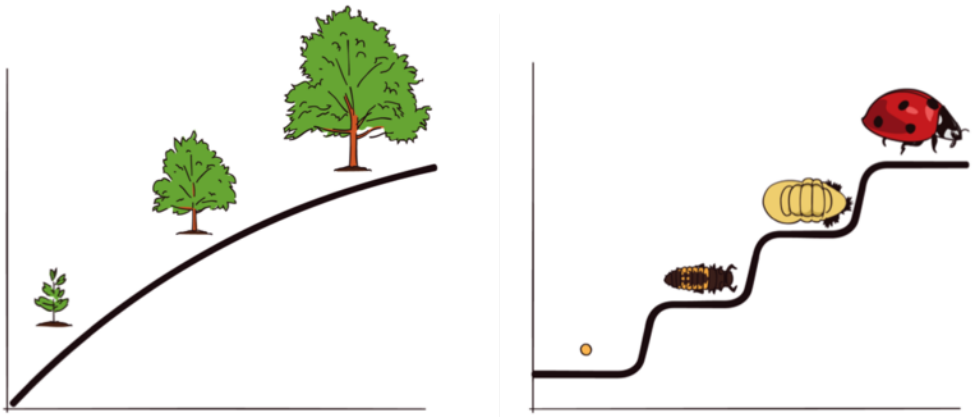


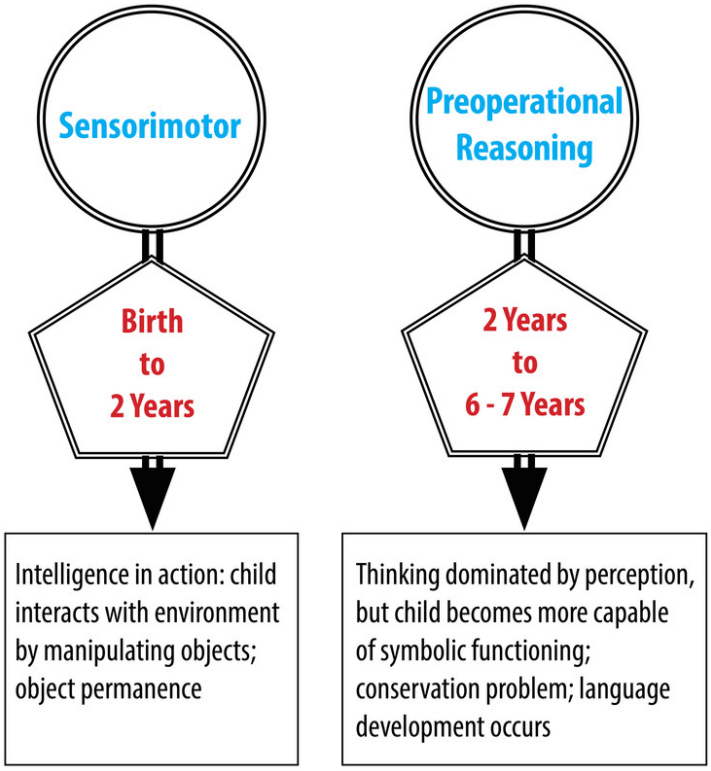
Figure 1: Continuous and discontinuous development. Some researchers see development as a continuous gradual process, much like a maple tree growing steadily in height and cross-sectional area. Other researchers see development as a progression of discontinuous stages, involving rapid discontinuous changes, such as those in the life cycle of a ladybug, separated by longer periods of slow, gradual change.

The great Swiss psychologist Jean Piaget proposed that children's thinking progresses through a series of four discrete stages. By "stages," he meant periods during which children reasoned similarly about many superficially different problems, with the stages occurring in a fixed order and the thinking within different stages differing in fundamental ways. The four stages that Piaget hypothesized were the **sensorimotor stage** (birth to 2 years), the **preoperational reasoning stage** (2 to 6 or 7 years), the **concrete operational reasoning stage** (6 or 7 to 11 or 12 years), and the **formal operational reasoning stage** (11 or 12 years and throughout the rest of life).

During the sensorimotor stage, children's thinking is largely realized through their perceptions of the world and their physical interactions with it. Their mental representations are very limited. Consider Piaget's **object permanence task**, which is one of his most famous problems. If an infant younger than 9 months of age is playing with a favorite toy, and another person removes the toy from view, for example by putting it under an opaque cover and not letting the infant immediately reach for it, the infant is very likely to make no effort to retrieve it and to show no emotional distress (Piaget, 1954). This is not due to their being uninterested in the toy or unable to reach for it; if the same toy is put under a clear cover, infants below 9 months readily retrieve it (Munakata, McClelland, Johnson, & Siegler, 1997). Instead, Piaget claimed that infants less than 9 months do not understand that objects continue to exist even when out of sight.

During the preoperational stage, according to Piaget, children can solve not only this simple

problem (which they actually can solve after 9 months) but show a wide variety of other symbolic-representation capabilities, such as those involved in drawing and using language. However, such 2- to 7-year-olds tend to focus on a single dimension, even when solving problems would require them to consider multiple dimensions. This is evident in Piaget's (1952) **conservation problems**. For example, if a glass of water is poured into a taller, thinner glass, children below age 7 generally say that there now is more water than before. Similarly, if a clay ball is reshaped into a long, thin sausage, they claim that there is now more clay, and if a row of coins is spread out, they claim that there are now more coins. In all cases, the children are focusing on one dimension, while ignoring the changes in other dimensions (for example, the greater width of the glass and the clay ball).



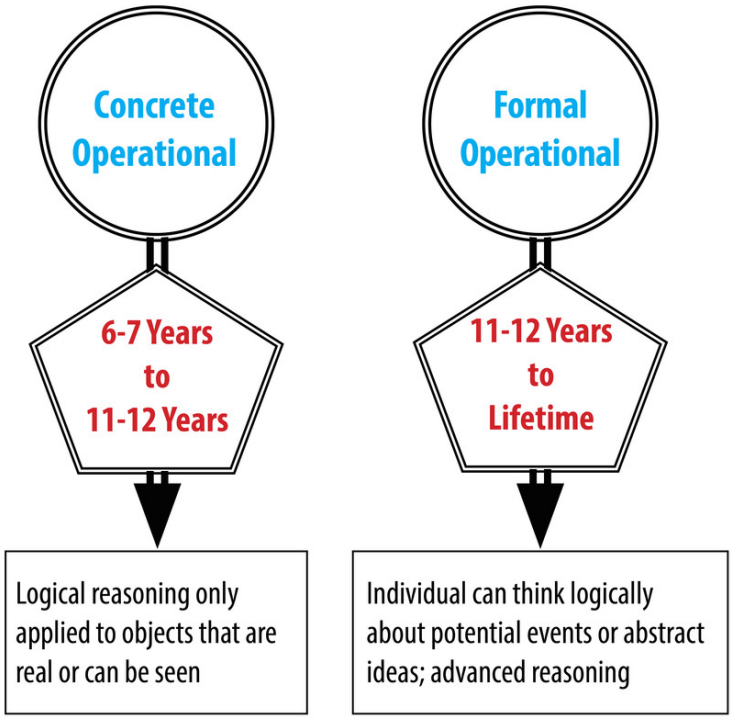
Piaget's Sensorimotor and Pre-operational Reasoning stages

Children overcome this tendency to focus on a single dimension during the **concrete operations stage**, and think logically in most situations. However, according to Piaget, they still cannot think in systematic scientific ways, even when such thinking would be useful. Thus, if asked to find out which variables influence the period that a pendulum takes to complete its arc, and given weights that they can attach to strings in order to do experiments with the pendulum to find out, most children younger than age 12, perform biased experiments from which no conclusion can be drawn, and then conclude that whatever they originally believed

is correct. For example, if a boy believed that weight was the only variable that mattered, he might put the heaviest weight on the shortest string and push it the hardest, and then conclude that just as he thought, weight is the only variable that matters (Inhelder & Piaget, 1958).

Finally, in the formal operations period, children attain the reasoning power of mature adults, which allows them to solve the pendulum problem and a wide range of other problems. However, this **formal operations stage** tends not to occur without exposure to formal education in scientific reasoning, and appears to be largely or completely absent from some societies that do not provide this type of education.

Although Piaget's theory has been very influential, it has not gone unchallenged. Many more recent researchers have obtained findings indicating that cognitive development is considerably more continuous than Piaget claimed. For example, Diamond (1985) found that on the object permanence task described above, infants show earlier knowledge if the waiting period is shorter. At age 6 months, they retrieve the hidden object if the wait is no longer than 2 seconds; at 7 months, they retrieve it if the wait is no longer than 4 seconds; and so on. Even earlier, at 3 or 4 months, infants show surprise in the form of longer looking times if objects suddenly appear to vanish with no obvious cause (Baillargeon, 1987). Similarly, children's specific experiences can greatly influence when developmental changes occur. Children of pottery makers in Mexican villages, for example, know that reshaping clay does not change



Piaget's Concrete and Formal Operations stages

the amount of clay at much younger ages than children who do not have similar experiences (Price-Williams, Gordon, & Ramirez, 1969).

So, is cognitive development fundamentally continuous or fundamentally discontinuous? A reasonable answer seems to be, "It depends on how you look at it and how often you look." For example, under relatively facilitative circumstances, infants show early forms of object permanence by 3 or 4 months, and they gradually extend the range of times for which they can remember hidden objects as they grow older. However, on Piaget's original object permanence task, infants do quite quickly change toward the end of their first year from not reaching for hidden toys to reaching for them, even after they've experienced a substantial delay before being allowed to reach. Thus, the debate between those who emphasize discontinuous, stage-like changes in cognitive development and those who emphasize gradual continuous changes remains a lively one.

Applications to Education

Understanding how children think and learn has proven useful for improving education. One example comes from the area of reading. Cognitive developmental research has shown that **phonemic awareness**—that is, awareness of the component sounds within words—is a crucial skill in learning to read. To measure awareness of the component sounds within words, researchers ask children to decide whether two words rhyme, to decide whether the words start with the same sound, to identify the component sounds within words, and to indicate what would be left if a given sound were removed from a word. Kindergartners' performance on these tasks is the strongest predictor of reading achievement in third and fourth grade, even stronger than IQ or social class background (Nation, 2008). Moreover, teaching these skills to randomly chosen 4- and 5-year-olds results in their being better readers years later (National Reading Panel, 2000).

Activities like playing games that involve working with numbers and spatial relationships can give young children a developmental advantage over peers who have less exposure to the same concepts. [Photo: Ben Husmann]

Another educational application of cognitive developmental research involves the area of mathematics. Even before they enter kindergarten,

the mathematical knowledge of children from low-income backgrounds lags far behind that of children from more affluent backgrounds. Ramani and Siegler (2008) hypothesized that this difference is due to the children in middle- and upper-income families engaging more frequently in numerical activities, for example playing numerical board games such as **Chutes and Ladders**. Chutes and Ladders is a game with a number in each square; children start at the number one and spin a spinner or throw a dice to determine how far to move their token. Playing this game seemed likely to teach children about numbers, because in it, larger numbers are associated with greater values on a variety of dimensions. In particular, the higher the number that a child's token reaches, the greater the distance the token will have traveled from the starting point, the greater the number of physical movements the child will have made in moving the token from one square to another, the greater the number of number words the child will have said and heard, and the more time will have passed since the beginning of the game. These spatial, kinesthetic, verbal, and time-based cues provide a broad-based, multisensory foundation for knowledge of **numerical magnitudes** (the sizes of numbers), a type of knowledge that is closely related to mathematics achievement test scores (Booth & Siegler, 2006).

Playing this numerical board game for roughly 1 hour, distributed over a 2-week period, improved low-income children's knowledge of numerical magnitudes, ability to read printed numbers, and skill at learning novel arithmetic problems. The gains lasted for months after the game-playing experience (Ramani & Siegler, 2008; Siegler & Ramani, 2009). An advantage of this type of educational intervention is that it has minimal if any cost—a parent could just draw a game on a piece of paper.

Understanding of cognitive development is advancing on many different fronts. One exciting area is linking changes in brain activity to changes in children's thinking (Nelson et al., 2006). Although many people believe that brain maturation is something that occurs before birth, the brain actually continues to change in large ways for many years thereafter. For example, a part of the brain called the prefrontal cortex, which is located at the front of the brain and is particularly involved with planning and flexible problem solving, continues to develop throughout adolescence (Blakemore & Choudhury, 2006). Such new research domains, as well as enduring issues such as nature and nurture, continuity and discontinuity, and how to apply cognitive development research to education, insure that cognitive development will continue to be an exciting area in the coming years.

Conclusion

Research into cognitive development has shown us that minds don't just form according to a

uniform blueprint or innate intellect, but through a combination of influencing factors. For instance, if we want our kids to have a strong grasp of language we could concentrate on phonemic awareness early on. If we want them to be good at math and science we could engage them in numerical games and activities early on. Perhaps most importantly, we no longer think of brains as empty vessels waiting to be filled up with knowledge but as adaptable organs that develop all the way through early adulthood.

Outside Resources

Book: Frye, D., Baroody, A., Burchinal, M., Carver, S. M., Jordan, N. C., & McDowell, J. (2013). Teaching math to young children: A practice guide. Washington, DC: National Center for Education Evaluation and Regional Assistance (NCEE), Institute of Education Sciences, U.S. Department of Education.

Book: Goswami, U. G. (2010). The Blackwell Handbook of Childhood Cognitive Development. New York: John Wiley and Sons.

Book: Kuhn, D., & Siegler, R. S. (Vol. Eds.). (2006). Volume 2: Cognition, perception, and language. In W. Damon & R. M. Lerner (Series Eds.), Handbook of child psychology (6th ed.). Hoboken, NJ: Wiley.

Book: Miller, P. H. (2011). Theories of developmental psychology (5th ed.). New York: Worth.

Book: Siegler, R. S., & Alibali, M. W. (2004). Children's thinking (4th ed.). Upper Saddle River, NJ: Prentice-Hall.

Discussion Questions

1. Why are there different theories of cognitive development? Why don’t researchers agree on which theory is the right one?
2. Do children’s natures differ, or do differences among children only reflect differences in their experiences?
3. Do you see development as more continuous or more discontinuous?
4. Can you think of ways other than those described in the module in which research on cognitive development could be used to improve education?

Vocabulary

Chutes and Ladders
A numerical board game that seems to be useful for building numerical knowledge.

Concrete operations stage
Piagetian stage between ages 7 and 12 when children can think logically about concrete situations but not engage in systematic scientific reasoning.

Conservation problems
Problems pioneered by Piaget in which physical transformation of an object or set of objects changes a perceptually salient dimension but not the quantity that is being asked about.

Continuous development
Ways in which development occurs in a gradual incremental manner, rather than through sudden jumps.

Depth perception
The ability to actively perceive the distance from oneself of objects in the environment.

Discontinuous development
Discontinuous development

Formal operations stage
Piagetian stage starting at age 12 years and continuing for the rest of life, in which adolescents may gain the reasoning powers of educated adults.

Information processing theories
Theories that focus on describing the cognitive processes that underlie thinking at any one age and cognitive growth over time.

Nature
The genes that children bring with them to life and that influence all aspects of their development.

Numerical magnitudes
The sizes of numbers.

Nurture
The environments, starting with the womb, that influence all aspects of children's development.

Object permanence task
The Piagetian task in which infants below about 9 months of age fail to search for an object that is removed from their sight and, if not allowed to search immediately for the object, act as if they do not know that it continues to exist.

Phonemic awareness
Awareness of the component sounds within words.

Piaget's theory
Theory that development occurs through a sequence of discontinuous stages: the sensorimotor, preoperational, concrete operational, and formal operational stages.

Preoperational reasoning stage
Period within Piagetian theory from age 2 to 7 years, in which children can represent objects through drawing and language but cannot solve logical reasoning problems, such as the conservation problems.

Qualitative changes
Large, fundamental change, as when a caterpillar changes into a butterfly; stage theories such as Piaget's posit that each stage reflects qualitative change relative to previous stages.

Quantitative changes
Gradual, incremental change, as in the growth of a pine tree's girth.

Sensorimotor stage
Period within Piagetian theory from birth to age 2 years, during which children come to represent the enduring reality of objects.

Sociocultural theories
Theory founded in large part by Lev Vygotsky that emphasizes how other people and the attitudes, values, and beliefs of the surrounding culture influence children's development.

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19
Adolescent Development

Jennifer Lansford

Adolescence is a period that begins with puberty and ends with the transition to adulthood (approximately ages 10–20). Physical changes associated with puberty are triggered by hormones. Cognitive changes include improvements in complex and abstract thought, as well as development that happens at different rates in distinct parts of the brain and increases adolescents' propensity for risky behavior because increases in sensation-seeking and reward motivation precede increases in cognitive control. Adolescents' relationships with parents go through a period of redefinition in which adolescents become more autonomous, and aspects of parenting, such as distal monitoring and psychological control, become more salient. Peer relationships are important sources of support and companionship during adolescence yet can also promote problem behaviors. Same-sex peer groups evolve into mixed-sex peer groups, and adolescents' romantic relationships tend to emerge from these groups. Identity formation occurs as adolescents explore and commit to different roles and ideological positions. Nationality, gender, ethnicity, socioeconomic status, religious background, sexual orientation, and genetic factors shape how adolescents behave and how others respond to them, and are sources of diversity in adolescence.

Learning Objectives

- Describe major features of physical, cognitive, and social development during adolescence.
- Understand why adolescence is a period of heightened risk taking.
- Be able to explain sources of diversity in adolescent development.

Adolescence Defined

Adolescence is a developmental stage that has been defined as starting with puberty and ending with the transition to adulthood (approximately ages 10–20). Adolescence has evolved historically, with evidence indicating that this stage is lengthening as individuals start puberty earlier and transition to adulthood later than in the past. Puberty today begins, on average, at age 10–11 years for girls and 11–12 years for boys. This average age of onset has decreased gradually over time since the 19th century by 3–4 months per decade, which has been attributed to a range of factors including better nutrition, obesity, increased father absence, and other environmental factors (Steinberg, 2013). Completion of formal education, financial independence from parents, marriage, and parenthood have all been markers of the end of adolescence and beginning of adulthood, and all of these transitions happen, on average, later now than in the past. In fact, the prolonging of adolescence has prompted the introduction of a new developmental period called *emerging adulthood* that captures these developmental changes out of adolescence and into adulthood, occurring from approximately ages 18 to 29 (Arnett, 2000).

Adolescence is often characterized as a period of transformation, primarily, in terms of physical, cognitive, and social-relational change. [Image: Lorenia]

This module will outline changes that occur during adolescence in three domains: physical, cognitive, and social. Within the social domain, changes in relationships with parents, peers, and romantic partners will be considered. Next, the module turns to adolescents' psychological and behavioral adjustment, including identity formation, aggression and antisocial behavior, anxiety and depression, and academic achievement. Finally, the module summarizes sources of diversity in adolescents' experiences and development.

Physical Changes

Physical changes of puberty mark the onset of adolescence (Lerner & Steinberg, 2009). For both boys and girls, these changes include a growth spurt in height, growth of pubic and underarm hair, and skin changes (e.g., pimples). Boys also experience growth in facial hair and a deepening of their voice. Girls experience breast development and begin menstruating. These pubertal changes are driven by hormones, particularly an increase in testosterone for

boys and estrogen for girls.

Cognitive Changes

Although these boys are all of a similar age, you can see how the physical changes (e.g., height, facial structure) happen differently for everyone. [Image: faungg's photos]

Major changes in the structure and functioning of the brain occur during adolescence and result in cognitive and behavioral developments (Steinberg, 2008). Cognitive changes during adolescence include a shift from concrete to more abstract and complex thinking. Such changes are fostered by improvements during early adolescence in attention, memory, processing speed, and metacognition (ability to think about thinking and therefore make better use of strategies like mnemonic devices that can improve thinking). Early in adolescence, changes in the brain's dopaminergic system contribute to increases in adolescents' sensation-seeking and reward motivation. Later in adolescence, the brain's cognitive control centers in the prefrontal cortex develop, increasing adolescents' self-regulation and future orientation. The difference in timing of the development of these different regions of the brain contributes to more risk taking during middle adolescence because adolescents are motivated to seek thrills that sometimes come from risky behavior, such as reckless driving, smoking, or drinking, and have not yet developed the cognitive control to resist impulses or focus equally on the potential risks (Steinberg, 2008). One of the world's leading experts on adolescent development, Laurence Steinberg, likens this to engaging a powerful engine before the braking system is in place. The result is that adolescents are more prone to risky behaviors than are children or adults.

Social Changes

Parents

Although peers take on greater importance during adolescence, family relationships remain important too. One of the key changes during adolescence involves a renegotiation of parent–child relationships. As adolescents strive for more independence and autonomy during this

Dopamine is a neurotransmitter in the brain that produces feelings of pleasure. During adolescence, people tend to do whatever activities produce the most dopamine, without fully considering the consequences of such actions. [Image: Sebastian Bojara]

time, different aspects of parenting become more salient. For example, parents' distal supervision and monitoring become more important as adolescents spend more time away from parents and in the presence of peers. Parental monitoring encompasses a wide range of behaviors such as parents' attempts to set rules and know their adolescents' friends, activities, and whereabouts, in addition to adolescents' willingness to disclose information to their parents (Stattin & Kerr, 2000). **Psychological control**, which involves manipulation and intrusion into adolescents' emotional and cognitive world through invalidating adolescents' feelings and pressuring them to think in particular ways (Barber, 1996), is another aspect of parenting that becomes more salient during adolescence and is related to more problematic adolescent adjustment.

Peers

As children become adolescents, they usually begin spending more time with their peers and less time with their families, and these peer interactions are increasingly unsupervised by adults. Children's notions of friendship often focus on shared activities, whereas adolescents' notions of friendship increasingly focus on intimate exchanges of thoughts and feelings. During adolescence, peer groups evolve from primarily single-sex to mixed-sex. Adolescents within a peer group tend to be similar to one another in behavior and attitudes, which has been explained as being a function of **homophily** (adolescents who are similar to one another choose to spend time together in a "birds of a feather flock together" way) and influence (adolescents who spend time together shape each other's behavior and attitudes). One of the most widely studied aspects of adolescent peer influence is known as **deviant peer contagion** (Dishion & Tipsord, 2011), which is the process by which peers reinforce problem behavior by laughing or showing other signs of approval that then increase the likelihood of future problem behavior.

Peers can serve both positive and negative functions during adolescence. Negative peer

pressure can lead adolescents to make riskier decisions or engage in more problematic behavior than they would alone or in the presence of their family. For example, adolescents are much more likely to drink alcohol, use drugs, and commit crimes when they are with their friends than when they are alone or with their family. However, peers also serve as an important source of social support and companionship during adolescence, and adolescents with positive peer relationships are happier and better adjusted than those who are socially isolated or have conflictual peer relationships.

Crowds refer to different collections of people, like the "theater kids" or the "environmentalists." In a way, they are kind of like clothing brands that label the people associated with that crowd. [Image: Garry Knight]

Crowds are an emerging level of peer relationships in adolescence. In contrast to friendships (which are reciprocal dyadic relationships) and cliques (which refer to groups of individuals who interact frequently), crowds are characterized more by shared reputations or images than actual interactions (Brown & Larson, 2009). These crowds reflect different prototypic identities (such as jocks or brains) and are often linked with adolescents' social status and peers' perceptions of their values or behaviors.

Romantic relationships

Adolescence is the developmental period during which romantic relationships typically first emerge. Initially, same-sex peer groups that were common during childhood expand into mixed-sex peer groups that are more characteristic of adolescence. Romantic relationships often form in the context of these mixed-sex peer groups (Connolly, Furman, & Konarski, 2000). Although romantic relationships during adolescence are often short-lived rather than long-term committed partnerships, their importance should not be minimized. Adolescents spend a great deal of time focused on romantic relationships, and their positive and negative emotions are more tied to romantic relationships (or lack thereof) than to friendships, family relationships, or school (Furman & Shaffer, 2003). Romantic relationships contribute to adolescents' identity formation, changes in family and peer relationships, and adolescents' emotional and behavioral adjustment.

Furthermore, romantic relationships are centrally connected to adolescents' emerging sexuality. Parents, policymakers, and researchers have devoted a great deal of attention to adolescents' sexuality, in large part because of concerns related to sexual intercourse, contraception, and preventing teen pregnancies. However, sexuality involves more than this narrow focus. For example, adolescence is often when individuals who are lesbian, gay, bisexual, or transgender come to perceive themselves as such (Russell, Clarke, & Clary, 2009). Thus, romantic relationships are a domain in which adolescents experiment with new behaviors and identities.

Behavioral and Psychological Adjustment

Identity formation

Theories of adolescent development often focus on identity formation as a central issue. For example, in Erikson's (1968) classic theory of developmental stages, identity formation was highlighted as the primary indicator of successful development during adolescence (in contrast to role confusion, which would be an indicator of not successfully meeting the task of adolescence). Marcia (1966) described identify formation during adolescence as involving both decision points and commitments with respect to ideologies (e.g., religion, politics) and occupations. He described four identity statuses: foreclosure, identity diffusion, moratorium, and identity achievement. **Foreclosure** occurs when an individual commits to an identity without exploring options. **Identity diffusion** occurs when adolescents neither explore nor commit to any identities. **Moratorium** is a state in which adolescents are actively exploring options but have not yet made commitments. **Identity achievement** occurs when individuals have explored different options and then made identity commitments. Building on this work, other researchers have investigated more specific aspects of identity. For example, Phinney (1989) proposed a model of ethnic identity development that included stages of unexplored ethnic identity, ethnic identity search, and achieved ethnic identity.

Aggression and antisocial behavior

Several major theories of the development of antisocial behavior treat adolescence as an important period. Patterson's (1982) early versus late starter model of the development of aggressive and antisocial behavior distinguishes youths whose antisocial behavior begins during childhood (early starters) versus adolescence (late starters). According to the theory, early starters are at greater risk for long-term antisocial behavior that extends into adulthood than are late starters. Late starters who become antisocial during adolescence are theorized

Early, antisocial behavior leads to befriending others who also engage in antisocial behavior, which only perpetuates the downward cycle of aggression and wrongful acts. [Image: Philippe Put]

to experience poor parental monitoring and supervision, aspects of parenting that become more salient during adolescence. Poor monitoring and lack of supervision contribute to increasing involvement with deviant peers, which in turn promotes adolescents' own antisocial behavior. Late starters desist from antisocial behavior when changes in the environment make other options more appealing. Similarly, Moffitt's (1993) life-course persistent versus adolescent-limited model distinguishes between antisocial behavior that begins in childhood versus adolescence. Moffitt regards adolescent-limited antisocial behavior as resulting from a "maturity gap" between adolescents' dependence on and control by adults and their desire to demonstrate their freedom from adult constraint. However, as they continue to develop, and legitimate adult roles and privileges become available to them, there are fewer incentives to engage in antisocial behavior, leading to desistance in these antisocial behaviors.

Anxiety and depression

Developmental models of anxiety and depression also treat adolescence as an important period, especially in terms of the emergence of gender differences in prevalence rates that persist through adulthood (Rudolph, 2009). Starting in early adolescence, compared with males, females have rates of anxiety that are about twice as high and rates of depression that are 1.5 to 3 times as high (American Psychiatric Association, 2013). Although the rates vary across specific anxiety and depression diagnoses, rates for some disorders are markedly higher in adolescence than in childhood or adulthood. For example, prevalence rates for specific phobias are about 5% in children and 3%–5% in adults but 16% in adolescents. Anxiety and depression are particularly concerning because suicide is one of the leading causes of death during adolescence. Developmental models focus on interpersonal contexts in both childhood and adolescence that foster depression and anxiety (e.g., Rudolph, 2009). Family adversity, such as abuse and parental psychopathology, during childhood sets the stage for

social and behavioral problems during adolescence. Adolescents with such problems generate stress in their relationships (e.g., by resolving conflict poorly and excessively seeking reassurance) and select into more maladaptive social contexts (e.g., "misery loves company" scenarios in which depressed youths select other depressed youths as friends and then frequently co-ruminate as they discuss their problems, exacerbating negative affect and stress). These processes are intensified for girls compared with boys because girls have more relationship-oriented goals related to intimacy and social approval, leaving them more vulnerable to disruption in these relationships. Anxiety and depression then exacerbate problems in social relationships, which in turn contribute to the stability of anxiety and depression over time.

Academic achievement

Adolescents spend more waking time in school than in any other context (Eccles & Roeser, 2011). Academic achievement during adolescence is predicted by interpersonal (e.g., parental engagement in adolescents' education), intrapersonal (e.g., intrinsic motivation), and institutional (e.g., school quality) factors. Academic achievement is important in its own right as a marker of positive adjustment during adolescence but also because academic achievement sets the stage for future educational and occupational opportunities. The most serious consequence of school failure, particularly dropping out of school, is the high risk of unemployment or underemployment in adulthood that follows. High achievement can set the stage for college or future vocational training and opportunities.

Although similar biological changes occur for all adolescents as they enter puberty, these changes can differ significantly depending on one's cultural, ethnic, and societal factors. [Image: McGeorge BLSA]

Diversity

Adolescent development does not necessarily follow the same pathway for all individuals. Certain features of adolescence, particularly with respect to biological changes associated with puberty and cognitive changes associated with brain development, are relatively

universal. But other features of adolescence depend largely on circumstances that are more environmentally variable. For example, adolescents growing up in one country might have different opportunities for risk taking than adolescents in a different country, and supports and sanctions for different behaviors in adolescence depend on laws and values that might be specific to where adolescents live. Likewise, different cultural norms regarding family and peer relationships shape adolescents' experiences in these domains. For example, in some countries, adolescents' parents are expected to retain control over major decisions, whereas in other countries, adolescents are expected to begin sharing in or taking control of decision making.

Even within the same country, adolescents' gender, ethnicity, immigrant status, religion, sexual orientation, socioeconomic status, and personality can shape both how adolescents behave and how others respond to them, creating diverse developmental contexts for different adolescents. For example, early puberty (that occurs before most other peers have experienced puberty) appears to be associated with worse outcomes for girls than boys, likely in part because girls who enter puberty early tend to associate with older boys, which in turn is associated with early sexual behavior and substance use. For adolescents who are ethnic or sexual minorities, discrimination sometimes presents a set of challenges that nonminorities do not face.

Finally, genetic variations contribute an additional source of diversity in adolescence. Current approaches emphasize gene X environment interactions, which often follow a **differential susceptibility** model (Belsky & Pluess, 2009). That is, particular genetic variations are considered riskier than others, but genetic variations also can make adolescents more or less susceptible to environmental factors. For example, the association between the CHRM2genotype and adolescent externalizing behavior (aggression and delinquency)has been found in adolescents whose parents are low in monitoring behaviors (Dick et al., 2011). Thus, it is important to bear in mind that individual differences play an important role in adolescent development.

Conclusions

Adolescent development is characterized by biological, cognitive, and social changes. Social changes are particularly notable as adolescents become more autonomous from their parents, spend more time with peers, and begin exploring romantic relationships and sexuality. Adjustment during adolescence is reflected in identity formation, which often involves a period of exploration followed by commitments to particular identities. Adolescence is characterized by risky behavior, which is made more likely by changes in the brain in which

reward-processing centers develop more rapidly than cognitive control systems, making adolescents more sensitive to rewards than to possible negative consequences. Despite these generalizations, factors such as country of residence, gender, ethnicity, and sexual orientation shape development in ways that lead to diversity of experiences across adolescence.

Outside Resources

Podcasts: Society for Research on Adolescence website with links to podcasts on a variety of topics related to adolescent development
http://www.s-r-a.org/sra-news/podcasts

Study: Add Health website on one of the biggest longitudinal studies of adolescence to date
http://www.cpc.unc.edu/projects/addhealth

Video: A selection of TED talks on adolescent brain development
http://tinyurl.com/lku4a3k

Web: UNICEF website on adolescents around the world
http://www.unicef.org/adolescence/index.html

Discussion Questions

1. What can parents do to promote their adolescents' positive adjustment?
2. In what ways do changes in brain development and cognition make adolescents particularly susceptible to peer influence?
3. How could interventions designed to prevent or reduce adolescents' problem behavior be developed to take advantage of what we know about adolescent development?
4. Reflecting on your own adolescence, provide examples of times when you think your experience was different from those of your peers as a function of something unique about you.
5. In what ways was your experience of adolescence different from your parents' experience of adolescence? How do you think adolescence may be different 20 years from now?

Vocabulary

Crowds
Adolescent peer groups characterized by shared reputations or images.

Deviant peer contagion
The spread of problem behaviors within groups of adolescents.

Differential susceptibility
Genetic factors that make individuals more or less responsive to environmental experiences.

Foreclosure
Individuals commit to an identity without exploration of options.

Homophily
Adolescents tend to associate with peers who are similar to themselves.

Identity achievement
Individuals have explored different options and then made commitments.

Identity diffusion
Adolescents neither explore nor commit to any roles or ideologies.

Moratorium
State in which adolescents are actively exploring options but have not yet made identity commitments.

Psychological control
Parents' manipulation of and intrusion into adolescents' emotional and cognitive world through invalidating adolescents' feelings and pressuring them to think in particular ways.

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Chapter 12: Personality

20
Personality Traits

Edward Diener & Richard E. Lucas

Personality traits reflect people's characteristic patterns of thoughts, feelings, and behaviors. Personality traits imply consistency and stability—someone who scores high on a specific trait like Extraversion is expected to be sociable in different situations and over time. Thus, trait psychology rests on the idea that people differ from one another in terms of where they stand on a set of basic trait dimensions that persist over time and across situations. The most widely used system of traits is called the Five-Factor Model. This system includes five broad traits that can be remembered with the acronym OCEAN: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Each of the major traits from the Big Five can be divided into facets to give a more fine-grained analysis of someone's personality. In addition, some trait theorists argue that there are other traits that cannot be completely captured by the Five-Factor Model. Critics of the trait concept argue that people do not act consistently from one situation to the next and that people are very influenced by situational forces. Thus, one major debate in the field concerns the relative power of people's traits versus the situations in which they find themselves as predictors of their behavior.

Learning Objectives

- List and describe the "Big Five" ("OCEAN") personality traits that comprise the Five-Factor Model of personality.
- Describe how the facet approach extends broad personality traits.
- Explain a critique of the personality-trait concept.
- Describe in what ways personality traits may be manifested in everyday behavior.
- Describe each of the Big Five personality traits, and the low and high end of the dimension.
- Give examples of each of the Big Five personality traits, including both a low and high example.

- Describe how traits and social learning combine to predict your social activities.
- Describe your theory of how personality traits get refined by social learning.

Introduction

When we observe people around us, one of the first things that strikes us is how different people are from one another. Some people are very talkative while others are very quiet. Some are active whereas others are couch potatoes. Some worry a lot, others almost never seem anxious. Each time we use one of these words, words like "talkative," "quiet," "active," or "anxious," to describe those around us, we are talking about a person's **personality**—the characteristic ways that people differ from one another. Personality psychologists try to describe and understand these differences.

Although there are many ways to think about the personalities that people have, Gordon Allport and other "personologists" claimed that we can best understand the differences between individuals by understanding their personality traits. **Personality traits** reflect basic dimensions on which people differ (Matthews, Deary, & Whiteman, 2003). According to trait psychologists, there are a limited number of these dimensions (dimensions like Extraversion, Conscientiousness, or Agreeableness), and each individual falls somewhere on each dimension, meaning that they could be low, medium, or high on any specific trait.

Personality is made up of traits-- identifiable and relatively stable characteristics-- that set each individual person apart from others. [Images: laura dye]

An important feature of personality traits is that they reflect **continuous distributions** rather than distinct personality types. This means that when personality psychologists talk about Introverts and Extraverts, they are not really talking about two distinct types of

people who are completely and qualitatively different from one another. Instead, they are talking about people who score relatively low or relatively high along a continuous distribution. In fact, when personality psychologists measure traits like **Extraversion**, they typically find that most people score somewhere in the middle, with smaller numbers showing more extreme levels. The figure below shows the distribution of Extraversion scores from a survey of thousands of people. As you can see, most people report being moderately, but not extremely, extraverted, with fewer people reporting very high or very low scores.

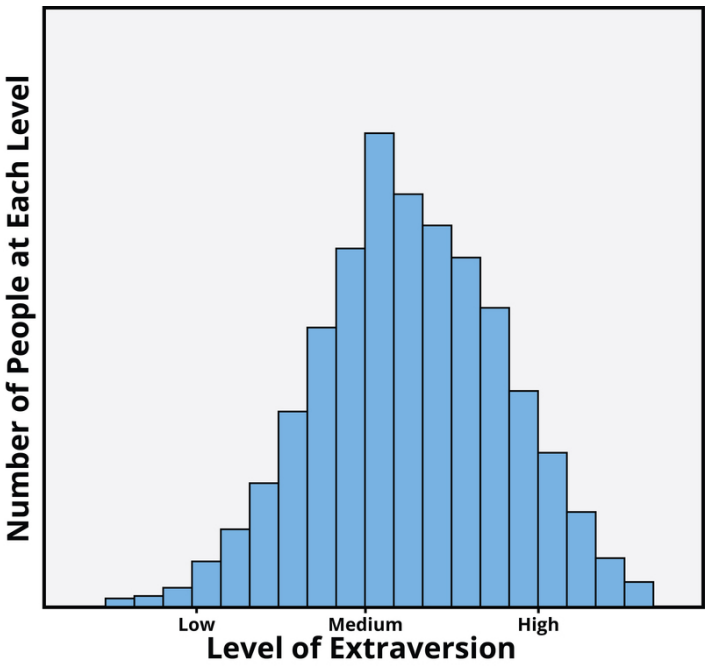

Figure 1. Distribution of Extraversion Scores in a Sample Higher bars mean that more people have scores of that level. This figure shows that most people score towards the middle of the extraversion scale, with fewer people who are highly extraverted or highly introverted.

There are three criteria that are characterize personality traits: (1) consistency, (2) stability, and (3) individual differences.

1. To have a personality trait, individuals must be somewhat consistent across situations in their behaviors related to the trait. For example, if they are talkative at home, they tend also to be talkative at work.

2. Individuals with a trait are also somewhat stable over time in behaviors related to the trait. If they are talkative, for example, at age 30, they will also tend to be talkative at age 40.

3. People differ from one another on behaviors related to the trait. Using speech is not a personality trait and neither is walking on two feet—virtually all individuals do these activities, and there are almost no individual differences. But people differ on how frequently they talk and how active they are, and thus personality traits such as Talkativeness and Activity Level do exist.

A challenge of the trait approach was to discover the major traits on which all people differ. Scientists for many decades generated hundreds of new traits, so that it was soon difficult to keep track and make sense of them. For instance, one psychologist might focus on individual differences in "friendliness," whereas another might focus on the highly related concept of "sociability." Scientists began seeking ways to reduce the number of traits in some systematic

way and to discover the basic traits that describe most of the differences between people.

The way that Gordon Allport and his colleague Henry Odbert approached this was to search the dictionary for all descriptors of personality (Allport & Odbert, 1936). Their approach was guided by the **lexical hypothesis**, which states that all important personality characteristics should be reflected in the language that we use to describe other people. Therefore, if we want to understand the fundamental ways in which people differ from one another, we can turn to the words that people use to describe one another. So if we want to know what words people use to describe one another, where should we look? Allport and Odbert looked in the most obvious place—the dictionary. Specifically, they took all the personality descriptors that they could find in the dictionary (they started with almost 18,000 words but quickly reduced that list to a more manageable number) and then used statistical techniques to determine which words "went together." In other words, if everyone who said that they were "friendly" also said that they were "sociable," then this might mean that personality psychologists would only need a single trait to capture individual differences in these characteristics. Statistical techniques were used to determine whether a small number of dimensions might underlie all of the thousands of words we use to describe people.

The Five-Factor Model of Personality

Research that used the lexical approach showed that many of the personality descriptors found in the dictionary do indeed overlap. In other words, many of the words that we use to describe people are synonyms. Thus, if we want to know what a person is like, we do not necessarily need to ask how sociable they are, how friendly they are, and how gregarious they are. Instead, because sociable people tend to be friendly and gregarious, we can summarize this personality dimension with a single term. Someone who is sociable, friendly, and gregarious would typically be described as an "Extravert." Once we know she is an extravert, we can assume that she is sociable, friendly, and gregarious.

Statistical methods (specifically, a technique called **factor analysis**) helped to determine whether a small number of dimensions underlie the diversity of words that people like Allport and Odbert identified. The most widely accepted system to emerge from this approach was "The Big Five" or "**Five-Factor Model**" (Goldberg, 1990; McCrae & John, 1992; McCrae & Costa, 1987). The Big Five comprises five major traits shown in the Figure 2 below. A way to remember these five is with the acronym OCEAN (O is for **Openness**; C is for **Conscientiousness**; E is for **Extraversion**; A is for **Agreeableness**; N is for **Neuroticism**). Figure 3 provides descriptions of people who would score high and low on each of these traits.

Big 5 Trait	Definition
Openness	The tendency to appreciate new art, ideas, values, feelings, and behaviors.
Conscientiousness	The tendency to be careful, on-time for appointments, to follow rules, and to be hardworking.
Extraversion	The tendency to be talkative, sociable, and to enjoy others; the tendency to have a dominant style.
Agreeableness	The tendency to agree and go along with others rather than to assert one's own opinions and choices.
Neuroticism	The tendency to frequently experience negative emotions such as anger, worry, and sadness, as well as being interpersonally sensitive.

Figure 2. Descriptions of the Big Five Personality Traits

Scores on the Big Five traits are mostly independent. That means that a person's standing on one trait tells very little about their standing on the other traits of the Big Five. For example, a person can be extremely high in Extraversion and be either high or low on Neuroticism. Similarly, a person can be low in Agreeableness and be either high or low in Conscientiousness. Thus, in the Five-Factor Model, you need five scores to describe most of an individual's personality.

In the Appendix to this module, we present a short scale to assess the Five-Factor Model of personality (Donnellan, Oswald, Baird, & Lucas, 2006). You can take this test to see where you stand in terms of your Big Five scores. John Johnson has also created a helpful website that has personality scales that can be used and taken by the general public:

http://www.personal.psu.edu/j5j/IPIP/ipipneo120.htm

After seeing your scores, you can judge for yourself whether you think such tests are valid.

Traits are important and interesting because they describe stable patterns of behavior that persist for long periods of time (Caspi, Roberts, & Shiner, 2005). Importantly, these stable patterns can have broad-ranging consequences for many areas of our life (Roberts, Kuncel, Shiner, Caspi, & Goldberg, 2007). For instance, think about the factors that determine success in college. If you were asked to guess what factors predict good grades in college, you might guess something like intelligence. This guess would be correct, but we know much more about who is likely to do well. Specifically, personality researchers have also found the personality traits like Conscientiousness play an important role in college and beyond, probably because highly conscientious individuals study hard, get their work done on time, and are less distracted by nonessential activities that take time away from school work. In addition, highly

Big 5 Trait	Example Behavior for LOW Scorers	Example Behavior for HIGH Scorers
Openness	Prefers not to be exposed to alternative moral systems; narrow interests; inartistic; not analytical; down-to-earth	Enjoys seeing people with new types of haircuts and body piercing; curious; imaginative; untraditional
Conscientiousness	Prefers spur-of-the-moment action to planning; unreliable; hedonistic; careless; lax	Never late for a date; organized; hardworking; neat; persevering; punctual; self-disciplined
Extraversion	Preferring a quiet evening reading to a loud party; sober; aloof; unenthusiastic	Being the life of the party; active; optimistic; fun-loving; affectionate
Agreeableness	Quickly and confidently asserts own rights; irritable; manipulative; uncooperative; rude	Agrees with others about political opinions; good-natured; forgiving; gullible; helpful; forgiving
Neuroticism	Not getting irritated by small annoyances; calm, unemotional; hardy; secure; self-satisfied	Constantly worrying about little things; insecure; hypochondriacal; feeling inadequate

Figure 3. Example behaviors for those scoring low and high for the big 5 traits

conscientious people are often healthier than people low in conscientiousness because they are more likely to maintain healthy diets, to exercise, and to follow basic safety procedures like wearing seat belts or bicycle helmets. Over the long term, this consistent pattern of behaviors can add up to meaningful differences in health and longevity. Thus, personality traits are not just a useful way to describe people you know; they actually help psychologists predict how good a worker someone will be, how long he or she will live, and the types of jobs and activities the person will enjoy. Thus, there is growing interest in personality psychology among psychologists who work in applied settings, such as health psychology or organizational psychology.

Facets of Traits (Subtraits)

So how does it feel to be told that your entire personality can be summarized with scores on just five personality traits? Do you think these five scores capture the complexity of your own and others' characteristic patterns of thoughts, feelings, and behaviors? Most people would probably say no, pointing to some exception in their behavior that goes against the general pattern that others might see. For instance, you may know people who are warm and friendly and find it easy to talk with strangers at a party yet are terrified if they have to perform in front of others or speak to large groups of people. The fact that there are different ways of being extraverted or conscientious shows that there is value in considering lower-level units of personality that are more specific than the Big Five traits. These more specific, lower-level

units of personality are often called **facets**.

Trait	Facets of Trait
Openness	• Fantasy prone • Open to feelings • Open to diverse behaviors • Open to new and different ideas • Open to various values and beliefs
Conscientiousness	• Competent • Orderly • Dutiful • Achievement oriented • Self-disciplined • Deliberate
Extraversion	• Gregarious (sociable) • Warm • Assertive • Active • Excitement-seeking • Positive emotionality
Agreeableness	• Trusting • Straightforward • Altruistic • Compliant • Modest • Tender-minded
Neuroticism	• Anxious • Angry • Depressed • Self-consciousness • Impulsive • Vulnerable

Figure 4. Facets of Traits

To give you a sense of what these narrow units are like, Figure 4 shows facets for each of the Big Five traits. It is important to note that although personality researchers generally agree about the value of the Big Five traits as a way to summarize one's personality, there is no widely accepted list of facets that should be studied. The list seen here, based on work by researchers Paul Costa and Jeff McCrae, thus reflects just one possible list among many. It should, however, give you an idea of some of the facets making up each of the Five-Factor Model.

Facets can be useful because they provide more specific descriptions of what a person is like. For instance, if we take our friend who loves parties but hates public speaking, we might say that this person scores high on the "gregariousness" and "warmth" facets of extraversion, while scoring lower on facets such as "assertiveness" or "excitement-seeking." This precise profile of facet scores not only provides a better description, it might also allow us to better predict how this friend will do in a variety of different jobs (for example, jobs that require public speaking versus jobs that involve one-on-one interactions with customers; Paunonen & Ashton, 2001). Because different facets within a broad, global trait like extraversion tend to go together (those who are gregarious are often but not always assertive), the broad trait often provides a useful summary of what a person is like. But when we really want to know a person, facet scores add to our knowledge in important ways.

Other Traits Beyond the Five-Factor Model

Despite the popularity of the Five-Factor Model, it is certainly not the only model that exists. Some suggest that there are more than five major traits, or perhaps even fewer. For example, in one of the first comprehensive models to be proposed, Hans Eysenck suggested that Extraversion and Neuroticism are most important. Eysenck believed that by combining people's standing on these two major traits, we could account for many of the differences in personality that we see in people (Eysenck, 1981). So for instance, a neurotic introvert would be shy and nervous, while a stable introvert might avoid social situations and prefer solitary activities, but he may do so with a calm, steady attitude and little anxiety or emotion. Interestingly, Eysenck attempted to link these two major dimensions to underlying differences in people's biology. For instance, he suggested that introverts experienced too much sensory stimulation and arousal, which made them want to seek out quiet settings and less stimulating environments. More recently, Jeffrey Gray suggested that these two broad traits are related to fundamental reward and avoidance systems in the brain—extraverts might be motivated to seek reward and thus exhibit assertive, reward-seeking behavior, whereas people high in neuroticism might be motivated to avoid punishment and thus may experience anxiety as a result of their heightened awareness of the threats in the world around them (Gray, 1981. This model has since been updated; see Gray & McNaughton, 2000). These early theories have led to a burgeoning interest in identifying the physiological underpinnings of the individual differences that we observe.

Another revision of the Big Five is the **HEXACO model** of traits (Ashton & Lee, 2007). This model is similar to the Big Five, but it posits slightly different versions of some of the traits, and its proponents argue that one important class of individual differences was omitted from the Five-Factor Model. The HEXACO adds Honesty-Humility as a sixth dimension of personality. People high in this trait are sincere, fair, and modest, whereas those low in the trait are manipulative, narcissistic, and self-centered. Thus, trait theorists are agreed that personality traits are important in understanding behavior, but there are still debates on the exact number and composition of the traits that are most important.

There are other important traits that are not included in comprehensive models like the Big Five. Although the five factors capture much that is important about personality, researchers have suggested other traits that capture interesting aspects of our behavior. In Figure 5 below we present just a few, out of hundreds, of the other traits that have been studied by personologists.

Not all of the above traits are currently popular with scientists, yet each of them has experienced popularity in the past. Although the Five-Factor Model has been the target of more rigorous research than some of the traits above, these additional personality characteristics give a good idea of the wide range of behaviors and attitudes that traits can

Personality Trait	Description
Machiavellianism	Named after the famous political philosopher, Niccolo Machiavelli, this trait refers to individuals who manipulate the behavior of others, often through duplicity. Machiavellians are often interested in money and power, and pragmatically use others in this quest.
Need for Achievement	Those high in need for achievement want to accomplish a lot and set high standards of excellence for themselves. They are able to work persistently and hard for distant goals. David McClelland argued that economic growth depends in part on citizens with high need for achievement.
Need for Cognition	People high in need for cognition find it rewarding to understand things, and are willing to use considerable cognitive effort in this quest. Such individuals enjoy learning, and the process of trying to understand new things.
Authoritarianism	Authoritarians believe in strict social hierarchies, in which they are totally obedient to those above them, and expect complete obedience from their subordinates. Rigid in adherence to rules, the authoritarian personality is very uncomfortable with uncertainty.
Narcissism	The narcissistic personality has self-love that is so strong that it results in high levels of vanity, conceit, and selfishness. The narcissistic individual often has problems feeling empathetic toward others and grateful to others.
Self-esteem	The tendency to evaluate oneself positively. Self-esteem does not imply that one believes that he or she is better than others, only that he or she is a person of worth.
Optimism	The tendency to expect positive outcomes in the future. People who are optimistic expect good things to happen, and indeed they often have more positive outcomes, perhaps because they work harder to achieve them.
Alexithymia	The inability to recognize and label emotions in oneself. The individual also has a difficult time recognizing emotions in others, and often has difficulties in relationships.

Figure 5. Other Traits Beyond Those Included in the Big Five

cover.

The Person-Situation Debate and Alternatives to the Trait Perspective

The ideas described in this module should probably seem familiar, if not obvious to you. When asked to think about what our friends, enemies, family members, and colleagues are like, some of the first things that come to mind are their personality characteristics. We might think

The way people behave is only, in part, a product of their natural personality. Situations also influence how a person behaves. [Photo: woodleywonderworks]

about how warm and helpful our first teacher was, how irresponsible and careless our brother is, or how demanding and insulting our first boss was. Each of these descriptors reflects a personality trait, and most of us generally think that the descriptions that we use for individuals accurately reflect their "characteristic pattern of thoughts, feelings, and behaviors," or in other words, their personality.

But what if this idea were wrong? What if our belief in personality traits were an illusion and people are not consistent from one situation to the next? This was a possibility that shook the foundation of personality psychology in the late 1960s when Walter Mischel published a book called *Personality and Assessment* (1968). In this book, Mischel suggested that if one looks closely at people's behavior across many different situations, the consistency is really not that impressive. In other words, children who cheat on tests at school may steadfastly follow all rules when playing games and may never tell a lie to their parents. In other words, he suggested, there may not be any general trait of honesty that links these seemingly related behaviors. Furthermore, Mischel suggested that observers may believe that broad personality traits like honesty exist, when in fact, this belief is an illusion. The debate that followed the publication of Mischel's book was called the **person-situation debate** because it pitted the power of personality against the power of situational factors as determinants of the behavior that people exhibit.

Because of the findings that Mischel emphasized, many psychologists focused on an alternative to the trait perspective. Instead of studying broad, context-free descriptions, like the trait terms we've described so far, Mischel thought that psychologists should focus on people's distinctive reactions to specific situations. For instance, although there may not be a broad and general trait of honesty, some children may be especially likely to cheat on a test when the risk of being caught is low and the rewards for cheating are high. Others might be motivated by the sense of risk involved in cheating and may do so even when the rewards are not very high. Thus, the behavior itself results from the child's unique evaluation of the risks and rewards present at that moment, along with her evaluation of her abilities and values. Because of this, the same child might act very differently in different situations. Thus, Mischel thought that specific behaviors were driven by the interaction between very specific, psychologically meaningful features of the situation in which people found themselves, the

person's unique way of perceiving that situation, and his or her abilities for dealing with it. Mischel and others argued that it was these social-cognitive processes that underlie people's reactions to specific situations that provide some consistency when situational features are the same. If so, then studying these broad traits might be more fruitful than cataloging and measuring narrow, context-free traits like Extraversion or Neuroticism.

In the years after the publication of Mischel's (1968) book, debates raged about whether personality truly exists, and if so, how it should be studied. And, as is often the case, it turns out that a more moderate middle ground than what the situationists proposed could be reached. It is certainly true, as Mischel pointed out, that a person's behavior in one specific situation is not a good guide to how that person will behave in a very different specific situation. Someone who is extremely talkative at one specific party may sometimes be reticent to speak up during class and may even act like a wallflower at a different party. But this does not mean that personality does not exist, nor does it mean that people's behavior is completely determined by situational factors. Indeed, research conducted after the person-situation debate shows that on average, the effect of the "situation" is about as large as that of personality traits. However, it is also true that if psychologists assess a broad range of behaviors across many different situations, there are general tendencies that emerge. Personality traits give an indication about how people will act on average, but frequently they are not so good at predicting how a person will act in a specific situation at a certain moment in time. Thus, to best capture broad traits, one must assess *aggregate* behaviors, averaged over time and across many different types of situations. Most modern personality researchers agree that there is a place for broad personality traits and for the narrower units such as those studied by Walter Mischel.

Appendix

The Mini-IPIP Scale

(Donnellan, Oswald, Baird, & Lucas, 2006)

Instructions: Below are phrases describing people's behaviors. Please use the rating scale below to describe how accurately each statement describes you. Describe yourself as you generally are now, not as you wish to be in the future. Describe yourself as you honestly see yourself, in relation to other people you know of the same sex as you are, and roughly your same age. Please read each statement carefully, and put a number from 1 to 5 next to it to describe how accurately the statement describes you.

1 = Very inaccurate

2 = Moderately inaccurate

3 = Neither inaccurate nor accurate

4 = Moderately accurate

5 = Very accurate

1. _____ Am the life of the party (E)
2. _____ Sympathize with others' feelings (A)
3. _____ Get chores done right away (C)
4. _____ Have frequent mood swings (N)
5. _____ Have a vivid imagination (O)
6. _____Don't talk a lot (E)
7. _____ Am not interested in other people's problems (A)
8. _____ Often forget to put things back in their proper place (C)
9. _____ Am relaxed most of the time (N)
10. _____ Am not interested in abstract ideas (O)
11. _____ Talk to a lot of different people at parties (E)
12. _____ Feel others' emotions (A)
13. _____ Like order (C)
14. _____ Get upset easily (N)
15. _____ Have difficulty understanding abstract ideas (O)
16. _____ Keep in the background (E)
17. _____ Am not really interested in others (A)
18. _____ Make a mess of things (C)
19. _____ Seldom feel blue (N)
20. _____ Do not have a good imagination (O)

Scoring: The first thing you must do is to reverse the items that are worded in the opposite

direction. In order to do this, subtract the number you put for that item from 6. So if you put a 4, for instance, it will become a 2. Cross out the score you put when you took the scale, and put the new number in representing your score subtracted from the number 6.

Items to be reversed in this way: 6, 7, 8, 9, 10, 15, 16, 17, 18, 19, 20

Next, you need to add up the scores for each of the five OCEAN scales (including the reversed numbers where relevant). Each OCEAN score will be the sum of four items. Place the sum next to each scale below.

_____ Openness: Add items 5, 10, 15, 20

_____ Conscientiousness: Add items 3, 8, 13, 18

_____ Extraversion: Add items 1, 6, 11, 16

_____ Agreeableness: Add items 2, 7, 12, 17

_____ Neuroticism: Add items 4, 9,14, 19

Compare your scores to the norms below to see where you stand on each scale. If you are low on a trait, it means you are the opposite of the trait label. For example, low on Extraversion is Introversion, low on Openness is Conventional, and low on Agreeableness is Assertive.

19–20 Extremely High, 17–18 Very High, 14–16 High,

11–13 Neither high nor low; in the middle, 8–10 Low, 6–7 Very low, 4–5 Extremely low

Outside Resources

Web: International Personality Item Pool
http://ipip.ori.org/

Web: John Johnson personality scales
http://www.personal.psu.edu/j5j/IPIP/ipipneo120.htm

Web: Personality trait systems compared
http://www.personalityresearch.org/bigfive/goldberg.html

Web: Sam Gosling website
http://homepage.psy.utexas.edu/homepage/faculty/gosling/samgosling.htm

Discussion Questions

1. Consider different combinations of the Big Five, such as O (Low), C (High), E (Low), A (High), and N (Low). What would this person be like? Do you know anyone who is like this? Can you select politicians, movie stars, and other famous people and rate them on the Big Five?
2. How do you think learning and inherited personality traits get combined in adult personality?
3. Can you think of instances where people do not act consistently—where their personality traits are not good predictors of their behavior?
4. Has your personality changed over time, and in what ways?
5. Can you think of a personality trait not mentioned in this module that describes how people differ from one another?
6. When do extremes in personality traits become harmful, and when are they unusual but productive of good outcomes?

Vocabulary

Agreeableness
A personality trait that reflects a person's tendency to be compassionate, cooperative, warm, and caring to others. People low in agreeableness tend to be rude, hostile, and to pursue their own interests over those of others.

Conscientiousness
A personality trait that reflects a person's tendency to be careful, organized, hardworking, and to follow rules.

Continuous distributions
Characteristics can go from low to high, with all different intermediate values possible. One does not simply have the trait or not have it, but can possess varying amounts of it.

Extraversion
A personality trait that reflects a person's tendency to be sociable, outgoing, active, and assertive.

Facets
Broad personality traits can be broken down into narrower facets or aspects of the trait. For example, extraversion has several facets, such as sociability, dominance, risk-taking and so forth.

Factor analysis
A statistical technique for grouping similar things together according to how highly they are associated.

Five-Factor Model
(also called the Big Five) The Five-Factor Model is a widely accepted model of personality traits. Advocates of the model believe that much of the variability in people's thoughts, feelings, and behaviors can be summarized with five broad traits. These five traits are Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism.

HEXACO model
The HEXACO model is an alternative to the Five-Factor Model. The HEXACO model includes six traits, five of which are variants of the traits included in the Big Five (Emotionality [E], Extraversion [X], Agreeableness [A], Conscientiousness [C], and Openness [O]). The sixth

factor, Honesty-Humility [H], is unique to this model.

Independent
Two characteristics or traits are separate from one another-- a person can be high on one and low on the other, or vice-versa. Some correlated traits are relatively independent in that although there is a tendency for a person high on one to also be high on the other, this is not always the case.

Lexical hypothesis
The lexical hypothesis is the idea that the most important differences between people will be encoded in the language that we use to describe people. Therefore, if we want to know which personality traits are most important, we can look to the language that people use to describe themselves and others.

Neuroticism
A personality trait that reflects the tendency to be interpersonally sensitive and the tendency to experience negative emotions like anxiety, fear, sadness, and anger.

Openness to Experience
A personality trait that reflects a person's tendency to seek out and to appreciate new things, including thoughts, feelings, values, and experiences.

Personality
Enduring predispositions that characterize a person, such as styles of thought, feelings and behavior.

Personality traits
Enduring dispositions in behavior that show differences across individuals, and which tend to characterize the person across varying types of situations.

Person-situation debate
The person-situation debate is a historical debate about the relative power of personality traits as compared to situational influences on behavior. The situationist critique, which started the person-situation debate, suggested that people overestimate the extent to which personality traits are consistent across situations.

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21
The Psychodynamic Perspective

Robert Bornstein

Originating in the work of Sigmund Freud, the psychodynamic perspective emphasizes unconscious psychological processes (for example, wishes and fears of which we're not fully aware), and contends that childhood experiences are crucial in shaping adult personality. The psychodynamic perspective has evolved considerably since Freud's time, and now includes innovative new approaches such as object relations theory and neuropsychoanalysis. Some psychodynamic concepts have held up well to empirical scrutiny while others have not, and aspects of the theory remain controversial, but the psychodynamic perspective continues to influence many different areas of contemporary psychology.

Learning Objectives

- Describe the major models of personality within the psychodynamic perspective.
- Define the concept of ego defense, and give examples of commonly used ego defenses.
- Identify psychodynamic concepts that have been supported by empirical research.
- Discuss current trends in psychodynamic theory.

Introduction

Have you ever done something that didn't make sense? Perhaps you waited until the last minute to begin studying for an exam, even though you knew that delaying so long would ensure that you got a poor grade. Or maybe you spotted a person you liked across the room —someone about whom you had romantic feelings—but instead of approaching that person

According to psychodynamic theory, a lot of our behaviors and preferences of adulthood are shaped by the experiences in our childhood. [Image: aiesecinternational]

you headed the other way (and felt ashamed about it afterward). If you've ever done something that didn't seem to make sense—and who among us hasn't—the psychodynamic perspective on personality might be useful for you. It can help you understand why you chose not to study for that test, or why you ran the other way when the person of your dreams entered the room.

Psychodynamic theory (sometimes called *psychoanalytic theory*) explains personality in terms of unconscious psychological processes (for example, wishes and fears of which we're not fully aware), and contends that childhood experiences are crucial in shaping adult personality. Psychodynamic theory is most closely associated with the work of Sigmund Freud, and with psychoanalysis, a type of psychotherapy that attempts to explore the patient's unconscious thoughts and emotions so that the person is better able to understand him- or herself.

Freud's work has been extremely influential, its impact extending far beyond psychology (several years ago *Time* magazine selected Freud as one of the most important thinkers of the 20th century). Freud's work has been not only influential, but quite controversial as well. As you might imagine, when Freud suggested in 1900 that much of our behavior is determined by psychological forces of which we're largely unaware—that we literally don't know what's going on in our own minds—people were (to put it mildly) displeased (Freud, 1900/1953a). When he suggested in 1905 that we humans have strong sexual feelings from a very early age, and that some of these sexual feelings are directed toward our parents, people were more than displeased—they were outraged (Freud, 1905/1953b). Few theories in psychology have evoked such strong reactions from other professionals and members of the public.

Controversy notwithstanding, no competent psychologist, or student of psychology, can ignore psychodynamic theory. It is simply too important for psychological science and practice, and continues to play an important role in a wide variety of disciplines within and outside psychology (for example, developmental psychology, social psychology, sociology, and neuroscience; see Bornstein, 2005, 2006; Solms & Turnbull, 2011). This module reviews the psychodynamic perspective on personality. We begin with a brief discussion of the core

assumptions of psychodynamic theory, followed by an overview of the evolution of the theory from Freud's time to today. We then discuss the place of psychodynamic theory within contemporary psychology, and look toward the future as well.

Core Assumptions of the Psychodynamic Perspective

The core assumptions of psychodynamic theory are surprisingly simple. Moreover, these assumptions are unique to the psychodynamic framework: No other theories of personality accept these three ideas in their purest form.

Assumption 1:Primacy of the Unconscious

Psychodynamic theorists contend that the majority of psychological processes take place outside conscious awareness. In psychoanalytic terms, the activities of the mind (or *psyche*) are presumed to be largely unconscious. Research confirms this basic premise of psychoanalysis: Many of our mental activities—memories, motives, feelings, and the like—are largely inaccessible to consciousness (Bargh & Morsella, 2008; Bornstein, 2010; Wilson, 2009).

Assumption 2: Critical Importance of Early Experiences

Psychodynamic theory is not alone in positing that early childhood events play a role in shaping personality, but the theory is unique in the degree to which it emphasizes these events as determinants of personality development and dynamics. According to the psychodynamic model, early experiences—including those occurring during the first weeks or months of life—set in motion personality processes that affect us years, even decades, later (Blatt & Levy, 2003; McWilliams, 2009). This is especially true of experiences that are outside the normal range (for example, losing a parent or sibling at a very early age).

Assumption 3: Psychic Causality

The third core assumption of psychodynamic theory is that nothing in mental life happens by chance—that there is no such thing as a random thought, feeling, motive, or behavior. This has come to be known as the principle of **psychic causality**, and though few psychologists accept the principle of psychic causality precisely as psychoanalysts conceive it, most theorists and researchers agree that thoughts, motives, emotional responses, and expressed behaviors do not arise randomly, but always stem from some combination of identifiable biological and

Our every thought and behavior —even something as seemingly random as which hiking trail to take or which rock to sit on—results from biological or psychological influences. [Image: Trekking Rinjani]

psychological processes (Elliott, 2002; Robinson & Gordon, 2011).

The Evolution of Psychodynamic Theory

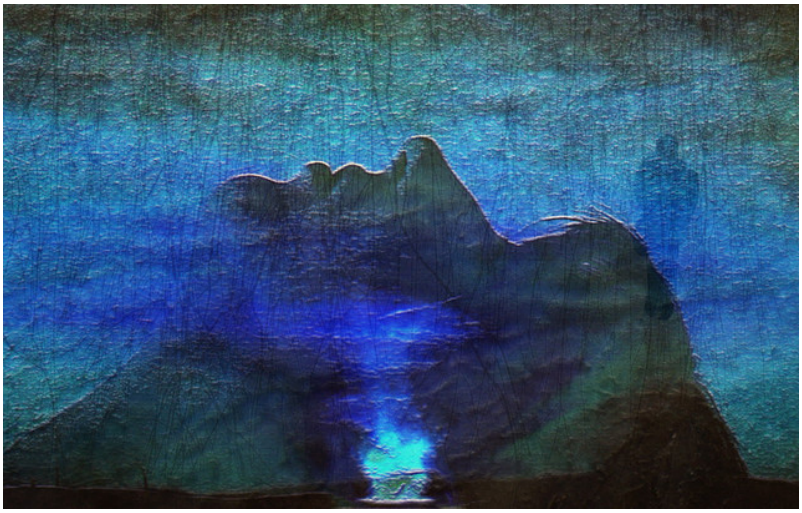
Given Freud's background in neurology, it is not surprising that the first incarnation of psychoanalytic theory was primarily biological: Freud set out to explain psychological phenomena in terms that could be linked to neurological functioning as it was understood in his day. Because Freud's work in this area evolved over more than 50 years (he began in 1885, and continued until he died in 1939), there were numerous revisions along the way. Thus, it is most accurate to think of psychodynamic theory as a set of interrelated models that complement and build upon each other. Three are particularly important: the topographic model, the psychosexual stage model, and the structural model.

The Topographic Model

In his 1900 book, *The Interpretation of Dreams*, Freud introduced his **topographic model** of the mind, which contended that the mind could be divided into three regions: conscious, preconscious, and unconscious. The conscious part of the mind holds information that you're focusing on at this moment—what you're thinking and feeling right now. The preconscious contains material that is capable of becoming conscious but is not conscious at the moment because your attention is not being directed toward it. You can move material from the preconscious into consciousness simply by focusing your attention on it. Consider, for example, what you had for dinner last night. A moment ago that information was preconscious; now it's conscious, because you "pulled it up" into consciousness. (Not to worry, in a few moments it will be preconscious again, and you can move on to more important things.)

The unconscious—the most controversial part of the topographic model—contains anxiety-producing material (for example, sexual impulses, aggressive urges) that are deliberately *repressed* (held outside of conscious awareness as a form of self-protection because they make you uncomfortable). The terms *conscious*, *preconscious*, and *unconscious* continue to be used

today in psychology, and research has provided considerable support for Freud's thinking regarding conscious and preconscious processing (Erdelyi, 1985, 2004). The existence of the unconscious remains controversial, with some researchers arguing that evidence for it is compelling and others contending that "unconscious" processing can be accounted for without positing the existence of a Freudian repository of repressed wishes and troubling urges and impulses (Eagle, 2011; Luborsky & Barrett, 2006).



Dreams play an important role in psychodynamic theory, as they are often considered the central route through which the unconscious expresses itself to the conscious mind. [Image: Hartwig HKD]

The Psychosexual Stage Model

Freud remained devoted to the topographic model, but by 1905 he had outlined the key elements of his **psychosexual stage model**, which argued that early in life we progress through a sequence of developmental stages, each with its own unique challenge and its own mode of sexual gratification. Freud's psychosexual stages—oral, anal, Oedipal, latency, and genital—are well-known even to non-analytic psychologists. Frustration or overgratification during a particular stage was hypothesized to result in "fixation" at that stage, and to the development of an oral, anal, or Oedipal personality style (Bornstein, 2005, 2006).

Table 1 illustrates the basic organization of Freud's (1905/1953b) psychosexual stage model, and the three personality styles that result. Note that—consistent with the developmental challenges that the child confronts during each stage—oral fixation is hypothesized to result in a dependent personality, whereas anal fixation results in a lifelong preoccupation with control. Oedipal fixation leads to an aggressive, competitive personality orientation.

The Structural Model

Ultimately, Freud recognized that the topographic model was helpful in understanding how people process and store information, but not all that useful in explaining other important psychological phenomena (for example, why certain people develop psychological disorders

and others do not). To extend his theory, Freud developed a complementary framework to account for normal and abnormal personality development—the **structural model**—which posits the existence of three interacting mental structures called the id, ego, and superego. The *id* is the seat of drives and instincts, whereas the *ego* represents the logical, reality-oriented part of the mind, and the *superego* is basically your conscience—the moral guidelines, rules, and prohibitions that guide your behavior. (You acquire these through your family and through the culture in which you were raised.)

According to the structural model, our personality reflects the interplay of these three psychic structures, which differ across individuals in relative power and influence. When the id predominates and instincts rule, the result is an impulsive personality style. When the superego is strongest, moral prohibitions reign supreme, and a restrained, overcontrolled personality ensues. When the ego is dominant, a more balanced set of personality traits develop (Eagle, 2011; McWilliams, 2009).

The Ego and Its Defenses

In addition to being the logical, rational, reality-oriented part of the mind, the ego serves another important function: It helps us manage anxiety through the use of **ego defenses**. Ego defenses are basically mental strategies that we use automatically and unconsciously when we feel threatened (Cramer, 2000, 2006). They help us navigate upsetting events, but there's a cost as well: All ego defenses involve some distortion of reality. For example, repression (the most basic ego defense, according to Freud) involves removing from consciousness upsetting thoughts and feelings, and moving those thoughts and feelings to the unconscious. When you read about a person who "blocked out" upsetting memories of child abuse, that's an example of repression.

Another ego defense is denial. In denial (unlike repression), we are aware that a particular event occurred, but we don't allow ourselves to see the implications of that event. When you hear a person with a substance abuse problem say "I'm fine—even though people complain about my drinking I never miss a day of work," that person is using denial. Table 2 lists some common ego defenses in psychodynamic theory, along with a definition and example of each.

Psychodynamic Theories: Where Are We Now?

The topographic model, psychosexual stage model, and structural model continue to influence contemporary psychology, but it is important to keep in mind that psychodynamic theory is never static, ever changing and evolving in response to new ideas and findings. In the following

sections we discussion four current trends in the psychodynamic perspective: object relations theory, the empirical testing of psychodynamic concepts, psychoanalysis and culture, and the opportunities and challenges of neuroscience.

Object Relations Theory and the Growth of the Psychodynamic Perspective

We first learn how to interact with people as children. And depending on those experiences, it will guide our expectations for how future relationship interactions will go. [Image: Vincent Anderlucci]

In recent years a number of new psychodynamic frameworks have emerged to explain personality development and dynamics. The most important of these is **object relations theory**. (In psychoanalytic language, the term "object" refers to a person, so object relations theory is really something more like "interpersonal relations theory.")

Object relations theory contends that personality can be understood as reflecting the mental images of significant figures (especially the parents) that we form early in life in response to interactions taking place within the family (Kernberg, 2004; Wachtel, 1997). These mental images (sometimes called *introjects*) serve as templates for later interpersonal relationships—almost like relationship blueprints or "scripts." So if you internalized positive introjects early in life (for example, a mental image of mom or dad as warm and accepting), that's what you expect to occur in later relationships as well. If you internalized a mental image of mom or dad as harsh and judgmental, you might instead become a self-critical person, and feel that you can never live up to other people's standards . . . or your own (Luyten & Blatt, 2013).

Object relations theory has increased many psychologists' interest in studying psychodynamic ideas and concepts, in part because it represents a natural bridge between the psychodynamic perspective and research in other areas of psychology. For example, developmental and social psychologists also believe that mental representations of significant people play an important role in shaping our behavior. In developmental psychology you might read about this in the context of *attachment theory* (which argues that attachments—or bonds—to significant people are key to understanding human behavior; Fraley, 2002). In social psychology, mental

representations of significant figures play an important role in *social cognition* (thoughts and feelings regarding other people; Bargh & Morsella, 2008; Robinson & Gordon, 2011).

Empirical Research on Psychodynamic Theories

Empirical research assessing psychodynamic concepts has produced mixed results, with some concepts receiving good empirical support, and others not faring as well. For example, the notion that we express strong sexual feelings from a very early age, as the psychosexual stage model suggests, has not held up to empirical scrutiny. On the other hand, the idea that there are dependent, control-oriented, and competitive personality types—an idea also derived from the psychosexual stage model—does seem useful.

Many ideas from the psychodynamic perspective have been studied empirically. Luborsky and Barrett (2006) reviewed much of this research; other useful reviews are provided by Bornstein (2005), Gerber (2007), and Huprich (2009). For now, let's look at three psychodynamic hypotheses that have received strong empirical support.

- *Unconscious processes influence our behavior as the psychodynamic perspective predicts.* We perceive and process much more information than we realize, and much of our behavior is shaped by feelings and motives of which we are, at best, only partially aware (Bornstein, 2009, 2010). Evidence for the importance of unconscious influences is so compelling that it has become a central element of contemporary cognitive and social psychology (Robinson & Gordon, 2011).
- *We all use ego defenses and they help determine our psychological adjustment and physical health.* People really do differ in the degree that they rely on different ego defenses—so much so that researchers now study each person's "defense style" (the unique constellation of defenses that we use). It turns out that certain defenses are more adaptive than others: Rationalization and sublimation are healthier (psychologically speaking) than repression and reaction formation (Cramer, 2006). Denial is, quite literally, bad for your health, because people who use denial tend to ignore symptoms of illness until it's too late (Bond, 2004).
- *Mental representations of self and others do indeed serve as blueprints for later relationships.* Dozens have studies have shown that mental images of our parents, and other significant figures, really do shape our expectations for later friendships and romantic relationships. The idea that you choose a romantic partner who resembles mom or dad is a myth, but it's true that you expect to be treated by others as you were treated by your parents early in life (Silverstein, 2007; Wachtel, 1997).

Psychoanalysis and Culture

If you were to describe yourself, would you focus on your personal preferences and hobbies? Or would you focus on your relationships and ties with others? [Image: Rose Physical Therapy Group]

One of Freud's lifelong goals was to use psychoanalytic principles to understand culture and improve intergroup relations (he actually exchanged several letters with Albert Einstein prior to World War II, in which they discussed this issue). During the past several decades, as society has become increasingly multicultural, this effort has taken on new importance; psychoanalysts have been active in incorporating ideas and findings regarding cultural influences into their research and clinical work. For example, studies have shown that individuals raised in individualistic, independence-focused cultures (for example, the United States, Great Britain) tend to define themselves primarily in terms of personal attributes (like attitudes and interests), whereas individuals raised in more sociocentric, interdependent cultures (for example, Japan, India) are more likely to describe themselves in terms of interpersonal relations and connections with others (Oyserman, Coon, & Kemmelmeier, 2002). Our self-representations are, quite literally, a product of our cultural milieu (Markus & Kitayama, 2010).

The Opportunities and Challenges of Neuroscience

Fifteen years ago, Nobel Laureate Eric Kandel (1998) articulated a vision for an empirically oriented psychodynamic perspective firmly embedded within the principles and findings of neuroscience. Kandel's vision ultimately led to the development of **neuropsychoanalysis**, an integration of psychodynamic and neuropsychological concepts that has enhanced researchers' understanding of numerous aspects of human behavior and mental functioning (Solms & Turnbull, 2011). Some of the first efforts to integrate psychodynamic principles with findings from neuroscience involved sleep and dreams, and contemporary models of dream formation now incorporate principles from both domains (Levin & Nielsen, 2007). Neuroimaging techniques such as functional magnetic resonance imagery (fMRI) have begun to play an increasingly central role in this ongoing psychoanalysis–neuroscience integration

as well (Gerber, 2007; Slipp, 2000).

Looking Ahead: Psychodynamic Theory in the 21st Century (and Beyond)

Despite being surrounded by controversy, the psychodynamic perspective on personality has survived for more than a century, reinventing itself in response to new empirical findings, theoretical shifts, and changing social forces. The psychodynamic perspective evolved considerably during the 20th century and will continue to evolve throughout the 21st century as well. Psychodynamic theory may be the closest thing we have to an overarching, all-encompassing theory in psychology. It deals with a broad range of issues—normal and pathological functioning, motivation and emotion, childhood and adulthood, individual and culture—and the psychodynamic perspective continues to have tremendous potential for integrating ideas and findings across the many domains of contemporary psychology.

Stage	*Age Range*	*Development Task*	*Associated Personalty Traits*
Oral	0–18 months	Moving from infantile dependency toward autonomy	Dependency
Anal	18–36 months	Learning to exercise control over one's body, one's impulses, and other people	Obsessiveness
Oedipal	5–6 years	Mastering competitive urges and acquiring gender role related behaviors	Competitiveness
Latency	6 years–puberty	Investing energy in productive, rewarding tasks and activities	---
Genital	Puberty onward	Mature sexuality (sexuality blended with intimacy)	---

Note: Dashes indicate that no associated character traits exist for that stage (fixation in the latency and genital periods does not play a role in classical psychoanalytic theory).

Table 1: The Psychosexual Stage Model

Defense	Description
Repression	Moving upsetting information (for example, sexual feelings regarding one's parents, aggressive feelings toward a sibling) from consciousness to the unconscious
Denial	Failing to appreciate the negative implications of an event or experience (for example, dismissing a potentially serious physical symptom as being unimportant)
Reaction Formation	Expressing outwardly the exact opposite of what one is feeling inwardly (for example, when a young boy feels affection for a young girl, but responds by making fun of her)
Displacement	Expressing a negative emotion—often anger—in a setting that is less risky than the setting one first experienced the emotion (for example, being yelled at by your boss, then coming home and taking it out on your partner)
Rationalization	Making excuses for engaging in unacceptable acts (forexample, justifying cheating on your taxes by convincingyourself that everyone does it, so it's not really cheating)
Sublimation	Expressing unacceptable impulses in a way that actually brings rewards rather than punishment (for example,unleashing pent-up aggression by playing field hockey or football)

Note: This is a partial list of ego defenses; although psychologists disagree regarding the precise number of defenses we use, most lists include 10–15 defenses altogether.

Table 2: Some Common Ego Defenses

Model	*Conception of Personality*
Topographic	Unconscious material is a primary determinant of personality
Psychosexual	Fixation at a particular psychosexual stage leads to an associated personality type
Structural	Id-ego-superego dynamics determine personality traits and defense strategies

Table 3: Conceptions of Personality within Psychodynamic Theory

Outside Resources

Institution: Institute for Psychoanalytic Training and Research (IPTAR) - A branch of the International Psychoanalytic Association, IPTAR plays an active role in supporting empirical research on psychoanalytic theory and therapy.
http://www.iptar.org/

Institution: The American Psychoanalytic Association - The American Psychoanalytic Association supports psychodynamic training and research, and sponsors a number of workshops (as well as two annual meetings) each year.
http://www.apsa.org/

Institution: The American Psychological Association Division of Psychoanalysis - Division 39 of the American Psychological Association is the "psychological home" of psychodynamic theory and research.
http://www.apadivisions.org/division-39/

Web: Library of Congress Exhibit – Freud: Conflict and Culture. This is a terrific website full of photos, original manuscripts, and links to various Freud artifacts. Toward the end of Section Three (From the Individual to Society) there is a link to Freud's 1938 BBC radio address; play it and you'll get to hear Freud's voice.
http://www.loc.gov/exhibits/freud/

Discussion Questions

1. What is psychic causality?
2. What are the main differences between the preconscious and the unconscious in Freud's topographic model?
3. What are the three key structures in the structural model of the mind—and what does each structure do?
4. Which ego defense do you think is more adaptive: reaction formation or sublimation? Why?
5. How do people raised in individualistic societies differ from those raised in more sociocentric societies with respect to their self-concept—how do they perceive and describe themselves?
6. According to object relations theory, how do early relationships with our parents and other

significant figures affect later friendships and romantic relationships?

7. Which field has the potential to benefit more from the emerging new discipline of neuropsychoanalysis: neuroscience, or psychoanalysis? Why?

Vocabulary

Ego defenses
Mental strategies, rooted in the ego, that we use to manage anxiety when we feel threatened (some examples include repression, denial, sublimation, and reaction formation).

Neuropsychoanalysis
An integrative, interdisciplinary domain of inquiry seeking to integrate psychoanalytic and neuropsychological ideas and findings to enhance both areas of inquiry (you can learn more by visiting the webpage of the International Neuropsychoanalysis Society at http://www.neuropsa.org.uk/).

Object relations theory
A modern offshoot of the psychodynamic perspective, this theory contends that personality can be understood as reflecting mental images of significant figures (especially the parents) that we form early in life in response to interactions taking place within the family; these mental images serve as templates (or "scripts") for later interpersonal relationships.

Primacy of the Unconscious
The hypothesis—supported by contemporary empirical research—that the vast majority of mental activity takes place outside conscious awareness.

Psychic causality
The assumption that nothing in mental life happens by chance—that there is no such thing as a "random" thought or feeling.

Psychosexual stage model
Probably the most controversial aspect of psychodynamic theory, the psychosexual stage model contends that early in life we progress through a sequence of developmental stages (oral, anal, Oedipal, latency, and genital), each with its own unique mode of sexual gratification.

Structural model
Developed to complement and extend the topographic model, the structural model of the mind posits the existence of three interacting mental structures called the id, ego, and superego.

Topographic model
Freud's first model of the mind, which contended that the mind could be divided into three

regions: conscious, preconscious, and unconscious. (The “topographic” comes from the fact that topography is the study of maps.)

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Chapter 13: Psychological Disorders

22
Anxiety and Related Disorders

David H. Barlow & Kristen K. Ellard

Anxiety is a natural part of life and, at normal levels, helps us to function at our best. However, for people with anxiety disorders, anxiety is overwhelming and hard to control. Anxiety disorders develop out of a blend of biological (genetic) and psychological factors that, when combined with stress, may lead to the development of ailments. Primary anxiety-related diagnoses include generalized anxiety disorder, panic disorder, specific phobia, social anxiety disorder (social phobia), post traumatic stress disorder, and obsessive-compulsive disorder. In this module, we summarize the main clinical features of each of these disorders and discuss their similarities and differences with everyday experiences of anxiety.

Learning Objectives

- Understand the relationship between anxiety and anxiety disorders.
- Identify key vulnerabilities for developing anxiety and related disorders.
- Identify main diagnostic features of specific anxiety-related disorders.
- Differentiate between disordered and non-disordered functioning.

Introduction

What is anxiety? Most of us feel some anxiety almost every day of our lives. Maybe you have an important test coming up for school. Or maybe there's that big game next Saturday, or that first date with someone new you are hoping to impress. **Anxiety** can be defined as a negative mood state that is accompanied by bodily symptoms such as increased heart rate,

muscle tension, a sense of unease, and apprehension about the future (APA, 2013; Barlow, 2002).

Anxiety is what motivates us to plan for the future, and in this sense, anxiety is actually a good thing. It's that nagging feeling that motivates us to study for that test, practice harder for that game, or be at our very best on that date. But some people experience anxiety so intensely that it is no longer helpful or useful. They may become so overwhelmed and distracted by anxiety that they actually fail their test, fumble the ball, or spend the whole date fidgeting and avoiding eye contact. If anxiety begins to interfere in the person's life in a significant way, it is considered a disorder.

While everyone may experience some level of anxiety at one time or another, those with anxiety disorders experience it consistently and so intensely that it has a significantly negative impact on their quality of life. (Photo: Zetson)

Anxiety and closely related disorders emerge from "triple vulnerabilities,"a combination of biological, psychological, and specific factors that increase our risk for developing a disorder (Barlow, 2002; Suárez, Bennett, Goldstein, & Barlow, 2009). **Biological vulnerabilities** refer to specific genetic and neurobiological factors that might predispose someone to develop anxiety disorders. No single gene directly causes anxiety or panic, but our genes may make us more susceptible to anxiety and influence how our brains react to stress (Drabant et al., 2012; Gelernter & Stein, 2009; Smoller, Block, & Young, 2009). **Psychological vulnerabilities** refer to the influences that our early experiences have on how we view the world. If we were confronted with unpredictable stressors or traumatic experiences at younger ages, we may come to view the world as unpredictable and uncontrollable, even dangerous (Chorpita & Barlow, 1998; Gunnar & Fisher, 2006). **Specific vulnerabilities** refer to how our experiences lead us to focus and channel our anxiety (Suárez et al., 2009). If we learned that physical illness is dangerous, maybe through witnessing our family's reaction whenever anyone got sick, we may focus our anxiety on physical sensations. If we learned that disapproval from others has negative, even dangerous consequences, such as being yelled at or severely punished for even the slightest offense, we might focus our anxiety on social evaluation. If we learn that the "other shoe might drop" at any moment, we may focus our anxiety on worries about the future. None of these vulnerabilities directly causes anxiety disorders on its own—instead, when all of these vulnerabilities are present, and we experience some triggering life stress, an anxiety disorder may be the result (Barlow, 2002; Suárez et al., 2009). In the next sections,

we will briefly explore each of the major anxiety based disorders, found in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (APA, 2013).

Generalized Anxiety Disorder

Most of us worry some of the time, and this worry can actually be useful in helping us to plan for the future or make sure we remember to do something important. Most of us can set aside our worries when we need to focus on other things or stop worrying altogether whenever a problem has passed. However, for someone with **generalized anxiety disorder (GAD)**, these worries become difficult, or even impossible, to turn off. They may find themselves worrying excessively about a number of different things, both minor and catastrophic. Their worries also come with a host of other symptoms such as muscle tension, fatigue, agitation or restlessness, irritability, difficulties with sleep (either falling asleep, staying asleep, or both), or difficulty concentrating.The *DSM-5* criteria specify that at least six months of excessive anxiety and worry of this type must be ongoing, happening more days than not for a good proportion of the day, to receive a diagnosis of GAD. About 5.7% of the population has met criteria for GAD at some point during their lifetime (Kessler, Berglund, et al., 2005), making it one of the most common anxiety disorders (see Table 1).

Disorder	1-Year Prevalence Rates [1]	Lifetime Prevalence Rates [2]	Prevalence by Gender	Median Age of Onset
Generalized Anxiety Disorder	3.1%	5.7%	67% female	31 yrs.
OCD	1%	1.6%	55% female	19 yrs.
Panic Disorder	2.7%	4.7%	67% female	24 yrs.
PTSD	3.5%	6.8%	52% female[3]	23 yrs.
Social Anxiety	6.8%	12.1%	50% female	13 yrs.
Specific Phobia	8.7%	12.5%	60% - 90% female [4]	7-9 yrs.

Table 1: Prevalence rates for major anxiety disorders. [1] Kessler et al. (2005), [2]Kessler, Chiu, Demler, Merikangas, & Walters (2005), [3]Kessler, Sonnega, Bromet, Hughes, & Nelson (1995), [4]Craske et al. (1996).

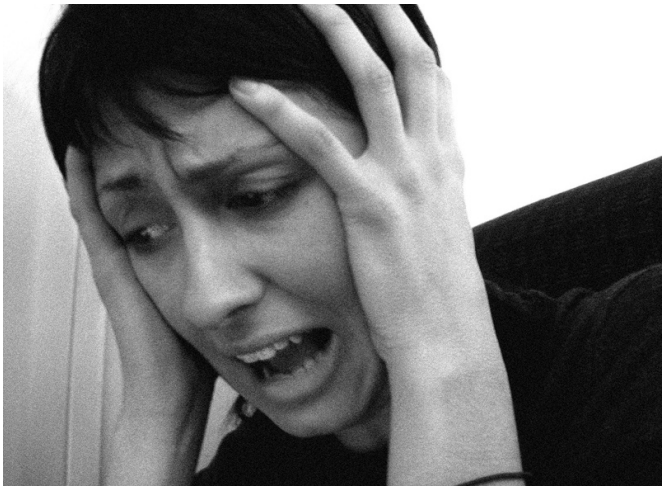
What makes a person with GAD worry more than the average person? Research shows that individuals with GAD are more sensitive and vigilant toward possible threats than people who are not anxious (Aikins & Craske, 2001; Barlow, 2002; Bradley, Mogg, White, Groom, & de Bono, 1999). This may be related to early stressful experiences, which can lead to a view of the world

as an unpredictable, uncontrollable, and even dangerous place. Some have suggested that people with GAD worry as a way to gain some control over these otherwise uncontrollable or unpredictable experiences and against uncertain outcomes (Dugas, Gagnon, Ladouceur, & Freeston, 1998). By repeatedly going through all of the possible "What if?" scenarios in their mind, the person might feel like they are less vulnerable to an unexpected outcome, giving them the sense that they have *some* control over the situation (Wells, 2002). Others have suggested people with GAD worry as a way to avoid feeling distressed (Borkovec, Alcaine, & Behar, 2004). For example, Borkovec and Hu (1990) found that those who worried when confronted with a stressful situation had less physiological arousal than those who didn't worry, maybe because the worry "distracted" them in some way.

The problem is, all of this "what if?"-ing doesn't get the person any closer to a solution or an answer and, in fact, might take them away from important things they should be paying attention to in the moment, such as finishing an important project. Many of the catastrophic outcomes people with GAD worry about are very unlikely to happen, so when the catastrophic event doesn't materialize, the act of worrying gets **reinforced** (Borkovec, Hazlett-Stevens, & Diaz, 1999). For example, if a mother spends all night worrying about whether her teenage daughter will get home safe from a night out and the daughter returns home without incident, the mother could easily attribute her daughter's safe return to her successful "vigil." What the mother hasn't learned is that her daughter would have returned home just as safe if she had been focusing on the movie she was watching with her husband, rather than being preoccupied with worries. In this way, the cycle of worry is perpetuated, and, subsequently, people with GAD often miss out on many otherwise enjoyable events in their lives.

Panic Disorder and Agoraphobia

Have you ever gotten into a near-accident or been taken by surprise in some way? You may have felt a flood of physical sensations, such as a racing heart, shortness of breath, or tingling sensations. This alarm reaction is called the "**fight or flight**" response (Cannon, 1929) and is your body's natural reaction to fear, preparing you to either fight or escape in response to threat or danger. It's likely you weren't too concerned with these sensations, because you knew what was causing them. But imagine if this alarm reaction came "out of the blue," for no apparent reason, or in a situation in which you didn't expect to be anxious or fearful. This is called an "unexpected" panic attack or a false alarm. Because there is no apparent reason or cue for the alarm reaction, you might react to the sensations with intense fear, maybe thinking you are having a heart attack, or going crazy, or even dying. You might begin to associate the physical sensations you felt during this attack with this fear and may start to go out of your way to avoid having those sensations again.



Panic disorder is a debilitating condition that leaves sufferers with acute anxiety that persists long after a specific panic attack has subsided. When this anxiety leads to deliberate avoidance of particular places and situations a person may be given a diagnosis of agoraphobia. [Photo: nate steiner]

Unexpected panic attacks such as these are at the heart of **panic disorder (PD)**. However, to receive a diagnosis of PD, the person must not only have unexpected panic attacks but also must experience continued intense anxiety and avoidance related to the attack for at least one month, causing significant distress or interference in their lives. People with panic disorder tend to interpret even normal physical sensations in a catastrophic way, which triggers more anxiety and, ironically, more physical sensations, creating a vicious cycle of panic (Clark, 1986, 1996). The person may begin to avoid a number of situations or activities that produce the same physiological arousal that was present during the beginnings of a panic attack. For example, someone who experienced a racing heart during a panic attack might avoid exercise or caffeine. Someone who experienced choking sensations might avoid wearing high-necked sweaters or necklaces. Avoidance of these **internal bodily or somatic cues** for panic has been termed **interoceptive avoidance** (Barlow & Craske, 2007; Brown, White, & Barlow, 2005; Craske & Barlow, 2008; Shear et al., 1997).

The individual may also have experienced an overwhelming urge to escape during the unexpected panic attack. This can lead to a sense that certain places or situations—particularly situations where escape might not be possible—are not "safe." These situations become **external cues** for panic. If the person begins to avoid several places or situations, or still endures these situations but does so with a significant amount of apprehension and anxiety, then the person also has **agoraphobia** (Barlow, 2002; Craske & Barlow, 1988; Craske & Barlow, 2008). Agoraphobia can cause significant disruption to a person's life, causing them to go out of their way to avoid situations, such as adding hours to a commute to avoid taking the train or only ordering take-out to avoid having to enter a grocery store. In one tragic case seen by our clinic, a woman suffering from agoraphobia had not left her apartment for 20 years and had spent the past 10 years confined to one small area of her apartment, away from the view of the outside. In some cases, agoraphobia develops in the absence of panic attacks and therefor is a separate disorder in DSM-5. But agoraphobia often accompanies panic disorder.

About 4.7% of the population has met criteria for PD or agoraphobia over their lifetime (Kessler, Chiu, Demler, Merikangas, & Walters, 2005; Kessler et al., 2006) (see Table 1). In all of these

cases of panic disorder, what was once an adaptive natural alarm reaction now becomes a learned, and much feared, false alarm.

Specific Phobia

The majority of us might have certain things we fear, such as bees, or needles, or heights (Myers et al., 1984). But what if this fear is so consuming that you can't go out on a summer's day, or get vaccines needed to go on a special trip, or visit your doctor in her new office on the 26th floor? To meet criteria for a diagnosis of specific phobia, there must be an irrational fear of a specific object or situation that substantially interferes with the person's ability to function. For example, a patient at our clinic turned down a prestigious and coveted artist residency because it required spending time near a wooded area, bound to have insects. Another patient purposely left her house two hours early each morning so she could walk past her neighbor's fenced yard before they let their dog out in the morning.

The list of possible phobias is staggering, but four major subtypes of specific phobia are recognized: blood-injury-injection (BII) type, situational type (such as planes, elevators, or enclosed places), natural environment type for events one may encounter in nature (for example, heights, storms, and water), and animal type.

Elevators can be a trigger for sufferers of claustrophobia or agoraphobia. (Image: srgpicker)

A fifth category "other" includes phobias that do not fit any of the four major subtypes (for example, fears of choking, vomiting, or contracting an illness). Most phobic reactions cause a surge of activity in the sympathetic nervous system and increased heart rate and blood pressure, maybe even a panic attack. However, people with BII type phobias usually experience a marked *drop* in heart rate and blood pressure and may even faint. In this way, those with BII phobias almost always differ in their physiological reaction from people with other types of phobia (Barlow & Liebowitz, 1995; Craske, Antony, & Barlow, 2006; Hofmann, Alpers, & Pauli, 2009; Ost, 1992). BII phobia also runs in families more strongly than any phobic disorder we know (Antony & Barlow, 2002; Page & Martin, 1998). Specific phobia is one of the most common psychological

disorders in the United States, with 12.5% of the population reporting a lifetime history of fears significant enough to be considered a "phobia" (Arrindell et al., 2003; Kessler, Berglund, et al., 2005) (see Table 1). Most people who suffer from specific phobia tend to have multiple phobias of several types (Hofmann, Lehman, & Barlow, 1997).

Social Anxiety Disorder (Social Phobia)

Many people consider themselves shy, and most people find social evaluation uncomfortable at best, or giving a speech somewhat mortifying. Yet, only a small proportion of the population fear these types of situations significantly enough to merit a diagnosis of **social anxiety disorder (SAD)** (APA, 2013). SAD is more than exaggerated shyness (Bogels et al., 2010; Schneier et al., 1996). To receive a diagnosis of SAD, the fear and anxiety associated with social situations must be so strong that the person avoids them entirely, or if avoidance is not possible, the person endures them with a great deal of distress. Further, the fear and avoidance of social situations must get in the way of the person's daily life, or seriously limit their academic or occupational functioning. For example, a patient at our clinic compromised her perfect 4.0 grade point average because she could not complete a required oral presentation in one of her classes, causing her to fail the course. Fears of negative evaluation might make someone repeatedly turn down invitations to social events or avoid having conversations with people, leading to greater and greater isolation.

The specific social situations that trigger anxiety and fear range from one-on-one interactions, such as starting or maintaining a conversation; to performance-based situations, such as giving a speech or performing on stage; to assertiveness, such as asking someone to change disruptive or undesirable behaviors. Fear of social evaluation might even extend to such things as using public restrooms, eating in a restaurant, filling out forms in a public place, or even reading on a train. Any type of situation that could potentially draw attention to the person can become a feared social situation. For example, one patient of ours went out of her way to avoid any situation in which she might have to use a public restroom for fear that someone would hear her in the bathroom stall and think she was disgusting. If the fear is limited to performance-based situations, such as public speaking, a diagnosis of **SAD performance only** is assigned.

What causes someone to fear social situations to such a large extent? The person may have learned growing up that social evaluation in particular can be dangerous, creating a specific psychological vulnerability to develop social anxiety (Bruch & Heimberg, 1994; Lieb et al., 2000; Rapee & Melville, 1997). For example, the person's caregivers may have harshly criticized and punished them for even the smallest mistake, maybe even punishing them physically.

Social trauma in childhood may have long-lasting effects. (Photo: Chesi - Photos CC)

Or, someone might have experienced a social trauma that had lasting effects, such as being bullied or humiliated. Interestingly, one group of researchers found that 92% of adults in their study sample with social phobia experienced severe teasing and bullying in childhood, compared with only 35% to 50% among people with other anxiety disorders (McCabe, Antony, Summerfeldt, Liss, & Swinson, 2003). Someone else might react so strongly to the anxiety provoked by a social situation that they have an unexpected panic attack. This panic attack then becomes associated (**conditioned response**) with the social situation, causing the person to fear they will panic the next time they are in that situation. This is not considered PD, however, because the person's fear is more focused on social evaluation than having unexpected panic attacks, and the fear of having an attack is limited to social situations. As many as 12.1% of the general population suffer from social phobia at some point in their lives (Kessler, Berglund, et al., 2005), making it one of the most common anxiety disorders, second only to specific phobia (see Table 1).

Posttraumatic Stress Disorder

With stories of war, natural disasters, and physical and sexual assault dominating the news, it is clear that trauma is a reality for many people. Many individual traumas that occur every day never even make the headlines, such as a car accident, domestic abuse, or the death of a loved one. Yet, while many people face traumatic events, not everyone who faces a trauma develops a disorder. Some, with the help of family and friends, are able to recover and continue on with their lives (Friedman, 2009). For some, however, the months and years following a trauma are filled with intrusive reminders of the event, a sense of intense fear that another traumatic event might occur, or a sense of isolation and emotional numbing. They may engage in a host of behaviors intended to protect themselves from being vulnerable or unsafe, such as constantly scanning their surroundings to look for signs of potential danger, never sitting with their back to the door, or never allowing themselves to be anywhere alone. This lasting reaction to trauma is what characterizes **posttraumatic stress disorder (PTSD)**.

A diagnosis of PTSD begins with the traumatic event itself. An individual must have been

exposed to an event that involves actual or threatened death, serious injury, or sexual violence. To receive a diagnosis of PTSD, exposure to the event must include either directly experiencing the event, witnessing the event happening to someone else, learning that the event occurred to a close relative or friend, or having repeated or extreme exposure to details of the event (such as in the case of first responders). The person subsequently re-experiences the event through both intrusive memories and nightmares. Some memories may come back so vividly that the person feels like they are experiencing the event all over again, what is known as having a **flashback**. The individual may avoid anything that reminds them of the trauma, including conversations, places, or even specific types of people. They may feel emotionally numb or restricted in their ability to feel, which may interfere in their interpersonal relationships. The person may not be able to remember certain aspects of what happened during the event. They may feel a sense of a foreshortened future, that they will never marry, have a family, or live a long, full life. They may be jumpy or easily startled, hypervigilant to their surroundings, and quick to anger. The prevalence of PTSD among the population as a whole is relatively low, with 6.8% having experienced PTSD at some point in their life (Kessler, Berglund, et al., 2005) (see Table 1). Combat and sexual assault are the most common precipitating traumas (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Whereas PTSD was previously categorized as an Anxiety Disorder, in the most recent version of the DSM (DSM-5; APA, 2013) it has been reclassified under the more specific category of Trauma- and Stressor-Related Disorders.

A person with PTSD is particularly sensitive to both internal and external cues that serve as reminders of their traumatic experience. For example, as we saw in PD, the physical sensations of arousal present during the initial trauma can become threatening in and of themselves, becoming a powerful reminder of the event. Someone might avoid watching intense or emotional movies in order to prevent the experience of emotional arousal. Avoidance of conversations, reminders, or even of the experience of emotion itself may also be an attempt to avoid triggering internal cues. External stimuli that were present during the trauma can also become strong triggers. For example, if a woman is raped by a man wearing a red t-shirt, she may develop a strong alarm reaction to the sight of red shirts, or perhaps even more indiscriminately to anything with a similar color red. A combat veteran who experienced a strong smell of gasoline during a roadside bomb attack may have an intense alarm reaction when pumping gas back at home. Individuals with a psychological vulnerability toward viewing the world as uncontrollable and unpredictable may particularly struggle with the possibility of additional future, unpredictable traumatic events, fueling their need for hypervigilance and avoidance, and perpetuating the symptoms of PTSD.

Obsessive-Compulsive Disorder

Have you ever had a strange thought pop into your mind, such as picturing the stranger next to you naked? Or maybe you walked past a crooked picture on the wall and couldn't resist straightening it. Most people have occasional strange thoughts and may even engage in some "compulsive" behaviors, especially when they are stressed (Boyer & Liénard, 2008; Fullana et al., 2009). But for most people, these thoughts are nothing more than a passing oddity, and the behaviors are done (or not done) without a second thought. For someone with **obsessive-compulsive disorder (OCD)**, however, these thoughts and compulsive behaviors don't just come and go. Instead, strange or unusual thoughts are taken to mean something much more important and real, maybe even something dangerous or frightening. The urge to engage in some behavior, such as straightening a picture, can become so intense that it is nearly impossible *not* to carry it out, or causes significant anxiety if it can't be carried out. Further, someone with OCD might become preoccupied with the possibility that the behavior wasn't carried out to completion and feel compelled to repeat the behavior again and again, maybe several times before they are "satisfied."

To receive a diagnosis of OCD, a person must experience obsessive thoughts and/or compulsions that seem irrational or nonsensical, but that keep coming into their mind. Some examples of obsessions include doubting thoughts (such as doubting a door is locked or an appliance is turned off), thoughts of contamination (such as thinking that touching almost anything might give you cancer), or aggressive thoughts or images that are unprovoked or nonsensical. Compulsions may be carried out in an attempt to neutralize some of these thoughts, providing temporary relief from the anxiety the obsessions cause, or they may be nonsensical in and of themselves. Either way, compulsions are distinct in that they must be repetitive or excessive, the person feels "driven" to carry out the behavior, and the person feels a great deal of distress if they can't engage in the behavior. Some examples of compulsive behaviors are repetitive washing (often in response to contamination obsessions), repetitive checking (locks, door handles, appliances often in response to doubting obsessions), ordering and arranging things to ensure symmetry, or doing things according to a specific ritual or sequence (such as getting dressed or ready for bed in a specific order). To meet diagnostic criteria for OCD, engaging in obsessions and/or compulsions must take up a significant amount of the person's time, at least an hour per day, and must cause significant distress or impairment in functioning. About 1.6% of the population has met criteria for OCD over the course of a lifetime (Kessler, Berglund, et al., 2005) (see Table 1). Whereas OCD was previously categorized as an Anxiety Disorder, in the most recent version of the DSM (DSM-5; APA, 2013) it has been reclassified under the more specific category of Obsessive-Compulsive and Related Disorders.

People with OCD often confuse having an intrusive thought with their potential for carrying out the thought. Whereas most people when they have a strange or frightening thought are able to let it go, a person with OCD may become "stuck" on the thought and be intensely afraid

Where does productive organization end and compulsive behavior begin? If the behavior consumes more than an hour per day and causes distress it can be considered OCD. (Photo: mt_neer man)

that they might somehow lose control and act on it. Or worse, they believe that having the thought is just as bad as doing it. This is called **thought-action fusion**. For example, one patient of ours was plagued by thoughts that she would cause harm to her young daughter. She experienced intrusive images of throwing hot coffee in her daughter's face or pushing her face underwater when she was giving her a bath. These images were so terrifying to the patient that she would no longer allow herself any physical contact with her daughter and would leave her daughter in the care of a babysitter if her husband or another family was not available to "supervise" her. In reality, the last thing she wanted to do was harm her daughter, and she had no intention or desire to act on the aggressive thoughts and images, nor does anybody with OCD act on these thoughts, but these thoughts were so horrifying to her that she made every attempt to prevent herself from the potential of carrying them out, even if it meant not being able to hold, cradle, or cuddle her daughter. These are the types of struggles people with OCD face every day.

Treatments for Anxiety and Related Disorders

Many successful treatments for anxiety and related disorders have been developed over the years. Medications (anti-anxiety drugs and antidepressants) have been found to be beneficial for disorders other than specific phobia, but relapse rates are high once medications are stopped (Heimberg et al., 1998; Hollon et al., 2005), and some classes of medications (minor tranquilizers or benzodiazepines) can be habit forming.

Exposure-based cognitive behavioral therapies (CBT) are effective psychosocial treatments for anxiety disorders, and many show greater treatment effects than medication in the long term (Barlow, Allen, & Basden, 2007; Barlow, Gorman, Shear, & Woods, 2000). In CBT, patients are taught skills to help identify and change problematic thought processes, beliefs, and behaviors that tend to worsen symptoms of anxiety, and practice applying these skills to real-life situations through exposure exercises. Patients learn how the automatic "appraisals" or

Exposure-based CBT aims to help patients recognize and change problematic thoughts and behaviors in real-life situations. A person with a fear of elevators would be encouraged to practice exposure exercises that might involve approaching or riding elevators to attempt to overcome their anxiety. [Photo: tatejohnson]

thoughts they have about a situation affect both how they feel and how they behave. Similarly, patients learn how engaging in certain behaviors, such as avoiding situations, tends to strengthen the belief that the situation is something to be feared. A key aspect of CBT is exposure exercises, in which the patient learns to gradually approach situations they find fearful or distressing, in order to challenge their beliefs and learn new, less fearful associations about these situations.

Typically 50% to 80% of patients receiving drugs or CBT will show a good initial response, with the effect of CBT more durable. Newer developments in the treatment of anxiety disorders are focusing on novel interventions, such as the use of certain medications to enhance learning during CBT (Otto et al., 2010), and transdiagnostic treatments targeting core, underlying vulnerabilities (Barlow et al., 2011). As we advance our understanding of anxiety and related disorders, so too will our treatments advance, with the hopes that for the many people suffering from these disorders, anxiety can once again become something useful and adaptive, rather than something debilitating.

Outside Resources

American Psychological Association (APA)
http://www.apa.org/topics/anxiety/index.aspx

National Institutes of Mental Health (NIMH)
http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Web: Anxiety and Depression Association of America (ADAA)
http://www.adaa.org/

Web: Center for Anxiety and Related Disorders (CARD)
http://www.bu.edu/card/

Discussion Questions

1. Name and describe the three main vulnerabilities contributing to the development of anxiety and related disorders. Do you think these disorders could develop out of biological factors alone? Could these disorders develop out of learning experiences alone?
2. Many of the symptoms in anxiety and related disorders overlap with experiences most people have. What features differentiate someone with a disorder versus someone without?
3. What is an "alarm reaction?" If someone experiences an alarm reaction when they are about to give a speech in front of a room full of people, would you consider this a "true alarm" or a "false alarm?"
4. Many people are shy. What differentiates someone who is shy from someone with social anxiety disorder? Do you think shyness should be considered an anxiety disorder?
5. Is anxiety ever helpful? What about worry?

Vocabulary

Agoraphobia
A sort of anxiety disorder distinguished by feelings that a place is uncomfortable or may be unsafe because it is significantly open or crowded.

Anxiety
A mood state characterized by negative affect, muscle tension, and physical arousal in which a person apprehensively anticipates future danger or misfortune.

Biological vulnerability
A specific genetic and neurobiological factor that might predispose someone to develop anxiety disorders.

Conditioned response
A learned reaction following classical conditioning, or the process by which an event that automatically elicits a response is repeatedly paired with another neutral stimulus (conditioned stimulus), resulting in the ability of the neutral stimulus to elicit the same response on its own.

External cues
Stimuli in the outside world that serve as triggers for anxiety or as reminders of past traumatic events.

Fight or flight response
A biological reaction to alarming stressors that prepares the body to resist or escape a threat.

Flashback
Sudden, intense re-experiencing of a previous event, usually trauma-related.

Generalized anxiety disorder (GAD)
Excessive worry about everyday things that is at a level that is out of proportion to the specific causes of worry.

Internal bodily or somatic cues
Physical sensations that serve as triggers for anxiety or as reminders of past traumatic events.

Interoceptive avoidance

Avoidance of situations or activities that produce sensations of physical arousal similar to those occurring during a panic attack or intense fear response.

Obsessive-compulsive disorder (OCD)
A disorder characterized by the desire to engage in certain behaviors excessively or compulsively in hopes of reducing anxiety. Behaviors include things such as cleaning, repeatedly opening and closing doors, hoarding, and obsessing over certain thoughts.

Panic disorder (PD)
A condition marked by regular strong panic attacks, and which may include significant levels of worry about future attacks.

Posttraumatic stress disorder (PTSD)
A sense of intense fear, triggered by memories of a past traumatic event, that another traumatic event might occur. PTSD may include feelings of isolation and emotional numbing.

Psychological vulnerabilities
Influences that our early experiences have on how we view the world.

Reinforced response
Following the process of operant conditioning, the strengthening of a response following either the delivery of a desired consequence (positive reinforcement) or escape from an aversive consequence.

SAD performance only
Social anxiety disorder which is limited to certain situations that the sufferer perceives as requiring some type of performance.

Social anxiety disorder (SAD)
A condition marked by acute fear of social situations which lead to worry and diminished day to day functioning.

Specific vulnerabilities
How our experiences lead us to focus and channel our anxiety.

Thought-action fusion
The tendency to overestimate the relationship between a thought and an action, such that one mistakenly believes a “bad” thought is the equivalent of a “bad” action.

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23
Mood Disorders

Anda Gershon & Renee Thompson

Everyone feels down or euphoric from time to time, but this is different from having a mood disorder such as major depressive disorder or bipolar disorder. Mood disorders are extended periods of depressed, euphoric, or irritable moods that in combination with other symptoms cause the person significant distress and interfere with his or her daily life, often resulting in social and occupational difficulties. In this module, we describe major mood disorders, including their symptom presentations, general prevalence rates, and how and why the rates of these disorders tend to vary by age, gender, and race. In addition, biological and environmental risk factors that have been implicated in the development and course of mood disorders, such as heritability and stressful life events, are reviewed. Finally, we provide an overview of treatments for mood disorders, covering treatments with demonstrated effectiveness, as well as new treatment options showing promise.

Learning Objectives

- Describe the diagnostic criteria for mood disorders.
- Understand age, gender, and ethnic differences in prevalence rates of mood disorders.
- Identify common risk factors for mood disorders.
- Know effective treatments of mood disorders.

The actress Brooke Shields published a memoir titled Down Came the Rain: My Journey through Postpartum Depression in which she described her struggles with depression following the birth of her daughter. Despite the fact that about one in 20 women experience

depression after the birth of a baby (American Psychiatric Association [APA], 2013), postpartum depression—recently renamed "perinatal depression"—continues to be veiled by stigma, owing in part to a widely held expectation that motherhood should be a time of great joy. In an opinion piece in the *New York Times*, Shields revealed that entering motherhood was a profoundly overwhelming experience for her. She vividly describes experiencing a sense of "doom" and "dread" in response to her newborn baby. Because motherhood is conventionally thought of as a joyous event and not associated with sadness and hopelessness, responding to a newborn baby in this way can be shocking to the new mother as well as those close to her. It may also involve a great deal of shame for the mother, making her reluctant to divulge her experience to others, including her doctors and family.

Perinatal depression following child birth afflicts about 5% of all mothers. An unfortunate social stigma regarding this form of depression compounds the problem for the women who suffer its effects. [Photo: Quinn Dombrowski]

Feelings of shame are not unique to perinatal depression. Stigma applies to other types of depressive and bipolar disorders and contributes to people not always receiving the necessary support and treatment for these disorders. In fact, the World Health Organization ranks both major depressive disorder (MDD) and bipolar disorder (BD) among the top 10 leading causes of disability worldwide. Further, MDD and BD carry a high risk of suicide. It is estimated that 25%–50% of people diagnosed with BD will attempt suicide at least once in their lifetimes (Goodwin & Jamison, 2007).

What Are Mood Disorders?

Mood Episodes

Everyone experiences brief periods of sadness, irritability, or euphoria. This is different than having a mood disorder, such as MDD or BD, which are characterized by a constellation of symptoms that causes people significant distress or impairs their everyday functioning.

Major Depressive EpisodeA major depressive episode (MDE) refers to symptoms that co-occur for at least two weeks and cause significant distress or impairment in functioning, such as interfering with work, school, or relationships. Core symptoms include feeling down or

depressed or experiencing **anhedonia**—loss of interest or pleasure in things that one typically enjoys. According to the fifth edition of the *Diagnostic and Statistical Manual* (*DSM-5;* APA, 2013), the criteria for an MDE require five or more of the following nine symptoms, including one or both of the first two symptoms, for most of the day, nearly every day:

1. depressed mood
2. diminished interest or pleasure in almost all activities
3. significant weight loss or gain or an increase or decrease in appetite
4. insomnia or **hypersomnia**
5. **psychomotor agitation** or **retardation**
6. fatigue or loss of energy
7. feeling worthless or excessive or inappropriate guilt
8. diminished ability to concentrate or indecisiveness
9. recurrent thoughts of death, **suicidal ideation**, or a suicide attempt

These symptoms cannot be caused by physiological effects of a substance or a general medical condition (e.g., hypothyroidism).

Manic or Hypomanic EpisodeThe core criterion for a manic or hypomanic episode is a distinct period of abnormally and persistently euphoric, expansive, or irritable mood and persistently increased goal-directed activity or energy. The mood disturbance must be present for one week or longer in mania (unless hospitalization is required) or four days or longer in hypomania. Concurrently, at least three of the following symptoms must be present in the context of euphoric mood (or at least four in the context of irritable mood):

1. inflated self-esteem or **grandiosity**
2. increased goal-directed activity or psychomotor agitation
3. reduced need for sleep
4. racing thoughts or flight of ideas
5. distractibility
6. increased talkativeness
7. excessive involvement in risky behaviors

Manic episodes are distinguished from hypomanic episodes by their duration and associated

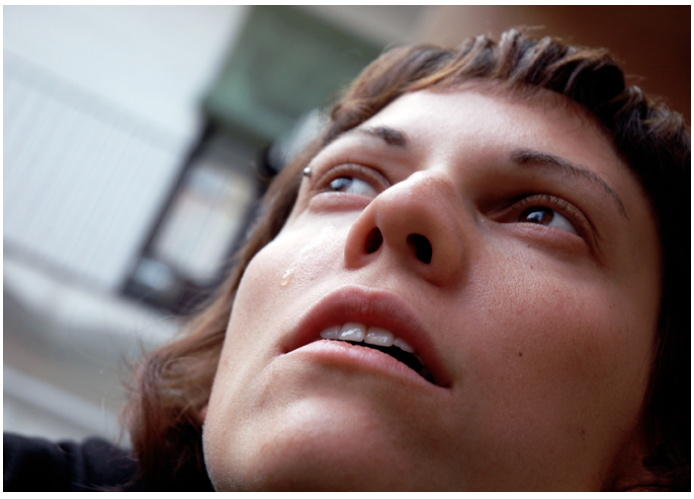
impairment; whereas manic episodes must last one week and are defined by a significant impairment in functioning, hypomanic episodes are shorter and not necessarily accompanied by impairment in functioning.

Mood Disorders

Unipolar Mood DisordersTwo major types of unipolar disorders described by the *DSM-5* (APA, 2013) are major depressive disorder and persistent depressive disorder (PDD; dysthymia). MDD is defined by one or more MDEs, but no history of manic or hypomanic episodes. Criteria for PDD are feeling depressed most of the day for more days than not, for at least two years. At least two of the following symptoms are also required to meet criteria for PDD:

1. poor appetite or overeating
2. insomnia or hypersomnia
3. low energy or fatigue
4. low self-esteem
5. poor concentration or difficulty making decisions
6. feelings of hopelessness

Like MDD, these symptoms need to cause significant distress or impairment and cannot be due to the effects of a substance or a general medical condition. To meet criteria for PDD, a person cannot be without symptoms for more than two months at a time. PDD has overlapping symptoms with MDD. If someone meets criteria for an MDE during a PDD episode, the person will receive diagnoses of PDD and MDD.



Bipolar disorders are characterized by cycles of high energy and depression. [Photo: arghon]

Bipolar Mood DisordersThree major types of BDs are described by the *DSM-5* (APA, 2013). Bipolar I Disorder (BD I), which was previously known as manic-depression, is characterized by a single (or recurrent) manic episode. A depressive episode is not necessary but commonly present for the diagnosis of BD I. Bipolar II Disorder is characterized by single (or recurrent)

hypomanic episodes and depressive episodes. Another type of BD is cyclothymic disorder, characterized by numerous and alternating periods of hypomania and depression, lasting at least two years. To qualify for cyclothymic disorder, the periods of depression cannot meet full diagnostic criteria for an MDE; the person must experience symptoms at least half the time with no more than two consecutive symptom-free months; and the symptoms must cause significant distress or impairment.

It is important to note that the *DSM-5* was published in 2013, and findings based on the updated manual will be forthcoming. Consequently, the research presented below was largely based on a similar, but not identical, conceptualization of mood disorders drawn from the *DSM-IV* (APA, 2000).

Box 1. Specifiers

Both MDEs and manic episodes can be further described using standardized tags based on the timing of, or other symptoms that are occurring during, the mood episode, to increase diagnostic specificity and inform treatment. Psychotic features is specified when the episodes are accompanied by delusions (rigidly held beliefs that are false) or hallucinations (perceptual disturbances that are not based in reality). Seasonal pattern is specified when a mood episode occurs at the same time of the year for two consecutive years—most commonly occurring in the fall and winter. Peripartum onset is specified when a mood episode has an onset during pregnancy or within four weeks of the birth of a child. Approximately 3%–6% of women who have a child experience an MDE with peripartum onset (APA, 2013). This is less frequent and different from the baby blues or when women feel transient mood symptoms usually within 10 days of giving birth, which are experienced by most women (Nolen-Hoeksema & Hilt, 2009).

How Common Are Mood Disorders? Who Develops Mood Disorders?

Depressive Disorders

In a nationally representative sample, lifetime prevalence rate for MDD is 16.6% (Kessler, Berglund, Demler, Jin, Merikangas, & Walters, 2005). This means that nearly one in five Americans will meet the criteria for MDD during their lifetime. The 12-month prevalence—the proportion of people who meet criteria for a disorder during a 12-month period—for PDD is approximately 0.5% (APA, 2013).

Although the onset of MDD can occur at any time throughout the lifespan, the average age of onset is mid-20s, with the age of onset decreasing with people born more recently (APA, 2000). Prevalence of MDD among older adults is much lower than it is for younger cohorts (Kessler, Birnbaum, Bromet, Hwang, Sampson, & Shahly, 2010). The duration of MDEs varies widely. Recovery begins within three months for 40% of people with MDD and within 12 months for 80% (APA, 2013). MDD tends to be a recurrent disorder with about 40%–50% of those who experience one MDE experiencing a second MDE (Monroe & Harkness, 2011). An

earlier age of onset predicts a worse course. About 5%–10% of people who experience an MDE will later experience a manic episode (APA, 2000), thus no longer meeting criteria for MDD but instead meeting them for BD I. Diagnoses of other disorders across the lifetime are common for people with MDD: 59% experience an anxiety disorder; 32% experience an impulse control disorder, and 24% experience a substance use disorder (Kessler, Merikangas, & Wang, 2007).

Women experience two to three times higher rates of MDD than do men (Nolen-Hoeksema & Hilt, 2009). This gender difference emerges during puberty (Conley & Rudolph, 2009). Before puberty, boys exhibit similar or higher prevalence rates of MDD than do girls (Twenge & Nolen-Hoeksema, 2002). MDD is inversely correlated with **socioeconomic status** (SES), a person's economic and social position based on income, education, and occupation. Higher prevalence rates of MDD are associated with lower SES (Lorant, Deliege, Eaton, Robert, Philippot, & Ansseau, 2003), particularly for adults over 65 years old (Kessler et al., 2010). Independent of SES, results from a nationally representative sample found that European Americans had a higher prevalence rate of MDD than did African Americans and Hispanic Americans, whose rates were similar (Breslau, Aguilar-Gaxiola, Kendler, Su, Williams, & Kessler, 2006). The course of MDD for African Americans is often more severe and less often treated than it is for European Americans, however (Williams et al., 2007). Native Americans have a higher prevalence rate than do European Americans, African Americans, or Hispanic Americans (Hasin, Goodwin, Stinson & Grant, 2005). Depression is not limited to industrialized or western cultures; it is found in all countries that have been examined, although the symptom presentation as well as prevalence rates vary across cultures (Chentsova-Dutton & Tsai, 2009).

Adolescents experience a higher incidence of bipolar spectrum disorders than do adults. Making matters worse, those who are diagnosed with BD at a younger age seem to suffer symptoms more intensely than those with adult onset.

Bipolar Disorders

The lifetime prevalence rate of bipolar spectrum disorders in the general U.S. population is estimated at approximately 4.4%, with BD I constituting about 1% of this rate (Merikangas et al., 2007). Prevalence estimates, however, are highly dependent on the diagnostic

procedures used (e.g., interviews vs. self-report) and whether or not sub-threshold forms of the disorder are included in the estimate. BD often co-occurs with other psychiatric disorders. Approximately 65% of people with BD meet diagnostic criteria for at least one additional psychiatric disorder, most commonly anxiety disorders and substance use disorders (McElroy et al., 2001). The co-occurrence of BD with other psychiatric disorders is associated with poorer illness course, including higher rates of suicidality (Leverich et al., 2003). A recent cross-national study sample of more than 60,000 adults from 11 countries, estimated the worldwide prevalence of BD at 2.4%, with BD I constituting 0.6% of this rate (Merikangas et al., 2011). In this study, the prevalence of BD varied somewhat by country. Whereas the United States had the highest lifetime prevalence (4.4%), India had the lowest (0.1%). Variation in prevalence rates was not necessarily related to SES, as in the case of Japan, a high-income country with a very low prevalence rate of BD (0.7%).

With regard to ethnicity, data from studies not confounded by SES or inaccuracies in diagnosis are limited, but available reports suggest rates of BD among European Americans are similar to those found among African Americans (Blazer et al., 1985) and Hispanic Americans (Breslau, Kendler, Su, Gaxiola-Aguilar, & Kessler, 2005). Another large community-based study found that although prevalence rates of mood disorders were similar across ethnic groups, Hispanic Americans and African Americans with a mood disorder were more likely to remain persistently ill than European Americans (Breslau et al., 2005). Compared with European Americans with BD, African Americans tend to be underdiagnosed for BD (and over-diagnosed for schizophrenia) (Kilbourne, Haas, Mulsant, Bauer, & Pincus, 2004; Minsky, Vega, Miskimen, Gara, & Escobar, 2003), and Hispanic Americans with BD have been shown to receive fewer psychiatric medication prescriptions and specialty treatment visits (Gonzalez et al., 2007). Misdiagnosis of BD can result in the underutilization of treatment or the utilization of inappropriate treatment, and thus profoundly impact the course of illness.

As with MDD, adolescence is known to be a significant risk period for BD; mood symptoms start by adolescence in roughly half of BD cases (Leverich et al., 2007; Perlis et al., 2004). Longitudinal studies show that those diagnosed with BD prior to adulthood experience a more pernicious course of illness relative to those with adult onset, including more episode recurrence, higher rates of suicidality, and profound social, occupational, and economic repercussions (e.g., Lewinsohn, Seeley, Buckley, & Klein, 2002). The prevalence of BD is substantially lower in older adults compared with younger adults (1% vs. 4%) (Merikangas et al., 2007).

What Are Some of the Factors Implicated in the Development and Course of Mood Disorders?

Mood disorders are complex disorders resulting from multiple factors. Causal explanations can be attempted at various levels, including biological and psychosocial levels. Below are several of the key factors that contribute to onset and course of mood disorders are highlighted.

Depressive Disorders

Romantic relationships can affect mood as in the case of divorce or the death of a spouse. [Photo: johnm2205]

Research across family and twin studies has provided support that genetic factors are implicated in the development of MDD. Twin studies suggest that familial influence on MDD is mostly due to genetic effects and that individual-specific environmental effects (e.g., romantic relationships) play an important role, too. By contrast, the contribution of shared environmental effect by siblings is negligible (Sullivan, Neale & Kendler, 2000). The mode of inheritance is not fully understood although no single genetic variation has been found to increase the risk of MDD significantly. Instead, several genetic variants and environmental factors most likely contribute to the risk for MDD (Lohoff, 2010).

One environmental stressor that has received much support in relation to MDD is stressful life events. In particular, severe stressful life events—those that have long-term consequences and involve loss of a significant relationship (e.g., divorce) or economic stability (e.g., unemployment) are strongly related to depression (Brown & Harris, 1989; Monroe et al., 2009). Stressful life events are more likely to predict the first MDE than subsequent episodes (Lewinsohn, Allen, Seeley, & Gotlib, 1999). In contrast, minor events may play a larger role in subsequent episodes than the initial episodes (Monroe & Harkness, 2005).

Depression research has not been limited to examining reactivity to stressful life events. Much research, particularly brain imagining research using functional magnetic resonance imaging (fMRI), has centered on examining neural circuitry—the interconnections that allow multiple brain regions to perceive, generate, and encode information in concert. A meta-analysis of neuroimaging studies showed that when viewing negative stimuli (e.g., picture of an angry

face, picture of a car accident), compared with healthy control participants, participants with MDD have greater activation in brain regions involved in stress response and reduced activation of brain regions involved in positively motivated behaviors (Hamilton, Etkin, Furman, Lemus, Johnson, & Gotlib, 2012).

Other environmental factors related to increased risk for MDD include experiencing **early adversity** (e.g., childhood abuse or neglect; Widom, DuMont, & Czaja, 2007), **chronic stress** (e.g., poverty) and interpersonal factors. For example, marital dissatisfaction predicts increases in depressive symptoms in both men and women. On the other hand, depressive symptoms also predict increases in marital dissatisfaction (Whisman & Uebelacker, 2009). Research has found that people with MDD generate some of their interpersonal stress (Hammen, 2005). People with MDD whose relatives or spouses can be described as critical and emotionally overinvolved have higher relapse rates than do those living with people who are less critical and emotionally overinvolved (Butzlaff & Hooley, 1998).

People's **attributional styles** or their general ways of thinking, interpreting, and recalling information have also been examined in the etiology of MDD (Gotlib & Joormann, 2010). People with a pessimistic attributional style tend to make internal (versus external), global (versus specific), and stable (versus unstable) attributions to negative events, serving as a vulnerability to developing MDD. For example, someone who when he fails an exam thinks that it was his fault (internal), that he is stupid (global), and that he will always do poorly (stable) has a pessimistic attribution style. Several influential theories of depression incorporate attributional styles (Abramson, Metalsky, & Alloy, 1989; Abramson Seligman, & Teasdale, 1978).

Bipolar Disorders

Although there have been important advances in research on the etiology, course, and treatment of BD, there remains a need to understand the mechanisms that contribute to episode onset and relapse. There is compelling evidence for biological causes of BD, which is known to be highly heritable (McGuffin, Rijsdijk, Andrew, Sham, Katz, & Cardno, 2003). It may be argued that a high rate of heritability demonstrates that BD is fundamentally a biological phenomenon. However, there is much variability in the course of BD both within a person across time and across people (Johnson, 2005). The triggers that determine how and when this genetic vulnerability is expressed are not yet understood; however, there is evidence to suggest that psychosocial triggers may play an important role in BD risk (e.g., Johnson et al., 2008; Malkoff-Schwartz et al., 1998).

In addition to the genetic contribution, biological explanations of BD have also focused on

brain function. Many of the studies using fMRI techniques to characterize BD have focused on the processing of emotional stimuli based on the idea that BD is fundamentally a disorder of emotion (APA, 2000). Findings show that regions of the brain thought to be involved in emotional processing and regulation are activated differently in people with BD relative to healthy controls (e.g., Altshuler et al., 2008; Hassel et al., 2008; Lennox, Jacob, Calder, Lupson, & Bullmore, 2004).

However, there is little consensus as to whether a particular brain region becomes more or less active in response to an emotional stimulus among people with BD compared with healthy controls. Mixed findings are in part due to samples consisting of participants who are at various phases of illness at the time of testing (manic, depressed, inter-episode). Sample sizes tend to be relatively small, making comparisons between subgroups difficult. Additionally, the use of a standardized stimulus (e.g., facial expression of anger) may not elicit a sufficiently strong response. Personally engaging stimuli, such as recalling a memory, may be more effective in inducing strong emotions (Isacowitz, Gershon, Allard, & Johnson, 2013).

Within the psychosocial level, research has focused on the environmental contributors to BD. A series of studies show that environmental stressors, particularly severe stressors (e.g., loss of a significant relationship), can adversely impact the course of BD. People with BD have substantially increased risk of relapse (Ellicott, Hammen, Gitlin, Brown, & Jamison, 1990) and suffer more depressive symptoms (Johnson, Winett, Meyer, Greenhouse, & Miller, 1999) following a severe life stressor. Interestingly, positive life events can also adversely impact the course of BD. People with BD suffer more manic symptoms after life events involving attainment of a desired goal (Johnson et al., 2008). Such findings suggest that people with BD may have a hypersensitivity to rewards.

Evidence from the life stress literature has also suggested that people with mood disorders may have a circadian vulnerability that renders them sensitive to stressors that disrupt their sleep or rhythms. According to **social zeitgeber** theory (Ehlers, Frank, & Kupfer, 1988; Frank et al., 1994), stressors that disrupt sleep, or that disrupt the daily routines that entrain the biological clock (e.g., meal times) can trigger episode relapse. Consistent with this theory, studies have shown that life events that involve a disruption in sleep and daily routines, such as overnight travel, can increase bipolar symptoms in people with BD (Malkoff-Schwartz et al., 1998).

What Are Some of the Well-Supported Treatments for Mood Disorders?

Depressive Disorders

A number of medications are effective in treating mood disorders. Meditation, exercise, counseling and other therapies also show effectiveness for some disorders. [Photo: TheRogue]

There are many treatment options available for people with MDD. First, a number of antidepressant medications are available, all of which target one or more of the neurotransmitters implicated in depression.The earliest antidepressant medications were monoamine oxidase inhibitors (MAOIs). MAOIs inhibit monoamine oxidase, an enzyme involved in deactivating dopamine, norepinephrine, and serotonin. Although effective in treating depression, MAOIs can have serious side effects. Patients taking MAOIs may develop dangerously high blood pressure if they take certain drugs (e.g., antihistamines) or eat foods containing tyramine, an amino acid commonly found in foods such as aged cheeses, wine, and soy sauce. Tricyclics, the second-oldest class of antidepressant medications, block the reabsorption of norepinephrine, serotonin, or dopamine at synapses, resulting in their increased availability. Tricyclics are most effective for treating vegetative and somatic symptoms of depression. Like MAOIs, they have serious side effects, the most concerning of which is being cardiotoxic. Selective serotonin reuptake inhibitors (SSRIs; e.g., Fluoxetine) and serotonin and norepinephrine reuptake inhibitors (SNRIs; e.g., Duloxetine) are the most recently introduced antidepressant medications. SSRIs, the most commonly prescribed antidepressant medication, block the reabsorption of serotonin, whereas SNRIs block the reabsorption of serotonin and norepinephrine. SSRIs and SNRIs have fewer serious side effects than do MAOIs and tricyclics. In particular, they are less cardiotoxic, less lethal in overdose, and produce fewer cognitive impairments. They are not, however, without their own side effects, which include but are not limited to difficulty having orgasms, gastrointestinal issues, and insomnia.

Other biological treatments for people with depression include electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and deep brain stimulation. ECT involves inducing a seizure after a patient takes muscle relaxants and is under general anesthesia. ECT is viable treatment for patients with severe depression or who show resistance to antidepressants although the mechanisms through which it works remain unknown. A common side effect is confusion and memory loss, usually short-term (Schulze-

Rauschenbach, Harms, Schlaepfer, Maier, Falkai, & Wagner, 2005). Repetitive TMS is a noninvasive technique administered while a patient is awake. Brief pulsating magnetic fields are delivered to the cortex, inducing electrical activity. TMS has fewer side effects than ECT (Schulze-Rauschenbach et al., 2005), and while outcome studies are mixed, there is evidence that TMS is a promising treatment for patients with MDD who have shown resistance to other treatments (Rosa et al., 2006). Most recently, deep brain stimulation is being examined as a treatment option for patients who did not respond to more traditional treatments like those already described. Deep brain stimulation involves implanting an electrode in the brain. The electrode is connected to an implanted neurostimulator, which electrically stimulates that particular brain region. Although there is some evidence of its effectiveness (Mayberg et al., 2005), additional research is needed.

Several psychosocial treatments have received strong empirical support, meaning that independent investigations have achieved similarly positive results—a high threshold for examining treatment outcomes. These treatments include but are not limited to behavior therapy, cognitive therapy, and interpersonal therapy. Behavior therapies focus on increasing the frequency and quality of experiences that are pleasant or help the patient achieve mastery. Cognitive therapies primarily focus on helping patients identify and change distorted automatic thoughts and assumptions (e.g., Beck, 1967). Cognitive-behavioral therapies are based on the rationale that thoughts, behaviors, and emotions affect and are affected by each other. Interpersonal Therapy for Depression focuses largely on improving interpersonal relationships by targeting problem areas, specifically unresolved grief, interpersonal role disputes, role transitions, and interpersonal deficits. Finally, there is also some support for the effectiveness of Short-Term Psychodynamic Therapy for Depression (Leichsenring, 2001). The short-term treatment focuses on a limited number of important issues, and the therapist tends to be more actively involved than in more traditional psychodynamic therapy.

Bipolar Disorders

Patients with BD are typically treated with pharmacotherapy. Antidepressants such as SSRIs and SNRIs are the primary choice of treatment for depression, whereas for BD, lithium is the first line treatment choice. This is because SSRIs and SNRIs have the potential to induce mania or hypomania in patients with BD. Lithium acts on several neurotransmitter systems in the brain through complex mechanisms, including reduction of excitatory (dopamine and glutamate) neurotransmission, and increasing of inhibitory (GABA) neurotransmission (Lenox & Hahn, 2000). Lithium has strong efficacy for the treatment of BD (Geddes, Burgess, Hawton, Jamison, & Goodwin, 2004). However, a number of side effects can make lithium treatment difficult for patients to tolerate. Side effects include impaired cognitive function (Wingo, Wingo,

Harvey, & Baldessarini, 2009), as well as physical symptoms such as nausea, tremor, weight gain, and fatigue (Dunner, 2000). Some of these side effects can improve with continued use; however, medication noncompliance remains an ongoing concern in the treatment of patients with BD. Anticonvulsant medications (e.g., carbamazepine, valproate) are also commonly used to treat patients with BD, either alone or in conjunction with lithium.

There are several adjunctive treatment options for people with BD. Interpersonal and social rhythm therapy (IPSRT; Frank et al., 1994) is a psychosocial intervention focused on addressing the mechanism of action posited in social *zeitgeber* theory to predispose patients who have BD to relapse, namely sleep disruption. A growing body of literature provides support for the central role of sleep dysregulation in BD (Harvey, 2008). Consistent with this literature, IPSRT aims to increase rhythmicity of patients' lives and encourage vigilance in maintaining a stable rhythm. The therapist and patient work to develop and maintain a healthy balance of activity and stimulation such that the patient does not become overly active (e.g., by taking on too many projects) or inactive (e.g., by avoiding social contact). The efficacy of IPSRT has been demonstrated in that patients who received this treatment show reduced risk of episode recurrence and are more likely to remain well (Frank et al., 2005).

Conclusion

Everyone feels down or euphoric from time to time. For some people, these feelings can last for long periods of time and can also co-occur with other symptoms that, in combination, interfere with their everyday lives. When people experience an MDE or a manic episode, they see the world differently. During an MDE, people often feel hopeless about the future, and may even experience suicidal thoughts. During a manic episode, people often behave in ways that are risky or place them in danger. They may spend money excessively or have unprotected sex, often expressing deep shame over these decisions after the episode. MDD and BD cause significant problems for people at school, at work, and in their relationships and affect people regardless of gender, age, nationality, race, religion, or sexual orientation. If you or someone you know is suffering from a mood disorder, it is important to seek help. Effective treatments are available and continually improving. If you have an interest in mood disorders, there are many ways to contribute to their understanding, prevention, and treatment, whether by engaging in research or clinical work.

Outside Resources

Books: Recommended memoirs include A Memoir of Madness by William Styron (MDD); Noonday Demon: An Atlas of Depression by Andrew Solomon (MDD); and An Unquiet Mind: A Memoir of Moods and Madness by Kay Redfield (BD).

Web: Visit the Association for Behavioral and Cognitive Therapies to find a list of the recommended therapists and evidence-based treatments.
http://www.abct.org

Web: Visit the Depression and Bipolar Support Alliance for educational information and social support options.
http://www.dbsalliance.org/

Discussion Questions

1. What factors might explain the large gender difference in the prevalence rates of MDD?
2. Why might American ethnic minority groups experience more persistent BD than European Americans?
3. Why might the age of onset for MDD be decreasing over time?
4. Why might overnight travel constitute a potential risk for a person with BD?
5. What are some reasons positive life events may precede the occurrence of manic episode?

Vocabulary

Anhedonia
Loss of interest or pleasure in activities one previously found enjoyable or rewarding.

Attributional style
The tendency by which a person infers the cause or meaning of behaviors or events.

Chronic stress
Discrete or related problematic events and conditions which persist over time and result in prolonged activation of the biological and/or psychological stress response (e.g., unemployment, ongoing health difficulties, marital discord).

Early adversity
Single or multiple acute or chronic stressful events, which may be biological or psychological in nature (e.g., poverty, abuse, childhood illness or injury), occurring during childhood and resulting in a biological and/or psychological stress response.

Grandiosity
Inflated self-esteem or an exaggerated sense of self-importance and self-worth (e.g., believing one has special powers or superior abilities).

Hypersomnia
Excessive daytime sleepiness, including difficulty staying awake or napping, or prolonged sleep episodes.

Psychomotor agitation
Increased motor activity associated with restlessness, including physical actions (e.g., fidgeting, pacing, feet tapping, handwringing).

Psychomotor retardation
A slowing of physical activities in which routine activities (e.g., eating, brushing teeth) are performed in an unusually slow manner.

Social zeitgeber
Zeitgeber is German for "time giver." Social zeitgebers are environmental cues, such as meal times and interactions with other people, that entrain biological rhythms and thus sleep-wake cycle regularity.

Socioeconomic status (SES)
A person's economic and social position based on income, education, and occupation.

Suicidal ideation
Recurring thoughts about suicide, including considering or planning for suicide, or preoccupation with suicide.

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24
Dissociative Disorders

Dalena van Heugten - van der Kloet

In psychopathology, dissociation happens when thoughts, feelings, and experiences of our consciousness and memory do not collaborate well with each other. This module provides an overview of dissociative disorders, including the definitions of dissociation, its origins and competing theories, and their relation to traumatic experiences and sleep problems.

Learning Objectives

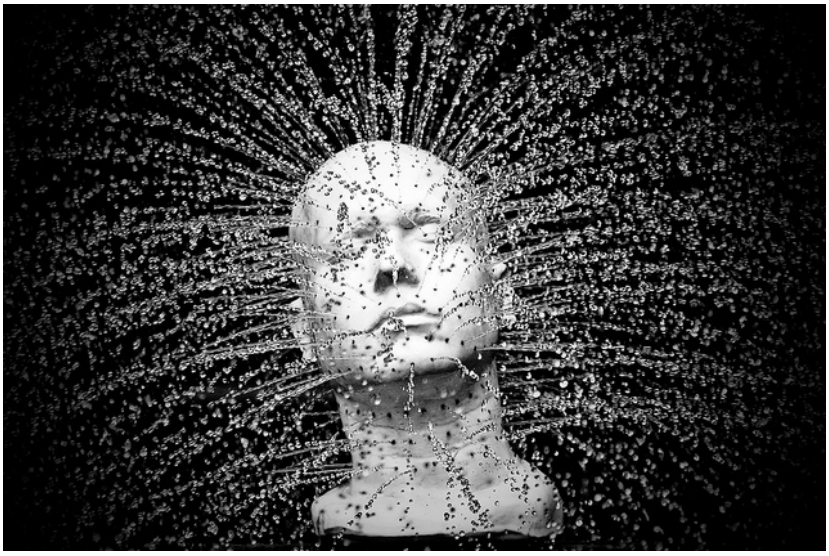
- Define the basic terminology and historical origins of dissociative symptoms and dissociative disorders.
- Describe the posttraumatic model of dissociation and the sleep-dissociation model, and the controversies and debate between these competing theories.
- What is the innovative angle of the sleep-dissociation model?
- How can the two models be combined into one conceptual scheme?

Introduction

Think about the last time you were daydreaming. Perhaps it was while you were driving or attending class. Some portion of your attention was on the activity at hand, but most of your conscious mind was wrapped up in fantasy. Now imagine that you could not control your daydreams. What if they intruded your waking **consciousness** unannounced, causing you to lose track of reality or experience the loss of time. Imagine how difficult it would be for you. This is similar to what people who suffer from dissociative disorders may experience. Of the

many disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) (American Psychiatric Association, 2013), dissociative disorders rank as among the most puzzling and controversial. Dissociative disorders encompass an array of symptoms ranging from memory loss (**amnesia**) for autobiographical events, to changes in identity and the experience of everyday reality (American Psychiatric Association, 2013).

Is it real?



Dissociative disorders are often exaggerated when portrayed in television and movies; however, there is concrete evidence that people do suffer from these disorders. [Image: Camilo Rueda López]

Let's start with a little history. Multiple personality disorder, or dissociative identity disorder—as it is known now—used to be a mere curiosity. This is a disorder in which people present with more than one personality. For example, at times they might act and identify as an adult while at other times they might identify and behave like a child. The disorder was rarely diagnosed until the 1980s. That's when multiple personality disorder became an official diagnosis in the DSM-III. From then on, the numbers of "multiples" increased rapidly. In the 1990s, there were hundreds of people diagnosed with multiple personality in every major city in the United States (Hacking, 1995). How could this "epidemic" be explained?

One possible explanation might be the media attention that was given to the disorder. It all started with the book *The Three Faces of Eve* (Thigpen & Cleckley, 1957). This book, and later the movie, was one of the first to speak of multiple personality disorder. However, it wasn't until years later, when the fictional "as told to" book of *Sybil* (Schreiber, 1973) became known worldwide, that the prototype of what it was like to be a "multiple personality" was born. Sybil tells the story of how a clinician—Cornelia Wilbur—unravels the different personalities of her patient Sybil during a long course of treatment (over 2,500 office hours!). She was one of the first to relate multiple personality to childhood sexual abuse. Probably, this relation between childhood abuse and dissociation has fueled the increase of numbers of multiples from that

time on. It motivated therapists to actively seek for clues of childhood abuse in their dissociative patients. This suited well within the mindset of the 1980s, as childhood abuse was a sensitive issue then in psychology as well as in politics (Hacking, 1995).

From then on, many movies and books were made on the subject of multiple personality, and nowadays, we see patients with dissociative identity disorder as guests visiting the Oprah Winfrey show, as if they were our modern-day circus acts.

Defining dissociation

The DSM-5 defines **dissociation** as "a disruption and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control and behavior" (American Psychiatric Association, 2013, p. 291). A distinction is often made between dissociative *states* and dissociative *traits* (e.g., Bremner, 2010; Bremner & Brett, 1997). **State** dissociation is viewed as a transient symptom, which lasts for a few minutes or hours (e.g., dissociation during a traumatic event). **Trait** dissociation is viewed as an integral aspect of personality. Dissociative symptoms occur in patients but also in the **general population**, like you and me. Therefore, dissociation has commonly been conceptualized as ranging on a continuum, from nonsevere manifestations of daydreaming to more severe disturbances typical of dissociative disorders (Bernstein & Putnam, 1986). The dissociative disorders include:

1. Dissociative Amnesia (extensive forgetting typically associated with highly aversive events);
2. Dissociative Fugue (short-lived reversible amnesia for personal identity, involving unplanned travel or "bewildered wandering." Dissociative fugue is not viewed as a separate disorder but is a feature of some, but not all, cases of dissociative amnesia);
3. Depersonalization/Derealization Disorder (feeling as though one is an outside observer of one's body); and
4. Dissociative Identity Disorder (**DID**; experiencing two or more distinct identities that recurrently take control over one's behavior) (American Psychiatric Association, 2000).

Although the concept of dissociation lacks a generally accepted definition, the Structural Clinical Interview for DSM-IV Dissociative Disorders (**SCID-D**) (Steinberg, 2001) assesses five symptom clusters that encompass key features of the dissociative disorders. These clusters are also found in the DSM-5:

1. depersonalization,

2. derealization,
3. dissociative amnesia,
4. identity confusion, and
5. identity alteration.

Have you ever said a word so many times that it no longer seemed "real" to you? Derealization is a similar experience, but one that applies to all of reality. [Image: madamepsychosis]

Depersonalization refers to a "feeling of detachment or estrangement from one's self." Imagine that you are outside of your own body, looking at yourself from a distance as though you were looking at somebody else. Maybe you can also imagine what it would be like if you felt like a robot, deprived of all feelings. These are examples of depersonalization. Derealization is defined as "an alteration in the perception of one's surroundings so that a sense of reality of the external world is lost" (Steinberg, 2001, p. 101). Imagine that the world around you seems as if you are living in a movie, or looking through a fog. These are examples of derealization. Dissociative amnesia does not refer to permanent memory loss, similar to the erasure of a computer disk, but rather to the hypothetical disconnection of memories from conscious inspection (Steinberg, 2001). Thus, the memory is still there somewhere, but you cannot reach it. Identity confusion is defined by Steinberg as "... thoughts and feelings of uncertainty and conflict a person has related to his or her identity" (Steinberg, 2001, p. 101), whereas identity alteration describes the behavioral acting out of this uncertainty and conflict (Bernstein & Putnam, 1986).

Dissociative disorders are not as uncommon as you would expect. Several studies in a variety of patient groups show that dissociative disorders are prevalent in a 4%–29% range (Ross, Anderson, Fleischer, & Norton, 1991; Sar, Tutkun, Alyanak, Bakim, & Baral, 2000; Tutkun et al., 1998. For reviews see: Foote, Smolin, Kaplan, Legatt, & Lipschitz, 2006; Spiegel et al., 2011). Studies generally find a much lower **prevalence** in the general population, with rates in the order of 1%–3% (Lee, Kwok, Hunter, Richards, & David, 2010; Rauschenberger & Lynn, 1995;

Sandberg & Lynn, 1992). Importantly, dissociative symptoms are not limited to the dissociative disorders. Certain diagnostic groups, notably patients with borderline personality disorder, posttraumatic stress disorder (PTSD), **obsessive-compulsive disorder** (Rufer, Fricke, Held, Cremer, & Hand, 2006), and schizophrenia (Allen & Coyne, 1995; Merckelbach, à Campo, Hardy, & Giesbrecht, 2005; Yu et al., 2010) also display heightened levels of dissociation.

Measuring dissociation

The Dissociative Experiences Scale(**DES**) (Bernstein & Putnam, 1986; Carlson & Putnam, 2000; Wright & Loftus, 1999) is the most widely used self-report measure of dissociation. A self-report measure is a type of **psychological test** in which a person completes a survey or **questionnaire** with or without the help of an investigator. This scale measures dissociation with items such as (a) "Some people sometimes have the experience of feeling as though they are standing next to themselves or watching themselves do something, and they actually see themselves as if they were looking at another person" and (b) "Some people find that sometimes they are listening to someone talk, and they suddenly realize that they did not hear part or all of what was said."

The DES is suitable only as a screening tool. When somebody scores a high level of dissociation on this scale, this does not necessarily mean that he or she is suffering from a dissociative disorder. It does, however, give an indication to investigate the symptoms more extensively. This is usually done with a structured clinical interview, called the Structured Clinical Interview for DSM-IV Dissociative Disorders (Steinberg, 1994), which is performed by an experienced clinician. With the publication of the new DSM-5 there has been an updated version of this instrument.

Dissociation and Trauma

The most widely held perspective on dissociative symptoms is that they reflect a defensive response to highly aversive events, mostly **trauma** experiences during the childhood years (Bremner, 2010; Spiegel et al., 2011; Spitzer, Vogel, Barnow, Freyberger, & Grabe, 2007).

One prominent interpretation of the origins of dissociative disorders is that they are the direct result of exposure to traumatic experiences. We will refer to this interpretation as the posttraumatic model (**PTM**). According to the PTM, dissociative symptoms can best be understood as mental strategies to cope with or avoid the impact of highly aversive experiences (e.g., Spiegel et al., 2011). In this view, individuals rely on dissociation to escape from painful memories (Gershuny & Thayer, 1999). Once they have learned to use this

defensive coping mechanism, it c response to minor stressors (Van der Hart & Horst, 1989). The idea that dissociation can serve a defensive function can be traced back to Pierre Janet (1899/1973), one of the first scholars to link dissociation to psychological trauma (Hacking, 1995).

All of us have played games at times to "escape reality." But for some people with truly traumatic experiences, that reality they escape to can become the reality they live in. [Image: Janine]

The PTM casts the clinical observation that dissociative disorders are linked to a trauma history in straightforward causal terms, that is, one *causes* the other (Gershuny & Thayer, 1999). For example, Vermetten and colleagues (Vermetten, Schmahl, Lindner, Loewenstein, & Bremner, 2006) found that the DID patients in their study all suffered from posttraumatic stress disorder and concluded that DID should be conceptualized as an extreme form of early-abuse–related posttraumatic stress disorder (Vermetten et al., 2006).

Causality and evidence

The empirical evidence that trauma *leadsto* dissociative symptoms is the subject of intense debate (Kihlstrom, 2005; Bremner, 2010; Giesbrecht, Lynn, Lilienfeld & Merckelbach, 2010). Three limitations of the PTM will be described below.

First, the majority of studies reporting links between self-reported trauma and dissociation are based on **cross-sectional designs**. This means that the data are collected at one point in time. When analyzing this type of data, one can only state whether scoring high on a particular questionnaire (for example, a trauma questionnaire) is indicative of also scoring high on another questionnaire (for example, the DES). This makes it difficult to state if one thing led to another, and therefore if the relation between the two is *causal*. Thus, the data that these designs yield do not allow for strong causal claims (Merckelbach & Muris, 2002).

Second, whether somebody has experienced a trauma is often established using a questionnaire that the person completes himself or herself. This is called a **self-report measure**. Herein lies the problem. Individuals suffering from dissociative symptoms typically

have high **fantasy proneness**. This is a character trait to engage in extensive and vivid fantasizing. The tendency to fantasize a lot may increase the risk of exaggerating or understating self-reports of traumatic experiences (Merckelbach et al., 2005; Giesbrecht, Lynn, Lilienfeld, & Merckelbach, 2008).

Third, high dissociative individuals report more cognitive failures than low dissociative individuals. **Cognitive failures** are everyday slips and lapses, such as failing to notice signposts on the road, forgetting appointments, or bumping into people. This can be seen, in part, in the DSM-5 criteria for DID, in which people may have difficulty recalling everyday events as well as those that are traumatic. People who frequently make such slips and lapses often mistrust their own cognitive capacities. They also tend to overvalue the hints and cues provided by others (Merckelbach, Horselenberg, & Schmidt, 2002; Merckelbach, Muris, Rassin, & Horselenberg, 2000). This makes them vulnerable to suggestive information, which may distort self-reports, and thus limits conclusions that can be drawn from studies that rely solely on self-reports to investigate the trauma-dissociation link (Merckelbach & Jelicic, 2004).

Most important, however, is that the PTM does not tell us *how* trauma produces dissociative symptoms. Therefore, workers in the field have searched for other explanations. They proposed that due to their dreamlike character, dissociative symptoms such as derealization, depersonalization, and absorption are associated with sleep-related experiences. They further noted that sleep-related experiences can explain the relation between highly aversive events and dissociative symptoms (Giesbrecht et al., 2008; Watson, 2001). In the following paragraph, the relation between dissociation and sleep will be discussed.

Those who have fallen asleep in class have likely experienced those "micro-dreams" - that moment or two where reality kind of blends in with your dreams. For a long time, scientists thought dissociative disorders were simply this confusion of waking and dreaming states.

[Image: Mislav Marohnić]

Dissociation and Sleep

A little history

Researchers (Watson, 2001) have proposed that dissociative symptoms, such as absorption, derealization, and depersonalization originate from sleep. This idea is not entirely new. In the 19th century, double consciousness (or *dédoublement*), the historical precursor of dissociative identity disorder (DID; formerly known as multiple personality

disorder), was often described as "somnambulism," which refers to a state of sleepwalking. Patients suffering from this disorder were referred to as "somnambules" (Hacking, 1995). Many 19th-century scholars believed that these patients were switching between a "normal state" and a "somnambulistic state." Hughlings Jackson, a well-known English neurologist from this era, viewed dissociation as the uncoupling of normal consciousness, which would result in what he termed "the dreamy state" (Meares, 1999). Interestingly, a century later, Levitan (1967) hypothesized that "depersonalization is a compromise state between dreaming and waking" (p.157). Arlow (1966) observed that the dissociation between the "experiencing self" and the "observing self" serves as the basis of depersonalized states, emphasizing its occurrence, especially in dreams. Likewise, Franklin (1990) considered dreamlike thoughts, the amnesia one usually has for dreams, and the lack of orientation of time, place, and person during dreams to be strikingly similar to the amnesia DID patients often report for their traumas. Related, Barrett (1994, 1995) described the similarity between dream characters and "alter personalities" in DID, with respect to cognitive and sensory abilities, movement, amnesia, and continuity with normal waking. The many similarities between dreaming states and dissociative symptoms are also a recurrent theme in the more recent clinical literature (e.g., Bob, 2004).

Sleep problems in patients with dissociative disorders

Anecdotal evidence supports the idea that sleep disruptions are linked to dissociation. For example, in patients with depersonalization, symptoms are worst when they are tired (Simeon & Abugel, 2006). Interestingly, among participants who report memories of childhood sexual abuse, experiences of **sleep paralysis** typically are accompanied by raised levels of dissociative symptoms (McNally & Clancy, 2005; Abrams, Mulligan, Carleton, & Asmundson, 2008).

Patients with **mood disorders**, **anxiety disorders**, **schizophrenia**, and **borderline personality disorder**—conditions with relatively high levels of dissociative symptoms—as a rule exhibit sleep abnormalities. Recent research points to fairly specific relationships between certain sleep complaints (e.g., **insomnia**, nightmares) and certain forms of psychopathology (e.g., depression, posttraumatic stress disorder) (Koffel & Watson, 2009).

Studying the relationship between dissociation and sleep

In the general population, both dissociative symptoms and sleep problems are highly prevalent. For example, 29 percent of American adults report sleep problems (National Sleep Foundation, 2005). This allows researchers to study the relationship between dissociation and sleep not only in patients but also in the general population. In a pioneering study, Watson

(2001) showed that dissociative symptoms—measured by the DES—are linked to self-reports of **vivid dreams**, **nightmares**, **recurrent dreams**, and other unusual sleep phenomena. This relationship has been studied extensively ever since, leading to three important statements.

First, Watson's (2001) basic findings have been reproduced time and again. This means that the same results (namely that dissociation and sleep problems are related) have been found in lots of different studies, using different groups, and different materials. All lead to the conclusion that unusual sleep experiences and dissociative symptoms are linked.

Second, the connection between sleep and dissociation is specific. It seems that unusual sleep phenomena that are difficult to control, including nightmares and waking dreams, are related to dissociative symptoms, but lucid dreaming—dreams that are controllable—are only weakly related to dissociative symptoms. For example, dream recall frequency was related to dissociation (Suszek & Kopera, 2005). Individuals who reported three or more nightmares over a three-week period showed higher levels of dissociation compared to individuals reporting two nightmares or less (Levin & Fireman, 2002), and a relation was found between dream intensity and dissociation (Yu et al., 2010).

Third, the sleep-dissociation link is apparent not only in general population groups—people such as you and me—but also in patient groups. Accordingly, one group of researchers reported nightmare disorder in 17 out of 30 DID patients (Agargun et al., 2003). They also found a 27.5% prevalence of nocturnal dissociative episodes in patients with dissociative disorders (Agargun et al., 2001). Another study investigated a group of borderline personality disorder patients and found that 49% of them suffered from nightmare disorder. Moreover, the patients with nightmare disorder displayed higher levels of dissociation than patients not suffering from nightmare disorder (Semiz, Basoglu, Ebrinc, & Cetin, 2008). Additionally, Ross (2011) found that patients suffering from DID reported higher rates of sleepwalking compared to a group of psychiatric outpatients and a sample from the general population.

To sum up, there seems to be a strong relationship between dissociative symptoms and unusual sleep experiences that is evident in a range of phenomena, including waking dreams, nightmares, and sleepwalking.

Inducing and reducing sleep problems

Sleep problems can be induced in healthy participants by keeping them awake for a long duration of time. This is called **sleep deprivation**. If dissociative symptoms are fueled by a labile sleep-wake cycle, then sleep loss would be expected to intensify dissociative symptoms.

Some evidence that this might work was already found in 2001, when soldiers who underwent a U.S. Army survival training, which included sleep deprivation, showed increases in dissociative symptoms (Morgan et al., 2001). Other researchers conducted a study that tracked 25 healthy volunteers during one day and one night of sleep loss. They found that dissociative symptoms increased substantially after one night of sleep loss (Giesbrecht, Smeets, Leppink, Jelicic, & Merckelbach, 2007).

To further examine the causal link between dissociative experiences and sleep, we (van der Kloet, Giesbrecht, Lynn, Merckelbach, & de Zutter, 2011) investigated the relationship between unusual sleep experiences and dissociation in a patient group at a private clinic. They completed questionnaires upon arrival at the clinic and again when they departed eight weeks later. During their stay, they followed a strict program designed to improve sleep problems. And it worked! In most patients, sleep quality was improved after eight weeks. We found a robust link between sleep experiences and dissociative symptoms and determined that sleep *normalization* was accompanied by a *reduction* in dissociative symptoms.

An exciting interpretation of the link between dissociative symptoms and unusual sleep phenomena (see also, Watson, 2001) may be this: A disturbed sleep–wake cycle may lead to dissociative symptoms. However, we should be cautious. Although studies support a causal arrow leading from sleep disruption to dissociative symptoms, the associations between sleep and dissociation may be more complex. For example, causal links may be bi-directional, such that dissociative symptoms may lead to sleep problems and vice versa, and other psychopathology may interfere in the link between sleep and dissociative symptoms (van der Kloet et al., 2011).

Implications and Conclusions

No longer are dissociative disorders an untreatable illness. With the new methods developed by researchers, there is hope for curing (or at least improving) those with this debilitating disorder. [Image: Heidi & Matt]

The sleep-dissociation model offers a fresh and exciting perspective on dissociative symptoms. This model may seem remote from the PTM. However, both models can be integrated in a single conceptual scheme in which traumatic childhood experiences may lead to disturbed sleep patterns, which may be the

final common pathway to dissociative symptoms. Accordingly, the sleep-dissociation model may explain both: (a) how traumatic experiences disrupt the sleep–wake cycle and increase vulnerability to dissociative symptoms, and (b) why dissociation, trauma, fantasy proneness, and cognitive failures overlap.

Future studies can also discern what characteristic sleep disruptions in the sleep–wake cycle are most reliably related to dissociative disorders, and then establish training programs, including medication regimens, to address these problems. This would constitute an entirely novel and exciting approach to the treatment of dissociative symptoms.

In closing, the sleep-dissociation model can serve as a framework for studies that address a wide range of fascinating questions about dissociative symptoms and disorders. We now have good reason to be confident that research on sleep and dissociative symptoms will inform psychiatry, clinical science, and psychotherapeutic practice in meaningful ways in the years to come.

Outside Resources

Book: Schreiber, F. R. (1973). Sybil. Chicago: Regnery.

Structured Clinical Interview for DSM-5 (SCID-5)
https://www.appi.org/products/structured-clinical-interview-for-dsm-5-scid-5

Web: Video depicting the controversy regarding the existence of DID and show you some debate between clinicians and researchers on the topics of brain imaging, recovered memories, and false memories. Brain scan—switching on command.
http://www.youtube.com/watch?v=zhM0xp5vXqY

Web: Video depicting the controversy regarding the existence of DID and show you some debate between clinicians and researchers on the topics of brain imaging, recovered memories, and false memories. False memory syndrome.
http://www.youtube.com/watch?v=K4NZ7_Hn-rI

Web: Video depicting the controversy regarding the existence of DID and show you some debate between clinicians and researchers on the topics of brain imaging, recovered memories, and false memories. Revisiting the memory wars.
http://www.youtube.com/watch?v=VcFRZsD8DLk

Web: Video illustrating patients suffering from DID. Paula- a stereotype picture of the disorder, with the patients switching between personality states.
http://www.youtube.com/watch?v=weLvkZGr9Tw

Web: Video illustrating patients suffering from DID. The woman with seven personalities.
http://www.youtube.com/watch?v=7TlYGivBGYE

Discussion Questions

1. Why are dissociation and trauma related to each other?
2. How is dissociation related to sleep problems?
3. Are dissociative symptoms induced or merely increased by sleep disturbances?
4. Do you have any ideas regarding treatment possibilities for dissociative disorders?

5. Does DID really exist?

Vocabulary

Amnesia
The loss of memory.

Anxiety disorder
A group of diagnoses in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classification system where anxiety is central to the person's dysfunctioning. Typical symptoms include excessive rumination, worrying, uneasiness, apprehension, and fear about future uncertainties either based on real or imagined events. These symptoms may affect both physical and psychological health. The anxiety disorders are subdivided into panic disorder, specific phobia, social phobia, posttraumatic stress disorder, obsessive-compulsive disorder, and generalized anxiety disorder.

Borderline Personality Disorder
This personality disorder is defined by a chronic pattern of instability. This instability manifests itself in interpersonal relationships, mood, self-image, and behavior that can interfere with social functioning or work. It may also cause grave emotional distress.

Cognitive failures
Every day slips and lapses, also called absentmindedness.

Consciousness
The quality or state of being aware of an external object or something within oneself. It has been defined as the ability to experience or to feel, wakefulness, having a sense of selfhood, and the executive control system of the mind.

Cross-sectional design
Research method that involves observation of all of a population, or a representative subset, at one specific point in time.

Defensive coping mechanism
An unconscious process, which protects an individual from unacceptable or painful ideas, impulses, or memories.

DES
Dissociative Experiences Scale.

DID
Dissociative identity disorder, formerly known as multiple personality disorder, is at the far end of the dissociative disorder spectrum. It is characterized by at least two distinct, and dissociated personality states. These personality states – or 'alters' - alternately control a person's behavior. The sufferer therefore experiences significant memory impairment for important information not explained by ordinary forgetfulness.

Dissociation
A disruption in the usually integrated function of consciousness, memory, identity, or perception of the environment.

Fantasy proneness
The tendency to extensive fantasizing or daydreaming.

General population
A sample of people representative of the average individual in our society.

Insomnia
A sleep disorder in which there is an inability to fall asleep or to stay asleep as long as desired. Symptoms also include waking up too early, experience many awakenings during the night, and not feeling rested during the day.

Lucid dreams
Any dream in which one is aware that one is dreaming.

Mood disorder
A group of diagnoses in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classification system where a disturbance in the person's mood is the primary dysfunction. Mood disorders include major depressive disorder, bipolar disorder, dysthymic and cyclothymic disorder.

Nightmares
An unpleasant dream that can cause a strong negative emotional response from the mind, typically fear or horror, but also despair, anxiety, and great sadness. The dream may contain situations of danger, discomfort, psychological or physical terror. Sufferers usually awaken in a state of distress and may be unable to return to sleep for a prolonged period of time.

Obsessive-Compulsive Disorder
This anxiety disorder is characterized by intrusive thoughts (obsessions), by repetitive

behaviors (compulsions), or both. Obsessions produce uneasiness, fear, or worry. Compulsions are then aimed at reducing the associated anxiety. Examples of compulsive behaviors include excessive washing or cleaning; repeated checking; extreme hoarding; and nervous rituals, such as switching the light on and off a certain number of times when entering a room. Intrusive thoughts are often sexual, violent, or religious in nature...

Prevalence
The number of cases of a specific disorder present in a given population at a certain time.

PTM
Post-traumatic model of dissociation.

Recurrent dreams
The same dream narrative or dreamscape is experienced over different occasions of sleep.

Schizophrenia
This mental disorder is characterized by a breakdown of thought processes and emotional responses. Symptoms include auditory hallucinations, paranoid or bizarre delusions, or disorganized speech and thinking. Sufferers from this disorder experience grave dysfunctions in their social functioning and in work.

SCID-D
Structural Clinical Interview for DSM-IV Dissociative Disorders.

Self-report measure
A type of psychological test in which a person fills out a survey or questionnaire with or without the help of an investigator.

Sleep deprivation
A sufficient lack of restorative sleep over a cumulative period so as to cause physical or psychiatric symptoms and affect routine performances of tasks.

Sleep paralysis
Sleep paralysis occurs when the normal paralysis during REM sleep manifests when falling asleep or awakening, often accompanied by hallucinations of danger or a malevolent presence in the room.

Sleep-wake cycle
A daily rhythmic activity cycle, based on 24-hour intervals, that is exhibited by many organisms.

State
When a symptom is acute, or transient, lasting from a few minutes to a few hours.

Trait
When a symptom forms part of the personality or character.

Trauma
An event or situation that causes great distress and disruption, and that creates substantial, lasting damage to the psychological development of a person.

Vivid dreams
A dream that is very clear, where the individual can remember the dream in great detail.

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25
Schizophrenia Spectrum Disorders

Deanna M. Barch

Schizophrenia and the other psychotic disorders are some of the most impairing forms of psychopathology, frequently associated with a profound negative effect on the individual's educational, occupational, and social function. Sadly, these disorders often manifest right at time of the transition from adolescence to adulthood, just as young people should be evolving into independent young adults. The spectrum of psychotic disorders includes schizophrenia, schizoaffective disorder, delusional disorder, schizotypal personality disorder, schizophreniform disorder, brief psychotic disorder, as well as psychosis associated with substance use or medical conditions. In this module, we summarize the primary clinical features of these disorders, describe the known cognitive and neurobiological changes associated with schizophrenia, describe potential risk factors and/or causes for the development of schizophrenia, and describe currently available treatments for schizophrenia.

Learning Objectives

- Describe the signs and symptoms of schizophrenia and related psychotic disorders.
- Describe the most well-replicated cognitive and neurobiological changes associated with schizophrenia.
- Describe the potential risk factors for the development of schizophrenia.
- Describe the controversies associated with "clinical high risk" approaches to identifying individuals at risk for the development of schizophrenia.
- Describe the treatments that work for some of the symptoms of schizophrenia.

The phenomenology of schizophrenia and related psychotic disorders

Schizophrenia is sometimes viewed as a "splitting of the self" in which a person may have false beliefs about reality. [Photo: Johnny Grim]

Most of you have probably had the experience of walking down the street in a city and seeing a person you thought was acting oddly. They may have been dressed in an unusual way, perhaps disheveled or wearing an unusual collection of clothes, makeup, or jewelry that did not seem to fit any particular group or subculture. They may have been talking to themselves or yelling at someone you could not see. If you tried to speak to them, they may have been difficult to follow or understand, or they may have acted paranoid or started telling a bizarre story about the people who were plotting against them. If so, chances are that you have encountered an individual with schizophrenia or another type of psychotic disorder. If you have watched the movie *A Beautiful Mind* or *The Fisher King*, you have also seen a portrayal of someone thought to have schizophrenia. Sadly, a few of the individuals who have committed some of the recently highly publicized mass murders may have had schizophrenia, though most people who commit such crimes do not have schizophrenia. It is also likely that you have met people with schizophrenia without ever knowing it, as they may suffer in silence or stay isolated to protect themselves from the horrors they see, hear, or believe are operating in the outside world. As these examples begin to illustrate, psychotic disorders involve many different types of symptoms, including delusions, hallucinations, disorganized speech and behavior, abnormal motor behavior (including **catatonia**), and negative symptoms such **anhedonia/amotivation** and blunted affect/reduced speech.

Delusions are false beliefs that are often fixed, hard to change even when the person is presented with conflicting information, and are often culturally influenced in their content (e.g., delusions involving Jesus in Judeo-Christian cultures, delusions involving Allah in Muslim cultures). They can be terrifying for the person, who may remain convinced that they are true even when loved ones and friends present them with clear information that they cannot be

true. There are many different types or themes to delusions.

Under Surveillance: Abstract groups like the police or the government are commonly the focus of a schizophrenic's persecutory delusions. [Photo: Tim Shields BC]

The most common delusions are persecutory and involve the belief that individuals or groups are trying to hurt, harm, or plot against the person in some way. These can be people that the person knows (people at work, the neighbors, family members), or more abstract groups (the FBI, the CIA, aliens, etc.). Other types of delusions include grandiose delusions, where the person believes that they have some special power or ability (e.g., I am the new Buddha, I am a rock star); referential delusions, where the person believes that events or objects in the environment have special meaning for them (e.g., that song on the radio is being played *specifically* for me); or other types of delusions where the person may believe that others are controlling their thoughts and actions, their thoughts are being broadcast aloud, or that others can read their mind (or they can read other people's minds).

When you see a person on the street talking to themselves or shouting at other people, they are experiencing **hallucinations**. These are perceptual experiences that occur even when there is no stimulus in the outside world generating the experiences. They can be auditory, visual, olfactory (smell), gustatory (taste), or somatic (touch). The most common hallucinations in psychosis (at least in adults) are auditory, and can involve one or more voices talking about the person, commenting on the person's behavior, or giving them orders. The content of the hallucinations is frequently negative ("you are a loser," "that drawing is stupid," "you should go kill yourself") and can be the voice of someone the person knows or a complete stranger. Sometimes the voices sound as if they are coming from outside the person's head. Other times the voices seem to be coming from inside the person's head, but are not experienced the same as the person's inner thoughts or inner speech.

Talking to someone with schizophrenia is sometimes difficult, as their speech may be difficult to follow, either because their answers do not clearly flow from your questions, or because one sentence does not logically follow from another. This is referred to as **disorganized**

speech, and it can be present even when the person is writing. **Disorganized behavior** can include odd dress, odd makeup (e.g., lipstick outlining a mouth for 1 inch), or unusual rituals (e.g., repetitive hand gestures). Abnormal motor behavior can include catatonia, which refers to a variety of behaviors that seem to reflect a reduction in responsiveness to the external environment. This can include holding unusual postures for long periods of time, failing to respond to verbal or motor prompts from another person, or excessive and seemingly purposeless motor activity.

"Negative symptoms" of schizophrenia like anhedonia - a lack of interest in the kinds of social and recreational activities most others enjoy - are not as readily apparent to outside observers as the more obvious symptoms like disorganized speech or talk of hallucinations. [Photo: Jessia Hime]

Some of the most debilitating symptoms of schizophrenia are difficult for others to see. These include what people refer to as "negative symptoms" or the absence of certain things we typically expect most people to have. For example, anhedonia or amotivation reflect a lack of apparent interest in or drive to engage in social or recreational activities. These symptoms can manifest as a great amount of time spent in physical immobility. Importantly, anhedonia and amotivation do not seem to reflect a lack of enjoyment in pleasurable activities or events (Cohen & Minor, 2010; Kring & Moran, 2008; Llerena, Strauss, & Cohen, 2012) but rather a reduced drive or ability to take the steps necessary to obtain the potentially positive outcomes (Barch & Dowd, 2010). **Flat affect** and reduced speech (**alogia**) reflect a lack of showing emotions through facial expressions, gestures, and speech intonation, as well as a reduced amount of speech and increased pause frequency and duration.

In many ways, the types of symptoms associated with psychosis are the most difficult for us to understand, as they may seem far outside the range of our normal experiences. Unlike depression or anxiety, many of us may not have had experiences that we think of as on the same continuum as psychosis. However, just like many of the other forms of **psychopathology** described in this book, the types of psychotic symptoms that characterize disorders like schizophrenia are on a continuum with "normal" mental experiences. For example, work by Jim van Os in the Netherlands has shown that a surprisingly large percentage of the general population (10%+) experience psychotic-like symptoms, though many fewer have multiple

experiences and most will not continue to experience these symptoms in the long run (Verdoux & van Os, 2002). Similarly, work in a general population of adolescents and young adults in Kenya has also shown that a relatively high percentage of individuals experience one or more psychotic-like experiences (~19%) at some point in their lives (Mamah et al., 2012; Ndetei et al., 2012), though again most will not go on to develop a full-blown psychotic disorder.

Schizophrenia is the primary disorder that comes to mind when we discuss "psychotic" disorders (see Table 1 for **diagnostic criteria**), though there are a number of other disorders

Schizophrenia (Lifetime prevalence about 0.3% to 0.7% [APA, 2013])
• Two or more of the following for at least 1 month: hallucinations, delusions, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms. • Impairment in one or more areas of function (social, occupational, educational self-care) for a significant period of time since the onset of the illness. • Continuous signs of the illness for at least 6 months (this can include prodromal or residual symptoms, which are attenuated forms of the symptoms described above).
Schizophreniform Disorder (Lifetime prevalence similar to Schizophrenia [APA, 2013])
• The same symptoms of schizophrenia described above that are present for at least 1 month but less than 6 months.
Schizoaffective Disorder (Lifetime prevalence about 0.3% [APA, 2013])
• A period of illness where the person has both the psychotic symptoms necessary to meet criteria for schizophrenia and either a major depression or manic episode. •The person experiences either delusions or hallucinations for at least 2 weeks when they are not having a depressive or manic episode. • The symptoms that meet criteria for depressive or manic episodes are present for over half of the illness duration.
Delusional Disorder (Lifetime prevalence about 0.2% [APA, 2013])
• The presence of at least one delusion for at least a month. • The person has never met criteria for schizophrenia. • The person's function is not impaired outside the specific impact of the delusion. • The duration of any depressive or manic episodes have been brief relative to the duration of the delusion(s).
Brief Psychotic Disorder (Lifetime prevalence unclear [APA, 2013])
• One or more of the following symptoms present for at least 1 day but less than 1 month: delusions, hallucinations, disorganized speech, grossly disordered or catatonic behavior.
Attenuated Psychotic Disorder (In Section III of the [APA, 2013]-V, Lifetime presence unclear [APA, 2013])
• One or more of the following symptoms in an "attenuated" form: delusions, hallucinations, or disorganized speech. • The symptoms must have occurred at least once a week for the past month and must have started or gotten worse in the past year. • The symptoms must be severe enough to distress or disable the individual or to suggest to others that the person needs clinical help. • The person has never met the diagnostic criteria for a psychotic disorder, and the symptoms are not better attributed to another disorder, to substance use, or to a medical condition.

Table 1: Types of Psychotic Disorders (Simplified from the Diagnostic and Statistical Manual - 5th Edition (DSM-5) (APA, 2013)

that share one or more features with schizophrenia. In the remainder of this module, we will use the terms "psychosis" and "schizophrenia" somewhat interchangeably, given that most of the research has focused on schizophrenia. In addition to schizophrenia (see Table 1), other psychotic disorders include schizophreniform disorder (a briefer version of schizophrenia), schizoaffective disorder (a mixture of psychosis and depression/mania symptoms), delusional disorder (the experience of only delusions), and brief psychotic disorder (psychotic symptoms that last only a few days or weeks).

The Cognitive Neuroscience of Schizophrenia

As described above, when we think of the core symptoms of psychotic disorders such as schizophrenia, we think of people who hear voices, see visions, and have false beliefs about reality (i.e., delusions). However, problems in cognitive function are also a critical aspect of psychotic disorders and of schizophrenia in particular. This emphasis on cognition in schizophrenia is in part due to the growing body of research suggesting that cognitive problems in schizophrenia are a major source of disability and loss of **functional capacity** (Green, 2006; Nuechterlein et al., 2011). The cognitive deficits that are present in schizophrenia are widespread and can include problems with **episodic memory** (the ability to learn and retrieve new information or episodes in one's life), **working memory** (the ability to maintain information over a short period of time, such as 30 seconds), and other tasks that require one to "control" or regulate one's behavior (Barch & Ceaser, 2012; Bora, Yucel, & Pantelis, 2009a; Fioravanti, Carlone, Vitale, Cinti, & Clare, 2005; Forbes, Carrick, McIntosh, & Lawrie, 2009; Mesholam-Gately, Giuliano, Goff, Faraone, & Seidman, 2009). Individuals with schizophrenia also have difficulty with what is referred to as "**processing speed**" and are frequently slower than healthy individuals on almost all tasks. Importantly, these cognitive deficits are present prior to the onset of the illness (Fusar-Poli et al., 2007) and are also present, albeit in a milder form, in the first-degree relatives of people with schizophrenia (Snitz, Macdonald, & Carter, 2006). This suggests that cognitive impairments in schizophrenia reflect part of the risk for the development of psychosis, rather than being an outcome of developing psychosis. Further, people with schizophrenia who have more severe cognitive problems also tend to have more severe negative symptoms and more disorganized speech and behavior (Barch, Carter, & Cohen, 2003; Barch et al., 1999; Dominguez Mde, Viechtbauer, Simons, van Os, & Krabbendam, 2009; Ventura, Hellemann, Thames, Koellner, & Nuechterlein, 2009; Ventura, Thames, Wood, Guzik, & Hellemann, 2010). In addition, people with more cognitive problems have worse function in everyday life (Bowie et al., 2008; Bowie, Reichenberg, Patterson, Heaton, & Harvey, 2006; Fett et al., 2011).

Some people with schizophrenia also show deficits in what is referred to as social cognition,

Some with schizophrenia suffer from difficulty with social cognition. They may not be able to detect the meaning of facial expressions or other subtle cues that most other people rely on to navigate the social world. [Photo: Wolfgangfoto]

though it is not clear whether such problems are separate from the cognitive problems described above or the result of them (Hoe, Nakagami, Green, & Brekke, 2012; Kerr & Neale, 1993; van Hooren et al., 2008). This includes problems with the recognition of emotional expressions on the faces of other individuals (Kohler, Walker, Martin, Healey, & Moberg, 2010) and problems inferring the intentions of other people (theory of mind) (Bora, Yucel, & Pantelis, 2009b). Individuals with schizophrenia who have more problems with social cognition also tend to have more negative and disorganized symptoms (Ventura, Wood, & Hellemann, 2011), as well as worse community function (Fett et al., 2011).

The advent of neuroimaging techniques such as structural and functional **magnetic resonance imaging** and **positron emission tomography** opened up the ability to try to understand the brain mechanisms of the symptoms of schizophrenia as well as the cognitive impairments found in psychosis. For example, a number of studies have suggested that delusions in psychosis may be associated with problems in "salience" detection mechanisms supported by the ventral striatum (Jensen & Kapur, 2009; Jensen et al., 2008; Kapur, 2003; Kapur, Mizrahi, & Li, 2005; Murray et al., 2008) and the anterior prefrontal cortex (Corlett et al., 2006; Corlett, Honey, & Fletcher, 2007; Corlett, Murray, et al., 2007a, 2007b). These are regions of the brain that normally increase their activity when something important (aka "salient") happens in the environment. If these brain regions misfire, it may lead individuals with psychosis to mistakenly attribute importance to irrelevant or unconnected events. Further, there is good evidence that problems in working memory and cognitive control in schizophrenia are related to problems in the function of a region of the brain called the dorsolateral prefrontal cortex (DLPFC) (Minzenberg, Laird, Thelen, Carter, & Glahn, 2009; Ragland et al., 2009). These problems include changes in how the DLPFC works when people are doing working-memory or cognitive-control tasks, and problems with how this brain region is connected to other brain regions important for working memory and cognitive control, including the posterior parietal cortex (e.g., Karlsgodt et al., 2008; J. J. Kim et al., 2003; Schlosser et al., 2003), the anterior cingulate (Repovs & Barch, 2012), and temporal cortex (e.g., Fletcher et al., 1995; Meyer-

Lindenberg et al., 2001). In terms of understanding episodic memory problems in schizophrenia, many researchers have focused on medial temporal lobe deficits, with a specific focus on the hippocampus (e.g., Heckers & Konradi, 2010). This is because there is much data from humans and animals showing that the hippocampus is important for the creation of new memories (Squire, 1992). However, it has become increasingly clear that problems with the DLPFC also make important contributions to episodic memory deficits in schizophrenia (Ragland et al., 2009), probably because this part of the brain is important for controlling our use of memory.

In addition to problems with regions such as the DLFPC and medial temporal lobes in schizophrenia described above, magnitude resonance neuroimaging studies have also identified changes in cellular architecture, white matter connectivity, and gray matter volume in a variety of regions that include the prefrontal and temporal cortices (Bora et al., 2011). People with schizophrenia also show reduced overall brain volume, and reductions in brain volume as people get older may be larger in those with schizophrenia than in healthy people (Olabi et al., 2011). Taking antipsychotic medications or taking drugs such as marijuana, alcohol, and tobacco may cause some of these structural changes. However, these structural changes are not completely explained by medications or substance use alone. Further, both functional and structural brain changes are seen, again to a milder degree, in the first-degree relatives of people with schizophrenia (Boos, Aleman, Cahn, Pol, & Kahn, 2007; Brans et al., 2008; Fusar-Poli et al., 2007; MacDonald, Thermenos, Barch, & Seidman, 2009). This again suggests that that neural changes associated with schizophrenia are related to a genetic risk for this illness.

Risk Factors for Developing Schizophrenia

It is clear that there are important genetic contributions to the likelihood that someone will develop schizophrenia, with consistent evidence from family, twin, and adoption studies. (Sullivan, Kendler, & Neale, 2003). However, there is no “schizophrenia gene” and it is likely that the genetic risk for schizophrenia reflects the summation of many different genes that each contribute something to the likelihood of developing psychosis (Gottesman & Shields, 1967; Owen, Craddock, & O'Donovan, 2010). Further, schizophrenia is a very heterogeneous disorder, which means that two different people with “schizophrenia” may each have very different symptoms (e.g., one has hallucinations and delusions, the other has disorganized speech and negative symptoms). This makes it even more challenging to identify specific genes associated with risk for psychosis. Importantly, many studies also now suggest that at least some of the genes potentially associated with schizophrenia are also associated with other mental health conditions, including bipolar disorder, depression, and autism (Gejman,

Sanders, & Kendler, 2011; Y. Kim, Zerwas, Trace, & Sullivan, 2011; Owen et al., 2010; Rutter, Kim-Cohen, & Maughan, 2006).

There are a number of biological risk factors for schizophrenia including older fathers, complications during pregnancy/delivery and a family history of schizophrenia. [Photo: Mattnic]

There are also a number of environmental factors that are associated with an increased risk of developing schizophrenia. For example, problems during pregnancy such as increased stress, infection, malnutrition, and/or diabetes have been associated with increased risk of schizophrenia. In addition, complications that occur at the time of birth and which cause hypoxia (lack of oxygen) are also associated with an increased risk for developing schizophrenia (M. Cannon, Jones, & Murray, 2002; Miller et al., 2011). Children born to older fathers are also at a somewhat increased risk of developing schizophrenia. Further, using cannabis increases risk for developing psychosis, especially if you have other risk factors (Casadio, Fernandes, Murray, & Di Forti, 2011; Luzi, Morrison, Powell, di Forti, & Murray, 2008). The likelihood of developing schizophrenia is also higher for kids who grow up in urban settings (March et al., 2008) and for some minority ethnic groups (Bourque, van der Ven, & Malla, 2011). Both of these factors may reflect higher social and environmental stress in these settings. Unfortunately, none of these risk factors is specific enough to be particularly useful in a clinical setting, and most people with these "risk" factors do not develop schizophrenia. However, together they are beginning to give us clues as the **neurodevelopmental** factors that may lead someone to be at an increased risk for developing this disease.

An important research area on risk for psychosis has been work with individuals who may be at "clinical high risk." These are individuals who are showing attenuated (milder) symptoms of psychosis that have developed recently and who are experiencing some distress or disability associated with these symptoms. When people with these types of symptoms are followed over time, about 35% of them develop a psychotic disorder (T. D. Cannon et al., 2008), most frequently schizophrenia (Fusar-Poli, McGuire, & Borgwardt, 2012). In order to identify these

individuals, a new category of diagnosis, called "Attenuated Psychotic Syndrome," was added to Section III (the section for disorders in need of further study) of the DSM-5 (see Table 1 for symptoms) (APA, 2013). However, adding this diagnostic category to the DSM-5 created a good deal of controversy (Batstra & Frances, 2012; Fusar-Poli & Yung, 2012). Many scientists and clinicians have been worried that including "risk" states in the DSM-5 would create mental disorders where none exist, that these individuals are often already seeking treatment for other problems, and that it is not clear that we have good treatments to stop these individuals from developing to psychosis. However, the counterarguments have been that there is evidence that individuals with high-risk symptoms develop psychosis at a much higher rate than individuals with other types of psychiatric symptoms, and that the inclusion of Attenuated Psychotic Syndrome in Section III will spur important research that might have clinical benefits. Further, there is some evidence that non-invasive treatments such as omega-3 fatty acids and intensive family intervention may help reduce the development of full-blown psychosis (Preti & Cella, 2010) in people who have high-risk symptoms.

Treatment of Schizophrenia

The currently available treatments for schizophrenia leave much to be desired, and the search for more effective treatments for both the psychotic symptoms of schizophrenia (e.g., hallucinations and delusions) as well as cognitive deficits and negative symptoms is a highly active area of research. The first line of treatment for schizophrenia and other psychotic disorders is the use of antipsychotic medications. There are two primary types of antipsychotic medications, referred to as "typical" and "atypical." The fact that "typical" antipsychotics helped some symptoms of schizophrenia was discovered serendipitously more than 60 years ago (Carpenter & Davis, 2012; Lopez-Munoz et al., 2005). These are drugs that all share a common feature of being a strong block of the D2 type **dopamine** receptor. Although these drugs can help reduce hallucinations, delusions, and disorganized speech, they do little to improve cognitive deficits or negative symptoms and can be associated with distressing motor side effects. The newer generation of antipsychotics is referred to as "atypical" antipsychotics. These drugs have more mixed mechanisms of action in terms of the receptor types that they influence, though most of them also influence D2 receptors. These newer antipsychotics are not necessarily more helpful for schizophrenia but have fewer motor side effects. However, many of the atypical antipsychotics are associated with side effects referred to as the "metabolic syndrome," which includes weight gain and increased risk for cardiovascular illness, Type-2 diabetes, and mortality (Lieberman et al., 2005).

The evidence that cognitive deficits also contribute to functional impairment in schizophrenia has led to an increased search for treatments that might enhance cognitive function in

schizophrenia. Unfortunately, as of yet, there are no pharmacological treatments that work consistently to improve cognition in schizophrenia, though many new types of drugs are currently under exploration. However, there is a type of psychological intervention, referred to as cognitive remediation, which has shown some evidence of helping cognition and function in schizophrenia. In particular, a version of this treatment called Cognitive Enhancement Therapy (CET) has been shown to improve cognition, functional outcome, social cognition, and to protect against gray matter loss (Eack et al., 2009; Eack, Greenwald, Hogarty, & Keshavan, 2010; Eack et al., 2010; Eack, Pogue-Geile, Greenwald, Hogarty, & Keshavan, 2010; Hogarty, Greenwald, & Eack, 2006) in young individuals with schizophrenia. The development of new treatments such as Cognitive Enhancement Therapy provides some hope that we will be able to develop new and better approaches to improving the lives of individuals with this serious mental health condition and potentially even prevent it some day.

Outside Resources

Book: Ben Behind His Voices: One family's journal from the chaos of schizophrenia to hope (2011). Randye Kaye. Rowman and Littlefield.

Book: Conquering Schizophrenia: A father, his son, and a medical breakthrough (1997). Peter Wyden. Knopf.

Book: Henry's Demons: Living with schizophrenia, a father and son's story (2011). Henry and Patrick Cockburn. Scribner Macmillan.

Book: My Mother's Keeper: A daughter's memoir of growing up in the shadow of schizophrenia (1997). Tara Elgin Holley. William Morrow Co.

Book: Recovered, Not Cured: A journey through schizophrenia (2005). Richard McLean. Allen and Unwin.

Book: The Center Cannot Hold: My journey through madness (2008). Elyn R. Saks. Hyperion.

Book: The Quiet Room: A journal out of the torment of madness (1996). Lori Schiller. Grand Central Publishing.

Book: Welcome Silence: My triumph over schizophrenia (2003). Carol North. CSS Publishing.

Web: National Alliance for the Mentally Ill. This is an excellent site for learning more about advocacy for individuals with major mental illnesses such as schizophrenia.
http://www.nami.org/

Web: National Institute of Mental Health. This website has information on NIMH-funded schizophrenia research.
http://www.nimh.nih.gov/health/topics/schizophrenia/index.shtml

Web: Schizophrenia Research Forum. This is an excellent website that contains a broad array of information about current research on schizophrenia.
http://www.schizophreniaforum.org/

Discussion Questions

1. Describe the major differences between the major psychotic disorders.
2. How would one be able to tell when an individual is "delusional" versus having non-delusional beliefs that differ from the societal normal? How should cultural and sub-cultural variation been taken into account when assessing psychotic symptoms?
3. Why are cognitive impairments important to understanding schizophrenia?
4. Why has the inclusion of a new diagnosis (Attenuated Psychotic Syndrome) in Section III of the DSM-5 created controversy?
5. What are some of the factors associated with increased risk for developing schizophrenia? If we know whether or not someone has these risk factors, how well can we tell whether they will develop schizophrenia?
6. What brain changes are most consistent in schizophrenia?
7. Do antipsychotic medications work well for all symptoms of schizophrenia? If not, which symptoms respond better to antipsychotic medications?
8. Are there any treatments besides antipsychotic medications that help any of the symptoms of schizophrenia? If so, what are they?

Vocabulary

Alogia
A reduction in the amount of speech and/or increased pausing before the initiation of speech.

Anhedonia/amotivation
A reduction in the drive or ability to take the steps or engage in actions necessary to obtain the potentially positive outcome.

Catatonia
Behaviors that seem to reflect a reduction in responsiveness to the external environment. This can include holding unusual postures for long periods of time, failing to respond to verbal or motor prompts from another person, or excessive and seemingly purposeless motor activity.

Delusions
False beliefs that are often fixed, hard to change even in the presence of conflicting information, and often culturally influenced in their content.

Diagnostic criteria
The specific criteria used to determine whether an individual has a specific type of psychiatric disorder. Commonly used diagnostic criteria are included in the Diagnostic and Statistical Manual of Mental Disorder, 5th Edition (DSM-5) and the Internal Classification of Disorders, Version 9 (ICD-9).

Disorganized behavior
Behavior or dress that is outside the norm for almost all subcultures. This would include odd dress, odd makeup (e.g., lipstick outlining a mouth for 1 inch), or unusual rituals (e.g., repetitive hand gestures).

Disorganized speech
Speech that is difficult to follow, either because answers do not clearly follow questions or because one sentence does not logically follow from another.

Dopamine
A neurotransmitter in the brain that is thought to play an important role in regulating the function of other neurotransmitters.

Episodic memory
The ability to learn and retrieve new information or episodes in one's life.

Flat affect
A reduction in the display of emotions through facial expressions, gestures, and speech intonation.

Functional capacity
The ability to engage in self-care (cook, clean, bathe), work, attend school, and/or engage in social relationships.

Hallucinations
Perceptual experiences that occur even when there is no stimulus in the outside world generating the experiences. They can be auditory, visual, olfactory (smell), gustatory (taste), or somatic (touch).

Magnetic resonance imaging
A set of techniques that uses strong magnets to measure either the structure of the brain (e. g., gray matter and white matter) or how the brain functions when a person performs cognitive tasks (e.g., working memory or episodic memory) or other types of tasks.

Neurodevelopmental
Processes that influence how the brain develops either in utero or as the child is growing up.

Positron emission tomography
A technique that uses radio-labelled ligands to measure the distribution of different neurotransmitter receptors in the brain or to measure how much of a certain type of neurotransmitter is released when a person is given a specific type of drug or does a particularly cognitive task.

Processing speed
The speed with which an individual can perceive auditory or visual information and respond to it.

Psychopathology
Illnesses or disorders that involve psychological or psychiatric symptoms.

Working memory
The ability to maintain information over a short period of time, such as 30 seconds or less.

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Chapter 14: Therapy

26
Therapeutic Orientations

Hannah Boettcher, Stefan G. Hofmann & Q. Jade Wu

In the past century, a number of psychotherapeutic orientations have gained popularity for treating mental illnesses. This module outlines some of the best-known therapeutic approaches and explains the history, techniques, advantages, and disadvantages associated with each. The most effective modern approach is cognitive behavioral therapy (CBT). We also discuss psychoanalytic therapy, person-centered therapy, and mindfulness-based approaches. Drug therapy and emerging new treatment strategies will also be briefly explored.

Learning Objectives

- Become familiar with the most widely practiced approaches to psychotherapy.
- For each therapeutic approach, consider: history, goals, key techniques, and empirical support.
- Consider the impact of emerging treatment strategies in mental health.

Introduction

The history of mental illness can be traced as far back as 1500 BCE, when the ancient Egyptians noted cases of "distorted concentration" and "emotional distress in the heart or mind" (Nasser, 1987). Today, nearly half of all Americans will experience mental illness at some point in their lives, and mental health problems affect more than one-quarter of the population in any given year (Kessler et al., 2005). Fortunately, a range of psychotherapies exist to treat mental illnesses. This module provides an overview of some of the best-known schools of thought in

psychotherapy.

CBT is an approach to treating mental illness that involves work with a therapist as well as homework assignments between sessions. It has proven to be very effective for virtually all psychiatric illnesses. [Image: Research Report Series: Therapeutic Community. Wikimedia Commons]

Currently, the most effective approach is called Cognitive Behavioral Therapy (CBT); however, other approaches, such as psychoanalytic therapy, person-centered therapy, and mindfulness-based therapies are also used—though the effectiveness of these treatments aren't as clear as they are for CBT. Throughout this module, note the advantages and disadvantages of each approach, paying special attention to their support by empirical research.

Psychoanalysis and Psychodynamic Therapy

The earliest organized therapy for mental disorders was psychoanalysis. Made famous in the early 20th century by one of the best-known clinicians of all time, Sigmund Freud, this approach stresses that mental health problems are rooted in unconscious conflicts and desires. In order to resolve the mental illness, then, these unconscious struggles must be identified and addressed. Psychoanalysis often does this through exploring one's early childhood experiences that may have continuing repercussions on one's mental health in the present and later in life. Psychoanalysis is an intensive, long-term approach in which patients and therapists may meet multiple times per week, often for many years.

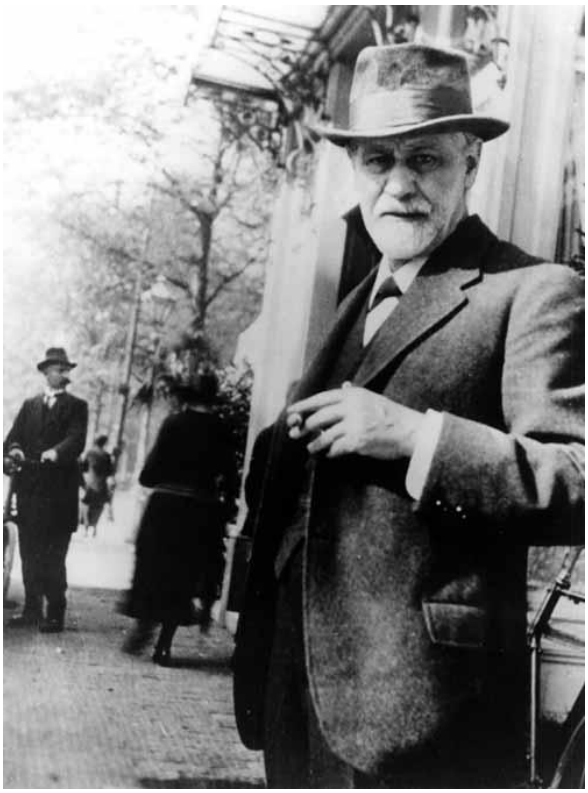
History of Psychoanalytic Therapy

Freud initially suggested that mental health problems arise from efforts to push inappropriate sexual urges out of conscious awareness (Freud, 1895/1955). Later, Freud suggested more generally that psychiatric problems are the result of tension between different parts of the mind: the id, the superego, and the ego. In Freud's *structural model,* the id represents pleasure-driven unconscious urges (e.g., our animalistic desires for sex and aggression), while the superego is the semi-conscious part of the mind where morals and societal judgment are internalized (e.g., the part of you that automatically knows how society expects you to behave). The ego—also partly conscious—mediates between the id and superego. Freud believed that bringing unconscious struggles like these (where the id demands one thing and the superego

another) into conscious awareness would relieve the stress of the conflict (Freud, 1920/1955) —which became the goal of **psychoanalytic therapy**.

Although psychoanalysis is still practiced today, it has largely been replaced by the more broadly defined **psychodynamic therapy**. This latter approach has the same basic tenets as psychoanalysis, but is briefer, makes more of an effort to put clients in their social and interpersonal context, and focuses more on relieving psychological distress than on changing the person.

Techniques in Psychoanalysis



Building on the work of Josef Breuer and others, Sigmund Freud developed psychotherapeutic theories and techniques that became widely known as psychoanalysis or psychoanalytic therapy. [Photo: Psychology Pictures]

Psychoanalysts and psychodynamic therapists employ several techniques to explore patients' unconscious mind. One common technique is called **free association**. Here, the patient shares any and all thoughts that come to mind, without attempting to organize or censor them in any way. For example, if you took a pen and paper and just wrote down whatever came into your head, letting one thought lead to the next without allowing conscious criticism to shape what you were writing, you would be doing free association. The analyst then uses his or her expertise to discern patterns or underlying meaning in the patient's thoughts.

Sometimes, free association exercises are applied specifically to childhood recollections. That is, psychoanalysts believe a person's childhood relationships with caregivers often determine the way that person relates to others, and predicts later psychiatric difficulties. Thus, exploring these childhood memories, through free association or otherwise, can provide therapists with insights into a patient's psychological makeup.

Because we don't always have the ability to consciously recall these deep memories,

psychoanalysts also discuss their patients' dreams. In Freudian theory, dreams contain not only *manifest* (or literal) content, but also *latent* (or symbolic) content (Freud, 1900; 1955). For example, someone may have a dream that his/her teeth are falling out—the manifest or actual content of the dream. However, dreaming that one's teeth are falling out could be a reflection of the person's unconscious concern about losing his or her physical attractiveness—the latent or metaphorical content of the dream. It is the therapist's job to help discover the latent content underlying one's manifest content through dream analysis.

In psychoanalytic and psychodynamic therapy, the therapist plays a receptive role—interpreting the patient's thoughts and behavior based on clinical experience and psychoanalytic theory. For example, if during therapy a patient begins to express unjustified anger toward the therapist, the therapist may recognize this as an act of *transference.* That is, the patient may be displacing feelings for people in his or her life (e.g., anger toward a parent) onto the therapist. At the same time, though, the therapist has to be aware of his or her own thoughts and emotions, for, in a related process, called *countertransference*, the therapist may displace his/her own emotions onto the patient.

The key to psychoanalytic theory is to have patients uncover the buried, conflicting content of their mind, and therapists use various tactics—such as seating patients to face away from them—to promote a freer self-disclosure. And, as a therapist spends more time with a patient, the therapist can come to view his or her relationship with the patient as another reflection of the patient's mind.

Advantages and Disadvantages of Psychoanalytic Therapy

Psychoanalysis was once the only type of psychotherapy available, but presently the number of therapists practicing this approach is decreasing around the world. Psychoanalysis is not appropriate for some types of patients, including those with severe psychopathology or mental retardation. Further, psychoanalysis is often expensive because treatment usually lasts many years. Still, some patients and therapists find the prolonged and detailed analysis very rewarding.

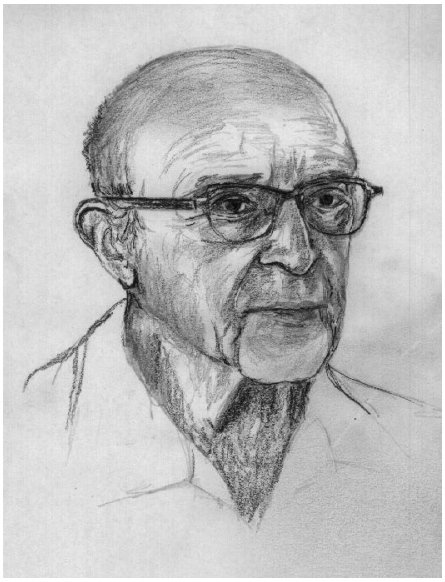
Perhaps the greatest disadvantage of psychoanalysis and related approaches is the lack of empirical support for their effectiveness. The limited research that has been conducted on these treatments suggests that they do not reliably lead to better mental health outcomes (e.g., Driessen et al., 2010). And, although there are some reviews that seem to indicate that long-term psychodynamic therapies might be beneficial (e.g., Leichsenring & Rabung, 2008), other researchers have questioned the validity of these reviews. Nevertheless, psychoanalytic

theory was history's first attempt at formal treatment of mental illness, setting the stage for the more modern approaches used today.

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



Carl Rogers, the father of Person Centered Therapy (CPT). [Image: Didius at nl.wikipedia - wikimedia commons]

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

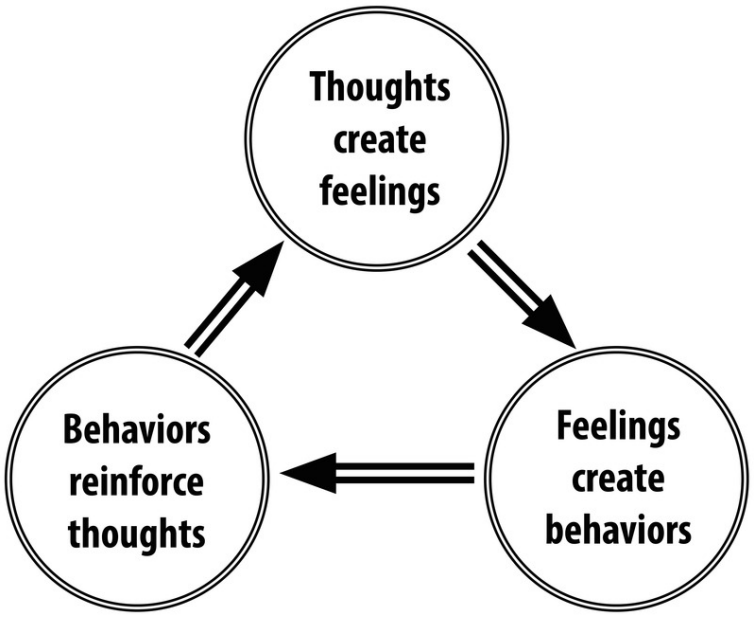
One key advantage of person-centered therapy is that it is highly acceptable to patients. In other words, people tend to find the supportive, flexible environment of this approach very rewarding. Furthermore, some of the themes of PCT translate well to other therapeutic approaches. For example, most 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.

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**: 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

Pioneers of CBT

Dialectical behavior therapy (Lynch & Cuyper, 2012) and 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.

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.

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.

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. [Photo: wmacphail]

(Hofmann, Sawyer, Witt & Oh, 2010).

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

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, Amstrong, 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).

Emerging Treatment Strategies

Recent improvements in video chat technology along with the proliferation of mobile devices like smartphones and tablets has made online delivery of therapy more commonplace. [Photo: rbieber]

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*. Theseare 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.

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.

Discussion Questions

1. Psychoanalytic theory is no longer the dominant therapeutic approach, because it lacks empirical support. Yet many consumers continue to seek psychoanalytic or psychodynamic treatments. Do you think psychoanalysis still has a place in mental health treatment? If so, why?
2. What might be some advantages and disadvantages of technological advances in psychological treatment? What will psychotherapy look like 100 years from now?
3. Some people have argued that all therapies are about equally effective, and that they all affect change through common factors such as the involvement of a supportive therapist. Does this claim sound reasonable to you? Why or why not?
4. When choosing a psychological treatment for a specific patient, what factors besides the treatment's demonstrated efficacy should be taken into account?

Vocabulary

Acceptance and commitment therapy
A therapeutic approach designed to foster nonjudgmental observation of one's own mental processes.

Automatic thoughts
Thoughts that occur spontaneously; often used to describe problematic thoughts that maintain mental disorders.

Cognitive bias modification
Using exercises (e.g., computer games) to change problematic thinking habits.

Cognitive-behavioral therapy (CBT)
A family of approaches with the goal of changing the thoughts and behaviors that influence psychopathology.

Comorbidity
Describes a state of having more than one psychological or physical disorder at a given time.

Dialectical behavior therapy (DBT)
A treatment often used for borderline personality disorder that incorporates both cognitive-behavioral and mindfulness elements.

Dialectical worldview
A perspective in DBT that emphasizes the joint importance of change and acceptance.

Exposure therapy
A form of intervention in which the patient engages with a problematic (usually feared) situation without avoidance or escape.

Free association
In psychodynamic therapy, a process in which the patient reports all thoughts that come to mind without censorship, and these thoughts are interpreted by the therapist.

Integrative or eclectic psychotherapy
Also called integrative psychotherapy, this term refers to approaches combining multiple orientations (e.g., CBT with psychoanalytic elements).

Integrative or eclectic psychotherapy
Also called integrative psychotherapy, this term refers to approaches combining multiple orientations (e.g., CBT with psychoanalytic elements).

Mindfulness
A process that reflects a nonjudgmental, yet attentive, mental state.

Mindfulness-based therapy
A form of psychotherapy grounded in mindfulness theory and practice, often involving meditation, yoga, body scan, and other features of mindfulness exercises.

Person-centered therapy
A therapeutic approach focused on creating a supportive environment for self-discovery.

Psychoanalytic therapy
Sigmund Freud's therapeutic approach focusing on resolving unconscious conflicts.

Psychodynamic therapy
Treatment applying psychoanalytic principles in a briefer, more individualized format.

Reappraisal, or Cognitive restructuring
The process of identifying, evaluating, and changing maladaptive thoughts in psychotherapy.

Schema
A mental representation or set of beliefs about something.

Unconditional positive regard
In person-centered therapy, an attitude of warmth, empathy and acceptance adopted by the therapist in order to foster feelings of inherent worth in the patient.

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27
Psychopharmacology

Susan Barron

Psychopharmacology is the study of how drugs affect behavior. If a drug changes your perception, or the way you feel or think, the drug exerts effects on your brain and nervous system. We call drugs that change the way you think or feel psychoactive or psychotropic drugs, and almost everyone has used a psychoactive drug at some point (yes, caffeine counts). Understanding some of the basics about psychopharmacology can help us better understand a wide range of things that interest psychologists and others. For example, the pharmacological treatment of certain neurodegenerative diseases such as Parkinson's disease tells us something about the disease itself. The pharmacological treatments used to treat psychiatric conditions such as schizophrenia or depression have undergone amazing development since the 1950s, and the drugs used to treat these disorders tell us something about what is happening in the brain of individuals with these conditions. Finally, understanding something about the actions of drugs of abuse and their routes of administration can help us understand why some psychoactive drugs are so addictive. In this module, we will provide an overview of some of these topics as well as discuss some current controversial areas in the field of psychopharmacology.

Learning Objectives

- How do the majority of psychoactive drugs work in the brain?
- How does the route of administration affect how rewarding a drug might be?
- Why is grapefruit dangerous to consume with many psychotropic medications?
- Why might individualized drug doses based on genetic screening be helpful for treating conditions like depression?
- Why is there controversy regarding pharmacotherapy for children, adolescents, and the elderly?

Introduction

Psychopharmacology, the study of how drugs affect the brain and behavior, is a relatively new science, although people have probably been taking drugs to change how they feel from early in human history (consider the of eating fermented fruit, ancient beer recipes, chewing on the leaves of the cocaine plant for stimulant properties as just some examples). The word *psychopharmacology* itself tells us that this is a field that bridges our understanding of behavior (and brain) and pharmacology, and the range of topics included within this field is extremely broad.

Drugs that alter our feelings and behavior do so by affecting the communication between neurons in the brain. [Photo: Curtis Gregory Perry]

Virtually any drug that changes the way you feel does this by altering how neurons communicate with each other. Neurons (more than 100 billion in your nervous system) communicate with each other by releasing a chemical (**neurotransmitter**) across a tiny space between two neurons (the **synapse**). When the neurotransmitter crosses the synapse, it binds to a postsynaptic receptor (protein) on the receiving neuron and the message may then be transmitted onward. Obviously, neurotransmission is far more complicated than this – links at the end of this module can provide some useful background if you want more detail – but the first step is understanding that virtually all **psychoactive drugs** interfere with or alter how neurons communicate with each other.

There are many neurotransmitters. Some of the most important in terms of psychopharmacological treatment and drugs of abuse are outlined in Table 1. The neurons that release these neurotransmitters, for the most part, are localized within specific circuits of the brain that mediate these behaviors. Psychoactive drugs can either increase activity at the synapse (these are called **agonists**) or reduce activity at the synapse (**antagonists**). Different drugs do this by different mechanisms, and some examples of agonists and antagonists are presented in Table 2. For each example, the drug's trade name, which is the name of the drug provided by the drug company, and generic name (in parentheses) are provided.

A very useful link at the end of this module shows the various steps involved in

Neurotransmitter	Abbreviation	Behaviors or Diseases Related to These Neurotransmitter
Acetylcholine	ACh	Learning and memory; Alzheimer's disease' muscle movement in the peripheral nervous system
Dopamine	DA	Reward circuits; Motor circuits involved in Parkinson's disease; Schizophrenia
Norepinephrine	NE	Arousal; Depression
Serotonin	5HT	Depression; Aggression; Schizophrenia
Glutamate	GLU	Learning; Major excitatory neurotransmitter in the brain
GABA	GABA	Anxiety disorders; Epilepsy; Major inhibitory neurotransmitter in the brain
Endogenous Opiods	Endorphins, Enkephalins	Pain; Analgesia; Reward

Table 1

neurotransmission and some ways drugs can alter this.

Drug	Mechanism	Use	Agonist/Antagonist
L-dopa	Increase synthesis of DA	Parkinson's disease	Agonist for DA
Adderall (mixed salts amphetamine)	Increase release of DA, NE	ADHD	Agonist for DA, NE
Ritalin (methylphenidate)	Blocks removal of DA, NE, and lesser (5HT) from synapse	ADHD	Agonist for DA, NE mostly
Aricept (donepezil)	Blocks removal of ACh from synapse	Alzheimer's disease	Agonist for ACh
Prozac (fluoxetine)	Blocks removal of 5HT from synapse	Depression, obsessive compulsive disorder	Agonist 5HT
Seroquel (quetiapine)	Blocks DA and 5HT receptors	Schizophrenia, bipolar disorder	Antagonist for DA, 5HT
Revia (naltrexone)	Blocks opiod post-synaptic receptors	Alcoholism, opiod addiction	Antagonist (for opioids)

Table 2

Table 2 provides examples of drugs and their primary mechanism of action, but it is very important to realize that drugs also have effects on other neurotransmitters. This contributes to the kinds of side effects that are observed when someone takes a particular drug. The reality is that no drugs currently available work only exactly where we would like in the brain or only on a specific neurotransmitter. In many cases, individuals are sometimes prescribed one **psychotropic drug** but then may also have to take additional drugs to reduce the side effects caused by the initial drug. Sometimes individuals stop taking medication because the side effects can be so profound.

Pharmacokinetics: What Is It – Why Is It Important?

While this section may sound more like pharmacology, it is important to realize how important pharmacokinetics can be when considering psychoactive drugs. **Pharmacokinetics** refers to how the body handles a drug that we take. As mentioned earlier, psychoactive drugs exert their effects on behavior by altering neuronal communication in the brain, and the majority of drugs reach the brain by traveling in the blood. The acronym ADME is often used with A standing for absorption (how the drug gets into the blood), Distribution (how the drug gets to the organ of interest – in this module, that is the brain), Metabolism (how the drug is broken down so it no longer exerts its psychoactive effects), and Excretion (how the drug leaves the body). We will talk about a couple of these to show their importance for considering psychoactive drugs.

Drug Administration

A drug delivered by IV reaches the brain more quickly than if the drug is taken orally. While rapid delivery has advantages, there are also risks involved with IV administration. [Photo: Bart Heird]

There are many ways to take drugs, and these routes of drug administration can have a significant impact on how quickly that drug reaches brain. The most common route of administration is oral administration, which is relatively slow and – perhaps surprisingly – often the most variable and complex route of administration. Drugs enter the stomach and then get absorbed by the blood supply and capillaries that line the small intestine. The rate of absorption can be affected by a variety of factors including the quantity and the type of

food in the stomach (e.g., fats vs. proteins). This is why the medicine label for some drugs (like antibiotics) may specifically state foods that you should or should NOT consume within an hour of taking the drug because they can affect the rate of absorption. Two of the most rapid routes of administration include inhalation (i.e., smoking or gaseous anesthesia) and intravenous (IV) in which the drug is injected directly into the vein and hence the blood supply. Both of these routes of administration can get the drug to brain in less than 10 seconds. IV administration also has the distinction of being the most dangerous because if there is an adverse drug reaction, there is very little time to administer any antidote, as in the case of an IV heroin overdose.

Why might how quickly a drug gets to the brain be important? If a drug activates the reward circuits in the brain AND it reaches the brain very quickly, the drug has a high risk for abuse and addiction. Psychostimulants like amphetamine or cocaine are examples of drugs that have high risk for abuse because they are agonists at DA neurons involved in reward AND because these drugs exist in forms that can be either smoked or injected intravenously. Some argue that cigarette smoking is one of the hardest addictions to quit, and although part of the reason for this may be that smoking gets the nicotine into the brain very quickly (and indirectly acts on DA neurons), it is a more complicated story. For drugs that reach the brain very quickly, not only is the drug very addictive, but so are the cues associated with the drug (see Rohsenow, Niaura, Childress, Abrams, & Monti, 1990). For a crack user, this could be the pipe that they use to smoke the drug. For a cigarette smoker, however, it could be something as normal as finishing dinner or waking up in the morning (if that is when the smoker usually has a cigarette). For both the crack user and the cigarette smoker, the cues associated with the drug may actually cause craving that is alleviated by (you guessed it) – lighting a cigarette or using crack (i.e., relapse). This is one of the reasons individuals that enroll in drug treatment programs, especially out-of-town programs, are at significant risk of relapse if they later find themselves in proximity to old haunts, friends, etc. But this is much *more* difficult for a cigarette smoker. How can someone avoid eating? Or avoid waking up in the morning, etc. These examples help you begin to understand how important the route of administration can be for psychoactive drugs.

Drug Metabolism

Metabolism involves the breakdown of psychoactive drugs, and this occurs primarily in the liver. The liver produces **enzymes** (proteins that speed up a chemical reaction), and these enzymes help catalyze a chemical reaction that breaks down psychoactive drugs. Enzymes exist in "families," and many psychoactive drugs are broken down by the same family of enzymes, the cytochrome P450 superfamily. There is not a unique enzyme for each drug;

rather, certain enzymes can break down a wide variety of drugs. Tolerance to the effects of many drugs can occur with repeated exposure; that is, the drug produces less of an effect over time, so more of the drug is needed to get the same effect. This is particularly true for sedative drugs like alcohol or opiate-based painkillers. *Metabolic tolerance* is one kind of tolerance and it takes place in the liver. Some drugs (like alcohol) cause **enzyme induction** – an increase in the enzymes produced by the liver. For example, chronic drinking results in alcohol being broken down more quickly, so the alcoholic needs to drink more to get the same effect – of course, until so much alcohol is consumed that it damages the liver (alcohol can cause fatty liver or cirrhosis).

Recent Issues Related to Psychotropic Drugs and Metabolism

Grapefruit Juice and Metabolism

Grapefruit can interfere with enzymes in the liver that help the body to process certain drugs. [Photo: woodleywonderworks]

Certain types of food in the stomach can alter the rate of drug absorption, and other foods can also alter the rate of drug metabolism. The most well known is grapefruit juice. Grapefruit juice suppresses cytochrome P450 enzymes in the liver, and these liver enzymes normally break down a large variety of drugs (including some of the psychotropic drugs). If the enzymes are suppressed, drug levels can build up to potentially toxic levels. In this case, the effects can persist for extended periods of time after the consumption of grapefruit juice. As of 2013, there are at least 85 drugs shown to adversely interact with grapefruit juice (Bailey, Dresser, & Arnold, 2013). Some psychotropic drugs that are likely to interact with grapefruit juice include carbamazepine (Tegretol), prescribed for bipolar disorder; diazepam (Valium), used to treat anxiety, alcohol withdrawal, and muscle spasms; and fluvoxamine (Luvox), used to treat obsessive compulsive disorder and depression. A link at the end of this module gives the latest list of drugs reported to have this unusual interaction.

Individualized Therapy, Metabolic Differences, and Potential Prescribing Approaches for the Future

Mental illnesses contribute to more disability in western countries than all other illnesses including cancer and heart disease. Depression alone is predicted to be the second largest contributor to disease burden by 2020 (World Health Organization, 2004). The numbers of people affected by mental health issues are pretty astonishing, with estimates that 25% of adults experience a mental health issue in any given year, and this affects not only the individual but their friends and family. One in 17 adults experiences a serious mental illness (Kessler, Chiu, Demler, & Walters, 2005). Newer antidepressants are probably the most frequently prescribed drugs for treating mental health issues, although there is no "magic bullet" for treating depression or other conditions. Pharmacotherapy with psychological therapy may be the most beneficial treatment approach for many psychiatric conditions, but there are still many unanswered questions. For example, why does one antidepressant help one individual yet have no effect for another? Antidepressants can take 4 to 6 weeks to start improving depressive symptoms, and we don't really understand why. Many people do not respond to the first antidepressant prescribed and may have to try different drugs before finding something that works for them. Other people just do not improve with antidepressants (Ioannidis, 2008). As we better understand why individuals differ, the easier and more rapidly we will be able to help people in distress.

One area that has received interest recently has to do with an individualized treatment approach. We now know that there are genetic differences in some of the cytochrome P450 enzymes and their ability to break down drugs. The general population falls into the following 4 categories: 1) *ultra-extensive metabolizers* break down certain drugs (like some of the current antidepressants) very, very quickly, 2) *extensive metabolizers* are also able to break down drugs fairly quickly, 3) *intermediate metabolizers* break down drugs more slowly than either of the two above groups, and finally 4) *poor metabolizers* break down drugs much more slowly than all of the other groups. Now consider someone receiving a prescription for an antidepressant – what would the consequences be if they were either an ultra-extensive metabolizer or a poor metabolizer? The ultra-extensive metabolizer would be given antidepressants and told it will probably take 4 to 6 weeks to begin working (this is true), but they metabolize the medication so quickly that it will never be effective for them. In contrast, the poor metabolizer given the same daily dose of the same antidepressant may build up such high levels in their blood (because they are not breaking the drug down), that they will have a wide range of side effects and feel really badly – also not a positive outcome. What if – instead – prior to prescribing an antidepressant, the doctor could take a blood sample and determine which type of metabolizer a patient actually was? They could then make a much more informed decision about the best dose to prescribe. There are new genetic tests now available to better individualize treatment in just this way. A blood sample can determine (at least for some drugs) which category an individual fits into, but we need data to determine if this actually is effective for treating depression or other mental illnesses (Zhou, 2009). Currently, this genetic

test is expensive and not many health insurance plans cover this screen, but this may be an important component in the future of psychopharmacology.

Other Controversial Issues

Juveniles and Psychopharmacology

A recent Centers for Disease Control (CDC) report has suggested that as many as 1 in 5 children between the ages of 5 and 17 may have some type of mental disorder (e.g., ADHD, autism, anxiety, depression) (CDC, 2013). The incidence of bipolar disorder in children and adolescents has also increased 40 times in the past decade (Moreno, Laje, Blanco, Jiang, Schmidt, & Olfson, 2007), and it is now estimated that 1 in 88 children have been diagnosed with an autism spectrum disorder (CDC, 2011). Why has there been such an increase in these numbers? There is no single answer to this important question. Some believe that greater public awareness has contributed to increased teacher and parent referrals. Others argue that the increase stems from changes in criterion currently used for diagnosing. Still others suggest environmental factors, either prenatally or postnatally, have contributed to this upsurge.

We do not have an answer, but the question does bring up an additional controversy related to how we should treat this population of children and adolescents. Many psychotropic drugs used for treating psychiatric disorders have been tested in adults, but few have been tested for safety or efficacy with children or adolescents. The most well-established psychotropics prescribed for children and adolescents are the psychostimulant drugs used for treating attention deficit hyperactivity disorder (ADHD), and there are clinical data on how effective these drugs are. However, we know far less about the safety and efficacy in young populations of the drugs typically prescribed for treating anxiety, depression, or other psychiatric disorders. The young brain continues to mature until probably well after age 20, so some scientists are concerned that drugs that alter neuronal activity in the developing brain could have significant consequences. There is an obvious need for clinical trials in children and

There are concerns about both the safety and efficacy of drugs like Prozac for children and teens. [Photo:zaza_bj]

adolescents to test the safety and effectiveness of many of these drugs, which also brings up a variety of ethical questions about who decides what children and adolescents will participate in these clinical trials, who can give consent, who receives reimbursements, etc.

The Elderly and Psychopharmacology

Another population that has not typically been included in clinical trials to determine the safety or effectiveness of psychotropic drugs is the elderly. Currently, there is very little high-quality evidence to guide prescribing for older people – clinical trials often exclude people with multiple comorbidities (other diseases, conditions, etc.), which are typical for elderly populations (see Hilmer and Gnjidict, 2008; Pollock, Forsyth, & Bies, 2008). This is a serious issue because the elderly consume a disproportionate number of the prescription meds prescribed. The term **polypharmacy** refers to the use of multiple drugs, which is very common in elderly populations in the United States. As our population ages, some estimate that the proportion of people 65 or older will reach 20% of the U.S. population by 2030, with this group consuming 40% of the prescribed medications. As shown in Table 3 (from Schwartz and Abernethy, 2008), it is quite clear why the typical clinical trial that looks at the safety and effectiveness of psychotropic drugs can be problematic if we try to interpret these results for an elderly population.

Clinical Trial Subjects	Aged Patients Who Receive Drug Therapies
One drug	Drug of interest and medications
Single does	Chronic administration
No disease	Multiple diseases
No alcohol, tobacco, OTC* drugs, nutraceuticals	OTC* drugs, nutraceuticals, alcohol, tobacco, and other
20-40 years (vs 60-75 years)	65-100+ years
Caucaisians	Caucasians and minorities
Selection bias	All comers/socioeconomic basis

*OTC = Over the counter

Table 3. Characteristics if clinical trial subjects vs. actual patients. (Reprinted by permission from Schwartz & Abernethy, 2008.)

Metabolism of drugs is often slowed considerably for elderly populations, so less drug can produce the same effect (or all too often, too much drug can result in a variety of side effects). One of the greatest risk factors for elderly populations is falling (and breaking bones), which can happen if the elderly person gets dizzy from too much of a drug. There is also evidence that psychotropic medications can reduce bone density (thus worsening the consequences if someone falls) (Brown & Mezuk, 2012). Although we are gaining an awareness about some of the issues facing pharmacotherapy in older populations, this is a very complex area with many medical and ethical questions.

This module provided an introduction of some of the important areas in the field of psychopharmacology. It should be apparent that this module just touched on a number of topics included in this field. It should also be apparent that understanding more about psychopharmacology is important to anyone interested in understanding behavior and that our understanding of issues in this field has important implications for society.

Outside Resources

Video: Neurotransmission
http://www.youtube.com/watch?v=FR4S1BqdFG4

Web: Description of how some drugs work and the brain areas involved - 1
http://www.drugabuse.gov/news-events/nida-notes/2007/10/impacts-drugs-neurotransmission

Web: Description of how some drugs work and the brain areas involved - 2
http://learn.genetics.utah.edu/content/addiction/drugs/mouse.html

Web: Information about how neurons communicate and the reward pathways
http://learn.genetics.utah.edu/ontent/addiction/reward/neurontalk.html

Web: National Institute of Alcohol Abuse and Alcoholism
http://www.niaaa.nih.gov/

Web: National Institute of Drug Abuse
http://www.drugabuse.gov/

Web: National Institute of Mental Health
http://www.nimh.nih.gov/index.shtml

Web: Neurotransmission
http://science.education.nih.gov/supplements/nih2/addiction/activities/lesson2_neurotransmission.htm

Web: Report of the Working Group on Psychotropic Medications for Children and Adolescents: Psychopharmacological, Psychosocial, and Combined Interventions for Childhood Disorders: Evidence Base, Contextual Factors, and Future Directions (2008):
http://www.apa.org/pi/families/resources/child-medications.pdf.

Web: Ways drugs can alter neurotransmission
http://bioserv.fiu.edu/~waltercm/b/addicitions/dopamine.htm

Discussion Questions

1. What are some of the issues surrounding prescribing medications for children and

adolescents? How might this be improved?

2. What are some of the factors that can affect relapse to an addictive drug?
3. How might prescribing medications for depression be improved in the future to increase the likelihood that a drug would work and minimize side effects?

Vocabulary

Agonists
A drug that increases or enhances a neurotransmitter's effect.

Antagonist
A drug that blocks a neurotransmitter's effect.

Enzyme
A protein produced by a living organism that allows or helps a chemical reaction to occur.

Enzyme induction
Process through which a drug can enhance the production of an enzyme.

Metabolism
Breakdown of substances.

Neurotransmitter
A chemical substance produced by a neuron that is used for communication between neurons.

Pharmacokinetics
The action of a drug through the body, including absorption, distribution, metabolism, and excretion.

Polypharmacy
The use of many medications.

Psychoactive drugs
A drug that changes mood or the way someone feels.

Psychotropic drug
A drug that changes mood or emotion, usually used when talking about drugs prescribed for various mental conditions (depression, anxiety, schizophrenia, etc.).

Synapse
The tiny space separating neurons.

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Chapter 15: Social Psychology

28
Prejudice, Discrimination, and Stereotyping

Susan T. Fiske

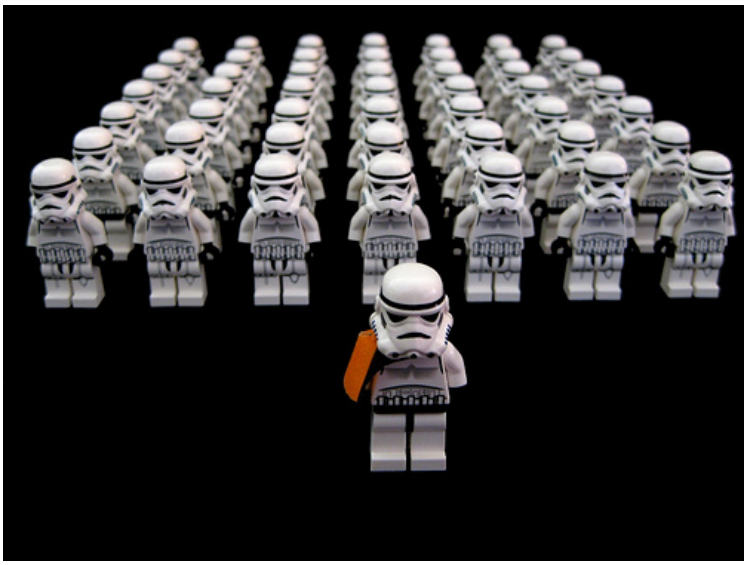
People are often biased against others outside of their own social group, showing prejudice (emotional bias), stereotypes (cognitive bias), and discrimination (behavioral bias). In the past, people used to be more explicit with their biases, but during the 20th century, when it became less socially acceptable to exhibit bias, such things like prejudice, stereotypes, and discrimination became more subtle (automatic, ambiguous, and ambivalent). In the 21st century, however, with social group categories even more complex, biases may be transforming once again.

Learning Objectives

- Distinguish prejudice, stereotypes, and discrimination.
- Distinguish old-fashioned, blatant biases from contemporary, subtle biases.
- Understand old-fashioned biases such as social dominance orientation and right-wing. authoritarianism.
- Understand subtle, unexamined biases that are automatic, ambiguous, and ambivalent.
- Understand 21st century biases that may break down as identities get more complicated.

Introduction

Even in one's own family, everyone wants to be seen for who they are, not as "just another



You are a complex individual, full of different dreams, beliefs, identities, and more that help make you unique. You don't want to be labeled just by your gender or race or religion. But as complex as we perceive ourselves to be, we often define others merely by their most distinct social group, and unfortunately having biases against these social groups is part of human psychology. [Photo: leg0fenris]

typical X." But still, people put other people into groups, using that label to inform their evaluation of the person as a whole—a process that can result in serious consequences. This module focuses on biases against social groups, which social psychologists sort into emotional **prejudices**, mental **stereotypes**, and behavioral **discrimination**. These three aspects of bias are related, but they each can occur separately from the others (Dovidio & Gaertner, 2010; Fiske, 1998). For example, sometimes people have a negative, emotional reaction to a social group (prejudice) without knowing even the most superficial reasons to dislike them (stereotypes).

This module shows that today's biases are not yesterday's biases in many ways, but at the same time, they are troublingly similar. First, we'll discuss old-fashioned biases that might have belonged to our grandparents and great-grandparents—or even the people nowadays who have yet to leave those wrongful times. Next, we will discuss late 20th century biases that affected our parents and still linger today. Finally, we will talk about today's 21st century biases that challenge fairness and respect for all.

Old-fashioned Biases: Almost Gone

You would be hard pressed to find someone today who openly admits they don't believe in equality. Regardless of one's demographics, most people believe everyone is entitled to the same, natural rights. However, as much as we now collectively believe this, not too far back in our history, this ideal of equality was an unpracticed sentiment. Of all the countries in the world, only a few have equality in their constitution, and those who do, originally defined it for a select group of people.

At the time, old-fashioned biases were simple: people openly put down those not from their

own group. For example, just 80 years ago, American college students unabashedly thought Turkish people were "cruel, very religious, and treacherous" (Katz & Braly, 1933). So where did they get those ideas, assuming that most of them had never met anyone from Turkey? Old-fashioned stereotypes were overt, unapologetic, and expected to be shared by others—what we now call "blatant biases."

Blatant biases are conscious beliefs, feelings, and behavior that people are perfectly willing to admit, which mostly express hostility toward other groups (outgroups) while unduly favoring one's own group (in-group). For example, organizations that preach contempt for other races (and praise for their own) is an example of a blatant bias. And scarily, these blatant biases tend to run in packs: People who openly hate one outgroup also hate many others. To illustrate this pattern, we turn to two personality scales next.

Social Dominance Orientation

Social dominance orientation (SDO) describes a belief that group hierarchies are inevitable in all societies and are even a good idea to maintain order and stability (Sidanius & Pratto, 1999). Those who score high on SDO believe that some groups are inherently better than others, and because of this, there is no such thing as group "equality." At the same time, though, SDO is not just about being personally dominant and controlling of others; SDO describes a preferred arrangement of groups with some on top (preferably one's own group) and some on the bottom. For example, someone high in SDO would likely be upset if someone from an outgroup moved into his or her neighborhood. It's not that the person high in SDO wants to "control" what this outgroup member does; it's that moving into this "nice neighborhood" disrupts the social hierarchy the person high in SDO believes in (i.e. living in a nice neighborhood denotes one's place in the social hierarchy—a place reserved for one's in-group members).

People with a social dominance orientation are more likely to be attracted to certain types of careers, such as law enforcement, that maintain group hierarchies. [Photo: canonsnapper]

Although research has shown that people higher in SDO are more likely to be politically conservative, there are other traits that more strongly predict one's SDO. For example, researchers have found that those who score higher on SDO are usually lower than average on tolerance, empathy, altruism, and community orientation. In general, those high in SDO have a strong belief in work ethic—that hard work always pays off and leisure is a waste of time. People higher on SDO tend to choose and thrive in occupations that maintain existing group hierarchies (police, prosecutors, business), compared to those lower in SDO, who tend to pick more equalizing occupations (social work, public defense, psychology).

The point is that SDO—a preference for inequality as normal and natural—also predicts endorsing the superiority of certain groups: men, native-born residents, heterosexuals, and believers in the dominant religion. This means seeing women, minorities, homosexuals, and non-believers as inferior. Understandably, the first list of groups tend to score higher on SDO, while the second group tends to score lower. For example, the SDO gender difference (men higher, women lower) appears all over the world.

At its heart, SDO rests on a fundamental belief that the world is tough and competitive with only a limited number of resources. Thus, those high in SDO see groups as battling each other for these resources, with winners at the top of the social hierarchy and losers at the bottom (see Table 1).

	Social Dominance Orientation	Right-Wing Authoritarianism
Core Belief	Groups compete for economic resources	Groups compete over values
Intergroup Belief	Group hierarchies are inevitable, good	Groups must follow authority
Ingroup Belief	Ingroup must be tough, competitive	Ingroup must unite, protect
Outgroup Belief	"They" are trying to beat "us"	"They" have bad values

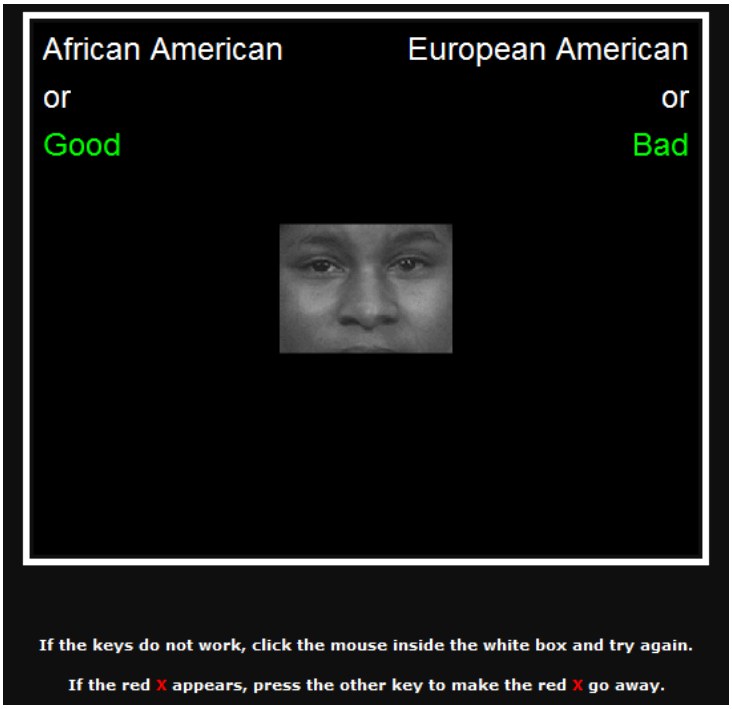
Table 1. Old-Fashioned Biases

Right-wing Authoritarianism

Right-wing authoritarianism (RWA) focuses on value conflicts, whereas SDO focuses on the economic ones. That is, RWA endorses respect for obedience and authority in the service of group conformity (Altemeyer, 1988). Returning to an example from earlier, the homeowner

who's high in SDO may dislike the outgroup member moving into his or her neighborhood because it "threatens" one's economic resources (e.g. lowering the value of one's house; fewer openings in the school; etc.). Those high in RWA may equally dislike the outgroup member moving into the neighborhood but for different reasons. Here, it's because this outgroup member brings in values or beliefs that the person high in RWA disagrees with, thus "threatening" the collective values of his or her group. RWA respects group unity over individual preferences, wanting to maintain group values in the face of differing opinions. Despite its name, though, RWA is not necessarily limited to people on the right (conservatives). Like SDO, there does appear to be an association between this personality scale (i.e. the preference for order, clarity, and conventional values) and conservative beliefs. However, regardless of political ideology, RWA focuses on groups' competing frameworks of values. Extreme scores on RWA predict biases against outgroups while demanding in-group loyalty and conformity Notably, the combination of high RWA and high SDO predicts joining hate groups that openly endorse aggression against minority groups, immigrants, homosexuals, and believers in non-dominant religions (Altemeyer, 2004).

20th Century Biases: Subtle but Significant



An actual screenshot from an IAT (Implicit Association Test) that is designed to test a person's reaction time (measured in milliseconds) to an array of stimuli that are presented on the screen. This particular item is testing an individual's unconscious reaction towards members of various ethnic groups. [Image: Courtesy of Anthony Greenwald from Project Implicit]

Fortunately, old-fashioned biases have diminished over the 20th century and into the 21st century. Openly expressing prejudice is like blowing second-hand cigarette smoke in someone's face: It's just not done any more in most circles, and if it is, people are readily criticized for their behavior. Still, these biases exist in people; they're just less in view than before. These **subtle biases** are unexamined and sometimes unconscious but real in their consequences. They are automatic, ambiguous, and ambivalent, but nonetheless biased, unfair, and disrespectful to the belief in equality.

Automatic Biases

Most people like themselves well enough, and most people identify themselves as members of certain groups but not others. Logic suggests, then, that because we like ourselves, we therefore like the groups we associate with more, whether those groups are our hometown, school, religion, gender, or ethnicity. Liking yourself and your groups is human nature. The larger issue, however, is that own-group preference often results in liking other groups less. And whether you recognize this "favoritism" as wrong, this trade-off is relatively **automatic**, that is, unintended, immediate, and irresistible.

Social psychologists have developed several ways to measure this relatively automatic own-group preference, the most famous being the **Implicit Association Test** (IAT; Greenwald, Banaji, Rudman, Farnham, Nosek, & Mellott, 2002; Greenwald, McGhee, & Schwartz, 1998). The test itself is rather simple and you can experience it yourself if you Google "implicit" or go to *understandingprejudice.org*. Essentially, the IAT is done on the computer and measures how quickly you can sort words or pictures into different categories. For example, if you were asked to categorize "ice cream" as good or bad, you would quickly categorize it as good. However, imagine if every time you ate ice cream, you got a brain freeze. When it comes time to categorize ice cream as good or bad, you may still categorize it as "good," but you will likely be a little slower in doing so compared to someone who has nothing but positive thoughts about ice cream. Related to group biases, people may explicitly claim they don't discriminate against outgroups—and this is very likely true. However, when they're given this computer task to categorize people from these outgroups, that automatic or unconscious hesitation (a result of having mixed evaluations about the outgroup) will show up in the test. And as countless studies have revealed, people are mostly faster at pairing their own group with good categories, compared to pairing others' groups. In fact, this finding generally holds regardless if one's group is measured according race, age, religion, nationality, and even temporary, insignificant memberships.

This all-too-human tendency would remain a mere interesting discovery except that people's reaction time on the IAT predicts actual feelings about individuals from other groups, decisions about them, and behavior toward them, especially nonverbal behavior (Greenwald, Poehlman, Uhlmann, & Banaji, 2009). For example, although a job interviewer may not be "blatantly biased," his or her "automatic or implicit biases" may result in unconsciously acting distant and indifferent, which can have devastating effects on the hopeful interviewee's ability to perform well (Word, Zanna, & Cooper, 1973). Although this is unfair, sometimes the automatic associations—often driven by society's stereotypes—trump our own, explicit values (Devine, 1989). And sadly, this can result in consequential discrimination, such as allocating fewer resources to disliked outgroups (Rudman & Ashmore, 2009). See Table 2 for a summary of this section and the next two sections on subtle biases.

Type of Bias	Example	What It Shows
Automatic	Implicit Association Test	People link "good" & ingroup, "bad" & outgroup
Ambiguous	Social identity theory Self-categorized theory Aversive racism	People favor ingroup, distance from outgroup Same but emphasizes self as a member of ingroup People avoid outgroup, avoid their own prejudices
Ambivalent	Stereotype Content Model	People divide groups by warmth and competence

Table 2: Subtle Biases

Ambiguous Biases

Whether we are aware of it or not (and usually we're not), we sort the world into "us" and "them" categories. We are more likely to treat with bias or discrimination anyone we feel is outside our own group. [Photo: id-iom]

As the IAT indicates, people's biases often stem from the spontaneous tendency to favor their own, at the expense of the other. **Social identity theory** (Tajfel, Billig, Bundy, & Flament, 1971) describes this tendency to favor one's own in-group over another's outgroup. And as a result, outgroup disliking stems from this in-group liking (Brewer & Brown, 1998). For example, if two classes of children want to play on the same soccer field, the classes will come to dislike each other not because of any real, objectionable traits about the other group. The dislike originates from each class's favoritism toward itself and the fact that only one group can play on the soccer field at a time. With this preferential perspective for one's own group, people are not punishing the other one so much as neglecting it in favor of their own. However, to justify this preferential treatment, people will often exaggerate the differences between their in-group and the outgroup. In turn, people see the outgroup as more similar in personality than they are. This results in the perception that "they" really differ from us, and "they" are all alike. Spontaneously, people categorize people into groups just as we categorize furniture or food into one type or

another. The difference is that we people inhabit categories ourselves, as **self-categorization theory** points out (Turner, 1975). Because the attributes of group categories can be either good or bad, we tend to favor the groups with people like us and incidentally disfavor the others. In-group favoritism is an ambiguous form of bias because it disfavors the outgroup by exclusion. For example, if a politician has to decide between funding one program or another, s/he may be more likely to give resources to the group that more closely represents his in-group. And this life-changing decision stems from the simple, natural human tendency to be more comfortable with people like yourself.

A specific case of comfort with the ingroup is called aversive racism, so-called because people do not like to admit their own racial biases to themselves or others (Dovidio & Gaertner, 2010). Tensions between, say, a White person's own good intentions and discomfort with the perhaps novel situation of interacting closely with a Black person may cause the White person to feel uneasy, behave stiffly, or be distracted. As a result, the White person may give a good excuse to avoid the situation altogether and prevent any awkwardness that could have come from it. However, such a reaction will be ambiguous to both parties and hard to interpret. That is, was the White person right to avoid the situation so that neither person would feel uncomfortable? Indicators of **aversive racism** correlate with discriminatory behavior, despite being the ambiguous result of good intentions gone bad.

Bias Can Be Complicated - Ambivalent Biases

Not all stereotypes of outgroups are all bad. For example, ethnic Asians living in the United States are commonly referred to as the "model minority" because of their perceived success in areas such as education, income, and social stability. Another example includes people who feel benevolent toward traditional women but hostile toward nontraditional women. Or even ageist people who feel respect toward older adults but, at the same time, worry about the burden they place on public welfare programs. A simple way to understand these mixed feelings, across a variety of groups, results from the **Stereotype Content Model** (Fiske, Cuddy, & Glick, 2007).

When people learn about a new group, they first want to know if its intentions of the people in this group are for good or ill. Like the guard at night: "Who goes there, friend or foe?" If the other group has good, cooperative intentions, we view them as warm and trustworthy and often consider them part of "our side." However, if the other group is cold and competitive or full of exploiters, we often view them as a threat and treat them accordingly. After learning the group's intentions, though, we also want to know whether they are competent enough to act on them (if they are incompetent, or unable, their intentions matter less). These two simple

dimensions—warmth and competence—together map how groups relate to each other in society.

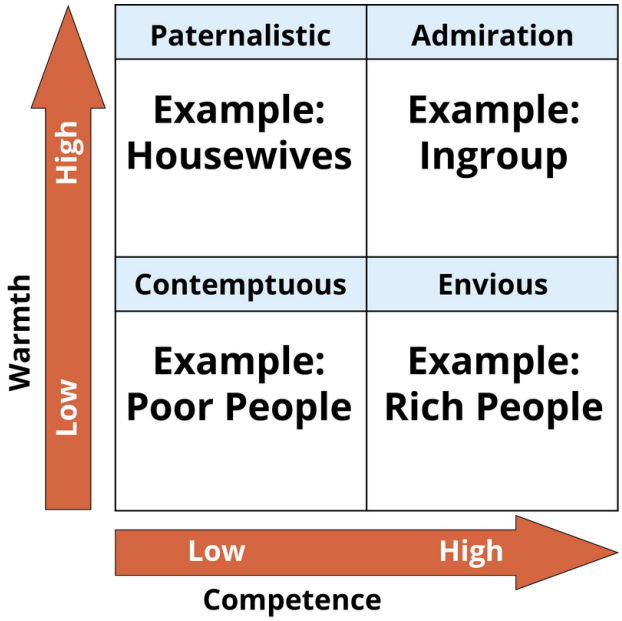


Figure 1: Stereotype Content Model - 4 kinds of stereotypes that form from perceptions of competence and warmth

There are common stereotypes of people from all sorts of categories and occupations that lead them to be classified along these two dimensions. For example, a stereotypical "housewife" would be seen as high in warmth but lower in competence. This is not to suggest that actual housewives are not competent, of course, but that they are not widely admired for their competence in the same way as scientific pioneers, trendsetters, or captains of industry. At another end of the spectrum are homeless people and drug addicts, stereotyped as not having good intentions (perhaps exploitative for not trying to play by the rules), and likewise being incompetent (unable) to do anything useful. These groups reportedly make society more disgusted than any other groups do.

Some group stereotypes are mixed, high on one dimension and low on the other. Groups stereotyped as competent but not warm, for example, include rich people and outsiders good at business. These groups that are seen as "competent but cold" make people feel some envy, admitting that these others may have some talent but resenting them for not being "people like us." The "model minority" stereotype mentioned earlier includes people with this excessive competence but deficient sociability.

The other mixed combination is high warmth but low competence. Groups who fit this combination include older people and disabled people. Others report pitying them, but only so long as they stay in their place. In an effort to combat this negative stereotype, disability- and elderly-rights activists try to eliminate that pity, hopefully gaining respect in the process.

Altogether, these four kinds of stereotypes and their associated emotional prejudices (pride, disgust, envy, pity) occur all over the world for each of society's own groups. These maps of the group terrain predict specific types of discrimination for specific kinds of groups, underlining how bias is not exactly equal opportunity.

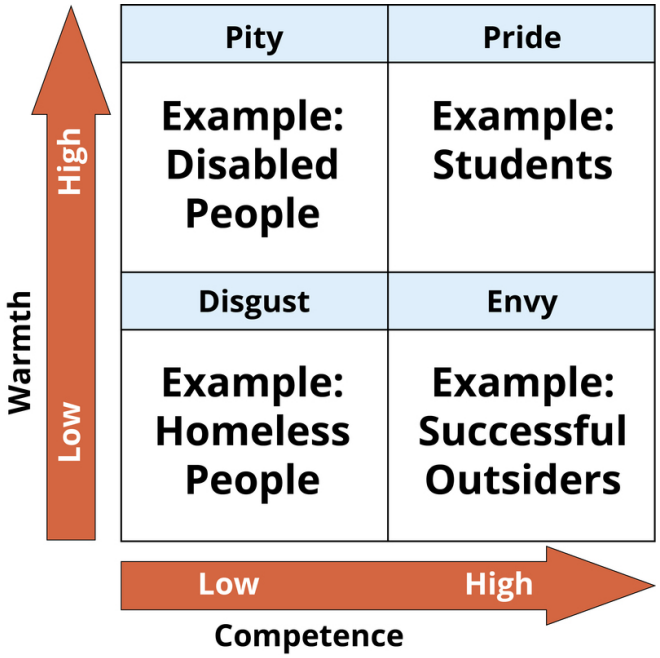


Figure 2: Combinations of perceived warmth and confidence and the associated behaviors/emotional prejudices.

Conclusion: 21st Century Prejudices

As the world becomes more interconnected—more collaborations between countries, more intermarrying between different groups—more and more people are encountering greater diversity of others in everyday life. Just ask yourself if you've ever been asked, "What *are* you?" Such a question would be preposterous if you were only surrounded by members of your own group. Categories, then, are becoming more and more uncertain, unclear, volatile, and complex (Bodenhausen & Peery, 2009). People's identities are multifaceted, intersecting across gender, race, class, age, region, and more. Identities are not so simple, but maybe as

the 21st century unfurls, we will recognize each other by the content of our character instead of the cover on our outside.

Outside Resources

Web: Website exploring the causes and consequences of prejudice.
http://www.understandingprejudice.org/

Discussion Questions

1. Do you know more people from different kinds of social groups than your parents did?
2. How often do you hear people criticizing groups without knowing anything about them?
3. Take the IAT. Could you feel that some associations are easier than others?
4. What groups illustrate ambivalent biases, seemingly competent but cold, or warm but incompetent?
5. Do you or someone you know believe that group hierarchies are inevitable? Desirable?
6. How can people learn to get along with people who seem different from them?

Vocabulary

Automatic bias
Automatic biases are unintended, immediate, and irresistible.

Aversive racism
Aversive racism is unexamined racial bias that the person does not intend and would reject, but that avoids inter-racial contact.

Blatant biases
Blatant biases are conscious beliefs, feelings, and behavior that people are perfectly willing to admit, are mostly hostile, and openly favor their own group.

Discrimination
Discrimination is behavior that advantages or disadvantages people merely based on their group membership.

Implicit Association Test
Implicit Association Test (IAT) measures relatively automatic biases that favor own group relative to other groups.

Prejudice
Prejudice is an evaluation or emotion toward people merely based on their group membership.

Right-wing authoritarianism
Right-wing authoritarianism (RWA) focuses on value conflicts but endorses respect for obedience and authority in the service of group conformity.

Self-categorization theory
Self-categorization theory develops social identity theory's point that people categorize themselves, along with each other into groups, favoring their own group.

Social dominance orientation
Social dominance orientation (SDO) describes a belief that group hierarchies are inevitable in all societies and even good, to maintain order and stability.

Social identity theory

Social identity theory notes that people categorize each other into groups, favoring their own group.

Stereotype Content Model
Stereotype Content Model shows that social groups are viewed according to their perceived warmth and competence.

Stereotypes
Stereotype is a belief that characterizes people based merely on their group membership.

Subtle biases
Subtle biases are automatic, ambiguous, and ambivalent, but real in their consequences.

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29
Persuasion: So Easily Fooled

Robert V. Levine

This module introduces several major principles in the process of persuasion. It offers an overview of the different paths to persuasion. It then describes how mindless processing makes us vulnerable to undesirable persuasion and some of the "tricks" that may be used against us.

Learning Objectives

- Recognize the difference between the central and peripheral routes to persuasion.
- Understand the concepts of trigger features, fixed action patterns, heuristics, and mindless thinking, and how these processes are essential to our survival but, at the same time, leave us vulnerable to exploitation.
- Understand some common "tricks" persuasion artists may use to take advantage of us.
- Use this knowledge to make you less susceptible to unwanted persuasion.

Introduction

Have you ever tried to swap seats with a stranger on an airline? Ever negotiated the price of a car? Ever tried to convince someone to recycle, quit smoking, or make a similar change in health behaviors? If so, you are well versed with how persuasion can show up in everyday life.

Persuasion has been defined as "the process by which a message induces change in beliefs, attitudes, or behaviors" (Myers, 2011). Persuasion can take many forms. It may, for example,

differ in whether it targets public compliance or private acceptance, is short-term or long-term, whether it involves slowly escalating commitments or sudden interventions and, most of all, in the benevolence of its intentions. When persuasion is well-meaning, we might call it education. When it is manipulative, it might be called mind control (Levine, 2003).

The instruments of persuasion work the same for selling products or politicians. [Image: Brian]

Whatever the content, however, there is a similarity to the form of the persuasion process itself. As the advertising commentator Sid Bernstein once observed, "Of course, you sell candidates for political office the same way you sell soap or sealing wax or whatever; because, when you get right down to it, that's the only way anything is sold" (Levine, 2003).

Persuasion is one of the most studied of all social psychology phenomena. This module provides an introduction to several of its most important components.

Two Paths to Persuasion

Persuasion theorists distinguish between the **central** and **peripheral** routes to persuasion (Petty & Cacioppo, 1986). The central route employs direct, relevant, logical messages. This method rests on the assumption that the audience is motivated, will think carefully about what is presented, and will react on the basis of your arguments. The central route is intended to produce enduring agreement. For example, you might decide to vote for a particular political candidate after hearing her speak and finding her logic and proposed policies to be convincing.

The peripheral route, on the other hand, relies on superficial cues that have little to do with logic. The peripheral approach is the salesman's way of thinking. It requires a target who *isn't* thinking carefully about what you are saying. It requires low effort from the target and often exploits rule-of-thumb **heuristics** that trigger mindless reactions (see below). It may be intended to persuade you to do something you do not want to do and might later be sorry you did. Advertisements, for example, may show celebrities, cute animals, beautiful scenery, or provocative sexual images that have nothing to do with the product. The peripheral

approach is also common in the darkest of persuasion programs, such as those of dictators and cult leaders. Returning to the example of voting, you can experience the peripheral route in action when you see a provocative, emotionally charged political advertisement that tugs at you to vote a particular way.

Triggers and Fixed Action Patterns

The central route emphasizes objective communication of information. The peripheral route relies on psychological techniques. These techniques may take advantage of a target's not thinking carefully about the message. The process mirrors a phenomenon in animal behavior known as **fixed action patterns (FAPs)**. These are sequences of behavior that occur in exactly the same fashion, in exactly the same order, every time they're elicited. Cialdini (2008) compares it to a prerecorded tape that is turned on and, once it is, always plays to its finish. He describes it is as if the animal were turning on a tape recorder (Cialdini, 2008). There is the feeding tape, the territorial tape, the migration tape, the nesting tape, the aggressive tape—each sequence ready to be played when a situation calls for it.

In humans fixed action patterns include many of the activities we engage in while mentally on "auto-pilot." These behaviors are so automatic that it is very difficult to control them. If you ever feed a baby, for instance, nearly everyone mimics each bite the baby takes by opening and closing their own mouth! If two people near you look up and point you will automatically look up yourself. We also operate in a reflexive, non-thinking way when we make many decisions. We are more likely, for example, to be less critical about medical advice dispensed from a doctor than from a friend who read an interesting article on the topic in a popular magazine.

A notable characteristic of fixed action patterns is how they are activated. At first glance, it appears the animal is responding to the overall situation. For example, the maternal tape appears to be set off when a mother sees her hungry baby, or the aggressive tape seems to be activated when an enemy invades the animal's territory. It turns out, however, that the on/off switch may actually be controlled by a specific, minute detail of the situation—maybe a sound or shape or patch of color. These are the hot buttons of the biological world—what Cialdini refers to as "**trigger features**" and biologists call "releasers."

Humans are not so different. Take the example of a study conducted on various ways to promote a campus bake sale for charity (Levine, 2003). Simply displaying the cookies and other treats to passersby did not generate many sales (only 2 out of 30 potential customers made a purchase). In an alternate condition, however, when potential customers were asked

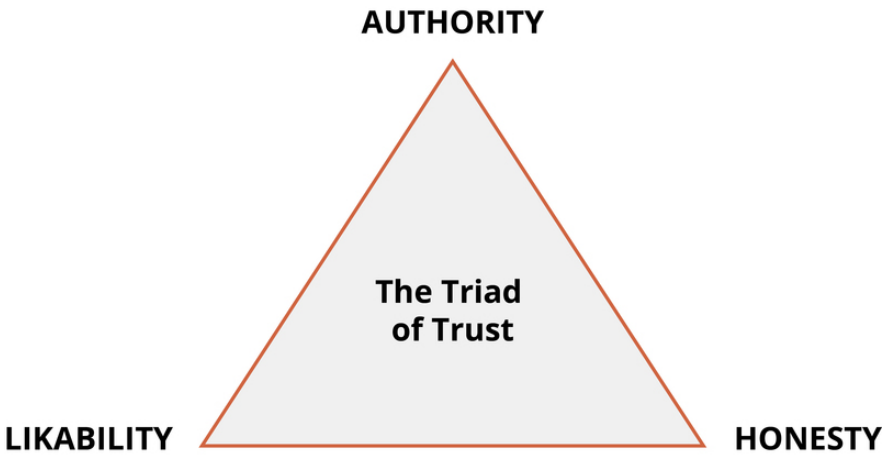
Certain triggers can cause people to switch into an automatic pattern of behavior. In an experiment, potential customers were more easily persuaded to buy when they heard the words "for a good cause." [Photo: Alameda County Library]

to "buy a cookie for a good cause" the number rose to 12 out of 30. It seems that the phrase "a good cause" triggered a willingness to act. In fact, when the phrase "a good cause" was paired with a locally-recognized charity (known for its food-for-the-homeless program) the numbers held steady at 14 out of 30. When a fictional good cause was used instead (the make believe "Levine House") still 11 out of 30 potential customers made purchases and not one asked about the purpose or nature of the cause. The phrase "for a good cause" was an influential enough hot button that the exact cause didn't seem to matter.

The effectiveness of peripheral persuasion relies on our frequent reliance on these sorts of fixed action patterns and trigger features. These mindless, rules-of-thumb are generally effective shortcuts for coping with the overload of information we all must confront. They serve as heuristics—mental shortcuts-- that enable us to make decisions and solve problems quickly and efficiently. They also, however, make us vulnerable to uninvited exploitation through the peripheral route of persuasion.

The Source of Persuasion: The Triad of Trustworthiness

Effective persuasion requires trusting the source of the communication. Studies have identified three characteristics that lead to trust: perceived authority, honesty, and likability.



When the source appears to have any or all of

these characteristics, people not only are more willing to agree to their request but are willing to do so without carefully considering the facts. We assume we are on safe ground and are happy to shortcut the tedious process of informed decision making. As a result, we are more susceptible to messages and requests, no matter their particular content or how peripheral they may be.

Authority

From earliest childhood, we learn to rely on authority figures for sound decision making because their authority signifies status and power, as well as expertise. These two facets often work together. Authorities such as parents and teachers are not only our primary sources of wisdom while we grow up, but they control us and our access to the things we want. In addition, we have been taught to believe that respect for authority is a moral virtue. As adults, it is natural to transfer this respect to society's designated authorities, such as judges, doctors, bosses, and religious leaders. We assume their positions give them special access to information and power. Usually we are correct, so that our willingness to defer to authorities becomes a convenient shortcut to sound decision making. Uncritical trust in authority may, however, lead to bad decisions. Perhaps the most famous study ever conducted in social psychology demonstrated that, when conditions were set up just so, two-thirds of a sample of psychologically normal men were willing to administer potentially lethal shocks to a stranger when an apparent authority in a laboratory coat ordered them to do so (Milgram, 1974; Burger, 2009).

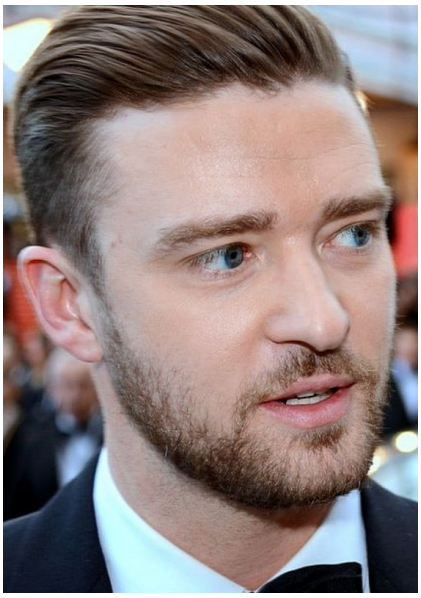
Uncritical trust in authority can be problematic for several reasons. First, even if the source of the message is a legitimate, well-intentioned authority, they may not always be correct. Second, when respect for authority becomes mindless, expertise in one domain may be confused with expertise in general. To assume there is credibility when a successful actor promotes a cold remedy, or when a psychology professor offers his views about politics, can lead to problems. Third, the authority may not be legitimate. It is not difficult to fake a college degree or professional credential or to buy an official-looking badge or uniform.

Honesty

Honesty is the moral dimension of trustworthiness. Persuasion professionals have long understood how critical it is to their efforts. Marketers, for example, dedicate exorbitant resources to developing and maintaining an image of honesty. A trusted brand or company name becomes a mental shortcut for consumers. It is estimated that some 50,000 new products come out each year. Forrester Research, a marketing research company, calculates

that children have seen almost six million ads by the age of 16. An established brand name helps us cut through this volume of information. It signals we are in safe territory. "The real suggestion to convey," advertising leader Theodore MacManus observed in 1910, "is that the man manufacturing the product is an honest man, and the product is an honest product, to be preferred above all others" (Fox, 1997).

Likability



People tend to favor products that are associated with people they like. This is the key ingredient to celebrity endorsements. While there are a lot of factors that can contribute to likability, being physically attractive is right at the top of the list in terms of importance. [Photo: Georges Biard]

If we know that celebrities aren't really experts, and that they are being paid to say what they're saying, why do their endorsements sell so many products? Ultimately, it is because we like them. More than any single quality, we trust people we like. Roger Ailes, a public relations adviser to Presidents Reagan and George H.W. Bush, observed: "If you could master one element of personal communication that is more powerful than anything . . . it is the quality of being likeable. I call it the magic bullet, because if your audience likes you, they'll forgive just about everything else you do wrong. If they don't like you, you can hit every rule right on target and it doesn't matter."

The mix of qualities that make a person likable are complex and often do not generalize from one situation to another. One clear finding, however, is that physically attractive people tend to be liked more. In fact, we prefer them to a disturbing extent: Various studies have shown we perceive attractive people as smarter, kinder, stronger, more successful, more socially skilled, better poised, better adjusted, more exciting, more nurturing, and, most important, of higher moral character. All of this is based on no other information than their physical appearance (e.g., Dion, Berscheid, & Walster, 1972).

Manipulating the Perception of Trustworthiness

The perception of trustworthiness is highly susceptible to manipulation. Levine (2003) lists some of the most common psychological strategies that are used to achieve this effect:

Manipulating Trustworthiness	
Testimonials & Endorsements	Presenting the Message as Education
"Word of Mouth"	The Maven

Testimonials and Endorsement

This technique employs someone who people already trust to testify about the product or message being sold. The technique goes back to the earliest days of advertising when satisfied customers might be shown describing how a patent medicine cured their life-long battle with "nerves" or how Dr. Scott's Electric Hair Brush healed their baldness ("My hair (was) falling out, and I was rapidly becoming bald, but since using the brush a thick growth of hair has made its appearance, quite equal to that I had before previous to its falling out," reported a satisfied customer in an 1884 ad for the product). Similarly, Kodak had Prince Henri D'Orleans and others endorse the superior quality of their camera ("The results are marvellous[sic]. The enlargements which you sent me are superb," stated Prince Henri D'Orleans in a 1888 ad).

Celebrity endorsements are a frequent feature in commercials aimed at children. The practice has aroused considerable ethical concern, and research shows the concern is warranted. In a study funded by the Federal Trade Commission, more than 400 children ages 8 to 14 were shown one of various commercials for a model racing set. Some of the commercials featured an endorsement from a famous race car driver, some included real racing footage, and others included neither. Children who watched the celebrity endorser not only preferred the toy cars more but were convinced the endorser was an expert about the toys. This held true for children of all ages. In addition, they believed the toy race cars were bigger, faster, and more complex than real race cars they saw on film. They were also less likely to believe the commercial was staged (Ross et al., 1984).

Presenting the Message as Education

The message may be framed as objective information. Salespeople, for example, may try to convey the impression they are less interested in selling a product than helping you make the best decision. The implicit message is that being informed is in everyone's best interest, because they are confident that when you understand what their product has to offer that

you will conclude it is the best choice. Levine (2003) describes how, during training for a job as a used car salesman, he was instructed: "If the customer tells you they do not want to be bothered by a salesperson, your response is 'I'm not a salesperson, I'm a product consultant. I don't give prices or negotiate with you. I'm simply here to show you our inventory and help you find a vehicle that will fit your needs.'"

Word of Mouth

Imagine you read an ad that claims a new restaurant has the best food in your city. Now, imagine a friend tells you this new restaurant has the best food in the city. Who are you more likely to believe? Surveys show we turn to people around us for many decisions. A 1995 poll found that 70% of Americans rely on personal advice when selecting a new doctor. The same poll found that 53% of moviegoers are influenced by the recommendation of a person they know. In another survey, 91% said they're likely to use another person's recommendation when making a major purchase.

Persuasion professionals may exploit these tendencies. Often, in fact, they pay for the surveys. Using this data, they may try to disguise their message as word of mouth from your peers. For example, Cornerstone Promotion, a leading marketing firm that advertises itself as under-the-radar marketing specialists, sometimes hires children to log into chat rooms and pretend to be fans of one of their clients or pays students to throw parties where they subtly circulate marketing material among their classmates.

The Maven

More persuasive yet, however, is to involve peers face-to-face. Rather than over-investing in formal advertising, businesses and organizations may plant seeds at the grassroots level hoping that consumers themselves will then spread the word to each other. The seeding process begins by identifying so-called information hubs—individuals the marketers believe can and will reach the most other people.

The seeds may be planted with established opinion leaders. Software companies, for example, give advance copies of new computer programs to professors they hope will recommend it to students and colleagues. Pharmaceutical companies regularly provide travel expenses and speaking fees to researchers willing to lecture to health professionals about the virtues of their drugs. Hotels give travel agents free weekends at their resorts in the hope they'll later recommend them to clients seeking advice.

There is a Yiddish word, maven, which refers to a person who's an expert or a connoisseur, as in a friend who knows where to get the best price on a sofa or the co-worker you can turn to for advice about where to buy a computer. They (a) know a lot of people, (b) communicate a great deal with people, (c) are more likely than others to be asked for their opinions, and (d) enjoy spreading the word about what they know and think. Most important of all, they are trusted. As a result, mavens are often targeted by persuasion professionals to help spread their message.

Other Tricks of Persuasion

There are many other mindless, mental shortcuts—heuristics and fixed action patterns—that leave us susceptible to persuasion. A few examples:

- "Free Gifts" & Reciprocity
- Social Proof
- Getting a Foot-in-the-Door
- A Door-in-the-Face
- "And That's Not All"
- The Sunk Cost Trap
- Scarcity & Psychological Reactance

Reciprocity

"There is no duty more indispensable than that of returning a kindness," wrote Cicero. Humans are motivated by a sense of equity and fairness. When someone does something for us or gives us something, we feel obligated to return the favor in kind. It triggers one of the most powerful of social norms, the **reciprocity** rule, whereby we feel compelled to repay, in equitable value, what another person has given to us.

Gouldner (1960), in his seminal study of the reciprocity rule, found it appears in every culture. It lays the basis for virtually every type of social relationship, from the legalities of business arrangements to the subtle exchanges within a romance. A salesperson may offer free gifts, concessions, or their valuable time in order to get us to do something for them in return. For example, if a colleague helps you when you're busy with a project, you might feel obliged to support her ideas for improving team processes. You might decide to buy more from a supplier if they have offered you an aggressive discount. Or, you might give money to a charity

fundraiser who has given you a flower in the street (Cialdini, 2008; Levine, 2003).

Social Proof

If everyone is doing it, it must be right. People are more likely to work late if others on their team are doing the same, to put a tip in a jar that already contains money, or eat in a restaurant that is busy. This principle derives from two extremely powerful social forces—social comparison and conformity. We compare our behavior to what others are doing and, if there is a discrepancy between the other person and ourselves, we feel pressure to change (Cialdini, 2008).

The principle of **social proof** is so common that it easily passes unnoticed. Advertisements, for example, often consist of little more than attractive social models appealing to our desire to be one of the group. For example, the German candy company Haribo suggests that when you purchase their products you are joining a larger society of satisfied customers: "Kids and grown-ups love it so-- the happy world of Haribo". Sometimes social cues are presented with such specificity that it is as if the target is being manipulated by a puppeteer—for example, the laugh tracks on situation comedies that instruct one not only when to laugh but how to laugh. Studies find these techniques work. Fuller and Skeehy-Skeffington (1974), for example, found that audiences laughed longer and more when a laugh track accompanied the show than when it did not, even though respondents knew the laughs they heard were connived by a technician from old tapes that had nothing to do with the show they were watching. People are particularly susceptible to social proof (a) when they are feeling uncertain, and (b) if the people in the comparison group seem to be similar to ourselves. As P.T. Barnum once said, "Nothing draws a crowd like a crowd."

While few people really like to wait in long lines, we might do it anyway in certain situations. If enough people are willing to wait it (usually) is a sign that there is something worth having at the end. A line in front of a restaurant, movie, etc. is social proof that will likely influence other people to try. [Photo: mattdaily]

Commitment and Consistency

Westerners have a desire to both feel and be perceived to act consistently. Once we have made an initial commitment, it is more likely that we will agree to subsequent commitments that follow from the first. Knowing this, a clever persuasion artist might induce someone to agree to a difficult-to-refuse small request and follow this with progressively larger requests that were his target from the beginning. The process is known as getting a **foot in the door** and then **slowly escalating the commitments**.

Paradoxically, we are less likely to say "No" to a large request than we are to a small request when it follows this pattern. This can have costly consequences. Levine (2003), for example, found ex-cult members tend to agree with the statement: "Nobody ever joins a cult. They just postpone the decision to leave."

A Door in the Face

Some techniques bring a paradoxical approach to the escalation sequence by pushing a request to or beyond its acceptable limit and then backing off. In the door-in-the-face (sometimes called the reject-then-compromise) procedure, the persuader begins with a large request they expect will be rejected. They want the door to be slammed in their face. Looking forlorn, they now follow this with a smaller request, which, unknown to the customer, was their target all along.

In one study, for example, Mowen and Cialdini (1980), posing as representatives of the fictitious "California Mutual Insurance Co.," asked university students walking on campus if they'd be willing to fill out a survey about safety in the home or dorm. The survey, students were told, would take about 15 minutes. Not surprisingly, most of the students declined—only one out of four complied with the request. In another condition, however, the researchers door-in-the-faced them by beginning with a much larger request. "The survey takes about two hours," students were told. Then, after the subject declined to participate, the experimenters retreated to the target request: ". . . look, one part of the survey is particularly important and is fairly short. It will take only 15 minutes to administer." Almost twice as many now complied.

And That's Not All!

The that's-not-all technique also begins with the salesperson asking a high price. This is followed by several seconds' pause during which the customer is kept from responding. The salesperson then offers a better deal by either lowering the price or adding a bonus product. That's-not-all is a variation on door-in-the-face. Whereas the latter begins with a request that will be rejected, however, that's-not-all gains its influence by putting the customer on the

fence, allowing them to waver and then offering them a comfortable way off.

Burger (1986) demonstrated the technique in a series of field experiments. In one study, for example, an experimenter-salesman told customers at a student bake sale that cupcakes cost 75 cents. As this price was announced, another salesman held up his hand and said, "Wait a second," briefly consulted with the first salesman, and then announced ("that's-not-all") that the price today included two cookies. In a control condition, customers were offered the cupcake and two cookies as a package for 75 cents right at the onset. The bonus worked magic: Almost twice as many people bought cupcakes in the that's-not-all condition (73%) than in the control group (40%).

The Sunk Cost Trap

Sunk cost is a term used in economics referring to nonrecoverable investments of time or money. The trap occurs when a person's aversion to loss impels them to throw good money after bad, because they don't want to waste their earlier investment. This is vulnerable to manipulation. The more time and energy a cult recruit can be persuaded to spend with the group, the more "invested" they will feel, and, consequently, the more of a loss it will feel to leave that group. Consider the advice of billionaire investor Warren Buffet: "When you find yourself in a hole, the best thing you can do is stop digging" (Levine, 2003).

Scarcity and Psychological Reactance

People may be more attracted to an opportunity when supplies or time is limited. [Photo: watz]

People tend to perceive things as more attractive when their availability is limited, or when they stand to lose the opportunity to acquire them on favorable terms (Cialdini, 2008). Anyone who has encountered a willful child is familiar with this principle. In a classic study, Brehm & Weinraub (1977), for example, placed 2-year-old boys in a room with a pair of equally attractive toys. One of the toys was placed next to a plexiglass wall; the other was set behind the plexiglass. For some boys, the wall was 1 foot high, which allowed the boys to easily reach over and touch the distant toy. Given this easy access, they showed no particular preference for one toy or the other. For other boys, however, the wall was a formidable 2 feet high, which

required them to walk around the barrier to touch the toy. When confronted with this wall of inaccessibility, the boys headed directly for the forbidden fruit, touching it three times as quickly as the accessible toy.

Research shows that much of that 2-year-old remains in adults, too. People resent being controlled. When a person seems too pushy, we get suspicious, annoyed, often angry, and yearn to retain our freedom of choice more than before. Brehm (1966) labeled this the principle of **psychological reactance**.

The most effective way to circumvent psychological reactance is to first get a foot in the door and then escalate the demands so gradually that there is seemingly nothing to react against. Hassan (1988), who spent many years as a higher-up in the "Moonies" cult, describes how they would shape behaviors subtly at first, then more forcefully. The material that would make up the new identity of a recruit was doled out gradually, piece by piece, only as fast as the person was deemed ready to assimilate it. The rule of thumb was to "tell him only what he can accept." He continues: "Don't sell them [the converts] more than they can handle . . . . If a recruit started getting angry because he was learning too much about us, the person working on him would back off and let another member move in ....."

Defending Against Unwelcome Persuasion

The most commonly used approach to help people defend against unwanted persuasion is known as the "inoculation" method. Research has shown that people who are subjected to weak versions of a persuasive message are less vulnerable to stronger versions later on, in much the same way that being exposed to small doses of a virus immunizes you against full-blown attacks. In a classic study by McGuire (1964), subjects were asked to state their opinion on an issue. They were then mildly attacked for their position and then given an opportunity to refute the attack. When later confronted by a powerful argument against their initial opinion, these subjects were more resistant than were a control group. In effect, they developed defenses that rendered them immune.

Sagarin and his colleagues have developed a more aggressive version of this technique that they refer to as "stinging" (Sagarin, Cialdini, Rice, & Serna, 2002). Their studies focused on the popular advertising tactic whereby well-known authority figures are employed to sell products they know nothing about, for example, ads showing a famous astronaut pontificating on Rolex watches. In a first experiment, they found that simply forewarning people about the deviousness of these ads had little effect on peoples' inclination to buy the product later. Next, they stung the subjects. This time, they were immediately confronted with their gullibility.

"Take a look at your answer to the first question. Did you find the ad to be even somewhat convincing? If so, then you got fooled. … Take a look at your answer to the second question. Did you notice that this 'stockbroker' was a fake?" They were then asked to evaluate a new set of ads. The sting worked. These subjects were not only more likely to recognize the manipulativeness of deceptive ads; they were also less likely to be persuaded by them.

Anti-vulnerability trainings such as these can be helpful. Ultimately, however, the most effective defense against unwanted persuasion is to accept just how vulnerable we are. One must, first, accept that it is normal to be vulnerable and, second, to learn to recognize the danger signs when we are falling prey. To be forewarned is to be forearmed.

Conclusion

This module has provided a brief introduction to the psychological processes and subsequent "tricks" involved in persuasion. It has emphasized the peripheral route of persuasion because this is when we are most vulnerable to psychological manipulation. These vulnerabilities are side effects of "normal" and usually adaptive psychological processes. Mindless heuristics offer shortcuts for coping with a hopelessly complicated world. They are necessities for human survival. All, however, underscore the dangers that accompany any mindless thinking.

Outside Resources

Book: Ariely, D. (2008). Predictably irrational. New York, NY: Harper.

Book: Cialdini, R. B. (2008). Influence: Science and practice (5th ed.). Boston, MA: Allyn and Bacon.

Book: Gass, R., & Seiter, J. (2010). Persuasion, social influence, and compliance gaining (4th ed.). Boston, MA: Pearson.

Book: Kahneman, D. (2012). Thinking fast and slow. New York, NY: Farrar, Straus & Giroux.

Book: Levine, R. (2006). The power of persuasion: how we\'re bought and sold. Hoboken, NJ: Wiley
http://www.amazon.com/The-Power-Persuasion-Were-Bought/dp/0471763179

Book: Tavris, C., & Aronson, E. (2011). Mistakes were made (but not by me). New York, NY: Farrar, Straus & Giroux.

Student Video 1: Kyle Ball and Brandon Do's 'Principles of Persuasion'. This is a student-made video highlighting 6 key principles of persuasion that we encounter in our everyday lives. It was one of the winning entries in the 2015 Noba Student Video Award.
https://www.youtube.com/watch?v=Orkt0wiEGt4

Student Video 2: 'Persuasion', created by Jake Teeny and Ben Oliveto, compares the central and peripheral routes to persuasion and also looks at how techniques of persuasion such as Scarcity and Social Proof influence our consumer choices. It was one of the winning entries in the 2015 Noba Student Video Award.
https://vimeo.com/123205124

Student Video 3: 'Persuasion in Advertising' is a humorous look at the techniques used by companies to try to convince us to buy their products. The video was created by the team of Edward Puckering, Chris Cameron, and Kevin Smith. It was one of the winning entries in the 2015 Noba Student Video Award.
https://www.youtube.com/watch?v=B-UnkWGCKzU

Video: A brief, entertaining interview with the celebrity pickpocket shows how easily we can be fooled. See A Pickpocket's Tale at

http://www.newyorker.com/online/blogs/culture/2013/01/video-the-art-of-pickpocketing.html

Video: Cults employ extreme versions of many of the principles in this module. An excellent documentary tracing the history of the Jonestown cult is the PBS "American Experience" production, Jonestown: The Life and Death of Peoples Temple at
http://www.pbs.org/wgbh/americanexperience/features/introduction/jonestown-introduction/

Video: Philip Zimbardo's now-classic video, Quiet Rage, offers a powerful, insightful description of his famous Stanford prison study
http://www.prisonexp.org/documentary.htm

Video: The documentary Outfoxed provides an excellent example of how persuasion can be masked as news and education.
http://www.outfoxed.org/

Video: The video, The Science of Countering Terrorism: Psychological Perspectives, a talk by psychologist Fathali Moghaddam, is an excellent introduction to the process of terrorist recruitment and thinking
http://sciencestage.com/v/32330/fathali-moghaddam-science-cafe-the-science-of-counterin-g-terrorism-psychological-perspectives.html

Discussion Questions

1. Imagine you are commissioned to create an ad to sell a new beer. Can you give an example of an ad that would rely on the central route? Can you give an example of an ad that would rely on the peripheral route?
2. The reciprocity principle can be exploited in obvious ways, such as giving a customer a free sample of a product. Can you give an example of a less obvious way it might be exploited? What is a less obvious way that a cult leader might use it to get someone under his or her grip?
3. Which "trick" in this module are you, personally, most prone to? Give a personal example of this. How might you have avoided it?

Vocabulary

Central route to persuasion
Persuasion that employs direct, relevant, logical messages.

Fixed action patterns (FAPs)
Sequences of behavior that occur in exactly the same fashion, in exactly the same order, every time they are elicited.

Foot in the door
Obtaining a small, initial commitment.

Gradually escalating commitments
A pattern of small, progressively escalating demands is less likely to be rejected than a single large demand made all at once.

Heuristics
Mental shortcuts that enable people to make decisions and solve problems quickly and efficiently.

Peripheral route to persuasion
Persuasion that relies on superficial cues that have little to do with logic.

Psychological reactance
A reaction to people, rules, requirements, or offerings that are perceived to limit freedoms.

Social proof
The mental shortcut based on the assumption that, if everyone is doing it, it must be right.

The norm of reciprocity
The normative pressure to repay, in equitable value, what another person has given to us.

The rule of scarcity
People tend to perceive things as more attractive when their availability is limited, or when they stand to lose the opportunity to acquire them on favorable terms.

The triad of trust
We are most vulnerable to persuasion when the source is perceived as an authority, as honest

and likable.

Trigger features
Specific, sometimes minute, aspects of a situation that activate fixed action patterns.

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Sagarin, B. J., Cialdini, R. B., Rice, W. E., & Serna, S. B. (2002). Dispelling the illusion of invulnerability: The motivations and mechanisms of resistance to persuasion. *Journal of Personality and Social Psychology*, 83, 526–541.

30
Conformity and Obedience

Jerry M. Burger

We often change our attitudes and behaviors to match the attitudes and behaviors of the people around us. One reason for this conformity is a concern about what other people think of us. This process was demonstrated in a classic study in which college students deliberately gave wrong answers to a simple visual judgment task rather than go against the group. Another reason we conform to the norm is because other people often have information we do not, and relying on norms can be a reasonable strategy when we are uncertain about how we are supposed to act. Unfortunately, we frequently misperceive how the typical person acts, which can contribute to problems such as the excessive binge drinking often seen in college students. Obeying orders from an authority figure can sometimes lead to disturbing behavior. This danger was illustrated in a famous study in which participants were instructed to administer painful electric shocks to another person in what they believed to be a learning experiment. Despite vehement protests from the person receiving the shocks, most participants continued the procedure when instructed to do so by the experimenter. The findings raise questions about the power of blind obedience in deplorable situations such as atrocities and genocide. They also raise concerns about the ethical treatment of participants in psychology experiments.

Learning Objectives

- Become aware of how widespread conformity is in our lives and some of the ways each of us changes our attitudes and behavior to match the norm.
- Understand the two primary reasons why people often conform to perceived norms.
- Appreciate how obedience to authority has been examined in laboratory studies and some of the implications of the findings from these investigations.
- Consider some of the remaining issues and sources of controversy surrounding Milgram's

obedience studies.

Introduction

When he was a teenager, my son often enjoyed looking at photographs of me and my wife taken when we were in high school. He laughed at the hairstyles, the clothing, and the kind of glasses people wore "back then." And when he was through with his ridiculing, we would point out that no one is immune to fashions and fads and that someday his children will probably be equally amused by his high school photographs and the trends he found so normal at the time.

Everyday observation confirms that we often adopt the actions and attitudes of the people around us. Trends in clothing, music, foods, and entertainment are obvious. But our views on political issues, religious questions, and lifestyles also reflect to some degree the attitudes of the people we interact with. Similarly, decisions about behaviors such as smoking and drinking are influenced by whether the people we spend time with engage in these activities. Psychologists refer to this widespread tendency to act and think like the people around us as **conformity**.

Fashion trends serve as good, and sometimes embarrassing, examples of our own susceptibility to conformity. [Photo: messtiza]

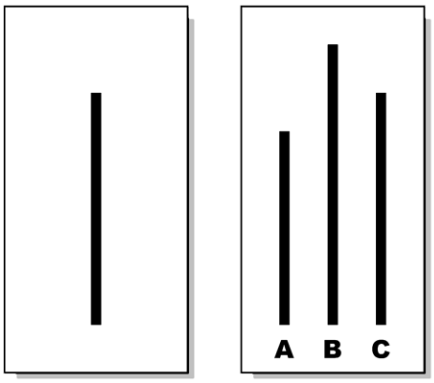
Conformity

What causes all this conformity? To start, humans may possess an inherent tendency to imitate the actions of others. Although we usually are not aware of it, we often mimic the gestures, body posture, language, talking speed, and many other behaviors of the people we interact with. Researchers find that this mimicking increases the connection between people and allows our interactions to flow more smoothly (Chartrand & Bargh, 1999).

Beyond this automatic tendency to imitate others, psychologists have identified two primary reasons for conformity. The first of these is **normative influence**. When normative influence is operating, people go along with the crowd because they are concerned about what others think of them. We don't want to look out of step or become the target of criticism just because we like different kinds of music or dress differently than everyone else. Fitting in also brings rewards such as camaraderie and compliments.

How powerful is normative influence? Consider a classic study conducted many years ago by Solomon Asch (1956). The participants were male college students who were asked to engage in a seemingly simple task. An experimenter standing several feet away held up a card that depicted one line on the left side and three lines on the right side. The participant's job was to say aloud which of the three lines on the right was the same length as the line on the left. Sixteen cards were presented one at a time, and the correct answer on each was so obvious as to make the task a little boring. Except for one thing. The participant was not alone. In fact, there were six other people in the room who also gave their answers to the line-judgment task aloud. Moreover, although they pretended to be fellow participants, these other individuals were, in fact, confederates working with the experimenter. The real participant was seated so that he always gave his answer after hearing what five other "participants" said. Everything went smoothly until the third trial, when inexplicably the first "participant" gave an obviously incorrect answer. The mistake might have been amusing, except the second participant gave the same answer. As did the third, the fourth, and the fifth participant. Suddenly the real participant was in a difficult situation. His eyes told him one thing, but five out of five people apparently saw something else.

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,



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: wikimedia commons]

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.

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).

Efforts to influence people to engage in healthier or more sustainable behaviors have benefitted from use of 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: Tubetroll]

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.

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."

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. [Photo: Rusty Stewart]

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.

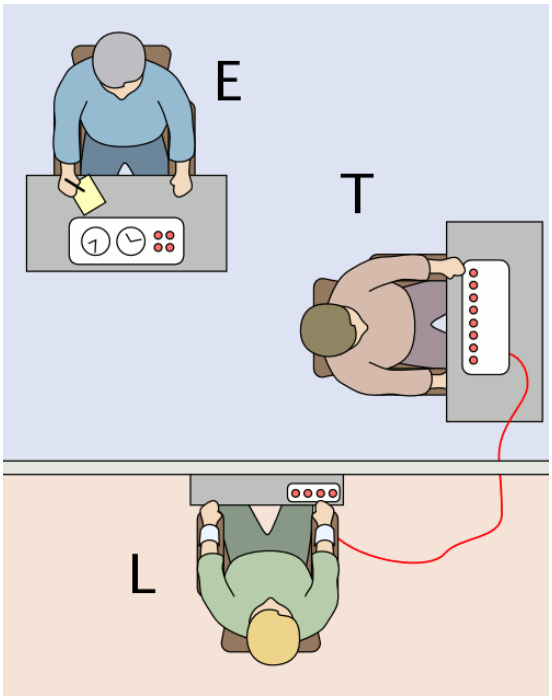


Diagram of the Milgram Experiment. "E" = the experimenter, "T" = the teacher, who was the focus of the experiment, "L" = the learner, the person expected to receive the shocks but who was actually an actor cooperating with the experimenter. [Image: "Milgram experiment v2" by Fred the Oyster - wikimedia commons]

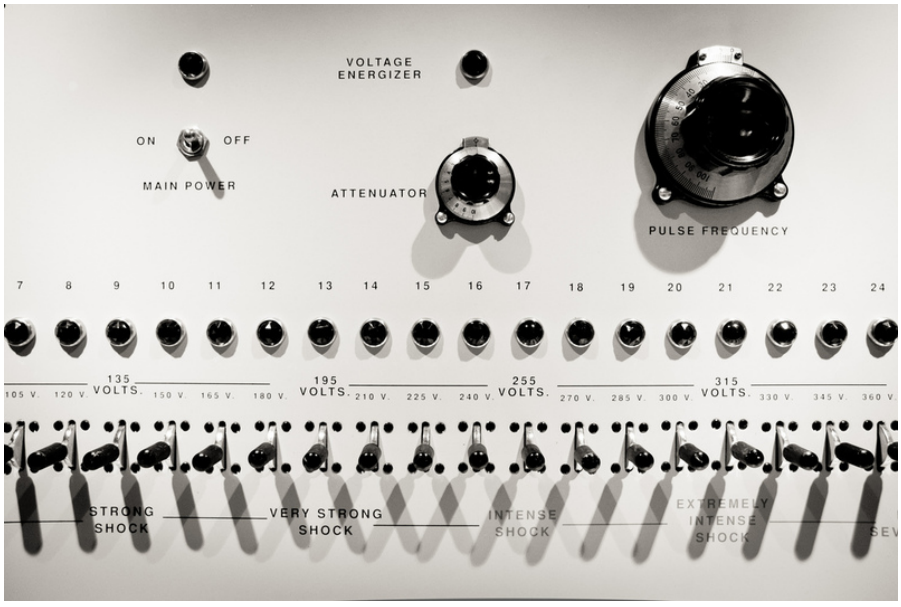
Through a microphone, the teacher administered a memory test to the learner in the next room. The learner responded to the multiple-choice items by pressing one of four buttons that were barely within reach of his strapped-down hand. If the teacher saw the correct answer light up on his side of the wall, 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."

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.



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? [Photo: Sharon Drummond]

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).

Another point of controversy concerns the ethical treatment of research participants. Researchers have an obligation to look out for the welfare of their participants. Yet, there is little doubt that many of Milgram's participants experienced intense levels of stress as they went through the procedure. In his defense, Milgram was not unconcerned about the effects of the experience on his participants. And in follow-up questionnaires, the vast majority of his participants said they were pleased they had been part of the research and thought similar experiments should be conducted in the future. Nonetheless, in part because of Milgram's studies, guidelines and procedures were developed to protect research participants from these kinds of experiences. Although Milgram's intriguing findings left us with many unanswered questions, conducting a full replication of his experiment remains out of bounds by today's standards.

Social psychologists are fond of saying that we are all influenced by the people around us more than we recognize. Of course, each person is unique, and ultimately each of us makes choices about how we will and will not act. But decades of research on conformity and obedience make it clear that we live in a social world and that—for better or worse—much of what we do is a reflection of the people we encounter.

Outside Resources

Student Video: Christine N. Winston and Hemali Maher's 'The Milgram Experiment' gives an excellent 3-minute overview of one of the most famous experiments in the history of psychology. It was one of the winning entries in the 2015 Noba Student Video Award.
https://www.youtube.com/watch?v=uVIUZwkM_G0

Video: An example of information influence in a field setting
http://www.youtube.com/watch?v=4yFeaS60nWk

Video: Scenes from a recent partial replication of Milgram's obedience studies
http://www.youtube.com/watch?v=HwqNP9HRy7Y

Video: Scenes from a recent replication of Asch's conformity experiment
http://www.youtube.com/watch?v=VgDx5g9ql1g

Web: Website devoted to scholarship and research related to Milgram's obedience studies
http://www.stanleymilgram.com

Discussion Questions

1. In what ways do you see normative influence operating among you and your peers? How difficult would it be to go against the norm? What would it take for you to not do something just because all your friends were doing it?
2. What are some examples of how informational influence helps us do the right thing? How can we use descriptive norm information to change problem behaviors?
3. Is conformity more likely or less likely to occur when interacting with other people through social media as compared to face-to-face encounters?
4. When is obedience to authority a good thing and when is it bad? What can be done to prevent people from obeying commands to engage in truly deplorable behavior such as atrocities and massacres?
5. In what ways do Milgram's experimental procedures fall outside the guidelines for research with human participants? Are there ways to conduct relevant research on obedience to authority without violating these guidelines?

Vocabulary

Conformity
Changing one's attitude or behavior to match a perceived social norm.

Descriptive norm
The perception of what most people do in a given situation.

Informational influence
Conformity that results from a concern to act in a socially approved manner as determined by how others act.

Normative influence
Conformity that results from a concern for what other people think of us.

Obedience
Responding to an order or command from a person in a position of authority.

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