Left hemisphere is more analytical than the right; left hemisphere controls right. right hemisphere controls the left.

**SENSATION**
1. SIGHT
2. HEARING
3. TOUCH
4. TASTE
5. SMELL

**Principles of Sensory Experience**

1. Selectivity: we select the stimulus that is most important (inclusion and exclusion)
2. Change: recognize a change in the environment whether it be in sound, light, etc
3. Comparison: brighter, dimmer, making comparison to what things once were “It’s louder now”

**Pain**

**Acute Pain**
- some tissue damage
- symptomatic (symptom of something else)
- prone to anxiety
- narcotics indicated (study shows that they’re underutilized because people are afraid of addiction)
- low addiction potential
- etiology
- cure is present

**Chronic Pain**
- less biological utility; often doesn’t signal tissue damage
- disease
- initial anxiety, but then leads to depression
- contraindicated
- addiction potential is high due to cycle of pain
- etiology is unclear
- likelihood of pain is low

**Specificity Theory of Pain**
- pain goes directly to the brain
- tissue damage is directly proportional to pain
Overall, these three produce effects on emotion, motivation, and expectations. Proud feelings when you achieve;

If you study very hard, and you still do badly on a test:
Internal
Stable
Out of Control
Emotion - feeling of failure
Motivation - not motivated
Expectations - expectations are not positive. “I’ll never get an A.

2. Achievement Goal Theory

Outcome oriented goals - having highest grade, beating a team
Performance oriented goals - you do as best as you can to increase the likelihood of the outcome
Task oriented goals - set schedule and set out goals: study schedules etc
- Associated with success

Outcomes don’t always affect the performance.

Development of Achievement Motivation

Three stages:
2. Autonomous Competency (2-4 years) - keep demonstrating their skills. more self-based
3. Social Comparison (5-12 years) - compare themselves to other people; competition, comparison
4. Integration (+12 years) - there’s a balance between their own abilities and own achievements and how they compare to other people.

Basic Human Emotions

Identify basic emotions. Three main theorists:

4. Ekman’s - Identify 6 universal human emotions
4. Anger, fear, disgust, surprise, happiness, sadness

How do we feel and experience emotion?

Autonomic Nervous System leads you to detect these stimulus.
Cognitive Development:

- Jean Piaget (man)

5. “How do we know things?”

A psychologist in France was beginning the development of IQ tests. What do all 6 year olds know, and what do they don’t? He did this for all age levels.

Qualitative differences: He recognized that some things kids could just not do things at a certain age. They think differently based on their ages.

Jean’s Methods of Inquiry for kids:
- Verbal Interview: what does the moon do? the sun?
- Manipulation of materials: He gave them supplies and made them do things
- Naturalistic invention: he observed them.

Jean’s Basic Concepts:
- Invariant functions/processes-universal, inborn, independent of age

A. Organization: we take ourselves as specific beings. our memories are highly organized.
B. Adaptation: assimilation - we take everything that’s already existing and form a structure, accommodation

Assimilation: a child calls her dad ‘dada’ but when she sees other males, she also calls them ‘dada’
a child sees a bird and calls it ‘bird’, but when they see an airplane, they also still see ‘bird’.

Accommodation: child accommodates his/her structure to realize that airplane is something separate from bird.

- Structure: (schemes) you have different schemes thought of that exhibit what a good relationship is
practices: whether you bottle fed or breast fed; whether you gave reinforcements attitudes: make the bigger difference

Three basic parental attitudes:
- level of attachment, attention, affection vs rejection
- consistency vs inconsistency: the most consistent parents are, the better
- giving a child responsibility vs parents who are overly protective

6. Baumrind’s parenting styles
- Authoritative parent: loving parent, but also provides firm sense of control when needed. they explain their reasons to the child as to why they’re doing things. able to guide children without controlling them. inspect the child’s interests, opinions. lot of encouragement and lot of love. children tend to expect themselves and have levels of self control and self awareness. they have obligations and responsibilities. very self-reliant. they’re willing to explore.

3. Authoritarian: values unquestioning obedience from the child. they tend to punish forcefully. heavy criticism and punishments (not always physically) controlling. children tend to be distressful, withdrawn, little more passive, and detached. not very happy.

- Permissive: no rules or demands. children tend to be more immature and lack self-control. few expectations.

4. most important component is love in the attachment phase.

C. Attachment

BASICALLY: three levels: secure (attached to mom), avoidant child (not attached to child. when parent leaves, child not upset), ambivalent child (afraid when mom leaves. when she comes back, the child is angry.)

2. Levels/strange situation - Mary Ainsworth came up with this theory
- a mother comes in with a baby, and the mother and the baby sit for a while. a stranger enters the room, and the mother leaves. the mother then returns. the stranger leaves.
- when the mom and baby enter unfamiliar setting, mom is the safe base for them. when stranger comes in, they gravitate towards mom. their distress goes down when mom reaches back in the room.
- when mom returns, they stay away from their mom as if they’re angry.

Three basic styles of attachment:
3. secure attachment -
4. insecure avoidant attachment - not really explore much. they’re not
2. Reliability: the test is reliably measuring something; consistency getting same measurements each time.

Three ways to test reliability:
- test/retest: give same person same test a second time after some time to check for same results
- parallel forms: same test but different forms (questions arranged differently)
- split half:

- Validity **(accuracy)**: testing what you’re supposed to be testing; psych test won’t have questions based on theology or psychology in there.

Two ways to test validity:
2. content validity: does the item contain information related to what you’re measuring
3. predictive validity: SAT and ACT; how well you will do in college is typically based on this

**Projective Personality Techniques**

Freud says that people will project their personalities
- Ambiguity
- Rorschach Inkblot technique; people see what they are feeling; if you’re scared you see a mean angry face
- Thematic Apperzeption Test
- what’s the first thing that comes to ur mind when the counsellor says a word?

**Objective Personality Measures**

3. Minnesota Multiphase Personality Inventory (MMPI)
- identified people from each of the various psychiatric tests
- gave them various true/false questions

Validity Scales tell us if a person is trying to be a person better than who they are.
- who they are and what they want to be change rapidly

7. **Narcissism**
- have inflated view of themselves
- highly grand; they know better than everyone else
- self-centered
- high, strong ego
- believe they’re better
- they thrive on admiration from others
- expect others to idealize them in some ways

4. **Dependent**
- someone who allows decisions to be made by other people
- low self-confidence
- think of them of having real inferiority

5. **Compulsive**
3. very preoccupied with details and schedules
4. they have terrible difficulties making decisions
5. everything has to be perfect
6. interpersonal relationship suffer quite a bit

- **Passive-aggressive**
6. disguised way of expressing aggression
7. everybody gets angry with them
8. late to things
9. frustrated with people
10. promises they don’t keep

It becomes a disorder when it causes problems in relationships, disorders, and problems.

- **Antisocial (ASP)**
6. antisocial behavior: engage in activities as suspension, arrested, running away from home
7. they become involved in burglaries, stolen goods, etc
8. they can be superficially very charming
9. they have no guilt and no shame and no remorse
10. low anxiety
11. manipulative
12. exploitive

**Theories causing ASP:**
- genetics
7. more serotonin activity at the synapse
8. don’t work well over course of time

PSYCHOTHERAPIES:

A. Psychoanalytic (Sigmund Freud)
- early 1900s; first treatment that was made
- after WW2 large number of veterans needed mental help
- EGO is the one that builds up
- goal: find the unconscious underlying cause; make what is unconscious conscious.
- techniques:
  9. free association: person lies down on couch and psychoanalyst is out of sight of patient. person freely associates says whatever that comes to their mind.
  if things flow naturally, what will ultimately emerge is the person’s unconscious wishes and fears in disguised forms (but analyst can read through it) dreams come out. latent content is interpreted.

- transference and countertransference: transference is essential. it is believed that the patient transfers their conflicts onto the therapist. they transfer their own emotions and those of those who are significant to them onto the therapist.

BEHAVIOR THERAPIES

A. Counter conditioning approaches (based on classical conditioning)
4. Systematic desensitization

Three Steps:
- Develop a hierarchy of the feared situation
- Train the person in a response that is incompatible with anxiety (relaxation) - decrease heart rate, slow down breathing, relax.
- Expose them to feared stimuli while they’re in a relaxed state (whether they think about it or they’re in actual presence)

8. Flood or Implosion therapy
4. go immediately to the top of the hierarchy
5. relax
6. an hour or two of continued exposure to the feared stimulus

- Aversion therapy
3. used for harmful or addictive behaviors (smoking, drug or alcohol abuse,
sexual offenders) the drug is named antabuse
4. give people who drink alcohol a drug that makes them throw up. they become nauseous to alcohol. this is used often. the sight of alcohol gets them upset.

B. Contingency management approach (based on operant conditioning)

- Positive reinforcement - token reward system
- Extinction - e.g. time out system

Human-existential therapies

A. Client-centered model
- promote self-growth
- actualize their potential
- non directive approach (therapist is not trying to direct the person - they inhibit the natural tendencies)

- conditions of change:
  - unconditional positive regard: therapist accepts the clients views and their emotions without conditions on it.
  - empathic understanding: therapist feels what the client must be feeling; the client’s perspective is understood.
  - genuineness: therapist has to be real; cannot be acting like they care

Cognitive Therapy

- Cognitive therapy for depression (Beck): clients distort things in a highly negative way; beck says we need to restructure the automatic negative distortions. we identify the cognition and then change and challenge them by looking at evidence for or against what they’re thinking.

  • Rational Emotive Therapy (RET) (Ellis): we have a tendency as humans to hold irrational beliefs. these beliefs become our way of viewing the world based on these beliefs. they get in the way to lead us to feel depressed, stressed, anxious, etc. change the cognitions to change the emotions.

Universal irrational beliefs: we must be admired by people all the time; we must achieve everything we attempt

Group Therapy
4. support groups for people who have lost loved ones
5. support for people who face the same kinds of problems
provide support
- educate the person about what happens; the feelings that they experience

Systemic Therapy
3. the problem is a manifestation of a dysfunctional system (whether it be at the family level
4. can be institutional problems (racism for example)
5. looks at things from a system model instead of an individual level

Effectiveness of Psychotherapy
4. therapy is better than no therapy
5. no therapy is better than another therapy
6. more therapy is generally better than less therapy

Minimal dose: 8 - 10 sessions

SOCIAL PSYCHOLOGY
- the way we act is influenced by several factors: attitudes, perceptions, interactions, etc.
- different people will be in the same situation but perceive it in different ways

Attributions: why did somebody do something? to what do we attribute the classes? why did my roommate act grouchy? why did my parents get divorced?

Are we attributing the behavior to the situation that they’re in or to something about the person themselves?

Social Perception:

Gender doesn’t generally affect obedience or conformity.

Aspects:
Internal/dispositional vs External/situational: If someone gets a good grade and says “I’m smart” it’s an internal attribution vs they get a good grade and are able to say something about the exam “the professor made an easy exam”

Global vs. Specific: Global is like you have a good IQ; Specific would be it’s an
6. **relevance:** the more something is relevant to us, the more we are likely to develop an attitude towards it

**Audience**
- audience selection effect: people tend to seek out and listen to information that forms their attitudes that are consistent with their already existing attitudes; they tend to not want to change them.

Our attitudes guide our behaviors. Why is that?

**Attitudes affecting behavior**
- **Specificity:** specifically related to the actual behavior itself
- **Relevance:** how relevant is it

**Does your behavior actually affect your attitudes?**
4. Foot in the door phenomenon: behavior changed their attitude. people put up small little signs ‘drive safely’ and then after that they were fine with even putting up a big sign
5. people start by asking for $5 then increase it for donations

**Cognitive dissonance:**
- our behavior and our attitudes don’t match up
- example: most college students will tell you cheating is wrong, but yet the number of people that cheat is very high
- mismatch between behavior and attitude
- e.g someone who smokes but knows that it’s bad for them
- they still smoke because they enjoy it.
- attitude says something and behavior says something else

**Social Comparison:**
- we look to others to determine the appropriateness of our behavior
- if nobody else is jumping up and doing something, you think well it must not be appropriate
- this is why someone might not define an event as an emergency because some people might not define it as an emergency

**Self-handicapping**
4. you hold back on some things like you don’t study everything so you have something to justify your failure on a test

**SOCIAL INFLUENCE**
- our influence is influenced by others